

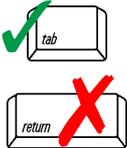


Massachusetts Department of Environmental Protection
 Bureau of Air & Waste
 Underground Storage Tank (UST) Program
UST4 – Tank, Piping & Component Registration

 UST Facility Name

 UST Facility ID #

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Notes:

- Make additional copies, if needed.

- Tank IDs are numbers (e.g. 1, 2, 3). For split tanks, each compartment must have a unique Tank ID (e.g. 2a, 2b). Complete the information for each tank or compartment by placing the respective Tank/Compartment ID at top of the column.

- For split tanks, provide the capacity of each compartment separately, not the total capacity of the tank.

Check the appropriate category. Complete this form and submit it with UST1-Cover Sheet/Certification Form.

New Tank/Piping/Component Registration **Update Existing Tank/Piping/Component Information**

A. Tank & Piping System Registration - Complete this section for each tank or tank compartment at this location.

1. Tank Basic Description	Tank ID	Tank ID	Tank ID	Tank ID
a. Owner's designation (e.g. Middle Tank, Location #, "Regular," etc.)	_____	_____	_____	_____
b. Where is this tank located?	Longitude	Longitude	Longitude	Longitude
	Latitude	Latitude	Latitude	Latitude
c. Is this a split (compartment) tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Capacity of tank/compartment:	Gallons	Gallons	Gallons	Gallons
e. Contents/regulated substance <i>(check one)</i> :	Gasoline <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel/Biodiesel <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E 85 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heating Oil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Virgin Motor Oil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Waste Oil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hazardous Material(s)* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unregulated Contents <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. If storing gasoline or diesel, what is its use? <i>(check all that apply)</i> :	Motor Vehicle <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Marine <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aircraft <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manufacturing/Material Storage <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Engine-Driven Pump <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Power Generation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unregulated Use <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Complete the applicable fields below only if Hazardous Material(s) or Unregulated Contents is checked above.			
g. Hazardous material(s):	CAS #(s)	CAS #(s)	CAS #(s)	CAS #(s)
h. Mixture of substances: product name(s)/ CAS Number(s)	_____	_____	_____	_____
i. Other unregulated contents:	Describe	Describe	Describe	Describe

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A. Tank & Piping Registration (continued)

Notes:

• Make additional copies, if needed.

• USTs installed after 1988 must be double-walled.

2. Tank Construction	Tank ID	Tank ID	Tank ID	Tank ID
a. Material (Cathodic Protection Required – Even on Metal Parts)				
Double-wall metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-wall metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Material (Cathodic Protection Not Required – No Metal Parts)				
Double-wall non-corrodible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-wall non-corrodible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Date of installation: (If unknown, enter 05/08/1986)	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

3. Piping Construction	Tank ID	Tank ID	Tank ID	Tank ID
a. Piping installation date:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
b. Piping & fittings construction same as tank? <i>If No, complete fields below. If Yes, skip to 4.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c1. Material (Cathodic Protection Required – Even on Metal Parts)				
Double-wall metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-wall metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c2. Material (Cathodic Protection Not Required – No Metal Parts)				
Double-wall non-corrodible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-wall non-corrodible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-wall metal in trench with impervious liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Piping type (check only one):				
Pressurized with mechanical ALLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressurized with electronic ALLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European suction system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-European suction system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note:

All USTs installed after 1988 must have interstitial monitoring.

4. Tank & Piping Leak Detection	Tank ID	Tank ID	Tank ID	Tank ID
a. Tank leak detection type:				
Continuous interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static in-tank monitoring system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous in-tank monitoring system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-tank w/statistical inventory reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging – 1,000 gallons or less*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging – more than 1,000 gallons*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: These categories apply only to emergency generator tanks.

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Notes:

- Make additional copies, if needed.
- All pressurized piping must have an ALLD *and* one other method of leak detection by 1/2/2016.
- All pressurized and Non-European Suction piping installed after 5/28/1999 must have interstitial space monitoring.
- European Suction does not require line leak detection.

A. Tank & Piping Registration (continued)

4. Tank & Piping Leak Detection (continued)	Tank ID	Tank ID	Tank ID	Tank ID
b. Pipe leak detection type (<i>check all that apply</i>):				
Continuous interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly monitoring of secondary containment ports & annual tightness test (installed before 5/28/1999)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-tank w/statistical inventory reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tri-annual tightness test (only for non-European suction installed before 1/1/1989 without secondary containment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual tightness test (only for single-wall pressurized piping installed before 1/1/1989)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note:

- After 1/1/2015, new or replacement ball float valves **cannot** function as the primary overfill protection

5. Overfill/Spill Containment/Prevention	Tank ID	Tank ID	Tank ID	Tank ID
Overfill Prevention Devices & Spill Buckets				
a. Primary overfill prevention device type (<i>check only one</i>):				
Automatic shut-off valve (AS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball float valve (BFV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-level alarm (HLA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the spill bucket equipped with sensors?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Turbine & Intermediate Sumps				
c. Is the tank equipped with a submersible pump?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
d. Is the tank equipped with a turbine sump?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
e. If Yes, is the turbine sump equipped with a sump sensor that is continuously monitored for liquids?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
f. Is the UST system equipped with an intermediate sump?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
g. If Yes, is the intermediate sump equipped with a sump sensor that is continuously monitored for liquids?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dispenser Sumps				
	Dispenser 1	Dispenser 2	Dispenser 3	Dispenser 4
h. Is the dispenser equipped with a sump?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
i. If Yes, is the dispenser sump equipped with a sump sensor that is continuously monitored for liquids?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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A. Tank & Piping Registration (continued)

6. UST System Corrosion Prevention	Tank ID	Pipe	Tank ID	Pipe	Tank ID	Pipe	Tank ID	Pipe
	a. Corrosion protection type:							
Field constructed impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field constructed sacrificial anode/Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufactured sacrificial anode/Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>