



Notification for Underground Storage Tanks

Minnesota Pollution Control Agency
Hazardous Waste Division Tanks and Spills Section
520 Lafayette Road North St. Paul, MN 55155

for office use: ✓

ID# 5850
LK# 5850

PO-00410 03 (8/90)

Fill out circled items

RECEIVED
SEP 09 1991

MPCA, HAZARDOUS WASTE DIVISION

A. Name of Tank Site: RON'S QUIZIK STOP
Tank Site Address: 29 WISITI MAIN ST
City: CROSBY
Phone: (218) 546-5902
County: CROW WING
Zip Code: 56441

* Fire Marshal Permit #

B. Name of Owner: RON MAY
Mailing Address: RTR BLDG
City: DIERWOOD
Zip Code: 56444
Phone: (218) 534-3626
State: MN

Questions?
Call
(612) 643-3413
or Toll-free
1-800-652-9747
during normal
business hours

C. Tank number Type or use ink and complete as best as possible Please photocopy form if site has more than 3 tanks
1 Assign a 3 digit number to each tank (eg. 001, 002.)
003 004
2 Installation date: 5-1-76
3 Is tank currently used?
 yes no

2 Type of Tank	1	2	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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Tank Action 1 Please check applicable box(es)

	1	2	3
Initial notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add new tank(s) to site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in tank owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair tank (please explain in Box K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Close tank in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary closure (product in tank, in # of gallons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Capacity (# of gal) 4,000 1,000

4. Substance Currently or Last Stored:

Regular gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unleaded 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 (heating) oil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance (specify chemical and tank # in Box K, on back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Please write date of above action:
Aug 30, 91 Aug 29, 91

5 Corrosion Protection

Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(if certified by corrosion expert, write name and PE or certification # in Box K)

E Tank Information Please check applicable boxes

1 Type of Pump	1	2	3
Submersible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

turn page over!

6 Secondary Containment:	1	2	3
Double wall tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Does tank have spill containment?
 yes no yes no yes no

8 Does tank have overfill prevention?
 yes no yes no yes no

F. Piping:

1 Construction Material:

Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrapped steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Corrosion Protection

Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrapped	<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 protection expert, write name and PE or certification # in Box K)

G. Financial Responsibility (Applies to petroleum marketers with 1-12 tanks after Oct 26, 1991, those with 13-99 tanks at more than one facility after April 26, 1991, and other tank owners as specified in 40 CFR, part 280)

Type: _____
 Insurer: _____
 Policy #: _____ Expiration date: ___/___/___

H. Release Detection

To be completed for tanks (except heating oil) installed after Dec 22, 1988 and older tanks if subject to 40 CFR, part 280, subp D Choose all that apply

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"/>
Other (Specify in Box K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Date of last tank tightness test (if applicable):

I. Owner's Signature

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge, and that all work was performed as per the manufacturers' instructions, industry standards, and applicable state and federal regulations. For installations performed after July 9, 1990, I certify that the installer was in compliance with the certification requirements of Minn. Rules, chap 7105

RON MAY OWNER
 Print name of owner or authorized representative and title

Ron May 8-30-91
 Signature of owner/authorized representative Date
 (Unsigned forms will be returned)

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, chap 7105, if work was completed after July 9, 1990

Independent Petroleum Services 0102
 Name of tank contractor company MPCA Contractor #

LARRY A. METZMAN 01914
 Print supervisor name MPCA Supervisor #

Larry A. Metzman July 30, 91
 Supervisor signature Date

Contractor Address: 1102 A. ISLE RD.
 City: DAXTEA State: MINN Zip: 56401

Please write tank number(s) that work was performed on
 003 005

K. Comments (attach additional sheets if necessary)

Joan Henry
 TANK #005 is a 1,000 gallon fuel oil tank that was used for our furnace.

3. Piping:

Automatic line leak detector and 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"/>
Other (Specify in Box K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line tightness test every three years (for suction piping only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (for suction piping only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Date of last line tightness test (if applicable):
