



Department of Natural Resources
and Environmental Control
Tank Management Section
391 Lukens Drive
New Castle, DE 19720
302-395-2500 (phone)
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www.dnrec.delaware.gov/Tanks/

File Code 01

Aboveground Storage Tank Registration

Select Reason for Registration
 New Amended Ownership Change

Facility ID # _____

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

Please fill out this Notification Form completely. Incomplete or illegible notifications will be returned.

Please Print only. Make a copy of this form for your records

TANK OWNER INFORMATION				
1. Tank Owner: (BUSINESS or LAST Name, FIRST Name)				
2. Owner Mailing Address:				
City:	State:	Zip Code:	Country:	
3. Type of Owner: <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (specify below) _____				
4. Contact Person:	Telephone #:	Fax #:	E-mail Address:	
5. Owner's Authorized Representative:		Title:	Telephone #:	
FACILITY INFORMATION				
6. Facility Name:				
7. Physical Location:				
8. Facility Mailing Address:				
City:	State:	Zip Code:		
11. Number of ASTs at this facility:				
12. On-Site Contact Person:		Title:	Telephone #:	Fax #:
E-mail Address:				
TANK OPERATOR INFORMATION				
13. <input type="checkbox"/> Select here if operator is the same as the owner				
14. Tank Operator Name: (do not list employee of operator)				
15. Mailing Address:				
City:	State:	Zip Code:	Country:	
16. Type of Tank Operator: <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (specify below) _____				
OWNER CERTIFICATION				
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:	

Page 2 contains Tank and piping information for your AST(s). You may include information for up to four (4) Tanks on the form. For additional tanks, prior to completing the form, copy page 2 as many times as necessary.

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 (Gasoline, Diesel, Heating, Kerosene, Aviation, Jet, Crude Oil, Lubricating Oil, Hazardous Substance, etc.)				
Does this Tank routinely store more than a single product? Y/N				
Name of Product Stored or CAS# (if empty, list last product contained)				
14. Material of construction (select all that apply)				
Applicable Storage Tank Construction Code(s) ie: ANSI, UL, API, etc.				
Steel				
Fiber Reinforced Plastic (FRP)				
Plastic and Other (please list/specify)				
Insulated (list insulation material)				
Lined Interior (list liner)				
15. Release Prevention Barrier (Concrete, Steel Liner, Fiberglass, etc.)				
Type of Release Prevention Barrier				
16. Cathodic Protection (Sacrificial Anode, Impressed Current, or None)				
Type of Cathodic Protection				
17. Secondary Containment				
Double wall				
Double bottom				
Concrete				
Dike Material of Construction (concrete, steel or fiberglass, soil, etc.)				
Dimensions of dike(s) (Height x Width x Depth)				
18. Overfill Protection (High Level Alarm, Automatic Shut-off, Mounted Sight Glass, Manual Gauge, etc.)				
Type of Overfill Protection				
19. Leak Detection (Visual Monitoring, In-tank Gauging System, Interstitial Monitoring, Soil Vapor Monitoring, SIR, Non-destructive testing, etc)				
Type of Leak Detection Method(s)				
20. Heating or Cooling coils (Y/N)				
Internal or External				
Material of Construction				
Heat Transfer Fluid (if used)				
21. Vents (Atmospheric, Relief Valve, Rupture Disk, Conservation Vent, Flame Arrestor, Scrubber, Condenser, etc.)				
Type of Vent(s)				
22. Inerting System (Y/N)				
Gas Used				

PIPING INFORMATION

1. Location of Piping: Aboveground				
2. Material of Construction for Aboveground Piping (Flexible plastic, Fiberglass Reinforced Plastic, etc.)				
Type of Construction Material				
3. Pipe monitoring for Aboveground Piping (Visual Inspection, Non-destructive Testing Program, Hydrostatic, Area Vapor Detectors, etc.)				
Type of Pipe monitoring				
4. Location of Piping: Underground				
5. Material of Construction for Underground Piping (Steel-indicate if corrosion protected-sac. anode/imp. Current, Flexible plastic, FRP, etc.)				
Type of Construction Material				
Type of Cathodic Protection (sacrificial anode, impressed current, none)				
6. Pipe monitoring for Underground Piping (Non-destructive Testing Program, Tracer Gas, Hydrostatic, Sump Sensor, etc.)				
Type of Pipe monitoring				