



Notification of Underground Storage Tanks (UST)

Montana Department of Environmental Quality

State Use Only

Fac ID #:

INSTRUCTIONS

Please **type or print in ink** all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than five tanks are owned at this location, staple continuation sheets to the form.

Date Entered into Computer:

Data Entry Clerk Initials:

Type of Notification

New Notification

Amended

GENERAL INFORMATION

A UST which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.

Who Must Notify?

Owners of underground tanks that store regulated substances must notify DEQ of the existence of their tanks, unless exempted, per *Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM)*.

An "Owner" means –

- a) in the case of an UST in use on or after November 8, 1984, any person who owns an underground storage tank used for storage, use, or dispensing of regulated substances,
- b) In the case an UST in use before November 8, 1984, any person who owned such tank immediately before discontinuation of its use.

When To Notify?

Owners must notify DEQ within 30 days after bringing a tank into use, or when any changes to facility information or status, including change in ownership or content of tanks.

What Substances Are Covered?

Petroleum and certain hazardous substances.

* Petroleum includes gasoline, used oil, diesel fuel, heating oil, or any fraction thereof which is liquid at standard conditions or temperature and pressure (60° F and 14.7 lbs/per sq/in absolute.)

* Hazardous substances found in *Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1989 (CERCLA)*, e.g., industrial solvents, pesticides, herbicides or fumigants, with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.

What tanks are included?

Any one or combination of tanks that is used to contain an accumulation of "regulated substances", (see above) and whose volume is 10% or more beneath the ground or aboveground tanks with underground piping.

What Tanks Are Excluded?

1. septic tanks
2. 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;
3. surface impoundments, pits, ponds or lagoons;
4. storm water or waste water collection systems;
5. flow through process tanks;
6. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
7. tanks situated in an underground area, such as a basement, cellar, mine, drift, shaft, or tunnel, if the storage tank is situated upon or above the surface of the floor;
8. tanks of 1,100 gallons or less located at a farm or private residence and storing noncommercial motor fuel or heating oil, if the tanks were installed **before** April 27, 1995.

Why Notify?

Notification is required by federal and state law for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986. *The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended, and by Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM).*

Penalties:

Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given or for which false information is submitted. Criminal penalties may also apply.

The primary purpose of this notification program is to locate and evaluate USTs that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on available records, or in the absence of such records, your knowledge, belief or recollection.

Where to notify or send completed forms:

DEQ / UST Section
PO Box 200901
Helena MT 59620-0901

Email: dequstprogram@mt.gov Phone: 406-444-5300 Fax: 406-444-1374

I. Ownership of Tanks

Owner Name (Corporation, Individual, Public Agency, etc.)

II. Location of Tanks

Facility Name or Company Site Identifier

Mailing Address

Street Address or Physical Location (PO BOX NOT ACCEPTABLE)

City State Zip

City State Zip
MT

Phone Number

Fax Number

Phone Number

Fax Number

Email Address

County

Parcel ID (if no street address available)

Latitude

Longitude

III. Type of Owner		IV. Indian Lands		
<input type="checkbox"/> Commercial	<input type="checkbox"/> Federal Government	Tribal Owned <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Land <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribe or Nation:
<input type="checkbox"/> Residential	<input type="checkbox"/> State Government			
<input type="checkbox"/> Farmer / Rancher	<input type="checkbox"/> Local Government			
V. Type of Facility				
Select the Appropriate Facility Description (check as many as apply)				
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Railroad	<input type="checkbox"/> Medical		
<input type="checkbox"/> Bulk Plant	<input type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Trucking / Transport		
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Federal – Military	<input type="checkbox"/> Utilities		
<input type="checkbox"/> Airport	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential		
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Contractor	<input type="checkbox"/> Farm / Ranch		
<input type="checkbox"/> Church	<input type="checkbox"/> School	<input type="checkbox"/> Other (explain)		
VI. Contact Person in Charge of Tanks				
Name		Job Title		
Address		Phone Number (include Area Code)		
VII. Financial Responsibility				
I have met the financial responsibility requirements in accordance with 40 CFR 280, Subpart H and Title 17, Chapter 56, Subchapter 8, ARM by the mechanism(s) selected below.				
Check All that Apply * If PTRCF is checked, you must choose additional mechanism(s) to cover \$17,500 co-payment.				
<input type="checkbox"/> * Montana Petroleum Tank Release Cleanup Fund (PTRCF)	<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Surety Bond (Requires a Standby Trust Fund)		
<input type="checkbox"/> Certificate of Tangible Net Worth (can only be used with PTRCF)	<input type="checkbox"/> Financial Test of Self Insurance	<input type="checkbox"/> Letter of Credit (Requires a Standby Trust Fund)		
<input type="checkbox"/> Insurance/Risk Group Coverage (Must not contain an environmental rider)	<input type="checkbox"/> Guarantee (Requires a Standby Trust Fund)	<input type="checkbox"/> Standby Trust Fund		
Local Government Only: <input type="checkbox"/> Bond Rating Test <input type="checkbox"/> Financial Test <input type="checkbox"/> Dedicated Fund <input type="checkbox"/> Guarantee				
VIII. 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 of owner or owner's authorized representative (Please Print)		Title		
Signature		Date Signed		

Paperwork Reduction Act Notice The public reporting and recordkeeping burden for this collection of information is estimated to average 30 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Facility Name				Facility ID #		
I. Description of Underground Storage Tanks (Complete for each tank at this location)						
Tank ID Number						
Tag Number						
1. Status of Tank (mark only one)						
	Currently in Use	<input type="checkbox"/>				
	Temporarily Out of Use	<input type="checkbox"/>				
	Permanently Out of Use	<input type="checkbox"/>				
2. Date of Installation (month/year)						
3. Estimated Total Capacity (gallons)						
4. Tank (mark all that apply)						
	Aboveground	<input type="checkbox"/>				
	Emergency Power Generator	<input type="checkbox"/>				
	Found Tank	<input type="checkbox"/>				
Material	Asphalt Coated or Bare Steel	<input type="checkbox"/>				
	Cathodically Protected Steel	<input type="checkbox"/>				
	Epoxy Coated Steel	<input type="checkbox"/>				
	Composite (Steel with Fiberglass)	<input type="checkbox"/>				
	Fiberglass Reinforced Plastic	<input type="checkbox"/>				
	Polyethylene Tank Jacket (Clad)	<input type="checkbox"/>				
	Concrete	<input type="checkbox"/>				
Construction	Double Walled	<input type="checkbox"/>				
	Excavation Liner	<input type="checkbox"/>				
	Lined Interior	<input type="checkbox"/>				
	Multi-compartment	<input type="checkbox"/>				
	Manifold	<input type="checkbox"/>				
	Field Constructed	<input type="checkbox"/>				
	Other (please specify)					
Has tank been repaired?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Piping Delivery Type (mark all that apply)						
	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"/>				

