ABOVEGROUND STORAGE TANK REGISTRATION FORM

To: Owners/Operators of Aboveground Petroleum Storage Tanks

The Department of Environmental Management is providing this form for the registration of new tank installations and to update the inventory of aboveground storage tanks within the State. This data will provide needed information to better respond in the event of a spill or release. The information provided will also serve as a database to be used by the Department when reviewing the annual inspection reports submitted by aboveground storage tank owners/operators pursuant to section 250-RICR-140-25-2 of the Oil Pollution Control Regulations.

Please fill out the attached forms if you own or operate an aboveground storage tank(s) (500 gallons or greater). Owners of aboveground tanks less than 500 gallons are exempt.

New and Replacement Tanks

All new construction/installation of a new facility or replacement tank system should not commence until an application of registration has been filed.

The registration information should be signed by a local Fire Department official.

Please mail completed forms to:

Rhode Island Department of Environmental Management
Bureau of Environmental Protection
Office of Emergency Response
Aboveground Storage Tanks Program
235 Promenade Street, Suite 438
Providence, RI 02908

If you have any questions, please call the Aboveground Storage Tank Program at (401) 222-1360 for assistance.

Revised 3/2019
How to complete this registration form

Print in ink all items. Complete all sections to the best of your knowledge. Enter “unknown” if you do not know the answer or “n/a” if the question does not apply. Assign each tank a number and maintain that number consistently throughout this form and site plan.

**MARK ONLY ONE ITEM**

| New Facility | Existing Facility |

## I. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Title:</td>
</tr>
<tr>
<td>Assessor's Plat:</td>
<td>Assessor's Lot:</td>
</tr>
</tbody>
</table>

## II. OWNER INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Title:</td>
</tr>
<tr>
<td>Ownership (please check one):</td>
<td></td>
</tr>
<tr>
<td>Private/Corporate</td>
<td>Municipal</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
<tr>
<td>Date Ownership Acquired:</td>
<td></td>
</tr>
</tbody>
</table>

## III. FACILITY CLASSIFICATION (Check all that apply)

<table>
<thead>
<tr>
<th>(A) Farm</th>
<th>(ES) Education/State</th>
<th>(ET) Education/Town</th>
</tr>
</thead>
<tbody>
<tr>
<td>(EP) Education/Private</td>
<td>(P) Private Residence</td>
<td>(M) Multiple Residence</td>
</tr>
<tr>
<td>(C) Commercial</td>
<td>(I) Industrial</td>
<td>(G) Gasoline Station</td>
</tr>
<tr>
<td>(S) State Government</td>
<td>(F) Federal Government</td>
<td>(T) City/Town Government</td>
</tr>
<tr>
<td>(FD) Nonprofit Fire District</td>
<td>(O) Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>
### IV. TANK & PIPING INFORMATION

#### Tank No. 1 | Tank No. 2 | Tank No. 3 | Tank No. 4 | Tank No. 5
---|---|---|---|---
**Date of Installation** (month/day/year) | / | / | / | /  
**Tank Capacity in Gallons** | / | / | / | /  
**Tank Status:**  
- E = In Use  
- C = Permanently Closed  
- T = Temporarily Closed  
- A = Abandoned  
**Materials of Construction:**  
- (01) Steel  
- (04) Fiberglass reinforced plastic  
- (27) Steel-fiberglass reinforced plastic  
- (20) Double-wall steel  
- (23) Double-wall fiberglass reinforced plastic  
- (31) Alcohol resistant  
- (06) Concrete  
- (99) Unknown  
- Other (specify)  
---|---|---|---|---
**Piping Construction:**  
- (28) Equipped with secondary containment  
- (01) Bare steel  
- (04) Fiberglass reinforced plastic  
- (20) Double-wall steel  
- (23) Double-wall fiberglass reinforced plastic  
- (29) Flexible single wall  
- (30) Flexible double wall  
- (31) Alcohol resistant  
- (32) Cathodic protection  
- (09) Coated/wrapped  
- (99) Unknown  
- Other (specify)  
---|---|---|---|---
**Spill & Overfill Prevention Equipment:**  
- High-level alarm  
- Flow restriction float vent valve  
- Automatic shut-off valve  
- Spill containment basin  
- Shear valve/impact valve (pressurized piping)  
- Check valve (suction piping)  
- Other (specify)  
---|---|---|---|---
**Substance Stored or to be Stored (mark only one box):**  
- (02) Heating Oil (No. 2)  
- (4C) Heating Oil (No. 4)  
- (6C) Heating Oil (No. 6)  
- (AC) Asphalt Cement  
- (AL) Asphalt Liquid  
- (LO) Lubricating Oil  
- (HO) Hydraulic Oil  
- (SO) Synthetic Oil  
- (LD) Light Diesel Fuel  
- (MD) Medium Diesel Fuel  
- (01) Number 1 Kerosene  
- (UG) Regular/Midgrade Unleaded Gasoline  
- (SU) Super Unleaded Gasoline  
- (GH) Gasohol  
- (DS) Diesel  
- (AG) Aviation Gasoline  
- (JA) Jet A  
- (WO) Waste Oil  
- (MO) Motor Oil  
- (PD) Petroleum Distillate  
- (RF) Racing Fuel  
- (MX) Mixture (specify)  
- Hazardous material (specify)  
- CERCLA Number  
- CAS Number  
- (98) Empty/no contents  
- (99) Unknown  
- Other (specify)
## V. REGULATORY INFORMATION

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the tank/tanks equipped with 110 percent secondary containment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the facility have a groundwater monitoring program?</td>
<td></td>
<td></td>
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<tr>
<td>(facilities with storage capacity ≥ to 50,000 gallons or 5000 gallons in a GAA groundwater classification area)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the facility have a Spill Prevention &amp; Emergency Plan?</td>
<td></td>
<td></td>
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<tr>
<td>(as required in Section 14, Oil Pollution Control Regulations)</td>
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<td></td>
</tr>
<tr>
<td>Does the Facility have a drinking water well?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, how far from the nearest tank? ft.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the facility within 400 feet of any public water supply wells or reservoirs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the facility within 200 feet of any facility served by a private well?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have any leaks or spills occurred at this facility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* If yes, a report of the incident must be attached to this application.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are monitoring wells installed around this facility?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## VI. NOTIFICATION OF LOCAL FIRE OFFICIALS

The authorized signature of the local fire department below indicated that the local officials have been notified of the aboveground storage tanks at the above location.

<table>
<thead>
<tr>
<th>Authorized Local Fire Department Representative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Local Fire Department</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

This signature does not serve as notice to the city/town, does not guarantee city/town approval, and does not relieve you of your obligations to other applicable city/town officials. Any violation, deficiency or requirement which may have been overlooked is also subject to correction under the provisions of any applicable code.

## VII. CERTIFICATION

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate, and complete.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Print Name and Title</th>
</tr>
</thead>
</table>

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**ABOVEGROUND STORAGE TANK SITE PLAN**

*(Please include the Facility Name and Facility Address on each plan.)*

**NEW FACILITY**

If this is a new facility, a set of detailed engineering plans and project specifications including operation and maintenance requirements is required with this application.

**EXISTING FACILITY**

If a detailed plan is not available, a schematic diagram showing the location of all tanks and piping including the locations of all shut-off valves. The location of on-site containment and cleanup equipment must be provided for response purposes.

**NOTE:** Each tank should be numbered according to the tank numbers on the attached application form.

Submit to: RI DEM Office of Emergency Response
235 Promenade Street, Suite 438
Providence, RI 02908