



**Department Of Natural Resources  
And Environmental Control  
Tanks Compliance Branch  
391 Lukens Drive  
New Castle, Delaware 19720  
(302) 395-2500**

File Code 01

For Internal Use Only  
Date Received: \_\_\_\_\_  
DEN entry: \_\_\_\_\_  
Initials: \_\_\_\_\_

**DNRECTanksCompliance@delaware.gov**  
**https://dnrec.alpha.delaware.gov/waste-hazardous/tanks/**

## Aboveground Storage Tank Activity Notification

**Please fill out this Notification Form completely. Incomplete or illegible notifications will be returned.**

*NOTE: Activity Notification Form must be received by the Department at least ten (10) days prior to commencement of the activity.*

### Owner/Operator information:

### Facility ID#:

Tank Owner/Operator: (BUSINESS or LAST Name, FIRST Name)		Contact person:	
Street Address:		Owner/Operator Phone Number:	
City:	State/Province:	E-mail Address:	
Zip/Postal Code:	Country:	Authorizing Signature:	Date:

### Facility Information:

Facility Name:		Facility Contact Person:	
Facility Address:		Facility Phone Number:	
City:	State: <b>DE</b>	Zip Code:	Facility Contact E-mail Address:
Has this facility ever been involved with any of the following DNREC interests for a site investigation?    UST <input type="checkbox"/> Haz Waste <input type="checkbox"/> HSCA/CERCLA (check all that apply)			
If so, are there monitoring wells on site? <input type="checkbox"/> YES <input type="checkbox"/> NO    (Select One)		Does an on-site well supply drinking water for your facility? <input type="checkbox"/> YES <input type="checkbox"/> NO    (Select One)	

### Tank Information: (one tank per form only)

Tank ID:	Capacity: (gallons)	Current Product Stored:	*All previous products stored:	Date of installation: (MM/DD/YY)
Orientation: Circle one Horizontal / Vertical	Diameter: (feet)	Length/Height: (feet)	Approx. length of underground piping: (feet)	
Indicate base tank is constructed on: <input type="checkbox"/> Concrete <input type="checkbox"/> Soil <input type="checkbox"/> Sand <input type="checkbox"/> Other (describe)				

\* All previous products stored for the history of the tank regardless of tank ownership

### Tank Activity: (Select activity(s) and complete requested information)

*Attach site map with location of the tank, buildings, drinking water wells, and any monitoring wells for tank activities 1, 2, 3, & 4.*

*Select Activity(s)*

1. Permanent closure in place:	<input type="checkbox"/>	Date tank to be permanently closed:
2. Tank relocated to new location:	<input type="checkbox"/>	Date to be moved:                      New Location: (Address or distance in feet)
3. Tank removal:	<input type="checkbox"/>	Date to be removed:
4. Change in product stored:	<input type="checkbox"/>	Date of change:                      New product stored:
5. Tank temporarily out of service:	<input type="checkbox"/>	Date taken out of service:
6. Tank placed back in service:	<input type="checkbox"/>	Date placed in service:
7. Internal or External Inspection:	<input type="checkbox"/>	Date of Inspection:
8. Retrofit/Upgrade:	<input type="checkbox"/>	Date of Retrofit/Upgrade:                      Description of Retrofit/Upgrade: