

Observations			
Piping Condition:	YES	NO	Notes: If yes, notify the Department immediately.
Braiding Showing?	<input type="checkbox"/>	<input type="checkbox"/>	
Mold Present?	<input type="checkbox"/>	<input type="checkbox"/>	
Flaking?	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of a release?	<input type="checkbox"/>	<input type="checkbox"/>	
Any breaches identified	<input type="checkbox"/>	<input type="checkbox"/>	
5. Piping Information- <i>Please fill out information for each piping run that is removed. Use additional forms if needed.</i>			
Tank and Chamber #:		Product Stored:	
_____		_____	
Piping Identification:			
_____		_____	_____
	<i>Manufacturer</i>	<i>Type</i>	<i>Generation</i>
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Photographs are encouraged. Please attach photos or e-mail them to dep.ust@maine.gov.			
Installer Information and Certification			
Certified Tank Installer Name:		Certified tank Installer #:	
_____		_____	
Installer Signature:		Date:	
_____		_____	
Please keep a copy of this form for your records and submit original to MeDEP			10/8/2008