

INSTRUCTIONS FOR FORM BFS-3821, REGISTRATION OF UNDERGROUND STORAGE TANKS (UST)

A. SUMMARY OF HOW A UST IS REGISTERED

All regulated tanks are registered by completing BFS-3821 and submitting the form to this office via mail or through the LARA website.

Mail the registration form to: LARA, Bureau of Fire Services, Storage Tank Section, P.O. Box 30033, Lansing, MI 48909.

Overnight delivery: LARA, Bureau of Fire Services, Storage Tank Section, 611 Ottawa St, 4th Floor, Lansing, MI 48933.

LARA Web Portal: <https://aca3.accela.com/LARA/Welcome.aspx>

B. HOW DO I REPORT A RELEASE?

To report a confirmed or suspected release of product from a UST, send an email to LARA-UST-AST@michigan.gov within 24 hours or use the LARA web portal at <https://aca3.accela.com/LARA/Welcome.aspx>

C. WHAT LAW REQUIRES REGISTRATION OF USTs?

Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, requires that owners register USTs that are being used, or have been used, to store regulated substances, unless the USTs have been properly closed or removed and notification provided to the Bureau of Fire Services, Department of Licensing and Regulatory Affairs. Owner means any person who owns, or owned at the time of release, a UST used for storage, use, or dispensing of regulated substances.

D. WHAT USTs ARE INCLUDED?

A UST system means a tank or combination of tanks which is, was, or may have been used to contain an accumulation of "regulated substances" as defined in Section 21101(g) of Part 211, and whose volume (including connected underground piping) is ten (10) percent or more beneath the ground. Regulated substance includes petroleum and hazardous substances as defined in the federal Comprehensive Environmental Response, Compensation and Liability Act, 1980 PL 96-510.

E. WHAT UST SYSTEMS ARE EXCLUDED FROM REGISTRATION?

1. Tanks that have been properly closed.
2. Farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for non-commercial purposes.
3. A tank used exclusively for storing heating oil for consumptive use on the premises where the tank is located.
4. Septic tanks.
5. Pipeline (including gathering lines).
6. Surface impoundments, pits, ponds, or lagoons.
7. A stormwater or wastewater collection system.
8. Flow-through process tanks.
9. Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations.
10. Storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft or tunnel) if the storage tank is situated on or above the surface of the floor.
11. Any pipe connected to an exempt UST (described above).
12. USTs holding hazardous wastes listed under Subtitle C of the Solid Waste Disposal Act, Title II of Public Law 89-272, or a mixture of such hazardous waste and other regulated substances.
13. Wastewater treatment tank system that is part of a wastewater facility regulated under the federal water pollution control act.
14. Equipment that contains regulated substances for operational purposes such as hydraulic lift tanks and electrical equipment tanks.
15. USTs with a capacity of 110 gallons or less.
16. USTs that contain a DEMINIMUS concentration of regulated substances.
17. An emergency spill or overflow containment UST that is expeditiously emptied after use.

F. WHEN SHOULD A UST BE REGISTERED?

1. Owners who plan to install UST(s) shall submit to the Bureau of Fire Services (BFS), Storage Tank Section, the form NOTICE OF PROPOSED INSTALLATION OF UNDERGROUND STORAGE TANKS (BFS-3820), with a complete set of plans at least 45 days prior to use. When installation is approved, a copy of BFS-3821 will be given to the owner by the BFS Inspector. The owner completes BFS-3821 and returns it as indicated on page 1 of the form. Please refer to BFS-3820 for more details.
2. Owners of a new UST system shall register their UST system by submitting BFS-3821 to the Bureau of Fire Services, Storage Tank Section, before the system is put into operation. Owners must supply an installation date and the installer's certification must be completed and signed.
3. Owners who discover tanks on their premises shall register the tanks by submitting BFS-3821 and shall properly close the tanks.
4. Owners who discover additional tanks at the time of a tank removal project shall register the tanks immediately and seek permission to waive the 30-day notice for removal. If granted, they may then remove the tank.
5. Any change in information submitted with the registration of the UST must be reported to the Bureau of Fire Services, Storage Tank Section, on BFS-3821 within 30 days of the change.

REGISTRATION OF UNDERGROUND STORAGE TANKS

The information in this form is required under "Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended." Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each tank for which notification is not given or for which false information is submitted.

<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> AMENDED INFORMATION (for Registered USTs Only)	If sending form, mail to: LARA, Bureau of Fire Services, Storage Tank Section, P.O. Box 30033, Lansing, MI 48909 If sending form OVERNIGHT: LARA, Bureau of Fire Services, Storage Tank Section, 611 Ottawa St, 4th Floor, Lansing, MI 48933	FACILITY ID NUMBER (if known)
NUMBER OF TANKS AT FACILITY: _____		NUMBER OF CONTINUATION SHEETS ATTACHED: _____
I. OWNERSHIP OF TANKS		
IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/>		IF INFORMATION IS THE SAME AS SECTION I, PLEASE CHECK <input type="checkbox"/>
OWNER NAME (Corporation/Individual, etc.)		FACILITY NAME OR SITE IDENTIFIER
MAILING ADDRESS		STREET ADDRESS (P.O. Box Not Acceptable)
CITY	STATE	ZIP
COUNTRY (Please Specify) <input type="checkbox"/> USA <input type="checkbox"/> OTHER _____		CITY
AREA CODE & PHONE NUMBER ()		STATE MI
AREA CODE & PHONE NUMBER ()		ZIP
Owner/Company Email Address:		
III. TYPE OF OWNER		
<input type="checkbox"/> FEDERAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> LOCAL GOVERNMENT ARE TANKS LOCATED ON LAND WITHIN A RESERVATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF TANKS ARE LOCATED WITHIN A RESERVATION, DOES A NATIVE AMERICAN TRIBE OWN TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF TANKS ARE OWNED BY A TRIBE, NAME OF TRIBE: _____		
IV. TYPE OF FACILITY		
<input type="checkbox"/> PUBLIC GAS STATION <input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> PRIVATE GAS STATION <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> TRUCKING/TRANSPORT <input type="checkbox"/> MARINE GAS STATION <input type="checkbox"/> FEDERAL/NON-MILITARY <input type="checkbox"/> UTILITIES <input type="checkbox"/> PETROLEUM DISTRIBUTOR <input type="checkbox"/> FEDERAL-MILITARY <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AIRLINE AND/OR AIRCRAFT OWNER <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FARM <input type="checkbox"/> AUTO DEALERSHIP <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (Explain) _____ <input type="checkbox"/> RAILROAD <input type="checkbox"/> HOSPITAL		
V. CONTACT PERSON		
Name	Job Title	Area Code & Phone No./Email Address
Class A operator: Name:		Company
Class B operator: Name:		Company
Walkthrough Inspection Type: Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/>		Area Code & Phone No.
VI. CERTIFICATION		
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND ALL ATTACHED DOCUMENTS AND THAT I HAVE VERIFIED THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.		
NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE		SIGNATURE
		DATE

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS

(Complete the following pages for each tank at this location. Copy these pages for additional tanks if needed.)

TANK IDENTIFICATION NUMBER								
1. STATUS OF TANKS (Check One)								
CURRENTLY IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARILY OUT OF USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMENDMENT OF INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>(If tanks are removed/closed, complete Section VIII)</small>								
2. DATE OF INSTALLATION (Month/Day/Year)								
3. ESTIMATED TOTAL CAPACITY (Gallons)								

VIII. TANKS OUT-OF-USE OR CHANGE-IN-SERVICE (Skip this section if this does not apply and go to Section IX.)

NOTE: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

1. CLOSING OF TANK								
A. ESTIMATED DATE LAST USED (Month/Day/Year)								
B. ESTIMATED DATE TANK WAS REMOVED/CLOSED-IN-PLACE or CHANGE-IN-SERVICE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•DESCRIBE TYPE OF FILL USED	_____	_____	_____	_____	_____	_____	_____	_____
•REASON TANK WAS NOT REMOVED (Specify in comments area)	_____	_____	_____	_____	_____	_____	_____	_____
2. CHANGE-IN-SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. SUBSTANCE STORED

1. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASTE OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEATING OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MIXTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify in comments area) (List substances in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER (if hazardous substance stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	_____	_____

I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION X through XIII IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.

INSTALLER:

NAME PRINTED

SIGNATURE

DATE

COMPANY

X. INSTALLATION DETAIL

TANK IDENTIFICATION NUMBER								
1. MATERIAL OF CONSTRUCTION (Mark All That Apply)								
ASPHALT COATED OR BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPOXY COATED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSITE (Steel With Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINED INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLYETHYLENE TANK JACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCAVATION LINER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS TANK BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PIPING MATERIAL (Mark All That Apply)								
BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GALVANIZED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLEXIBLE PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENVIROFLEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GEOFLEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING (Type) (Mark All That Apply)								
SUCTION: NO VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUCTION: VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE (Remote)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS PIPING BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. CERTIFICATION OF COMPLIANCE								
TANK IDENTIFICATION NUMBER								
1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INSTALLATION INSPECTED AND APPROVED BY BFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. ANOTHER METHOD ALLOWED BY BFS (Please Specify)	_____	_____	_____	_____	_____	_____	_____	_____
XII. TANK and PIPING RELEASE DETECTION								
1. TANK RELEASE DETECTION								
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INVENTORY CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. AUTOMATIC TANK GAUGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. INTERSTITIAL MONITORING/ SECONDARY CONTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. OTHER METHOD ALLOWED BY BFS (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PIPING RELEASE DETECTION								
A. AUTOMATIC LINE LEAK DETECTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INTERSTITIAL MONITORING DOUBLE WALLED PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INTERSTITIAL MONITORING/ SECONDARY CONTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. LINE TIGHTNESS TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. OTHER METHOD ALLOWED BY BFS (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XIII. ENVIRONMENTAL PROTECTION								
1. OVERFILL PROTECTION DEVICE INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SPILL PROTECTION DEVICE INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?								
A. YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]