



For EAA Use Only

Form: EAA 3 (Jan 2018)

Entity ID: _____

Facility ID: _____

900 E. Quincy, San Antonio, Texas 78215
(210) 222-2204 or 1-800-292-1047 Fax (210) 222-9869

STORAGE TANK REGISTRATION – RECHARGE ZONE

1. This registration must be completed, signed, and submitted to the Edwards Aquifer Authority (EAA) for any existing or new facility containing a regulated tank as defined in EDWARDS AQUIFER AUTHORITY RULES. These regulations may be viewed on the EAA website at <http://www.edwardsaquifer.org>.
2. The registration must be typed or printed legibly using ink.
3. Information submitted pursuant to this registration form shall be revised to address any related changes that may occur at the facility.
4. Incomplete registrations will be returned to the registrant for completion.
5. Each registration shall be **renewed every three years**.

I. - Facility Information: Please provide the following:

1. Facility Name: _____
2. TCEQ Regulated Entity Number: (If applicable RN + 9 digits) _____
3. Physical Address: (Street) _____ (City) _____ (Zip) _____
4. Mailing Address: (Street) _____ (City) _____ (State) ____ (Zip) _____
5. Latitude: _____ Longitude: _____
6. Contact Name: _____ Contact Phone No. () _____
7. Total number of regulated Aboveground Storage Tanks (AST) included in registration: _____
8. Total number of regulated Underground Storage Tanks (UST) included in registration: _____

II. - Registration Type:

Initial Registration (i.e. The facility has never been registered with the EAA.)

Amendment:

Three-year renewal

Operator Information

Other(specify): _____

Ownership Information

Operational Status

Facility Information

System Information

III. – Applicant Information: Please note, if the applicant is a **Partnership**, the name of the partnership shall be followed by the words “a partnership” and if a **Trustee** acting on behalf of another, the trustee’s name shall be followed by the word “trustee”. If one **other than the named applicant** executes the registration, the person executing the registration shall complete Part IV of this registration.

Section A – Tank Owner:

1. Name of Entity: _____
2. TCEQ Customer Number: (If applicable CN + 9 digits) _____
3. Phone () _____ Fax () _____
4. Physical Address: (Street) _____ (City) _____ (Zip) _____
5. Mailing Address: (Street) _____ (City) _____ (State) ____ (Zip) _____
6. Contact Full Name: _____ Contact Telephone No. () _____
7. Contact Job Title: _____ Contact E-mail Address: _____
8. Contact Mailing Address: (Street) _____ (City) _____ (State) ____ (Zip) _____

Section B – Tank Operator: If different from Owner, please provide the following:

1. Name of Entity: _____
2. TCEQ Customer Number: (If applicable CN + 9 digits) _____
3. Phone () _____ Fax () _____
4. Physical Address: (Street) _____ (City) _____ (Zip) _____
5. Mailing Address: (Street) _____ (City) _____ (State) ____ (Zip) _____
6. Contact Full Name: _____ Contact Telephone No. () _____
7. Contact Job Title: _____ Contact E-mail Address: _____
8. Contact Mailing Address: (Street) _____ (City) _____ (State) ____ (Zip) _____

IV. – Authorized Representative Information: If the applicant designates an authorized representative:

1. Name of Entity: _____
2. Phone () _____ Fax () _____
3. Physical Address: (Street) _____ (City) _____ (Zip) _____
4. Mailing Address: (Street) _____ (City) _____ (State) ____ (Zip) _____
5. Contact Name: _____ Contact Telephone No. () _____
6. Describe relationship to applicant (agent, officer, attorney, etc...) _____
7. Contact Job Title: _____ Contact E-mail Address: _____
8. Contact Mailing Address: (Street) _____ (City) _____ (State) ____ (Zip) _____

V. - Tank Information:

Please note, if you require additional pages, please duplicate this page and attach to the registration. If a tank has multiple compartments, please separately record each compartment on its own page (i.e. Tank 1A and Tank 1B). Please ensure that all applicable boxes are checked.

1	Tank Identification Number (ID)		
	TCEQ Tank ID: _____		EAA Tank ID (Provide, if no TCEQ Tank ID): _____
2	Tank Installation Date: ___/___/___ Documentation supporting the date of installation is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Tank Capacity		4
	_____ gallons		
		Substance Stored	
		<input type="checkbox"/> Gasoline <input type="checkbox"/> New Oil <input type="checkbox"/> Used Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Av Gas <input type="checkbox"/> Other (Please Specify): _____	
5	Tank Type		
	<input type="checkbox"/> AST		<input type="checkbox"/> UST
	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Triple Wall
	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Composite (Specify): _____ <input type="checkbox"/> Other (Specify): _____		
6	Piping Type		
	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Triple Wall
	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Composite (Specify): _____ <input type="checkbox"/> Other (Specify): _____		
7	AST Containment: (Piping and Tank)		
7A	Secondary Containment approved by the EAA via an approved Major Modification? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of General Manager's Approval Letter: ___/___/___		7B
	Secondary Containment approved by the EAA via an approved Major Modification? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of TCEQ's Approval Letter: ___/___/___ <input type="checkbox"/> Documentation satisfying EAA rule §713.609 (c) has been submitted to the EAA.		
8	UST Containment: (Piping and Tank)		
	Tertiary Containment approved by the EAA via an approved Major Modification? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of General Manager's Approval Letter: ___/___/___ <input type="checkbox"/> Copy of General Manager's Approval Letter attached.		
9	Operational Status		
	Currently in use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temporarily out of service <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date placed into service: ___/___/___		Date tank emptied in per §713.611 (a): ___/___/___
	Permanently abandoned in place <input type="checkbox"/> Yes		Permanently removed from the recharge zone: <input type="checkbox"/> Yes
Date abandoned in place per §713.611 (b): ___/___/___		Date permanently removed in per §713.611 (c): ___/___/___	

Initial: _____ Date: ___/___/___

VI. - Facility Map:

EDWARDS AQUIFER AUTHORITY RULES, Ch. 713 (Water Quality), Subch. G (Aboveground and Underground Storage Tanks), §713.604 requires a facility map be submitted as part of this registration form. Please ensure the map includes the location and identification number of each AST or UST at the facility.

VII. - General Storage Requirements:

EDWARDS AQUIFER AUTHORITY RULES, Ch. 713 (Water Quality), Subch. G (Aboveground and Underground Storage Tanks), §713.614 requires, regardless of any provisions or exemption contained in the subchapter, any storage of regulated substance be done in a manner that prevents the physical damage to the container, such as crushing, puncturing, rupture, or corrossions and protects against damage from exposure to the elements.

VIII. - Certification:

I certify that, as the Registrant, I am the Owner or Operator of the tank(s) which is the subject of this Registration, or their Authorized Agent. Additionally, I certify that each and all of the statements and information contained herein are true and correct to the best of my knowledge and belief. Moreover, I agree to fully comply with the terms of the Edwards Aquifer Authority Act and the rules of the Authority.

Signature of Owner, Operator, or Agent: _____ Date ___/___/___

Print Name: _____

Co-Signature (if applicable): _____ Date ___/___/___

Print Name: _____