



Department of Natural Resources  
and Environmental Control  
Tank Management Section  
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New Castle, DE 19720  
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www.dnrec.delaware.gov/Tanks/

File Code 01

## Aboveground Storage Tank Activity Notification

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

*NOTE: Activity Notification Form must be received by the TMS, at least ten (10) days prior to commencement of the activity.*

### Owner information:

Tank Owner: (BUSINESS or LAST Name, FIRST Name)			Owner Contact person:		
Owner Mailing Address:			Owner Phone Number:	Owner Fax Number:	
			Owner E-mail Address:		
City:	State/Province:	Zip/Postal Code:	Country:	Owner Signature:	Date:

### Facility Information:

### AST Facility ID#:

Facility Name:			Facility Contact Person:		
Facility Mailing Address:			Facility Phone Number:	Facility Fax Number:	
City:	State:	Zip Code:	County:	Facility Contact E-mail Address:	
Has this facility ever been involved with any of the following DNREC interests for a site investigation? <input type="checkbox"/> SIRS <input type="checkbox"/> Haz Waste <input type="checkbox"/> UST (select all that apply)					
If so, are there monitoring wells on site? <input type="checkbox"/> YES <input type="checkbox"/> NO (Select One)			Does an on-site well supply drinking water for your facility? <input type="checkbox"/> YES <input type="checkbox"/> NO (Select One)		

### Tank Information: (one tank per form only)

Tank ID:	Capacity: (gallons)	Current Product Stored:	*All previous products stored:	Date of installation: (MM/DD/YY)
Orientation: Circle one Horizontal / Vertical	Diameter: (feet)	Length/Height: (feet)		Approx. length of underground piping: (feet)
Indicate base tank is constructed on: <input type="checkbox"/> Concrete <input type="checkbox"/> Soil <input type="checkbox"/> Sand <input type="checkbox"/> Other (describe)				

\* All previous products stored for the history of the tank regardless of tank ownership

### Tank Activity: (Select activity(s) and complete requested information)

*Attach site map with location of the tank, buildings, drinking water wells, and any monitoring wells for tank activities 1, 2, 3, & 4.*

*Select Activity(s)*

1. Permanent closure in place:	<input type="checkbox"/>	Date tank to be permanently closed:
2. Tank relocated to new location:	<input type="checkbox"/>	Date to be moved: <span style="float: right;">New Location: (Address or distance in feet)</span>
3. Tank removal:	<input type="checkbox"/>	Date to be removed:
4. Change in product stored:	<input type="checkbox"/>	Date of change: <span style="float: right;">New product stored:</span>
5. Tank temporarily out of service:	<input type="checkbox"/>	Date taken out of service:
6. Tank placed back in service:	<input type="checkbox"/>	Date placed in service:
7. Internal or External Inspection:	<input type="checkbox"/>	Date of Inspection:
8. Retrofit/Upgrade:	<input type="checkbox"/>	Date of Retrofit/Upgrade: <span style="float: right;">Description of Retrofit/Upgrade:</span>