HAZARDOUS WASTE GENERATOR TANK SURVEY

State Form 52386 (R/9-07)
Indiana Department of Environmental Management

RCRA ID NUMBER _____ COUNTY: _____

FACILITY NAME: _____

LOCATION ADDRESS: _____

CITY, STATE, ZIP: _____

TANK DESCRIPTION		
TANK CONTENTS		
TANK CAPACITY (IN GALLONS):	DATE TANK WAS PUT INTO SERVICE: (MM/DD/YYYY)	
IS THE TANK IN ACTIVE SERVICE? ___YES ___NO	IS THE TANK UNDERGROUND? ___YES ___NO	
CONSTRUCTION MATERIAL: ___STEEL ___FIBERGLASS ___PLASTIC ___OTHER		
SECONDARY CONTAINMENT: ___LINER ___DOUBLEWALL ___VAULT ___OTHER ___NONE		
HAZARDOUS WASTE CODES	____ ____ ____ ____ ____ ____ ____ ____ ____ ____	

FIRST NAME: _____ LAST NAME : _____

TITLE : _____ PHONE NUMBER: _____

E-MAIL: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. Based upon my own knowledge and or inquiry of the person(s) directly responsible for gathering the information reported on this document, the information submitted is, to the best of my knowledge, true, accurate, and complete.

SIGNATURE _____

HAZARDOUS WASTE GENERATOR TANK SURVEY INSTRUCTIONS

Standards for hazardous waste generator tank management are set forth in 329 IAC 3.1 rule 10 and in Federal regulation 40 CFR Subpart J. In order for IDEM compliance staff to gain an understanding of the number and types of tanks in Indiana which are affected by these rules, we request that you complete this survey. Please copy the form as needed and fill out one form for each hazardous waste storage tank your facility operates.

SIGN AND RETURN TO:
Indiana Department of Environmental Management
Office of Land Quality, Data Services Section
100 North Senate Ave, Room 1101
Indianapolis, IN 46204-2251

QUESTIONS:
Nancy Heacox
317-232-7956
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