

# 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 #: \_\_\_\_\_  
 Leak #: \_\_\_\_\_  
 Owner #: \_\_\_\_\_  
 Date received: \_\_\_\_\_

## A. Facility Information

### 1. Tank Site Location

Name Crosby ONE STOP  
 Street 2 E MAW ST  
 City Crosby County CROW-WING  
 State MN Zip 56441 Phone (218) 546-5565  
 Contact Person MARTIN BJERKVED

### 2. Owner Location

Name MARTIN BJERKVED  
 Street HC 61 Box 229E  
 City Deerwood County CROW WING  
 State MN Zip 56444 Phone (218) 546-6895  
 Contact Person \_\_\_\_\_

### 3. Type of Facility Please check applicable box.

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

### 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>256</u>	<u>257</u>	<u>258</u>

### 2. Tank installation date:

<u>1/92</u> mo/dayr	<u>1/92</u> mo/dayr	<u>1/92</u> mo/dayr
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## C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changed site name/address <i>(please give previous name/address in Box H)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4/16/98</u>
Changed tank owner <i>(please give previous owner's name and address in Box H)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7/1/95</u>
Changed tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
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"/>	<u>9/1/92</u>
Repaired/upgraded tank <i>(complete D3, D4, D5 and Box G if pertains and explain actions in Box H)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Repaired/upgraded piping <i>(please complete Box F and explain actions in Box H)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Removed tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Name of tank disposal company:	_____			
Hazardous waste generator ID #:	_____			
Closed tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Temporarily closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
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?			
<u>5 Gallons</u>	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/> no	<input checked="" 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>1400</u>	<u>9000</u>	<u>4000</u>
8. Substance currently or last stored:			
Gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input checked="" type="checkbox"/>	<input 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	<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 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 (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

turn name 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"/>

**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 Munn. Rules ch. 7105. All work completed after Dec. 1988 was performed in accordance with manufacturers' instructions, industry standards, and applicable state and federal regulations

Martin Beckner OWNER  
 Print name of owner or authorized representative Title  
Martin Beckner 1-6-98  
 Signature of owner or authorized representative Date

Unsigned forms will be returned

Please retain a copy for your own records

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

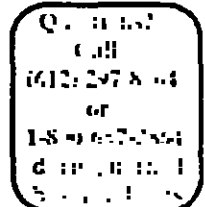
	TANK 1	TANK 2	TANK 3
<b>1. Tanks:</b>			
Inventory control (daily sticking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank precision test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input 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: <u>    /    /    </u>			
<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2a. For newly installed piping only**

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)**

Previous Owner - Blombers Oil Co - in Feb  
 " " E2-STOP STORES - Robt Mack - 9/1  
 Sold to Duane Weitrauer & Marty Bjerknes  
 in 1995, (July).  
 Installed new Tanks in 1992 - Sept. - done by Aibt Mc,  
 met with Steve K. To  
 update notification



**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 Munn 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 \_\_\_\_\_