


Name:

Addr:

Contact:  

Date:  Ref:

**Rectangular or Square Tank:**

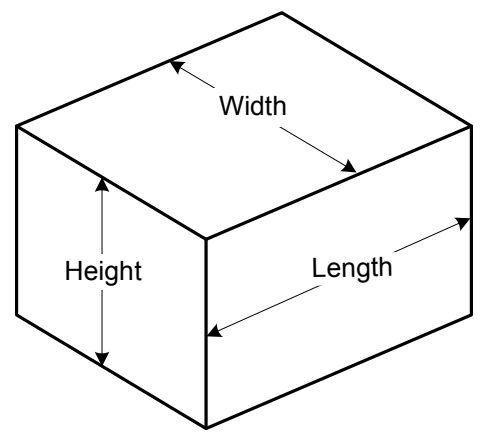
Length:

Width:

Height:

Contents:

Specific Gravity:



**Horizontal Cylindrical Tank:**

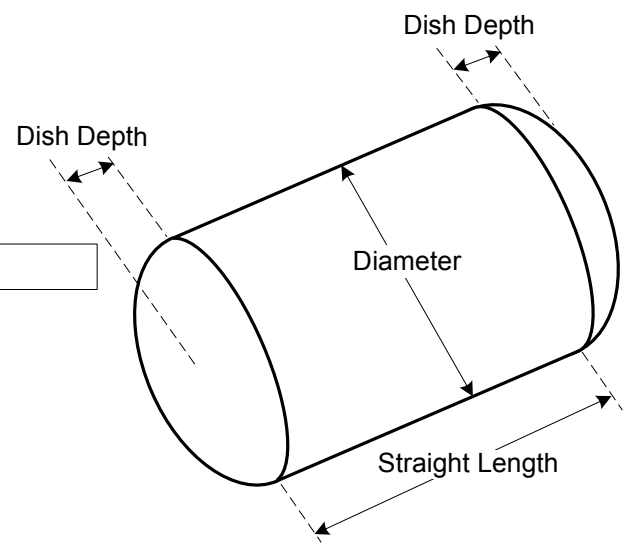
Diameter:

Straight Length:

Dish Depth:

Contents:

Specific Gravity:



**Vertical Cylindrical Tank:**

Diameter:

Height:

Dish Height:

Contents:

Specific Gravity:

