

**STATE OF ARKANSAS
NOTIFICATION FOR UNDERGROUND STORAGE TANKS
FOR TANKS IN ARKANSAS**

Return completed form to:

**Arkansas Department of Environmental Quality
Regulated Storage Tanks Division
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317**

(501) 682-0999

STATE USE ONLY

Facility ID _____

Owner Acct Number _____

AFIN _____

INSTRUCTIONS

Please type or print in ink all items except "signature" in Sections VI and X. Please mark all boxes that apply in each section. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy pages 2 - 4, and staple the continuation sheets to this form.

Number of continuation sheets attached: _____

I. TYPE OF NOTIFICATION

- A. New Location
- B. Amended
 - 1. New Tank(s) at Location
 - 2. Changes to Current Tank(s)
 - 3. Change in Owners / Date of change
Supply previous owner's name

Phone: (____) _____

- C. Closure

Total number of UST tanks at this location: _____

II. OWNERSHIP OF TANK(S)

Owner's Name _____

Mailing Address _____

County _____ Telephone Number _____

City _____ State _____ ZIP Code _____

III. TYPE OF OWNER

- Private (1)
- Local Government (2)
- State Government (3)
- Fed'l Government (4)

CONTACT PERSON AT LOCATION

Name _____

Title _____

Phone _____

IV. LOCATION OF TANK(S)

Location Name _____

Street Address (physical address only — no box numbers) _____

County _____ Telephone Number _____

City _____ State _____ ZIP Code _____

V. TYPE OF FACILITY

Select the appropriate facility description(s)

- | | | |
|--|--|---|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Local Government | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> State Government | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Airport/Airline | <input type="checkbox"/> Federal, Non-Military | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Federal, Military | |
| <input type="checkbox"/> Farm/Residential (tanks over 1,100 gallons) | <input type="checkbox"/> Other (explain) _____ | |

VI. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or authorized representative (print)	Signature	Date signed
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VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS
(Complete for each tank at this location.)

	Tank Nbr	Tank Nbr	Tank Nbr	Tank Nbr	Tank Nbr
1. Status of Tank					
Currently in Use					
Temporarily Out of Use <i>(Complete Section IX)</i>					
Permanently Out of Use <i>(Complete Section IX)</i>					
Newly Installed					
2. Date of Installation (mo/day/yr) (Estimate if unknown)					
3. Estimated Total Capacity (Gallons)					
4. Material of Construction (Mark all that apply)					
Asphalt coated or bare steel					
Epoxy coated steel					
Composite (steel w/ fiberglass exterior)					
Fiberglass reinforced plastic					
Concrete					
Interior lining					
Excavation liner					
Double walled					
Polyethylene tank jacket					
Unknown					
Other, please specify					
Has tank been repaired? <i>(If yes, give date of last repair)</i>					
5. Substance Stored					
Empty					
Diesel					
Kerosene					
Gasoline					
Used oil					
New oil					
Hazardous Substance — CERCLA Name					
CAS Number					
Mixture, please specify					
Unknown					
Other, please specify					
6. Release Detection (Mark all that apply)					
Date Installed					
Manual tank gauging <i>(Applies only to tanks 2,000 gallons or less)</i>					
Precision tank tightness testing					
Monthly inventory controls					
Automatic tank gauging					
Vapor monitoring					
Groundwater monitoring					
Interstitial monitoring / double walled tank					
Unknown					
Other, please specify					

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (CONTINUED)

	Tank Nbr	Tank Nbr	Tank Nbr	Tank Nbr	Tank Nbr
7. Corrosion Protection (Mark all that apply)					
Date installed					
<u>External coating:</u>					
Asphalt coating					
Dielectric coating (e.g., epoxy resin)					
Fiberglass reinforced plastic					
Internal lining (e.g., epoxy resin)					
Cathodic protection system					
Electrical isolation					
Unknown					
Other, please specify					
8. Spill and Overfill Prevention (Mark all that apply)					
Spill catchment basin					
<u>Auto overfill device:</u>					
Shutoff valve					
Flow restrictor valve					
High level alarm					
Unknown					
Other, please specify					

VIII. DESCRIPTION OF PIPING (Complete for each tank at this location.)

1. Material of Construction (Mark all that apply)					
Bare steel					
Galvanized steel					
Fiberglass reinforced plastic					
Copper					
Double walled					
Secondary containment					
Unknown					
Other, please specify					
2. Type					
Suction: check valve directly under pump					
Suction: check valve at tank					
Pressure					
Gravity feed					
Unknown					
Other, please specify					
Has piping been repaired? (If yes, give date of last repair)					
3. Release Detection (Mark all that apply)					
Vapor monitoring					
Groundwater monitoring					
Precision line tightness testing					
Automatic line leak detector					
Interstitial monitoring					
Unknown					
Other, please specify					

VIII. DESCRIPTION OF PIPING (CONTINUED)

	Tank Nbr	Tank Nbr	Tank Nbr	Tank Nbr	Tank Nbr
4. Corrosion Protection (Mark all that apply)					
Coated / wrapped					
Fiberglass reinforced plastic					
Cathodic protection system					
Electrical isolation					
Unknown					
Other, please specify					

IX. TANKS TEMPORARILY OR PERMANENTLY OUT OF USE, OR CHANGE IN SERVICE OF TANKS

1. Temporarily Out of Use Tanks					
Date product was removed from tank (mo/day/yr)					
2. Permanently Out of Use Tanks					
Date product was removed from tank (mo/day/yr)					
Date tank removed from ground (mo/day/yr)					
Date tank filled with inert solid material (sand, concrete, etc.) (mo/day/yr)					
Date of change in service (mo/day/yr)					
3. Site Assessment Completed					
Estimated date of action (mo/day/yr)					
Evidence of a leak detected					

X. CERTIFICATION OF COMPLIANCE

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR NEWLY INSTALLED TANKS AND LINES:

TESTER —

Date of final precision tank tightness test for installation (please attach a copy of the precision test report): _____

Name of testing company: _____

ADEQ Company License Number: _____

Oath: I certify that the information concerning testing provided in Section X is true to the best of my belief and knowledge.
(Please print all but signature.)

Tester's Name _____ ADEQ License Number _____

Signature _____ Date _____

Position _____ Company _____

INSTALLER —

Date of installation: _____

Name of contractor: _____

ADEQ Contractor License Number: _____

Oath: I certify that the information concerning installation provided in Section X is true to the best of my belief and knowledge.
(Please print all but signature.)

Installer's Name _____ ADEQ License Number _____

Signature _____ Date _____

Position _____ Company _____