



## Minnesota Pollution Control Agency

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

# Underground Storage Tanks

## Ten-day Advance Notice

Installation, Closure, Lining Inspection  
Tanks, Piping, Dispensers

Notify Minnesota Pollution Control Agency (MPCA) **at least ten days prior** to start of activity. Keep a copy for your records.

### Use this form for:

- Installation or replacement of tank, piping, or dispensers
- Change to storage of nonregulated substance
- Permanent tank closure
- Inspection of internal lining

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

### Ways to notify:

- Phone: Joann Henry at 651-757-2429
- Fax: 651-297-2343 Attn: Joann Henry
- E-mail: [joann.henry@state.mn.us](mailto:joann.henry@state.mn.us)
- Mail: Attn: Joann Henry at above address

## Person Giving Notice

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ **Start date:\*** \_\_\_\_\_

*\*If date changes by more than 48 hours, you must re-notify.*

## Site Information

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

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

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

## Owner Information

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

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

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

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

## Action

Tank #						
Substance						
Capacity						
Tank type						
Piping type						
<b>Double-walled?</b> Is all new equipment secondarily contained? (tank, piping, dispensers, submersible pump)	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Install new tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install new piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install new tank and piping						
Install new dispenser(s) (How many: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to nonregulated substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect internal lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Contractor Information

Contractor name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Certification #: \_\_\_\_\_

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