

Registration of Aboveground Storage Tank (AST) Systems

GUAM ENVIRONMENTAL PROTECTION AGENCY
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INSTRUCTIONS	GUAM EPA USE ONLY
<p>This form or an equivalent form must be completed for the initial registration of each regulated AST system, and each time there is a change in status or a substantial design change is made to an existing AST system.</p> <p>Please type or print all entries in ink. This form must be signed by the owner to be valid. If more space is needed for additional ASTs, photocopies of the following pages may be made and submitted with this form.</p>	<p>FACILITY # _____</p> <p>DATE RECEIVED: _____</p> <p>Date entered: _____</p> <p>Data Entry Clerk Initials: _____</p> <p>Owner contacted to clarify: _____</p> <p>Responses, comment: _____</p>

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
<p>_____ Tank Owner Name</p> <p>_____ Mailing Address</p> <p>_____ City State Zip Code</p> <p>_____ Phone Number (include area code) E-Mail Address</p>	<p>_____ Facility Name</p> <p>_____ Street Address</p> <p>_____ City State Zip Code</p> <p>_____ Longitude Latitude</p> <p>_____ GPS Coordinates</p>

III. LAND OWNER (If different than Tank Owner)	IV. CONTACT PERSON (In Charge of Tank(s))
<p>_____ Land Owner Name</p> <p>_____ Mailing Address</p> <p>_____ City State Zip Code</p> <p>_____ Phone Number (include area code) E-Mail Address</p>	<p>_____ Contact Name and Title</p> <p>_____ Mailing Address</p> <p>_____ City State Zip Code</p> <p>_____ Phone Number (include area code) E-Mail Address</p>

V. TYPE OF FACILITY		
<input type="checkbox"/> Auto Salvage Yard	<input type="checkbox"/> Marina	<input type="checkbox"/> Residential
<input type="checkbox"/> Aviation	<input type="checkbox"/> Military	<input type="checkbox"/> School
<input type="checkbox"/> College/University	<input type="checkbox"/> Motor Fuel Dispensing	<input type="checkbox"/> Temporary Construction Site
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Oil Change/Garage	<input type="checkbox"/> Utility
<input type="checkbox"/> Government of Guam	<input type="checkbox"/> Petroleum Bulk Distributor	<input type="checkbox"/> Other (Explain)

VI. CERTIFICATION		
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in or with this registration form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.</p>		
<p>_____ Printed Name and Title of Owner or Owner's authorized representative</p>	<p>_____ Signature</p>	<p>_____ Date Signed</p>

VII. DESCRIPTION OF ABOVEGROUND STORAGE TANKS

Tank Identification Number (drum storage areas may be marked as such, with details indicated in Section XIII)	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.					
1. Status of Tank (mark only one) New Tank Currently in Use Out of Service Substantial Design Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Date of Installation/Age of Tanks										
3. Tank Capacity (gallons)										
4. Tank Design (mark all that apply) UL 80 Steel Indoors Tank UL 142 Single Wall Steel Tank UL 142 Double Wall Steel Tank UL 2080 Fire Resistant Tank (Flameshield) UL 2085 Protected Tank (Fireguard) UL 2245 Vaulted Tank API 650 Field-Fabricated Steel Tank Oil Filled Electrical Equipment Unknown Steel Secondary Containment Concrete Secondary Containment Earthen Secondary Containment Tank shell contacts ground or concrete (not on cradles) Other, Please Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5. Piping Material (mark all that apply) Copper Carbon Steel/Black Iron Galvanized Steel Stainless Steel Cathodically Protected Steel Fiberglass Reinforced Plastic (FRP) Extruded Plastic Piping Unknown Other, Please Specify:	Pri <input type="checkbox"/>	Sec <input type="checkbox"/>	Pri <input type="checkbox"/>	Sec <input type="checkbox"/>	Pri <input type="checkbox"/>	Sec <input type="checkbox"/>	Pri <input type="checkbox"/>	Sec <input type="checkbox"/>	Pri <input type="checkbox"/>	Sec <input type="checkbox"/>
6. Piping Type (mark all that apply) Above Ground Below Ground and/or Over Water Suction Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7. Substance Currently or Last Stored Gasoline Aviation Gas Kerosene Jet Fuel Diesel Bio-Diesel #2 Heating Oil #6 Heating Oil Lubrication Oil Used Oil Asphalt Transformer Oil Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

XIII. SITE AND FACILITY LAYOUT (May be accurate hand sketch) Please include drum storage areas