

# STATE OF MISSISSIPPI

## NOTIFICATION FOR UNDERGROUND STORAGE TANKS

<b>For USTs in</b>	Return Completed Form To:	Mississippi Dept. of Environmental Quality Office of Pollution Control – UST Branch P.O. Box 2261 Jackson, MS 39225	(state use only)  ID # _____ Date _____ Recorded: _____
<b>MS</b>			

### Instructions

- This form must be completed and submitted within 30 days of bringing an underground storage tank (UST) into use.
- Type or print in ink all items except "signature" in Sections VII and IX.
- Complete each section of this form that applies to the type of notification you are submitting.

### I. Type of UST Facility

- |                                  |                                     |   |   |   |   |
|----------------------------------|-------------------------------------|---|---|---|---|
| <input type="checkbox"/> Retail  | <input type="checkbox"/> Industrial | <input type="checkbox"/> Federal Military | <input type="checkbox"/> Federal Non-Military | <input type="checkbox"/> State Government | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Farm       | <input type="checkbox"/> Airport/Aircraft | <input type="checkbox"/> Truck/Transporter    | <input type="checkbox"/> Other (specify): |   |

### II. Ownership of Tanks

### III. Location of Tanks

Owner Name			Facility Name			MDEQ ID Number		
Mailing Address						Physical Address (P.O. Box not acceptable)		
City		State	Zip Code		City (nearest if not within city limits)		State <b>MS</b>	Zip Code
Phone		Fax		County		Phone		
E-mail			Fuel Brand (BP, Exxon, Shell, etc.)			Indicate Total Number of USTs at this location		

### IV. Contacts

### V. Type of Notification

Each facility is required to have a trained UST Compliance Manager (Class A/B Operator). Include the UST Compliance Manager and other facility contacts.		<input type="checkbox"/> New UST facility <input type="checkbox"/> New USTs added to an existing facility <input type="checkbox"/> New USTs <span style="margin-left: 100px;"><input type="checkbox"/> replace existing USTs</span> <input type="checkbox"/> New piping <span style="margin-left: 100px;"><input type="checkbox"/> replace existing piping</span> <input type="checkbox"/> New dispensers <span style="margin-left: 100px;"><input type="checkbox"/> replace existing dispensers</span> <input type="checkbox"/> New submersible pumps <span style="margin-left: 100px;"><input type="checkbox"/> replace existing pumps</span> <input type="checkbox"/> New spill buckets <span style="margin-left: 100px;"><input type="checkbox"/> replace existing spill buckets</span> <input type="checkbox"/> New overfill prevention <span style="margin-left: 100px;"><input type="checkbox"/> replace existing overfill prevention</span> <input type="checkbox"/> Change in tank status (complete Number 1 of Section VIII only) <input type="checkbox"/> Other (specify):
UST Compliance Manger		
Mr.		
Ms.		
Phone	Email	
Other Contact		
Mr.		
Ms.		
Phone	Email	

### VI. Financial Responsibility

- Select a method showing how you have met the financial responsibility requirements in accordance with UST-2 Subpart H.
- State Trust Fund (motor fuel tanks only)    
  Self Insurance    
  Private Insurance    
  Guarantee or Surety Bond

### VII. Certification (Read and sign after completing all sections.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and Title of UST Owner (type or print)	Signature of UST Owner	Date Signed
Mr.		
Ms.		

## VIII. Description of Underground Storage Tank (UST) System

Complete for UST at this location. Mark each box that applies with a check mark or an "X" unless a date is required.

<b>Tank Number</b>						
<b>1</b>  <b>Tank Information</b>	Tank is Currently in Use					
	Tank is Temporarily Out of Use					
	Date of Tank Installation					
	Date Tank Placed in Service					
	Date Tank Taken Temporarily Out of Use					
<b>2 Total Tank Capacity (gallons)</b>						
For Compartment Tanks Only (multi-compartment tanks are considered to be a single tank)	Compartment 1 Capacity					
	Compartment 2 Capacity					
	Compartment 3 Capacity					
Tanks are Manifolder (list each manifolded tank separately)						
<b>3</b>  <b>Substance Currently or Last Stored in Greatest Volume</b>  <small>(Note: If a compartment tank, enter compartment number in the appropriate box.)</small>	G A S O L I N E	"Regular"				
		"Mid-grade"				
		"Premium"				
		Ethanol Blend (specify %)				
		Other gasoline (specify)				
	D I E S E L	"Highway" (taxed)				
		"Off road" (tax exempt)				
		Biodiesel (specify %)				
		Other Diesel (specify)				
	E T H A N O L	E10				
		E15				
		E85				
		Kerosene				
		Used Oil				
		Other Petroleum (specify)				
	Hazardous Substance (specify)					
<b>4a Tank Material of Construction</b> (choose only one)						
	Asphalt Coated or Bare Steel					
	Coated & Cathodically Protected Steel (sti-P <sub>3</sub> ®)					
	Fiberglass Reinforced Plastic					
	Composite-Steel with Fiberglass					
	Composite-Steel with Thermoplastic					
	Other (specify)					
<b>4b Tank Construction</b> Note: All tanks installed after 9/30/2008 must be double-walled.						
	Single-walled					
	Double-walled					
	Interior Lined with Epoxy Coating					
	Cathodically Protected					
Type of Cathodic Protection System	Galvanic (Sacrificial Anode)					
	Impressed Current					
<b>5 Spill and Overfill Prevention</b>						
Spill Prevention	Catchment Basin					
	Other (describe)					
	Date Installed					
Overfill Prevention	Ball Float Valve					
	Drop Tube Device					
	Electronic Alarm					
	Date Installed					

<b>6 Tank Leak Detection</b>		Note: All tanks installed after 9/30/2008 must conduct interstitial monitoring.					
		Groundwater/Vapor Monitoring					
		Automatic Tank Gauging					
		Monthly (visual) Interstitial Monitoring					
		Continuous (electronic) Interstitial Monitoring					
		Tank Tightness Testing with Inventory Control					
		Statistical Inventory Reconciliation (SIR)					
		Manual Tank Gauging (less than 2001 gal only)					
		Tank is used ONLY to fuel emergency power generator					
<b>7 Pipe Information</b>	Date of Pipe Installation						
	Date Pipe Placed in Service						
	New Pipe Installed for New UST						
	New Pipe Installed to Replace Existing Pipe						
	New Pipe Added to Existing Pipe (added dispenser)						
	Existing Pipe Modified at Dispenser						
	Existing Pipe Modified at Submersible Pump						
	Date of Dispenser Installation						
Date of Submersible Pump Installation							
<b>8 Type of Pipe System</b>							
		Pressure					
		American Suction (check valve at tank)					
		Safe Suction (check valve at dispenser)					
		Gravity Fed Only					
		No Product Piping or All Pipe is Aboveground					
<b>9a Pipe Material of Construction</b>							
		Bare or Galvanized Steel					
		Epoxy Coated Steel					
		Rigid Fiberglass Reinforced Plastic					
		Semi-Rigid Thermoplastic					
		Flexible Thermoplastic					
		Composite (metal with thermoplastic)					
		Other (specify)					
		Pipe Manufacturer (Ameron, APT, OPW, Smith, etc.)					
<b>9b Pipe Construction</b>		Note: All piping installed after 9/30/2008 must be double-walled.					
		Single-Walled					
		Double-Walled					
		Cathodically Protected					
Type of Cathodic Protection System	Galvanic (Sacrificial Anode)						
	Impressed Current						
<b>10 Dispenser Sump Information</b>	<b>Dispenser Sump Construction</b>						
	Date Containment Sumps Installed						
	Fiberglass Reinforced Plastic						
	Thermoplastic						
	Steel						
	<b>Dispenser Sump Monitoring</b>		Note: All sumps installed after 9/30/2008 must be monitored.				
	Monthly (visual) Interstitial Monitoring						
Continuous (electronic) Interstitial Monitoring							

<b>11</b>  <b>Tank Sump Information</b>	<b>Tank Sump Construction</b>						
	Date Containment Sumps Installed						
	Fiberglass Reinforced Plastic						
	Thermoplastic						
	Steel						
	<b>Tank Sump Monitoring</b> Note: All sumps installed after 9/30/2008 must be monitored.						
	Monthly (visual) Interstitial Monitoring						
	Continuous (electronic) Interstitial Monitoring						
<b>12</b>  <b>Pipe Termination Information</b>	<b>Pipe Termination at Tanks</b>						
	Metallic Flexible Connector						
	Steel Swing Joint						
	<b>Pipe Termination Corrosion Protection at Tank</b>						
	Isolated from Soil/Water by Containment Sump						
	Isolated from Soil/Water by Nonmetallic Boot						
	Coated/Wrapped and Cathodically Protected						
	<b>Pipe Termination at Dispensers</b>						
	Metallic Flexible Connector						
	Steel Swing Joint or Steel Riser						
	<b>Pipe Termination Corrosion Protection at Disp.</b>						
	Isolated from Soil/Water by Containment Sump						
Isolated from Soil/Water by Nonmetallic Boot							
Coated/Wrapped and Cathodically Protected							
<b>13a Primary Pipe Leak Detection</b> Note: All piping except "safe suction" must have a primary leak detection method.							
Monthly Groundwater/Vapor Monitoring							
Monthly (visual) Interstitial Monitoring							
Continuous (electronic) Interstitial Monitoring							
Annual Precision Line Tightness Testing							
Statistical Inventory Reconciliation (SIR)							
Monthly 0.2 gph Leak Testing (electronic line leak detector)							
<b>13b Catastrophic Pipe Leak Detection</b> Note: All pressurized piping must have a catastrophic leak detection method.							
Mechanical Automatic Line Leak Detector							
Electronic Automatic Line Leak Detector							

**IX. Certification of Work Conducted on Underground Storage Tank (UST) System**  
(Complete for USTs or piping installed, altered, or upgraded after 12/22/1988)

Oath: I certify that the information concerning installation and alteration provided in Section VIII is true to the best of my belief and knowledge.

Note: Attach 1) precision tightness test for tanks and/or piping installed or repaired after 12/22/1988 and 2) site map showing location facility.

Type of Work Conducted Under this Oath:

- |                                       |                                 |  |  |   |                                    |
|---------------------------------------|---------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> Installation | <input type="checkbox"/> Tanks  | <input type="checkbox"/> Spill Buckets   | <input type="checkbox"/> Submersible Pumps | <input type="checkbox"/> Dispenser Sumps  | <input type="checkbox"/> STP Sumps |
| <input type="checkbox"/> Repair       | <input type="checkbox"/> Piping | <input type="checkbox"/> Overfill Device | <input type="checkbox"/> Dispensers        | <input type="checkbox"/> Other (specify): |                                    |

Date(s) Work Conducted

Installer's Company	Company Phone	Installer's MDEQ UST Worker Certification Number
Installer's Name (type or print) Mr. Ms.	Installer's Signature	Date Signed