

# Aboveground Storage Tank Registration Form



west virginia department of environmental protection  
601 57th Street SE  
Charleston, WV 25304

**SAMPLE**  
**(cannot use for registration)**

AST Registrations are specific to a physical site location, operator and owner. If you own multiple tanks at one site, you can complete one registration detailing the information for all tanks. If you own multiple site locations around the state with tanks, you'll need to complete one registration for each location.<sup>1</sup>

I. OWNERSHIP OF TANK(S)				
Tank Owner Name		Mailing Address		
Telephone/Cellphone Number (        )	City	State	Zip Code	Country
Fax Number (        )	Email Address			

II. LOCATION OF FACILITY				
Facility Name		Street Address		
City	State	Zip Code	*County	
Center of Facility (decimal degrees, NAD83, 6 decimals)				
Latitude	Longitude	Source of Coordinates		
Is facility regulated under existing State or Federal Programs? List program name(s) and environmental permit identifier(s):				

\*If your facility spans more than one county, choose the county where the entrance is located

III. LANDOWNER (if different than Tank Owner)				
Landowner Name		Mailing Address		
Telephone/Cellphone Number (        )	City	State	Zip Code	Country
Fax Number (        )	Email Address			

IV. OPERATOR				
Operator Name		Mailing Address		
Telephone/Cellphone Number (        )	City	State	Zip Code	Country
Fax Number (        )	Email Address			

<sup>1</sup> Oil and gas entities with multiple tanks may register the tanks under one Operator and Facility Name/Location. Oil and gas entities who prefer to register tanks on a regional, district or similar geographic basis, or assign responsibility to multiple Operators, can do so by completing a separate Registration for each area or Operator.

You must complete Section V for each tank and piping at the facility.

V-A. DESCRIPTION OF ABOVEGROUND STORAGE TANK					
Facility's Tank ID	<b>Status of Tank</b> (Choose one) <input type="checkbox"/> Currently in Use <input type="checkbox"/> Temporarily Out of Service <input type="checkbox"/> Non-Operational <input type="checkbox"/> Permanently Out of Service				
Date of Installation (MM/YYYY)	Year Tank Constructed (YYYY)	Maximum Tank Capacity (gallons)	Number of Compartments	<b>Coordinates of Tank Center</b> (decimal degrees, NAD83, 6 decimals)	
Estimated? <input type="checkbox"/>	Estimated? <input type="checkbox"/>			Latitude	Longitude
Is the AST a mobile tank designed and constructed to be moved to other service locations and its relocation from site to site is inherent in its use? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the AST connected to stationary underground and/or aboveground piping or is the AST otherwise installed as a fixed component (i.e. AST on saddles, legs, stilts, rack, or cradle; placed in a vault or building, etc.) at the site? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the primary purpose of this AST to be leased or rented? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tank Compartments					
Only complete if tank has multiple compartments					
Compartment ID/#	<b>Status</b> (Check one, only if compartment is Currently in Use or Temporarily Out of Service)				Capacity (gal)
	<input type="checkbox"/> Currently in Use <input type="checkbox"/> Temporarily Out of Service				
	<input type="checkbox"/> Currently in Use <input type="checkbox"/> Temporarily Out of Service				
	<input type="checkbox"/> Currently in Use <input type="checkbox"/> Temporarily Out of Service				

V-B. SUBSTANCE STORED			
Compartment ID/#	Chemical Abstract Service #	Name/Description	Comments
Are the contents of this tank considered confidential, protected, or a trade secret under a specific statute, regulation, etc.? Check if yes. If yes, you must attach appropriate documentation to the registration. <input type="checkbox"/> Yes Reason: _____			
Does the content of the tank change? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe method, frequency, and list other tanks involved:			

V-C. TANK REGULATIONS		
National Fire Protection Association Health Rating (Circle one)                        0    1    2    3    4		
Is Tank regulated under existing State or Federal programs? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Name	Permit/Registration #/Other ID (specify)	Identify Regulatory Requirements of Program

**V-D. TANK CONSTRUCTION MATERIAL AND CORROSION PROTECTION**

Brand/Model (if known) \_\_\_\_\_

Mark all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Steel                                     | <input type="checkbox"/> Stainless Steel                | <input type="checkbox"/> Fiberglass Coated Steel                 |
| <input type="checkbox"/> Plastic                                   | <input type="checkbox"/> Fiberglass Reinforced Plastic  | <input type="checkbox"/> Single Walled                           |
| <input type="checkbox"/> Double Walled                             | <input type="checkbox"/> Double Bottomed                | <input type="checkbox"/> Saddles/legs/stilts/rack/cradle         |
| <input type="checkbox"/> Direct contact w. ground/asphalt/concrete | <input type="checkbox"/> Cathodic Protection (galvanic) | <input type="checkbox"/> Cathodic Protection (impressed current) |
| <input type="checkbox"/> Unknown                                   | <input type="checkbox"/> Other _____                    |  |

Comments \_\_\_\_\_

**V-E. TANK LINER MATERIAL AND CORROSION PROTECTION**

Mark all that apply:

- Epoxy internal liner    Fiberglass internal liner    Glass liner    Unknown    None    Other \_\_\_\_\_

Comments \_\_\_\_\_

**V-F. PIPING CONSTRUCTION AND CORROSION PROTECTION**

Oldest Date of installation (MM/YYYY) \_\_\_\_\_ Estimated?

Mark all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Steel         | <input type="checkbox"/> Stainless Steel                | <input type="checkbox"/> Fiberglass Coated Steel                 |
| <input type="checkbox"/> Plastic       | <input type="checkbox"/> Fiberglass Reinforced Plastic  | <input type="checkbox"/> Single Walled                           |
| <input type="checkbox"/> Double Walled | <input type="checkbox"/> Cathodic Protection (galvanic) | <input type="checkbox"/> Cathodic Protection (impressed current) |
| <input type="checkbox"/> Unknown       | <input type="checkbox"/> None                           | <input type="checkbox"/> Other _____                             |

Comments \_\_\_\_\_

**V-G. TYPE OF SECONDARY CONTAINMENT**

Date of Secondary Containment Installation (MM/YYYY) \_\_\_\_\_ Estimated?  Volume Capacity (gallons) \_\_\_\_\_

Mark all that apply:

- Dike    Vault    Double Walled Tank    Has Liner    Unknown    None    Other \_\_\_\_\_

Comments \_\_\_\_\_

**V-H. TYPE OF SECONDARY CONTAINMENT MATERIAL**

Mark all that apply:

- Concrete    Earthen (soil)    Synthetic liner underneath tank    Steel    Fiberglass    Unknown
- None    Other \_\_\_\_\_

Comments \_\_\_\_\_

**VI. CERTIFICATION**

I certify that I have personally examined and I am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible of obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge.

Print Name

Title

Signature

Date

SAMPLE

DEP office use only	
Facility ID #:	New/Pending
Contact Name	Email:
Phone:	Mobile:

DEP office use only		
<b>FACILITY SETTING</b>		
Name and location of nearest known non-public water intake		
Proximity to nearest known intake (any type, ft/miles)		
Name and location of nearest public surface water intake		
Proximity to nearest public surface water intake (ft/miles)		
Population Served		
Name and location of nearest public groundwater intake		
Proximity to nearest groundwater intake, under the direct influence of surface water (ft/miles)		
Population Served		
Is this facility in the Zone of Critical Concern	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is this facility in a Wellhead Protection Area	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>