



**Minnesota Pollution Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

# Underground Storage Tanks

## Notification of Installation or Change in Status

Installation, New Information, Closure  
Tanks, Piping, Dispensers

Notify the Minnesota Pollution Control Agency (MPCA) **within 30 days after** bringing tank system into use or making a change in status or information. Keep a copy for your records. **Unsigned and incomplete forms will be returned.** **Guidance on page 4.**

**Questions:** Call 651-757-2429 or 1-800-657-3864 during normal business hours.

**Use this form for:**

- Installation or replacement of tank, piping, or dispensers
- Change in information, such as site name, address, owner, or tank contents
- Change in tank status

MPCA Use Only	
Site #:	
County:	
Date rec'd:	

**Ways to notify:**

- Fax: 651-297-2343 or 651-297-8683, Attn: Joann Henry
- Mail: Attn: Joann Henry at above address

### Site Information

Site name: \_\_\_\_\_ **Site # (if known):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **MN** Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this site located on Native American lands?  Yes  No Is this the initial notification for this site?  Yes  No

Type of facility:  Service station  Government  Education  Industry/Factory  Auto dealer  Utility  
 Bulk plant  Resort  Office building  Other (specify): \_\_\_\_\_

### Owner Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

**A. Action** (Enter date [MM/DD/YYYY] of action under tank number)

1. Tank number <i>See Guidance – page 4</i>				
2. Install new tank				
3. Install new piping				
4. Install new tank and piping				
5. Install new dispenser(s)				
6. Change site information				
7. Change owner information				
8. Change tank information				
9. Change piping, pump, or dispenser information				
10. Current tank status <i>See Guidance – page 4</i>	Status: Date:	Status: Date:	Status: Date:	Status: Date:
11. If tank has been removed, list tank sludge disposal company and Hazardous Waste Generator ID#				

## B. Tank Information

1. Tank number <i>See Guidance – page 4</i>				
2. Capacity	Gallons:	Gallons:	Gallons:	Gallons:
3. Stored substance <i>See Guidance – page 4</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
4. Compartmental tank only <i>See Guidance – page 4</i>				
Compartment 1	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>
Compartment 2	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>
Compartment 3	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>	Gallons: Type: <i>Specify:</i>
5. Special use (check either or both if applicable)	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel
6. Tank type <i>See Guidance – page 4</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
7. Tank corrosion protection <i>See Guidance – page 4</i>				
8. Fill pipe spill containment (spill bucket)	<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
9. Overfill prevention type <i>See Guidance – page 4</i>				
10. Stage 1 vapor recovery for gasoline tanks	<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
11. Primary method of tank release detection <i>See Guidance – page 4</i>				

## C. Piping, Pump, and Dispenser Information:

1. Tank number <i>See Guidance – page 4</i>				
2. Piping type <i>See Guidance – page 4</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
3. Piping corrosion protection <i>See Guidance – page 4</i>				
4. Primary method of piping release detection <i>See Guidance – page 4</i>				
5. Dispensing type <i>See Guidance – page 4</i>				
6. Submersible pump containment <i>See Guidance – page 4</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
7. How many dispensers serve this tank?				
8. Dispenser containment <i>See Guidance – page 4</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>

### Comments:

## Certification:

### Tank Owner

*I certify that the information submitted is accurate and complete to the best of my knowledge; that installation of tanks, piping, and dispensers is according to Minn. R. ch. 7150.0100 and 7150.0205, including secondary containment of new and replacement tanks, piping, and dispensers; and that all tanks and piping have release detection according to Minn. R. ch. 7150.0300 to 7150.0340. (For owners purchasing tanks after March 1, 2008, only) I certify that all tank operators, including lessees, have read this chapter and have sufficient knowledge in the operation and maintenance of underground storage tank systems.*

Name of owner or owner's authorized representative (print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Tank Contractor

*I certify that all work was performed as specified by the manufacturer's instructions; that all work was performed according to the applicable codes of practice in Minn. R. ch. 7150.0205; that all work was performed according to applicable state and federal regulations, including this chapter; and that I am in compliance with contractor certification requirements imposed by Minn. R. ch. 7105.*

Licensed tank supervisor on site during tank work (print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ MPCA Supervisor #: \_\_\_\_\_

Licensed Tank contractor or authorized representative (print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ MPCA Contractor #: \_\_\_\_\_

# Guidance for Underground Storage Tanks Notification Form

## A. 1. Tank number:

Enter tank number. If filling out form electronically, this number will automatically be added to B-1 and C-1 (Select "print preview" or "print" to activate automatic feature).

## A. 10. Current tank status:

Choose from drop-down menu or list below. If status has changed, enter date.

Active  
Abandoned  
Closed in Place  
Removed  
Temporarily Closed

## B. 1. Tank number:

Enter tank number. If filling out form electronically, this number will automatically be added to B-1 after you have typed it into A-1 (Select "print preview" or "print" to activate automatic feature).

## B. 3. Stored substance:

Choose from drop-down menu or list below. If asked to specify in Box 1, describe substance in Box 2. If this tank is compartmental, leave blank.

Gasoline, Aviation  
Gasoline, E10  
Gasoline, E20  
Gasoline, Non-oxygenated  
Diesel, B2/5  
Diesel, Petroleum  
Biodiesel, B100  
Fuel Oil #2 (light)  
Fuel Oil #6 (heavy)  
Kerosene  
Mineral Spirits  
Jet Fuel  
Mineral Oil  
Lubricating Oil  
Used Oil  
Petroleum, Other (specify)  
Ethanol, E100  
Ethanol, E95 (denatured)  
Ethanol, E85  
Chemical, Antifreeze  
Chemical, Acidic (specify)  
Chemical, Caustic (specify)  
Chemical, Other (specify)  
Other Substance (specify)

## B. 4. Compartmental tank only:

Identify capacity and substance for each compartment. Choose substance from drop-down menu or use list in B.3 above. If asked to specify in Box 2, describe substance in Box 3.

## B. 6. Tank type:

Choose from drop-down menu or list below. If "Other" is chosen, describe tank type in Box 2.

Steel, Single Walled  
Steel, Double Walled  
STIP3, Single Walled  
STIP3, Double Walled  
Jacketed Steel, Single Walled  
Jacketed Steel with Interstitial Monitoring, Single Walled  
Jacketed Steel, Double Walled  
Fiberglass, Single Walled  
Fiberglass, Double Walled  
Other (specify)

## B. 7. Tank corrosion protection:

Choose from drop-down menu or list below.

Sacrificial Anode  
Impressed Current  
Internal Lining  
None  
Not needed (use if Tank Type is any Jacketed Steel type or any Fiberglass type)

## B. 9. Overfill prevention type:

Choose from drop-down menu or list below.

Fill pipe flapper valve  
Vent pipe ball float  
Audible high level alarm  
None

## B. 11. Primary method of tank release detection:

Choose from drop-down menu or list below.

Automatic tank gauging (ATG)  
Inventory control  
Statistical inventory control (SIR)  
Manual tank gauging  
Interstitial monitoring

## C. 1. Tank number:

Enter tank number. If filling out form electronically, this number will automatically be added to C-1 after you have typed it into A-1 (Select "print preview" or "print" to activate automatic feature).

## C. 2. Piping type:

Choose from drop-down menu or list below. If "Other" is chosen, describe piping type in Box 2.

Steel, Single Walled (includes coated, wrapped, and galvanized)  
Steel, Double Walled  
Jacketed Steel, Single Walled  
Jacketed Steel with Interstitial Monitoring, Single Walled  
Jacketed Steel, Double Walled  
Fiberglass, Single Walled  
Fiberglass, Double Walled  
Copper  
Flexible Nonmetallic, Single Walled  
Flexible Nonmetallic, Double Walled  
Other (specify)  
None (use if tank has no piping)

**C. 3. Piping corrosion protection:**

*Choose from drop-down menu or list below.*

Sacrificial Anode  
Impressed Current  
None  
Not needed (*use if Piping Type is any Jacketed Steel type, any Fiberglass type, or any Flexible Nonmetallic type*)

**C. 4. Primary method of piping release detection:**

*Choose from drop-down menu or list below.*

Automatic line-leak detector  
3-year tightness testing (*use if other suction dispensing*)  
Interstitial monitoring  
Not needed (*use if safe suction dispensing*)

**C. 5. Type of dispensing:**

*Choose from drop-down menu or list below.*

Submersible pump  
Safe suction pump  
Other suction pump  
Gravity

**C. 6. Submersible pump containment:**

*Choose from drop-down menu or list below.*

*If "Other" is chosen, describe containment type in Box 2.*

Synthetic  
Other (specify)  
None

**C. 8. Dispenser containment:**

*Choose from drop-down menu or list below.*

*If "Other" is chosen, describe containment type in Box 2.*

Synthetic  
Other (specify)  
None