State of Illinois
Office of the State Fire Marshal

Like for Like Replacement Report

Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878
Fax (217) 524-9284

Facility #: _____

This form must be submitted to the Office of the State Fire Marshal within 24 HOURS after the activity takes place. When replacing a defective electronic line leak detector with a mechanical one on a temporary basis, this form must be submitted within 8 HOURS!

SUBMIT ONE FORM PER TANK

FACILITY - name and address where tanks are located:

Name: _____

Street Address: _____

City: _____ County: _____

Facility #: _____

LICENSED CONTRACTOR:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: _____ Fax #: _____

Tank ID #: _____ Capacity: _____ Product: _____ Date of Replacment: _____

Equipment Replaced (Check One):

- ☐ ATG Probes
- ☐ Ball Float Valves
- ☐ Drop Tube Valves
- ☐ Electronic Line Leak Detectors
- ☐ Impressed Current Rectifiers
- ☐ Interstitial Monitoring Sensors
- ☐ Mechanical Line Leak Detectors
- ☐ Spill Containment Bucket, if at least 5 gallon
- ☐ Submersible Pumps, if already equipped with a tank containment sump
- ☐ Wireless Electronic Line Leak Detector

Make, Model and Mfg. Equipment Removed: _____

Replaced with Make, Model and Mfg: _____

Reason for Replacement:

Signature of Employee Making Replacement: _____ IL Contractor License # : _____