acilit	y ID #:	Facility Name:	Location:	Permit #:	
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Corrosion Protection Installation Supplement E

Your application is not complete until **all** requested information is submitted. Please complete every item on

this supplement to avoid d	elays in processing y	our request.	2111110a1 1 10a00 00111	prote every nem en				
In addition to this form, ple	ase submit:							
Permit fees	oplication for Undergrout t Conservation Program design report	_	ajor Installation					
Tank #	THIS	LINE FOR O	FFICE USE O	NLY				
Tag Number								
Tank Capacity (gallons)								
Substance Stored								
For the following options	indicate current UST	system configuration	1					
Tank Material	StiP3 FRP Clad Bare Steel Other	StiP3 FRP Clad Bare Steel Other	StiP3 FRP Clad Bare Steel Other	StiP3 FRP Clad Bare Steel Other				
Tank Construction	Double-walled Single-walled multi-compartment Other	Double-walled Single-walled multi-compartment Other	Double-walled Single-walled multi-compartment Other	Double-walled Single-walled multi-compartment Other				
Tank Corrosion Protection	Galvanic Impressed Current Non-corrodible	Galvanic Impressed Current Non-corrodible	Galvanic Impressed Current Non-corrodible	Galvanic Impressed Current Non-corrodible				
Product Pipe Material	Flexible FRP Steel with FRP Other	Flexible FRP Steel with FRP Other	Flexible FRP Steel with FRP Other	Flexible FRP Steel with FRP Other				
Product Pipe Corrosion Protection	Impressed Current Non-corrodible	Impressed Current Non-corrodible	Impressed Current Non-corrodible	Impressed Current Non-corrodible				
Design Checklist for proposed installation: Corrosion protection method for all metal components affected by the permit								
To which component	To which components (e.g. tank, piping, tank risers, flex connectors, etc.) is CP is being added?							

Revision 3/16 E-1

Facility ID #:	Facility Name:	Location:_	Permit #:					
	roject—what are you planning to issues and any information not in		s if necessary). Include any					
Site Plan to include the	e following elements at a minimu	m:						
□ Facility name □ Designer name □ Scale or dimensions □ North arrow □ Major site features □ Label and locate all UST components affected by this installation □ Any utilities that could cause interference with cathodic protection (e.g. pipelines) □ Any existing UST components affected by the proposed installation								
Wire or anode Typical cross-s	systems or passive galvanic syst locations relative to tanks or pipin sections showing wire or anode dot stations (if applicable)	ng						
Sage Grouse Habitat C	onservation Program Certification							

Sage Grouse Habitat Conservation Program Certification:

Is the proposed work located in core, general or connectivity sage grouse habitat, as designated by the Sage Grouse Habitat Conservation Program (Program) at https://sagegrouse.mtgov. Yes No If yes, attach the documentation from the Program showing compliance with Executive Order 12-2015 and the Program's recommendations, if any. This process can take between 40-65 days.

Revision 3/16 E-2