

**Registration for Facility and Aboveground Storage Tank (AST)** [Only for AST(s) >660 gallons]

**STATE USE ONLY**

Number ID \_\_\_\_\_

Date Received \_\_\_\_\_

Date Entered \_\_\_\_\_

Entered By \_\_\_\_\_

Comments \_\_\_\_\_

**See last page for mailing instructions**

**I. PURPOSE OF NOTIFICATION** Check all that apply

<input type="checkbox"/> New Facility and Initial Registration <input type="checkbox"/> New AST Installation at Existing Facility <input type="checkbox"/> Replacement of AST at Existing Facility <input type="checkbox"/> Renewal Registration ( <b>every 5 years</b> ) <input type="checkbox"/> With changes <input type="checkbox"/> With no changes <input type="checkbox"/> Conversion or Brought Back Into Use <input type="checkbox"/> Change of Owner or Title	<p align="center"><b>AMENDMENTS</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Tank/Piping Major Repair/Upgrade</td> <td><input type="checkbox"/> Relocation (existing AST moved on site)</td> </tr> <tr> <td><input type="checkbox"/> Change in Service (change in stored petroleum substance)</td> <td><input type="checkbox"/> Alteration/Retrofit</td> </tr> <tr> <td><input type="checkbox"/> Change in Use (no longer stores petroleum)</td> <td><input type="checkbox"/> Change in Operator</td> </tr> <tr> <td><input type="checkbox"/> Piping Closure</td> <td><input type="checkbox"/> Removal</td> </tr> <tr> <td><input type="checkbox"/> AST Closure</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>	<input type="checkbox"/> Tank/Piping Major Repair/Upgrade	<input type="checkbox"/> Relocation (existing AST moved on site)	<input type="checkbox"/> Change in Service (change in stored petroleum substance)	<input type="checkbox"/> Alteration/Retrofit	<input type="checkbox"/> Change in Use (no longer stores petroleum)	<input type="checkbox"/> Change in Operator	<input type="checkbox"/> Piping Closure	<input type="checkbox"/> Removal	<input type="checkbox"/> AST Closure	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Tank/Piping Major Repair/Upgrade	<input type="checkbox"/> Relocation (existing AST moved on site)										
<input type="checkbox"/> Change in Service (change in stored petroleum substance)	<input type="checkbox"/> Alteration/Retrofit										
<input type="checkbox"/> Change in Use (no longer stores petroleum)	<input type="checkbox"/> Change in Operator										
<input type="checkbox"/> Piping Closure	<input type="checkbox"/> Removal										
<input type="checkbox"/> AST Closure	<input type="checkbox"/> Other (specify): _____										

**II. OWNER OF TANKS** **III. LOCATION OF TANKS**

A. Owner Name		A. Facility Name	
B. Street Address		B. Street Address (P.O. Box not acceptable)	
C. City, State, Zip		C. City, Zip	D. County
D. Owner Phone Number	E. Owner Fax Number	E. Facility Phone Number	F. Facility Fax Number
G. Name of Previous Owner (if applicable)		H. Previous Name of Facility (if applicable)	

**IV. CONTACT PERSON** **V. OPERATOR**

A. Contact Person Name and Title		A. Operator Name	
B. Street Address		B. Street Address	
C. City, State, Zip		C. City, State, Zip	
D. Phone Number	E. Fax Number	D. Phone Number	E. Fax Number
F. E-mail Address		F. E-mail Address	

**VI. TYPE OF OWNER** Select from below **VII. TYPE OF FACILITY** Select from below

<input type="checkbox"/> Federal Government	<input type="checkbox"/> Commercial	<input type="checkbox"/> Retail Gas Station	<input type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Commercial	<input type="checkbox"/> Farm
<input type="checkbox"/> State Government	<input type="checkbox"/> Private	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Federal Military	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
<input type="checkbox"/> Local Government		<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	Other (specify): _____	

**VIII. OWNER CERTIFICATION**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I understand that the owner of the aboveground storage tank(s) hereby registered is responsible for compliance with the requirements of Virginia Regulation 9 VAC 25-91-10 et seq., among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner.*

Name and Title	Signature	Date (MM/DD/YYYY)
----------------	-----------	-------------------

IX-A. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AMENDMENTS & CLOSURES <small>Check all that apply</small>										
<b>Owner Tank Identification Number</b>										
<b>DEQ Tank Identification Number</b>										
<b>Tank Status</b>	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	
<b>Date of Installation</b> (MM/DD/YYYY)										
<b>Tank Capacity (Gallons) &gt;660</b> <small>(Compartments of a compartment tank are considered to be separate tanks and should be registered and treated as such)</small>										
<b>Substance Stored</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Gasoline	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel	<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"/>	
Lubricating 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"/>	
Asphalt (petroleum based)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Jet Fuel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Aviation Gasoline	<input 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"/>	
E85	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Biodiesel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify):										
<b>Materials of Construction</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Bare Steel	<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"/>
Insulated Steel	<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"/>
Concrete Coated/(ConVault Type Tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Galvanized Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Fiberglass/FRP/PVC		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Copper/Brass		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):										
<b>Tank &amp; Piping Type</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Single Wall	<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"/>
Double Wall	<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"/>
Cathodic/Corrosion Protected	<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"/>
Double Bottom	<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"/>	
Shop Fabricated/Built	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Portable/Skid	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Horizontal	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vertical	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vaulted-below grade	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Piping Totally Above Ground		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Piping Totally Below Ground		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Piping Both Above and Below Ground		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):										
<b>Foundation Type</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete w/Coating or Release Prevention Barrier (RPB)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Steel/Saddle/Runner/Beam	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Earthen	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Ring Wall	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify):										
<b>Roof Type</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Not Applicable-Horizontal Tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fixed Cone-Welded/Bolted	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Floating	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify):										

**IX-B. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS**

(ONLY COMPLETE IF FACILITY AST TOTAL STORAGE CAPACITY IS 25,000 GALLONS OR MORE) Check all that apply

<b>Oil Discharge Contingency Plan</b>					<b>Facility AST total storage capacity</b> (aggregate of ASTs > 660 gallons)					
ODCP Number _____		Date Approved (MM/DD/YYYY) _____			Gallons _____					
<b>Piping Pressure Test</b> (hydro/API 570/inert) Last Test Date (MM/DD/YYYY) _____										
<b>Secondary Containment</b> Date Certified by a PE (MM/DD/YYYY) _____										
<b>Containment Type</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Dike/Berm/Wall	<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"/>
Sorbent Material	<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"/>
Curbing	<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"/>
Retention Pond	<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"/>
Weirs/Boom	<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"/>
Culverts/Gutters	<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"/>
Diversion Pool	<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"/>
None	<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"/>
Other (specify): _____										
<b>Release Prevention Barrier</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Double Wall	<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"/>
Double Bottom	<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"/>
Coated Concrete	<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"/>
Dike/Berm Excavation Liner	<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"/>
Polyethylene Jacket	<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"/>
None	<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"/>
Other (specify): _____										
<b>Release Detection Type</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Visual Monitoring	<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"/>
Interstitial Monitoring	<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"/>
Groundwater Monitoring	<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"/>
Vapor Monitoring	<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"/>
None	<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"/>
Other (specify): _____										

**IX-C. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS**

(ONLY COMPLETE IF FACILITY TOTAL STORAGE CAPACITY IS ONE MILLION GALLONS OR MORE)

<b>Formal Inspection (API 653)</b>	Tank	Tank	Tank	Tank	Tank
Last External Inspection Date (MM/DD/YYYY) _____					
Last Internal Inspection Date (MM/DD/YYYY) _____					

**X. CLOSURE IN PLACE, REMOVAL, OR CHANGE IN USE** Check all that apply

<b>Tank and Piping Status</b>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Closed in Place	<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"/>
Removed/Dismantled	<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"/>
Conversion/Change in Use (NO LONGER STORES PETROLEUM)	<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>Closure Site Assessment Completed</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Closure Assessment items to be enclosed with this form include: Site Map; Soil Sample Results or Records of Monthly Leak Detection Monitoring for the Previous 12 Months; Copy of Building Permit; and Photographs of Sampled Area.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<b>Evidence of a Leak Detected</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<b>Date Last Used</b> (MM/DD/YYYY) _____										
<b>Date Closed</b> (MM/DD/YYYY) _____										
<b>Comments:</b>										

# Virginia Department of Environmental Quality Regional Offices

## Northern Region

13901 Crown Court  
Woodbridge, VA 22193  
(703) 583-3800

## Valley Region

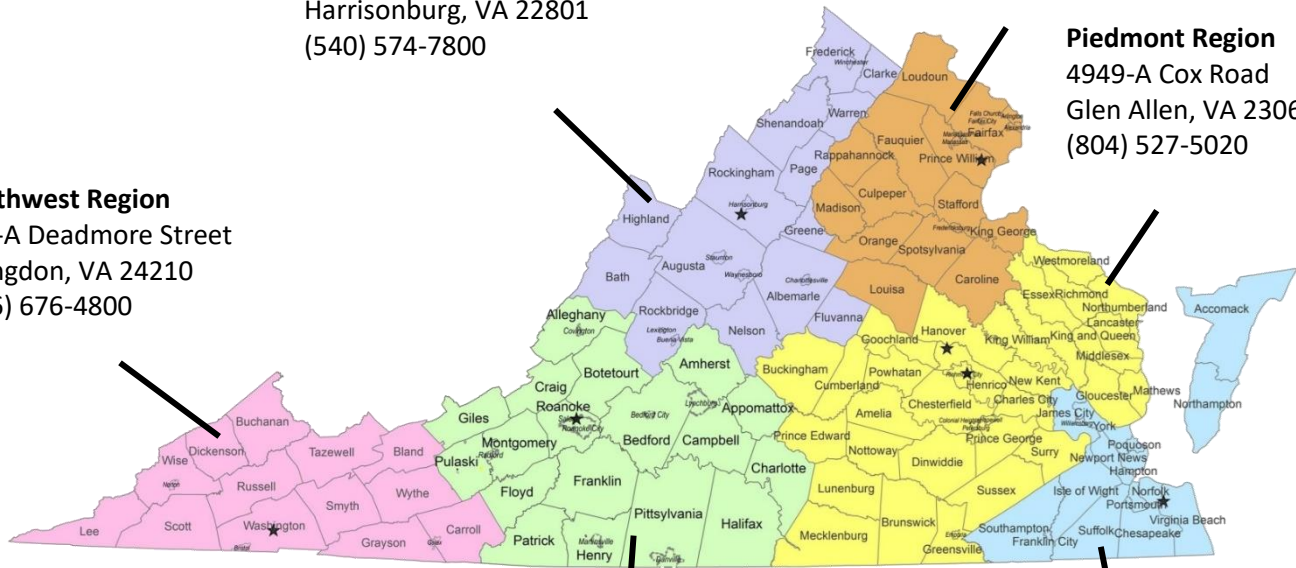
4411 Early Road  
P.O. Box 3000  
Harrisonburg, VA 22801  
(540) 574-7800

## Piedmont Region

4949-A Cox Road  
Glen Allen, VA 23060  
(804) 527-5020

## Southwest Region

355-A Deadmore Street  
Abingdon, VA 24210  
(276) 676-4800



## Blue Ridge Region

901 Russell Drive  
Salem, VA 24153  
(540) 562-6700

## Tidewater Region

5636 Southern Blvd  
Virginia Beach, VA 23462  
(757) 518-2000

**Mail notifications to the DEQ Regional Office serving the city or county where the Tanks are located.**

Regional Offices	Counties and Cities
<b>Blue Ridge Regional Office</b>	<p><b>Counties</b> Alleghany, Amherst, Appomattox, Bedford, Botetourt, Campbell, Charlotte, Craig, Floyd, Franklin, Giles, Halifax, Henry, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke</p> <p><b>Cities</b> Bedford, Clifton Forge, Covington, Danville, Lynchburg, Martinsville, Radford, Roanoke, Salem</p>
<b>Northern Regional Office</b>	<p><b>Counties</b> Arlington, Caroline, Culpeper, Fairfax, Fauquier, King George, Loudoun, Madison, Orange, Prince William, Rappahannock, Spotsylvania, Stafford, Louisa</p> <p><b>Cities</b> Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, Manassas Park</p>
<b>Piedmont Regional Office</b>	<p><b>Counties</b> Amelia, Brunswick, Buckingham, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Gloucester, Goochland, Greensville, Hanover, Henrico, King and Queen, King William, Lancaster, Lunenburg, Mathews, Mecklenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Surry, Sussex, Westmoreland</p> <p><b>Cities</b> Colonial Heights, Emporia, Hopewell, Petersburg, Richmond</p>
<b>Southwest Regional Office</b>	<p><b>Counties</b> Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe</p> <p><b>Cities</b> Bristol, Galax, Norton</p>
<b>Tidewater Regional Office</b>	<p><b>Counties</b> Accomack, Isle of Wight, James City, Northampton, Southampton, York</p> <p><b>Cities</b> Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Poquoson, Suffolk, Virginia Beach, Williamsburg</p>
<b>Valley Regional Office</b>	<p><b>Counties</b> Albemarle, Augusta, Bath, Clarke, Fluvanna, Frederick, Greene, Highland, Nelson, Page, Rockbridge, Rockingham, Shenandoah, Warren</p> <p><b>Cities</b> Buena Vista, Charlottesville, Harrisonburg, Lexington, Staunton, Waynesboro, Winchester</p>