

**Petroleum Underground Storage Tank Release Compensation Board**

Rev. 09/10

Phone: (614) 752-8963 • Ohio Toll Free Phone: (800) 224-4659 • Fax: (614) 752-8397 • Website: www.petroboard.og

**Remediation System Disposition Documentation Form**

(please print or type)

**Claim #:** \_\_\_\_\_ **Release #:** \_\_\_\_\_ **Release Site Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Consultant Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
 \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**SYSTEM** Type: \_\_\_\_\_ Capacity: \_\_\_\_\_ gpm \_\_\_\_\_ "Hg \_\_\_\_\_ scfm \_\_\_\_\_ Extraction Points

**Date:** \_\_\_\_\_ **# Months Used:** \_\_\_\_\_  
 Purchased Installed Started Shut Down Removed

Anticipated System Disposition (check one)  Reuse at  Sell to  Dispose at \_\_\_\_\_

**MAJOR SYSTEM COMPONENTS**

| <u>Component</u> | <u>Manufacturer</u> | <u>Serial #</u> | <u>Size/Capacity</u> | <u>Condition</u> | <u>Current Location</u> |
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(attach a separate sheet if necessary)

**Form Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (please print name & company)  
**Consultant Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (signature) (print)  
**Owner Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (signature) (print)