

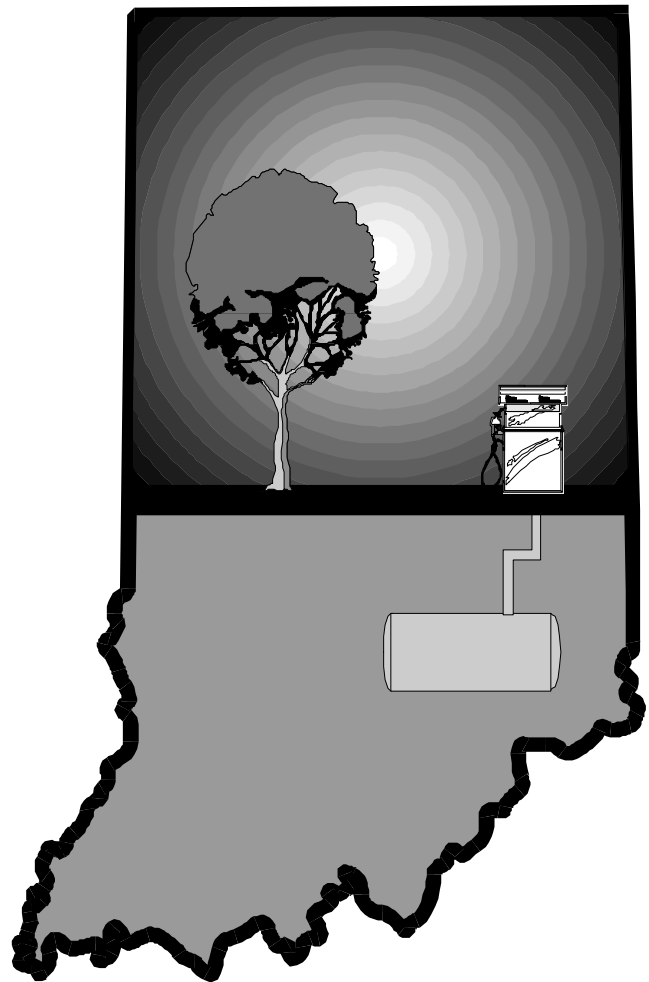
**INDIANA DEPARTMENT OF ENVIRONMENTAL
MANAGEMENT**

UNDERGROUND STORAGE TANKS SECTION

**STATE FORM 45223 (R2/7-03)
NOTIFICATION FOR UNDERGROUND STORAGE TANKS
INSTRUCTIONS AND FORM**

Indiana Department of Environmental
Management
Office of Land Quality, UST Program
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

July 2003



***ALL NOTIFICATION FORMS SENT TO IDEM MUST HAVE
AN ORIGINAL SIGNATURE IN INK-NO PHOTOCOPIES WILL
BE ACCEPTED**

**INSTRUCTIONS
FOR THE
NOTIFICATION FOR UNDERGROUND STORAGE TANKS**

This instruction page will provide you with general information on how to complete the Notification for Underground Storage Tanks form. Each section is referenced with a letter corresponding to the letter of the instructions in the left Column of this page.

Headers

If you know the Facility, Owner, Federal or EPA Identification numbers, please write these in the spaces provided in The header of the first page. At the top of each following page, indicate the Facility Name and Facility Identification Number to ensure that separated pages will be properly filed with their respective facility.

A. General Information

Type of Notification - Indicate the purpose of this notification by filling in the circle next to the desired type.

B. Ownership of Tanks

Owner of Tanks - All Notifications must contain ownership information. Indicate the name, mailing address, city, State, zip code, and telephone number of the owner of the tanks at the facility.

C. Location of Tanks

Tank/Facility Location - Must contain a facility name. If the facility location is different than the mailing address, Indicate this location in the space provided.

Type of Owner - Check the type of owner that applies to the facility and give the effective date of ownership.

Type of Operation - Check the type of operation that applies to the facility and give the GIS coordinates of the Facility. The GIS coordinates may be obtained from the Indiana DNR, your county surveyor's office or the U.S. Geological Survey. These data are optional.

D. Certification and Contacts (All signatures must be in ink)

Consultant/Contractor compliance certification - to be completed by the consultant/contractor who performed the Installation/closure or upgrade being reported on this notification. This section DOES NOT need to be completed For a request for closure or change of ownership notification.

Contact at Tank Location - A contact's name, title, and telephone number at the tank location is indicated here.

Owner Certification - **MUST** be completed by the owner or authorized representative (letter signed by owner authorizing Signatory authority must accompany each notification signed by the authorized representative.)

Number of Tanks at this Location - Total number of tanks currently in use or temporarily out of use (or have undergone a change-in-service). Do not list those tanks that are permanently out of use.

Number of pages attached to this notification - total number of pages attached (i.e., pages 2 & 3 may need to be Copied when there are more than six tanks for which there is information provided in this notification).

E. General

Each column of the Tank Information pages is dedicated to ONE TANK ONLY. Assign a number to each tank by Using the appropriate column, beginning with one (1) and proceeding as needed for the number of tanks at the Facility. Attach additional sheets as needed. Owner-specified Tank Number blanks are provided to aid you in Coordinating this Notification with your own tank numbering system. Indicate the tank installation dates and capacities in the provided spaces.

F. Tank Status

Select ONLY ONE of the three boxes (1,2 or 3) in this section for each tank. Indicate the appropriate date for the Indicated tank status. If requesting closure, indicate the type of closure being requested in box (4) (removal, in-place, or change-in-service). If requesting Change-in-Service, mark the type of change in box (5).

G. Contents

Select ONLY ONE of the three boxes (1, 2, or 3) in this section. If the tank is currently empty, indicate the last Substance to be stored in that tank. For a tank containing Hazardous Substances, indicate the common name of the Substance and the correct identification number as appropriate. If a tank contains a petroleum and a hazardous Substance, indicate both substances separately. If a tank contains a mixture of hazardous substances fill in the circle.

H. & I. Construction/protection and Piping

For all tank systems, fill in all circles that apply to that tank system.

J.K.&L Release Detection, Cathodic Protection and spill/Overflow Control

Fill in all circles that apply in each of these sections for each tank. If a tank or tanks have specific leak detection/ Protection information that is not contained on this form, indicate the tank number(s) and the method(s) in the 'Another Method' sections.

(CONTINUED ON REVERSE)

**INSTRUCTIONS
FOR THE
NOTIFICATION FOR UNDERGROUND STORAGE TANKS**

M. Contractor Information

Fill in all circles that apply to the contractor who has done the current tank work for which the notification form is being Submitted (installation, closure, or upgrade). If the form is being submitted for a reason other than these tank activities, Tank contractor compliance information does not have to be provided and this part of this section may be left uncompleted.

N. Certification of Financial Responsibility

Indicate the method of Financial Responsibility that is used to meet the deductible requirement for Excess Liability Fund eligibility. Fill in the circle(s) that apply for each method(s) being used to provide this coverage.

O. Closure Request

Proposed Contractor - Submit the tank contractor information in the spaces provided. The contractor certification Number must be provided to insure that the closure will be performed by a tank contractor certified by the Office of The State Fire Marshal.
LUST Incident Information - If the tank(s) to be permanently closed are the source of a release or contamination, a Leaking Underground Storage Tank incident number must be obtained (call the IDEM LUST Section @ (317) 232-8900) And submitted in the space provided.

UST System Closure Report

Within 30 days of the closure of any UST System, the owner is required to submit an UST System Closure Report to the UST Section of the Indiana Department of Environmental Management. This UST System Closure Report must conform to UST May 2002 Section Closure Requirements.

Closure reports are also required for the closure of any piping related to an UST System. By definition, piping is part of an UST System and an assessment of native soils under the piping must be made when it is removed, replaced, or closed in place. While this office does require prior approval when replacing piping, an assessment is still required. An item by item description of information required for closure reports can be found in the May 2002 Closure Requirements.

Once the UST System Closure Report is received by the UST Section of the Indiana Department of Environmental Management, it is to be reviewed within 6 months. Once the report is reviewed, a checklist will be generated and sent to the owner of the closed UST(s). If none of the boxes on the checklist are marked 'INADEQUATE', the UST closure is completed and no further work is required.

COMPLETION OF UST CLOSURE REQUIREMENTS DOES NOT INCLUDE ANY POSSIBLE WORK REQUIRED FOR THE CLEAN UP OF CONTAMINATION RELATED TO THIS CLOSURE.

NOTIFICATION FOR UNDERGROUND STORAGE TANKS

RETURN COMPLETED FORMS

TO : Indiana Department of Environmental Management
 Office of Land Quality, UST Section
 100 North Senate Avenue
 P.O. Box 6015
 Indianapolis, Indiana 46206-6015
 UST: (317) 308-3024 LUST: (317) 232-8900

Facility ID Number | | | | |
 Federal ID Number | | | | |
 Owner ID Number | | | | |

A Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances since January 1, 1974. The information requested is required by Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be obtained by contacting the UST Section at the above address.

TYPE OF NOTIFICATION

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

- A NEW FACILITY
- A NEW OWNER
- A NEW TANK
- A SYSTEM UPGRADE
- AN ADDRESS CHANGE
- A CHANGE OF OWNERSHIP
- OTHER
- A TEMPORARY CLOSURE
- A REQUEST FOR CLOSURE
- A PERMANENT CLOSURE WITH CLOSURE REPORT

B OWNER OF TANKS

OPERATOR OF FACILITY

OWNER NAME	OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE [])
MAILING ADDRESS	MAILING ADDRESS
CITY STATE	CITY STATE
ZIP CODE TELEPHONE	ZIP CODE TELEPHONE
- () -	- () -

C TANK/FACILITY LOCATION

TYPE OF FACILITY/OWNER

FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE [])	TYPE OF OWNER
MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE [])	TYPE OF OPERATION
LOCATION OF TANKS	<input type="checkbox"/> PRIVATE/BUSINESS
CITY	<input type="checkbox"/> STATE GOVERNMENT
ZIP CODE COUNTY	<input type="checkbox"/> LOCAL GOVERNMENT
	<input type="checkbox"/> FEDERAL GOVERNMENT
	<input type="checkbox"/> GSA FACILITY (ID# _____)
	<input type="checkbox"/> OTHER
	EFFECTIVE DATE OF OWNERSHIP
	<input type="checkbox"/> MOTOR VEHICLE FUEL DISPENSING STATION
	<input type="checkbox"/> COMMERCIAL
	<input type="checkbox"/> RESIDENTIAL
	<input type="checkbox"/> INDUSTRIAL
	<input type="checkbox"/> AGRICULTURE
	<input type="checkbox"/> OTHER
	UTM COORDINATES

D CONSULTANT/CONTRACTOR COMPLIANCE CERTIFICATION

OATH: I certify that the information concerning installation, upgrade, or closure provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT _____ NAME OF COMPANY _____

SIGNATURE OF CONTRACTOR (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) _____ CERTIFICATION NUMBER _____ DATE ____/____/____

CONTACT AT TANK LOCATION

NAME OF CONTACT PERSON AT TANK LOCATION _____

JOB TITLE _____ TELEPHONE NUMBER () -- _____

NUMBER OF TANKS AT THIS LOCATION _____

NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION _____

OWNER CERTIFICATION

STATE USE ONLY

OATH: I certify that 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 TITLE OF OWNER OR AUTHORIZED REPRESENTATIVE _____

SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) _____ DATE ____/____/____

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM

F COMPLETE A COLUMN FOR EACH TANK. ATTACH ADDITIONAL SHEETS WHEN NUMBER OF TANKS EXCEEDS SIX.

GENERAL	SEQUENTIAL TANK NUMBER							
	OWNER-SPECIFIED TANK NUMBER							
	DATE INSTALLED		__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
CAPACITY (GALLONS)								
TANK STATUS	COMPLETE ONLY ONE OF 1, 2 OR 3. 1, 2 OR 3 MUST BE COMPLETED IF SECTIONS 4 OR 5 ARE SELECTED.	1. CURRENTLY IN USE DATE BROUGHT INTO USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2. TEMPORARILY OUT OF USE DATE LAST USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3. PERMANENTLY OUT OF USE DATE REMOVED FROM GROUND DATE FILLED IN-PLACE	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
		4. REQUESTING CLOSURE A. TO BE REMOVED B. TO BE FILLED IN PLACE	<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"/>	<input type="checkbox"/> <input type="checkbox"/>
		5. CHANGE-IN-SERVICE REGULATED TO UNREGULATED UNREGULATED TO REGULATED	<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"/>	<input type="checkbox"/> <input type="checkbox"/>
CONTENTS	SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF 1, 2 OR 3)	1. PETROLEUM DIESEL KEROSENE GASOLINE USED OIL OTHER (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2. HAZARDOUS SUBSTANCE CERCLA SUBSTANCE or Chemical Abstract Service Number MIXTURE OF SUBSTANCES	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
		3. UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSTRUCTION/PROTECTION	TANK CONSTRUCTION STEEL CLAD (ACT 100) FIBERGLASS/PLASTIC INTERSTITIAL-DOUBLE WALLED OTHER (specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TANK CORROSION PROTECTION INTERIOR LINING DATE FIBERGLASS/PLASTIC IMPRESSED CURRENT (RECTIFIERS) LAST ANODE TEST SACRIFICIAL ANODES ON TANK (GALVANIC) LAST ANODE TEST OTHER (specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIPING	PIPING CORROSION PROTECTION FIBERGLASS REINFORCED PLASTIC IMPRESSED CURRENT (RECTIFIER) LAST ANODE TEST SACRIFICIAL ANODES (GALVANIC) LAST ANODE TEST OTHER (specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS (CONTINUED)

COMPLETE A COLUMN FOR EACH TANK ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.

		Sequential Tank Number							
J RELEASE DETECTION	Tank	(Only for use with tanks 2000 gallons or smaller) Manual Tank Gauging (Can only be used for 10 yrs) Tank Tightness Testing With Daily Inventory Controls (ATG must perform monthly leak test) Automatic Tank Gauging (Site Assessment required for use) Vapor Monitoring (Site Assessment required for use) Ground Water Monitoring Interstitial Monitoring Within a Secondary Barrier Interstitial Monitoring Within Secondary Containment Statistical Inventory Reconciliation (SIR) Another Method (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	K PIPING	Suction (Check valve at pump) EUROPEAN SUCTION (Check valve at tank) AMERICAN SUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Pressurized (Required for pressurized piping only) Automatic Line Leak Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		MUST CHECK ONE	Flow Restrictor Flow Shut Off Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			MUST CHECK ONE	SIR ATG Interstitial - Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Required if tank leak detection does not cover piping) Line Tightness Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		L SPILL	(Required for most tanks) Catchment Basins (Valve attached to fill pipe) Automatic Shutoff Devices (MUST be audible to fuel delivery personnel) Overfill Alarms (Not recommended for use with suction piping) Ball Float Valves Another Method (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M CONTRACTOR	Indicate compliance specific to this installation upgrade, or closure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Installer is certified by the tank and piping manufacturer. Contractor is certified by the Office of the State Fire Marshal. Work inspected/certified by a registered professional engineer. Work inspected by the Office of the State Fire Marshal. All work has been completed. Another method of compliance was used (specify below).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CERTIFICATION OF FINANCIAL RESPONSIBILITY

N I have financial responsibility in accordance with Subtitle I Subpart H (Specify below).

<input type="checkbox"/> Self-Insurance	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Local Government - Fund
<input type="checkbox"/> Trust Agreement	<input type="checkbox"/> Local Government - Bond Rating Test	<input type="checkbox"/> Local Government - Bond Rating Test
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Local Government - Financial Test	<input type="checkbox"/> Insurance & Risk Retention Group Coverage
<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Local Government - Guarantee	

30 - DAY REQUEST FOR TANK CLOSURE

O To request a tank closure, mark the Request for Closure oval in Type of Notification in Section A, complete sections B, C, D, E, and mark D. REQUESTING CLOSURE in section F. Complete the remaining sections (G-N) and fill in the requested information below.

CLOSURE REQUEST	PROPOSED CONTRACTOR	LUST INCIDENT INFORMATION
	CONTRACTOR NAME	LUST INCIDENT NUMBER, IF APPLICABLE
	MAILING ADDRESS	DATE INCIDENT REPORTED
	CITY STATE	<p>*NOTE: Any tank closures must be performed by persons certified by the Indiana State Fire Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 232-8900 if signs of soil or groundwater contamination are observed.</p> <p>Indiana State Fire Marshal (317) 232-2222</p>
	ZIP TELEPHONE	
	CONTACT PERSON CERTIFICATION NUMBER	