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| **SCHEDULING FORM FOR PETROLEUM STORAGE TANK SYSTEMS** |
| **OKLAHOMA CORPORATION COMMISSION PETROLEUM STORAGE TANK DIVISION P.O. Box 52000**  **Oklahoma City, OK 73152-2000** |

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| Facility Number (blank if new): |  |  | STATE USE ONLY |
| Date of Activity: |  |  | DATE RECEIVED: |
| Underground Storage Tank System: |  |  | A. Date entered into computer: |
| Aboveground Storage Tank System: |  |  | B. Data entry clerk initials: |

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| **GENERAL INFORMATION** |
| The Petroleum Storage Tank Division must be notified of all petroleum storage tank system activities via this scheduling form or PST Portal. Forms submitted with incomplete information will not be accepted. Submit form via email to [PSTscheduling@occ.ok.gov](mailto:PSTscheduling@occ.ok.gov). All scheduled activities will receive a confirmation number. If you do not receive this number from PSTD, please contact us to verify that the scheduling form was received. |

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| I. OWNER INFORMATION | | | | | | II. FACILITY INFORMATION | | | | | | | |
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|  | Owner Name (Corporation, Individual, Public Agency) | | |  | |  | | | Facility Name or Company Site Identifier, as applicable | | | |  |
|  |  | | |  | |  | | |  | | | |  |
|  | Mailing Address | | |  | |  | | | Physical Address (PO Box NOT acceptable) | | | |  |
|  |  | |  |  | |  | | |  | | |  |  |
|  | City & State | | Zip Code |  | |  | | | City & State | | | Zip Code |  |
|  | (   ) | | (   ) |  | |  | | |  | | (   ) | |  |
|  | Phone Number | | Mobile Number |  | |  | | | County | | Facility Phone Number | |  |
|  | (   ) |  | |  | |  | | |  | | | |  |
|  | Fax Number | | E-mail Address |  | |  | | | Contact Person & Title | |  | |  |
| III. LICENSEE INFORMATION | | | | | | | | | | | | | |
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|  | Licensee Name and License No. | | | |  | | |  | | Consultant Name (if required) and License No. | | | |
|  |  | | | |  | | |  | |  | | | |
|  | Company Name and Phone Number | | | |  | | |  | | Company Name and Phone Number | | | |
| IV. ACTIVITY TYPE | | | | | | | | | | | | | |
| Tank Tightness Testing (Prior notice) | | | | | | | Tank Installation (48 hour notice) | | | | | | |
| Line Tightness Testing (Prior notice) | | | | | | | Line Installation (48 hour notice) | | | | | | |
| Line Leak Detector Testing (Prior notice) | | | | | | | Tank Removal (14 day notice) | | | | | | |
| ATG Testing (Prior notice) | | | | | | | Line Removal (14 day notice) | | | | | | |
| Containment Sump Testing (Prior notice) | | | | | | | Tank Repair (Prior notice) | | | | | | |
| Sensor Testing (Prior notice) | | | | | | | Line Repair (Prior notice) | | | | | | |
| Spill Prevention Testing (Prior notice) | | | | | | | Biofuel Compatibility (30 day notice) | | | | | | |
| Overfill Prevention Testing (Prior notice) | | | | | | | Internal Lining Inspection (48 hour notice) | | | | | | |
| Cathodic Protection Certification (Prior notice) | | | | | | | Other Repairs (specify below) (Prior notice) | | | | | | |
| Cathodic Protection Repair (Prior notice) | | | | | | |

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| **V. ACTIVITY DETAIL** |
| **List of detailed description of the scheduled activity.** |
| **INSTALLATIONS**: All tank installations must perform an analysis of the installation site prior to the system’s construction and be attached with scheduling forms. The analysis must include, at a minimum, the following:   1. A determination of local soil conditions. 2. The level of the water table in the area. 3. Drainage conditions. 4. The presence of any underground utility lines or conduits.   **REMOVALS**: When scheduling a removal, a site map of where samples are to be taken should be attached to the scheduling form. |