

X 12032
 for office use:
 Site #: 12031
 Leak #
 Owner #
 Date received

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

Facility Information

1. Tank Site Location
 Name: Petrol Pumpers
 Street: 4101 148th Street NW
 City: Clearwater County Wright
 State: MN Zip: 55320 Phone: ()

2. Owner Location
 Name: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 Phone: () _____

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OCT 13 1999

County Metro District
 Phone (for F-1105)

Type of Facility Please check applicable box.
 Service station Government
 Church Auto dealer Education
 Utility Industry/factory
 Other (specify): _____

Is tank facility located on Tribal Lands? yes no

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: []/ []/ [] []/ []/ [] []/ []/ []

Tank Action Please check applicable boxes.
 TANK 1 TANK 2 TANK 3 Date Occurred
 1. Notification of site
 2. Changed site name/address ___/___/___
 3. Changed tank owner ___/___/___
 4. Added new tanks & piping
 5. Added new tank(s) at site
 6. Added new piping ___/___/___
 7. Ripped/upgraded tank ___/___/___
 8. Ripped/upgraded piping ___/___/___
 9. Moved tank 7/7/99
 10. Name of tank disposal company: Advanced Tank Service Inc.
 11. Hazardous waste generator ID #: _____
 12. Added tank in place ___/___/___
 13. Closed tank ___/___/___
 14. Is tank empty? yes no
 15. Temporarily closed ___/___/___
 16. Is tank empty? yes no

Tank Information Please check applicable boxes.
 1. Type of Tank:
 TANK 1 TANK 2 TANK 3
 STIP3
 Fiberglass
 Composite
 Jacketed steel
 Asphalt coated steel
 Painted steel
 Bare steel
 Other (specify in Box H)

D. Tank Information continued
 TANK 1 TANK 2 TANK 3
 2. Secondary Containment:
 Double wall
 Vault
 Internal bladder
 External liner
 3. Cathodic Protection:
 Anodes
 Impressed current
 Lined tank
 Not needed (ie. fiberglass)
 If certified by corrosion expert, write name and PE or certification # in Box H
 4. Does tank have spill prevention equipment?
 yes no yes no yes no
 5. Overfill Prevention Equipment
 Ball float valve
 Automatic shut-off
 Audible alarm
 6. Is the tank compartmental?
 yes no yes no yes no
 If answered "yes" to #6, please proceed to Box E
 7. Capacity (in gallons): 10,000 [] []
 8. Substance currently or last stored:
 Gasoline
 Alcohol blend (over 5% gasoline)
 Diesel
 Used (waste) oil
 Fuel oil
 Kerosene
 Hazardous substance
 (specify chemical and tank # in Box H)
 Other (specify in Box H)
 9. Is product stored in tank used only for heating?
 yes no yes no yes no

turn page over!

E. FOR COMPARTMENTAL TANKS ONLY

	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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input checked="" 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"/>
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"/>
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 checked="" 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"/>
Gravimetric	<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

	TANK 1	TANK 2
1. Tanks:		
Inventory control (daily sticking)	<input type="checkbox"/>	<input type="checkbox"/>
Tank precision test	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>
Soil vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Tracer monitoring	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<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"/>
Line precision test annually	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test every three years	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<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)

Quantity
Date
or
18-00-00
Date

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 prior Dec. 1988 was performed in accordance with manufacturer's instructions, industry standards, and applicable state and federal regulations.

Robert G. Kas Gen. Mgr.
Print name of owner or authorized representative Title
Robert G. Kas 9/27/99
Signature of owner or authorized representative Date

J. Tank Contractor's Signature

I certify under penalty of law that all work was performed as specified by the manufacturer's 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 Rules ch. 7105, for work completed after July 9, 1990.

Advanced Tank Service, Inc 632
Print name of tank contractor MPCA Contract #
Mike Olson MN Coore
Print name of contractor's authorized representative Title
Mike Olson 7/7/99
Signature of tank contractor's representative Date
Mike Olson 7952
Print name of supervisor on site during tank work MPCA Supervisor #
Mike Olson 7/7/99
Signature of supervisor Date

Unsigned forms will be returned

Please retain a copy for your own records

