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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | AST notification formAboveground Storage Tanks (AST) ProgramTanks and Piping: Installation, New Information, ClosureDoc Type: Permitting Registration Form |

Please 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 3.**

**Use this form for:**

* Installation, removal, or replacement of aboveground tank or piping
* Changing information, such as site name, address, owner, or stored substance
* Changing tank status, such as closing or reopening a tank

**Do not use this form for Major facilities with 1,000,000 gallons of storage capacity or greater between all tanks.**

## **Submittal:** To submit this form, complete the form and save the form to your computer, then send to the Minnesota Pollution Control Agency (MPCA) by attaching the form to an email message, using “Notification Form” as the subject line addressed to AbovegroundTanks.pca@state.mn.us. Ensure all necessary signatures are acquired. Email the completed document to those who need to sign and certify it before submitting to MPCA. All questions with an asterisk(**\***) are **required** fields.

## **Site Information**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Site name: |       | Site number (if known): |       |
| \*Address: |       |
| \*City: |       | State: | **MN** | \*Zip code: |       | \*County: |       |
| \*Contact name: |       | \*Phone: |       |
| Is this site located on Native American lands?   | Is this the initial notification for this site?  |
| Type of facility: |  | [ ]  Other (specify): |       |

## **Owner Information**

|  |  |
| --- | --- |
| **\***Name: |       |
| **\***Address: |       |
| **\***City: |       | **\***State: |    | **\***Zip code: |       |
| **\***Contact name: |       | **\***Phone: |       |
| **\***Email address: |       |  |  |

## **A. Action** (Enter date [mm/dd/yyyy] of action under tank number)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Tank number*See Guidance – page 3* |       |       |       |       |       |
| 2. Current tank status*See Guidance – page 3* | Status:  | Status:  | Status:  | Status:  | Status:  |
| 3. Install new tank | Date:       | Date:       | Date:       | Date:       | Date:       |
| 4. Install new piping | Date:       | Date:       | Date:       | Date:       | Date:       |
| 5. Change site information | Date:       | Date:       | Date:       | Date:       | Date:       |
| 6. Change owner information | Date:       | Date:       | Date:       | Date:       | Date:       |
| 7. Change tank information | Date:       | Date:       | Date:       | Date:       | Date:       |
| 8. Change piping information | Date:       | Date:       | Date:       | Date:       | Date:       |
| 9. Change stored substance | Date:       | Date:       | Date:       | Date:       | Date:       |
| 10. Close tank (Out of Service) | Date:       | Date:       | Date:       | Date:       | Date:       |
| 11. Reopen tank (Return to Service) | Date:       | Date:       | Date:       | Date:       | Date:       |
| 12. Remove tank | Date:       | Date:       | Date:       | Date:       | Date:       |

## **B. Tank Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Tank number*See Guidance – page 3* |   |   |   |   |   |
| 2. Capacity | Gallons:       | Gallons:       | Gallons:       | Gallons:       | Gallons:       |
| 3. Stored substance*See Guidance – page 3* | Type: *Specify:* | Type: *Specify:* | Type: *Specify:* | Type: *Specify:* | Type: *Specify:* |
| 4. Tank Type*See Guidance – page 3* | Type:  | Type:  | Type:  | Type:  | Type:  |
| 5. Is tank double-walled or double-bottomed? | [ ]  Double-walled[ ]  Double-bottomed | [ ]  Double-walled[ ]  Double-bottomed | [ ]  Double-walled[ ]  Double-bottomed | [ ]  Double-walled[ ]  Double-bottomed | [ ]  Double-walled[ ]  Double-bottomed |
| 6. Tank base material *See Guidance – page 3* |  |  |  |  |  |
| 7. Is tank located indoors?*See Guidance – page 3* |  |  |  |  |  |
| 8. Is tank located within 500 feet of a surface water?*See Guidance – Page 3* |  |  |  |  |  |
| 9. Is tank labeled with number, substance, and capacity? |  |  |  |  |  |
| 10. Tank floor corrosion protection *See Guidance – page 3* | Method 1: Method 2:  | Method 1: Method 2:  | Method 1: Method 2:  | Method 1: Method 2:  | Method 1: Method 2:  |
| 11. Overfill prevention type*See Guidance – page 4* |  |  |  |  |  |
| 12. Tank leak detection *See Guidance – page 4* |  |  |  |  |  |
| 13. Substance transfer safeguards *See Guidance – page 4* |  |  |  |  |  |
| 14. Visual monitoring *See Guidance – page 4* |  |  |  |  |  |
| 15. Site diagram present?*See Guidance – page 4* |  |  |  |  |  |
| 16. Emergency contact sign present?*See Guidance – page 4* |  |  |  |  |  |

## **C. Piping Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Tank number*See Guidance – page 4* |   |   |   |   |   |
| 2. Piping location  | [ ]  Aboveground[ ]  Underground[ ]  Buried in chase | [ ]  Aboveground[ ]  Underground[ ]  Buried in chase | [ ]  Aboveground[ ]  Underground[ ]  Buried in chase | [ ]  Aboveground[ ]  Underground[ ]  Buried in chase | [ ]  Aboveground[ ]  Underground[ ]  Buried in chase |
| 3. Piping type*See Guidance – page 4* | *Specify:* | *Specify:* | *Specify:* | *Specify:* | *Specify:* |
| 4. Is piping double-walled? |  |  |  |  |  |
| 5. Piping and fill ports labeled with substance? |  |  |  |  |  |
| 6. Underground piping corrosion protection*See Guidance – page 4* |  |  |  |  |  |
| 7. Underground piping leak detection *See Guidance – page 4* |  |  |  |  |  |

## **D. Secondary Containment Area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Containment area number*See Guidance – page 4* |       |       |       |       |       |
| 2. Secondary containment type *See Guidance – page 4* |  |  |  |  |  |
| 3. Secondary containment volume*See Guidance – page 4* | Gallons:      orPercent:    % | Gallons:      orPercent:    % | Gallons:      orPercent:    % | Gallons:      orPercent:    % | Gallons:      orPercent:    % |
| 4. Tanks using area*See Guidance – page 4* |       |       |       |       |       |
| **Comments:** |       |

|  |  |
| --- | --- |
| Provide name of contractor, if known: |       |

## **Tank Owner Certification**

*I certify that the information submitted is accurate and complete to the best of my knowledge.*

**Name of owner or owner’s authorized representative:**

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |       | Title: |       |
| Signature: |  | Date: |  |

**Guidance for Aboveground Storage Tanks Notification Form**

If site has more than five tanks, use additional forms.

**A. 1. Tank number:**

*Enter tank number. Default number for ASTs begin with 1001 (cont. 1002, 1003, etc). If filling out form electronically this number will automatically be added to B-1 and C-1.*

**A. 2. Current tank status:**

*Choose from drop-down menu, listed below.*

 Active

Closed (Out of Service): tank meets the closure requirements of Minn. R. 7151.8200

Removed

**B. 1. Tank number:**

*Enter tank number. If filling out form electronically this number will be copied automatically from A-1.*

**B. 3. Stored substance:**

*Choose from drop-down menu, listed below. If stored substance is not listed in the drop-down menu, choose “Other.” If asked to specify in Box 1, describe substance in Box 2.*

 Gasoline Blends (E1-E49)

 Gasoline, Aviation

 Gasoline, Non-oxygenated

 Diesel, Petroleum

 Diesel Blends (B1-B20)

 Diesel Blends (>B20)

 Biodiesel, B100

 Fuel Oil #2 (light)

 Fuel Oil #6 (heavy)

 Ethanol Blends (E50-E89)

 Ethanol Blends (E90-E99)

 Ethanol, Denatured (E90-E99)

 Ethanol, E100

 Kerosene

 Mineral spirits

 Jet fuel

 Lubricating oil

 Used oil

 Petroleum, Other (specify)

 Antifreeze

 Chemical, Acidic (specify)

 Chemical, Caustic (specify)

 Chemical, Other (specify)

 Other (specify)

**B. 4. Tank type:**

*Choose tank* ***primary*** *material of construction from drop-down menu, listed below.*

 Aluminum

 Carbon steel

 Concrete

 Fiberglass

 Plastic (PVC, etc.)

 Stainless steel

**B. 6. Tank base material:**

*Choose what tank is resting on from drop-down menu, listed below.*

 Asphalt

 Coated concrete pad

 Concrete pad

 Concrete ring wall with clay liner

 Concrete ring wall with geosynthetic liner

 Concrete ring wall with synthetic liner

 Concrete ring wall without liner

 Elevated on supports

 Geosynthetic liner (bentonite mat)

 Ground (soil, clay, sand, rock)

 Steel plate

 Synthetic liner

**B. 7. Indoor tanks:**

*Tank must meet the definition of indoor tank in Minn. R. 7151.1200, subp. 21.*

**B. 8. Surface water:**

*Surface water refers to the definition of Class 2 surface water in Minn. R. 7151.1200, subp. 8.*

**B. 10. Tank floor corrosion protection:**

*Leave this field blank if the tank is non-steel, elevated on supports, resting on a concrete slab, double-walled, double-bottomed, or in a secondary containment area which complies with Minn. R. 7151.5400. Otherwise, choose two protection methods from the drop-down menu, listed below.*

 Cathodically protected

 Internally lined: according to PEI 652

 Internally inspected: according to PEI 653

**B. 11. Overfill prevention type:**

*Choose method of preventing overfills from drop-down menu, listed below.*

High level alarm: visible or audible alarm that alerts person controlling transfer at 95% or less

Automatic shut-off: device connected to level gauge, sensor, or dispensing nozzle that automatically shuts off at 95% or less

Sight glass/gauge: tank level gauge that is visible to person controlling transfer

Manual gauging: measuring fuel level using a gauging stick during fuel transfer

**B. 12. Tank leak detection:**

*Choose method of tank leak detection from drop-down menu, listed below.*

Visual monitoring if tank is elevated on supports or resting on concrete pad or on synthetic liner

Interstitial monitoring if tank is double-walled or double-bottomed

Soil vapor monitoring under tank floor

Inventory reconciliation

Statistical inventory reconciliation

**B. 13. Substance transfer safeguards:**

*Choose spill containment safeguard provided at connection point for vehicles loading or unloading substance from the tank from the drop-down menu, listed below. A second safeguard may be chosen, if applicable.*

Containment area

Curbed vehicle loading pad (concrete or asphalt)

Spill box

Sorbent pads

**B. 14. Visual monitoring:**

*Choose frequency of visual monitoring of the tank for spills and leaks from the drop-down menu, listed below.*

Weekly

Every 72 hours

Daily

**B. 15. Site diagram:**

*Facilities must have a site diagram permanently posted where delivery and emergency response personnel can view it according to Minn. Ch. 116.481 subd. 3.*

**B. 16. Emergency contact:**

*Facilities that do not have a person onsite 24 hours per day must post an emergency contact sign that complies with Minn. R. 7151.5300 subp. 3*

**C. 1. Tank number:**

*Enter tank number to which piping is connected. If filling out form electronically, this number will automatically be added to C-1 after you have typed it into A-1.*

**C. 3. Piping type:**

*Choose piping* ***primary*** *material(s) of construction from drop-down menu or list below. If “Other” is chosen, describe piping type in Box 2.*

Carbon steel (includes coated, wrapped, and galvanized)

Carbon steel with fiberglass jacket

Stainless steel

Fiberglass

Copper

Flexible nonmetallic

Other (specify)

**C. 6. Underground piping corrosion protection:**

*Choose how underground piping, if any, is protected from corrosion from drop-down menu, listed below. If piping is double-walled or of non-steel or fiberglass-jacketed steel construction, leave blank.*

Cathodic protection, sacrificial anode type

Cathodic protection, impressed current type

**C. 7. Underground piping leak detection:**

*Choose method of annual leak detection for underground piping from drop-down menu, listed below.*

Tracer gas testing

Hydrostatic testing

Lockdown pressure testing

Double-walled piping with sump sensor connected to audible alarm

**D. 1. Containment area number:**

*Enter containment area number. Default numbers for containment area begin with C01 (cont. C02, C03, etc). Secondary containment is required for all AST systems not excluded in Minn. R. 7151.1300, subp. 2.*

**D. 2. Secondary containment type:**

*Choose the material of construction for the secondary containment area surrounding the tank from the drop-down menu, listed below.*

Concrete

Concrete with coating

Geosynthetic liner

Native soil

Native soil with clay amendment

Steel

Synthetic liner

**D. 3. Secondary containment volume:**

*Give the capacity (gallons) for secondary containment area or list the percentage of available volume of containment surrounding the tank compared to the capacity of the largest tank located in the containment area. Secondary containment must be at least 100% of designed capacity of the largest tank plus displacement of other tanks in the containment area or 110% if the containment area is open to precipitation.*

**D. 4. Tanks using area:**

*List the tank numbers of all ASTs in the containment area.*