

## **ABOVEGROUND STORAGE TANK (AST) REGISTRATION FORM**

To: Owners/Operators Aboveground Petroleum Storage Tanks

The Department of Environmental Management keeps an inventory of ASTs within the State. This inventory provides 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 mandatory annual facility inspection reports submitted by AST owners/operators pursuant to section 10(d) (Facilities Inspection) of the Oil Pollution Control Regulations (Regulations). The Regulations can be viewed and/or downloaded from the following website:

<http://www.dem.ri.gov/pubs/regs/regs/compinsp/oilpollu.pdf>.

The Department respectfully requests that you fill out **all** of the attached forms if you own or operate an AST (s) with a **single or combined** AST (s) with a capacity of **500 gallons or greater**. Owners of ASTs with a combined capacity of 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  
Office of Emergency Response  
Attn: Jill Eastman  
Aboveground Storage Tank Program  
235 Promenade Street  
Providence, RI 02908

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

**Immediately report ALL spills to the Department at 401-222-3070 (24-hour number) or at 401-222-1360 during normal business hours.**



STATE OF RHODE ISLAND  
 ABOVEGROUND STORAGE TANK  
 REGISTRATION FORM  
 FOR EXISTING TANKS, REPLACEMENT TANKS,  
 AND INSTALLATION OF NEW TANKS

DEM USE ONLY

Registration # \_\_\_\_\_  
 Town Code \_\_\_\_\_  
 Sub code \_\_\_\_\_  
 Data Entry Initials \_\_\_\_\_

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.

<b>MARK ONLY ONE ITEM</b>	<input type="checkbox"/> New Facility	<input type="checkbox"/> Updating Facility
---------------------------	---------------------------------------	--

**I. FACILITY INFORMATION**

Name:			
Physical Address:			
City:	State:	Zip:	Phone: (    )
Contact Person:		Title:	
Email:			
Assessor's Plat:		Assessor's Lot:	

**II. OWNER INFORMATION**

Name:			
Mailing Address (if different):			
City:	State:	Zip:	Phone: (    )
Contact Person:		Title:	
Email:			
Ownership (please check one):			
<input type="checkbox"/> Private/Corporate	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Federal (GSA Facility ID# _____)
<input type="checkbox"/> Other (please specify): _____			
Date Ownership Acquired: _____			

**III. FACILITY CLASSIFICATION**

<input type="checkbox"/> (A) Farm	<input type="checkbox"/> (ES) Education/State	<input type="checkbox"/> (ET) Education/Town
<input type="checkbox"/> (EP) Education/Private	<input type="checkbox"/> (P) Private Residence	<input type="checkbox"/> (M) Multiple Residence
<input type="checkbox"/> (C) Commercial	<input type="checkbox"/> (I) Industrial	<input type="checkbox"/> (G) Gasoline Station
<input type="checkbox"/> (S) State Government	<input type="checkbox"/> (F) Federal Government	<input type="checkbox"/> (T) City/Town Government
<input type="checkbox"/> (FD) Nonprofit Fire District	<input type="checkbox"/> (O) Other (please specify): _____	

**IV. TANK & PIPING INFORMATION**

<b>TANK</b>	<b>Tank No. ___</b>	<b>Tank No. ___</b>	<b>Tank No. ___</b>	<b>Tank No. ___</b>	<b>Tank No. ___</b>
<b>Date of Installation</b> (month/day/year)	/ /	/ /	/ /	/ /	/ /
<b>Tank Capacity in Gallons</b>					
<b>Tank Status:</b> E = In Use C = Permanently Closed T = Temporarily closed A = Abandoned					
<b>Material of Construction:</b>					
(01) Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(04) Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(27) Steel-fiberglass-reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(20) Double-wall steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(23) Double-wall fiberglass (reinforce plastic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(31) Alcohol resistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(06) Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(99) Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Piping Construction:</b>					
(28) Equipped with secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(01) Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(04) Fiberglass-reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(20) Double wall steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(23) Double wall fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(29) Flexible single wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(30) Flexible double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(31) Alcohol resistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(32) Cathodic protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(09) Coated/wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(99) Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Spill &amp; Overfill Prevention Equipment:</b>					
High-level alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow restriction float vent valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill containment basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shear valve/impact valve (pressurized piping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check valve (suction piping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Stored or to be Stored (mark only one box):</b>					
(02) Heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(BD) Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CO) Cooking Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(LD) Light diesel fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MD) Medium diesel fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(01) Number 1 kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(UG) Regular/midgrade unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SU) Super unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(DS) Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(AG) Aviation gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(JA) Jet A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(WO) Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MO) Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MX) Mixture (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous material (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA Number_____CAS Number_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(98) Empty/no contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(99) Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MX) Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. REGULATORY INFORMATION**

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

**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.

\_\_\_\_\_ Date \_\_\_\_\_

Authorized Local Fire Department Representative

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Local Fire Department

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.

\_\_\_\_\_ Date \_\_\_\_\_ Print Name and Title \_\_\_\_\_

Signature

**ABOVEGROUND STORAGE TANK SITE PLAN**  
**(Please include Facility Name and Facility Address on each plan)**

A schematic diagram showing the location of all tanks and piping including the location of all shut off valves. Include location of on-site containment and cleanup equipment.

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

Submit to: Jill Eastman  
RI DEM Emergency Response  
235 Promenade Street  
Providence, RI 02908