

STATE OF MISSISSIPPI

NOTIFICATION FOR UNDERGROUND STORAGE TANKS

For USTs in <h1 style="margin: 0;">MS</h1>	Return Mississippi Dept. of Environmental Quality Completed Office of Pollution Control – UST Branch Form P.O. Box 2261 To: Jackson, MS 39225	(state use only) ID # _____ Date _____ Recorded: _____
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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 (PO Box not acceptable)								
City			State		Zip Code			City (nearest if not within city limits)			State		Zip Code	
Telephone			Facsimile			County			Telephone					
e-mail						Fuel Brand (BP, Exxon, Shell, etc.)			Indicate Total Number of USTs at this Location					

IV. Billing Information

V. Type of Notification

Complete this section only if annual tank fee invoice should be sent to different name/address than that shown in Section II.						<input type="checkbox"/> New UST facility <input type="checkbox"/> New UST's added to an existing facility <input type="checkbox"/> New UST's to replace existing UST's <input type="checkbox"/> New piping to replace existing piping <input type="checkbox"/> New dispensers to replace existing dispensers <input type="checkbox"/> New submersible pumps to replace existing pumps <input type="checkbox"/> New spill buckets to replace existing spill buckets <input type="checkbox"/> New overflow prevention to replace existing overflow prevention <input type="checkbox"/> Change in tank status (complete Number 1 of Section VIII only) <input type="checkbox"/> Other (specify):							
Company Name													
Billing Address													
City			State		Zip Code								
Billing Contact Person Mr. Ms.				Telephone									

VI. Financial Responsibility

Select a method showing how you have met the financial responsibility requirements in accordance with UST-2 Subpart H.

<input type="checkbox"/> State Trust Fund (motor fuel tanks only)	<input type="checkbox"/> Self Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Guarantee or Surety Bond
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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) Mr. Ms.	Signature of UST Owner	Date Signed
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VIII. Description of Underground Storage Tank (UST) System

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

VIII. Description of Underground Storage Tank (UST) System						
Complete for each UST at this location. Mark each box that applies with a check mark or an "X" unless a date is required.						
Tank Number						
1 Tank Information	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					
2 Total Tank Capacity (gallons)						
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)						
3 Substance Currently or Last Stored in Greatest Volume <small>(Note: If a compartment tank, enter compartment number in 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)				
		Kerosene				
		Used Oil				
		Other Petroleum (specify)				
Hazardous Substance (specify)						
4a Tank Material of Construction (choose only one)						
Asphalt Coated or Bare Steel						
Coated & Cathodically Protected Steel (sti-P ₃ ®)						
Fiberglass Reinforced Plastic						
Composite - Steel with Fiberglass						
Composite – Steel with Thermoplastic						
Other (specify)						
4b Tank Construction Note: All tanks installed after 9-30-08 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					
5 Spill and Overfill Prevention						
Spill Prevention	Catchment Basin					
	Other (describe)					
	Date Installed					
Overfill Prevention	Ball Float Valve					
	Drop Tube Device					
	Electronic Alarm					
	Date Installed					

6 Tank Leak Detection		Note: All tanks installed after 9-30-08 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						
7 Pipe Information	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						
8 Type of Pipe System						
Pressure						
American Suction (check valve is at tank)						
Safe Suction (only check valve is at dispenser)						
Gravity Fed Only						
No Product Piping or all Pipe is Aboveground						
9a Pipe Material of Construction						
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.)						
9b Pipe Construction		Note: All piping installed after 9-30-08 must be double-walled				
Single-Walled						
Double-Walled						
Cathodically Protected						
Type of Cathodic Protection System	Galvanic (Sacrificial Anode)					
	Impressed Current					
10 Dispenser Sump Information	Dispenser Sump Construction					
	Date Containment Sumps Installed					
	Fiberglass Reinforced Plastic					
	Thermoplastic					
	Steel					
	Dispenser Sump Monitoring		Note: All sumps installed after 9-30-08 must be monitored.			
	Monthly (visual) Interstitial Monitoring					
Continuous (electronic) Interstitial Monitoring						

11	Tank Sump Construction				
	Date Containment Sumps Installed				
	Fiberglass Reinforced Plastic				
	Thermoplastic				
	Steel				
	Tank Sump Monitoring Note: All sumps installed after 9-30-08 must be monitored.				
	Monthly (visual) Interstitial Monitoring				
	Continuous (electronic) Interstitial Monitoring				
12	Pipe Termination at Tanks				
	Metallic Flexible Connector				
	Steel Swing Joint				
	Pipe Termination Corrosion Protection @ Tank				
	Isolated from Soil/Water By Containment Sump				
	Isolated from Soil/Water by Nonmetallic Boot				
	Coated/Wrapped and Cathodically Protected				
	Pipe Termination at Dispensers				
	Metallic Flexible Connector				
	Steel Swing Joint or Steel Riser				
	Pipe Termination Corrosion Protection @ Disp.				
	Isolated from Soil/Water By Containment Sump				
	Isolated from Soil/Water by Nonmetallic Boot				
	Coated/Wrapped and Cathodically Protected				
13a Primary Pipe Leak Detection 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)					
13b Catastrophic Pipe Leak Detection 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 December 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 12-22-88 and 2) Site map showing location of facility.

Type of Work Conducted Under this Oath:

- Installation
 Tanks
 Spill Buckets
 Submersible Pumps
 Dispenser Sumps
 STP Sumps
 Repair
 Piping
 Overfill Device
 Dispensers
 Other (specify):

Date(s) Work Conducted

Installer's Company	Company Phone	Installer's MDEQ UST Worker Certification No.
Installer's Name (type or print) Mr. Ms.	Installer's Signature	Date Signed