



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 HAZARDOUS WASTE PROGRAM  
**UNDERGROUND PETROLEUM STORAGE TANK REGISTRATION**

FACILITY ID NUMBER <b>ST</b>
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Return completed form to:  
 Missouri Department of Natural Resources  
 Hazardous Waste Program – Budget & Planning Section  
 P.O. Box 176  
 Jefferson City, Mo 65102

<b>AGENCY USE ONLY</b>
OWNER NUMBER
DATA ENTRY BY
DATE

Note to owners/operators: An instruction page is attached to assist you in completing the form.  
 Use additional sheets for sites with more than five tanks and re-number the top column.

**TANK OWNER INFORMATION**

TANK OWNER NAME (CORPORATION, INDIVIDUAL, AGENCY, ETC)

ADDRESS TELEPHONE NUMBER WITH AREA CODE

CITY	STATE	ZIP CODE	COUNTY	EMAIL ADDRESS
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**TANK OWNER TYPE**

GOVERNMENT (CHECK ONE)  
 Federal  State  Local  Marketer  County  Private Owner  School  Hospital  City

**PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME

ADDRESS TELEPHONE NUMBER WITH AREA CODE

CITY	STATE	ZIP CODE	EMAIL ADDRESS
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**TANK OPERATOR INFORMATION**

TANK OPERATOR NAME

ADDRESS TELEPHONE NUMBER WITH AREA CODE

CITY	STATE	ZIP CODE	EMAIL ADDRESS
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**WHERE TO SEND REGISTRATION FEE INVOICES**

CHECK ONE  
 Owner  Facility

**FACILITY INFORMATION**

FACILITY NAME

911 ADDRESS (CANNOT BE A P.O. BOX)

CITY	ZIP CODE	COUNTY
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**FACILITY CONTACT**

FACILITY CONTACT PERSON

JOB TITLE TELEPHONE NUMBER WITH AREA CODE

**OTHER INFORMATION**

Is this facility currently registered as an underground storage tank facility?  Yes  No

FACILITY NUMBER <b>ST</b>	RELEASE NUMBER (IF APPLICABLE) <b>R</b>
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Are you amending the current registration?  Yes  No

NUMBER OF UNDERGROUND STORAGE TANKS AT THIS FACILITY

FACILITY ID NUMBER

ST

TANK INFORMATION	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
<b>1. STATUS OF TANK (CHECK ONE)</b>					
Currently in use					
Out of use					
Permanently closed in place					
Removed					
<b>2. TANK CAPACITY (REQUIRED – A COMPARTMENTALIZED TANK COUNTS AS ONE TANK)</b>					
If the tank has compartments, fill in size and contents using the abbreviations below. Example: 1,000 D. BD = Biodiesel D = Diesel (Heating Oil is Exempt) E85 = Ethanol E15 = Ethanol MG = Midgrade PR = Premium RG = Regular AV = Aviation Gas JF – Jet Fuel K = Kerosene NO = New Oil UKO = Unknown/Other (Specify) UO = Used Oil UP = Unspecified Petroleum					
Tank size in gallons					
Compartment #1					
Compartment #2					
Compartment #3					
Compartment #4					
<b>3. SUBSTANCE CURRENTLY OR LAST STORED</b>					
<b>A. PETROLEUM SUBSTANCES:</b>					
Regular					
Midgrade					
Premium					
Ethanol/E15					
Ethanol/E85					
Diesel (Heating oil is exempt)					
Biodiesel					
Unspecified Petroleum					
New Oil					
Used Oil					
Aviation Gas					
Jet Fuel					
Kerosene					
Unknown/Other (Specify)					
<b>B. HAZARDOUS SUBSTANCES</b>					
Name of hazardous substance					
CERCLA name and/or CAS number					
Mixture of hazardous substances					
Unknown/Other (Specify)					
<b>4. PERMANENTLY CLOSED TANKS (COMPLETE ONLY IF TANKS HAVE BEEN REMOVED OR FILLED WITH SAND, GRAVEL, CONCRETE, ETC.)</b>					
Date tank pumped out					
Date of closure notification					
Date of permanent closure					
<b>5. DATE OF INSTALLATION (MM/DD/YY) (REQUIRED)</b>					
Tank					
Piping					
<b>6. TANK CONSTRUCTION MATERIAL (REQUIRED)</b>					
Double-Walled (Y/N)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Steel (includes bare, galvanized and asphalt coated steel tanks)					
Fiberglass Reinforced Plastic or FRP					
Clad Steel					

FACILITY ID NUMBER

ST

TANK INFORMATION CONTINUED		NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
<b>7. TANK INTERNAL PROTECTION IF STEEL TANK</b> <input type="checkbox"/> YES <input type="checkbox"/> NO						
Date of lining installation						
<b>8. TANK EXTERNAL PROTECTION IF STEEL TANK</b> <input type="checkbox"/> YES <input type="checkbox"/> NO						
Sacrificial						
Impressed						
<b>9. METHODS OF TANK RELEASE DETECTION (REQUIRED IF CONTAINS PRODUCT)</b>						
Inventory Control/TTT (Cannot be used on tanks over 10 years old)						
Automatic Tank Gauging						
Groundwater Monitoring						
Vapor Monitoring						
Interstitial Monitoring (Requires double wall tank)						
Statistical Inventory Reconciliation, or SIR						
Manual Tank Gauging						
Chemical Marker						
CITLDS						
<b>Date Installed</b>						
<b>Manufacturer/Model</b>						
<b>10. SPILL PROTECTION (REQUIRED)</b>						
Spill bucket at fill pipe - Single Wall (SW) or Double Wall (DW)		<input type="checkbox"/> SW <input type="checkbox"/> DW				
<b>11. TYPE OF OVERFILL PROTECTION (REQUIRED)</b>						
Automatic Shutoff						
Ball Float Valve						
Alarm						
None required (fills of less than 25 gallons)						

PIPING INFORMATION		NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
<b>12. PIPE CONSTRUCTION MATERIAL</b>						
Double-Walled (Y/N)	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Steel						
Copper						
Fiberglass Reinforced Plastic or FRP						
Flexible Plastic Piping						
Environ						
Environ Flex						
Combination						
APT Flex						
TC-Blue Flex						
Other – Meets Upgrade						
None						
<b>13. PIPING PROTECTION</b>						
Date Installed						
Impressed						
Sacrificial						
Above Ground						
Other – Meets Upgrade						
<b>14. PIPING SYSTEM</b>						
Pressurized						
Gravity Feed						
Safe Suction						
Unsafe Suction						
Manifold						
<b>15. PIPE RELEASE DETECTION (PRESSURIZED SYSTEMS ONLY)</b>						
Automatic line leak detection – Check Mechanical (M) or Electronic (E). Also pick one of the below:	<input type="checkbox"/> M <input type="checkbox"/> E					
Groundwater Monitoring						
Vapor Monitoring						
Interstitial Monitoring						
Tightness Test or LTT						
Statistical Inventory Reconciliation or SIR						
CITLDS						
Monthly ELLD Testing						
Chemical Marker						
<b>Manufacturer/Model</b>						

FACILITY ID NUMBER

ST

	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
<b>16. FINANCIAL RESPONSIBILITY METHOD USED TO SATISFY 10 CSR 26-3 (ATTACH A COPY)</b>					
A. Petroleum Storage Tank Insurance Fund.					
B. Financial Test of Self Insurance, 10 CSR 26-3.095.					
C. Insurance or risk retention group, 10 CSR 26-3.097.					
D. Local government mechanisms, 10 CSR 26-3.112 -115.					
E. Other method (Specify).					
F. Exempt – State/federally owned tanks.					
G. Exempt – Tanks out of use before:					
1. 2/18/1994 – For local government owners.					
2. 8/30/1991 – For owners of 100 or more underground tanks or \$20 million net tangible worth.					
3. 12/31/1993 – For owners not included in #1 or #2 above.					

**ADDITIONAL INFORMATION**

**OWNER CERTIFICATION**

I certify that I have examined the information reported on this form. I believe this information is true, accurate and complete.

TANK OWNER NAME (PLEASE PRINT)

TITLE

OWNER SIGNATURE

DATE

**CERTIFICATION BY PARTY OTHER THAN TANK OWNER**

I certify that I am not an owner of these tanks as defined by RSMo 319.100. However to facilitate the registration of these tanks, I am submitting this information which I believe to be true, accurate and complete to the best of my knowledge.

NAME (PLEASE PRINT)

TITLE

SIGNATURE

DATE

## INSTRUCTIONS

Underground storage tanks that must be registered:

- All active underground storage tanks used to store petroleum products.
- All abandoned or inactive underground storage tanks used for storage of petroleum products.
- All active or inactive tanks that are used to store CERCLA - listed hazardous substances.

**Note: an underground storage tank with compartments is considered one tank.**

### Tank Owner Information

List the tank owner's name, valid mailing address, county, telephone number and email address. The registration form is invalid if it is signed by anyone other than the listed tank owner or the owners' authorized representative.

### Owner Type

If the owner of the tank is a government entity, check the applicable box. All others should check a box that is non-government.

### Property Owner Information

List the property owner's name, valid mailing address, telephone number and email address.

### Operator Information

List the operator's name, valid mailing address, telephone number and email address.

### Registration Fee Invoices

Indicate where the registration fee invoice is to be mailed.

### Facility Information

The facility name should identify the business name and 911 street address if known (cannot be a P.O. Box). Include county name.

### Facility Contact Person

Indicate the name, title and telephone number of the person capable of providing information as necessary.

### Other Information

If this facility has previously registered underground storage tanks with the department and you are adding new underground tanks or amending the current information, list your facility ID number (if known) to avoid duplicating our records.

### Tank Information

1. **Status of Tank:** Indicate the status of each tank. Tanks that have been abandoned or emptied and are not yet closed, in accordance with 10 CSR 26-2, are considered out of use.
2. **Tank Capacity and Substance:** List the maximum capacity and substance of each tank in total gallons using the abbreviations provided. Include any compartments (size and substance) if appropriate.
3. **Substance Currently or Last Stored:** Check the applicable substance for each tank or compartment. A complete list of the CERCLA-listed hazardous substances can be found in 40 CFR 302.4. Heating oil tanks are exempt.
4. **Permanently Closed Tanks:** Insert the date the tank was pumped out. If you are unsure if closure is permanent, provide a description in the "Additional Information" section on page five.
5. **Date of Installation for Tanks and Piping:** Insert the dates of installation. If exact dates are unknown, provide an approximate date of installation for both tank and piping (e.g., MM/YY).
6. **Tank Construction Material:** Check yes or no if the tank is double-walled. Check the appropriate box for each tank.
7. **Tank Internal Protection:** Complete if tank is steel. Insert the date of lining installation.
8. **Tank External Protection:** Complete if tank is steel. Check if sacrificial or impressed.

## INSTRUCTIONS – CONTINUED

9. **Methods of Tank Release Detection:** Check the method of tank release detection. Insert the date the tank was installed and the manufacturer/model.

**Note:** Inventory control/tightness test can only be used for 10 years after tanks are installed.

10. **Spill Protection:** Indicate if the tank is single wall or double wall.

11. **Type of Overfill Protection:** Check the appropriate overfill protection.

### Piping Information

12. **Pipe Construction Material:** Check yes or no if the tank is double-walled. Check the construction material of the pipe. If 'Other-Meets Upgrade' is chosen, specify what the material is.

13. **Piping Protection:** Add the date of installation for the piping for each tank. Check the appropriate piping protection type. If 'Other-Meets Upgrade' is chosen, specify what type of protection it is.

14. **Piping System Type:** Check the appropriate piping system type for each tank.

15. **Pipe Release Detection:** Check the appropriate box for line leak detection - M for Mechanical or E for Electronic. Check the method of pipe release detection for each tank. Insert the manufacturer/model information.

### Financial Responsibility

Check the appropriate box for the financial responsibility mechanism in place for each tank. Please attach a copy.

### Additional Information

Use this space to provide any additional information regarding your tanks.

### Required:

Complete either **Owner Certification** or **Certification by Party Other Than Tank Owner**. The owner's signature is preferred. If not signed by the owner, please provide justification for certification by party other than the tank owner.

For additional information or assistance, contact the Hazardous Waste Program at 573-751-3094.