



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Office of Emergency Response  
235 Promenade Street, Suite 438  
Providence, RI 02908  
Office: 401-222-1360  
TDD: 401-222-4462

## **ABOVEGROUND STORAGE TANK REGISTRATION FORM**

To: Owners/Operators of Aboveground Petroleum Storage Tanks

The Department of Environmental Management is providing this form for the registration of new tank installations, update facility changes and to ensure an accurate inventory of aboveground storage tanks within the State. This data will provide needed information to better respond in the event of a spill or release. The information provided will also serve as a database to be used by the Department when reviewing the annual inspection reports submitted by aboveground storage tank owners/operators pursuant to section 250-RICR-140-25-2 of the Oil Pollution Control Regulations.

Please fill out the attached forms if you own or operate an aboveground storage tank(s) (500 gallons or greater). Owners of aboveground tanks less than 500 gallons are exempt.

### New and Replacement Tanks

All new construction/installation of a new facility or replacement tank system should not commence an application of registration has been filed.

The registration information should be signed by a local Fire Department official.

Please mail completed forms to:

Rhode Island Department of Environmental Management  
Bureau of Environmental Protection  
Office of Emergency Response  
Aboveground Storage Tanks Program  
235 Promenade Street, Suite 438  
Providence, RI 02908

If you have any questions, please call the Aboveground Storage Tank Program at (401) 222-1360 for assistance.

**Immediately report ALL Spills to the Department at 401-222-3070 (24-hour number) or at 401-222-1360 during normal business hours.**



STATE OF RHODE ISLAND  
 ABOVEGROUND 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

How to complete this registration form

Print in ink all items. Complete all sections to the best of your knowledge. Enter "unknown" if you do not know the answer or "n/a" if the question does not apply. Assign each tank a number and maintain that number consistently throughout this form and site plan.

**MARK ONLY ONE ITEM**

New Facility

Existing Facility

**I. FACILITY INFORMATION**

Name:

Mailing Address:

City: State: Zip: Phone: ( )

Contact Person: Title:

Email Address:

**II. OWNER INFORMATION**

Name:

Mailing Address:

City: State: Zip: Phone: ( )

Contact Person: Title:

Email Address:

Ownership (please check one):

Private/Corporate  Municipal  State  Federal (GSA Facility ID# \_\_\_\_\_)

Other (please specify): \_\_\_\_\_

Date Ownership Acquired: \_\_\_\_\_

**III. TANK LOCATION**

Tank's Location/Address:

Latitude: Longitude:

**IV. FACILITY CLASSIFICATION (Check all that apply)**

(A) Farm

(EP) Education/Private

(C) Commercial

(S) State Government

(FD) Nonprofit Fire District

(ES) Education/State

(P) Private Residence

(I) Industrial

(F) Federal Government

(O) Other (please specify): \_\_\_\_\_

(ET) Education/Town

(M) Multiple Residence

(G) Gasoline Station

(T) City/Town Government

**V. TANK & PIPING INFORMATION**

TANK		Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4	Tank No. 5
Date of Installation (month/day/year)		/ /	/ /	/ /	/ /	/ /
Tank Capacity in Gallons						
Tank Status:	E = In Use C = Permanently Closed T = Temporarily Closed A = Abandoned					
<b>Materials of Construction:</b>						
(01) Steel		<input type="checkbox"/>				
(04) Fiberglass reinforced plastic		<input type="checkbox"/>				
(27) Steel-fiberglass-reinforced plastic		<input type="checkbox"/>				
(20) Double-wall steel		<input type="checkbox"/>				
(23) Double-wall fiberglass (reinforce plastic)		<input type="checkbox"/>				
(31) Alcohol resistant		<input type="checkbox"/>				
(06) Concrete		<input type="checkbox"/>				
(99) Unknown		<input type="checkbox"/>				
Other (specify) _____		<input type="checkbox"/>				
<b>Piping Construction:</b>						
(28) Equipped with secondary containment		<input type="checkbox"/>				
(01) Bare steel		<input type="checkbox"/>				
(04) Fiberglass-reinforced plastic		<input type="checkbox"/>				
(20) Double-wall steel		<input type="checkbox"/>				
(23) Double-wall fiberglass reinforced plastic		<input type="checkbox"/>				
(29) Flexible single wall		<input type="checkbox"/>				
(30) Flexible double wall		<input type="checkbox"/>				
(31) Alcohol resistant		<input type="checkbox"/>				
(32) Cathodic protection		<input type="checkbox"/>				
(09) Coated/wrapped		<input type="checkbox"/>				
(99) Unknown		<input type="checkbox"/>				
Other (specify) _____		<input type="checkbox"/>				
<b>Spill &amp; Overfill Prevention Equipment:</b>						
High-level alarm		<input type="checkbox"/>				
Flow restriction float vent valve		<input type="checkbox"/>				
Automatic shut-off valve		<input type="checkbox"/>				
Spill containment basin		<input type="checkbox"/>				
Shear valve/impact valve (pressurized piping)		<input type="checkbox"/>				
Check valve (suction piping)		<input type="checkbox"/>				
Other (specify) _____		<input type="checkbox"/>				
<b>Substance Stored or to be Stored (mark only one box):</b>						
(02) Heating Oil (No. 2)		<input type="checkbox"/>				
(4C) Heating Oil (No. 4)		<input type="checkbox"/>				
(6C) Heating Oil (No. 6)		<input type="checkbox"/>				
(AC) Asphalt Cement		<input type="checkbox"/>				
(AL) Asphalt Liquid		<input type="checkbox"/>				
(LO) Lubricating Oil		<input type="checkbox"/>				
(HO) Hydraulic Oil		<input type="checkbox"/>				
(SO) Synthetic Oil		<input type="checkbox"/>				
(LD) Light Diesel Fuel		<input type="checkbox"/>				
(MD) Medium Diesel Fuel		<input type="checkbox"/>				
(01) Number 1 Kerosene		<input type="checkbox"/>				
(UG) Regular/Midgrade Unleaded Gasoline		<input type="checkbox"/>				
(SU) Super Unleaded Gasoline		<input type="checkbox"/>				
(GH) Gasohol		<input type="checkbox"/>				
(DS) Diesel		<input type="checkbox"/>				
(AG) Aviation Gasoline		<input type="checkbox"/>				
(JA) Jet A		<input type="checkbox"/>				
(WO) Waste Oil		<input type="checkbox"/>				
(MO) Motor Oil		<input type="checkbox"/>				
(PD) Petroleum Distillate		<input type="checkbox"/>				
(RF) Racing Fuel		<input type="checkbox"/>				
(MX) Mixture (specify) _____		<input type="checkbox"/>				
Hazardous material (specify) _____		<input type="checkbox"/>				
CERCLA Number _____ CAS Number _____		<input type="checkbox"/>				
(98) Empty/no contents		<input type="checkbox"/>				
(99) Unknown		<input type="checkbox"/>				
Other (specify) _____		<input type="checkbox"/>				

## VI. REGULATORY INFORMATION

Is the tank/tanks equipped with 110 percent secondary containment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the facility have a groundwater monitoring program? <i>(facilities with storage capacity <math>\geq</math> to 50,000 gallons or 5000 gallons in a GAA groundwater classification area)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the facility have a Spill Prevention & Emergency Plan? <i>(as required in Section 14, Oil Pollution Control Regulations)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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
If the facility within 200 feet of any facility served by a private well?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have any leaks or spills occurred at this facility? * If yes, a report of the incident must be attached to this application.	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are monitoring wells installed around this facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## VII. NOTIFICATION OF LOCAL FIRE OFFICIALS

The authorized signature of the local fire department below indicated that the local officials have been notified of the aboveground storage tanks at the above location.

_____	_____
Authorized Local Fire Department Representative	Date
_____	_____
Name of Local Fire Department	Telephone Number

This signature does not serve as notice to the city/town, does not guarantee city/town approval, and does not relieve you of your obligations to other applicable city/town officials. Any violation, deficiency or requirement which may have been overlooked is also subject to correction under the provisions of any applicable code.

## VIII. CERTIFICATION

I certify 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 those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate, and complete.

_____	_____	_____
Signature	Date	Print Name and Title

**ABOVEGROUND STORAGE TANK SITE PLAN**  
(Please include the Facility Name and Facility Address on each plan.)

### NEW FACILITY

If this is a new facility, a set of detailed engineering plans and project specifications including operation and maintenance requirements is required with this application.

### EXISTING FACILITY

If a detailed plan is not available, a schematic diagram showing the location of all tanks and piping including the locations of all shut-off valves. The location of on-site containment and cleanup equipment must be provided for response purposes.

**NOTE: Each tank should be numbered according to the tank numbers on the attached application form.**

Submit to: RI DEM Office of Emergency Response  
235 Promenade Street, Suite 438  
Providence, RI 02908