

## STI SP001 AST Record

Form completed by (Name) \_\_\_\_\_  
 (Title) \_\_\_\_\_

Date \_\_\_\_\_

OWNER INFORMATION	FACILITY INFORMATION	INSTALLER INFORMATION
Name	Name	Name
Number and Street	Number and Street	Number and Street
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
	Regulatory facility ID number (if applicable)	

OWNER'S TANK ID	OTHER ID	INITIAL SERVICE DATE
Manufacturer:	Contents:	Construction Date:
Dimensions:	Capacity:	Last Repair/Reconstruction Date:
Design: <input type="checkbox"/> UL _____ <input type="checkbox"/> Horizontal	<input type="checkbox"/> SwRI _____ <input type="checkbox"/> Vertical	<input type="checkbox"/> API _____ <input type="checkbox"/> Rectangular
Construction: <input type="checkbox"/> Bare Steel <input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current) Date Installed: _____ <input type="checkbox"/> Coated Steel <input type="checkbox"/> Concrete encased steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Other _____ <input type="checkbox"/> Double-Bottom <input type="checkbox"/> Double-Wall <input type="checkbox"/> Lined inside; Date lining installed: _____		
Spill control: <input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> Other _____	CRDM: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, type: <input type="checkbox"/> Release Prevention Barrier <input type="checkbox"/> Elevated tank <input type="checkbox"/> Double bottom tank <input type="checkbox"/> Double wall tank <input type="checkbox"/> CE-AST <input type="checkbox"/> other _____	
Tank elevated on supports <input type="checkbox"/> yes <input type="checkbox"/> no Support material: <input type="checkbox"/> steel <input type="checkbox"/> concrete <input type="checkbox"/> other _____	AST Category: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3	
Release Prevention Barrier: <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, Date Installed: _____ If yes, Type: <input type="checkbox"/> concrete <input type="checkbox"/> synthetic liner <input type="checkbox"/> clay liner <input type="checkbox"/> steel <input type="checkbox"/> other _____		

OWNER'S TANK ID		OTHER ID		INITIAL SERVICE DATE			
Manufacturer:		Contents:		Construction Date:		Last Repair/Reconstruction Date:	
Dimensions:		Capacity:		Last Change of Product Date:			
Design: <input type="checkbox"/> UL _____		<input type="checkbox"/> SwRI _____		<input type="checkbox"/> API _____		<input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
<input type="checkbox"/> Horizontal		<input type="checkbox"/> Vertical		<input type="checkbox"/> Rectangular			
Construction: <input type="checkbox"/> Bare Steel		<input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current)		Date Installed: _____			
<input type="checkbox"/> Coated Steel		<input type="checkbox"/> Concrete encased steel		<input type="checkbox"/> Stainless steel		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Double-Bottom		<input type="checkbox"/> Double-Wall		<input type="checkbox"/> Lined inside; Date lining installed: _____			
Spill control: <input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete				CRDM: <input type="checkbox"/> yes <input type="checkbox"/> no			
<input type="checkbox"/> None <input type="checkbox"/> Other _____				If yes, type: <input type="checkbox"/> Release Prevention Barrier <input type="checkbox"/> Elevated tank <input type="checkbox"/> Double bottom tank			
Tank elevated on supports <input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> Double wall tank <input type="checkbox"/> CE-AST <input type="checkbox"/> other _____			
Support material: <input type="checkbox"/> steel <input type="checkbox"/> concrete <input type="checkbox"/> other _____				AST Category: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3			
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Design: <input type="checkbox"/> UL _____		<input type="checkbox"/> SwRI _____		<input type="checkbox"/> API _____		<input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
<input type="checkbox"/> Horizontal		<input type="checkbox"/> Vertical		<input type="checkbox"/> Rectangular			
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