

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 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.

Questions: Call 651-757-2429	or 1-800-657-3864 durir	ng normal business hour	S.			
Use this form for:			MPC	A Use Only		
Installation or replacem	nent of tank, piping, or d	ispensers				
 Change in information, or tank contents 	such as site name, add	lress, owner,	Site #:			
 Change in tank status 			County:			
Ways to notify:			Date rec'd:			
• Fax: 651-297-2343 c	or 651_205_4503 Attn:	loann Honny				
Mail: Attn: Joann Her	ary at above address	loanii neniy				
		e signed before scanning	g and e-mailing)			
Site Information		8				
			Market of			
Site name: Carlton ICO Address: 1710 Highway 210			Site # (if known):			
City: Carlton		oto: MN Zin and				
Contact name:	Ou	ate. IVIN ZIP COO	e: <u>55718</u> Cou			
			_ Phone:			
Is this site located on Native Am						
Type of facility: Service stati	On Government C	」Edu¢ation ☐ Industry	y/Factory	Utility		
☐ bulk plant	Resort Office bu	ilding): Convenience Store			
Owner Information						
Name: Inter City Oil Compa	inv. Inc.					
Address: 1921 South Street	,					
City: Duluth		State: MN	Zin co	de: 55812		
Contact name: Ms. Kelly Johns	on		Phone:	uc00012		
A. Action (Enter date [MM/D	D/YYYY] of action unde	er tank number)				
I. Tank number See Guidance – page 4	001					
2. Install new tank	001	002	003	004		
B. Install new piping						
Install new tank and piping						
i. Install new dispenser(s)						
. Change site information						
. Change owner information						
. Change tank information						
. Change piping, pump, or						
dispenser information						
Current tank status	Status: Removed	Status: Removed	Status: Removed	Status: Removed		
See Guidance – page 4	Date: 10/12/2016	Date: 10/12/2016	Date: 10/12/2016	Date: 10/12/2016		
 If tank has been removed, list tank sludge disposal 						
company and Hazardous						
Waste Generator ID#	OSI	OSI	OSI	OSI		

B. Tank Information Tank number See Guidance - page 4 001 002 003 004 2. Capacity Gallons: 20,000 Gallons: 12,000 Gallons: 10,000 Gallons: 10,000 Type: Diesel, Petroleum Type: Diesel, Petroleum Type: Type: Stored substance Specify: Gasoline, Non-oxygenated Specify: Gasoline, Non-oxygenated See Guidance - page 4 Specify: Specify: 4. Compartmental tank only See Guidance - page 4 Compartment 1 Gallons: Gallons: Gallons: Gallons: Type: Type: Type: Type: Specify: Specify: Specify: Specify: Compartment 2 Gallons: Gallons: Gallons: Gallons: Type: Type: Type: Type: Specify: Specify: Specify: Specify: Compartment 3 Gallons: Gallons: Gallons: Gallons: Type: Type: Type: Type: Specify: Specify: Specify: Specify: 5. Special use (check either or ☐ Heating Heating ☐ Heating ☐ Heating both if applicable) ☐ Generator fuel ☐ Generator fuel ☐ Generator fuel ☐ Generator fuel 6. Tank type Type: Steel, SW Type: Steel, SW Type: Steel, SW Type: Steel, SW See Guidance - page 4 Specify: Specify: Specify: Specify: Tank corrosion protection See Guidance - page 4 None None None None 8. Fill pipe spill containment (spill bucket) ☑ Yes ☐ No Yes □ No ⊠ Yes ☐ No Overfill prevention type 9. See Guidance - page 4 Fill pipe flapper valve Fill pipe flapper valve Fill pipe flapper valve Fill pipe flapper valve 10. Stage 1 vapor recovery for gasoline tanks ☐ Yes ⊠ No ☐ Yes ☐ No ☐ Yes ☒ No ☐ Yes ☒ No 11. Primary method of tank release detection See Guidance - page 4 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 See Guidance - page 4 001 002 003 004 Type: Steel, SW 2. Piping type Type: Steel, SW Type: Steel, SW Type: Steel, SW See Guidance - page 4 Specify: Specify: Specify: Specify: 3. Piping corrosion protection Sacrificial Anode See Guidance - page 4 Sacrificial Anode Sacrificial Anode Sacrificial Anode

Primary method of piping release detection 3-yr tightness testing See Guidance - page 4 3-yr tightness testing 3-yr tightness testing 3-yr tightness testing 5. Dispensing type See Guidance - page 4 Submersible pump Submersible pump Submersible pump Submersible pump Submersible pump 6. containment Type: None Type: None Type: None Type: None See Guidance - page 4 Specify: Specify: Specify: Specify: How many dispensers serve this tank? 2

Type: None

Specify:

4

Type: None

Specify:

Type: None

Specify:

Comments:

Dispenser containment

See Guidance - page 4

Type: None

Specify:



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

451-704-4300

200-657-3264

UST Notification of Installation or Change in Status Form

Underground Storage Tanks (UST) Program

Installation, New Information, Closure, Tanks, Piping, Dispensers

TTV 451-282-5222 or 800-457-2864 - Available in alternative formats

Doc Type: Permitting Registration Form

Notify the Minnesota Pollution Control Agency (MPCA) within 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:			ers			MPCA Use Only	
			wner,		Site #:		
 Change in tank status 					County:		
Ways to notify:					Date rec'o	1:	
1000	or 651-205-4593, Attn	· loann l	Jonn,				
 Mail: Attn: Joann Her 	ary at above address						
 E-mail: joann.henry@st 	ate.mn.us (form must	t be sign	ed befor	e scanning a	and e-mailing)		
Site Information				· ·	37	•	
Site name: Carlton ICO						Site # (if known):	
Address: 1710 Highway 210						one # (II KIIOWII).	-
City: Carlton		State:	MN	Zip code:	55718	County: Carlton	
Contact name:					Phone:	County. Cariton	
Is this site located on Native Ame	erican lands? 🗌 Ye	s 🖾 No	ls th	nis the initial		this site? ☐ Yes ☒ No	
Type of facility: Service stati					actor	ins site? Tes MN0	
☐ Bulk plant [Resort Office	building	M Oth	moustry/F	Convenience	o dealer Utility	
		ballaling	Z Our	or (specify).	Convenience	Store	
Owner Information							
Name: Inter City Oil Compa	ny, Inc.						
Address: 1921 South Street							
City: Duluth		Sta	te: M	N		Zip code: 55812	
Contact name: Ms. Kelly Johnson					Phone:	21p code	
A. Action (Enter date [MM/D	D/YYYY] of action un	der tank	number)			
 Tank number 							
See Guidance – page 4 2. Install new tank	005	_					
Install new piping							
Install new tank and piping							
Install new dispenser(s)							
Change site information							
Change owner information							
Change tank information							
Change piping, pump, or							
dispenser information							
10. Current tank status See Guidance – page 4	Status: Removed Date: 10/12/2016	Statu			Status:	Status:	
 If tank has been removed, list tank sludge disposal company and Hazardous Waste Generator ID# 	OSI		-		Jaic.	Date:	

В	. Tank Information				
1.	Tank number See Guidance – page 4	005			
2.	Capacity	Gallons: 10,000	Gallons:	Gallons:	Gallons:
3.	Stored substance See Guidance – page 4	Type: Gasoline,Non-oxygenated Specify:	Type: Specify:	Type: Specify:	Type: Specify:
4.	Compartmental tank only See Guidance – page 4	ореслу.			
	Compartment 1	Gallons: Type:	Gallons: Type:	Gallons:	Gallons:
		Specify:	Specify:	Specify:	Type: Specify:
	Compartment 2	Gallons: Type:	Gallons: Type:	Gallons: Type:	Gallons: Type:
	Compartment 3	Specify: Gallons:	Specify:	Specify:	Specify:
	oompartment 3	Type: Specify:	Gallons: Type:	Gallons: Type:	Gallons: Type:
5.	Special use (check either or both if applicable)	☐ Heating ☐ Generator fuel	Specify: Heating Generator fuel	Specify:	Specify: ☐ Heating
3.	Tank type See Guidance – page 4	Type: STIP3, SW Specify:	Type: Specify:	☐ Generator fuel Type: Specify:	Generator fuel Type:
7.	Tank corrosion protection See Guidance – page 4	Sacrificial Anode	одоску.	<i>эреспу.</i>	Specify:
3.	Fill pipe spill containment (spill bucket)	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
).	Overfill prevention type See Guidance – page 4	Fill pipe flapper valve			
	Stage 1 vapor recovery for gasoline tanks	☐ Yes ⊠ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
1.	Primary method of tank release detection See Guidance – page 4	Auto tank gauging(ATG)			
-	Dining Dunna LD:				
	Piping, Pump, and Di	spenser Informati	on:		
	See Guidance – page 4	005			
	Piping type See Guidance – page 4	Type: Steel, SW Specify:	Type: Specify:	Type: Specify:	Type: Specify:
	Piping corrosion protection See Guidance – page 4	Sacrificial Anode		Сресију.	Зреспу.
	Primary method of piping release detection See Guidance – page 4	3-yr tightness testing			
	Dispensing type See Guidance – page 4	Submersible pump			
	Submersible pump containment See Guidance – page 4	A	Type: Specify:	Type:	Туре:
	How many dispensers serve this tank?	4	Spoony.	Specify:	Specify:
,	Dispenser containment See Guidance – page 4	0	Type: Specify:	Type: Specify:	Type:
on	nments:			opoury.	Specify:

TTV 651-282-5222 or 800-657-2864 - Available in alternative formate

MAAAA DC2 ctate mp IIC . 451-206-6300 . 800-657-3864

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.

	0 , , , , , , , , , , , , , , , , , , ,
Name of owner or owner's authorized representative (print):	Johnson
Title: EXVE a COO	Date: 10/21/14
Signature: Selly Signature:	
Tank Contractor	
I certify that all work was performed as specified by the manufac applicable codes of practice in Minn. R. ch. 7150.0205; that all v regulations, including this chapter; and that I am in compliance v	sturer's instructions; that all work was performed according to the vork was performed according to applicable state and federal 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:
Signature:	MPCA Supervisor #: 3444
Licensed Tank contractor or authorized representative (print): TPEC	
Title: President	Date: 10-12-2016
Signature:	MPCA Contractor #: 695
Site Assessor/Sampler	
Minn. R. ch. 7150.0420 requires a site assessment be conducted regulated USTs, and if the product stored in the UST is changed following information to identify who conducted the site assessment.	ed at the removal of regulated USTs, at the closure in place of a from a regulated to non-regulated substance. Please complete the nent. State Duty Officer: 1-800-422-0798 or 651-649-5451.
Print name: Mark Mrs 1/507	Title: Gzolog 81-
Melip	Date:
Company name: Millson Assor	
Mailing address: PO 236	
City: Crosby St	ate: MN Zip code: 36447
Contact name: Mak M E-mail ad	