

STATE OF ARKANSAS

NOTIFICATION FOR ABOVEGROUND STORAGE TANKS

FOR TANKS IN AR	Return completed form to: Arkansas Department of Environmental Quality Regulated Storage Tanks Division 5301 Northshore Drive North Little Rock, AR 72118-5317 <i>Phone: (501) 682-0999</i>	FACILITY ID _____ OWNER ACCOUNT _____ AFIN _____
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GENERAL INFORMATION

If you store motor fuels or other refined petroleum products in an aboveground storage tank which is between 1,320 (one thousand three hundred and twenty) gallons and 40,000 (forty thousand) gallons in size, you shall complete this form to allow potential eligibility for reimbursement under ACA 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 to allow potential eligibility for reimbursement under ACA 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.

Indicate number of continuation sheets attached:

I. OWNERSHIP OF TANK (S)	II. LOCATION OF TANK (S)
<p>Owner Name <i>(Corporation, Individual, Public Agency, or Other Entity)</i></p> <hr/> <p>Street Address</p> <hr/> <p>County</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>Area Code Phone Number</p>	<p style="text-align: center;"><i>(If same as Section I., mark box here)</i> <input type="checkbox"/></p> <hr/> <p>Facility Name or Company Site Identifier, as applicable</p> <hr/> <p>Street Address or State Road, as applicable</p> <hr/> <p>County</p> <hr/> <p>City (nearest) State ZIP Code</p>
<p>Type of Owner <i>(Mark all that apply)</i></p> <p><input type="checkbox"/> State or Local Gov't <input type="checkbox"/> Private or Corporate</p> <p><input type="checkbox"/> Federal Gov't</p> <p>(GSA Facility ID No. _____)</p>	<p>Indicate number of tanks at this location. <input style="width: 40px; height: 20px;" type="text"/></p> <p>Type of Notification <i>(Mark all that apply)</i></p> <p><input type="checkbox"/> New Location <input type="checkbox"/> Amended</p> <p><input type="checkbox"/> Change in Owners <input type="checkbox"/> Closure</p> <p>Date of change _____</p> <p>Supply previous owner's name _____</p>

III. CONTACT PERSON AT TANK LOCATION

Name *(if same as Section I., mark box here)* Job Title Area Code Phone Number

V. CERTIFICATION *(Read and sign after completing Section VI.)*

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.

Name and official title of owner or authorized representative <i>(print)</i>	Signature	Date Signed
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VI. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location.)

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Tank Identification Number (E.g., 1, 2, 3)					
1. Status of Tank (Mark all that apply)					
Currently in Use					
Temporarily Out of Use					
Permanently Out of Use					
2. Date of Installation (mo/day/yr) (Estimate if unknown)					
3. Estimated Total Capacity (gallons)					
4. Material of Construction (Mark one)					
Steel					
Concrete					
Fiberglass Reinforced Plastic					
Unknown					
Other (please specify)					
5. Internal Protection (Mark all that apply)					
Cathodic Protection					
Interior Lining (e.g., epoxy resins)					
None					
Unknown					
Other (please specify)					
6. External Protection (Mark all that apply)					
Cathodic Protection					
Painted (e.g., asphaltic)					
Fiberglass Reinforced Plastic Coated					
None					
Unknown					
Other (please specify)					
7. Piping (Mark all that apply)					
Bare Steel					
Galvanized Steel					
Fiberglass Reinforced Plastic					
Cathodically Protected					
Unknown					
Other (please specify)					
8. Substance Currently or Last Stored in Greatest Quantity by Volume					
A. Empty					
B. Petroleum					
Diesel					
Kerosene					
Gasoline (including alcohol blends)					
Used Oil					
Other (please specify)					
C. Hazardous Substance					
Name of Principal CERCLA Substance / Chemical Abstract Service (CAS) No.					
Tank stores a mixture of substances					
D. Unknown					
9. Additional Information (for tanks permanently taken out of service)					
Estimated date last used (mo/yr)					
Estimated quantity of substance remaining (gallons)					