



Minnesota Pollution Control Agency

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

UST Notification of Installation or Change in Status Form

Underground Storage Tanks (UST) Program

Installation, New Information, 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 or making a change in status or information. Keep a copy for your records. **Unsigned and incomplete forms will be returned.** **Guidance on page 4.**
Questions: Call 651-757-2429 or 1-800-657-3864 during normal business hours.

Use this form for:

- Installation or replacement of tank, piping, or dispensers
- Change in information, such as site name, address, owner, or tank contents
- Change in tank status

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

Ways to notify:

- Fax: 651-297-2343 or 651-205-4593, Attn: Joann Henry
- Mail: Attn: Joann Henry at above address
- E-mail: joann.henry@state.mn.us (form must be signed before scanning and e-mailing)

Site Information

Site name: Carlton ICO Site # (if known): _____

Address: 1710 Highway 210

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

Contact name: _____ Phone: _____

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): Convenience Store

Owner Information

Name: Inter City Oil Company, Inc.

Address: 1921 South Street

City: Duluth State: MN Zip code: 55812

Contact name: Ms. Kelly Johnson Phone: _____

A. Action (Enter date [MM/DD/YYYY] of action under tank number)

1. Tank number <i>See Guidance – page 4</i>	001	002	003	004
2. Install new tank				
3. Install new piping				
4. Install new tank and piping				
5. Install new dispenser(s)				
6. Change site information				
7. Change owner information				
8. Change tank information				
9. Change piping, pump, or dispenser information				
10. Current tank status <i>See Guidance – page 4</i>	Status: Removed Date: 10/12/2016	Status: Removed Date: 10/12/2016	Status: Removed Date: 10/12/2016	Status: Removed Date: 10/12/2016
11. If tank has been removed, list tank sludge disposal company and Hazardous Waste Generator ID#	OSI	OSI	OSI	OSI

B. Tank Information

1. Tank number <i>See Guidance – page 4</i>	001	002	003	004
2. Capacity	Gallons: 20,000	Gallons: 12,000	Gallons: 10,000	Gallons: 10,000
3. Stored substance <i>See Guidance – page 4</i>	Type: Diesel, Petroleum <i>Specify:</i>	Type: Diesel, Petroleum <i>Specify:</i>	Type: Gasoline, Non-oxygenated <i>Specify:</i>	Type: Gasoline, Non-oxygenated <i>Specify:</i>
4. Compartmental tank only <i>See Guidance – page 4</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 (check either or both if applicable)	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel
6. Tank type <i>See Guidance – page 4</i>	Type: Steel, SW <i>Specify:</i>	Type: Steel, SW <i>Specify:</i>	Type: Steel, SW <i>Specify:</i>	Type: Steel, SW <i>Specify:</i>
7. Tank corrosion protection <i>See Guidance – page 4</i>	None	None	None	None
8. Fill pipe spill containment (spill bucket)	<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
9. Overfill prevention type <i>See Guidance – page 4</i>	Fill pipe flapper valve	Fill pipe flapper valve	Fill pipe flapper valve	Fill pipe flapper valve
10. Stage 1 vapor recovery for gasoline tanks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Primary method of tank release detection <i>See Guidance – page 4</i>	Auto tank gauging(ATG)	Auto tank gauging(ATG)	Auto tank gauging(ATG)	Auto tank gauging(ATG)

C. Piping, Pump, and Dispenser Information:

1. Tank number <i>See Guidance – page 4</i>	001	002	003	004
2. Piping type <i>See Guidance – page 4</i>	Type: Steel, SW <i>Specify:</i>	Type: Steel, SW <i>Specify:</i>	Type: Steel, SW <i>Specify:</i>	Type: Steel, SW <i>Specify:</i>
3. Piping corrosion protection <i>See Guidance – page 4</i>	Sacrificial Anode	Sacrificial Anode	Sacrificial Anode	Sacrificial Anode
4. Primary method of piping release detection <i>See Guidance – page 4</i>	3-yr tightness testing	3-yr tightness testing	3-yr tightness testing	3-yr tightness testing
5. Dispensing type <i>See Guidance – page 4</i>	Submersible pump	Submersible pump	Submersible pump	Submersible pump
6. Submersible pump containment <i>See Guidance – page 4</i>	Type: None <i>Specify:</i>	Type: None <i>Specify:</i>	Type: None <i>Specify:</i>	Type: None <i>Specify:</i>
7. How many dispensers serve this tank?	2	2	4	4
8. Dispenser containment <i>See Guidance – page 4</i>	Type: None <i>Specify:</i>	Type: None <i>Specify:</i>	Type: None <i>Specify:</i>	Type: None <i>Specify:</i>

Comments:



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- Change in information, such as site name, address, owner, or tank contents
- Change in tank status

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

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- Fax: 651-297-2343 or 651-205-4593, Attn: Joann Henry
- Mail: Attn: Joann Henry at above address
- E-mail: joann.henry@state.mn.us (form must be signed before scanning and e-mailing)

Site Information

Site name: Carlton ICO Site # (if known): _____

Address: 1710 Highway 210

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

Contact name: _____ Phone: _____

Is this site located on Native American lands? Yes No Is this the initial notification for this site? Yes No

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Owner Information

Name: Inter City Oil Company, Inc.

Address: 1921 South Street

City: Duluth State: MN Zip code: 55812

Contact name: Ms. Kelly Johnson Phone: _____

A. Action (Enter date [MM/DD/YYYY] of action under tank number)

1. Tank number <i>See Guidance – page 4</i>	005			
2. Install new tank				
3. Install new piping				
4. Install new tank and piping				
5. Install new dispenser(s)				
6. Change site information				
7. Change owner information				
8. Change tank information				
9. Change piping, pump, or dispenser information				
10. Current tank status <i>See Guidance – page 4</i>	Status: Removed Date: 10/12/2016	Status: Date:	Status: Date:	Status: Date:
11. If tank has been removed, list tank sludge disposal company and Hazardous Waste Generator ID#	OSI			

B. Tank Information

1. Tank number <i>See Guidance – page 4</i>	005			
2. Capacity	Gallons: 10,000	Gallons:	Gallons:	Gallons:
3. Stored substance <i>See Guidance – page 4</i>	Type: Gasoline, Non-oxygenated <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
4. Compartmental tank only <i>See Guidance – page 4</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 (check either or both if applicable)	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel	<input type="checkbox"/> Heating <input type="checkbox"/> Generator fuel
6. Tank type <i>See Guidance – page 4</i>	Type: STIP3, SW <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
7. Tank corrosion protection <i>See Guidance – page 4</i>	Sacrificial Anode			
8. Fill pipe spill containment (spill bucket)	<input checked="" 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
9. Overfill prevention type <i>See Guidance – page 4</i>	Fill pipe flapper valve			
10. Stage 1 vapor recovery for gasoline tanks	<input type="checkbox"/> Yes <input checked="" 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. Primary method of tank release detection <i>See Guidance – page 4</i>	Auto tank gauging(ATG)			

C. Piping, Pump, and Dispenser Information:

1. Tank number <i>See Guidance – page 4</i>	005			
2. Piping type <i>See Guidance – page 4</i>	Type: Steel, SW <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
3. Piping corrosion protection <i>See Guidance – page 4</i>	Sacrificial Anode			
4. Primary method of piping release detection <i>See Guidance – page 4</i>	3-yr tightness testing			
5. Dispensing type <i>See Guidance – page 4</i>	Submersible pump			
6. Submersible pump containment <i>See Guidance – page 4</i>	Type: None <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>
7. How many dispensers serve this tank?	4			
8. Dispenser containment <i>See Guidance – page 4</i>	Type: None <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>	Type: <i>Specify:</i>

Comments:

Certification:

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. (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.

Name of owner or owner's authorized representative (print): Kelly Johnson

Title: Ex VP & COO Date: 10/21/14

Signature: [Handwritten Signature]

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.

Licensed tank supervisor on site during tank work (print): Kevin J Lund

Title: President Date: 10-12-2016

Signature: [Handwritten Signature] MPCA Supervisor #: 3444

Licensed Tank contractor or authorized representative (print): TPEC

Title: President Date: 10-12-2016

Signature: [Handwritten Signature] MPCA Contractor #: 695

Site Assessor/Sampler

Minn. R. ch. 7150.0420 requires a site assessment be conducted at the removal of regulated USTs, at the closure in place of regulated USTs, and if the product stored in the UST is changed from a regulated to non-regulated substance. Please complete the following information to identify who conducted the site assessment. **State Duty Officer: 1-800-422-0798 or 651-649-5451.**

Print name: Mark Millson Title: Geologist

Phil Willrop Date: 10-12-16

Company name: Millson Assoc

Mailing address: PO 236

City: Crosby State: MN Zip code: 56441

Contact name: Mark M E-mail address: _____