### STATE OF ARKANSAS
NOTIFICATION FOR ABOVEGROUND STORAGE TANKS

**FOR TANKS IN AR**

Return completed form to:
Arkansas Department of Environmental Quality
Regulated Storage Tanks Division
5301 Northshore Drive
North Little Rock, AR 72118-5317

Phone: (501) 682-0999

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### GENERAL INFORMATION

If you store motor fuels or other refined petroleum products in an aboveground storage tank which is between 1,320 (one thousand three hundred and twenty) gallons and 40,000 (forty thousand) gallons in size, you shall complete this form to allow potential eligibility for reimbursement under ACA 8-7-901 et seq. This definition does not include mobile storage tanks used to transport petroleum from one location to another, those used in the production of petroleum or natural gas, or aboveground farm tanks whose contents are used for agricultural purposes and not held for resale.

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### INSTRUCTIONS

Please type or print in ink all items except “signature” in Section V. This form shall be completed for each location containing ABOVEGROUND storage tanks to allow potential eligibility for reimbursement under ACA 8-7-901 et seq. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached:

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### I. OWNERSHIP OF TANK(S)

**Owner Name (Corporation, Individual, Public Agency, or Other Entity)**

**Street Address**

**County**

**City**

**State ZIP Code**

**Area Code Phone Number**

**Type of Owner** *(Mark all that apply)*

- ☐ State or Local Gov't
- ☐ Private or Corporate
- ☐ Federal Gov't

*(GSA Facility ID No.)*

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### II. LOCATION OF TANK(S)

*(If same as Section I., mark box here)*

**Facility Name or Company Site Identifier, as applicable**

**Street Address or State Road, as applicable**

**County**

**City (nearest)**

**State**

**ZIP Code**

**Indicate number of tanks at this location.**

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### III. CONTACT PERSON AT TANK LOCATION

**Name (If same as Section I., mark box here)**

**Job Title**

**Area Code Phone Number**

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### V. CERTIFICATION *(Read and sign after completing Section VI.)*

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.

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

**Signature**

**Date Signed**
### VI. DESCRIPTION OF ABOVEGROUND STORAGE TANKS

*(Complete for each tank at this location.)*

<table>
<thead>
<tr>
<th>Tank Identification Number</th>
<th>(E.g., 1, 2, 3)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tank No.</th>
<th>Tank No.</th>
<th>Tank No.</th>
<th>Tank No.</th>
<th>Tank No.</th>
</tr>
</thead>
</table>

1. **Status of Tank** *(Mark all that apply)*
   - Currently In Use
   - Temporarily Out of Use
   - Permanently Out of Use

2. **Date of Installation** *(mo/day/yr) (Estimate if unknown)*

3. **Estimated Total Capacity** *(gallons)*

4. **Material of Construction** *(Mark one)*
   - Steel
   - Concrete
   - Fiberglass Reinforced Plastic
   - Unknown
   - Other *(please specify)*

5. **Internal Protection** *(Mark all that apply)*
   - Cathodic Protection
   - Interior Lining *(e.g., epoxy resins)*
   - None
   - Unknown
   - Other *(please specify)*

6. **External Protection** *(Mark all that apply)*
   - Cathodic Protection
   - Painted *(e.g., asphaltic)*
   - Fiberglass Reinforced Plastic Coated
   - None
   - Unknown
   - Other *(please specify)*

7. **Piping** *(Mark all that apply)*
   - Bare Steel
   - Galvanized Steel
   - Fiberglass Reinforced Plastic
   - Cathodically Protected
   - Unknown
   - Other *(please specify)*

8. **Substance Currently or Last Stored in Greatest Quantity by Volume**
   - A. Empty
   - B. Petroleum
     - Diesel
     - Kerosene
     - Gasoline *(including alcohol blends)*
     - Used Oil
     - Other *(please specify)*
   - C. Hazardous Substance
     - Name of Principal CERCLA Substance / Chemical Abstract Service *(CAS)* No.
     - Tank stores a mixture of substances
   - D. Unknown

9. **Additional Information** *(for tanks permanently taken out of service)*
   - Estimated date last used *(mo/yr)*
   - Estimated quantity of substance remaining *(gallons)*

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AST Form - 04/11