



**Minnesota Pollution
Control Agency**

520 Lafayette Road
St. Paul, MN 55155-4194

UST Alternative Fuel Compatibility Form

Underground Storage Tanks (UST) Program

Doc Type: Application Review

Instructions: This form is to be completed and submitted to the Minnesota Pollution Control Agency (MPCA) to verify tank system components are compatible with the alternative fuels stored. This form must be completed if tank systems use blends of fuels greater than 10 percent ethanol or 20 percent biodiesel. The tank, pipe, and dispenser information should be completed by someone knowledgeable of the tank system in question. **Note:** Tanks with interior lining will not be approved for alternative fuel storage.

Fax completed form to: 651-297-2343 or 651-205-4593, Attn: Joann Henry

or

Mail completed form to: Attn: Joann Henry
Minnesota Pollution Control Agency
520 Lafayette Road North, St. Paul, MN 55155

Site Information

Site ID#: _____ Name: _____
Facility name: _____ Company name: _____
Address: _____ Address: _____
City: _____ Zip code: _____ City: _____ Zip code: _____
County: _____ Phone: _____ Fax: _____
E-mail: _____

Owner Information

Contractor Information

Contractor name: _____ Size (gal.) _____
Address: _____ Manufacturer: _____
City: _____ Model/Brand: _____
State: _____ Zip code: _____ Tank material: _____
Phone: _____ Tank single /double wall: _____
Installation date (mm/dd/yyyy): _____

Tank Information

Tank Leak Detection Method

- ☐ Automatic tank gauge ☐ Interstitial monitoring ☐ Inventory control
☐ Manual tank gauging ☐ Statistical inventory control

Ethanol percentage: _____ **Biodiesel percentage:** _____

Identify the Manufacturer, Model/Brand, and whether the piece of equipment is Underwriters Laboratories (UL) listed or Manufacturer approved for storing alternative fuel.

UL/Manufacturer approved?					
Tank	Manufacturer	Model/Brand	UL (Y/N)	UL number	Man. (Y/N)
Spill bucket			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Overfill			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drop tube			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Submersible pump/ Suction pump			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Leak detection probe			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sump sensors			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Piping

Manufacturer: _____ Model/Brand: _____

Pipe material single/double wall: _____ Installation date (mm/dd/yyyy): _____

UL/Manufacturer approved?

Pipe construction material	Manufacturer	Model/Brand	UL (Y/N)	UL number	Man. (Y/N)
Pipe fittings/ Valve material			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaskets/Seals			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pipe sealant/ Adhesive			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Flex connector			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Line leak detector			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Flow restrictor			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

UL/Manufacturer approved?

Dispenser information	Manufacturer	Model/Brand	UL (Y/N)	UL number	Man. (Y/N)
Dispenser piping			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispenser sump			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispenser sump sensor			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaskets/Seals			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Blending valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Meter			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency/ Shear valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel filters			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Break-away			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nozzle(s)/Swivel(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hose(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Certification

I hereby certify by signature, that I have personally examined the tank system components and/or reviewed installation documentation, verifying the type of equipment installed.

Name of owner or owner's authorized representative:

Print name: _____ Title: _____

Signature: _____ Date (mm/dd/yyyy): _____

Tank Contractor:

Print name: _____ Title: _____

Signature: _____ Date (mm/dd/yyyy): _____

MPCA Contractor #: _____