ENVIRONMENTAL QUALITY

OFFICE OF LAND RESOURCES | REGULATED STORAGE TANKS

AST NOTIFICATION FORM

t: 501-682-0744 | **alt. t:** 501-682-0856 | **f:** 501-682-0880 | **e:** RSTComplianceForms@adeq.state.ar.us

Registration for Petroleum Storage Tanks

RETURN COMPLETED FORM TO:	FOR STATE USE ONLY
Arkansas Department of Energy & Environment Division of Environmental Quality Office of Land Resources, Regulated Storage Tanks 5301 Northshore Drive, North Little Rock, AR 72118-5317	Facility ID #: AFIN: Owner Account #:

GENERAL INFORMATION

If you store motor fuels or other refined petroleum products in an aboveground storage tank, which is between 1,320 and 40,000 gallons in size, you shall complete this form to allow potential eligibility for reimbursement under A.C.A. § 8-7-901 *et seq*. This definition does not include mobile storage tanks used to transport petroleum from one location to another, those used in the production of petroleum or natural gas, or aboveground farm tanks whose contents are used for agricultural purposes and not held for resale.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form shall be completed for each location containing aboveground storage tanks (ASTs) to allow potential eligibility for reimbursement under A.C.A. § 8-7-901 *et seq*. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Number of continuation sheets attached:	Indicate number of tanks at this location:

SECTION 1: OWNERSHIP OF TANKS(S)

Owner's Name:	
Street Address:	
County:	
City:	
State:	Zip Code:
Phone #:	

Type of Owner (mark all that apply)

- ☐ Private or corporate
- ☐ State or local government
- ☐ Federal government

GSA Facility ID#:

SECTION 2: LOCATION OF TANK(S)

Facility Name:	
Street Address:	
County:	
City:	
State:	Zip Code:
Phone #:	

Type of Notification (mark all that apply)

- ☐ New Location
- ☐ Amended
- ☐ Closure
- ☐ Change in owner

Date of change: mm/dd/yyyy

Previous Owner's Name:

SECTION 3: FINANCIAL ASSURANCE

☐ Financial Assurance Completed and Submitted

SECTION 4: CONTACT PERSON AT TANK LOCATION

Check if information is the same as Section 1 ☐

Name:	
Job Title:	Phone #:

SECTION 5: CERTIFICATION

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 that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Owner or Authorized Representative

Name	Signature	Date Signed
		mm/dd/yyyy

SECTION 6: DESCRIPTION OF ABOVEGROUND STORAGE TANKS

(Complete for each tank at this location.)

TANK IDENTIFICATION NUMBER (e.g., 1, 2, 3)	**TANK #**	**TANK #**	**TANK #**	**TANK #**	**TANK #**
Status of Tank (Mark all that apply)					
Currently in Use					
Temporarily Out of Use					
Permanently Out of Use					
Date of Installation (MM/DD/YYYY) (Estimate if unknown)	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Estimated Total Capacity (Gallons)					
Material of Construction (Mark one)					
Concrete					
Fiberglass Reinforced Plastic					
Steel					
Unknown					
Other (Please specify)					
Internal Protection (Mark all that apply)					
Cathodic Protection					
Interior Lining (e.g., epoxy resins)					
None					
Unknown					
Other (Please specify)					
External Protection (Mark all that apply)					
Cathodic Protection					
Fiberglass Reinforced Plastic Coated					
None					
Painted					
Unknown					
Other (Please specify)					
Piping (Mark all that apply)					
Bare Steel					
Cathodically Protected					
Fiberglass Reinforced Plastic					
Galvanized Steel					
Unknown					
Other (Please specify)					

SECTION 6: DESCRIPTION OF ABOVEGROUND STORAGE TANKS

(Complete for each tank at this location.)

TANK IDENTIFICATION NUMBER (e.g., 1, 2, 3)	**TANK #**	**TANK #**	**TANK #**	**TANK #**	**TANK #**
Substances Currently or Last Stored in Greatest Quantity by Volume					
Empty					
Petroleum					
Diesel					
Gasoline (Including alcohol blends)					
Kerosene					
Used Oil					
Other, please specify					
Hazardous Substance					
Name of principal CERCLA Substance/ Chemical, Abstract Service (CAS) No.					
Tank stores a mixture of substances					
Unknown					
Additional Information (For tanks permanently taken out of service)					
Estimated date of last use (MM/DD/YYYY)	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Estimated quantity of substance remaining (Gallons)					