REGISTRATION FOR PETROLEUM STORAGE TANKS

OKLAHOMA CORPORATION COMMISSION
PETROLEUM STORAGE TANK DIVISION
P.O. Box 171
Oklahoma City, OK 73101

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)		**Facility Name or Company Site Identifier, as applicable**	
Mailing Address		**Physical Address (PO Box NOT acceptable)**	
City & State	**Zip Code**	**City & State**	**Zip Code**
( )	**( )**		**( )**
Phone Number	**Mobile Number**	**County**	**Facility Phone Number**
( )			
Fax Number	**E-mail Address**	**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 ☐

Tribe or Nation _____

IV. TYPE OF OWNER
(Choose One)

- ☐ Federal
- ☐ State
- ☐ County
- ☐ Municipal
- ☐ Indian
- ☐ Commerical
- ☐ Private

V. TYPE OF FACILITY
(Choose One)

- ☐ Air Taxi (Airline)
- ☐ Auto Dealership
- ☐ Contractor
- ☐ Farm
- ☐ Federal Military
- ☐ Federal Non-Military
- ☐ Gas Station
- ☐ Industrial
- ☐ Marina
- ☐ Petroleum Distributor
- ☐ Railroad
- ☐ Residential
- ☐ School
- ☐ Truck/Transport
- ☐ 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	☐	☐	☐	☐	☐
Pre-Existing	☐	☐	☐	☐	☐
5. Status of Tank (Choose One)					
Currently in Use	☐	☐	☐	☐	☐
Temporarily Out of Use	☐	☐	☐	☐	☐
Permanently Out of Use	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐
Underground Storage Tank	☐	☐	☐	☐	☐
10. Tank Use (Choose One)					
Agricultural	☐	☐	☐	☐	☐
Bulk Distributor	☐	☐	☐	☐	☐
Emergency Generator	☐	☐	☐	☐	☐
Non-Retail	☐	☐	☐	☐	☐
Retail	☐	☐	☐	☐	☐
11. Tank Material of Construction (Choose One)					
Concrete	☐	☐	☐	☐	☐
Fiberglass Reinforced Plastic	☐	☐	☐	☐	☐
Steel	☐	☐	☐	☐	☐
Steel With Fiberglass	☐	☐	☐	☐	☐
12. Tank Construction Type (Choose One)					
Single Walled	☐	☐	☐	☐	☐
Double walled	☐	☐	☐	☐	☐
Secondarily Contained / Jacketed	☐	☐	☐	☐	☐

13. Tank Attributes (Mark all that apply)					
Spill Prevention Installed	☐	☐	☐	☐	☐
Overfill Prevention Installed	☐	☐	☐	☐	☐
Lined Interior Installed	☐	☐	☐	☐	☐
Excavation Liner Installed	☐	☐	☐	☐	☐
Vaulted Construction	☐	☐	☐	☐	☐
Field Constructed	☐	☐	☐	☐	☐
Manifolded	☐	☐	☐	☐	☐
14. Piping Material (Mark all that apply)					
Steel (Must be cathodically protected)	☐	☐	☐	☐	☐
Copper (Must be cathodically protected)	☐	☐	☐	☐	☐
Fiberglass	☐	☐	☐	☐	☐
Flexible Plastic	☐	☐	☐	☐	☐
15. Piping Types (Mark all that apply)					
Pressure	☐	☐	☐	☐	☐
Safe Suction	☐	☐	☐	☐	☐
US Suction	☐	☐	☐	☐	☐
Gravity Feed	☐	☐	☐	☐	☐
Appropriate Shear Valve at Island	☐	☐	☐	☐	☐
Loop System	☐	☐	☐	☐	☐

*** Pressure piping must have continuous line leak detection (mechanical or electronic).**
*** 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.**
*** US Suction piping with valve at tank must be tightness tested every 3 years.**
*** AST ONLY: Pressure piping systems require shear/fire valve at dispenser; suction systems require vacuum-actuated shear valve**

16. Piping Construction (Mark all that apply)					
Single-Walled	☐	☐	☐	☐	☐
Double-Walled	☐	☐	☐	☐	☐
17. Piping Attributes (Mark all that apply)					
Secondary Containment or Chase	☐	☐	☐	☐	☐
Cathodically Protected	☐	☐	☐	☐	☐
Airport Hydrant Piping	☐	☐	☐	☐	☐
Anti-Syphon Valve or Solenoid	☐	☐	☐	☐	☐
18. Linear feet of underground piping					
19. Diameter of piping (inches)					
20. Substance Currently or Last Stored (Mark all that apply)					
Antifreeze	☐	☐	☐	☐	☐
Aviation Fuel	☐	☐	☐	☐	☐
Biodiesel <= 20%	☐	☐	☐	☐	☐
Biodiesel for Blending	☐	☐	☐	☐	☐
Diesel containing > 20% Biodiesel*	☐	☐	☐	☐	☐
Diesel	☐	☐	☐	☐	☐
Dyed Diesel	☐	☐	☐	☐	☐
Ethanol*	☐	☐	☐	☐	☐
Gasoline 100%	☐	☐	☐	☐	☐
E-10	☐	☐	☐	☐	☐
E-15*	☐	☐	☐	☐	☐
E-20*	☐	☐	☐	☐	☐
E-85*	☐	☐	☐	☐	☐
Jet Fuel	☐	☐	☐	☐	☐
Kerosene	☐	☐	☐	☐	☐
Motor Oil	☐	☐	☐	☐	☐
Used Oil	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐
Steel Dike Material	☐	☐	☐	☐	☐
Synthetic Dike Material	☐	☐	☐	☐	☐
Earthen Dike Material	☐	☐	☐	☐	☐
*** 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	☐		☐		☐		☐		☐	
B. Tightness testing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Monthly inventory reconciliation	☐		☐		☐		☐		☐	
D. Statistical inventory reconciliation	☐		☐		☐		☐		☐	
E. Vapor monitoring	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Groundwater monitoring	☐		☐		☐		☐		☐	
G. Automatic tank gauging (specify tanks and/or lines)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Interstitial monitoring	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I. Mechanical LLDs		☐		☐		☐		☐		☐
J. Electronic LLDs		☐		☐		☐		☐		☐
2. Spill Containment and Overfill Device installed in accordance with OCC rules		☐		☐		☐		☐		☐

X. TANK INSTALLER			
Installer Name:		**OCC License #:**	
Position:		**Company:**	
		Install date:	

XI. REQUIRED ATTACHMENTS			
☐	**Tank Registration Final Sign-off**		
☐	**Tank Tightness Test**		
☐	**Line Tightness Test (PST Form)**		
☐	**Checklist for Determining and Documenting UST System Compatibility (PST Form – if applicable)**		
☐	**Manufacturer Checklist**		
☐	**Pressurized Product Line Leak Detector Test (PST Form – Electronic or Mechanical)**		
☐	**Annual Sensor Test Form (PST Form)**		
☐	**Spill Prevention Equipment and Containment Sumps Test**		
☐	**Site Map Showing:**		
	Tank(s)	**Buildings**	**North Arrow**
	Tank Pit	**Roadways**	**Monitor Wells (if applicable)**
	Piping	**Property Lines**	**Fencing (AST Only)**
	Dispensors	**Transition Sumps**	**Ballards (AST Only)**
☐	**Pictures Showing:**		
	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)**

TANK REGISTRATION FINAL SIGN-OFF

FACILITY INFORMATION
Facility Number
Facility Name or Company Site Identifier, as applicable
Physical Address (PO Box NOT acceptable)
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	
X	
Signature	**Date**

TANK OWNER SIGNATURE	
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. 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).	
(Print) Name of owner or owner's legal representative	**Title**
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**

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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.