



# Minnesota Pollution Control Agency

520 Lafayette Road North  
St. Paul, MN 55155-4194

# Underground Storage Tanks

**Ten-day Advance Notice**  
Installation, Closure, Lining Inspection  
Tanks, Piping, Dispensers

Notify Minnesota Pollution Control Agency (MPCA) **at least ten days prior** to start of activity. Keep a copy for your records.

### Use this form for:

- Installation or replacement of tank, piping, or dispensers
- Change to storage of nonregulated substance
- Permanent tank closure
- Inspection of internal lining

MPCA Use Only	
Site #:	
County:	
Date rec'd:	
Referred to:	

### Ways to notify:

- Phone: Joann Henry at 651-757-2429
- Fax: 651-297-2343 Attn: Joann Henry
- E-mail: [joann.henry@state.mn.us](mailto:joann.henry@state.mn.us)
- Mail: Attn: Joann Henry at above address

## Person Giving Notice

Name: Mitchell Ahrendt Phone: 701-282-9260 Start date:\* 5-31-17

*\*If date changes by more than 48 hours, you must re-notify.*

## Site Information

Site name: Kwik Trip Site # (if known): 571

Address: INTERSTATE 35 & HWY 210

City: Carlton State: MN Zip code: 55718 County: Carlton County

## Owner Information

Name: Kwik Trip

Address: 1626 Oak St.

City: La Crosse State: WI Zip code: 54602

Contact name: \_\_\_\_\_ Phone: 608-781-8988

## Action

Tank #	1	2	3	4	5	6
Substance	DEF FLUID	DIESEL	DIESEL	GASOLINE	GASOLINE	E85
Capacity	8,000	30,000	30,000	20,000	20,000	10,000
Tank type	UST	UST	UST	UST	UST	UST
Piping type	APT	APT	APT	APT	APT	APT
Double-walled? Is all new equipment secondarily contained? (tank, piping, dispensers, submersible pump)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Install new tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Install new piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Install new tank and piping						
Install new dispenser(s) (How many: <b>20</b> )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Remove tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to nonregulated substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect internal lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Contractor Information

Contractor name: O'Day Equipment Certification #: \_\_\_\_\_

Supervisor name: Cody Grasshorn Certification #: \_\_\_\_\_

Comments: \_\_\_\_\_