**Individual Facility Installation Form**

**Supplement to Variance AND Reciprocity Application Form**

**(32 MRSA Sec. 10010 3-A.D: 06-481 CMR c. 3 Sec. 4.0, 8.0)**

Name of Applicant:

Name of Facility:

Dates Installed:

Location of Facility (Street Adress, Province or State):

Supervisor (Name, Phone, Email):

Facility Owner (Name, Phone, Email):

Responsible Government Official (Name, Phone, Email):

#### Installations

**Installations you wish the Board to consider for your apprenticeship variance (provide specific information on each installation on the individual facility installation forms provided.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tank Number | **1** | **2** | **3** | **4** |
| Tank Type1 |  |  |  |  |
| Piping Type2 |  |  |  |  |
| Tank Size3 |  |  |  |  |
| Leak Deteciton4 |  |  |  |  |
| Product5 |  |  |  |  |
| Pump System6 |  |  |  |  |
| Overfill7 |  |  |  |  |

1) C: Cathodically Protected Steel – Single Wall. W: Cathodically Protected Steel - Double Wall. E: Fiberglass - Single Wall. G: Fiberglass – Double Wall. J: Jacketed. S: Fiberglass coated steel. N: Other, please specify.

2) E: Single walled fiberglass. G: Double walled fiberglass. C: Cathodically protected steel. O: Copper with secondary containment. F: Flexible e with secondary containment.

3) Fill with size of tank in US gallons.

4) 1: Continuous electronic monitoring of ground water. 2: Continuous electronic monitoring of vapor. 3: Secondary containment with interstitial monitoring. 4: Manual ground water sampling. 5: Continuous in-tank gauging. 6: In-line leak detector.

5) 1: Kerosine. 2: #2 Fuel Oil. 4: #4 Fuel Oil. 5: #5 Fuel Oil. 6: #6 Fuel Oil. 20: Unleaded Plus. 22: Premium.

23: Unleaded. 28: Premium Unleaded. 29: Diesel. 81: Waste Oil. 99: Other, please specify.

6) 1: Suction. 2: Pressurized.

7) 1: Automatic shutoff. 2: Automatic alarm. 3: Overfill spill container.

Please mark each column which best describes your role in each of the following tasks of installation.

|  |  |  |
| --- | --- | --- |
| **Task** | **Primary** | **Assist** |
| Planning |  |  |
| Excavation/Tanks |  |  |
| Bedding/Tanks |  |  |
| Anchoring/Tanks |  |  |
| Tank Testing |  |  |
| Tank Placement |  |  |
| Tank Backfill |  |  |
| Tank Opening Treatment |  |  |
| Cathodic Protection/Tanks |  |  |
| Excavation/Piping |  |  |
| Piping Assembly |  |  |
| Piping Connections |  |  |
| Cathodic Protection/Piping |  |  |
| Leak Detection |  |  |
| Backfill to Subgrade |  |  |
| Final Covering |  |  |

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

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Signature of Applicant

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Date

Revised: 07/17/2025