

# 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.

**Submittal:** To submit this form, open the form using Internet Explorer Web browser or Adobe Acrobat Reader, save the form to your computer and send to the MPCA by using the submit button at the end of the form, or attach the form to an email message, using "Alternative fuel form" as the subject line to [undergroundtanks.pca@state.mn.us](mailto:undergroundtanks.pca@state.mn.us).

### Site information

Site ID#: \_\_\_\_\_  
 Facility name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 County: \_\_\_\_\_

### Owner information

Name: \_\_\_\_\_  
 Company name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Contractor information

Contractor name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Tank information

Size (gal.) \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Model/Brand: \_\_\_\_\_  
 Tank material: \_\_\_\_\_  
 Tank single /double wall: \_\_\_\_\_  
 Installation date (mm/dd/yyyy): \_\_\_\_\_

### 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/<br>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/<br>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/<br>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<br>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/<br>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 (Maximum 750 characters approximately):**

## Certification

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

**I agree** - By typing your names below, you 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. **Note: This needs to be checked before the form will submit.**

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

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

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

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

**Tank contractor:**

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

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

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

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