



# Minnesota Pollution Control Agency

Metro District/Regular Facilities, 520 Lafayette Road North, St Paul, MN 55155  
(651) 297-8664 or (800) 657-3864 Fax (651) 282-6247

for office use  
Site # 6581

6581

## Notification/Change in Status for Underground Storage Tanks

### A. Facility Information

1 Tank Site location <u>Don's One Stop</u>		2 Owner Location	
Name <u>DON'S ONE STOP</u>		Name	
Street <u>2 E MAIN STREET</u>		Street <u>BEMAIN ST</u>	
City <u>CROSBY</u> County <u>CROW WING</u>		City <u>CROSBY</u>	
State <u>MN</u> Zip <u>56441</u> Phone <u>218 545-5565</u>		State <u>MN</u> Zip <u>56441</u> Phone <u>218 546 5884</u>	
Contact Person <u>KEVIN HOEMKE</u>		Contact Person <u>DONALD / BARBARA HOEMKE</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) <input type="checkbox"/>

### B. Tank Number Type or use black and complete As well as possible Please photocopy form if site has more than three tanks

1. Assign a 3 digit # to each tank (i.e 001,002)

TANK 1	TANK 2	TANK 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Tank installation date

mo/da/yr	mo/da/yr	mo/da/yr
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### B. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(please give previous name/address in Box H)</i>				
Changed tank owner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>5/1/02</u>
<i>(please give previous owner's name and address in Box H)</i>				
Changed tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Installed new tanks & piping	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(complete D3, D4, D5 and Box G if pertains and explain actions in Box H)</i>				
Repaired upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(please complete Box F and explain actions in Box H)</i>				
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 Please check applicable boxes

1 Type of Tank	TANK 1	TANK 2	TANK 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"/>
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"/>

### Tank Information (cont.)

	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 type="checkbox"/>	<input type="checkbox"/>	<input 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 (i.e 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes no	yes no	yes no
5 Overfill Prevention Equipment			
Ball float valve	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes no	yes no	yes no
<i>If answered "yes" to #6, please proceed to Box E</i>			
7 Capacity (in gallons)			
8 Substance currently or last stored			
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Is product stored in tank used only for heating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes no	yes no	yes no

**E. FOR COMPARTMENTAL TANKS ONLY**

	TANK 1	TANK 2	TANK 3
1. Compartment Capacity			
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"/>
1. Compartment Product			
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"/>
2. Is product stored in tank used only for heating?			
compartment 1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	yes no	yes no	yes no
compartment 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	yes no	yes no	yes no
compartment 3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	yes no	yes no	yes no

**F. Piping** Please check all applicable boxes


	TANK 1	TANK 2	TANK 3
1. Construction Material:			
Epoxy coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2. Secondary Containment			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

*If certified by corrosion expert, write name and Pe or certification in Box H*

4. Type of Pump:

Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check valve located at	<input type="checkbox"/> tank	<input 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 Minn. R. ch 7105. All work completed after Dec 1988 was performed in accordance with manufacturers' instructions, industry standards, and applicable state and federal regulations*

Kevin  
  
 Print name of owner or authorized representative Title

X  
 Signature of owner or authorized representative Date

**Unsigned forms will be returned**

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

	TANK 1	TANK 2	TANK 3
1 Tanks			
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 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"/>
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"/>
1a. For newly installed tanks only			
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:	_/_/_		
2 Piping:			
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 3yrs	<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"/>
2a. For newly installed piping only			
Was a line precision test conducted prior to placing the system into operation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes, date test was conducted:	_/_/_		

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

Questions? Call  
 651/297-8664  
 or 1-800-657-3864  
 during normal  
 business hours.

**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 R 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 MPCA-certified supervisor Date

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