



# Aboveground Storage Tank Registration

Delaware Department of Natural Resources  
and Environmental Control

For Official Use Only
Facility ID # _____
Owner ID # _____

Mail completed form to:

DNREC/AST  
391 Lukens Drive  
New Castle, DE 19720

If you have questions call:  
(302) 395-2500

<b>Check Reason for Registration</b>		
<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Ownership Change

Doc. # 40-09-03/02/07/02

*Make a copy of this form for your records*

<b>TANK OWNER INFORMATION</b>				<b>PLEASE PRINT</b>	
1. Tank Owner: (BUSINESS or LAST Name, FIRST Name)		<b>3. Type of Tank Owner:</b> <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Individual <input type="checkbox"/> Federal Gov't. <input type="checkbox"/> Corporation <input type="checkbox"/> State Gov't. <input type="checkbox"/> LLC <input type="checkbox"/> Local Gov't. <input type="checkbox"/> Other (specify below)			
2. Owner Mailing Address:					
City:	State:      Zip:      Country:				
4. Contact Person:                              Telephone #:                              Fax #:                              E-mail Address:					
5. Owner's Authorized Representative: (see instructions)		Title:		Telephone #:	
<b>FACILITY INFORMATION</b>					
6. Facility Name:		<b>9. Type of Facility:</b> Check all that apply <input type="checkbox"/> Retail <input type="checkbox"/> Farm/Residential <input type="checkbox"/> Marina <input type="checkbox"/> Wholesale <input type="checkbox"/> Industrial/Manuf. <input type="checkbox"/> Aircraft <input type="checkbox"/> Fueling <input type="checkbox"/> Vehicle <input type="checkbox"/> Other (specify):			
7. Physical Location:					
8. Mailing Address:					
City:	ST:      Zip Code:	10. SIC #		11. # ASTs at this facility:	
12. On-Site Contact Person:		Title:		Telephone #:      Fax #:      E-mail Address:	
<b>TANK OPERATOR INFORMATION</b>					
14. Tank Operator Name: (do not list employees of operator)				<b>16. Type of Tank Operator:</b> <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Individual <input type="checkbox"/> Federal Gov't. <input type="checkbox"/> Corporation <input type="checkbox"/> State Gov't. <input type="checkbox"/> LLC <input type="checkbox"/> Local Gov't. <input type="checkbox"/> Other (specify below)	
15. Mailing Address:					
City:	State:      Zip:      Country:				
<b>OWNER CERTIFICATION</b>					
17. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.					
18. Printed name of Owner (or authorized representative)				Title:	
19. Signature of Owner (or authorized representative)				Date: (MM/DD/YY)	

Pages 2 & 3 contain tank and piping information for your AST(s). You may include information for up to four tanks on the form. For additional tanks, prior to completing the form, copy p. 2 and p. 3 as many times as necessary.

You may include information for up to four ASTs on this form

For Official Use Only: Facility ID: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Location: \_\_\_\_\_

### AST REGISTRATION - TANK INFORMATION

1. Tank ID # (1,2,3,4, etc. or your assigned number)				
2. Date of Installation (MM/DD/YY)				
3. Capacity in Gallons				
4. Status (In service /out-of-service) (list date taken out of service)				
5. If out-of-service, is tank empty? Y/N (if yes, list date emptied)				
6. Is tank used for heating on premises? Y/N				
7. Is the tank located at a home and is for non-commercial use? Y/N				
8. Is the tank located on a farm? (agricultural tank?) Y/N				
9. Is the tank operated at atmospheric pressure? Y/N (if N, pressure in psia)				
10. Construction - field/shop (if shop constructed, list Mfr. & model #)				
11. Tank Orientation - Vertical/Horizontal				
12. Roof Construction - Fixed/Floating				
13. List Product stored in tank (if empty, list last product contained)				
Does this tank routinely store more than a single product? Y/N				
Gasoline				
Diesel Fuel				
Heating Fuel (Oil) - indicate grade				
Kerosene				
Aviation Fuel				
Jet Fuel - indicate grade				
Crude Oil				
Lubricating Oil				
Hazardous Substance (list CAS # or chemical name)				
Other - specify				
14. Material of construction (check all that apply)				
Applicable Storage Tank Construction Code(s) ie: ANSI, UL, API, etc.				
Steel				
Fiber Reinforced Plastic (FRP)				
Composite (steel w/other material)				
Insulated (list insulation material)				
Lined Interior				
Double wall				
Double bottom				
Concrete				
Other (specify)				
15. Corrosion Protection				
None				
Sacrificial Anodes				
Impressed Current				
16. Secondary Containment (dikes)				
Is this tank part of a tank farm? Num. of tanks in diked area				
Dimensions of dike(s) (Height x Width x Depth)				
Concrete				
Steel or Fiberglass				
Soil				
Synthetic membrane				
Clay Liner				
Other (specify)				
17. Vapor Recovery (mark Stage I, Stage II, both, or none)				

<b>18. Overfill Protection</b>				
High Level Alarm				
Automatic Shut-off				
Mounted Sight Glass				
Manual Gauge				
Other (specify)				
<b>19. Leak Detection (check all that apply)</b>				
Visual Monitoring (elevated tanks)				
In-tank Gauging System				
Interstitial Monitoring				
Soil Vapor Monitoring				
Statistical Inventory Reconciliation (SIR) - specify supplier				
Non-destructive testing				
Area Vapor Detectors				
None				
Other (specify)				
<b>20. Heating or cooling coils? (Y/N)</b>				
Internal or external?				
Material of Construction				
Heat transfer fluid (if used)				
<b>21. Vents</b>				
Atmospheric (no controls)				
Relief valve				
Rupture Disk				
Conservation vent				
Flame Arrestor				
Scrubber				
Condenser				
Other (specify)				
<b>22. Fire Suppression</b>				
External - if Yes, list type				
Internal - if Yes, list type				
Lightning suppression				
Grounding				
None				
Other (explain)				
<b>23. Vapor Suppression</b>				
Water Curtain				
Barrier Fluid				
Other (explain)				
None				
<b>PIPING INFORMATION</b>				
<b>1. Location (aboveground / underground / combination)</b>				
<b>2. Material of Construction</b>				
Steel (indicate if corrosion protected - sac. anode/imp. current)				
Flexible plastic				
Fiberglass Reinforced Plastic (FRP)				
Other (specify)				
<b>3. Pipe monitoring</b>				
Visual Inspection				
Non-destructive Testing Program				
Tracer Gas				
Hydrostatic				
Sump sensor				
Area Vapor Detectors				
Other (specify)				
None				

