

III. TYPE OF FACILITY

DO YOU SELL PETROLEUM RETAIL (YES OR NO)? _____ (If you do not sell petroleum retail, you are not required to complete this AST registration form.)

If you sell petroleum retail, select the appropriate facility description as of last known use:

<input type="checkbox"/> Gas station	<input type="checkbox"/> Auto dealership	<input type="checkbox"/> Federal military	<input type="checkbox"/> Utilities
<input type="checkbox"/> Petroleum distributor	<input type="checkbox"/> Railroad	<input type="checkbox"/> Commercial	<input type="checkbox"/> Farm
<input type="checkbox"/> Air carrier	<input type="checkbox"/> Local government	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
<input type="checkbox"/> Aircraft fixed base operator	<input type="checkbox"/> State government	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Federal non-military	<input type="checkbox"/> Truck/transport	

IV. TYPE OF OWNER

V. INDIAN LANDS

Government <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership
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Tanks are located on land within an Indian Reservation or on other trust lands.
Tanks are owned by native American nation, tribe, or individual

Tribe or Nation:

VI. CONTACT PERSON IN CHARGE OF TANKS

Name	Job Title	Address	Phone Number
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VII. FINANCIAL RESPONSIBILITY

A. Are you eligible for the STATE FUND Program? Yes (current on all fees) No
(If "no", documentation must be provided to the division for one of the mechanisms listed below under "C".)

B. For owners/operators eligible for the State Fund Program, has \$30,000 financial assurance been obtained in accordance with W.S. 35-11-1428? Yes No Exempt (state or federal government)

C. Which of the following forms of financial assistance are you using?

<input type="checkbox"/> Self insurance	<input type="checkbox"/> Risk retention	<input type="checkbox"/> Surety bond	<input type="checkbox"/> Trust fund
<input type="checkbox"/> Commercial insurance	<input type="checkbox"/> Guarantee	<input type="checkbox"/> Letter of credit	

VIII. CLASSIFICATION

A. Total storage capacity of facility (mark all that apply)

Facility with AST total capacity greater than 1,320 gallons
 Facility with AST total capacity greater than 42,000 gallons
 Facility with AST total capacity greater than 1,000,000 gallons
 Total facility AST storage capacity, gallons _____

B. AST facility containment and/or diversionary structures

<input type="checkbox"/> Earthen dike with impermeable liner (type)_____	<input type="checkbox"/> No spill Double Wall Tank
<input type="checkbox"/> Earthen dike with no impermeable liner	<input type="checkbox"/> No spill containment diking
<input type="checkbox"/> Concrete dike with impermeable liner (type)_____	<input type="checkbox"/> Spill retention ponds
<input type="checkbox"/> Concrete dike with no impermeable liner	

C. Has a Spill Prevention Control and Countermeasures (SPCC) Plan been written and is it current?

Yes No Unknown Not applicable

IX. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location)

Tank Identification Number	Tank No. __					
1. AST classification Above ground level (entire outer surface area, including tank bottom, is visible) <input type="checkbox"/> On ground level (tank bottom on ground, a base, or a pad such that tank's exterior bottom cannot be visibly inspected) <input type="checkbox"/> Mobile (skid mounted or moveable) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Status of tank (mark only one) Currently in use <input type="checkbox"/> *Temporarily out of use <input type="checkbox"/> *Permanently out of use (properly abandoned) <input type="checkbox"/> <small>*Also fill out Section XI. on page 4 if applicable</small>	<input type="checkbox"/>					
3. Date of installation (mo/yr)						
4. Estimated total capacity (gallons)						
5. Material of construction <small>(mark all that apply)</small> Painted steel <input type="checkbox"/> Cathodically protected steel <input type="checkbox"/> Epoxy coated steel <input type="checkbox"/> Composite (steel with fiberglass) <input type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> Interior bladder <input type="checkbox"/> Double walled <input type="checkbox"/> Double bottom <input type="checkbox"/> Polyethylene tank jacket <input type="checkbox"/> Concrete <input type="checkbox"/> Unknown <input type="checkbox"/> Tank Specification (UL, STI, ETC.) please specify _____ Has tank been repaired? <input type="checkbox"/> Compartmentalized tank <input type="checkbox"/>	<input type="checkbox"/>					
6. AST roof construction type Floating roof <input type="checkbox"/> Fixed roof <input type="checkbox"/> Breather roof with vent <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Piping system (material)	Tank No. __					
Bare steel <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Epoxy coated steel <input type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> Copper <input type="checkbox"/> Cathodically protected <input type="checkbox"/> Double walled <input type="checkbox"/> Secondary containment <input type="checkbox"/> Unknown <input type="checkbox"/> Other, please specify _____	<input type="checkbox"/>					

8. Piping system (type) (mark all that apply)						
Suction	<input type="checkbox"/>					
Pressure	<input type="checkbox"/>					
Gravity	<input type="checkbox"/>					
Below ground piping	<input type="checkbox"/>					
Above ground piping	<input type="checkbox"/>					
9. Substance currently or last stored in greatest quantity by volume						
Gasoline	<input type="checkbox"/>					
Aviation gasoline	<input type="checkbox"/>					
Jet fuel	<input type="checkbox"/>					
Diesel	<input type="checkbox"/>					
Gasohol	<input type="checkbox"/>					
Kerosene	<input type="checkbox"/>					
Heating oil	<input type="checkbox"/>					
10. Tank is empty (mark if "yes")	<input type="checkbox"/>					
X. TANKS OUT OF USE, OR CHANGE IN SERVICE						
Tank was removed	<input type="checkbox"/>					
Estimated date last used (mo/day/yr)	_____	_____	_____	_____	_____	_____
Date tank removed (mo/day/yr)	_____	_____	_____	_____	_____	_____
Change in service (substance or status)	<input type="checkbox"/>					
Site assessment completed	<input type="checkbox"/>					
Date of site assessment	_____	_____	_____	_____	_____	_____
Evidence of a leak detected	<input type="checkbox"/>					
Date leak detected	_____	_____	_____	_____	_____	_____
XI. TANK AND LINE LEAK DETECTION						
1 Tank Leak Detection						
Visual Monitoring	<input type="checkbox"/>					
Interstitial Monitoring	<input type="checkbox"/>					
Automatic Tank Gauging	<input type="checkbox"/>					
Inventory Control	<input type="checkbox"/>					
2 Line Leak Detection						
Sump Sensors	<input type="checkbox"/>					
Mechanical Line Leak Detectors	<input type="checkbox"/>					
Electronic Line Leak Detectors	<input type="checkbox"/>					
Line Tightness Testing	<input type="checkbox"/>					
None	<input type="checkbox"/>					

XII. OVERFILL, SPILL PREVENTION AND OTHER REQUIRED EQUIPMENT						
1 Overfill Devices (Both Are Required) Fill Restriction Device (95% Capacity) Overfill Alarm (90% Capacity)	<input type="checkbox"/> <input type="checkbox"/>					
2 Spill Prevention Catchment Basin Fill Line Located in Secondary None	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
3 Vehicle Impact Prevention Bollards Jersey Barriers Impact Resistant Tank Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
4. Tank Top Access Installed (Permanent Ladder or Catwalk)	<input type="checkbox"/>					
5. Site Security (6' Galvanized Mesh With Three Strands Barbwire)	<input type="checkbox"/>					

XIII. CERTIFICATION (Read and sign after completing all sections)		
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.</p>		
_____	_____	_____
Name and official title of owner or owner's authorized representative (print)	Signature	Date

IX. INSTALLER CERTIFICATION (INSTALLER'S OATH)		
<p>I certify that the installation/modification was completed in accordance with the Storage Tank Act of 2007 and Wyoming Water Quality Rules and Regulations (WWQRR), Chapter 17.</p>		
_____	_____	_____
Name and license number of licensed Storage Tank Installer (print)Company	Signature	Date Signed