

# 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

**RECEIVED**

JUL 28 1993

for office use:

Site #: ~~19913~~  
 Leak #:   
 Owner #: 6518  
 Date received:   
 \_\_\_\_\_

## A. Facility Information

1. Tank Site Location		MPCA, HAZARDOUS 2. Owner Location WASTE DIVISION	
Name <u>E-Z STOP</u>	Name <u>CROWN COCO INC</u>		
Street <u>2 EAST MAIN STREET</u>	Street <u>319 ULYSSES ST. NE</u>		
City <u>CROSBY</u> County <u>CROW WING</u>	City <u>MINNEAPOLIS</u> County <u>HENNEPIN</u>		
State <u>MN</u> Zip <u>56441</u> Phone <u>(218) 546-5545</u>	State <u>MN</u> Zip <u>55413</u> Phone <u>(612) 331-9344</u>		
Contact Person <u>SHANNON STINAR</u>	Contact Person <u>DAVID MILLER</u>		
3. Type of Facility Please check applicable box.			
Service station <input checked="" type="checkbox"/>	Government <input type="checkbox"/>	Education <input type="checkbox"/>	Industry/factory <input type="checkbox"/>
Church <input type="checkbox"/>	Auto dealer <input type="checkbox"/>	Utility <input type="checkbox"/>	Other (specify): _____
4. Is tank facility located on Tribal Lands? <input type="checkbox"/> yes <input type="checkbox"/> 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>	<u>003</u>

2. Tank installation date: 10/2/91 10/2/91 10/2/91  
month/yr month/yr month/yr

## C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Changed site name/address <small>(please give previous name/address in Box H)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Changed tank owner <small>(please give previous owner's name and address in Box H)</small>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 <small>(complete D3, D4, D5 and Box G if pertains and explain actions in Box H)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Repaired/upgraded piping <small>(please complete Box F and explain actions in Box H)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Removed tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Name of tank disposal company: _____				
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"/>	___/___/___
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 H.</i>			
4. Does tank have spill prevention equipment?			
	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
5. Overfill Prevention Equipment			
Ball float valve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
<i>If answered "yes" to #6, please proceed to Box E</i>			
7. Capacity (in gallons): <u>15,000</u> <u>8,000</u> <u>4,000</u>			
8. Substance currently or last stored:			
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 <small>(specify chemical and tank # in Box H)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <small>(specify in Box H)</small>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <small>(specify in Box H)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

turn page over!

**E. FOR COMPARTMENTAL TANKS ONLY**

	TANK 1	TANK 2	TANK 3
<b>1. Compartment Capacity</b>			
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"/>
<b>2. Compartment Product:</b>			
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"/>
<b>3. Is product stored in tank used only for heating?</b>			
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
<b>1. Construction Material:</b>			
Epoxy coated steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
<b>2. Secondary Containment</b>			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Cathodic Protection:</b>			
Anodes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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>			
<b>4. Type of Pump:</b>			
Suction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
check valve located at: <input type="checkbox"/> tank <input checked="" 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"/>

**G. Release Detection Please check all applicable boxes.**

	TANK 1	TANK 2	TANK 3
<b>1. Tanks:</b>			
Inventory control (daily sticking)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tank precision test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
<b>1a. For newly installed tanks only</b>			
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:	_/_/_		
<b>2. Piping:</b>			
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test annually	<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 precision 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"/>
<b>2a. For newly installed piping only</b>			
Was a line precision test conducted prior to placing the system into operation?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
If yes, date test was conducted:	_/_/_		

**H. Comments (attach additional sheets if necessary)**

**Questions?**  
 Call  
 (612) 297-8664  
 or  
 1-800-657-3864  
 during normal  
 business hours

**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.*

DAVID L. MILLER DIRECTOR OPERATIONS  
 Print name of owner or authorized representative Title

[Signature] 2-22-93  
 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.*

Independent Petroleum Service 0102  
 Print name of tank contractor MPCA Contractor #

Orris A. Rodahl President  
 Print name of contractor's authorized representative Title

[Signature] 10-12-91  
 Signature of tank contractor's representative Date

Larry Prettyman 1814  
 Print name of supervisor on site during tank work MPCA Supervisor #

[Signature] 10-12-91  
 Signature of supervisor Date

**Unsigned forms will be returned**

**Please retain a copy for your own records**

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 APR 26 1993