


TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM
 (Use this form for filing registration and self-certification information) Page 1 of 5

For Use in TEXAS		<p>Texas Commission On Environmental Quality</p> <p>• Please mail completed form to: Petroleum Storage Tank Registration Team (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160</p>	TCEQ Facility ID No. : _____ TCEQ Owner ID No. : _____ Federal Tax ID No. (CR) : _____
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I. TANK OWNER INFORMATION

TANK OWNER BUSINESS <u>OR</u> LAST NAME:	TANK OWNER FIRST NAME	TYPE OF TANK OWNER: (CR) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Other (specify): _____	
OWNER MAILING ADDRESS:		LOCATION OF RECORDS: At facility <input type="checkbox"/> Offsite at: _____	
CITY:	STATE:	ZIP CODE:	OFFSITE RECORDS LOCATION ADDRESS CITY STATE _____
COUNTRY (OUTSIDE USA) (CR)	E-MAIL ADDRESS (CR)	RECORDS CUSTODIAN/CONTACT PERSON: _____ TELEPHONE No. _____	
OWNER'S AUTHORIZED REPRESENTATIVE: _____ TITLE: _____ TELEPHONE No.: _____		FAX NO (CR): _____	INDEPENDENTLY OWNED & OPERATED (CR) YES NO
STATE FRANCHISE TAX ID (CR)	DUNN NO (CR)	NUMBER OF EMPLOYEES (CR) 0-20 21-100 101-250 251-500 501 & HIGHER	

II. FACILITY INFORMATION

FACILITY NAME:	TYPE OF FACILITY: <input type="checkbox"/> Retail <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Wholesale <input type="checkbox"/> Fleet Refueling <input type="checkbox"/> Aircraft Refueling <input type="checkbox"/> Indian Land <input type="checkbox"/> Indust./Mfg./Chem. Plant <input type="checkbox"/> Watercraft Fueling Other (specify): _____		
PHYSICAL LOCATION:	Number of regulated USTs at this facility: _____ Number of regulated ASTs at this facility: _____		
CITY:	STATE:	ZIP CODE:	COUNTY:
ON-SITE CONTACT PERSON _____ TITLE: _____ TELEPHONE No.: _____			
E_MAIL ADDRESS (CR):	FAX NUMBER (CR)	PRIMARY SIC CODE (CR)	SECONDARY SIC CODE (CR)
		PRIMARY NAICS CODE (CR)	SECONDARY NAICS CODE (CR)
LATITUDE (CR) Degrees	Minutes	Seconds	LONGITUDE (CR) Degrees Minutes Seconds

III. TANK OPERATOR* INFORMATION (mark here if same as owner)

* "Operator" means any person in day-to-day control of, and having responsibility for, the daily operation of the UST system.

TCEQ Operator ID No.: _____ (Assigned by TCEQ) CN _____

TANK OPERATOR NAME: (Do NOT LIST EMPLOYEES OF OPERATOR)	TYPE OF TANK OPERATOR: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Local Gov't Other (specify): _____		
MAILING ADDRESS:	Date listed person became operator: ____ / ____ / ____		
CITY:	STATE:	ZIP CODE:	COUNTY:
OPERATOR'S AUTHORIZED REPRESENTATIVE: _____ TITLE: _____ TELEPHONE No.: _____			

TCEQ Facility ID No _____

TCEQ - UST REGISTRATION & SELF-CERTIFICATION FORM

Important: The information in the following sections regarding the UST system(s) at this facility must be properly completed in sufficient detail to support registration. UST owners & operators are encouraged to examine their UST records and/or consult with their UST equipment installers, service technicians, and/or insurance providers to ensure that this information is accurate and complete.

XI. TANK IDENTIFICATION/DESCRIPTION

Tank Identification <i>Number each tank compartment at your site consistent with Rule 334.8(c)(5)(C).</i>				
Tank Installation Date (Month/day/year)	/ /	/ /	/ /	/ /
Tank Capacity (in U.S. gallons)				
Tank Status (Mark One Status & Indicate Date, if Applicable)				
1-Currently in Use	1- _____	1- _____	1- _____	1- _____
2-Temporarily out of service (date)	2- ____/____/____	2- ____/____/____	2- ____/____/____	2- ____/____/____
- Meets TCEQ Definition of Empty?-Yes or No	Yes No	Yes No	Yes No	Yes No
3-Perm.filled in place w/ sand, concrete, etc.(date)	3- ____/____/____	3- ____/____/____	3- ____/____/____	3- ____/____/____
4-Permanently removed from the ground (date)	4- ____/____/____	4- ____/____/____	4- ____/____/____	4- ____/____/____
Current/Last Substance Stored (Mark One Substance per compartment)				
1-Gasoline	1- _____	1- _____	1- _____	1- _____
2-Diesel	2- _____	2- _____	2- _____	2- _____
3-Kerosene	3- _____	3- _____	3- _____	3- _____
4-Used Oil	4- _____	4- _____	4- _____	4- _____
5-New Oil	5- _____	5- _____	5- _____	5- _____
6-Other Petroleum Substance (specify)	6- _____	6- _____	6- _____	6- _____
7a-CERCLA Hazardous Substance (specify)	7a- _____	7a- _____	7a- _____	7a- _____
7b-Chemical Abstract Service (CAS) No.	7b- # _____	7b- # _____	7b- # _____	7b- # _____
7c-Hazardous Substances Mixture (specify)	7c- _____	7c- _____	7c- _____	7c- _____
8-Petrol./Haz. Substances Mixture (specify)	8- _____	8- _____	8- _____	8- _____
9-Other (specify)	9- _____	9- _____	9- _____	9- _____

XII. UST SYSTEM TECHNICAL INFORMATION

Tank & Piping Design (Mark One for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Single-Wall	1- _____		1- _____		1- _____		1- _____	
2-Double-Wall	2- _____		2- _____		2- _____		2- _____	
External Containment (Mark all that apply)								
3-Factory-Built Nonmetallic Jacket	3- _____		3- _____		3- _____		3- _____	
4a-Synthetic Tank-Pit/Piping-Trench Liner	4a- _____		4a- _____		4a- _____		4a- _____	
4b-Tank Vault/Rigid Trench Liner	4b- _____		4b- _____		4b- _____		4b- _____	
Type of Piping (Mark One)								
5a-Pressurized	5a-N/A		5a-N/A		5a-N/A		5a-N/A	
5b-Suction	5b-N/A		5b-N/A		5b-N/A		5b-N/A	
5c-Gravity	5c-N/A		5c-N/A		5c-N/A		5c-N/A	
Tank Internal Protection								
6-Internal Tank Lining (Indicate date)	6- ____/____/____		6- ____/____/____		6- ____/____/____		6- ____/____/____	
Tank & Piping Materials (Mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Steel	1 - _____		1 - _____		1 - _____		1 - _____	
2-FRP (fiberglass-reinforced plastic)	2 - _____		2 - _____		2 - _____		2 - _____	
3-Composite tank (steel w/external FRP cladding)	3 - _____	N/A	3 - _____	N/A	3 - _____	N/A	3 - _____	N/A
4-Concrete	4 - _____		4 - _____		4 - _____		4 - _____	
5a-Jacketed (steel w/external nonmetallic jacket)	5a- _____		5a- _____		5a- _____		5a- _____	
5b-Coated (steel w/external polyurethane cladding)	5b- _____	N/A	5b- _____	N/A	5b- _____	N/A	5b- _____	N/A
5c-Nonmetallic flexible piping	5c-N/A		5c-N/A		5c-N/A		5c-N/A	
5d-Other (specify)	5d- _____		5d- _____		5d- _____		5d- _____	
Piping Connectors & Valves (Mark all that apply)								
6-Shear/Impact Valves (under dispenser)	6-N/A		6-N/A		6-N/A		6-N/A	
7-Steel swing-joints (at ends of piping)	7-N/A		7-N/A		7-N/A		7-N/A	
8-Flexible connectors (at ends of piping)	8-N/A		8-N/A		8-N/A		8-N/A	

