

Notification/Change in Status for Underground Storage



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

17383
 NOV 23 1999

for office use:

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

A. Facility Information

1. Tank Site Location		2. Owner Location <u>MPCA, Metro District</u>	
Name <u>City of Robbinsdale</u>	Name <u>City of Robbinsdale</u>	Regular Facilities	
Street <u>4130 - 32, 34, 38 W. Broadway</u>	Street <u>4221 Lake Road</u>		
City <u>Robbinsdale</u> County <u>Henn.</u>	City <u>Robb isdale</u> County <u>Henn</u>		
State <u>MN</u> Zip <u>55422</u> Phone <u>(612) 537-4534</u>	State <u>MN</u> Zip <u>55422</u> Phone <u>(612) 537-4534</u>		
Contact Person <u>Dave Ryback</u>	Contact Person <u>Francis D. Hager SR.</u>		

3. Type of Facility Please check applicable box.

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

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>001</u>	<u>002</u>	

2. Tank installation date: UNKNOWN UNKNOWN
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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>9-19-92</u>
Name of tank disposal company: <u>MAK Companies</u>				
Hazardous waste generator ID #: <u> </u>				
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:			
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 I</i>			
4. Does tank have spill prevention equipment?			
	<input type="checkbox"/> yes	<input 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 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):			
	<u>600</u>	<u>700</u>	
8. Substance currently or last stored:			
Gasoline	<input checked="" type="checkbox"/>	<input checked="" 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 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

turn page over!

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

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 tightness 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Piping:			
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual line tightness test	<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 tightness 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"/>

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 checked="" type="checkbox"/>	<input checked="" 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Comments (attach additional sheets if necessary)

Tanks were unknown and found during street maintenance.



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.

Francis D. Nagem Sr. Robbinsdale City Manager
 Print name of owner or authorized representative Title
 Francis D. Nagem Sr. 10/2/92
 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 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.

MAK Companies 0592
 Print name of tank contractor MPCA Contractor #
 Mike Knispe! PKCS
 Print name of contractor's authorized representative Title
 Mike Knispe! 9-28-92
 Signature of tank contractor's representative Date
 Mike Knispe! 3294
 Print name of supervisor on site during tank work MPCA Supervisor #
 Mike Knispe! 9-28-92
 Signature of supervisor Date

Unsigned forms will be returned

Please retain a copy for your own records

City of Robbinsdale

4100 Lakeview Avenue North
Robbinsdale, Minnesota 55422-1898
Phone: (612) 537-4534
Fax: (612) 537-7344



November 19, 1999

MPCA, Metro District/Regular Facilities Section
Ms. JoAnn Henry
520 Lafayette Road North
St. Paul, MN 55155-4194

Dear Ms. Henry:

The City of Robbinsdale received notification of two UST's located at site name "mini mall", site ID# 17383. According to our files these tanks were removed in 1992. It appears that your office was not notified that these tanks were removed. I have enclosed a copy of the Notification/Change in Status form as documentation of the removal.

If you have any questions, please contact me at (612) 531-1262.

Sincerely,

A handwritten signature in blue ink that reads "David M. Nummer". The signature is written in a cursive, flowing style.

David M. Nummer
City Engineer

cc: Dennis Kraft, City Manager

17383

City of Robbinsdale

4100 Lakeview Avenue North
Robbinsdale, Minnesota 55422-1898
Phone: (612) 537-4534
Fax: (612) 557-7344



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MPCA, Metro District/Regular Facilities Section
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520 Lafayette Road North
St. Paul, MN 55155-4194

Dear Ms. Henry:

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If you have any questions, please contact me at (612) 531-1262.

Sincerely,

David M. Nummer
City Engineer

cc: Dennis Kraft, City Manager

Post-It® Fax Note	7671	Date	11/19	# of pages	3
To	JoAnn Henry	From	DAVE NUMMER		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #		Fax #			

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:
Site #: 17383
Leak #: 7383
Owner #:
Date received:

A. Facility Information

1. Tank Site Location		2. Owner Location	
Name <u>City of Robbinsdale</u>	Street <u>4130-32, 34, 38 W. Broadway</u>	Name <u>City of Robbinsdale</u>	Street <u>4221 Lake Road</u>
City <u>Robbinsdale</u> County <u>Henn.</u>	State <u>MN</u> Zip <u>55422</u> Phone <u>(612) 537-4534</u>	City <u>Robbinsdale</u> County <u>Henn.</u>	State <u>MN</u> Zip <u>55422</u> Phone <u>(612) 537-4534</u>
Contact Person <u>Dave Ryback</u>	Contact Person <u>Francis D. Hagen Sr.</u>		

3. Type of Facility Please check applicable box.

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

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>001</u>	<u>002</u>	

2. Tank installation date:

<u>UNKNOWN</u>	<u>UNKNOWN</u>	
month/day/yr	month/day/yr	month/day/yr

C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>9-19-92</u>
Name of tank disposal company: <u>MRK Company</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"/>	
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"/>
If certified by corrosion expert, write name and PE or certification # in Box I			
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 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 type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If answered "yes" to #6, please proceed to Box E			
7. Capacity (in gallons):	<u>600</u>	<u>700</u>	
8. Substance currently or last stored:			
Gasoline	<input checked="" 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 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 stored in tank used only for heating?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

turn page over!

FOR COMPARTMENTAL TANKS ONLY

	TANK 1	TANK 2	TANK 3
1. Compartment Capacity			
compartment 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compartment 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compartment 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Compartment Product:			
compartment 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compartment 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compartment 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

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 tightness 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Piping:			
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual line tightness test	<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 tightness 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"/>

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (i.e. Eberglass)	<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 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"/>

H. Comments (attach additional sheets if necessary)

Tanks were unknown and found during street maintenance.



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.

Francis D. Hagan Sr. Robbinssdale City Manager
 Print name of owner or authorized representative Title
[Signature] 10/2/92
 Signature of owner or authorized representative Date

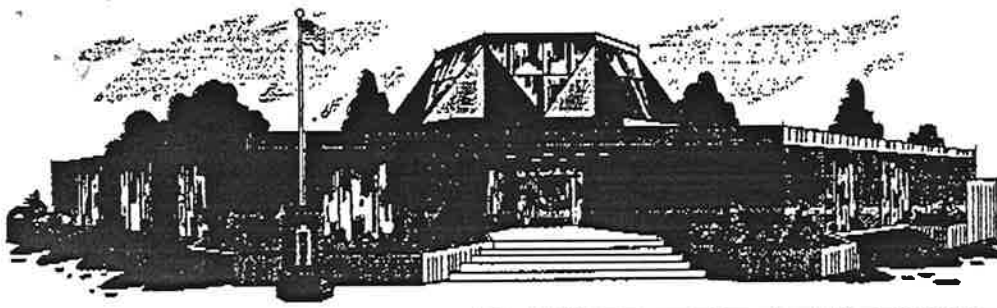
Unsigned forms will be returned

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 specific 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 Minn. Rules ch. 7105, for work completed after July 9, 1990.

MRK Companies 0592
 Print name of tank contractor MPCA Contractor #
Mike Knispe P.C.S.
 Print name of contractor's authorized representative Title
Mike Knispe 9-28-92
 Signature of tank contractor's representative Date
Mike Knispe 3294
 Print name of supervisor on site during tank work MPCA Supervisor #
Mike Knispe 9-28-92
 Signature of supervisor Date



CITY OF ROBBINSDALE



4221 LAKE ROAD
ROBBINSDALE, MINNESOTA 55422
TELEPHONE: (612) 537-4534

FACSIMILE TRANSMISSION FORM

DATE: 9/16/92

PLEASE DELIVER THE ACCOMPANYING TRANSMITTAL TO:

NAME: Lisa Heesch

COMPANY: PCA-TANKS

FAX NUMBER: 297-8676

FROM: Bill Deblon

TOTAL NUMBER OF PAGES INCLUDING THIS LETTER: 3

SPECIAL INSTRUCTIONS: _____

IF YOU DO NOT RECEIVE ALL THE PAGES OR HAVE DIFFICULTY WITH RECEIVING, PLEASE CALL SENDER AT 537-4534, EXT. 66.

THANK YOU.

CITY OF ROBBINSDALE
4221 LAKE ROAD
ROBBINSDALE, MN 55422

FAX NUMBER: (612) 537-7344

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

*Rec'd 9-17-92
 new*

P. 2/3 Use reuse
 Site #: 17383
 Leak #:
 Owner #: 1607
 Date received:

A. Facility Information

1. Tank Site Location

Name Mini Mall

Street 41 1/2 & West Broadway

City Robbinsdale, County Hennepin

State MN Zip 55422 Phone (612) 537-4534

Contact Person Fran Hagen or William Deblon

2. Owner Location

Name City of Robbinsdale

Street 4221 Lake Road

City Robbinsdale County Hennepin

State MN Zip 55422 Phone (612) 537-4534

Contact Person Fran Hagen or William Deblon

3. Type of Facility Please check applicable box.

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

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	002	
NA	NA	
<small>no/daily</small>	<small>no/daily</small>	<small>no/daily</small>

C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/15/92
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
4. Does tank have spill prevention equipment?	<input type="checkbox"/> yes <input 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 type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
7. Capacity (in gallons):	560	800	
8. Substance currently or last stored:			
Gasoline	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input checked="" 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"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

turn page over!

E. MOB 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

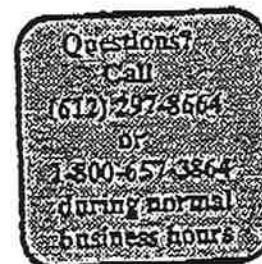
G. Release Detection Please check all applicable boxes.

	TANK 1	TANK 2	TANK 3
1. Tanks:			
Inventory control (daily sticking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness 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"/>
-2- Piping:			
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual line tightness test	<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 tightness 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"/>

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 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 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 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Comments (attach additional sheets if necessary)



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.

Fran Hagen, Sr. City Manager
 Print name of owner or authorized representative

 Signature of owner or authorized representative 9/16/92
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