



NOTIFICATION FOR ABOVEGROUND STORAGE TANK SYSTEMS

State Form 57335 (12-23)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 Petroleum Branch

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

Facility ID Number:

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.

A TYPE OF NOTIFICATION									
Facility Contact Change			New AST System(s)			AST Operator Change			
Type of Facility Change			AST Owner Change			Owner/Operator Information Change			
AST System Modification			Property Owner Change			Facility Name / Location Change			
B 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	
C TYPE OF FACILITY (Check all that apply)									
Bulk Plant Facility		PSA Facility		Primary Airport		Nonprimary Airport			
D PREPARED BY									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
ADDRESS				CITY		STATE		ZIP CODE	
TELEPHONE NUMBER			JOB TITLE			EMAIL ADDRESS			
<p>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.</p>									
SIGNATURE							DATE (MM/DD/YYYY)		
E AST OWNER									
TYPE OF OWNER									
Federal Government			State Government			City / Local Government			
Commercial			Private			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	
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	
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 ID #		FACILITY NAME					
F		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)					ADDRESS (<i>line 2</i>)		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL 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 RESIDENTAL 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					
G		FACILITY CONTACT					
CONTACT INDIVIDUAL NAME							
PREFIX	FIRST NAME			MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL 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 ID #		FACILITY NAME					
H							
DEEDED PROPERTY OWNER							
TYPE OF OWNER							
Federal Government		State Government			City / Local Government		
Commercial		Private			Other:		
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)					BUSINESS ID (From the Secretary of State)		
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)							
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)							
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 (line 2)		
CITY			STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)		
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 (line 2)		
CITY			STATE	ZIP CODE	JOB TITLE		
TELEPHONE NUMBER		EMAIL ADDRESS					
I							
ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)							
TYPE OF OWNER							
Federal Government		State Government			City / Local Government		
Commercial		Private			Other:		
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)					BUSINESS ID (From the Secretary of State)		
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)							
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)							
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 (line 2)		
CITY			STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)		
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS			PROPOSED END DATE (MM/DD/YYYY)		
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 (line 2)		
CITY			STATE	ZIP CODE	JOB TITLE		
TELEPHONE NUMBER		EMAIL ADDRESS					

FACILITY ID #	FACILITY NAME
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J POTENTIALLY INTERESTED PARTIES	
INTERESTED PARTY NAME	EMAIL ADDRESS
INTERESTED PARTY NAME	EMAIL ADDRESS
INTERESTED PARTY NAME	EMAIL ADDRESS

K FACILITY SITE MAP	
<i>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.</i>	

FACILITY ID #		FACILITY NAME			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
L	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					
M	STATUS OF ABOVEGROUND STORAGE TANKS				
CURRENT STATUS					
(mm/dd/yyyy) STATUS DATE					
N	SUBSTANCES CURRENTLY OR LAST STORED IN ABOVEGROUND STORAGE TANKS				
PETROLEUM					
MAXIMUM ETHANOL %					
MAXIMUM BIOFUEL %					
(specify) OTHER					
PRODUCT IS COMPATIBLE WITH TANK (Y/N)					
O	ABOVEGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER					
MODEL					
MATERIAL OF CONSTRUCTION					
SECONDARY CONTAINMENT					
P	ABOVEGROUND STORAGE TANK CORROSION PROTECTION				
CORROSION PROTECTION TYPE					
(mm/dd/yyyy) ANODE INSTALLATION DATE					
INTERIOR LINING					
(mm/dd/yyyy) LINER INSTALLATION DATE					
(specify) OTHER					
Q	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 ID #		FACILITY NAME			
IDEM AST REGISTRATION NUMBER					
COMPARTMENT IDENTIFICATION NUMBER					
R	ABOVEGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY AST RELEASE DETECTION					
MANUFACTURER					
MODEL					
S	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 ID #		FACILITY NAME			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
L	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					
M	STATUS OF ABOVEGROUND STORAGE TANKS				
CURRENT STATUS					
(mm/dd/yyyy) STATUS DATE					
N	SUBSTANCES CURRENTLY OR LAST STORED IN ABOVEGROUND STORAGE TANKS				
PETROLEUM					
MAXIMUM ETHANOL %					
MAXIMUM BIOFUEL %					
(specify) OTHER					
PRODUCT IS COMPATIBLE WITH TANK (Y/N)					
O	ABOVEGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER					
MODEL					
MATERIAL OF CONSTRUCTION					
SECONDARY CONTAINMENT					
P	ABOVEGROUND STORAGE TANK CORROSION PROTECTION				
CORROSION PROTECTION TYPE					
(mm/dd/yyyy) ANODE INSTALLATION DATE					
INTERIOR LINING					
(mm/dd/yyyy) LINER INSTALLATION DATE					
(specify) OTHER					
Q	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 ID #		FACILITY NAME			
IDEM AST REGISTRATION NUMBER					
COMPARTMENT IDENTIFICATION NUMBER					
R	ABOVEGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY AST RELEASE DETECTION					
MANUFACTURER					
MODEL					
S	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					