

REGISTRATION FOR PETROLEUM STORAGE TANKS

OKLAHOMA CORPORATION COMMISSION
PETROLEUM STORAGE TANK DIVISION
P.O. Box 52000
Oklahoma City, OK 73152-2000

TYPE OF NOTIFICATION

STATE USE ONLY

1. Has this location previously been registered with the current owner or a previous owner?

Yes No

2. What is this location's facility number?

3. How many new tanks are being registered?

ID NUMBER:

DATE RECEIVED:

A. Date entered into computer:

B. Data entry clerk initials:

C. Owner was contacted to clarify responses.

Comments: _____

GENERAL INFORMATION & INSTRUCTIONS

Storage tanks containing antifreeze, motor oil, motor fuel, gasoline, kerosene, diesel or aviation fuel are regulated by the Oklahoma Corporation Commission's Petroleum Storage Tank Division. Underground petroleum storage tanks with capacity over 110 gallons must be registered, except for residential and non-commercial agricultural tanks with capacity of less than 1,100 gallons. Aboveground petroleum storage tanks with capacity over 110 gallons must be registered, except for farm and ranch tanks, emergency generator tanks, or tanks at fleet and commercial facilities less than 2,100 gallons individual storage capacity. If more than five (5) tanks are owned at this location, attach additional tank information sheets to the form. Keep a copy of this registration form for your records.

I. OWNERSHIP OF TANK (S)

II. LOCATION OF TANK (S)

Owner Name (Corporation, Individual, Public Agency)

Mailing Address

City & State

Zip Code

()

()

Phone Number

Mobile Number

()

Fax Number

E-mail Address

Facility Name or Company Site Identifier, as applicable

Physical Address (PO Box NOT acceptable)

City & State

Zip Code

()

()

County

Facility Phone Number

Contact Person & Title

Fuel cannot be dispensed until a valid permit is issued by PSTD

III. INDIAN LANDS	
Tanks are held in Trust by the United States Bureau of Indian Affairs <input type="checkbox"/>	
Tribe or Nation _____	
IV. TYPE OF OWNER (Choose One)	
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal	<input type="checkbox"/> Indian <input type="checkbox"/> Commercial <input type="checkbox"/> Private
V. TYPE OF FACILITY (Choose One)	
<input type="checkbox"/> Air Taxi (Airline) <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Contractor <input type="checkbox"/> Farm <input type="checkbox"/> Federal Military <input type="checkbox"/> Federal Non-Military <input type="checkbox"/> Gas Station <input type="checkbox"/> Industrial	<input type="checkbox"/> Marina <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Railroad <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Truck/Transport <input type="checkbox"/> Utilities
VI. CONTACT PERSON IN CHARGE OF TANKS	
Name: _____ Job Title: _____ Phone : () _____	
Address: _____ City: _____ State: _____ Zip Code: _____	
Email: _____ Mobile: () _____	
VII. DISPENSERS	
Number of Dispensers at Facility:	Number of High Flow Dispensers at Facility:

VIII. TANK INFORMATION

Tank Identification Number (use OCC assigned tank number if existing tank)	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
1. Tank Manufacturer					
2. Tank Model					
3. Tank Serial Number					
4. Registration Type					
New Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Existing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Status of Tank (Choose One)					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Date of Installation (month/year)					
7. Number of Compartments in Tank?					
8. Estimated <u>Total</u> Capacity of Tank					
Compartment #1 Capacity	_____	_____	_____	_____	_____
Compartment #2 Capacity					
Compartment #3 Capacity					
Compartment #4 Capacity					
9. Tank Type (Choose One)					
Aboveground Storage Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground Storage Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tank Use (Choose One)					
Agricultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Distributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tank Material of Construction (Choose One)					
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel With Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tank Construction Type (Choose One)					
Single Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondarily Contained / Jacketed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Tank Attributes (Mark all that apply) <ul style="list-style-type: none"> Spill Prevention Installed Overfill Prevention Installed Lined Interior Installed Excavation Liner Installed Vaulted Construction Field Constructed Manifolded 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. Piping Material (Mark all that apply) <ul style="list-style-type: none"> Steel (Must be cathodically protected) Copper (Must be cathodically protected) Fiberglass Flexible Plastic 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. Piping Types (Mark all that apply) <ul style="list-style-type: none"> Pressure Safe Suction US Suction Gravity Feed Appropriate Shear Valve at Island Loop System 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>* Pressure piping must have continuous line leak detection (mechanical or electronic).</p> <p>* Suction piping must have no check valve at tank (verifiable) and only one valve under pump. If installed after July 1, 2008, must be double-walled with Interstitial monitoring.</p> <p>* US Suction piping with valve at tank must be tightness tested every 3 years.</p> <p>* AST ONLY: Pressure piping systems require shear/fire valve at dispenser; suction systems require vacuum-actuated shear valve</p>					

16. Piping Construction (Mark all that apply)					
Single-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Piping Attributes (Mark all that apply)					
Secondary Containment or Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Syphon Valve or Solenoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Linear feet of underground piping					
19. Diameter of piping (inches)					
20. Substance Currently or Last Stored (Mark all that apply)					
Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel <= 20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel for Blending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel containing > 20% Biodiesel*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethanol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline 100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-15*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-20*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-85*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Regulated Substance					
* If tank has a substance with an asterisk (*), then documentation proving system compatibility with that substance must be submitted with this form.					
21. Secondary Containment Dike (Choose One)					
Concrete Dike Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel Dike Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic Dike Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthen Dike Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Only applies to aboveground storage tanks. Leave blank if an underground storage tank.					

IX. RELEASE DETECTION										
Tank Identification Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.	
1. Release Detection-mark all that apply	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Monthly inventory reconciliation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Statistical inventory reconciliation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
G. Automatic tank gauging (specify tanks and/or lines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Mechanical LLDs		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
J. Electronic LLDs		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
2. Spill Containment and Overfill Device installed in accordance with OCC rules		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
X. TANK INSTALLER										
Installer Name:					OCC License #:					
Position:					Company:					
					Install date:					

XI. REQUIRED ATTACHMENTS

<input type="checkbox"/>	Tank Registration Final Sign-off												
<input type="checkbox"/>	Tank Tightness Test												
<input type="checkbox"/>	Line Tightness Test (PST Form)												
<input type="checkbox"/>	Checklist for Determining and Documenting UST System Compatibility (PST Form – if applicable)												
<input type="checkbox"/>	Manufacturer Checklist												
<input type="checkbox"/>	Pressurized Product Line Leak Detector Test (PST Form – Electronic or Mechanical)												
<input type="checkbox"/>	Annual Sensor Test Form (PST Form)												
<input type="checkbox"/>	Spill Prevention Equipment and Containment Sumps Test												
<input type="checkbox"/>	Site Map Showing: <table border="0" style="width: 100%;"> <tr> <td>Tank(s)</td> <td>Buildings</td> <td>North Arrow</td> </tr> <tr> <td>Tank Pit</td> <td>Roadways</td> <td>Monitor Wells (if applicable)</td> </tr> <tr> <td>Piping</td> <td>Property Lines</td> <td>Fencing (AST Only)</td> </tr> <tr> <td>Dispensors</td> <td>Transition Sumps</td> <td>Ballards (AST Only)</td> </tr> </table>	Tank(s)	Buildings	North Arrow	Tank Pit	Roadways	Monitor Wells (if applicable)	Piping	Property Lines	Fencing (AST Only)	Dispensors	Transition Sumps	Ballards (AST Only)
Tank(s)	Buildings	North Arrow											
Tank Pit	Roadways	Monitor Wells (if applicable)											
Piping	Property Lines	Fencing (AST Only)											
Dispensors	Transition Sumps	Ballards (AST Only)											
<input type="checkbox"/>	Pictures Showing: <table border="0" style="width: 100%;"> <tr> <td>Tank(s) (Before & After Burial)</td> <td>Vent Piping</td> <td>Transition Sumps</td> </tr> <tr> <td>Piping (Before & After Burial)</td> <td>Manways</td> <td>Fencing (AST Only)</td> </tr> <tr> <td>Dispensors</td> <td>Final Picture of Completed Install</td> <td>Ballards (AST Only)</td> </tr> </table>	Tank(s) (Before & After Burial)	Vent Piping	Transition Sumps	Piping (Before & After Burial)	Manways	Fencing (AST Only)	Dispensors	Final Picture of Completed Install	Ballards (AST Only)			
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TANK REGISTRATION FINAL SIGN-OFF

FACILITY INFORMATION	
<hr/> Facility Number	
<hr/> Facility Name or Company Site Identifier, as applicable	
<hr/> Physical Address (PO Box <u>NOT</u> acceptable)	
<hr/> City & State	<hr/> Zip Code

TANK INSTALLER SIGNATURE	
<p>I certify under penalty of law that I have personally examined and am familiar with the information concerning installation submitted in section I. through XI. 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. I have retained a copy of this registration for my own records.</p>	
(Print) Name of licensed tank installer	
<hr/> X	
Signature	Date

TANK OWNER SIGNATURE	
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in section I. through XI. 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. I have retained a copy of this registration for my own records.</p>	
<p>I have met the financial responsibility requirements in accordance with 40 CFR Part 280 Subpart H. In Oklahoma this means you are ready and able to pay a co-pay amount up to 1% of the total cost of cleanup not to exceed \$5,000 on any cleanup of any pollution caused by a leaking storage tank. (Original signature goes to the Oklahoma Corporation Commission).</p>	
(Print) Name of owner or owner's legal representative	Title
<hr/> X	
Signature	Date

**PETROLEUM STORAGE TANK DIVISION TANK
REGISTRATION
FINAL SIGN-OFF**

FACILITY INFORMATION

Facility Number

Facility Name

Address

City & State

Zip Code

TANK INSTALLER SIGNATURE

I certify under penalty of law that I have personally examined and am familiar with the information concerning installation submitted in section I. through XI. 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. I have retained a copy of this registration for my own records.

(Print) Name of licensed tank installer

Signature

Date

TANK OWNER SIGNATURE

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(Print) Name of owner or owner's legal representative

Signature

Date

Ownership of Property (Who owns the land the tanks are located on?)

Is the Owner of the tank(s) and property owner the same person/entity?

Yes No (If no, please complete this section)

Property Owner Name:

Address:

State:

City:

Zip:

Phone:

Email:

(Print) Property Owner Name:

Property Owner Signature:

Operator Information

Is the Owner and Operator of these storage tanks the same person/entity?

Yes No (If no, please complete this section)

Operator Name:

Address:

State:

City:

Zip:

Phone:

Email:

PLEASE NOTE:

*Pursuant to OAC 165:25-1-11 and OAC 165:26-1-2: "Owner" means any person as set forth in 17 O.S. § 303(27), including the real property owner where the storage tank system is still present, the storage tank system presence is a trade fixture or improvement or both. It is not necessary that the real property owner sold, used, or stored regulated substances in, of, or from the storage tank system. However, a real property owner who has a storage tank system located on their property that was taken out of service/use prior to November 8, 1984, is not considered to be a storage tank owner for any PSTD regulated purpose.

*Pursuant to OAC 165:25-1-51 and OAC 165:26-1-47: When the owner of an underground storage tank or aboveground storage tank transfers ownership of the facility or tank to another person, the new owner must notify PSTD within 30 days of the transfer, by submitting the appropriate PSTD form. The former owner must advise the Commission of the name and address of the new owner.