



## Automatic Tank Gauge (ATG) Registration Form

Facilities with single-walled underground oil storage tanks may use an Automatic Tank Gauge (ATG) capable of detecting a 0.2 gallon per hour leak in order to meet MeDEP leak detection requirements, provided that the following requirements are met. Tanks equipped to meet these requirements are exempt from daily product inventory and submitting an annual statistical inventory analysis. *Check each box below to confirm attaining the requirement.*

- The ATG prints or records test results at least once every 30 days and alarms during test failures.
- The ATG operates with a back-up system to preserve test data in the event of a power outage.
- The ATG is programmed for the appropriate tests in accordance with manufacturer's instructions as evaluated by the National Work Group for Leak Detection Evaluations (NWGLDE) and meets Department requirements for 0.2 gallon per hour leak detection.
- ATG system monitors the tank bottom and alarms for water level gains of more than 1/2 inch.

Product piping must either:  be a self-monitoring suction system,  have secondary containment, or  be equipped with an electronic line leak detector capable of detecting a 0.2 gallon per hour leak.

The monthly test record must include the following information:

- Test date
- Tank / Chamber #'s
- Test length (if applicable)
- Length of any applicable waiting period
- Test leak detection threshold
- Product and Water levels
- Date & time of last product delivery
- Test results (Pass or Fail)

Please complete and submit this form to the MeDEP. After review and approval, the Department will send you an updated registration certificate.

FACILITY INFORMATION					
Facility Name: _____			Registration #: _____		
Facility Address: _____					
<i>Address</i>		<i>Town</i>		<i>State</i> <i>Zip Code</i>	
Tank information must match registration			Attach additional form(s) if you have more than 4 tanks/chambers		
Tank/Chamber:		Volume (gals):		Product Stored:	
Tank/Chamber:		Volume (gals):		Product Stored:	
Tank/Chamber:		Volume (gals):		Product Stored:	
Tank/Chamber:		Volume (gals):		Product Stored:	
ATG & Probe Make/Model: _____					
CERTIFICATION					
By signing this form, we the undersigned certify that all information is accurate and complete to the best of our knowledge.					
Installer Name _____				ID #: _____	
Installer Signature: _____				Install Date: _____	
Owner Name _____				Date: _____	
Owner/Authorized Employee Signature _____					

**Please attach a copy of the set up report and a tank test report (including in-line leak test results if applicable) from the ATG.**