



Notification for Underground Storage Tanks

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

John
612-297-8664

RECEIVED
FEB 05 1992

for office use:

5852
LK
✓

PO 00410-03 (8/90)

(A) Name of Tank Site RION'S QUICK STOP **MPCA, HAZARDOUS WASTE DIVISION**

Tank Site Address 29 WEISIT MAIN ST. **Fire Marshal Permit #** _____

City CROSBY **Zip Code** 56441

Phone (218) 546-5902 **County** CROW WING

(B) Name of Owner Pribyl Inc.

Mailing Address 29 WEISIT MAIN ST.

City CROSBY **State** MN

Zip Code 56441 **Phone** (218) 546-5902

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)

2. Installation date:

month/year month/year month/year

3. Is tank currently used?

 yes no yes no yes no

2. Type of Tank:

	1	2	3
STIP3	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Change tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please explain in Box K)			
Remove tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(product in tank, in # of gallons)	<input type="text" value="10,000"/>	<input type="text" value="8,000"/>	<input type="text" value="2,000"/>

2. Please write date of above action:

3. Capacity (# of gal)

4 Substance Currently or Last Stored:

Regular gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unleaded gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 K, on back)			
Other (specify in Box K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Corrosion Protection:

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

turn page over!

6 Secondary Containment:

Double wall tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

7 Does tank have spill containment?

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

8 Does tank have overfill prevention?

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

(12) 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

Brian Pribyl Owner
 Print name of owner or authorized representative and title

Brian Pribyl 2/11/92
 Signature of owner/authorized representative Date
 (Unsigned forms will be returned)

F. Piping:

1 Construction Material:

Galvanized steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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 protection expert, write name and PE or certification # in Box K)

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

Name of tank contractor company _____ MPCA Contractor # _____

Print supervisor name _____ MPCA Supervisor # _____

Supervisor signature _____ Date _____

Contractor Address. _____
 City: _____ State: _____ Zip: _____

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

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: ___/___/___

(K) Comments (attach additional sheets if necessary)

Ron May
 Change of ownership AS OF 2-1-92.
 Ron May owned tanks from 9-1-77 thru 7-31-92. Brian & Colleen Pribyl own them AS OF 2-1-92

Ron May

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.

	1	2	3
Inventory control (daily sticking)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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):

3 Piping

	1	2	3
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):