for office uses Notification/Change in Status for Underground Storage Tanks Site #: Minnesota Pollution Control Agency Hazardous Waste Division Tanks and Spills Section Owner #: 520 Lafayette Road North St. Paul. MN 55155 DEC 09 1996 (612) 297-8664 or 1-800-657-3864 Date received: HAZARDOLIS A.-FacWAS/Intologation MPCA, HAZARDOUS 2. Owner Location WASTE DIVISION 1. Tank Site Location Name Name Street City Phone (218) 546 - 5902 State YTO. Phone (218) 546-5902 Contact Person $\alpha ai \alpha$ Contact Person 3. Type of Facility Please check applicable box. Service station Government Education Industry/tactory Auto dealer 🗆 Utility Other (specify): Commedie 5tore Church 4. Is tank facility located on Tribal Lands? yes B. Tank Number Type or use black ink and complete as D. Tank Information continued well as possible. Please photocopy form if site has more than TANK 1 TANK 2 TANK 3 three tanks. 2. Secondary Containment: 50 Double wall 1. Assign a 3 digit number to each tank (ie. 001, 002...) Vault TANK 1 TANK 2 TANK 3 Internal bladder External liner 3. Cathodic Protection: 2. Tank installation date: mo/da/vr mo/da/vr Anodes Æ. Ø C. Tank Action Please check applicable boxes. Impressed current Lined tank TANK 1 TANK 2 TANK 3 Date Occurred Not needed (ie. fiberglass) \Box . Initial notification of site If certified by corrosion expert, write name and PE or certification # in Box H. Changed site name/address П П (please give previous name/address in Box H) 4. Does tank have spill prevention equipment? Changed tank owner **2**0 (21 **(X**) (please give previous owner's name and address in Box H) yes no ves Changed tank contents Installed new tanks & piping 5.) Overfill Prevention Equipment Installed new tank(s) at site Ball float valve Installed new piping Automatic shut-off \Box \Box Repaired/upgraded tank Audible alarm 函 طط (complete D3, D4, D5 and Box G if pertains and explain actions in Box H) Repaired/upgraded piping П Is the tank compartmental? (please complete Box F and explain actions in Box H) yes no yes no yes no If answered "yes" to #6, please proceed to Box E Removed tank \Box Name of tank disposal company: Hazardous waste generator ID #: 7. Capacity (in gallons): 8050 ্বীosed tank in place **Abandoned** B. Substance currently or last stored: ☑-Is tank empty? □ no Gasoline □ yes Temporarily closed Alcohol blend (over 5%) gasoline П Is tank empty? ☐ yes □ no Diesel Used (waste) oil D. Tank-Information Please check applicable boxes. Fuel oil Kerosene 1. Type of Tank: TANK 1 TANK 2 TANK 3 Hazardous substance **Q** STIP3 巫 (specify chemical and tank # in Box H) **Fiberglass** Other (specify in Box H) Composite Jacketed steel Is product stored in tank used only for heating? Asphalt coated steel Painted steel yes no yes no yes no Bare steel Other (specify in Box H) turn page over!_

E. FOR COMPARTMENTAL TANKS ONLY	G. Release Detection Please check all applicable boxes.
TANK 1 TANK 2 TANK 3	1. Tanks: TANK 1 TANK 2 TANK 3 Inventory control (daily sticking)
1. Compartment Capacity	Tank precision test
compartment 1	Manual tank gauging □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
compartment 2	Automatic tank gauging Soil vapor monitoring
compartment 3	Groundwater monitoring
Companion C	Interstitial monitoring
2. Compartment Product:	Tracer monitoring
	None 🗆 🔾
compartment 1	Other (specify in Box H)
compartment 2	1a. For newly installed tanks only
compartment 3	Was a tank precision test conducted prior to placing the
	system into operation?
3. Is product stored in tank used only for heating?	If yes, date test was conducted://
compartment 1 🔲 🗎 🗎 🗍 yes no yes no	
•	2. Piping:
compartment 2	Automatic line leak detector
compartment 3	Line precision test annually
yes no yes no yes no	Vapor monitoring 🗆 🗆 🖂 Groundwater monitoring
	Interstitial monitoring
	Line precision test every three years
F. Piping Please check all applicable boxes	None
1. Construction Material: TANK 1 TANK 2 TANK 3	Other (specify in Box H)
Epoxy coated steel	2a. For newly installed piping only
Galvanized steel	Was a line precision test conducted prior to placing the
Wrapped 🗆 🗆	system into operation? Ø yes ☐ no
Bare steel/Black iron 🖂 🖂 🖂 🖂	If yes, date test was conducted: 51 7196
Fiberglass	" jos, outo tos na osnostas: <u>os </u>
Other (specify in Box H) 🛒 💋 🗆	H. Comments (attach additional sheets if necessary)
and then in series	11. Continents (attach ascircular sheets in necessary)
•	l c
2. Secondary Containment	
2. Secondary Containment Double wall	F-1 Donnie war ATT polypip
2. Secondary Containment Double wall Exterior liner	F-1 Downe war ATT polypip
2. Secondary Containment Double wall Exterior liner 3. Cathodic Protection:	F-1 Double war ATT polypix INSTALLED SPILL CONTAINMENTS
2. Secondary Containment Double wall Exterior liner 3. Cathodic Protection: Anodes Duble wall Anodes	F-1 Double war ATT polypipe INSTAURD SPILL CONTAINMENTS
2. Secondary Containment Double wall Exterior liner 3. Cathodic Protection: Anodes Impressed current Anodes	
2. Secondary Containment Double wall Exterior liner 3. Cathodic Protection: Anodes Impressed current Not needed (ie. fiberglass)	Questions?
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DATE

Minnesota Pollution Control Agency

INFORMATION TRANSMITTAL SLIP

TO Otto - Sing touhoh
Rollies Sales & Service
Osekis, MN S6360
FROM Joan C. Henry
PHONE (6/1)-297-8664
ADDRESS. MINNESOTA POLLUTION CONTROL AGENCY Hazardous Waste Division
520 Lafayette Road
St Paul, Minnesota 55155-4194
SUBJECT Please size backside
of forthe forcontractors sequete
Block "5" fort outs installed also pleased Promission of Tank 5-1-9. + product-also leak detection installe also signature needed for tenheremon
also pleason promisioning of Tank 5-1-9
+ Product-also leabolatection installe
ilse signature needed for tanks in
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NO TANKO REMOVED OR INSTALLED

for office use: t_{-} .Notification/Change in Status for Underground Storage Tanks Minnesota Pollution Control Agency Leak :: Hazardous Waste Division Tanks and Spills Section Owner #: 520 Lafayette Road North St. Paul, MN 55155 DEC 09 1996 (612) 297-8664 or 1-800-657-3864 Date received: A. Facility Information MPCAL HAZALDONS 2. Owner Location WASTE D'VISION 1. Tank Site Location Name Name Street Street County City County Phone (2 18) 546 State YTIC. Phone (218) 546 - 5962 State VI Contact Person 3. Type of Facility Please check applicable box. Service station Government Education [] Industry/factory Church Auto dealer Utility Other (specify): Conversede Store 4. Is tank facility located on Tribal Lands? yes Tank Number Type or use black ink and complete as D. Tank Information continued well as possible. Please photocopy form if site has more than TANK 1 TANK 2 TANK 3 three tanks. 2. Secondary Containment: Double wall 1. Assign a 3 digit number to each tank (ie. 001, 002...) Vault Q TANK 1 TANK 3 TANK 2 Internal bladder External liner :: 3. Cathodic Protection: 2. Tank installation date: mo/da/yr mo/da/yr Anodes Æ B Cartank Action ... Please check applicable boxes. Impressed current \Box Lined tank TANK 1 TANK 2 TANK 3 Date Occurred Not needed (ie. fiberglass) \Box Initial notification of site If certified by corrosion expert, write name and PE or certification # in Box H. Changed site name/address (please give previous name/address in Box H) 4. Does tank have spill prevention equipment? Changed tank owner \square **(20)** (please give previous owner's name and address in Box H) yes ves no **Y**85 Changed tank contents Installed new tanks & piping 5.9 Overfill Prevention Equipment Installed new tank(s) at site Ball float valve Installed new piping \square Ø Automatic shut-off Repaired/upgraded tank Audible alarm Ø \square (complete D3, D4, D5 and Box G if pertains and explain actions in Box H) Repaired/upgraded piping Ω 6. Is the tank compartmental? (please complete Box F and explain actions in Box H) yes no yes no If answered "yes" to #6, please proceed to Box E Removed tank Name of tank disposal company: Hazardous waste generator ID #: 7. Capacity (in gallons): Closed tank in place Abandoned 8. Substance currently or last stored: is tank empty? □ yes □ no Gasoline Temporarily closed Alcohol blend (over 5%) gasoline □ Is tank empty? yes ☐ no Diesel \Box Used (waste) oil П D. Tank Information Please check applicable boxes. 'Fuel oil Kerosene TANK 1 1. Type of Tank: TANK 2 TANK 3 Hazardous substance

STIP3

Fiberglass

Composite

Jacketed steel

Painted steel

Bare steel

Asphalt coated steel

Other (specify in Box H)

Ø

Ω⁄

o

П

yes no

 \Box

yes no

(specify chemical and tank # in Box H)

9. Is product stored in tank used only for heating?

Other (specify in Box H)

	E. FOR COMPARTMENTAL TANKS ONLY	G. Release Detection Please check all applicable boxes.	
造() 是此一	TANK 1 TANK 2 TANK 3 1. Compartment Capacity compartment 1	1. Tanks: Inventory control (daily sticking) Tank precision test Manual tank gauging Automatic tank gauging	
	compartment 2	Soil vapor monitoring	
-	compartment 1	None	
	compartment 3	Was a tank precision test conducted prior to placing the system into operation? ☐ yes ☐ no	
	compartment 1	If yes, date test was conducted:/_/ 2. Piping: Automatic line leak detector	
	compartment 3	Line precision test annually	
	1. Construction Material: TANK 1 TANK 2 TANK 3 Epoxy coated steel	Line precision test every three years None Other (specify in Box H) 2a. For newly installed piping only	
	Galvanized steel	Was a line precision test conducted prior to placing the system into operation? □ yes □ no If yes, date test was conducted:/_/ H. Comments (attach additional sheets if necessary)	
14	2. Secondary Containment Double wall Exterior liner	F-1 Duble wan ATT polypip	
	3. Cathodic Protection: Anodes Impressed current Not needed (ie. fiberglass) If certified by corrosion expert, write name and PE or certification # in Box H 4. Type of Pump: Suction check valve located at: tank dispenser Submersible	Questions? Call (612) 297-8664 or 1-800-657-3864 during normal	
	Gravity	business hours	
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	Print name of owner or authorized representative Title 1125196	Print name of tank contractor MPCA Contractor # Print name of contractor's authorized representative Title	
	Signature of owner or authorized representative Date	Signature of tank contractor's representative Date	
ŧ	Unsigned forms will be returned Please retain a copy for your own records	Print name of supervisor on site during tank work MPCA Supervisor #	
		Signature of supervisor Date	



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Minnesota Pollution Control Agency

INFORMATION TRANSMITTAL SLIP

DATE	12-31-96
R of	Altu- Jine tenhoff
Hung	-27 W
Osaki	v, MN 56360
FROM	Joann C. Henry (012-297-8664
PHONE	
ADDRESS	MINNESOTA POLLUTION CONTROL AGENCY Hazardous Waste Division 520 Lafayette Road St. Paul, Minnesota 55155-4194
SUBJECT	Please sign backsil.
of from fo	a contractor signatu
Block "5" f	ontouts in stalle

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