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TULSA COUNTY

PURCHASING  
DEPARTMENT

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MEMO

DATE: February 13, 2019

FROM: Megan L. Blackford  
Assistant Purchasing Director



TO: Board of County Commissioners

SUBJECT: Request for Approval for Registration of Petroleum Storage Tanks

Submitted for your approval and execution is the Request for Approval between the Board of County Commissioners on behalf of the Tulsa County Juvenile Family Justice Center for the registration of petroleum storage tanks to be filed with the Oklahoma Corporation Commission Storage Tank Program.

Respectfully submitted for your approval and execution.

MLB/ARH

ORIGINAL: Michael Willis, County Clerk, for the February 19, 2019 agenda.

## REGISTRATION FOR PETROLEUM STORAGE TANKS

OKLAHOMA CORPORATION COMMISSION  
STORAGE TANK PROGRAM  
P.O. Box 52000, Room 238  
Oklahoma City, OK 73152-2000

### TYPE OF NOTIFICATION

### STATE USE ONLY

A. New Facility       B. Amended

C. Closure

Date of Ownership Transfer: Unknown

Total No. of Tanks at Facility: One

Number of UST's at Facility: One

Number of AST's at Facility: Zero

ID NUMBER:

DATE RECEIVED:

A. Date entered into computer:

B. Data entry clerk initials:

C. Owner was contacted to clarify responses.

Comments: \_\_\_\_\_

### INSTRUCTIONS

Form must be signed at bottom of UST Page 3 or AST Page 3. Please type or print in ink. This form must be completed for each location containing petroleum storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.

### GENERAL INFORMATION

In 1998 the Legislature combined statutory provisions on underground storage tanks and aboveground storage tanks so that our laws now refer simply to petroleum storage tanks, giving responsibility for their regulation to the Petroleum Storage Tank Division of the Corporation Commission. The forms for the registration of petroleum storage tanks have been revised to have three parts. The first is this page with general information. The second is for listing underground storage tanks and the third for listing aboveground storage tanks. Underground petroleum storage tanks over 110 gallons must be registered, except for residential and non-commercial agricultural tanks of less than 1,100 gallons. Aboveground petroleum storage tanks over 110 gallons must be registered, except for farm and ranch tanks or tanks at fleet and commercial facilities with less than 2,100 gallons individual storage capacity.

#### I. OWNERSHIP OF TANK (S)

#### II. LOCATION OF TANK (S)

Owner Name (Corporation, Individual, Public Agency, or other entity)

Facility Name of Company Site Identifier, as applicable

Tulsa County, Oklahoma

Family Center For Juvenile Justice

500 South Denver Avenue

500 West Archer Street

Street Address

Street Address (PO Box NOT acceptable)

Tulsa, OK

74103

Tulsa, OK

74103

City & State

Zip Code

City & State

Zip Code

Tulsa

(918) 596-5022

Tulsa

( )

None

County

(Area Code) Phone Number

County

(Area Code) Phone Number

None

matney.ellis@tulsa

None

Fax #

E-mail Address

Fax #

If known, give the geographic location of tanks by degrees, minutes, and seconds. (Example: Lat. 2, 36, 12N Long. 85, 24, 17W)

Latitude: 36 09' 14.14

Longitude: -95 58' 3.59"

**III. INDIAN LANDS**

Tanks are held in Trust by the United States Bureau of Indian Affairs

Tribe or Nation \_\_\_\_\_

**IV. TYPE OF OWNER**

Public

(Owned by a government)

Private

(NOT owned by a government)

**V. TYPE OF FACILITY**

If **PUBLIC** please mark which type:

If **PRIVATE** please mark which type:

Federal

Retail

State

Bulk distributor – no retail sales

County

Fleet and Commercial

Municipal

Airport

Marina

Emergency Generator

**VI. CONTACT PERSON IN CHARGE OF TANKS**

Name: **Karen Keith**

Job Title: **Chairman, BOCC**

Phone Number: **(918) 596-5016**

Address: **500 South Denver Avenue**

City: **Tulsa**

State: **OK**

Zip Code: **74103**

**I. UNDERGROUND STORAGE TANKS ATTACHMENT**

**(Complete for each tank at this location)**

<b>Tank Identification Number (use OCC assigned tank number if existing tank)</b>	<b>Tank No. 1</b>	<b>Tank No.</b>	<b>Tank No.</b>	<b>Tank No.</b>	<b>Tank No.</b>
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1. Status of Tank (mark only one) Currently in Use Permanent Closure (Complete section II, UST Page 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month/year)	Pre- WWII				
2a. Is Tank Compartmentalized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Estimated Total Capacity of Tank (and list separate compartments here)	20,000 Gals /	/	/	/	/
4. Material of Construction (mark all that apply)					
Coated or Bare Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current (IC)/Sacrificial (Sac)	_____	_____	_____	_____	_____
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify					
5. Piping Material (mark all that apply)					
Steel (Must also be cathodically protected)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper (Must also be cathodically protected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment or Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	_____	_____	_____	_____	_____

**UNDERGROUND STORAGE TANKS ATTACHMENT**

(Complete for each tank at this location)

Tank Identification Number (use OCC assigned tank number if existing tank)	Tank No. 1	Tank No.	Tank No.	Tank No.	Tank No.
<b>6. Piping (Mark all that apply)</b>					
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Suction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure piping must have continuous line leak detection (mechanical or electronic). Suction piping, no check valve at tank (verifiable) and only one valve under pump, does not require line tightness tests or monthly monitoring of line. US Suction piping with valve at tank must be tightness tested every 3 years.					
<b>7. Substance Currently or Last Stored</b>					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify with % if blend)	_____	_____	_____	_____	_____

**II. TANKS OUT OF USE OR CHANGE IN SERVICE**

1. Closing of Tank	<input type="checkbox"/> Temporary	<input type="checkbox"/> Temporary	<input type="checkbox"/> Temporary	<input type="checkbox"/> Temporary	<input type="checkbox"/> Temporary
	<input checked="" type="checkbox"/> Permanent	<input type="checkbox"/> Permanent	<input type="checkbox"/> Permanent	<input type="checkbox"/> Permanent	<input type="checkbox"/> Permanent
A. Estimated date last used (mo/day/yr)	Unknown	_____	_____	_____	_____
B. Estimated date tank closed (mo/day/yr)	10/18/ 2018	_____	_____	_____	_____
C. Were tank & all piping removed from ground-check if yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Tank cleaned & closed in ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. In-place closure pre-approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Tank filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe type of inert material used					
G. Change in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Date Site Assessment Completed</b>	10/18/2018				
Evidence of a leak detected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**UNDERGROUND STORAGE TANKS  
III. CERTIFICATION OF COMPLIANCE**

(Complete Installer information for any licensed activities including newly installed and or upgraded tanks at this location)

**OATH:** I certify the information concerning installation that is provided in UST Section I is true to the best of my belief and knowledge.

<b>Installer Name:</b>		<b>OCC License #:</b>	
<b>Position:</b>		<b>Company:</b>	
<b>Signature:</b>		<b>Install date:</b>	

**Cathodic Protection Installer Signature:** \_\_\_\_\_

**NACE Certification #:** \_\_\_\_\_ **NACE Certification Title:** \_\_\_\_\_

Tank Identification Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.	
<b>1. Release Detection-mark all that apply</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>
<b>A. Manual tank gauging</b>	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>B. Tightness testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Monthly inventory reconciliation</b>	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>D. Statistical inventory reconciliation</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>E. Vapor monitoring</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Groundwater monitoring</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>G. Automatic tank gauging (specify tanks and/or lines)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. Interstitial monitoring</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I. Mechanical LLDs</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>J. Electronic LLDs</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>2. Spill Containment and Overfill Device installed in accordance with OCC rules</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**IV. CERTIFICATION (Read and sign after completing all sections)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

I have met the financial responsibility requirements in accordance with CFR Subpart H. In Oklahoma this means you are ready and able to pay the deductible amount up to 1% of the total cost cost of cleanup not to exceed \$5,000 on any cleanup of any pollution caused by a leaking storage tank. (Original signature goes to the Oklahoma Corporation Commission).

<i>Karen Keith</i>	<b>Title:</b> <i>Chairman and Commissioner</i>
<b>(Print) Name of owner or owner's legal representative</b>	
	<b>Date:</b>

**Signature** \_\_\_\_\_ (Submit this form with original signature only.) **UST Page 3**

OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE MUST SIGN UST PAGE 3 OR AST PAGE 3

*Nolan M. Fields IV* *2-13-19*  
**APPROVED AS TO FORM**  
**ASSISTANT DISTRICT ATTORNEY**