2630-PM-BECB0514 Rev. 6/2019
Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

STORAGE TANKS REGISTRATION / PERMITTING APPLICATION FORM

Before completing this form, read the step-by-step instructions provided in this application package.

	DEP USE ONLY
	Client ID#
	Site ID#
Facility ID #	Account #
	Auth ID#
	APS ID#
Facility Name	Master Auth ID#

I. PURPOSE OF SUBMITTAL

INITIAL (Applies to First-Time Facility Registration)

- ☐ Register Tanks(s) to be Used*
- ☐ Register Tank(s) to be Removed
- ☐ Register Tank(s) to be Temporarily Out of Use
- ☐ Register Tank(s) to be Closed in Place

AMENDED (Applies to Currently Registered Tank(s) or Existing Facility)

- ☐ Changed Owner Information
- ☐ Changed Facility Information
- ☐ Changed to Currently In Use Tank(s)*
- ☐ Changed to Temporarily Out of Use Tank(s)
- ☐ Changed Product
- ☐ Changed Contact Information
- ☐ Changed Facility Operator Information
- ☐ Added Tank(s) to Existing Facility*
- ☐ Changed to Permanently Closed Tank(s)/Removed
- ☐ Changed to Exempt Tank(s)

CHANGE OF OWNERSHIP

- ☐ Tanks Changed Ownership and Remain at Same Facility*

*** For Underground Storage Tanks (UST), attach the UST Operator Training Documentation Form (2630-PM-BECB0514a) and copies of the Class A and Class B operator training certificates.**

II. CURRENT OR NEW TANK OWNER / CLIENT INFORMATION

DEP Client ID# **Client Type/Code** **Fee Kind** (check one if applicable)
☐ **Volunteer Fire Co/EMS Org** ☐ **State Govt** ☐ **Fed Govt**

Organization Name or Registered Fictitious Name		**Employer ID# (EIN)**		**Dun & Bradstreet ID#**
Individual Last Name	**First Name**	**MI**	**Suffix**	**SSN**
Additional Individual Last Name	**First Name**	**MI**	**Suffix**	**SSN**
Mailing Address Line 1	**Mailing Address Line 2**			
Address Last Line – City	**State**	**ZIP+4**	**Country**	
Client Contact Last Name	**First Name**	**MI**	**Suffix**	
Client Contact Title		**Phone**	**Ext**	
E-mail Address			**FAX**	

III. SITE INFORMATION

DEP Site ID# **Site Name**

EPA ID# **Estimated Number of Employees to be Present at Site**

Description of Site

County Name **Municipality** **City** ☐ **Boro** ☐ **Twp** ☐ **State**

County Name **Municipality** **City** ☐ **Boro** ☐ **Twp** ☐ **State**

Site Location Line 1 **Site Location Line 2**

Site Location Last Line – City **State** **ZIP+4**

Detailed Written Directions to Site

Site Contact Last Name **First Name** **MI** **Suffix**

Site Contact Title **Site Contact Firm**

Mailing Address Line 1 **Mailing Address Line 2**

Address Last Line – City **State** **ZIP+4**

Phone **Ext** **FAX** **E-mail Address**

NAICS Codes (Two- & Three-Digit Codes – List All That Apply) **6-Digit Code (Optional)**

Site to Client Relationship

IIIa. PROPERTY OWNER INFORMATION

☐ **Same as Tank Owner Identified in Section II.** ☐ **Different than Tank Owner Identified in Section II; identified below.**

Organization Name or Registered Fictitious Name **Employer ID# (EIN)** **Dun & Bradstreet ID#**

Individual Last Name **First Name** **MI** **Suffix** **SSN**

Additional Individual Last Name **First Name** **MI** **Suffix** **SSN**

Mailing Address Line 1 **Mailing Address Line 2**

Address Last Line – City **State** **ZIP+4** **Country**

Property Owner Contact Last Name **First Name** **MI** **Suffix**

Property Owner Contact Title **Phone** **Ext**

E-mail Address **FAX**

IV. FACILITY INFORMATION

DEP Storage Tank Facility ID# | **Facility Name** | **Facility Kind**

Facility Location Line 1 (if different than Site Location) | **Facility Location Line 2**

Facility Location Last Line - City | **State** | **ZIP+4**

Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	**Minutes**	**Seconds**	**Degrees**	**Minutes**	**Seconds**

Horizontal Accuracy Measure Feet *--or--* Meters

Horizontal Reference Datum Code
- ☐ North American Datum of 1927
- ☐ North American Datum of 1983
- ☐ World Geodetic System of 1984

Horizontal Collection Method Code

Reference Point Code

Altitude Feet *--or--* Meters

Altitude Datum Name
- ☐ The National Geodetic Vertical Datum of 1929
- ☐ The North American Vertical Datum of 1988 (NAVD88)

Altitude (Vertical) Location Datum Collection Method Code

Geometric Type Code

Data Collection Date

Source Map Scale Number Inch(es) = Feet

--or-- Centimeter(s) = Meters

Flammable & Combustible Liquid Permit # (if applicable)

State or Municipality that Issued the Permit

FACILITY OPERATOR INFORMATION

☐ **Same as Owner Identified in Section II.** ☐ **Different than Owner Identified in Section II; identified below.**

DEP Client ID# | **Client Type / Code**

Organization Name or Registered Fictitious Name | **Employer ID# (EIN)** | **Dun & Bradstreet ID#**

Individual Last Name | **First Name** | **MI** | **Suffix** | **SSN**

Additional Individual Last Name | **First Name** | **MI** | **Suffix** | **SSN**

Mailing Address Line 1 | **Mailing Address Line 2**

Address Last Line – City | **State** | **ZIP+4** | **Country**

Client Contact Last Name | **First Name** | **MI** | **Suffix**

Client Contact Title | **Phone** | **Ext**

E-mail Address | **FAX**

V. CHANGE OF OWNERSHIP INFORMATION

☐ **All Tanks Changed Ownership at the Facility**

☐ **Some Tanks Changed Ownership at the Facility** (List all applicable tank numbers in Section VI.)

OWNERSHIP CHANGE TO - Client information is noted in Section II.

OWNERSHIP CHANGE FROM (previous owner information)

Name			
Employer ID# (EIN) or SSN			
Mailing Address Line 1			
Mailing Address Line 2			
Address Last Line - City		**State**	**ZIP+4**
Previous Facility ID#			

DATE OF SALE/TRANSFER	

SIGNATURE & CERTIFICATION OF PREVIOUS OWNER

Previous owner's signature is not available. As required, the "new" owner has attached a deed of transfer or other proof of ownership to this application. ☐ **Yes** ☐ **No** ☐ **N/A**

I have reviewed this form for submission to the Department. I certify under penalty of law as provided in 18 PA. C.S.A. §4903 (relating to false swearing) and 18 PA. C.S.A. §4904 (relating to unsworn falsification to authorities), that I have the authority to sign this Section for the transfer of permit or registration for the storage tanks listed herein. Further, I certify that all information provided in Section V is true, accurate and complete to the best of my knowledge and belief.

Type or Print Previous Owner Name

Previous Owner Signature	**Title**	**Date**

Facility ID# Facility Name

VI. STORAGE DESCRIPTION

Type or print legibly each regulated storage tank at this facility under your ownership.
Status Codes: C-Currently in Use T-Temporarily Out of Use E-Exempt R-Removed P-Closed In Place
Type Codes: M-Manufactured F-Field Constructed

A. ABOVEGROUND TANKS. List all new tanks. If amending information, list only those tanks being amended. Copy this page if more lines are needed.

Tank#	Prev Status	New Status	Type	Install Date (Mo/Day/Yr)	Change of Status Date (Mo/Day/Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum Based Mixture)	CAS# (If Hazardous Substance)	Exempt Reference Code
A										
A										
A										
A										
A										
A										
A										
A										
A										
A										

B. UNDERGROUND TANKS. List all new tanks. If amending information, list only those tanks being amended. Copy this page if more lines are needed.

Tank#	Prev Status	New Status	Type	Install Date (Mo/Day/Yr)	Change of Status Date (Mo/Day/Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum Based Mixture)	CAS# (If Hazardous Substance)	Exempt Reference Code

Facility ID# Facility Name

VII. ABOVEGROUND & UNDERGROUND NEW TANK INSTALLATION INFORMATION

The DEP Certified Installer should complete this section. New tanks listed in Section VI must also be listed in this Section. Write the Tank Number(s) and place an ☒ in the appropriate box for each component that was installed.

Tank Construction & Corrosion Protection (1)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
Tank Manufacturer:						
Model:						
A. Unprotected Steel (Single Wall)	☐	☐	☐	☐	☐	☐
B. Cathodically Protected Steel (Galvanic)	☐	☐	☐	☐	☐	☐
C. Cathodically Protected Steel (Impressed Current)	☐	☐	☐	☐	☐	☐
D. Unprotected Steel (Double Wall)	☐	☐	☐	☐	☐	☐
E. Fiberglass (Single Wall)	☐	☐	☐	☐	☐	☐
F. Fiberglass (Double Wall)	☐	☐	☐	☐	☐	☐
G. Steel w/Plastic or Fiberglass Jacket or Double Wall Act 100	☐	☐	☐	☐	☐	☐
H. Steel With FRP Coating (Act 100 or Equivalent)	☐	☐	☐	☐	☐	☐
I. Steel with Lined Interior	☐	☐	☐	☐	☐	☐
J. Concrete	☐	☐	☐	☐	☐	☐
O. Cathodically Protected Double Wall Steel (Galvanic)	☐	☐	☐	☐	☐	☐
P. Cathodically Protected Steel with Liner	☐	☐	☐	☐	☐	☐
Q. Double Bottom (ASTs Only)	☐	☐	☐	☐	☐	☐
R. Molded Plastic Form (ASTs Only)	☐	☐	☐	☐	☐	☐
S. Stainless Steel	☐	☐	☐	☐	☐	☐
T. Aluminum	☐	☐	☐	☐	☐	☐
U. Fire Protected Double Wall AST	☐	☐	☐	☐	☐	☐
V. Steel with Plastic or Fiberglass Jacket or Double Wall Act 100 with Anodes	☐	☐	☐	☐	☐	☐
W. Steel with FRP Coating (Act 100 or Equivalent) with Anodes	☐	☐	☐	☐	☐	☐
X. Molded Plastic Form (Double Wall) (AST's Only)	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

Underground Piping Construction & Corrosion Protection – Single/Inner Wall (28)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Primary (Inner) Piping Manufacturer:						
Model:						
A. Bare Steel	☐	☐	☐	☐	☐	☐
B. Cathodically Protected Metallic	☐	☐	☐	☐	☐	☐
C. Copper	☐	☐	☐	☐	☐	☐
D. Fiberglass	☐	☐	☐	☐	☐	☐
E. Flexible (Non-Metallic)	☐	☐	☐	☐	☐	☐
G. No Dispensing Piping	☐	☐	☐	☐	☐	☐
99. Other: _____	☐	☐	☐	☐	☐	☐

Underground Piping Construction & Corrosion Protection – Outer Wall (29)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Secondary (Outer) Piping Manufacturer:						
Model:						
A. Bare Steel	☐	☐	☐	☐	☐	☐
B. Cathodically Protected Metallic	☐	☐	☐	☐	☐	☐
D. Fiberglass	☐	☐	☐	☐	☐	☐
E. Flexible (Non-Metallic)	☐	☐	☐	☐	☐	☐
G. No Dispensing Piping	☐	☐	☐	☐	☐	☐
L. Poly-encased Stainless Steel	☐	☐	☐	☐	☐	☐
99. Other: _____	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

Aboveground Piping Construction & Corrosion Protection (3)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
A. Carbon Steel	☐	☐	☐	☐	☐	☐
B. Cathodically Protected Metallic	☐	☐	☐	☐	☐	☐
C. Copper	☐	☐	☐	☐	☐	☐
D. Single Wall Fiberglass	☐	☐	☐	☐	☐	☐
E. Single Wall Flexible (Non-Metallic)	☐	☐	☐	☐	☐	☐
F. PVC	☐	☐	☐	☐	☐	☐
G. None	☐	☐	☐	☐	☐	☐
I. Double Wall - Metallic Primary	☐	☐	☐	☐	☐	☐
J. Double Wall - Rigid (FRP) Primary	☐	☐	☐	☐	☐	☐
K. Double Wall - Flexible Primary	☐	☐	☐	☐	☐	☐
L. Stainless Steel	☐	☐	☐	☐	☐	☐
99. Other: _____	☐	☐	☐	☐	☐	☐

Product Delivery System (4)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
A. Suction: Check valve at pump	☐	☐	☐	☐	☐	☐
B. Suction: Check valve at tank	☐	☐	☐	☐	☐	☐
C. Pressure	☐	☐	☐	☐	☐	☐
D. Gravity fed	☐	☐	☐	☐	☐	☐
E. None	☐	☐	☐	☐	☐	☐

Spill Prevention (6)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
S. Permanently installed and liquid tight (single-walled)	☐	☐	☐	☐	☐	☐
D. Permanently installed and liquid tight (double-walled)	☐	☐	☐	☐	☐	☐
N. None (AST only)	☐	☐	☐	☐	☐	☐
E. Fill in less than 25 gallons (exempt)	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

Overfill Prevention (7)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
A. Overfill alarm	☐	☐	☐	☐	☐	☐
E. Fill in less than 25 gallons (exempt)	☐	☐	☐	☐	☐	☐
N. None (AST only)	☐	☐	☐	☐	☐	☐
S. Drop tube shutoff device	☐	☐	☐	☐	☐	☐
Y. Yes (AST only) Type: _____	☐	☐	☐	☐	☐	☐

Emergency Containment (16) ASTs only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. No - Explain: _____	☐	☐	☐	☐	☐	☐
Y. Yes (includes double-walled tanks with required appurtenances)	☐	☐	☐	☐	☐	☐
V. Underground vault	☐	☐	☐	☐	☐	☐

Secondary Containment (17) Single Wall ASTs only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. No - Explain: _____	☐	☐	☐	☐	☐	☐
Y. Yes	☐	☐	☐	☐	☐	☐
V. Underground vault	☐	☐	☐	☐	☐	☐

Stage I Vapor Recovery (19) USTs and ASTs when applicable	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
A. Coaxial	☐	☐	☐	☐	☐	☐
B. 2 Point	☐	☐	☐	☐	☐	☐
N. None or incomplete	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

Tank-top Containment Sumps Present (Product Piping Only) (21) USTs only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. None – Explain: _____	☐	☐	☐	☐	☐	☐
S. At some penetrations and liquid tight – Explain: _____	☐	☐	☐	☐	☐	☐
A. At all penetrations and liquid tight	☐	☐	☐	☐	☐	☐

Under-dispenser Containment Present (22) USTs only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. None – Explain: _____	☐	☐	☐	☐	☐	☐
S. At some dispensers and liquid tight – Explain: _____	☐	☐	☐	☐	☐	☐
A. Under all dispensers and liquid tight	☐	☐	☐	☐	☐	☐

Line Leak Detector Shuts Off Pump (23) USTs only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. No	☐	☐	☐	☐	☐	☐
Y. Yes	☐	☐	☐	☐	☐	☐

Tank Supplies Emergency Generator (25)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. No	☐	☐	☐	☐	☐	☐
Y. Yes	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

VIII. ABOVEGROUND & UNDERGROUND TANK INFORMATION FOR PERMANENT CLOSURE

Write the Tank Number(s) and place an ☒ in the appropriate box for each tank that was removed or closed in place.

Items 2 & 3 below apply to large ASTs and all USTs	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
1. Contamination suspected or observed and notification of contamination form was submitted to the appropriate DEP regional office.	☐	☐	☐	☐	☐	☐
2. Closure document submitted to the appropriate DEP regional office.	☐	☐	☐	☐	☐	☐
3. Closure document kept on file by owner.	☐	☐	☐	☐	☐	☐

IX. OWNER CERTIFICATION

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 on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. This registration is conditioned upon compliance with provisions of the Storage Tank and Spill Prevention Act of 1989, all applicable regulations, and with the requirements for obtaining and maintaining a permit required under this Act. I certify my responsibility for assuring the following permit requirements:

- Storage tank systems are in compliance with applicable administrative, technical and operational requirements as specified in Subchapter E for underground tanks or Subchapter F or G for aboveground tanks.
- Tank handling and inspection activities are performed by an individual possessing DEP certification in the appropriate category as required in Subchapters A and B.
- Underground storage tanks meet the applicable financial responsibility requirements of Subchapter H (relating to financial responsibility requirements).
- A Spill Prevention Response (SPR) Plan must be submitted to the appropriate DEP regional office for facilities that have aboveground storage tanks where the total capacity of all aboveground tanks is greater than 21,000 gallons.
- Other state and local permits required for operation of the tank system have been attained.

My signature represents to the Department that I own the storage tank(s) and am aware of the responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I am also advised that statements made on this registration is made subject to the penalties of 18 PA. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Type or Print Owner Name

Owner Signature	**Title**	**Date**

Information & Invoices should be sent to:

☐ **Tank Owner Contact**
☐ **Site Contact**
☐ **Facility Operator**
☐ **Other Responsible Party Identified Below**

Organization Name or Registered Fictitious Name			**Employer ID# (EIN)**	**Dun & Bradstreet ID#**
Individual Last Name	**First Name**	**MI**	**Suffix**	**SSN**
Additional Individual Last Name	**First Name**	**MI**	**Suffix**	**SSN**
Mailing Address Line 1	**Mailing Address Line 2**			
Address Last Line – City		**State**	**ZIP+4**	**Country**
Contact Title			**Phone**	**Ext.**
E-mail Address				
Client to Site (Facility) Relationship				

X. INSTALLER / REMOVER CERTIFICATION

This section must be completed by the certified tank handler(s) who is responsible for the installation or removal from service of the aboveground and underground storage tank systems listed in Section VI. Tank modification activity must be submitted on a "Tank Modification Report" form.

SIGNATURE & CERTIFICATION OF INSTALLER(S) / REMOVER(S)

As the certified tank handler responsible for the tank handling activities in the category or categories listed, I certify that all tank handling activities were conducted in compliance with the design, installation and operation standards of the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I also certify, under penalty of law as provided in 18 PA C.S.A. 4904 (relating to unsworn falsification to authorities), that the information provided therein is true, accurate and complete to the best of my knowledge and belief.

Tank#	Installer/Remover Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Installer/Remover Signature	Date

XI. INSPECTOR CERTIFICATION

This section must be completed by the DEP Certified Tank Inspector(s) who is responsible for verifying the installation standards for field constructed tanks and aboveground tanks greater than 21,000 gallons listed in Section VI. (Type or Print legibly) A DEP Certified Inspector may also be responsible for inspecting existing ASTs which are entering regulated service for the first time with no tank handling activities.

SIGNATURE & CERTIFICATION OF INSPECTOR(S)

As the certified tank inspector responsible for verifying tank handling activities and construction standards, I certify that the tank(s) listed below are constructed to appropriate industry standards and, if applicable, to manufacturer's specifications; that the tank(s) have been tested as required by industry standards; and that the tank(s) meet or exceed applicable design and operating standards; and are in compliance with the requirements of the Storage Tank and Spill Prevention Act of 1989, and all applicable regulations. I also certify under penalty of law as provided in 18 PA C.S.A. 4904 (relating to unsworn falsification to authorities), that the information provided herein is true, accurate and complete to the best of my knowledge and belief.

Tank#	Inspector Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Inspector Signature	Date

XII. SITE SPECIFIC INSTALLATION PERMIT NUMBER

If a site-specific permit was required for a new tank installation, write the tank number(s) and permit number(s) in the appropriate box.

Site-Specific Installation Permit	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#