





**Section B**

**CHECKLIST FOR ABOVEGROUND  
TANK REGISTRATION**

**Tank System Occupancy:**

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Retail Sales                | <input type="checkbox"/> Bulk Storage Facility | <input type="checkbox"/> Utility                       | <input type="checkbox"/> Fleet Vehicle Fueling | <input type="checkbox"/> Backup Generator |
| <input type="checkbox"/> Industrial                  | <input type="checkbox"/> School                | <input type="checkbox"/> Residential                   | <input type="checkbox"/> Agricultural          | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Ethanol Production Facility |  | <input type="checkbox"/> Biodiesel Production Facility |  |   |

**If Retail Vehicle Fueling:**  Attended  Unattended

**Tank Construction:**

1.  Steel  
2.  Other (specify) -

**Tank Type:**

1.  Single wall  
2.  Double-wall  
3.  Vaulted  
4.  Fire-Resistant (specify type)-

**Tank Approval:**

1.  Nat'l Std. 4.  Unknown  
2.  UL 5.  Other (specify)-  
3.  API

**Tank Internal Protection:**

1.  Fiberglass 4.  N/A  
2.  Interior Lining  
3.  Other (specify) -

**Tank External Protection:**

1.  Cathodic Protection  
2.  Painted or Asphalt Coated  
3.  Other (specify)-

Date Tank Lined-

**Secondary Containment Type:**

- Cement  Steel  
 Liner-(specify type)  Other-(specify)

**Tank leak/Overfill Protection Method:**

(Mark all that apply)

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Inventory control and tightness testing | 6. <input type="checkbox"/> High level alarm at 90%                    |
| 2. <input type="checkbox"/> Manual tank gauging                     | 7. <input type="checkbox"/> Automatic tank gauging                     |
| 3. <input type="checkbox"/> Interstitial Monitoring                 | 8. <input type="checkbox"/> Spill Container (size)-                    |
| 4. <input type="checkbox"/> Automatic shut-off @ 98%                | 9. <input type="checkbox"/> Statistical inventory reconciliation (SIR) |
| 5. <input type="checkbox"/> Flow restrictor @95%                    | 10. <input type="checkbox"/> Other (specify)-                          |

**Piping Type/Protection:**

- Underground  Aboveground  Single-wall  Double-wall  
1.  Painted Steel 3.  Cathodically Protected 5.  Flexible 7.  Galvanized Steel  
2.  Coated Steel 4.  Fiberglass 6.  Flexible Fire Resistant 8.  Other (specify)-

**Pipe Approval:** 1.  Nat'l Std. 2.  UL 3.  Other-(specify)

**Piping System Type:**

1.  Suction 3.  Other- (Specify)  
2.  Pressurized

**Piping Leak Detection Method:**

1.  Tightness testing 3.  Visual 5.  Secondary Containment  
2.  Interstitial 4.  Automatic Line Leak Detectors 6.  Other (specify)-  
Specify-  Mechanical  Electronic

**Facility meets 40 CFR 112 and has Spill Prevention, Control and Countermeasure Plan.**  Yes  No  N/A

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