



GUAM ENVIRONMENTAL PROTECTION AGENCY • AHENSIAN PRUTEKSIÓN LINA'LA' GUÅHAN
17-3304 MARINER AVENUE TIYAN BARRIGADA, GUAM 96913-1617

ABOVEGROUND STORAGE TANK (AST) SYSTEMS REGISTRATION FORM

INSTRUCTIONS: 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. Please type or print all entries in ink. If more space is needed for additional ASTs, photocopies of the following pages may be made and submitted with this form. **This form must be signed by the AST owner to be valid.**

DO NOT FILL THIS SECTION – FOR GUAM EPA USE ONLY				
DATE RECEIVED: _____	FACILITY# _____	DATE ENTERED: _____	DATA ENTRY CLERK INITIALS: _____	OWNER CONTACTED TO CLARIFY: _____
RESPONSES/COMMENTS: _____				

REASON FOR REGISTRATION – CHECK ALL THAT APPLY				
<input type="checkbox"/> New Installation Permit	<input type="checkbox"/> New Operating Permit	<input type="checkbox"/> Renew Operating Permit	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Operator
<input type="checkbox"/> Modification	<input type="checkbox"/> AST Temporary Closure	<input type="checkbox"/> AST Permanent Closure	<input type="checkbox"/> Other (Specify): _____	

I. OWNERSHIP OF TANKS			
Tank Owner Name _____	Email Address _____	Phone Number _____	
Mailing Address _____	City _____	State _____	ZIP Code _____

II. LOCATION OF TANKS			
Facility Name _____	Street Address _____		
County _____	City _____	State _____	ZIP Code _____

III. LAND OWNER [If different than the Tank Owner]			
Land Owner Name _____	Email Address _____	Phone Number _____	
Mailing Address _____	City _____	State _____	ZIP Code _____

IV. CONTACT PERSON [In charge of tank(s)]			
Contact Name & Title _____	Email Address _____	Phone Number _____	
Mailing Address _____	City _____	State _____	ZIP Code _____

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



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VI. CERTIFICATION

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.

Printed Name & Title of Owner or Owner's authorized representative **Signature** **Date Signed**

VII. AST DESCRIPTION

Tank Identification Number (drum storage areas may be marked as such, with details indicated in Section XIII)	Tank #	Tank #	Tank #	Tank #	Tank #					
1. Status of Tank (mark only one)										
New Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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 (in gallons)										
4. Tank Design (mark all that apply)										
UL 80 Steel Indoors Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
UL 142 Single Wall Steel Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
UL 142 Double Wall Steel Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
UL 2080 Fire Resistant Tank (Flame shield)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
UL 2085 Protected Tank (Fireguard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
UL 2245 Vaulted Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
API 650 Field-Fabricated Steel Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Oil Filled Electrical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Steel Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Concrete Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Earthen Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Tank shell contacts ground or concrete (not on cradles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5. Piping Material (mark all that apply)										
	PRI.	SEC.	PRI.	SEC.	PRI.	SEC.	PRI.	SEC.	PRI.	SEC.
Copper	<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"/>
Carbon Steel/Black Iron	<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"/>
Galvanized Steel	<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"/>
Stainless Steel	<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"/>
Cathodically Protected Steel	<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"/>
Fiberglass Reinforced Plastic (FRP)	<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"/>
Extruded Plastic Piping	<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"/>
Unknown	<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"/>
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"/>
6. Piping Type (mark all that apply)										
Above Ground	<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"/>
Below Ground and/or Over Water	<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"/>
Suction	<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"/>
Pressure	<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"/>
7. Substance Currently Stored or Last Stored										
Gasoline	<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"/>
Aviation Gas	<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"/>
Kerosene	<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"/>
Jet Fuel	<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"/>
Diesel	<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"/>
Bio-Diesel	<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"/>
#2 Heating Oil	<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"/>
#6 Heating Oil	<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"/>
Lubrication Oil	<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"/>
Used Oil	<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"/>
Asphalt	<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"/>
Transformer Oil	<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"/>
Other, Please 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"/>



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IX. TANKS PERMANENTLY OUT OF SERVICE/DISMANTLED					
TANK IDENTIFICATION NUMBER	Tank #	Tank #	Tank #	Tank #	Tank #
1. Tank permanently out of service					
A. Date the tank was last used					
B. Date the tank was emptied of product					
C. Current Status of Tank (Existing in-place, dismantled, etc.)					
2. Has Site Assessment been Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Assessment	_____	_____	_____	_____	_____
3. Evidence of a leak detected?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

X. CERTIFICATION OF COMPLIANCE

- | | |
|--|--|
| <p>1. Spill Prevention, Control, and Countermeasure (SPCC) Plan written in accordance with 40 CFR Part 112.</p> <p>A. SPCC Plan in Effect at the facility?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B. Is the SPCC Plan stamped by a Guam-registered P.E.?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>C. Date of SPCC Plan: _____</p> | <p>2. Is the facility in compliance with the Guam's Fire Code and the National Fire Protection Association (NFPA):</p> <p>A. NFPA 30, Flammable, Combustible Liquids Code, 2012 Edition?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B. NFPA 30A, Code for Motor Fuel Dispensing Facilities and Repair Garages, 2012 Edition?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>C. NFPA 31, Standard for the Installation of Oil-burning Equipment, 2011 Edition?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> |
|--|--|

XI. OTHER REGISTRATIONS

Is there an Underground Storage Tank (UST) Facility at this location? YES NO

Please provide UST facility Identification Number if known: _____

XII. COMMENTS – Additional information continued from previous pages



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XIII. SITE & FACILITY LAYOUT
(May be an accurate hand sketch, please include drum storage areas)

Blank area for site and facility layout sketch.