



Aboveground Storage Tank System: Installation or Upgrade Application

A site plan (electronic or less than 11"x17") that includes the name and address of facility, lot dimensions and distances from tanks to the nearest important building, roads, railroads, property lines, dikes or impoundment areas, existing tanks and dispensers must accompany this application. We encourage you to submit this application by using [\[this link\]](#).

E-Generator Bulk Plant Fleet/Commercial Bulk & Retail Motor Fueling Retail Motor Fueling

Facility Information		Owner Information	
Facility Name:		Owner Name:	
Address:		Address:	
City/State/ZIP:		City/State/ZIP:	
Facility Contact Name:		Contact Name:	
Email Address:		Email Address:	
Phone Number:		Phone Number:	

Description of Work

Type of Facility

Retail Bulk Plant Commercial/Industrial Airport Federal State Government Emergency Generator Other

Tank Information

OPS Use Only

Tank Installation Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(OPS Use) Tank ID Number					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Manufacturer					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Material Construction					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Wall Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Capacity		gal	gal	gal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Orientation					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Serial Number					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Compartmentalized Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Compartment Sizes					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Product					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Product (Second Compartment)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Manifolded Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Vaulted Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Delivery Spill Containment Manufacturer					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Delivery Spill Containment Size		gal	gal	gal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Delivery Spill Containment Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Overfill Prevention Method					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Overfill Prevention Manufacturer					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emergency Relief Vent Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emergency Relief Vent Size		in	in	in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Corrosion Protection					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interstitial Monitoring (Tank)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interstitial Monitor (Double Wall)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Automatic Tank Gauge (ATG)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ATG Manufacturer					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ATG Model					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ATG with CSLD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank/Facility Fencing (Security)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Periodic Inspection Information

Diking/Impounding Description					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Spill Control Method					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Floor Material Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wall Material Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Continuous Release Detection Method					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Release Prevention Barrier Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Periodic Inspection Category Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Distance Information						
Tank-to-Public Way (Road) Distance	ft	Tank-to-Property Line Distance	ft	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Tank-to-Important Building Distance	ft	Tank-to-Dispenser Distance	ft	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Piping Information						
Piping Installation Type				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Total Piping Length	ft in	ft in	ft in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Repair or Replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Replacement Piping Length				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Piping Type				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Piping System Type				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Piping Material				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Piping Wall Type				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
UG Piping Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Model (Pisces, Red Thread)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Leak Detector Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Leak Detector Type (UG Piping)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
STP Piping Connector (Tank)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
STP Corrosion Protection				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
STP Containment Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
STP Containment Model				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Interstitial Monitoring (Pipe)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Interstitial Monitoring Type				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Stage #1 Vapor Recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Stage #1 Piping Size				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Dispenser Information						
New Dispenser Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Dispenser Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Dispenser Model				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
NTEP Certificate of Conformance Number				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Number of Dispensers				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Blender Dispensers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Meters per Dispenser				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Under Dispenser Containment (UDC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
UDC Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
UDC Model				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
UDC Piping Connector (Dispenser)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
UDC Corrosion Protection				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Installer Information						
Company Name:		Contact Name:				
Address:		City/State/ZIP:				
Email Address:		Phone Number:				
Fire Department Information						
Fire Department Name:		Fire Protection District Notified?				
Contact Name:		Phone Number:				
Calibration Company Information						
Company Name:		Calibration Certification Number:				
Contact Name:		Phone Number:				
Owner Authorization						
Owner/Representative Name:						
Date:						
For OPS Use Only						
FID#:		OID #:				
Date Received:		Reviewed By:		Decision Date:		
Decision Made:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Deficiency	<input type="checkbox"/> Modified		
Additional Date Received:		Reviewed By:		Additional Decision Date:		
Additional Decision Made:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Deficiency	<input type="checkbox"/> Modified		
Buried Piping Test						
Test Method	Test Date	OPS Inspector	Results			
Secondary Containment Test						
Test Method	Test Date	OPS Inspector	Results			