

# UST notification form

Underground Storage Tanks (UST) Program  
Installation, closure, tanks, piping, dispensers

Doc Type: Permitting Registration Form

Notify the Minnesota Pollution Control Agency (MPCA) **within 30 days after** bringing tank system into use. Keep a copy for your records. **Incomplete forms will be returned. Guidance on pages 5-6.**

**Use this form for:**

- Installation or replacement of tank, piping, or dispensers
- Removals or permanent closures

**Submittal:** To submit this form, save it to your computer and send to the MPCA, using the submit button at the end of the form; or attach it to an email message, using "Notification form" as the subject line to [undergroundtanks.pca@state.mn.us](mailto:undergroundtanks.pca@state.mn.us). Ensure all necessary signatures are acquired. Email the completed document to those who need to sign and certify it. Complete the Site assessor/sampler section for permanent closures, removals, or product change to a non-regulated substance. **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: \_\_\_\_\_  
 \*Email address: \_\_\_\_\_

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: \_\_\_\_\_  
 \*Email address: \_\_\_\_\_

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

1. Tank number <i>See Guidance – page 5</i>				
2. Install new tank				
3. Install new piping				
4. Install new tank and piping				
5. Install new dispenser				
6. Change tank information				
7. Change piping, pump, or dispenser information				
8. Current tank status <i>See Guidance – page 5</i>	Status: Date:	Status: Date:	Status: Date:	Status: Date:
9. 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 5</i>				
2. Capacity	Gallons:	Gallons:	Gallons:	Gallons:
3. Stored substance <i>See Guidance – page 5</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 5</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	<input type="checkbox"/> Heating only	<input type="checkbox"/> Heating only	<input type="checkbox"/> Heating only	<input type="checkbox"/> Heating only
6. Tank type <i>See Guidance – page 5</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
7. Tank manufacturer				
8. Tank model				
9. Tank corrosion protection <i>See Guidance – page 5</i>				
10. Spill bucket containment	<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. Spill bucket manufacturer and model				
12. Spill bucket – single wall or double wall	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double
13. Overfill prevention type <i>See Guidance – page 5</i>				
14. Overfill equipment manufacturer and model				
15. 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
16. Stage 1 vapor recovery	<input type="checkbox"/> 2 point <input type="checkbox"/> Coax	<input type="checkbox"/> 2 point <input type="checkbox"/> Coax	<input type="checkbox"/> 2 point <input type="checkbox"/> Coax	<input type="checkbox"/> 2 point <input type="checkbox"/> Coax
17. Primary method of tank release detection <i>See Guidance – page 5</i>				
18. Automatic tank gauge manufacturer and model				
19. Automatic tank gauge probe model				
20. Tank interstitial sensor manufacturer and model				

### C. Piping, pump, and dispenser information:

1. Tank number <i>See Guidance – page 5</i>				
2. Piping type <i>See Guidance – page 5</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
3. Piping manufacturer and model				
4. Pipe sealant/adhesive manufacturer and model				
5. Flexible connector manufacturer and model				
6. Shear valve manufacturer and model				
7. Shear valve dual pop-it	<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
8. Piping corrosion protection <i>See Guidance – page 6</i>				
9. Primary method of piping release detection <i>See Guidance – page 6</i>				
10. Line leak detector manufacturer & model				
11. Piping interstitial sensor manufacturer & model				
12. Dispensing type <i>See Guidance – page 6</i>				
13. Submersible pump containment <i>See Guidance – page 6</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
14. STP containment manufacturer and model				
15. Submersible turbine pump manufacturer and model				
16. Suction pump manufacturer and model				
17. Dispenser manufacturer and model				
18. Dispenser containment <i>See Guidance – page 6</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
19. Break-away manufacturer and model				
20. Swivel manufacturer and model				
21. Nozzle manufacturer and model				
22. Hose manufacturer and model				

### Comments:

## Certification

### Complete the following steps to complete the certification:

1. The Tank supervisor and contractor should complete the applicable section below, save the form, and forward on to Owner to certify.
2. Complete the Site assessor/sampler section if applicable. Save the form and forward to the Site assessor to complete their section if needed.
3. Once the Contractor and Supervisor have certified the document and the Site assessor/sampler information is completed (if required), the Owner should complete the applicable section and click the submit button. The signatures are needed for the form to be accepted.

### 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.*

*By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

\* I agree

\* I agree

#### Licensed tank supervisor on site during tank work:

\*Name: \_\_\_\_\_  
(This document has been electronically signed.)

\*Title: \_\_\_\_\_

\*Date (mm/dd/yyyy): \_\_\_\_\_

\*MPCA supervisor #: \_\_\_\_\_

#### Licensed tank contractor or authorized representative:

\*Name: \_\_\_\_\_  
(This document has been electronically signed.)

\*Title: \_\_\_\_\_

\*Date (mm/dd/yyyy): \_\_\_\_\_

\*MPCA contractor #: \_\_\_\_\_

### Site assessor/sampler (if applicable)

*Minn. R. 7150.0420 requires a site assessment be conducted at the removal or closure in place of regulated USTs or if the product stored is changed from a regulated to non-regulated substance. Please complete the following information to identify who conducted the site assessment. Contamination must be reported. **State Duty Officer: 1-800-422-0798 or 651-649-5451.***

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

Date (mm/dd/yyyy): \_\_\_\_\_

Company name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Contact name: \_\_\_\_\_ Email address: \_\_\_\_\_

### 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. I advise that the information submitted is accurate and complete to the best of my knowledge; that the permanent closure of tank systems and change in status to storage of non-regulated substances is according to Minn. R. ch. 7150.0410 (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.*

*By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

\* I agree

#### Owner or authorized representative

\*Name: \_\_\_\_\_ \*Title: \_\_\_\_\_  
(This document has been electronically signed.)

\*Date (mm/dd/yyyy): \_\_\_\_\_

## Guidance for UST 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.

### A. 8. 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. 9. 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. 12. 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. 17. 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.

### 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. 8. 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. 9. 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. 12. Type of dispensing:**

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

- Submersible pump
- Safe suction pump
- Other suction pump
- Gravity

**C. 13. 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. 18. Dispenser containment:**

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

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

- Synthetic
- Other (specify)
- None