



GOVERNMENT OF BERMUDA  
Ministry of Health, Seniors & Environment

**Department of Environment and Natural Resources**

**Application for Registration of a Petroleum Storage Tank**

Please complete one form per tank

**Tank Location:**

Property Name: \_\_\_\_\_

Property No. & Street: \_\_\_\_\_

Parish & Code: \_\_\_\_\_ Assessment No.: \_\_\_\_\_

**Mailing Addresses:**

	<b>User/Operator</b>	<b>Land Owner</b>	<b>Tank Owner</b>
<b>Name</b>			
<b>P.O. Box or Street Address</b>			
<b>Parish</b>			
<b>Post Code</b>			

**Tank & Fuel Use Information:**

Fuel use is for  Household or  Business Fuel Use: \_\_\_\_\_

Type of Fuel \_\_\_\_\_ Supplier: \_\_\_\_\_

Tank Capacity \_\_\_\_\_ Year Installed: \_\_\_\_\_

Tank Name/ID \_\_\_\_\_ Serial No.: \_\_\_\_\_

**Tank Situation (check one):**

Direct Buried  In concrete vault  Above Ground  Moveable  Vehicle Mounted

**Tank Construction (check one):**

Steel, 2-wall  Fibreglass, 1-wall  Fibreglass, 2-wall  Glasteel  Other \_\_\_\_\_

**Type of Pipework (check one):**

Steel  Fibreglass  Flexible, 2-wall  Other \_\_\_\_\_

**Type of Corrosion Protection (check one):**

Coated  Induced Current  Sacrificial Anode  None  Other \_\_\_\_\_

**Type of Pump (check one):**

Centrifugal  Submersible  Gravity Fed  Other \_\_\_\_\_

**Type of Monitoring System:** \_\_\_\_\_

**Tank Closure Details:**

Tank has been permanently taken out of service Date taken out of service: \_\_\_\_\_

Manner of Closure (e.g. removed, infilled): \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_