

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
UNDERGROUND STORAGE TANK REGISTRATION AND CERTIFICATION**

- Use this form to notify the department when an underground storage tank (UST) system has been installed.
- Complete all sections. The owner is certifying the UST system is installed in accordance with Title 18 Alaska Administrative Code (AAC) 78, *Underground Storage Tanks*, and applicable industry standards (adopted by reference in 18 AAC 78.025).
- The UST installer is certifying the UST system is installed in accordance with regulatory and industry standards (18 AAC 78.025).
- You must submit the registration with applicable registration fees to the department within 30 days of acquiring, purchasing, installing or placing a UST system into service (18 AAC 78.015(a)(1)). The annual registration fee is \$50 per tank.

I. UST OWNER		II. UST FACILITY	
NAME:		NAME:	FAC #
ADDRESS:		PHYSICAL LOCATION:	
CITY:	STATE/ZIP:	CITY:	FACILITY PHONE:
OWNER PHONE	OWNER FAX	CONTACT EMAIL:	

ALTERNATE MAILING ADDRESS:  
to mail invoices, tags or decals, if applicable

III. TYPE OF OWNER	IV. TYPE OF FACILITY (Check all that apply)		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GAS STATION	<input type="checkbox"/> PETROLEUM DISTRIBUTOR	<input type="checkbox"/> UTILITIES
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> TRUCKING or TRANSPORT	<input type="checkbox"/> AUTO DEALER	<input type="checkbox"/> INDUSTRIAL
<input type="checkbox"/> GOVERNMENT (State or Local)	<input type="checkbox"/> AIR TAXI	<input type="checkbox"/> MAINTENANCE SHOP	<input type="checkbox"/> RAILROAD
<input type="checkbox"/> FEDERAL MILITARY	<input type="checkbox"/> AIRCRAFT OWNER	<input type="checkbox"/> FARM or HATCHERY	<input type="checkbox"/> CONTRACTOR
<input type="checkbox"/> FEDERAL NON-MILITARY	<input type="checkbox"/> HOSPITAL or SCHOOL	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OTHER

**V. CONTACT PERSON IN CHARGE OF THE UST SYSTEMS**

NAME:	DESIGNATED CLASS A and/or CLASS B OPERATOR? CERTIFICATE DATE:	Yes	No
COMPANY NAME:	CONTACT PHONE:	FAX:	
TITLE:	EMAIL:		
MAILING ADDRESS:	CITY/STATE/ZIP:		

**VI. FINANCIAL RESPONSIBILITY (Check all that apply)**

Yes/No	I am required to meet financial responsibility (insurance) requirements in accordance with 18 AAC 78.910 and 40 Code of Federal Regulations (CFR) 280.90 - 280.115 and 281.37, and Alaska Statute 46.03.405. [State and Federal Facilities are exempt.]
Yes/No	I have met the financial responsibility requirements in accordance with 18 AAC 78.910, 40 CFR 280.90-280.115, 281.37, and Alaska Statute 46.03.405.

*Verify the UST system(s) have the following coverage:*

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> INSURANCE               | <input type="checkbox"/> SURETY BOND           | <input type="checkbox"/> SELF-INSURANCE (\$10 Million Net Worth) | <input type="checkbox"/> LOCAL GOVERNMENT FINANCIAL TEST |
| <input type="checkbox"/> LETTER OF CREDIT        | <input type="checkbox"/> TRUST FUND            | <input type="checkbox"/> GUARANTEE                               | <input type="checkbox"/> LOCAL GOVERNMENT GUARANTEE      |
| <input type="checkbox"/> STATE OR FEDERAL EXEMPT | <input type="checkbox"/> OTHER (SPECIFY) _____ |  | <input type="checkbox"/> LOCAL GOVERNMENT FUND (BOND)    |

UST systems must be inspected within three years of the date of installation, and every three years thereafter, by a state-licensed third party inspector (18 AAC 78.017). Licensed UST inspectors: <http://dec.alaska.gov/Applications/SPAR/PublicMVC/UST/CertifiedTankWorkers>

**VII. CERTIFICATION OF 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 all components of the UST system have been installed in accordance with regulatory and industry standards; that I have complied with the installation, spill and overfill prevention, corrosion protection, and release detection of 18 AAC 78.025 (18 AAC 78.015(b)) and the financial responsibility requirements of law (18 AAC 78.910).

**SIGNATURE:**

**DATE:**

PRINTED O/O NAME:	TITLE:
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**This form must be completed and filed at the address below within 30 days after installation or acquisition (18 AAC 78.015)**

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
555 CORDOVA STREET ANCHORAGE, ALASKA 99501-2617

UNDERGROUND STORAGE TANKS OFFICE  
PHONE 907-269-7679 FAX 269-7600 [www.dec.alaska.gov](http://www.dec.alaska.gov)

## UST SYSTEM INSTALLATION DETAILS REGISTRATION AND CERTIFICATION

Certified persons who perform or supervise the installation, reconfiguration, repair or upgrade of a UST system shall complete and submit the following to the Owner/Operator and to the ADEC UST office (18 AAC 78.455). Include a **site sketch** (page 3 of this form) or a copy of the as-built.

### VIII. UST INSTALLER

NAME:	ADEC UST INSTALLER LICENSE NUMBER:		
COMPANY:	CONTACT PHONE:	FAX:	
ADDRESS:	EMAIL:		
CITY/STATE/ZIP:	ADEC UST CATHODIC PROTECTION TESTER LIC# (if applicable)		

### IX. DESCRIPTION OF UST SYSTEM

USE ADEC TANK NUMBERS. COMPARTMENTED TANKS, USE 1A, 1B, ETC. :	TANK #	TANK #	TANK #	TANK #
Date of Installation (Month-Day-Year)				
Estimated Total Capacity (Gallons)				
Product (gasoline, diesel, used oil, hazardous material, etc.)				
Tank Material (steel, fiberglass, composite, etc.) <i>Manufacturer:</i>				
Tank Construction (double-wall, single-wall, lined, etc.)				
Tank Release Detection* (primary method)				
Tank Release Detection (secondary method)				
Piping Material (steel, fiberglass, flexible plastic, etc.) <i>Manufacturer &amp; Model #:</i>				
Piping Construction (double-wall, single-wall)				
Piping is manifold or multiple runs per tank ( <i>diagram</i> )				
Piping Type (pressurized, safe suction, or suction w/ foot valve)				
Piping Release Detection** ALLD (electronic or mechanical)				
Piping Release Detection (2° method: ATG or Interstitial)				
Overfill Prevention (automatic shutoff, high level alarm, etc.)				
Spill Prevention (remote fill or direct)				
Corrosion Protection (galvanic or impressed current)				

\*Tank Release Detection Methods (18 AAC 78.065) use automatic tank gauging, statistical inventory reconciliation, or interstitial monitoring. Statistical Inventory Reconciliation (SIR) is required to follow the Inventory Control method as well as use a third-party certified vendor for monthly analysis. Methods such as inventory control and manual tank gauging, must follow the data collection requirements exactly, may only be used in the first ten years, and require periodic tightness testing.

\*\*Piping Release Detection: all pressurized piping must have automatic line leak detection (ALLD) either electronic or mechanical device, and a secondary method, either ATG (0.2 gph leak rate test once a month) or interstitial monitoring. Piping that does not meet safe suction criteria (18 AAC 78.070(c)) must have a periodic line-tightness test, at least once every three years, or must use an alternate approved method that is monitored at least once every 30 days, with permanent recordkeeping. SIR, inventory control and manual gauging are not valid for piping. Attach a copy of the current functional test of the ALLD equipment (annual requirement for the 3.0 gph leak rate equipment).

### X. CERTIFICATION OF UST INSTALLER

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 all components of the UST system have been installed in accordance with regulatory and industry standards; that I have complied with the installation, spill and overfill prevention, corrosion protection, and release detection requirements of 18 AAC 78.025 (18 AAC 78.015(b)).

**SIGNATURE:**

**DATE:**

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**SITE SKETCH for UST SYSTEM INSTALLATION or RECONFIGURATION**

REGISTRATION OF THE UST SYSTEM INSTALLATION IS NOT COMPLETE WITHOUT AN ACCEPTABLE SITE SKETCH.

*SITE SKETCH:* Provide a site sketch of the UST system, or attach a detailed (as built) drawing.

**LEGEND KEY**

- (T) Tank, include **ADEC Tank #**  
(identify all compartments)
- (P) Product piping
- (PS) Piping sumps
- (RCT) Rectifiers
- (An) Impressed Current Anodes
- (T<sub>x</sub> or P<sub>x</sub>) Structure Contact Points for CP
- (R<sub>1</sub>, R<sub>2</sub>, etc) Reference cell locations for CP
- (V) Vent(s)
- (D) Dispensers
- Indicate **↑ North Arrow**
- Add GPS Coordinates **OR**
- Add Street, Building or Landmarks