



**APPLICATION  
TO PERFORM A TANK LINING  
RE-INSPECTION**

PERMIT NO.

|                                       |  |               |
|---------------------------------------|--|---------------|
| FACILITY                              |  |               |
| ADDRESS                               |  |               |
| OPERATORS NAME                        | PERMIT TO OPERATE NO.  |               |
| OWNERS NAME                           |  |               |
| NUMBER OF TANKS TO BE TESTED          | IS PIPING GOING TO BE TESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO |               |
| <b>TANK NO.</b>                       | <b>CONTENTS</b>  | <b>VOLUME</b> |
|                                       |  |               |
|                                       |  |               |
|                                       |  |               |
|                                       |  |               |
|                                       |  |               |
| TANK TESTING COMPANY                  |  |               |
| MAILING ADDRESS                       |  |               |
| NAME & PHONE NUMBER OF CONTACT PERSON |  |               |
| TEST METHOD                           |  |               |
| NAME OF TESTER OR SPECIAL INSPECTOR   | CERTIFICATION NO.  |               |
| DATE & TIME TEST IS TO BE CONDUCTED   |  |               |
| SIGNATURE OF APPLICANT                | DATE   |               |
| APPROVED BY                           | DATE   |               |