Above Ground Storage Tank Registration Form

**Instructions:** This registration form is to be completed for every new facility previously containing or planning on installing an above ground storage tank (AST), and for every current facility with new developments regarding their AST status. Complete this form to the best of your knowledge and as accurately as possible (respond with “unknown” when unsure about an answer, and with “N/A” if a question is inapplicable). Upon completion, please submit this form to the Rhode Island Department of Environmental Management (RIDEM) Office of Emergency Response via email at **dem.ast@dem.ri.gov** (or, if preferred, by mail to RIDEM Emergency Response at 235 Promenade Street, Providence, RI 02908).

**Please mark only one item:** [ ] New Facility [ ]  Updating Facility

1. **Facility Information**

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| --- |
| FACILITY NAME: |
| FACILITY ADDRESS: | CITY or TOWN: | STATE: | ZIP CODE: |
| CONTACT PERSON: | TITLE or POSITION: |
| PHONE NUMBER: | EMAIL ADDRESS: |
| FACILITY CLASSIFICATION:[ ]  Agriculture/Farm[ ]  Auto Shop[ ]  Bulk Storage Terminal[ ]  Cemetery[ ]  Construction | [ ]  Country Club[ ]  Education/School[ ]  Energy Services[ ]  Garage/Warehouse[ ]  Gas Station[ ]  Healthcare | [ ]  Manufacturing[ ]  Marina/Boatyard[ ]  Military Base[ ]  Multiple Residence[ ]  Municipal Complex[ ]  Other *(specify)*: | [ ]  Residential[ ]  Retail/Office[ ]  Scrapyard[ ]  Telecommunications[ ]  Transportation Services |

1. **Owner Information**

|  |  |
| --- | --- |
| OWNER NAME: | DATE OWNERSHIP ACQUIRED: |
| MAILING ADDRESS *(if different than Sec. I)*: | CITY or TOWN: | STATE: | ZIP CODE: |
| CONTACT PERSON *(if different than Sec. I)*: | TITLE or POSITION: |
| PHONE NUMBER: | EMAIL ADDRESS: |
| OWNERSHIP CLASSIFICATION: |
| [ ]  Private[ ]  State | [ ]  Municipal[ ]  Federal | [ ]  Other *(if so, specify)*: |

1. **Tank Information**

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| --- |
| ANSWER CODES |
| Tank Status | Tank Construction Material | Piping Construction Material | Spill & Overfill Prevention |
| **(1)** In Use**(2)** Temporarily Closed**(3)** Permanently Closed**(4)** Abandoned | **(1)** Steel**(2)** Fiberglass Reinforced Plastic**(3)** Steel-Fiberglass Reinforced Plastic**(4)** Double-Wall Steel**(5)** Double-Wall Fiberglass**(6)** Alcohol Resistant**(7)** Concrete**(8)** Convault**(9)** Unknown**(10)** Other *(if so, specify)*: | **(1)** Bare Steel**(2)** Fiberglass Reinforced Plastic**(3)** Double-Wall Steel**(4)** Double-Wall Fiberglass Reinforced Plastic**(5)** Flexible Single-Wall**(6)** Flexible Double-Wall**(7)** Copper**(8)** Equipped w/ Secondary Containment**(9)** Alcohol Resistant**(10)** Cathodic Protection**(11)** Coated/Wrapped**(12)** Unknown**(13)** Other *(if so, specify)*: | **(1)** High-Level Alarm**(2)** Flow Restriction Float Vent Valve**(3)** Automatic Shut-Off Valve**(4)** Spill Containment Basin**(5)** Shear Valve (Pressurized Piping)**(6)** Check Valve (Suction Piping)**(7)** Vent Whistles**(8)** Anti-Siphon Valve**(9)** Visual Level Gauge**(10)** Unknown**(11)** Other *(if so, specify)*: |

**In the Tank List & Details table below, use the Answer Codes listed above for their respective columns.** If the number of tanks at this facility exceeds the space provided, please attach a second copy of this section (Section III) with any remaining tanks.

|  |
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| TANK LIST & DETAILS |
| Tank ID Number | Installation Date*(mm/dd/yyyy)* | Capacity *(gallons)* | Tank Status | Tank Construction Material | Piping Construction Material | Spill & Overfill Prevention | Substance(s) Stored*(if mixture, provide capacity of each)* |
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1. **Regulatory Information**

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| --- | --- | --- | --- |
| *Please fill the following information as accurately as possible. If unknown, leave blank!* | *Y* | *N* | $$^{N}/\_{A}$$ |
| Are all tanks equipped w/ 110% secondary containment? If only some – Tank ID Numbers 🡪 |  |  |  |
| Have any tanks leaked or spilled? If yes – attach relevant reports and list Tank ID Numbers 🡪 |  |  |  |
| Does the facility have a Spill Prevention & Emergency Plan? ***1*** |  |  |  |
| Does the facility have a drinking water well on site? If yes – how close is the nearest tank 🡪 |  |  |  |
| Is the facility within 400 ft. of any public water supply wells or reservoirs? |  |  |  |
| Is the facility within 200 ft. of another facility with a drinking water well? |  |  |  |
| Does the facility have a Groundwater Monitoring Program? ***2*** |  |  |  |
| Are monitoring wells installed around this facility? |  |  |  |

***1*** *As required in Section 14,* [*Oil Pollution Control Regulations*](https://rules.sos.ri.gov/regulations/part/250-140-25-2)*.*

***2*** *Facilities containing tanks with > 50,000 gal. capacity, or tanks with > 5,000 gal. capacity in a* [*GAA groundwater classification area*](http://www.dem.ri.gov/programs/benviron/water/quality/prot/pdfs/gwclass.pdf)*.*

1. **Notification of Local Fire Officials**

The authorized signature of the local fire department below indicates that local officials have been notified of the aboveground storage tank(s) located at this facility.

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Name of local fire dept. Phone Number

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Signature of local fire dept. representative Date

This signature does not serve as notice to the city or town, does not guarantee city or town approval, and does not relieve you of your obligations to other applicable city or town officials. Any violation, deficiency or requirement which may have been overlooked is also subject to correction under the provisions of any applicable code.

1. **Certification**

I certify that I have personally examined and am familiar with the information submitted in this registration form and all attached documents, and based on my inquiry of those individuals responsible for obtaining the information I believe that the information submitted is true, accurate and complete.

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Signature Date

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Print Name and Title Phone Number