



Notification for New Installation, Replacement, or Closure of Underground Storage Tank Systems

(Required 30 days prior to starting construction activities in accordance with NAC 459.9947.3 and 40 CFR 280.34)



901 S. Stewart Street, Suite 4001 • Carson City, Nevada 89701 • p: 775.687.9368 • f: 775.687.8335 • ndep.nv.gov

Owner/Operating Company of USTs: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone No. _____

Facility Name: _____

Street Address: _____ City: _____

Select All That Apply: New Tank(s) New Piping Tank(s) Replacement Pipe Replacement
 New or Replaced Dispensers(s) Permanent Closure Change-In-Service

Are USTs currently present at this location? Yes No Proposed Work Start Date: _____

Identify the NDEP certified tank handler overseeing the project: _____
(Print Name)

Company Name: _____ NV Certified UTH # : _____

E-Mail Address: _____ Phone No. _____

Tank Installation/Replacement (If Applicable):

How many tanks will be installed or replaced? _____

Are the tanks double-walled or secondarily contained with an annular space/interstice? Yes No*

Identify the method for monitoring the tank annular space/interstice (e.g. sensors): _____

Piping Installation/Replacement (If Applicable):

Is **new** product piping double-walled or secondarily contained with an annular space/interstice? Yes No*

Identify the method for monitoring the pipe annular space/interstice (e.g. sensors): _____

Dispenser Installation/Replacement (If Applicable):

Number of **new** Dispensers: _____ Under Dispenser Container (UDC) Present ? Yes No*

Identify the method for monitoring the dispenser sumps (e.g. sensors): _____

Automatic Tank Gauge (ATG) Console / Monitoring System Manufacturer: _____

* If "No" was selected for any of the secondary containment questions above, contact your local UST implementing agency for approval.