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MAY 15 2000

Minnesota Pollution Control Agency

Metro District/Regular Facilities

Metro District/Regular Facilities, 520 Lafayette Road North, St. Paul, MN 55155
(651) 297-8664 or (800) 657-3864 Fax (651) 282-6247

For Office Use Only
Site #: 53354
County

Notification/Change in Status for Aboveground Storage Tanks

Please type or use black/blue ink and complete all applicable sections as accurately as possible. If the site has more than 6 tanks, please photocopy this form prior to completion and submit additional sheets as necessary. If you have questions refer to directions or call.

Return the completed and signed form to Attn. Joann Henry at the above address.

UNSIGNED FORMS WILL BE RETURNED. PLEASE RETAIN A COPY FOR YOUR RECORDS.

A Facility Information

Tank Location		Tank Owner	
Site Name: WATER GREMLIN CO		Name:	
Street: 1640 WHITAKER AVE		Street:	
City: WHITE BEAR LAKE	County: RAMSEY	City:	
State: MN	Zip: 55110	State:	Zip:
Contact Name: DAVE ZINSCHLAG	Phone: (651) 429-7761	Contact Name:	Phone:
Has the site been registered before?	Yes☒ No☐	Does the site have SPCC plan	Yes☐ No☐
Fill in if known: Site #	~~Major~~ Permit Facility #	Does the facility have a site diagram.	Yes☐ No☐

Type of Facility

Service Station☐ Bulk Plant☐ Education☐ Industry/Manufacturing☒ Automotive☐ Agricultural Production☐ Petroleum Refinery/Terminal☐ Transportation☐ Railroad☐ Residence☐ Utility☐ Gov. Federal☐ Gov. State☐ Gov. County☐ Gov. City☐ Food Processing/Storage☐ Hospital/Medical /Nursing☐ Farm☐ Office Building☐ Marina/Bait/Resort☐ Other☐

Is this facility located on Native American Lands? Yes☐ No☐

B. Tank Action

	Date DD/MM/YY	Tank # If unknown assign (i.e. 1001,1002...) # 1018	#	#	#	#	#
Site Name/Address Change	/ /						
Owner Change	/ /						
Substance Stored Change	/ /	☐	☐	☐	☐	☐	☐
Date Installed	6/1/00	☒	☐	☐	☐	☐	☐
Repaired/Upgraded Tank/Piping	/ /	☐	☐	☐	☐	☐	☐
Removed Tank	/ /	☐	☐	☐	☐	☐	☐
Tank Out of Service	/ /	☐	☐	☐	☐	☐	☐

C. Tank Information

1. Capacity in Gallons (Size of Tank)	4,000					
2. Substance Stored in Tank? (Gas, Diesel, etc.)	CAUSTIC SODA					
3. Is Tank within 500 ft. of a Class 2 Surface water?	Yes☐ No☒	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
4. Is the Tank Indoors?(check qualification)	Yes☒ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
5. Is Tank Used for Home Heating?	Yes☐ No☒	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
6. Is Tank Located on a Farm or Used for Noncommercial Residential use?	Yes☐ No☒	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
7. Is Tank and Piping Labeled?	Yes☒ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
8. Tank Type						
Steel	☐	☐	☐	☐	☐	☐
Fiberglass/Synthetic/Plastic	☒	☐	☐	☐	☐	☐
Stainless Steel	☐	☐	☐	☐	☐	☐
Other (please describe)						
Double-Walled Tank	Yes☒ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
Double-Bottom Tank	Yes☐ No☒	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐

Turn Page Over

C. Tank Information Continued	Tank# 101S		Tank#		Tank#		Tank#		Tank#		Tank#	
9. Secondary Containment (Dikes)	Side	Bot	Side	Bot	Side	Bot	Side	Bot	Side	Bot	Side	Bot
Concrete (double walled)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Steel or Fiberglass	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Soil (meeting permeability requirements)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Synthetic Membrane	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Geosynthetic Clay Liner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
% Containment of Tank (i.e. 100%, 110% ect.) (1)	110%											
10. Corrosion Protection												
Sacrificial Anodes System	☐		☐		☐		☐		☐		☐	
Impressed Current System	☐		☐		☐		☐		☐		☐	
Draining Concrete Pad	☐		☐		☐		☐		☐		☐	
Internal Liner (in accordance w/ API 652)	☒ ✓		☐		☐		☐		☐		☐	
Internal Inspection (in accordance w/ API 653)	☐		☐		☐		☐		☐		☐	
11. AST Base Material (what is under tank)												
Concrete Slab or Pad	☒ ✓		☐		☐		☐		☐		☐	
Concrete Ring Wall	☐		☐		☐		☐		☐		☐	
Asphalt	☐		☐		☐		☐		☐		☐	
Ground (soils, rock, sand ect. .)	☐		☐		☐		☐		☐		☐	
Supports (elevated above ground)	☐		☐		☐		☐		☐		☐	
Impermeable Liner (Describe)												
12. Overfill Protection												
High Level Alarm (Visible or Audible)	☒ ✓		☐		☐		☐		☐		☐	
Automatic Shut-Off	☐		☐		☐		☐		☐		☐	
Mounted Sight Glass/Gauge (refer to directions)	☐		☐		☐		☐		☐		☐	
Manual Gauge (refer to directions)	☐		☐		☐		☐		☐		☐	
13. Substance Transfer Area												
Pad	☐		☐		☐		☐		☐		☐	
Curbed Pad	☐		☐		☐		☐		☐		☐	
Spill Box (1)	☒ ✓		☐		☐		☐		☐		☐	
Other (please specify)												
14. Leak Detection												
Visual Monitoring (elevated tanks)	☐		☐		☐		☐		☐		☐	
Interstitial Monitoring (for double-walled tanks)	☒ ✓		☐		☐		☐		☐		☐	
Soil Vapor Monitoring	☐		☐		☐		☐		☐		☐	
SIR (Statistical Inventory Reconciliation)	☐		☐		☐		☐		☐		☐	
Monthly Reconciliation	☐		☐		☐		☐		☐		☐	

D. Piping Information						
1. Type of Pipe (steel, flexible, plastic, fiberglass ..)	FIBERGLASS ✓					
2. Piping Location aboveground or underground (1)	Ab☒ Un☐	Ab☐ Un☐	Ab☐ Un☐	Ab☐ Un☐	Ab☐ Un☐	Ab☐ Un☐
3. Double-walled	Yes☐ No☒	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
4. Corrosion Protection						
Sacrificial Anodes System	☐	☐	☐	☐	☐	☐
Impressed Current System	☐	☐	☐	☐	☐	☐
Other (specify in comments box in directions)						
5. Pipe Monitoring						
Tracer Gas	☐	☐	☐	☐	☐	☐
Hydrostatic	☐	☐	☐	☐	☐	☐
Lock Down Pressures	☐	☐	☐	☐	☐	☐
Sump Sensor	☐	☐	☐	☐	☐	☐
Other approved method (please specify)						

E. Signature		
Printed name of owner or authorized representative	Signature of owner or authorized representative	Date
DAVID P. ZINSCHMIDT		5/11/00

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge