



**UNDERGROUND STORAGE TANK
ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**



**REGISTRATION
For Installation, Repair, Upgrade or Reconfiguration**

- This form must be filled out if you installed a new UST system, or if you repaired, upgraded, or reconfigured an existing UST.
- Please fill out all sections. Sections 1-8 (Pages 1-2) must be filled out and signed by the **Owner** or **Operator** of the UST. Sections 9-12 (Pages 3-4) must be filled out and signed by the **Certified Installer** who performed the work. All four pages must be submitted together.
- You must submit this completed form, along with all applicable registration fees, to ADEC within **30 days** after purchasing, installing or placing into service.
- Prior to completing this form, you must have already submitted to ADEC a signed "Intent to Install or Reconfiguration" Form 18-0507, between 15 and 60 days prior to beginning of tank work.

Registration Fee Information

- Annual Registration Fee is required for each tank at this facility, except for State and Federal USTs are exempt.
- Tank fee is \$50.00 per tank per year for upgraded tanks.** Fees are due 30 days after installation or December 31 of the year preceding registration, which ever is sooner.
- If a new or existing UST is not upgraded spill and overfill prevention and corrosion protection, additional statutory fees apply. Call ADEC for more information at 1-800-478-4974.
- A late fee penalty of **\$10.00 per day** will be assessed for each day the registration fee is over due.

Facility Information:

Is facility already registered with ADEC? (Circle one) YES NO
 If yes, ADEC Facility ID#: _____
 Make sure you use ADEC Tank ID numbering system.

Not sure? Please contact ADEC at 907-269-7679 or 907-269-7886.

SECTIONS 1-8 TO BE FILLED OUT BY OWNER OR OPERATOR

1. OWNERSHIP OF TANKS

Name _____
 Mailing Address _____

 City _____ State _____ ZIP _____
 Owner Phone _____ Fax _____

2. LOCATION OF FACILITY (No PO Boxes please)

Name _____
 Physical Address _____

 City _____ State _____ ZIP _____
 Facility Phone _____ Fax _____

2A. INVOICE MAILING ADDRESS (if different from Ownership Address)

Name _____
 Mailing Address _____ Phone _____

 City _____ State _____ Zip _____ Fax _____

Return Completed and Signed Form to:

**ADEC, Storage Tank Prog
 555 Cordova Street
 Anchorage, AK 99501
 Fax 907-269-7687**

**If you have questions, please contact ADEC at:
 907-269-7679 or 907 269-7886,
 or visit our web page at
<http://www.dec.state.ak.us/spar/ipp/tanks.htm>**

SECTIONS 1-8 TO BE FILLED OUT BY OWNER OR OPERATOR

3. TYPE OF OWNER (Check one)

- Federal Gov't Commercial
 State Gov't Private
 Local Gov't

4. INDIAN LANDS

Tribe or Nation: _____

- Tanks are located on land within an Indian Reservation or other trust lands.
 Tanks are owned by Native American Nation, Tribe, or Individual.

5. TYPE OF FACILITY (Check one)

- Gas Station Aircraft Owner Federal Non-Military Contractor
 Petroleum Distributor Auto Dealer Federal Military Trucking/Transport
 Air Taxi Railroad Industrial Utilities
 Residential Farm/Hatchery Other (explain) _____

6. CONTACT PERSON IN CHARGE OF TANKS

Name: _____ Address: _____ Phone Number: _____
 Job Title: _____ City, State, ZIP: _____ Fax Number: _____

7. FINANCIAL RESPONSIBILITY

A. I am required to have financial requirements accordance with 40 CFR 280 Subpart H. (State and Federal Owners and Operators are exempt.)
 (Please Circle One) YES NO

B. I have met the financial requirements in accordance with 40 CFR 280 Subpart H.
 (Please Circle One) YES NO

If answer is Yes, Proceed to 7B and 7C.
 If No, are you a State/Federal Owner/Operator? _____

C. I have the following coverage (Check all that apply)

FOR ALL OWNERS & OPERATORS

FOR LOCAL GOVERNMENT'S ONLY

- Insurance Surety Bond
 Guarantee Letter of Credit
 Risk Retention Group Trust Fund
 Self Insurance (\$10 million net worth) Other (Specify) _____

- Local Government Financial Test
 Local Government Guarantee
 Local Government Funds

A UST System must be inspected by a certified UST Operations Inspector within three years of the date of installation and every three years thereafter. ADEC will remind the UST Owner or Operator 60-90 days prior to the inspection due date.

8. CERTIFICATION BY OWNER/OPERATOR

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of these individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

(Name and Title)

(Signature)

(Date)

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SECTIONS 9-12 TO BE FILLED OUT BY CERTIFIED WORKER

Certified persons who perform or supervise the installation, reconfiguration, repair, or upgrade of USTs shall fill out and submit the following checklist to ADEC and the owner/operator of a UST system. (18 AAC 78.455 (a)(8))

9. TYPE OF WORK PERFORMED (Please circle one)				
Installation	Reconfiguration	Upgrade	Repair	Amended

10. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank. Use the ADEC Tank ID #)

	Tank #	Tank #	Tank #	Tank #
a. Date of Installation (Month/Day/Year)				
b. Estimated Total Capacity (Gallons)				
c. Special Considerations (Check all that apply)				
<input type="checkbox"/> Compartmentalized Tank				
<input type="checkbox"/> Manifolder Tank				
<input type="checkbox"/> Emergency Power Generation				
d. Substance currently or last stored (Check one)				
<input type="checkbox"/> Gasoline				
<input type="checkbox"/> Diesel				
<input type="checkbox"/> Kerosene				
<input type="checkbox"/> Heating Oil				
<input type="checkbox"/> Used Oil				
<input type="checkbox"/> Other (Describe)				
<input type="checkbox"/> Hazardous Substance				
e. Tank Materials (Check only one)				
<input type="checkbox"/> Cathodically Protected Steel				
<input type="checkbox"/> Composite/Clad (Steel with Fiberglass Coating)				
<input type="checkbox"/> Fiberglass Reinforced Plastic				
<input type="checkbox"/> Steel with Polyethylene Jacket				
<input type="checkbox"/> Bare Steel or Asphalt Coated				
<input type="checkbox"/> Epoxy Coated Steel				
<input type="checkbox"/> Other (Specify)				
f. Tank Construction (Check only one)				
<input type="checkbox"/> Double Wall				
<input type="checkbox"/> Lined Interior				
<input type="checkbox"/> Unknown				
<input type="checkbox"/> Other (Specify)				
g. Piping Materials - primary pipe (Check only one)				
<input type="checkbox"/> Galvanized or Bare Steel (Specify)				
<input type="checkbox"/> Fiberglass Reinforced Plastic				
<input type="checkbox"/> Flexible Plastic				
<input type="checkbox"/> Copper				
<input type="checkbox"/> No Underground Piping				

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