

# 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](mailto: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 Legal Description:					Street address or physical location (PO Box not acceptable)				
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					
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)									
<input type="checkbox"/> * Montana Petroleum Tank Release Cleanup Fund <input type="checkbox"/> Self Insurance <input type="checkbox"/> Guarantee <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Surety Bond * If PTRC Fund is checked, you must choose additional mechanism(s) to cover \$17,500 co-payment <input type="checkbox"/> Trust Fund <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Other Method (specify) _____									
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	