



**III. TYPE OF OWNER**

- |   |  |
|---|--|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Private (no retail) |
| <input type="checkbox"/> State Government   | <input type="checkbox"/> Military            |
| <input type="checkbox"/> Local Government   | <input type="checkbox"/> Contractor          |
| <input type="checkbox"/> Commercial         | <input type="checkbox"/> Farm                |

**IV. INDIAN LANDS**

- Tanks are located on land within an Indian Reservation or on other trust lands. Tribe or Nation: \_\_\_\_\_
- Tanks are owned by native American nation or tribe.

**V. TYPE OF FACILITY**

DO YOU SELL PETROLEUM RETAIL?

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Private Vehicle Fueling | <input type="checkbox"/> Private Aviation Fuel | <input type="checkbox"/> Commercial        | <input type="checkbox"/> Fixed Base Operator  | <input type="checkbox"/> Commercial Vehicle Fueling  |
| <input type="checkbox"/> Petroleum Distributor   | <input type="checkbox"/> Local Government      | <input type="checkbox"/> Industrial        | <input type="checkbox"/> Lubrication Facility | <input type="checkbox"/> Emergency Generator Fueling |
| <input type="checkbox"/> Air Taxi (Airline)      | <input type="checkbox"/> State Government      | <input type="checkbox"/> Contractor        | <input type="checkbox"/> Residential          | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Aircraft Owner          | <input type="checkbox"/> Federal Non-Military  | <input type="checkbox"/> Truck/Transporter | <input type="checkbox"/> Farm                 | _____  |
| <input type="checkbox"/> Auto Dealership         | <input type="checkbox"/> Federal Military      | <input type="checkbox"/> Utilities         | <input type="checkbox"/> Railroad             | Other _____  |

**VI. CONTACT PERSON IN CHARGE OF TANKS**

Name	Job Title	Address	Phone	E-Mail Address
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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. Has \$30,000 financial assurance for third party liability 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 assurance are you using?  
 Self-Insured: \_\_\_\_\_ Trust Fund: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Not Listed: \_\_\_\_\_

**VIII. CERTIFICATION (Read and sign after completing all sections)**

**Penalties**

**Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.**

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.

Name and official title of owner or owner's authorized representative (print)

Signature

Date Signed

**IX. TANK INFORMATION: TANK DESCRIPTION AND MATERIAL - WY Facility ID Number**

Tank	Tank Status			Tank Material											Tank Info				AST Specifications												
	Date of Installation	* Permanently out of use	* Temporarily out of use	Steel	Cathode - SAS	Cathode - IPS	Asphalt Coated	Galvanized	Composite (steel/FG)	Concrete	Epoxy coated steel	FG reinforced plastic	Polyethylene tank jacket	Double walled	Excavation liner	Lined interior	* Other	Repaired	Compartmentalized	Manifolded	Special Use Emergency Power	Heating Only??	Tank is Empty???	Above ground tank	Earthen Dike w/ Liner	Earthen Dike w/o Liner	Concrete Dike w/ liner	Concrete Dike w/o liner	No Spill Diking	Spill Ponds	
Tank 1																															
Tank 2																															
Tank 3																															

Additional Comments:

**X. COMPARTMENT INFORMATION - WY Facility ID Number**

Tank	Compartment	Substances Stored										Capacity Estimated Capacity (gallons)	Other																	
		Currently or last stored in greatest quantity by volume											Overfill device install	Butterfly Overfill alarm	Spill device installed	Manifolded														
Other, Hazardous, Mixture (please specify CERCLA name or CAS num if Hazardous)										Ball check																				
Gasoline	Diesel	Gasohol	Kerosene	Heating Oil	Used Oil	* Other	* Hazardous	* Mixture																						
Tank 1	1																													
Tank 1	2																													
Tank 2	3																													
Tank 2	4																													
Tank 3	5																													
Tank 3	6																													

Additional Comments:

**XI. PIPING INFORMATION - WY Facility ID Number**

Tank	Compartment	Pipe	Pipe Material							Piping Constr.				Pump Type																
			Bare Steel	Galvanized Steel	F/G reinforced plastic	Copper	Flexible Plastic	Not Listed	None	Above Ground Piping	Unknown	Cathodically Prot. SAS	Cathodically Prot. ICS	Double Walled	Secondary Containment	* Safe Suction	U.S. Suction	Pressurized	Gravity											
Tank 1	1																													
Tank 1	2																													
Tank 2	3																													
Tank 2	4																													
Tank 3	5																													
Tank 3	6																													

Additional Comments:

**XII. LEAK DETECTION FOR COMPARTMENTS - WY Facility ID Number**

Tank ID	Compartment	Compartment Leak Detection Method											Other (please specify)	
		Manual tank gauging	Tank tightness testing	Inventory controls	Automatic tank gauging	Vapor monitoring	Groundwater monitorin	SIR	Interstitial	Passive Acoustic	Continuous in Tank	Other method per DEQ		Monthly/Tracer Testing
Tank 1	1	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 1	2	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 2	3	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 2	4	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 3	5	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 3	6	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

**XIII. LEAK DETECTION FOR PIPING - WY Facility ID Number**

Pipe Description	Compartment	Pipe	Pipe Leak Detection Method										Other (please specify)		
			Groundwater Monitorin	Vapor Monitoring	Mechanical LLD	Electronic LLD	Sump sensor	Pressure Tested	Line tightness testing	SIR	Other method per DEQ	Not Listed		Exempt	
Tank 1	1		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 1	2		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 2	3		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 2	4		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 3	5		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank 3	6		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments: