MISSOURI DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE PROGRAM UNDERGROUND PETROLEUM STORAGE TANK REGISTRATION					FACILITY ID NUMBER			
Return completed form to:					AGENCY USE ONLY			
Missouri Department of Natural Resource Hazardous Waste Program – Budget & P					OWNER NUMBER			
Hazardous Waste Program – Budget & Planning Section P.O. Box 176 Jefferson City, Mo 65102					DATA ENTRY BY			
Note to owners/energiana	the form	DATE						
Note to owners/operators: An instruction page Use additional sheets for sites with more that								
TANK OWNER INFORMATION TANK OWNER NAME (CORPORATION, INDIVIDUAL, AGENCY, ETC)								
TAIN OWNER NAME (CORFORATION, INDIVIDUAL, AGENCT,	EIC)							
ADDRESS				TELEPHONE NUMBER	WITH AREA CODE			
CITY	STATE ZIP C	ODE	COUNTY	EMAIL ADDRESS				
TANK OWNER TYPE GOVERNMENT (CHECK ONE)								
Federal State Local	Marketer 🗌 Co	unty 🗌 P	rivate Owner	School 🗌 Hos	pital 🔲 City			
PROPERTY OWNER INFORMATION								
ADDRESS				TELEPHONE NUMBER WITH AREA CODE				
CITY	STATE ZIP CODE			EMAIL ADDRESS				
TANK OPERATOR INFORMATION								
TANK OPERATOR NAME								
ADDRESS				TELEPHONE NUMBER	WITH AREA CODE			
СІТҮ	STATE	ZIP CODE		EMAIL ADDRESS				
WHERE TO SEND REGISTRATION FEE INVOICES								
CHECK ONE								
Owner Facility FACILITY INFORMATION								
FACILITY NAME								
911 ADDRESS (CANNOT BE A P.O. BOX)								
СІТҮ	ZIP CODE			COUNTY				
FACILITY CONTACT								
FACILITY CONTACT PERSON								
JOB TITLE TELEPHONE NUMBER WITH ARE				VITH AREA CODE				
OTHER INFORMATION								
Is this facility currently registered as an underground storage tank facility? Yes No								
FACILITY NUMBER RELEASE NUMBER (I								
ST Are you amending the current registration?			κ.					
NUMBER OF UNDERGROUND STORAGE TANKS AT THIS FAC		0						

	FACILITY ID NUMBER ST				
TANK INFORMATION	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
1. STATUS OF TANK (CHECK ONE)					
Currently in use					
Out of use					
Permanently closed in place					
Removed					
2. TANK CAPACITY (REQUIRED – A COMPARTMENTALIZED TAI					
If the tank has compartments, fill in size and contents using the abbre BD = Biodiesel D = Diesel (Heating Oil is Exempt) E85 = Ethano RG = Regular AV = Aviation Gas JF – Jet Fuel K = Kerosene UO = Used Oil UP = Unspecified Petroleum	I E15 = Etl	hanol MG =	Midgrade	PR = Premiun her (Specify)	1
Tank size in gallons					
Compartment #1					
Compartment #2					
Compartment #3					
Compartment #4 3. SUBSTANCE CURRENTLY OR LAST STORED	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
	NU. 1	NO. Z	NO. 3	NO. 4	NO. 5
Midgrade					
Premium					
Ethanol/E15					
Ethanol/E85					
Diesel (Heating oil is exempt)					
Biodiesel					
Unspecified Petroleum					
New Oil					
Used Oil					
Aviation Gas					
Jet Fuel					
Kerosene					
Unknown/Other (Specify)					
B. HAZARDOUS SUBSTANCES					
Name of hazardous substance					
CERCLA name and/or CAS number					
Mixture of hazardous substances					
Unknown/Other (Specify)					
4. PERMANENTLY CLOSED TANKS (COMPLETE ONLY IF TANKS CONCRETE, ETC.)	6 HAVE BEE	N REMOVED	OR FILLED	WITH SAND,	GRAVEL,
Date tank pumped out					
Date of closure notification					
Date of permanent closure					
5. DATE OF INSTALLATION (MM/DD/YY) (REQUIRED)					
Tank					
Piping					
6. TANK CONSTRUCTION MATERIAL (REQUIRED) Double-Walled (Y/N)	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO
Steel (includes bare, galvanized and asphalt coated steel tanks)					
Fiberglass Reinforced Plastic or FRP					
Clad Steel MO 780-1782 (07-13) PLEASE COMPLETE AND S					PAGE

			FACILITY ID NUMBER		
TANK INFORMATION CONTINUED	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
7. TANK INTERNAL PROTECTION IF STEEL TANK YES	NO				-
Date of lining installation					
8. TANK EXTERNAL PROTECTION IF STEEL TANK	NO				
Sacrificial					
Impressed					
9. METHODS OF TANK RELEASE DETECTION (REQUIRED IF CO	NTAINS PRO	DDUCT)		1	
Inventory Control/TTT (Cannot be used on tanks over 10 years old)					
Automatic Tank Gauging					
Groundwater Monitoring					
Vapor Monitoring					
Interstitial Monitoring (Requires double wall tank)					
Statistical Inventory Reconciliation, or SIR					
Manual Tank Gauging					
Chemical Marker					
CITLDS					
Date Installed					
Manufacturer/Model		•	4	•	
10. SPILL PROTECTION (REQUIRED)	014/	SW	C)W	SW	SW
Spill bucket at fill pipe - Single Wall (SW) or Double Wall (DW)	SW DW	DW	SW DW	DW	SW DW
11. TYPE OF OVERFILL PROTECTION (REQUIRED)	T			T	I
Automatic Shutoff					
Ball Float Valve					
Alarm					
None required (fills of less than 25 gallons) MO 780-1782 (07-13) PLEASE COMPLETE AND SI	GN FORM ON PAG) E 5			PAGE 3

		IBER			
PIPING INFORMATION		NO. 2	NO. 3	NO. 4	NO. 5
12. PIPE CONSTRUCTION MATERIAL		Į	Į		
Double-Walled (Y/N)	YES	YES	YES	YES	YES
Steel	NO	NO	NO	NO	NO
Steel Copper					
Fiberglass Reinforced Plastic or FRP					
Flexible Plastic Piping					
Environ					
Environ Flex					
Combination					
APT Flex					
TC-Blue Flex					
Other – Meets Upgrade					
None					
13. PIPING PROTECTION					-
Date Installed					
Impressed					
Sacrificial					
Above Ground					
Other – Meets Upgrade					
14. PIPING SYSTEM					
Pressurized					
Gravity Feed					
Safe Suction					
Unsafe Suction					
Manifold					
15. PIPE RELEASE DETECTION (PRESSURIZED SYSTEMS ONL)	-				
Automatic line leak detection – Check Mechanical (M) or Electronic (E). Also pick one of the below:	□ M □ E	□ M □ E	□ M □ E	□ M □ E	Σш □□
Groundwater Monitoring					
Vapor Monitoring					
Interstitial Monitoring					
Tightness Test or LTT					
Statistical Inventory Reconciliation or SIR					
CITLDS					
Monthly ELLD Testing					
Chemical Marker					
Manufacturer/Model					
MO 780-1782 (07-13) PLEASE COMPLETE AND SI	GN FORM ON PA	GE 5			PAGE

			FACILITY ID NUMBER				
			51				
	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5		
16. FINANCIAL RESPONSIBILITY METHOD USED TO SATISFY 10 CSR 26-3 (ATTACH A COPY)							
A. Petroleum Storage Tank Insurance Fund.							
B. Financial Test of Self Insurance, 10 CSR 26-3.095.							
C. Insurance or risk retention group, 10 CSR 26-3.097.							
D. Local government mechanisms, 10 CSR 26-3.112 -115.							
E. Other method (Specify).							
F. Exempt – State/federally owned tanks.							
G. Exempt – Tanks out of use before:							
1. 2/18/1994 – For local government owners.							
2. 8/30/1991 – For owners of 100 or more underground tanks or \$20 million net tangible worth.							
3. 12/31/1993 – For owners not included in #1 or #2 above.							
ADDITIONAL INFORMATION					_1		
OWNER CERTIFICATION							
I certify that I have examined the information reported on this form. I	believe this		rue, accurate	and complete			
TANK OWNER NAME (PLEASE PRINT)		TITLE					
OWNER SIGNATURE		DATE					
CERTIFICATION BY PARTY OTHER THAN TANK OWNER							
I certify that I am not an owner of these tanks as defined by RSMo 319.100. However to facilitate the registration of these tanks, I am submitting this information which I believe to be true, accurate and complete to the best of my knowledge.							
NAME (PLEASE PRINT)		TITLE					
SIGNATURE		DATE					

INSTRUCTIONS

Underground storage tanks that must be registered:

- All active underground storage tanks used to store petroleum products.
- All abandoned or inactive underground storage tanks used for storage of petroleum products.
- All active or inactive tanks that are used to store CERCLA listed hazardous substances.

Note: an underground storage tank with compartments is considered one tank.

Tank Owner Information

List the tank owner's name, valid mailing address, county, telephone number and email address. The registration form is invalid if it is signed by anyone other than the listed tank owner or the owners' authorized representative.

Owner Type

If the owner of the tank is a government entity, check the applicable box. All others should check a box that is non-government.

Property Owner Information

List the property owner's name, valid mailing address, telephone number and email address.

Operator Information

List the operator's name, valid mailing address, telephone number and email address.

Registration Fee Invoices

Indicate where the registration fee invoice is to be mailed.

Facility Information

The facility name should identify the business name and 911 street address if known (cannot be a P.O. Box). Include county name.

Facility Contact Person

Indicate the name, title and telephone number of the person capable of providing information as necessary.

Other Information

If this facility has previously registered underground storage tanks with the department and you are adding new underground tanks or amending the current information, list your facility ID number (if known) to avoid duplicating our records.

Tank Information

1. Status of Tank: Indicate the status of each tank. Tanks that have been abandoned or emptied and are not yet closed, in accordance with 10 CSR 26-2, are considered out of use.

- 2. Tank Capacity and Substance: List the maximum capacity and substance of each tank in total gallons using the abbreviations provided. Include any compartments (size and substance) if appropriate.
- 3. Substance Currently or Last Stored: Check the applicable substance for each tank or compartment. A complete list of the CERCLA-listed hazardous substances can be found in 40 CFR 302.4. Heating oil tanks are exempt.
- 4. **Permanently Closed Tanks**: Insert the date the tank was pumped out. If you are unsure if closure is permanent, provide a description in the "Additional Information" section on page five.
- 5. Date of Installation for Tanks and Piping: Insert the dates of installation. If exact dates are unknown, provide an approximate date of installation for both tank and piping (e.g., MM/YY).
- 6. Tank Construction Material: Check yes or no if the tank is double-walled. Check the appropriate box for each tank.
- 7. Tank Internal Protection: Complete if tank is steel. Insert the date of lining installation.
- 8. Tank External Protection: Complete if tank is steel. Check if sacrificial or impressed.

INSTRUCTIONS – CONTINUED

9. Methods of Tank Release Detection: Check the method of tank release detection. Insert the date the tank was installed and the manufacturer/model.

Note: Inventory control/tightness test can only be used for 10 years after tanks are installed.

- 10. Spill Protection: Indicate if the tank is single wall or double wall.
- 11. Type of Overfill Protection: Check the appropriate overfill protection.

Piping Information

- 12. **Pipe Construction Material**: Check yes or no if the tank is double-walled. Check the construction material of the pipe. If 'Other-Meets Upgrade' is chosen, specify what the material is.
- 13. **Piping Protection**: Add the date of installation for the piping for each tank. Check the appropriate piping protection type. If 'Other-Meets Upgrade' is chosen, specify what type of protection it is.
- 14. Piping System Type: Check the appropriate piping system type for each tank.
- 15. **Pipe Release Detection**: Check the appropriate box for line leak detection M for Mechanical or E for Electronic. Check the method of pipe release detection for each tank. Insert the manufacturer/model information.

Financial Responsibility

Check the appropriate box for the financial responsibility mechanism in place for each tank. Please attach a copy.

Additional Information

Use this space to provide any additional information regarding your tanks.

Required:

Complete either **Owner Certification** or **Certification by Party Other Than Tank Owner**. The owner's signature is preferred. If not signed by the owner, please provide justification for certification by party other than the tank owner.

For additional information or assistance, contact the Hazardous Waste Program at 573-751-3094.

MO 780-1782 (07-13)