

**Notification/Change in Status for Underground Storage Tanks**

for office use

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

**RECEIVED**

Site #: 12032  
 Leak #:  
 Owner #:  
 Date received:

**A Facility Information**

MPCA, HAZARDOUS WASTE DIVISION

**1 Tank Site Location**

Name Hasty Truck Terminal  
 Street Route 1  
 City Clearwater County Wright  
 State MN Zip 55320 Phone  
 Contact Person

**2 Owner Location**

Name Ervin Radunz  
 Street Route 1  
 City Clearwater County Wright  
 State MN Zip 55320 Phone 788-2897  
 Contact Person Mr Ervin Radunz

**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**

2/10/76		
mo/da/yr	mo/da/yr	mo/da/yr

**C Tank Action Please check applicable boxes**

	TANK 1	TANK 2	TANK 3	Date
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"/>	_____
Changed tank owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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"/>	_____
Repaired/upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Removed tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name of tank disposal company	tank was cleaned and remained on-site			_____
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		
Temporarily closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no		

**D Tank Information continued**

	TANK 1	TANK 2	TANK 3
2 Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**

	TANK 1	TANK 2	TANK 3
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"/>

If certified by corrosion expert, write name an PE or certification # in Box H

**4 Does tank have spill prevention equipment?**

yes	no	yes	no	yes	no
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5 Overfill Prevention**

	TANK 1	TANK 2	TANK 3
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?**

yes	no	yes	no	yes	no
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If answered "yes" to #6, please proceed to Box E

**7 Capacity (in gallons)**

20,000		
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**8 Substance currently or last stored**

	TANK 1	TANK 2	TANK 3
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used (waste) oil	<input 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"/>
(specify chemical and tank # in Box H)			
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9 Is product in tank used only for heating?**

yes	no	yes	no	yes	no
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Tank Information Please check applicable boxes**

	TANK 1	TANK 2	TANK 3
1 Type of Tank:			
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			
compartment 2			
compartment 3			
<b>2 Compartment Product</b>			
compartment 1			
compartment 2			
compartment 3			
<b>3 Is product stored in tank used only for heating?</b>			
compartment 1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	yes no	yes no	yes no
compartment 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	yes no	yes no	yes no
compartment 3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	yes no	yes no	yes 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"/>
Fibreglass	<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"/>
If certified by corrosion expert, write name and PE or certification # in Box H			
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 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:			
<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 3 yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2a For newly installed piping only</b>			
Was a line precision test conducted prior to placing the system into operation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes, date test was conducted			

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

**Questions?**

Call  
**(612)297-3664**  
or  
**1-800-657-3864**  
during business hrs.

**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.

Mr. Ervin Radunz  
Print name of owner or authorized representative      Title

\_\_\_\_\_  
Signature of owner or authorized representative      Date

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

**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.

Landwehr Construction  
Print name of tank contractor      MPCA Contractor's

Al Janson  
Print name of contractor's authorized representative      Title

Al Janson  
Signature of tank contractor's representative      Date

\_\_\_\_\_  
Name of supervisor on site during tank work      MPCA Supervisor

\_\_\_\_\_  
Signature of supervisor      Date