



# SPCC PLAN

## Preliminary Information Sheet

Facility	Response	Response
Location		
City		
State, Zip		
Nature of business conducted		
Have Previous SPCC Plan for this facility? (y/n)		
Current Site layout/ map/ survey (y/n)		
No. AST's with > 12,000 Gallon Capacity		shown on map with capacities?
No. AST's with < 12,000 Gallon Capacity		shown on map with capacities?
No. UST's on site		shown on map with capacities? (y/n)
Any Dike Walls, containment structures on site? (y/n)		shown on map with dimensions? (y/n)
No. Totes in use at site		Total Capacity (gallons)
Approximate # drums in use on site		Total Capacity (gallons)
Any tanker trucks parked or used as storage on site? (y/n)		Total Capacity (gallons)
Any railroad tankers parked or used as storage on site? (y/n)		
USGS map including Site, surrounding waterways (y/n)		
Fluids Loading rack in use on site? (y/n)		Contained loading area?
Any other fuel/ oil transfers routine on site?		Contained loading area?
Any previously reported spills (more than 42 gallons in any one-year period) on site? (y/n)		Have details ready for review? (y/n)
Owner	Legal Name	Federal Tax ID #
(Responsible Party)	Mailing Address	
	City	
	State, Zip	
Contact	Name	Title
(Person who will be responsible for SPCC Plan implementation)	Phone	E-Mail
	Fax	Cell Phone
<p>Please fill out <u>all</u> information. The more information you provide, the less time we will have to spend collecting it, and the lower your cost for an SPCC plan will be.</p>		