



STATE OF RHODE ISLAND
UNDERGROUND STORAGE TANK REGISTRATION FORM
 FOR EXISTING TANKS, REPLACEMENT TANKS, AND
 INSTALLATION OF NEW TANKS

DEM USE ONLY	
Registration #	_____
Town Code	_____
Sub Code	_____
Data Entry Initials	_____

CHECK ALL THAT APPLY	<input type="checkbox"/> New Facility	<input type="checkbox"/> Replacement Facility	<input type="checkbox"/> Never Registered
	<input type="checkbox"/> Previously Registered Facility	<input type="checkbox"/> Transfer of Ownership/New Owner	

I. FACILITY INFORMATION

Name of Facility:			
Facility Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Job Title:		
Assessor's Plat:	Assessor's Lot:		

II. PROPERTY OWNER INFORMATION

Name of Owner:			
Owner's Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Job Title:		
Ownership (please check one):			
<input type="checkbox"/> Corporate/Ltd. Partnership	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Individual/Partnership
<input type="checkbox"/> Federal (GSA Facility ID# _____)			
<input type="checkbox"/> Other (please specify): _____ Date Ownership Acquired:			
Date Operation Commenced:			

III. FACILITY OPERATOR INFORMATION (Same as Property Owner)

Name of Operator:			
Operator's Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Job Title:		
Ownership (please check one):			
<input type="checkbox"/> Corporate/Ltd. Partnership	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Individual/Partnership
<input type="checkbox"/> Federal (GSA Facility ID# _____)			
<input type="checkbox"/> Other (please specify): _____ Date Operation Commenced:			

IV. TANK OWNER INFORMATION (Same as Property Owner Same as Facility Operator)

Name of Tank Owner:			
Mailing Address:			
City:	State:	Zip:	Phone: ()
Contact Person:		Job Title:	
Ownership (please check one):			
<input type="checkbox"/> Corporate/Ltd. Partnership <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Individual/Partnership			
<input type="checkbox"/> Federal (GSA Facility ID# _____)			
<input type="checkbox"/> Other (please specify): _____ Date Ownership Acquired:			

V. FACILITY CLASSIFICATION

<input type="checkbox"/> (A) Farm	<input type="checkbox"/> (ES) Education/State	<input type="checkbox"/> (ET) Education/Town
<input type="checkbox"/> (EP) Education/Private	<input type="checkbox"/> (P) Private Residence	<input type="checkbox"/> (M) Multiple Residence
<input type="checkbox"/> (C) Commercial	<input type="checkbox"/> (I) Industrial	<input type="checkbox"/> (G) Gasoline Station
<input type="checkbox"/> (S) State Government	<input type="checkbox"/> (F) Federal Government	<input type="checkbox"/> (T) City/Town Government
<input type="checkbox"/> (FD) Nonprofit Fire District	<input type="checkbox"/> (O) Other (please specify):	

VI. REGULATORY INFORMATION

Does the Facility have a drinking water well? If Yes , how far from the nearest tank? _____ ft.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the facility within 400 feet of any public water supply wells or reservoirs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the facility within 200 feet of any facility served by a private well?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the facility in or adjacent to State-regulated freshwater wetlands (including, but not limited to, swamps, ponds, marshes, watercourses, or 100-year floodplain)? If YES , Application or Complaint Number (if available):	<input type="checkbox"/> Unknown <input type="checkbox"/> YES <input type="checkbox"/> NO
Have any leaks or spills ever occurred at this facility? If Yes , an incident report must be attached to this application.	<input type="checkbox"/> Unknown <input type="checkbox"/> YES <input type="checkbox"/> NO
Are recovery wells installed around this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are groundwater monitoring wells installed around this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the facility have financial responsibility? If Yes , Insurer: _____ Policy Number: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

VII. TANK & PIPING INFORMATION (If more than 5 tanks – copy pages 3 & 4 and complete for additional tanks)

TANK	Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4	Tank No. 5
Date of Installation (month/day/year) (If unknown, please enter 99)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tank Capacity in Gallons					
Tank Status: E = In Use C = Permanently Closed T = Temporarily Closed A = Abandoned					
Material of Construction: (01) steel (04) fiberglass reinforced plastic (27) steel-fiberglass-reinforced plastic (20) double-wall steel (23) double-wall fiberglass (reinforced plastic) (31) alcohol resistant (06) concrete (99) unknown other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
External Corrosion Protection: (11) cathodic protection (15) asphalt/tar coated (97) fiberglass/plastic/epoxy coated (98) none (99) unknown other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Internal Protection: (17) internal lining (18) wear plate (19) submerged fill tube (98) none (99) unknown other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Piping: (R) pressurized (I) suction other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Piping Construction: (28) equipped with secondary containment (01) bare steel (04) fiberglass-reinforced plastic (20) double wall steel (23) double wall fiberglass-reinforced plastic (29) flexible single wall (30) flexible double wall (31) alcohol resistant (32) cathodic protection (09) coated/wrapped (99) unknown other (specify)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

TANK	Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4	Tank No. 5
Monitoring & Leak Detection System: (Check all that apply) line leak detection (piping) sump monitoring (piping) continuous in-tank gauging system continuous interstitial space tank monitoring groundwater monitoring wells precision test (tank & piping) (provide copies) other (specify)	<input type="checkbox"/>				
Overfill Prevention Equipment: high-level alarm flow restriction float vent valve automatic shut-off valve other (specify)	<input type="checkbox"/>				
Spill Prevention Equipment: spill containment basin shear valve/impact valve (pressurized piping) check valve (suction piping) other (specify):	<input type="checkbox"/>				
Substance Stored or to be Stored (mark only one box): (02) heating oil (No. 2) - consumed on site (2C) heating oil (No. 2) - consumed off site (04) heating oil (No. 4) - consumed on site (4C) heating oil (No. 4) - consumed off site (05) heating oil (No. 5) - consumed on site (5C) heating oil (No. 5) - consumed off site (06) heating oil (No. 6) - consumed on site (6C) heating oil (No. 6) - consumed off site (1D) light diesel fuel (No. 1-D) (2D)medium diesel fuel (No. 2-D) (01) number 1 kerosene (UG) regular/midgrade unleaded gasoline (SU) super unleaded gasoline (GH) gasohol (alcohol-gasoline blend) (DS) diesel (AG) aviation gasoline (JA) jet A (WO) waste oil (MO) motor oil (MX) mixture (specify) hazardous material (specify) CERCLA number: CAS number: (98) empty/no contents (99) unknown other (specify)	<input type="checkbox"/>				

VIII. FACILITY SITE PLAN

EXISTING FACILITY

If a detailed plan is not available, this space is provided for a site plan drawing of all equipment locations for facilities already in existence (see requirements in Rule 6.00, Facility Registration and Notification, of regulations).

NEW FACILITY

If a new facility, a set of detailed engineering plans certified by a Registered Professional Engineer and project specifications including operation and maintenance requirements is required with this application (see Rule 6.00, Facility Registration and Notification, of regulations). **All new facilities cannot use this space, separate installation plans must be submitted with this application.**

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Signature

Date

Print Name and Title

Please specify:

Owner

Operator

Property Owner



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
235 Promenade Street, Providence, RI 02908-5767 TDD 401-222-4462

UNDERGROUND STORAGE TANK (UST) REGISTRATION FORM

If you are a tank owner, operator or own property (owner/operator) where a tank is located, you are considered responsible for the UST located at the facility. Please fill out the attached form indicating all USTs located at the facility that are currently in use or that will be brought into use, and which contains or will contain a "regulated substance".

NEW AND REPLACEMENT TANKS AND/OR PRODUCT PIPING

An owner/operator must apply for a certificate of registration before commencing construction. Upon receipt and review of a complete application and installation plans, written approval will be issued.

No person shall commence construction of a new facility, replacement UST system, or a substantial modification to a UST system (including product piping replacement) until a written letter of approval has been issued authorizing the installation.

REGISTRATION FEE

Upon receipt of a completed application, the Department shall send an invoice for the payment of registration fees. Once the payment is received, a certificate of registration will be issued to the facility.

All owners/operators who hold valid certificates of registration shall pay an annual registration fee of \$75.00 for each underground storage tank so registered, except:

- Owners/operators of one, two or three family dwellings with tanks used for storing fuel for residential heating purposes (consumed solely on site);
- Owners/operators of farm tanks storing fuel for heating purposes (consumed solely on site);
- Federal, state and local governments;
- Nonprofit fire districts.

HOW TO COMPLETE REGISTRATION FORM

Print in ink or type all items. Assign each tank a number and maintain that number consistently throughout this form and site plan. In Section VII of this registration form, mark each box with an "x" if it is applicable to the associated tank.

PLEASE MAIL COMPLETED REGISTRATION FORMS TO:

Department of Environmental Management
Division of Waste Management
Underground Storage Tank Section
235 Promenade Street
Providence, Rhode Island 02908

If you have any questions, please call the Underground Storage Tank Section at (401) 222-2797 for assistance.