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Registration for Petroleum Storage Tanks

RETURN COMPLETED FORM TO:		FOR STATE USE ONLY	
Arkansas Department of Energy and Environment Division of Environmental Quality Office of Land Resources, Regulated Storage Tanks 5301 Northshore Drive, North Little Rock, AR 72118-5317		RST Permit #:	
		AFIN:	
INSTRUCTIONS			
In the "Certification" sections, type or print in ink all items except "signature." Please mark all boxes that apply in each section. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, copy pages 2-4, and attach the continuation sheets to this form.			
Number of continuation sheets attached: <input type="text"/>			
SECTION 1: TYPE OF NOTIFICATION		SECTION 2: OWNERSHIP OF TANK(S)	
New Location Permanent Closure Temporary Closure Amended (select all that apply) New Tank(s) at Location Changes to Current Tank(s) Changes in Owners		Owner's Name:	
		Mailing Address:	
		County:	
		City:	
		State:	Zip Code:
Date of Change:		Phone #:	
Previous Owner's Name:		Email Address:	
Previous Owner's Phone #:		Total Number of UST(s) at this Location:	
SECTION 3: TYPE OF OWNER		SECTION 4: LOCATION OF TANK(S)	
Private Local Government State Government Federal Government		Location Name:	
		County:	
		Physical Address:	
CONTACT PERSON AT LOCATION			
Name:		City:	
Job Title:		State:	
Phone #:		Zip Code:	
Email Address:		Phone #:	
SECTION 5: FINANCIAL ASSURANCE			
Financial Assurance Form Completed and Submitted			

SECTION 6: TYPE OF FACILITY

Airport/Airline
Federal, Non-Military
Industrial
State Government

Auto Dealership
Federal, Military
Local Government
Trucking Transport

Farm/Residential (>1,100 gal.)
Gas Station
Petroleum Distributor Utility

Other (please explain):

SECTION 7: CERTIFICATION (Read and sign after completing all sections)

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 information is true, accurate, and complete.

Owner or Authorized Representative

Name	Signature	Date Signed

SECTION 8: DESCRIPTION OF UNDERGROUND 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										
Newly Installed										
Date of Installation (MM/DD/YYYY) (Estimate if unknown)										
Estimated Total Capacity (Gallons)										
MATERIAL OF CONSTRUCTION (Mark all that apply)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
Asphalt Coated or Bare Steel										
Composite (Steel w/fiberglass exterior) ACT 100, ACT 100U, etc										
Concrete										
Double Walled										
Epoxy Coated Steel (STIP3)										
Excavation Liner										
Fiberglass Reinforced Plastic										
Polyethylene Tank Jacket										
Polyflexible										
Unknown										
Other (Please specify):										
*Has tank been repaired?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If yes , give date of last repair.										

SUBSTANCE STORED (e.g., 1, 2, 3)	TANK #		TANK #		TANK #		TANK #		TANK #	
Diesel										
Biodiesel (% blend)										
Gasoline										
Ethanol (% blend)										
Empty										
Hazardous Substance— CERCLA Name										
Kerosene										
Mixture (Please specify):										
New Oil										
Used Oil										
Unknown										
Other (Please specify):										
RELEASE DETECTION (Mark all that apply)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
Date Installed										
Auto Tank Gauging (In tank static or CITLD)										
Continuous Interstitial Double-Wall Monitoring (sensors)										
Manual Interstitial Double-Wall Monitoring (record log)										
Statistical Inventory Reconciliation (SIR)										
Manual Tank Gauging (1,000 gallons or less)										
Groundwater Monitoring										
Vapor Monitoring										
Mechanical Line Leak Detector										
Electronic Line Leak Detector										
Annual Line Tightness Test										
3-Year Line Tightness Test										
Not Required (safe suction piping, TOU tank with less than 1" in tank)										
Other (Please specify):										
SPILL & OVERFILL PREVENTION (e.g., 1, 2, 3)	TANK #		TANK #		TANK #		TANK #		TANK #	
Spill Catchment Basin										
Flow Restrictor (Ball Float)										
High Level Alarm										
Auto Shutoff Valve (Flapper Valve)										
Unknown										
Other (Please specify):										

CORROSION PROTECTION (Mark all that apply)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
Date Installed										
Asphalt Coating										
Cathodic Protection System (Impressed Current)										
Cathodic Protection System (Sacrificial Anodes)										
Dielectric Coating (e.g., epoxy resin)										
Electrical Isolation										
Fiberglass Reinforced Plastic										
Internal Lining (e.g., epoxy resin)										
Coated/Wrapped										
Unknown										
Other (Please specify):										

SECTION 9: DESCRIPTION OF PIPING TYPE

(Complete for each tank at this location.)

Suction: Check Valve Directly Under Pump								
Suction: Check Valve at Tank								
Pressure								
Gravity Feed								
Unknown								
Other (Please specify):								
Has piping been repaired?	Yes	No	Yes	No	Yes	No	Yes	No
If yes , give date of last repair.								

SECTION 10: TANKS TEMPORARILY OR PERMANENTLY OUT OF USE, OR CHANGE IN SERVICE OF TANKS

TEMPORARY OUT OF USE TANKS (e.g., 1, 2, 3)	TANK #	TANK #	TANK #	TANK #	TANK #
Date product was removed from tank (MM/DD/YYYY)					
Permanently Out of Use Tanks					
Date product was removed from tank (MM/DD/YYYY)					
Date tank removed from ground (MM/DD/YYYY)					
Date tank filled with inert solid material (sand, concrete, etc.) (MM/DD/YYYY)					
Date of change in service (MM/DD/YYYY)					
Site Assessment Completed					
Estimated date of action					
Evidence of a leak detected					