



Department of Natural Resources
and Environmental Control
Tank Management Section
391 Lukens Drive
New Castle, DE 19720
302-395-2500 (phone)
302-395-2555 (fax)
www.dnrec.delaware.gov/Tanks/

UST Registration & Notification Form

Facility ID Number: __ - _ _ _ _ _

- | | | | | |
|---------------------------------------|---|--|--|---|
| <input type="checkbox"/> Registration | <input type="checkbox"/> New installation | <input type="checkbox"/> Retrofit notification | <input type="checkbox"/> Change in service | <input type="checkbox"/> Change in substance stored |
| FC: 01 | FC: 02D | FC: 02C | FC: 02E | FC: 02F |

Approval is required to install new or retrofit existing underground storage tanks (USTs). New installed, new retrofitted and existing tanks all must be maintained in accordance with the provisions of the Delaware's *Regulations Governing Underground Storage Tank Systems*. For all new tank installations, a detailed site plan must accompany this form.

Please fill out all applicable sections. For **Facility Information**, provide the actual physical location, not P.O. Box information. Assign each tank a number and maintain that number consistently throughout the form. Submit information for up to **four** (4) tanks on this form.

1. FACILITY INFORMATION

Name: _____
Street: _____
City: _____ Zip: _____
County: _____
Phone: _____ Fax: _____
Email: _____

2. UST OWNER INFORMATION

Name/Corporation: _____
Contact, if not named above: _____
Street: _____
City: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

3. CONTRACTOR INFORMATION

Co. Name: _____
Contact Name: _____
DE Certification #: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

4. UST OPERATOR INFORMATION

Name/Corporation: _____
Contact, if not named above: _____
Street: _____
City: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

5. TYPE OF OWNERSHIP

Taxpayer ID/ Social Security #: _____
Business License: _____

- | | | | | |
|---------------------------------|-----------------------------------|----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> County | <input type="checkbox"/> District | <input type="checkbox"/> Federal | <input type="checkbox"/> Indian | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Other | <input type="checkbox"/> Private | <input type="checkbox"/> State | <input type="checkbox"/> Unknown | |

6. TYPE OF FACILITY SITE (Pick the best description of the facility where the USTs are located.)

- | | | | | |
|---|-------------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Building | <input type="checkbox"/> Defense Site | <input type="checkbox"/> Development | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Park/ Golf | <input type="checkbox"/> Recycling | <input type="checkbox"/> Residential | <input type="checkbox"/> Retail (Gas Station) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Waste | <input type="checkbox"/> Wastewater | <input type="checkbox"/> Water | <input type="checkbox"/> Wildlife |

Facility ID Number: ___ - _____

7. FINANCIAL RESPONSIBILITY (One of the following must be completed, state owned tanks are exempt.)

- I submit that I have met the financial responsibility requirements in accordance with Part F of Delaware’s *Regulations Governing Underground Storage Tank Systems*, and submit proof thereof with a current tank schedule (Appendix R completed) in the form of:
 - Self insurance (Appendix A completed) Insurance (Appendix D completed) Other (describe) _____
- I certify that I have met the financial responsibility requirements in accordance with Part F of Delaware’s *Regulations Governing Underground Storage Tank Systems*. Documentation was previously forwarded to your office and there have been NO changes made since submittal.
- I will be submitting the proper documents prior to adding a regulated substance into the new UST system.

8. Tank ID #:				
9. Status of Tank	(Check one)		(Check one)	
New Installation				
Currently In Use				
Out-of-Service, date taken out:				
Age/ Date Installed:				
10. Regulated Substance Stored	(Check one)		(Check one)	
Diesel				
Gasoline				
Heating Fuel				
Kerosene				
Mixture (Submit description)				
Other (Submit description)				
Used Oil				
Hazardous Substance				
CERCLA name or CAS #:				
11. Is tank used as an Emergency Generator?				
12. Is tank of Dual use?				
13. Tank Capacity: (gallons)				
14. Tank Manufacturer:				
15. Tank Model name:				
16. Tank Material of construction	(Check all that apply)		(Check all that apply)	
Fiberglass Reinforced Plastic (FRP)				
Steel, Cathodically Protected (CP) by anode				
Steel, CP by impressed current				
Steel, CP by FRP composite coating				
Steel, CP by Poly composite coating				
Steel, with lined interior (Date lined:)				
Steel, with Impressed current and Lined Interior (Date lined:)				
Steel, unprotected				
Other: (Submit description)				
17. Is the UST compartmentalized?				
If yes, how many compartments?				

Facility ID Number: __ - _____

8. Tank ID #:				
18. Is product delivered via remote fill pipe?				
If yes, list distance from tank to fill pipe:				
19. Mark tanks connected by product siphon line-				
20. Tank secondary containment description	(Check one)	(Check one)	(Check one)	(Check one)
Factory designed Double Walled (DW) construction				
Other: (Submit description)				
None				
21. Tank Release Detection	(Check all that apply)			
Inventory Control Records				
Automatic Tank Gauging				
Continuous Electronic Interstitial Monitoring				
Manual Tank Gauging				
Manual Interstitial Monitoring				
S.I.R. (provided by:)				
Groundwater Monitoring				
Tank Tightness Testing				
Vapor Monitoring				
Other Method: (Submit description/ approval may be required)				
22. Tank top sump description:				
Material of Construction:				
Manufacturer:				
Contain sensors: (Check if Yes)				
Secondary option: (DW, etc.)				
Interstitial Monitoring: (Check if Yes)				
23. Overfill Protection Device: (ball float, High Level Alarm, Deep fill w/ Whistle , other-submit approved description, etc)				
24. Product Spill Containment Device Installed?				
Spill containment capacity: (gallons)				
25. Product piping Manufacturer:				
26. Product piping Model Name:				
27. Product piping material of construction	(Check all that apply)			
Flexible plastic				
Fiberglass Reinforced Plastic (FRP)				
Steel, CP by coating and anode				
Steel, CP by wrap and anode				
Steel, CP by impressed current				
Bare or Galvanized Steel				
Copper, CP by coating and anode				
Copper, CP by wrap and anode				
Copper, CP by impressed current				
Bare Copper				
None (i.e. used oil USTs)				

Facility ID Number: ___ - _____

8. Tank ID #:				
28. Piping Secondary Containment Description	(Check one)		(Check one)	
Factory designed DW construction				
PVC/ Plastic as Sec. containment				
None				
Other: (Submit description)				
29. Piping Type	(Check one)		(Check one)	
Pressurized				
Suction w/ Check Valve at Dispenser				
Suction w/ Check Valve at Tank				
Gravity				
30. Piping Release Detection	(Check all that apply)		(Check all that apply)	
Mechanical In-Line Line Leak Detector				
Manufacturer & Model #:				
Electronic In-line Line Leak Detector				
Manufacturer & Model #:				
Electronic In-line Line Precision Tightness Testing				
Electronic Continuous Interstitial Space Sump Monitoring				
Annual Precision Line Tightness Testing				
Monthly Interstitial Space Sump Monitoring				
S.I.R. (provided by:)				
Other: (Submit description/ approval may be required)				
31. Dispenser sump description:				
Material of Construction:				
Manufacturer:				
Contain sensors: (Check if Yes)				
Secondary option: (DW, etc.)				
Interstitial Monitoring: (Check if Yes)				

Retrofits:

Describe **all** of the **Existing UST system, not just equipment being retrofitted**, on pages one (1) through four (4) of this *UST Registration & Notification Form*. Indicate planned retrofit work with a proposed date of retrofit of Existing UST System(s) on page five (5) of this form. Note there must be at least ten (10) days notification prior to retrofit work on UST systems. A *Confirmation of Scheduled Tank Work form* will be faxed to the contractor upon approval of the notification.

Facility ID Number: ___ - _____

Ten Day Prior Notification for UST Retrofit

Lists planned changes, proposed date of retrofit below and include all Manufacturer's Specifications and cutouts for all UST equipment being retrofitted:

1. Tank ID #:				
2. Proposed Date of Retrofit:				
3. Reason for Retrofit work	(Check all	that apply)	(Check all	that apply)
Compliance				
Repair/ Component Failure: (submit description)				
4. Tank/ Release Detection Improvements	(Check all	that apply)	(Check all	that apply)
*Cathodic Protection with Anodes				
Adding Automatic Tank Gauging (ATG)				
ATG Manufacturer/ Model #:				
Adding Tank Top Sump				
Sump Material of Construction:				
Sump Manufacturer/ Model #:				
Install Sump Sensors				
Sensor Manufacturer/ Model #:				
Other: (submit description)				
5. Overfill Protection				
Retrofitting Overfill Protection Device				
Adding Overfill Protection Device				
6. Spill Containment Device				
Vapor Recovery Containment Device				
Product Fill Containment Device				
7. Product Piping Changes/ Improvements	(Check all	that apply)	(Check all	that apply)
Cathodic Protection with Anodes				
Factory designed DW construction				
PVC/ Plastic as Sec. containment				
Auto Line Leak Detector (LLD)				
LLD Manufacturer/ Model #:				
Adding Dispenser Bottom Sump				
Sump Material of Construction:				
Sump Manufacturer/ Model #:				
Install Sump Sensors?				
Other: (submit description)				

* Requires submission by an individual certified as required in NACE RP0285 Section 1.1.5 and statement of compliance with UST Regulations Parts B, C, and D Section 1.6.

8. Certification: I, the **UST Owner**, certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete.

UST Owner's Signature: _____ Date: _____

Print or Typed Name and Title: _____