

Montana Department of Environmental Quality

Notification for Underground Storage Tanks

Facility ID Number:

Mail completed form to: DEQ, Underground Storage Tank Program, PO Box 209001, Helena, MT 59620-0901 or email to DEQUESTprogram@mt.gov **Contact the Department at:** (406) 444 -5300

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.

TYPE OF NOTIFICATION

A. CHANGE OF OWNER

B. AMENDED OWNER INFORMATION

GENERAL INFORMATION

Notification is required 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, or that are brought into use after May 8, 1986.

Who Must Notify? Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM) require that, unless exempted, owners of underground tanks that store regulated substances must notify designated State and local agencies of the existence of their tanks.

Owner means -

- (a) in the case of an underground storage tank in use on November 8, 1984 or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances and
- (b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use

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

An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.

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 for which false information is submitted. Criminal penalties may also apply.

I. OWNERSHIP OF TANKS					II. OPERATOR OF TANKS										
Owner Name (Corporation, Individual, Public Agency, or Other Entity)					Operator Name										
Mailing Address					Operator Address										
City			State		Zip Code		City			State		Zip Code			
Phone Number				Fax Number				Phone Number				Fax Number			
Email Address:					E-mail Address										
III. LOCATION OF TANKS															
Facility Name or Company site identifier, as applicable						Street address or physical location (PO Box not acceptable)									
Legal Description:															
Phone number				Fax Number				City			State		Zip Code		
Latitude		Longitude		Tribal Owned		Tribal Land		Within Reservation Boundary		Contact Person			Phone Number		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		Contact Person Email Address					
IV. FINANCIAL RESPONSIBILITY															
I have met the financial responsibility requirements in accordance with 40 CFR 280, Subpart H and Title 17, Chapter 56, Subchapter 8, Administrative Rules of Montana (ARM). Check the box by the mechanism type(s) listed below that you are using to meet this requirement.															
Check All that Apply * If PTRC Fund 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 and Risk Group Coverage				<input type="checkbox"/> Guarantee (Requires a Standby Trust Fund)				<input type="checkbox"/> Standby Trust Fund							
V. CERTIFICATION															
I certify under penalty of law that the submitted information is true, accurate, and complete.															
Name and official title of owner or owner's representative						SIGNATURE						DATE			