

SIRVEY SITE AND TANK INFORMATION FORM

Please complete this form for each site in the SIRVEY program.
 Attach a copy of the conversion chart for each tank to be monitored. Copy additional forms as needed.

COMPANY NAME

SITE NAME	SITE TELEPHONE	SITE FAX	
SITE ADDRESS	CITY	STATE	ZIP
STATE REGISTRATION NUMBERS			
WATER MONITORING WELLS	VAPOR MONITORING WELLS	MONTHLY MONITORING	ANNUAL TIGHTNESS TEST

ITEM	MANUFACTURER	INSTALLATION DATE
DISPENSERS		
ATG		
STAGE I		
STAGE II		
DISPENSER PAN SENSOR		
LINE LEAK DETECTOR		

TANK	1	2	3	4
SIRVEY TANK ID (Simmons to Assign)				
PRODUCT				
TANK CAPACITY (Gal/Liters)(Circle)				
DIAMETER (In/Cm)(Circle)				
LENGTH (In/Cm)(Circle)				
MANUFACTURER				
CONSTRUCTION (Check All That Apply)	STEEL FIBERGLASS LINED CATHODIC PROTECTION SINGLE-WALL DOUBLE-WALL INTERSTITIAL MONITOR BAFFLED OTHER	STEEL FIBERGLASS LINED CATHODIC PROTECTION SINGLE-WALL DOUBLE-WALL INTERSTITIAL MONITOR BAFFLED OTHER	STEEL FIBERGLASS LINED CATHODIC PROTECTION SINGLE-WALL DOUBLE-WALL INTERSTITIAL MONITOR BAFFLED OTHER	STEEL FIBERGLASS LINED CATHODIC PROTECTION SINGLE-WALL DOUBLE-WALL INTERSTITIAL MONITOR BAFFLED OTHER
DATE OF LAST TIGHTNESS TEST				
DATE OF LAST LINE TEST				
DATE INSTALLED				
MANIFOLDED?	YES NO	YES NO	YES NO	YES NO
SPILL PREVENTION?	YES NO	YES NO	YES NO	YES NO
OVERFILL PROTECTION?	YES NO	YES NO	YES NO	YES NO
PIPING (Check All That Apply)	STEEL FIBERGLASS CATHODIC PROTECTION OTHER SUCTION PRESSURIZED	STEEL FIBERGLASS CATHODIC PROTECTION OTHER SUCTION PRESSURIZED	STEEL FIBERGLASS CATHODIC PROTECTION OTHER SUCTION PRESSURIZED	STEEL FIBERGLASS CATHODIC PROTECTION OTHER SUCTION PRESSURIZED
NUMBER OF TOTALIZERS				
MEASUREMENT	MANUAL STICKING ATG OTHER	MANUAL STICKING ATG OTHER	MANUAL STICKING ATG OTHER	MANUAL STICKING ATG OTHER
DOES ATG OR OTHER EQUIPMENT ADJUST FOR TEMPERATURE	YES NO	YES NO	YES NO	YES NO

HOW TO COMPLETE THE SIRVEY SITE AND TANK INFORMATION FORM

SITE INFORMATION

Company Name:	Enter your company name as you would like it displayed on your compliance reports.
Site Name:	Enter your site name as you would like it displayed on your compliance reports.
Site Telephone:	Enter the site telephone number.
Site Fax:	Enter the site fax number if applicable.
Site Address:	Enter the physical address of the site.
State Registration ID Number(s):	If applicable enter the ID numbers assigned to the site by the appropriate state agency. Check the box if you have Water or Vapor monitoring Wells. Check the box to show your present method of leak detection.
Dispensers:	List the manufacturer of the Dispensers and the date of installation.
ATG:	List the manufacturer of the Automatic Tank Gauge and the date of installation.
Stage I:	List the manufacturer of the Stage I Vapor Recovery System and the date of installation.
Stage II:	List the manufacturer of the Stage II Vapor Recovery System and the date of installation.
Sump Sensor:	List the manufacturer of the Sump Sensors and the date of installation.
Dispenser Pan Sensor:	List the manufacturer of the Dispenser Pan Sensor and the date of installation.
Line Leak Detector:	List the manufacturer of the Line Leak Detector and the date of installation.

TANK INFORMATION

Tank:	Columns 1-4 are provided for tank information. Please determine the order in which you would like your data to be reported for each tank and list them in the appropriate column. For example, if you want the Unleaded tank to be first on your reports, then provide necessary information for that tank in column #1.
SIRVEY Tank ID: (Simmons to Assign)	FOR SIMMONS USE ONLY. Simmons assigns each tank an 8-digit identification code, which will be used to track tank inventory information while enrolled in the SIRVEY program. Simmons will provide you the full 8-digit identification code for each tank with the SIR reports. Please provide the number when corresponding with Simmons' Customer Support Department and submitting monthly data.
Product:	Provide the name of the product in each tank (i.e., unleaded, premium unleaded, diesel, etc.)
Tank Capacity: Gal/Litres (circle)	Provide number of gallons or litres the tank will hold. Circle whether the tank is in gallons or litres.
Diameter: inch/cent (circle)	Provide the exact diameter of each tank in feet and inches or meters and centimeters. Circle whether the tank is in inches or centimeters in diameter.
Length: inch/cent (circle)	Provide the exact length of each tank in feet and inches or meters and centimeters. Circle whether the tank is in inches or centimeters in length.
Manufacturer:	Provide the name of the tank manufacturer.
Construction: (check all that apply)	Check all that apply to each tank.
Date of Last Tightness Test:	Enter the month, day and year of last test performed.
Date of Last Line Test:	Enter the month, day and year of last test performed.
Date Installed:	Enter the month, day and year of tank installation.
Manifolded?:	Check the appropriate answer (yes or no) for each tank.
Spill Prevention?:	Check the appropriate answer (yes or no) for each tank.
Overfill Protection?:	Check the appropriate answer (yes or no) for each tank.
Piping: (check all that apply)	Check all that apply to each tank.
Number of Totalizers:	Provide number of totalizers for each tank.
Measurement:	Indicate the form used to obtain tank measurement. Check applicable box.
Does ATG or other equipment adjust for temperature?:	Check the appropriate answer (yes or no) for each tank.