



Notification for Underground Storage Tanks

State Agency Name and Address: Nevada Division of Environmental Protection
 Bureau of Corrective Actions: UST Program
 901 South Stewart Street, Suite 4001
 Carson City, NV 89701-5249

STATE USE ONLY

ID NUMBER:	
DATE RECEIVED:	
DATE ENTERED INTO COMPUTER:	
DATA ENTRY CLERK INITIALS:	
OWNER WAS CONTACTED TO CLARIFY RESPONSES, COMMENTS:	

TYPE OF NOTIFICATION

A. NEW FACILITY B. AMENDED C. CLOSURE

____ Number of tanks at facility ____ Number of continuation sheets attached

INSTRUCTIONS AND GENERAL INFORMATION

Please type or print in ink. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.

The primary purpose of this notification program is to locate and evaluate underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

Who Must Notify? Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:

- In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, if the State so requires, any facility that has made any changes to facility information or UST system status, must submit a notification form (only amended information needs to be included).

What USTs Are Included? An UST system is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see the following "What Substances Are Covered").

What Tanks Are Excluded From Notification?

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premises where stored;
- Septic tanks;
- Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or waste water collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less.

What Substances Are Covered? The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.

Where To Notify? Send completed forms to:

When To Notify? 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.

I. OWNERSHIP OF UST(s)

II. LOCATION OF UST(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

If required by State, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42E 36' 12" N, Longitude 85E 24' 17" W

Latitude _____ Longitude _____

Street Address

Facility Name or Company Site Identifier, as applicable

If address is the same as in Section I, check the box and proceed to section III.

If address is different, enter address below:

Street Address

County

County

City

State

Zip Code

City

State

Zip Code

Phone Number (Include Area Code)



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III. TYPE OF OWNER

- Federal Government
 State Government Commercial
 Local Government Private

IV. INDIAN COUNTRY

- USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.
 USTs are owned by a Native American nation or tribe.

Tribe or Nation where USTs are located:

V. TYPE OF FACILITY

- | | | |
|--|---|--|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Railroad | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Federal - Non-Military | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Air Taxi (Airline) | <input type="checkbox"/> Federal - Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Aircraft Owner | <input type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other (Explain) _____ |

VI. CONTACT PERSON IN CHARGE OF TANKS

Name:	Job Title:	Address:	Phone Number (Include Area Code):
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VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:

Check All that Apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Guarantee | <input type="checkbox"/> State Funds |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other Method (describe here) |
| <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Bond Rating Test | _____ |

VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form 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 owner's authorized representative (Print)	Signature	Date Signed
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Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.



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IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for all tanks and piping at this location.)

Tank Identification Number	Tank No. _____				
1. Status of Tank (check only one)					
Currently In Use	<input type="checkbox"/>				
Temporarily Closed	<input type="checkbox"/>				
Permanently Closed	<input type="checkbox"/>				
2. Date of Installation (month/year)					
3. Estimated Total Capacity (gallons)					
4. Material of Construction (check all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>				
Cathodically Protected Steel	<input type="checkbox"/>				
Coated and Cathodically Protected Steel	<input type="checkbox"/>				
Composite (Steel Clad with Fiberglass)	<input type="checkbox"/>				
Fiberglass Reinforced Plastic	<input type="checkbox"/>				
Lined Interior	<input type="checkbox"/>				
Excavation Liner	<input type="checkbox"/>				
Double Walled	<input type="checkbox"/>				
Polyethylene Tank Jacket	<input type="checkbox"/>				
Concrete	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
If Other, please specify here	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Check box if tank has ever been repaired	<input type="checkbox"/>				
5. Piping Material (check all that apply)					
Bare Steel	<input type="checkbox"/>				
Galvanized Steel	<input type="checkbox"/>				
Fiberglass Reinforced Plastic	<input type="checkbox"/>				
Copper	<input type="checkbox"/>				
Cathodically Protected	<input type="checkbox"/>				
Double Walled	<input type="checkbox"/>				
Secondary Containment	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other, please specify	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
6. Piping Type					
"Safe" Suction (no valve at tank)	<input type="checkbox"/>				
(U.S.) Suction (valve at tank)	<input type="checkbox"/>				
Pressure	<input type="checkbox"/>				
Gravity Feed	<input type="checkbox"/>				
Check box if piping has ever been repaired	<input type="checkbox"/>				



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Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____						
7. Substance Currently Stored (or last stored in the case of closed tanks) (Check all that apply)	Gasoline	<input type="checkbox"/>									
	Diesel	<input type="checkbox"/>									
	Gasohol	<input type="checkbox"/>									
	Kerosene	<input type="checkbox"/>									
	Heating Oil	<input type="checkbox"/>									
	Used Oil	<input type="checkbox"/>									
	If Other, please specify here	_____	_____	_____	_____	_____					
Hazardous Substance CERCLA name and/or CAS number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	_____	_____	_____	_____	_____						
Mixture of Substances Please specify here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	_____	_____	_____	_____	_____						
8. Release Detection (check all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	
	Manual tank gauging	<input type="checkbox"/>									
	Tank tightness testing	<input type="checkbox"/>									
	Inventory Control	<input type="checkbox"/>									
	Automatic tank gauging	<input type="checkbox"/>									
	Vapor monitoring	<input type="checkbox"/>									
	Groundwater monitoring	<input type="checkbox"/>									
	Interstitial monitoring	<input type="checkbox"/>									
	Automatic line leak detectors		<input type="checkbox"/>								
	Line tightness testing		<input type="checkbox"/>								
No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other method allowed by implementing agency (such as SIR)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Please specify other method here	_____		_____		_____		_____		_____		
9. Spill and Overfill Protection	Overfill device installed	<input type="checkbox"/>									
	Spill device installed	<input type="checkbox"/>									



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Tank Identification Number	Tank No. _____				
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X. CLOSURE OR CHANGE IN SERVICE

1. Closure or Change in Service Estimated date the UST was last used for storing regulated substances (month/day/year) Check box if this is a change in service					
	<input type="checkbox"/>				
2. Tank Closure Estimated date tank closed (month/day/year) (check all that apply below) Tank was removed from ground Tank was closed in ground Tank filled with inert material Describe the inert fill material here					
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
3. Site Assessment Check box if the site assessment was completed Check box if evidence of a leak was detected					
	<input type="checkbox"/>				

XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 22, 1988)

Installer Of Tank And Piping Must Check All That Apply:

Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by the implementing agency	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected and approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by State agency If so, please specify here	<input type="checkbox"/>				

Signature of UST Installer Certifying Proper Installation of UST System

_____	_____	_____
Name	Signature	Date
_____	_____	
Position	Company	