



INITIAL REGISTRATION FOR ABOVEGROUND STORAGE TANK SYSTEMS

State Form 57298 (7-23)
Indiana Department of Environmental Management
Petroleum Branch

RETURN COMPLETED FORMS TO:
Indiana Department of Environmental Management
AST@idem.in.gov

Registration of aboveground storage tanks (ASTs) is required for purposes of eligibility related to the Excess Liability Trust Fund and for purposes of billing related to the annual registration fee required by IC 13-23-12-1. Facilities that have previously registered underground storage tanks and have been assigned a Facility ID Number should utilize the Notification for Aboveground Storage Tanks Form and use the previously assigned Facility ID Number to add ASTs to the facility record.

A FACILITY NAME / LOCATION

FACILITY NAME		LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)	
FACILITY ADDRESS (number and street)			PARCEL NUMBER		
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	

B TYPE OF FACILITY (Check all that apply)

<input type="checkbox"/> Bulk Plant Facility	<input type="checkbox"/> PSA Facility	<input type="checkbox"/> Primary Airport	<input type="checkbox"/> Nonprimary Airport
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C PREPARED BY

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	JOB TITLE	E-MAIL ADDRESS		

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete.

SIGNATURE	DATE (MM/DD/YYYY)
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D AST OWNER

TYPE OF OWNER

<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input type="checkbox"/> City / Local Government
<input type="checkbox"/> Commercial	<input type="checkbox"/> Private	<input type="checkbox"/> Other:

Option 1: AST OWNER NAME (Business Name as registered with the Secretary of State) BUSINESS ID (From the Secretary of State)

Option 2: AST OWNER NAME (If a Public Agency or other entity)

Option 3: AST OWNER NAME (If in Individual Capacity)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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AST OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)		
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)		
TELEPHONE NUMBER	EMAIL ADDRESS (Individual Only)		JOB TITLE (Individual Only)		

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2)

CITY	STATE	ZIP CODE	JOB TITLE		
TELEPHONE NUMBER	EMAIL ADDRESS				

FACILITY NAME				
E AST OPERATOR				
TYPE OF OPERATOR				
Federal Government		State Government		City / Local Government
Commercial		Private		Other:
Option 1: AST OPERATOR NAME (<i>Business Name as registered with the Secretary of State</i>)			BUSINESS ID (<i>From the Secretary of State</i>)	
Option 2: AST OPERATOR NAME (<i>If a Public Agency or other entity</i>)				
Option 3: AST OPERATOR NAME (<i>If in Individual Capacity</i>)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
AST OPERATOR ADDRESS (Listed in Options 1-3)				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (<i>Number and Street, no P.O. Box</i>)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	DATE BEGAN OPERATING (<i>MM/DD/YYYY</i>)
TELEPHONE NUMBER		EMAIL ADDRESS		JOB TITLE
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (<i>Number and Street, no P.O. Box</i>)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER		EMAIL ADDRESS		
F FACILITY CONTACT				
CONTACT INDIVIDUAL NAME				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (<i>Number and Street, no P.O. Box</i>)			ADDRESS (<i>line 2</i>)	
CITY		STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER		EMAIL ADDRESS		

FACILITY NAME									
G DEEDED PROPERTY OWNER									
TYPE OF OWNER									
Federal Government			State Government			City / Local Government			
Commercial			Private			Other:			
Option 1: PROPERTY OWNER NAME (<i>Business Name as registered with the Secretary of State</i>)						BUSINESS ID (<i>From the Secretary of State</i>)			
Option 2: PROPERTY OWNER NAME (<i>If a Public Agency or other entity</i>)									
Option 3: PROPERTY OWNER NAME (<i>If in Individual Capacity</i>)									
PREFIX	FIRST NAME				MI	LAST NAME			SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)									
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (<i>line 2</i>)			
CITY			STATE	ZIP CODE		EFFECTIVE DATE OF OWNERSHIP (<i>MM/DD/YYYY</i>)			
TELEPHONE NUMBER			EMAIL ADDRESS			JOB TITLE			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)									
PREFIX	FIRST NAME				MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (<i>line 2</i>)			
CITY			STATE	ZIP CODE		JOB TITLE			
TELEPHONE NUMBER			EMAIL ADDRESS						
H ACTIVE LAND CONTRACT PROPERTY OWNER (<i>If applicable</i>)									
TYPE OF OWNER									
Federal Government			State Government			City / Local Government			
Commercial			Private			Other:			
Option 1: PROPERTY OWNER NAME (<i>Business Name as registered with the Secretary of State</i>)						BUSINESS ID (<i>From the Secretary of State</i>)			
Option 2: PROPERTY OWNER NAME (<i>If a Public Agency or other entity</i>)									
Option 3: PROPERTY OWNER NAME (<i>If in Individual Capacity</i>)									
PREFIX	FIRST NAME				MI	LAST NAME			SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)									
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (<i>line 2</i>)			
CITY			STATE	ZIP CODE		EFFECTIVE DATE OF OWNERSHIP (<i>MM/DD/YYYY</i>)			
TELEPHONE NUMBER		JOB TITLE	EMAIL ADDRESS			PROPOSED END DATE (<i>MM/DD/YYYY</i>)			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)									
PREFIX	FIRST NAME				MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (<i>line 2</i>)			
CITY			STATE	ZIP CODE		JOB TITLE			
TELEPHONE NUMBER			EMAIL ADDRESS						

FACILITY NAME

I POTENTIALLY INTERESTED PARTIES

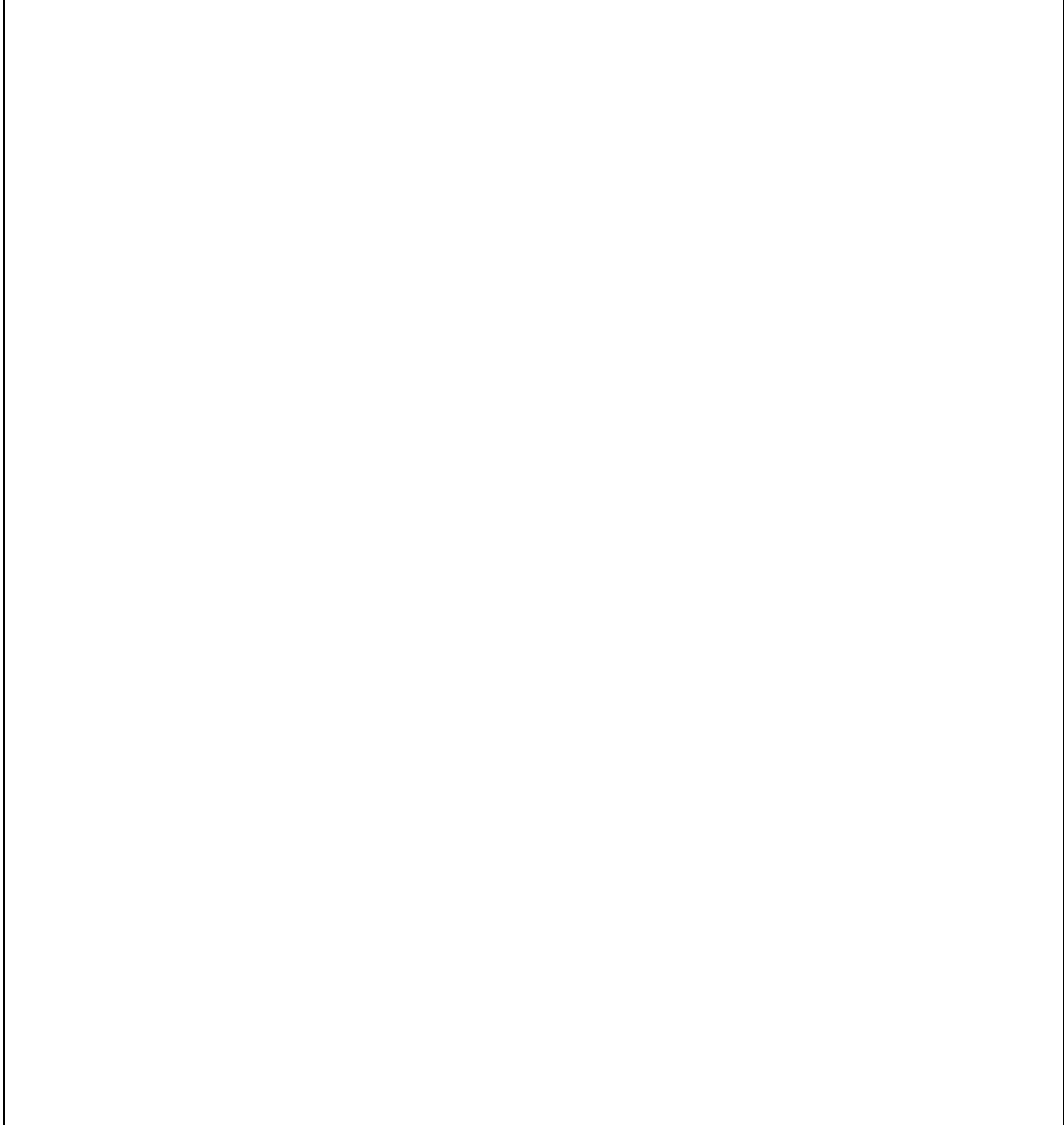
INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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J FACILITY SITE MAP

In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North direction.



FACILITY NAME				
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
K	IDENTIFICATION OF ABOVEGROUND STORAGE TANKS			
IDEM AST REGISTRATION NUMBER				
PART OF A COMPARTMENTED AST (Y/N)				
NUMBER OF COMPARTMENTS IN AST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				
L	STATUS OF ABOVEGROUND STORAGE TANKS			
CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				
M	SUBSTANCES CURRENTLY OR LAST STORED IN ABOVEGROUND STORAGE TANKS			
PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
N	ABOVEGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				
O	ABOVEGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
P	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY NAME				
IDEM AST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
Q	ABOVEGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY AST RELEASE DETECTION				
MANUFACTURER				
MODEL				
R	SPILL AND OVERFILL PREVENTION EQUIPMENT			
SPILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				

FACILITY NAME				
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
K	IDENTIFICATION OF ABOVEGROUND STORAGE TANKS			
IDEM AST REGISTRATION NUMBER				
PART OF A COMPARTMENTED AST (Y/N)				
NUMBER OF COMPARTMENTS IN AST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				
L	STATUS OF ABOVEGROUND STORAGE TANKS			
CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				
M	SUBSTANCES CURRENTLY OR LAST STORED IN ABOVEGROUND STORAGE TANKS			
PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
N	ABOVEGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				
O	ABOVEGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
P	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY NAME				
IDEM AST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
Q	ABOVEGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY AST RELEASE DETECTION				
MANUFACTURER				
MODEL				
R	SPILL AND OVERFILL PREVENTION EQUIPMENT			
SPILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				