

GOVERNMENT OF BERMUDA

Ministry of Environment, Planning and Infrastructure Strategy

Department of Environmental Protection

Application for Registration of a Petroleum Storage Tank Please complete one form per tank

Tank Location:					
Property Name:					
Property No. & Stre	et:				
Parish & Code:	Assessment No.:				
Mailing Addresses	:				
	User/Operator]	Land Owner		Tank Owner
Name P.O. Box or Street Address Parish					
Post Code					
Tank & Fuel Use I	nformation:				
Fuel use is for Household or Fuel Use:					
Type of Fuel Supplier:					
Tank Capacity	Year Installed:				
Tank Name/ID	Serial No.:				
Tank Situation (ch	eck one):				
□ Direct Buried	\Box In concrete vault	^O Above Grou	nd	□ Moveable	\Box Vehicle Mounted
Tank Construction	(check one):				
□ Steel,2-wall	☐ Fibreglass, 1-wall	☐ Fibreglass,	2-wall	□ Glasteel	^O Other
Type of Pipework ((check one):				
□ Steel	□ Fibreglass	glass \Box Flexible, 2-wall \Box Ot			
Type of Corrosion	Protection (check one)	:			
\Box Coated	□ Induced Current		Anode	□ None	^O Other
Type of Pump (che	ck one):				
□ Centrifugal	□ Submersible □ Gravity Fed			Other	
Type of Monitoring	g System:				
Tank Closure Deta	ils:				
\Box Tank has been per	manently taken out of s	service	Date ta	aken out of ser	vice:
Manner of Closure (e.g. removed, infilled):				
Signed		_ Date:			_
Print Name:					
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