



REPORTING OF ABOVEGROUND STORAGE TANKS

State Form 55906 (R2 / 10-15)

RETURN COMPLETED FORM TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF LAND QUALITY
 REGULATORY REPORTING SECTION
 100 N. Senate Avenue
 Indianapolis, IN 46204-2251
 Telephone: (317) 233-0066
 FAX: (317) 234-0428
 Website: <http://in.gov/idem/cleanwater/2368.htm>

Submittal Date (month, day, year): _____

This report form is designed to satisfy the reporting requirement of IC 13-18-5.5 for an owner or operator of an aboveground storage tank (AST) located in a critical zone of concern, not exempted under 13-18-5.5-11.

As part of the process of completing the form :

1. Go to <http://www.in.gov/idem/cleanwater/pages/ast/>, AST viewer, an interactive map, to confirm your AST is located in a critical zone. *Note the AST Viewer also provides the latitude and longitude location for each AST identified, which can be used to complete the Location Coordinates section of part E below.*
2. Complete all the required information requested in the fillable electronic form. *Note an Excel spreadsheet can be attached in place of completing part E of this form, if the spreadsheet includes all the required information requested. The spreadsheet will need to be attached to the e-mail generated once the submit button is hit in step 4.*
3. It is recommended that you save a copy to your computer or print a copy for your records **before** using the "Submit Button" .
4. Once you hit the submit button, the form will be attached to an e-mail addressed directly to IDEM's Regulatory Reporting Section.

If you prefer to fax or mail this form to IDEM, please send to the address in the upper right hand corner of this form. In case of questions, call 317-233-0066 or (in Indiana) 800-451-6027, and ask for extension 3-0066.

The owner or operator of an AST located in a critical zone of concern must submit a completed reporting form to the department before January 1, 2016. Please note an owner or operator is not required to report to the department concerning the AST if the existence of the AST has been reported to the department or another agency of the state in accordance with a state law or administrative rule.

A TYPE OF NOTIFICATION

Check all that apply:

INITIAL REPORT

REPORT OF CHANGE

CHANGE IN CAPACITY

CHANGE IN CONTACT INFORMATION

CHANGE OF LOCATION

CHANGE OF MATERIALS STORED

OTHER

B TANK LOCATION C TANK OWNER

COMPANY NAME				OWNER NAME			
COMPANY ADDRESS (number and street)				TANK OWNER ADDRESS (number and street)			
CITY		STATE		CITY		STATE	
ZIP CODE		TELEPHONE NUMBER		ZIP CODE		TELEPHONE NUMBER	
COUNTY		NUMBER OF ASTs AT THIS LOCATION		E-MAIL ADDRESS			

D EMERGENCY CONTACT

NAME OF CONTACT PERSON			
JOB TITLE		TELEPHONE NUMBER (24-HOUR)	E-MAIL ADDRESS
ADDRESS (number and street)			
CITY		STATE	ZIP CODE
			COUNTY

E		DESCRIPTION OF ABOVEGROUND STORAGE TANKS	
Complete the information for each AST. Please provide either the material/product name or the chemical name for all materials currently stored in the AST.			
Tank Name / Number:			
Tank Age (optional):		Maximum Tank Capacity (gallons):	
Material/Product Name		Chemical Name	CAS Number (optional)
Location Coordinates (Decimal Degrees):			
Latitude			
Longitude			

Tank Name / Number:			
Tank Age (optional):		Maximum Tank Capacity (gallons):	
Material/Product Name		Chemical Name	CAS Number (optional)
Location Coordinates (Decimal Degrees):			
Latitude			
Longitude			

Tank Name / Number:			
Tank Age (optional):		Maximum Tank Capacity (gallons):	
Material/Product Name		Chemical Name	CAS Number (optional)
Location Coordinates (Decimal Degrees):			
Latitude			
Longitude			

Tank Name / Number:		
Tank Age <i>(optional)</i> :	Maximum Tank Capacity <i>(gallons)</i> :	
Material/Product Name	Chemical Name	CAS Number <i>(optional)</i>
Location Coordinates <i>(Decimal Degrees)</i> :		
Latitude		
Longitude		

Tank Name / Number:		
Tank Age <i>(optional)</i> :	Maximum Tank Capacity <i>(gallons)</i> :	
Material/Product Name	Chemical Name	CAS Number <i>(optional)</i>
Location Coordinates <i>(Decimal Degrees)</i> :		
Latitude		
Longitude		

Tank Name / Number:		
Tank Age <i>(optional)</i> :	Maximum Tank Capacity <i>(gallons)</i> :	
Material/Product Name	Chemical Name	CAS Number <i>(optional)</i>
Location Coordinates <i>(Decimal Degrees)</i> :		
Latitude		
Longitude		

If you need to report more ASTs located in the critical zone of concern, please complete additional reporting forms as necessary.