



INITIAL REGISTRATION FOR ABOVEGROUND STORAGE TANK SYSTEMS

State Form (Pending Review)
Indiana Department of Environmental Management
Petroleum Branch

RETURN COMPLETED FORMS TO:
Indiana Department of Environmental Management
AST@idem.in.gov

Registration of aboveground storage tanks (ASTs) is required for purposes of eligibility related to the Excess Liability Trust Fund and for purposes of billing related to the annual registration fee required by IC 13-23-12-1. Facilities that have previously registered underground storage tanks and have been assigned a Facility ID Number should utilize the Notification for Aboveground Storage Tanks Form and use the previously assigned Facility ID Number to add ASTs to the facility record.

A FACILITY NAME / LOCATION									
FACILITY NAME					LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)		
FACILITY ADDRESS (number and street)					PARCEL NUMBER				
CITY			STATE	ZIP CODE		COUNTY		TELEPHONE NUMBER	
B TYPE OF FACILITY (Check all that apply)									
Bulk Plant Facility		PSA Facility		Primary Airport		Nonprimary Airport			
C PREPARED BY									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
ADDRESS				CITY		STATE		ZIP CODE	
TELEPHONE NUMBER			JOB TITLE			E-MAIL ADDRESS			
I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete.									
SIGNATURE							DATE (MM/DD/YYYY)		
D AST OWNER									
TYPE OF OWNER									
Federal Government			State Government			City / Local Government			
Commercial			Private			Other:			
Option 1: AST OWNER NAME (Business Name as registered with the Secretary of State)						BUSINESS ID (From the Secretary of State)			
Option 2: AST OWNER NAME (If a Public Agency or other entity)									
Option 3: AST OWNER NAME (If in Individual Capacity)									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
AST OWNER ADDRESS (Listed in Options 1-3)									
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (line 2)			
CITY			STATE	ZIP CODE		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)			
TELEPHONE NUMBER			EMAIL ADDRESS (Individual Only)			JOB TITLE (Individual Only)			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (line 2)			
CITY			STATE	ZIP CODE		JOB TITLE			
TELEPHONE NUMBER			EMAIL ADDRESS						

FACILITY NAME				
E AST OPERATOR				
TYPE OF OPERATOR				
Federal Government		State Government		City / Local Government
Commercial		Private		Other:
Option 1: AST OPERATOR NAME (<i>Business Name as registered with the Secretary of State</i>)			BUSINESS ID (<i>From the Secretary of State</i>)	
Option 2: AST OPERATOR NAME (<i>If a Public Agency or other entity</i>)				
Option 3: AST OPERATOR NAME (<i>If in Individual Capacity</i>)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
AST OPERATOR ADDRESS (Listed in Options 1-3)				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (<i>Number and Street, no P.O. Box</i>)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	DATE BEGAN OPERATING (<i>MM/DD/YYYY</i>)
TELEPHONE NUMBER		EMAIL ADDRESS		JOB TITLE
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (<i>Number and Street, no P.O. Box</i>)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER		EMAIL ADDRESS		
F FACILITY CONTACT				
CONTACT INDIVIDUAL NAME				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (<i>Number and Street, no P.O. Box</i>)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER		EMAIL ADDRESS		

FACILITY NAME				
G DEEDED PROPERTY OWNER				
TYPE OF OWNER				
Federal Government		State Government		City / Local Government
Commercial		Private		Other:
Option 1: PROPERTY OWNER NAME (<i>Business Name as registered with the Secretary of State</i>)			BUSINESS ID (<i>From the Secretary of State</i>)	
Option 2: PROPERTY OWNER NAME (<i>If a Public Agency or other entity</i>)				
Option 3: PROPERTY OWNER NAME (<i>If in Individual Capacity</i>)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (<i>MM/DD/YYYY</i>)
TELEPHONE NUMBER		EMAIL ADDRESS		JOB TITLE
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER		EMAIL ADDRESS		
H ACTIVE LAND CONTRACT PROPERTY OWNER (<i>If applicable</i>)				
TYPE OF OWNER				
Federal Government		State Government		City / Local Government
Commercial		Private		Other:
Option 1: PROPERTY OWNER NAME (<i>Business Name as registered with the Secretary of State</i>)			BUSINESS ID (<i>From the Secretary of State</i>)	
Option 2: PROPERTY OWNER NAME (<i>If a Public Agency or other entity</i>)				
Option 3: PROPERTY OWNER NAME (<i>If in Individual Capacity</i>)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (<i>MM/DD/YYYY</i>)
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS		PROPOSED END DATE (<i>MM/DD/YYYY</i>)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER		EMAIL ADDRESS		

FACILITY NAME	
I POTENTIALLY INTERESTED PARTIES	
INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
J FACILITY SITE MAP	
<i>In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North direction.</i>	
<div></div>	

FACILITY NAME				
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
K	IDENTIFICATION OF ABOVEGROUND STORAGE TANKS			
IDEM AST REGISTRATION NUMBER				
PART OF A COMPARTMENTED AST (Y/N)				
NUMBER OF COMPARTMENTS IN AST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				
L	STATUS OF ABOVEGROUND STORAGE TANKS			
CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				
M	SUBSTANCES CURRENTLY OR LAST STORED IN ABOVEGROUND STORAGE TANKS			
PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
N	ABOVEGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				
O	ABOVEGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
P	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY NAME				
IDEM AST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
Q	ABOVEGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY AST RELEASE DETECTION				
MANUFACTURER				
MODEL				
R	SPILL AND OVERFILL PREVENTION EQUIPMENT			
SPILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				

FACILITY NAME				
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
K	IDENTIFICATION OF ABOVEGROUND STORAGE TANKS			
IDEM AST REGISTRATION NUMBER				
PART OF A COMPARTMENTED AST (Y/N)				
NUMBER OF COMPARTMENTS IN AST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				
L	STATUS OF ABOVEGROUND STORAGE TANKS			
CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				
M	SUBSTANCES CURRENTLY OR LAST STORED IN ABOVEGROUND STORAGE TANKS			
PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
N	ABOVEGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				
O	ABOVEGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
P	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY NAME				
IDEM AST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
Q	ABOVEGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY AST RELEASE DETECTION				
MANUFACTURER				
MODEL				
R	SPILL AND OVERFILL PREVENTION EQUIPMENT			
SPILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				