

FACILITY ID#:

Number of UST systems at this facility:

COVER PAGE: Complete this form for each facility and other forms as applicable.

UST Facility Information

(Facility Name)

(Telephone Number)

(Street Address)

(Facility Email)

(City)

Montana

(Zip)

(Mailing Address)

(City)

(State)

(Zip)

(Contact person)

(Contact Email)

(Contact Phone)

UST Owner

(Owner Email)

UST Owner's Mailing Address

Type of Inspection: Routine Compliance Re-inspection Inactive Other _____ DATE OF INSPECTION: _____

PLEASE NOTE THE FOLLOWING:

1. Correct all violations and submit a re-inspection report to the Department within the corrective action time frame given to you by the department. If you fail to correct deficiencies or to supply requested information by the end of this corrective action opportunity, the department may pursue formal enforcement.
2. You may need a construction permit to conduct corrective action. If so, you must submit a construction permit application to the department's UST section at least 30 days before you intend to start work.
3. The UST section will make determinations of compliance or lack thereof based on this inspection report and other relevant information. The department may require additional information or a re-inspection that may reveal additional violations.
4. The licensed Compliance Inspector must submit this inspection report to the UST section within 15 days of completing the inspection or re-inspection. The section cannot issue an Operating Permit without having received an inspection report. It is unlawful to fill or operate an UST without a valid Operating Permit.
5. The release or suspected release of petroleum (or other regulated substances): a suspect release such as a failed leak detection monitoring event must be reported to the DEQ/PTC section within 24 hours. Contact the Petroleum Technical Section at 1-800-457-0568. Reporting is required unless the cause of the failed condition is discovered and repaired within 24 hours, and a release to the environment or to secondary containment has not occurred.
6. The signers of this form and all attached documents certify that they have personally examined and are familiar with the information submitted and the submitted information is true, accurate, and complete. Electronic signatures are acceptable.

CERTIFICATION

I, the licensed compliance inspector, have performed this UST facility inspection and certify that the information concerning this inspection is true and accurate.

Signature:

Name (Print):

Date:

I have reviewed this inspection report and have been advised of deficiencies, their corrective action and other recommendations.

Signature:

Name (Print):

Title: Owner Operator

Date:

Department of Environmental Quality-
Waste and Underground Tank Management Bureau
UST Section

**Submit all forms electronically to
dequstprogram@mt.gov within 15 days**

QUESTIONS??

Please contact DEQ/UST section at 406-444-5300 or at dequstprogram@mt.gov
Use the following address to obtain more information
<https://deq.mt.gov/twr/Programs/ust>