

# Notification/Change in Status for Underground Storage Tanks



Minnesota Pollution Control Agency  
 Hazardous Waste Division Tanks and Spills Section  
 520 Lafayette Road North St. Paul, MN 55155  
 (612) 297-8664 or 1-800-657-3864

for office use:

RECEIVED 12031

JAN 19 1999

Site #  
 Date received

## A. Facility Information

1. Tank Site Location		2. Owner Location	
Name	Petrol Pumper	Name	KATO, MPCA, Metro District Regular Facilities
Street	4101 148th Street NW	Street	P.O. Box 6758
City	Clearwater County Wright	City	Rochester County Olmsted
State	MN Zip 55320 Phone	State	MN Zip 55903 Phone (507) 529-4200
Contact Person		Contact Person	Ray Gilbert

### 3. Type of Facility Please check applicable box.

- Service station  Government  Education  Industry/factory   
 Church  Auto dealer  Utility  Other (specify):

4. Is tank facility located on Tribal Lands?  yes  no

## B. Tank Number

Type or use black ink and complete as well as possible. Please photocopy form if site has more than three tanks.

1. Assign a 3 digit number to each tank (ie. 001, 002...)

TANK 1	TANK 2	TANK 3
001		

2. Tank installation date:  mo/dayr  mo/dayr  mo/dayr

## C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changed site name/address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(please give previous name/address in Box H)</i>				
Changed tank owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(please give previous owner's name and address in Box H)</i>				
Changed tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Installed new tanks & piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new tank(s) at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Repaired/upgraded tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(complete D3, D4, D5 and Box G if pertains and explain actions in Box H)</i>				
Repaired/upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(please complete Box F and explain actions in Box H)</i>				
Removed tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Name of tank disposal company: <u>Advanced Tank Service, Inc</u>				
Hazardous waste generator ID #: _____				
Closed tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Is tank empty?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Temporarily closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Is tank empty?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

## D. Tank Information continued

	TANK 1	TANK 2	TANK 3
2. Secondary Containment:			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection:			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie. fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If certified by corrosion expert, write name and PE or certification # in Box H</i>			
4. Does tank have spill prevention equipment?			
	<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
5. Overfill Prevention Equipment			
Ball float valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic shut-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the tank compartmental? <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			
<i>If answered "yes" to #6, please proceed to Box E</i>			
7. Capacity (in gallons):			
	1000		
8. Substance currently or last stored:			
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used (waste) oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(specify chemical and tank # in Box H)</i>			
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is product stored in tank used only for heating?			
	<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

## D. Tank Information

Please check applicable boxes.

1. Type of Tank:	TANK 1	TANK 2	TANK 3
STIP3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. FOR COMPARTMENTAL TANKS ONLY**

	TANK 1	TANK 2	TANK 3
<b>1. Compartment Capacity</b>			
compartment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2. Compartment Product:</b>			
compartment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3. Is product stored in tank used only for heating?</b>			
compartment 1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 2	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**F. Piping Please check all applicable boxes**

	TANK 1	TANK 2	TANK 3
<b>1. Construction Material:</b>			
Epoxy coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel/Black iron	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Secondary Containment</b>			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Cathodic Protection:</b>			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie. fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If certified by corrosion expert, write name and PE or certification # in Box H</i>			
<b>4. Type of Pump:</b>			
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
check valve located at:	<input type="checkbox"/> tank	<input type="checkbox"/> dispenser	
Submersible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I. Owner's Signature**

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge. For tank work performed after July 9, 1990, I certify that the tank contractor was in compliance with the certification requirements of Minn. Rules ch. 7105. All work completed after Dec. 1988 was performed in accordance with manufacturers' instructions, industry standards, and applicable state and federal regulations.

Print name of owner or authorized representative: Matt Orkas Title: Gen. Manager  
 Signature of owner or authorized representative: [Signature] Date: 1-13-98

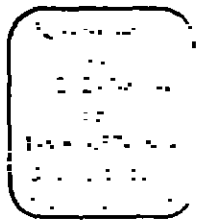
**G. Release Detection Please check all applicable boxes**

	TANK 1	TANK 2	TANK 3
<b>1. Tanks:</b>			
Inventory control (daily sticking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank precision test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracer monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. For newly installed tanks only</b>			
Was a tank precision test conducted prior to placing the system into operation? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, date test was conducted: <u>    </u> / <u>    </u> / <u>    </u>			
<b>2. Piping:</b>			
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test every three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2a. For newly installed piping only**

Was a line precision test conducted prior to placing the system into operation?  yes  no  
 If yes, date test was conducted:     /    /    

**H. Comments (attach additional sheets if necessary)**



**J. Tank Contractor's Signature**

I certify under penalty of law that all work was performed as specified by the manufacturers' instructions, and according to industry standards, applicable state and federal regulations and is complete to the best of my knowledge. I certify that I am in compliance with Minn. Rules ch. 7105, for work completed after July 9, 1990

Print name of tank contractor: Advanced Tank Service, Inc MPCA Contractor #: 632  
 Print name of contractor's authorized representative: Mike Olson Title: Mn. Coord.  
 Signature of tank contractor's representative: [Signature] Date: 12/10/98  
 Print name of supervisor on site during tank work: Mike Olson MPCA Supervisor #: 7952  
 Signature of supervisor: [Signature] Date: 12/10/98

**Unsigned forms will be returned  
 Please retain a copy for your own records**