

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, open the form using Internet Explorer Web browser or Adobe Acrobat Reader, complete and save the form to your computer, then send to the Minnesota Pollution Control Agency (MPCA) by using the submit button at the end of the form (a "send email" window should open), or attach the form to an email message, using "Notification Form" as the subject line addressed to 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: Specify: | Type: Specify: | Type: Specify: | Type: Specify: |
| 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 tightness testing <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: Specify: | Type: Specify: | Type: Specify: | Type: Specify: |
| 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: Specify: | Type: Specify: | Type: Specify: | Type: Specify: |
| 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. Tank Supervisors and Contractors complete the "Tank Contractor" section below, save the form, and send on to the next party for their information.
2. Site assessor/sampler complete the section below. Save the form and forward on to the owner.
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 "Tank Owner" section and submit. 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

Licensed tank supervisor on site during tank work:

*Signature: _____
(This document has been electronically signed.)

*Title: _____

*Date (mm/dd/yyyy): _____

*MPCA supervisor #: _____

* ☐ I agree

Licensed tank contractor or authorized representative:

*Signature: _____
(This document has been electronically signed.)

*Title: _____

*Date (mm/dd/yyyy): _____

*MPCA contractor #: _____

Site assessor/sampler (if applicable)

*Minn. R. 7150.0345 requires a site assessment be conducted at the removal or closure in place of regulated tank USTs/piping systems 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

*Signature: _____
(This document has been electronically signed.)

*Title: _____

*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
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.

B. 3. Stored substance:

*Choose from drop-down menu or list below.
If asked to specify, describe substance next to "specify". If this tank is compartmental, leave blank.*

Gasoline, E10
Gasoline, E15
Ethanol, E85
Gasoline, Non-oxygenated
Gasoline, Aviation
Diesel, B5/20
Diesel, Petroleum
Biodiesel, B100
Diesel exhaust fluid
Fuel Oil #2 (light)
Fuel Oil #6 (heavy)
Kerosene
Mineral Spirits
Jet Fuel
Lubricating Oil
Used Oil
Petroleum, Other (specify)
Ethanol, E100
Ethanol, E95 (denatured)
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, describe substance next to "specify".

B. 6. Tank type:

*Choose from drop-down menu or list below.
If "Other" is chosen, describe type next to "specify".*

Steel, Single Walled
Steel, Double Walled
STIP3, Single Walled
STIP3, Double Walled
Jacketed Steel, Single Walled
Jacketed Steel, Double Walled
Jacketed Steel with Interstitial Monitoring, Single 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. 13. 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.

Interstitial monitoring
Automatic tank gauging (ATG)
Manual tank gauging
Statistical inventory control (SIR)

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 type next to "specify".*

Steel, Single Walled (includes coated, wrapped, and galvanized)
Steel, Double Walled
Fiberglass, Single Walled
Fiberglass, Double Walled
Flexible Nonmetallic, Single Walled
Flexible Nonmetallic, Double Walled
Copper
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 Fiberglass
type, or any Flexible Nonmetallic type)

C. 9. Primary method of piping tightness testing:

*Choose from drop-down menu or list below. Include
line leak detector (C10) and/or piping interstitial
sensor (C11) manufacturer & model number.*

Annual tightness test
Interstitial Monitoring
Monthly tightness test
Three year tightness test
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
next to "specify".*

Fiberglass
Synthetic/Plastic
Steel
Other (specify)
None

C. 18. Dispenser containment:

*Choose from drop-down menu or list below.
If "Other" is chosen, describe containment type
next to "specify".*

Fiberglass
Synthetic/Plastic
Steel
Other (specify)
None