

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

RECEIVED
 JUN 07 1994
 MPCA, HAZARDOUS WASTE DIVISION

Site #: 12032
 Leak #:
 Owner #: 11094
 Date received:

A. Facility Information

1. Tank Site Location	2. Owner Location
Name: Petrol Pumper	Name: B & F Distributing Inc
Street: I 94 & Cty 8 exit 183	Street: Box 6536
City: Hasty Clearwater County Wright	City: Rochester County Olmsted
State: Minn Zip: 55380 Phone: (612) 878-1655	State: Minn Zip: 55903 Phone: (507) 288-9590
Contact Person: Jay K Clark	Contact Person: Jay K Clark

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

RECEIVED
 AUG 12 1994

B. Tank Number

Type or use a 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
002	003	004

2. Tank installation date:

mol/dayr	mol/dayr	mol/dayr
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D. Tank Information continued

MPCA, HAZARDOUS WASTE DIVISION

	TANK 1	TANK 2	TANK 3
2. Secondary Containment:			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
4. Does tank have spill prevention equipment?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
yes no yes no yes no			
5. Overfill Prevention Equipment			
Ball float valve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
yes no yes no yes no			
7. Capacity (in gallons):	20,000	20,000	10,000
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 checked="" type="checkbox"/>	<input checked="" 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"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
yes no yes no yes no			

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/15/94
Changed tank owner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/15/94
Changed tank contents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/15/94
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/15/94
Repaired/upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Removed tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /

Name of tank disposal company:
 Hazardous waste generator ID #:

Closed tank in place Abandoned

Is tank empty? yes no

Temporarily closed Is tank empty? yes 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

turn page over!

E. FOR COMPARTMENTAL TANK ONLY

N/A

	TANK 1	TANK 2	TANK 3
1. Compartment Capacity			
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"/>
2. Compartment Product:			
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"/>
3. Is product stored in tank used only for heating?			
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

1. Construction Material:	TANK 1	TANK 2	TANK 3
Epoxy coated steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Galvanized steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wrapped	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bare steel/Black iron	<input 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"/>
2. Secondary Containment			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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

4. Type of Pump:	TANK 1	TANK 2	TANK 3
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 checked="" type="checkbox"/>	<input checked="" 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.

1. Tanks:	TANK 1	TANK 2	TANK 3
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"/>
1a. For newly installed tanks only			
Was a tank precision test conducted prior to placing the system into operation?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	
If yes, date test was conducted:	_/_/		
2. Piping:			
Automatic line leak detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
If yes, date test was conducted:	_/_/		

H. Comments (attach additional sheets if necessary)

Old Site: Hasty Truck Terminal
 Old Owner: Ervin Radunz
 Cathodic Engineering: Harco Technologies
 Installer of Cathodic Protection Impressed
 Current System was B & F Company
 and our electrician.

Questions?
 Call
 (612) 297-8664
 or
 1-800-657-3864
 during normal
 business hours

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.

Jay K Clark U.P.
 Print name of owner or authorized representative Title
Jay K Clark 5/31/94
 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.

 Print name of tank contractor MPCA Contractor #

 Print name of contractor's authorized representative Title

 Signature of tank contractor's representative Date

 Print name of supervisor on site during tank work MPCA Supervisor #

 Signature of supervisor Date

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

Site #: <u>12032</u>
Leak #: _____
Owner #: _____
Date received: _____

A. Facility Information

1. Tank Site Location		2. Owner Location	
Name <u>Petrol Pumper</u>	Name <u>B & F Distributing Inc.</u>		
Street <u>I94 & Cty 8 exit 183</u>	Street <u>Box 6536</u>		
City <u>Hasty</u> County <u>Wright</u>	City <u>Rochester</u> County <u>Olmsted</u>		
State <u>MN</u> Zip <u>55380</u> Phone <u>(612) 878-1655</u>	State <u>MN</u> Zip <u>55903</u> Phone <u>(507) 288-9590</u>		
Contact Person <u>Jay K Clark</u>	Contact Person <u>Jay K Clark</u>		

3. Type of Facility Please check applicable box.

Service station <input checked="" type="checkbox"/>	Government <input type="checkbox"/>	Education <input type="checkbox"/>	Industry/factory <input type="checkbox"/>
Church <input type="checkbox"/>	Auto dealer <input type="checkbox"/>	Utility <input type="checkbox"/>	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
<u>005</u>	<u>006</u>	

2. Tank installation date:

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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	yes
5. Overfill Prevention Equipment			
Ball float valve	<input checked="" type="checkbox"/>	<input checked="" 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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<i>If answered "yes" to #6, please proceed to Box E</i>			
7. Capacity (in gallons): <input type="text"/> <input type="text"/> <input type="text"/>			
8. Substance currently or last stored:			
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input checked="" 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"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	yes

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5/15/94</u>
<i>(please give previous name/address in Box H)</i>				
Changed tank owner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5/15/94</u>
<i>(please give previous owner's name and address in Box H)</i>				
Changed tank contents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5/15/94</u>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5/15/94</u>
<i>(complete D2, D4, D5 and Box G if pertinent and explain actions in Box H)</i>				
Repaired/upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
<i>(please complete Box F and explain actions in Box H)</i>				
Removed tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Name of tank disposal company: _____				
Hazardous waste generator ID #: _____				
Closed tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Temporarily closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Is tank empty?	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

turn page over!

E. FOR COMPARTMENTAL TANKS ONLY

N/A

	TANK 1	TANK 2	TANK 3
1. Compartment Capacity			
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"/>
2. Compartment Product:			
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"/>
3. Is product stored in tank used only for heating?			
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
1. Construction Material:			
Epoxy coated steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Galvanized steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wrapped	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bare steel/Black iron	<input 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"/>
2. Secondary Containment			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior 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 checked="" type="checkbox"/>	<input checked="" 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. Type of Pump:			
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 checked="" 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
1. Tanks:			
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"/>
1a. For newly installed tanks only			
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:	_ / _ / _		
2. Piping:			
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 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?	<input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, date test was conducted:	_ / _ / _		

H. Comments (attach additional sheets if necessary)

old site: Hasty Truck Terminal

Old Owner: Ervin Radunz

Cathodic Engineering: Harco Technologies

Installer of Cathodic Protection: Impressed Current Systems of F Companies and ours!!!

Questions?
 Call
 (612) 297-8664
 or
 1-800-657-3864
 during normal business hours

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.

Jay K. Glank
 Print name of owner or authorized representative

Jay K. Glank
 Signature of owner or authorized representative

U.P.
 Title

5/31/94
 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.

 Print name of tank contractor MPCA Contractor #

 Print name of contractor's authorized representative Title

 Signature of tank contractor's representative Date

 Print name of supervisor on site during tank work MPCA Supervisor #

 Signature of supervisor Date