Montana Department of Environmental Quality
Waste Management and Remediation Division
Tanks, Brownfields and Federal Facilities Bureau
Underground Storage Tank Section
PO Box 200901
Helena, MT 59620-0901

TO: Prospective Applicants of an Underground Storage Tank (UST) Permit for a New Facility

The enclosed application is for anyone wishing to apply for an UST permit for a new facility. Please number or label the attachments or enclosures with your application form and note those which are included from Section IV.

We encourage all applicants to do public scoping before applying for an UST permit. Getting community buy-in for your project is an important step that shouldn't be overlooked. We also encourage meeting with city, county and local government officials to ensure that the new facility you want to build fits in with the city or county growth plan and meets zoning requirements. Ensure you have the proper building permits - electrical, plumbing etc. before applying for an UST permit.

The permitting of a new UST system is not a quick and easy process. Be prepared for this process to take time to work through the various stages involved. The Department will review the application to ensure that it is complete. Unless all the necessary attachments are included, it is unlikely that your application for a permit will be considered complete. If additional information is required, the Department will notify the applicant with a "Notice of Deficiency - Request for More Information" email that will specify the additional information required.

Once the permit application has been determined to be complete, the Department will prepare a Draft Environmental Assessment (EA) pursuant to ARM 17.4.607. An EA is a written analysis of a proposed action to determine if an Environmental Impact Statement (EIS) is required and whether or not the action may have a significant impact on the human and natural environment. Once the Draft EA is completed, it will be posted on the DEQ website and emailed to the Interested Parties list for UST EAs.

The Department will accept electronic comments on the proposed project from the public for a period of at least 10 days following the public notice and the web posting of the Draft EA.

At the close of the comment period, comments that were received are reviewed and a final permitting decision is made. The decision may be to approve the permit request, deny the request, or request additional information in order to respond to comments.

NEW UST FACILITY PERMIT APPLICATION

SECTION I – APPLICANT INFORMATION

Applicant Name:

Applicant Mailing Address:

Applicant Phone: Applicant Email:

Contact (if different than applicant): Contact Phone:

Business Name: Contact Email:

This application is for:

- ☐ New Gas Station with a convenience store
- ☐ Truck Stop (overnight parking for trucks)
- ☐ Other (please explain)

_____

- ☐ Fleet fueling system
- ☐ New Backup Generator system

Are you the owner of the property where the facility is located? ☐Yes ☐No

If yes, attach a copy of the deed or other document that verifies you are the site owner.

If no, provide the name and address of lessor who holds title to the property, attach a copy of the lease or rental agreement.

Name:

Mailing Address:

SECTION II –FACILITY INFORMATION

Facility Name:

Facility Mailing Address:

Facility Phone: Facility Email:

Facility Latitude and Longitude:

Facility Legal Location
(i.e., Section, Township, Range; describe to nearest quarter-quarter section):

Facility Location Geocode:

General description of facility location:

Total acreage of proposed site: Acreage proposed for UST system:

Licensed Installer Name_____ Licensed Installer #_____

SECTION III – FACILITY CAPACITY, SERVICE AREA, AND FUEL CAPACITY

Total Fuel Capacity:

Service Area:

Population to be served by the UST system:

Describe the benefits of your facility:

What is the proposed opening date for this facility? _____

SECTION IV – ATTACHMENTS (PLEASE NUMBER OR LABEL THE ATTACHMENTS)

☐ Attach the proposed facility Mitigation and Monitoring (M&M) Plan. The M&M Plan should include, at a minimum:

1. Preventive measures to prevent spills, overfills, and releases
2. What you will do in the event of a spill, overfill, or release
3. Basic emergency procedures

☐ Attach a map that shows the location of the proposed facility, adjacent residences, and access roadways.

☐ Attach Product Specifications Sheets

☐ Attach a map that shows the location of wetlands, springs, and natural drainages on and within one-mile of the facility boundary.

☐ Attach a map that shows the locations of public and private water supplies within one-mile of the facility boundary. Attach copies of well logs for these public and private water supplies. https://mbmggwic.mtech.edu/

☐ If the site is located within the 100-year floodplain, attach a copy of the floodplain map.

☐ Attach map of the proposed facility showing:

a) Parking
b) Location of on-site roadways.
c) Location of building(s), canopies, tanks, etc...

☐ Attach the geologic and soil information for the proposed site that includes a site geologic map and a soil profile to a depth ten (10) to twenty (20) feet below the lowest UST tank and piping runs (Use the Soil Mapper from USDA or NRIS (Montana SSURGO Soils Data Download (mt.gov)

☐ Attach Buoyancy Calculations

☐ Attach Building Permit

☐ Attach a copy of the information confirming that the existing bridges and roads will support loaded vehicles and additional traffic. Describe how the site operations affect the existing local transportation networks and traffic flows. If existing bridges and roads require modification as a result of the licensure of the proposed facility, attach a description of the modification plan and timelines.

NEW UST FACILITY PERMIT APPLICATION

☐ Attach a copy of the proposed Financial Responsibility: https://deq.mt.gov/twr/Programs/ust#accordion1-collapse4

☐ Attach Stormwater Permit

☐ Attach a copy of the Montana Natural Heritage Program's (NHP) database information on sensitive, threatened, or endangered species or habitats on and within one-mile of the facility boundary. The NHP database may be accessed at: http://mtnhp.org/

☐ Attach a copy of the cultural resource file search completed for the site. The search is conducted by the State Historic Preservation Office (SHPO). SHPO charges a fee for this search. A copy of the "File Search Request Form" may be accessed at http://mhs.mt.gov/Portals/11/shpo/docs/FSRF.xlsx.

☐ What is the project area zoned for?

Attach zoning/growth plan approval from city or county and explain if necessary below:

☐ Attach Fuel Site Plan (location of tank nests, fuel lines, etc)

☐ Is the proposed site located in a Sage Grouse core, habitat, or connectivity area? Yes ☐ No ☐

If yes, attach a copy of the recommendation letter from DNRC's Sage Grouse Habitat Conservation Program. (To begin the evaluation process with the Sage Grouse Habitat Conservation Program, visit https://sagegrouse.mt.gov/projects/.)

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	☐	☐	☐	☐	☐
	Temporarily Out of Use	☐	☐	☐	☐	☐
	Permanently Out of Use	☐	☐	☐	☐	☐
2. Date of Installation (month/year)						
3. Estimated Total Capacity (gallons)						
4. Tank (mark all that apply)						
	Aboveground	☐	☐	☐	☐	☐
	Emergency Power Generator	☐	☐	☐	☐	☐
	Found Tank	☐	☐	☐	☐	☐
Material	Asphalt Coated or Bare Steel	☐	☐	☐	☐	☐
	Cathodically Protected Steel	☐	☐	☐	☐	☐
	Epoxy Coated Steel	☐	☐	☐	☐	☐
	Composite (Steel with Fiberglass)	☐	☐	☐	☐	☐
	Fiberglass Reinforced Plastic	☐	☐	☐	☐	☐
	Polyethylene Tank Jacket (Clad)	☐	☐	☐	☐	☐
	Concrete	☐	☐	☐	☐	☐
Construction	Double Walled	☐	☐	☐	☐	☐
	Excavation Liner	☐	☐	☐	☐	☐
	Lined Interior	☐	☐	☐	☐	☐
	Multi-compartment	☐	☐	☐	☐	☐
	Manifold	☐	☐	☐	☐	☐
	Field Constructed	☐	☐	☐	☐	☐
	Other (please specify)					
	Has tank been repaired?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Piping Delivery Type (mark all that apply)						
	Safe Suction: no valve at tank	☐	☐	☐	☐	☐
	U.S. Suction: valve at tank	☐	☐	☐	☐	☐
	Pressure	☐	☐	☐	☐	☐
	Gravity Feed	☐	☐	☐	☐	☐

Facility Name				Facility ID #		
Tank ID Number						
Tag Number						

6. Piping (mark all that apply)

		Product	Vent	Product	Vent	Product	Vent	Product	Vent	Product	Vent
Material	Bare Steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Galvanized Steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Fiberglass Reinforced Plastic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	UL Listed Flex Pipe	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	Copper	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Cathodically Protected	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Construction	Double Walled	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Secondary Containment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Excavation Liner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Unknown	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Other (please specify below)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Has piping been repaired?	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	

7. Substance Currently or Last Stored in Greatest Quantity by Volume

	Gasoline	☐	☐	☐	☐	☐
	Diesel	☐	☐	☐	☐	☐
	> E10	☐	☐	☐	☐	☐
	> B20	☐	☐	☐	☐	☐
	Kerosene	☐	☐	☐	☐	☐
	Aviation Gas	☐	☐	☐	☐	☐
	Jet Fuel	☐	☐	☐	☐	☐
	Heating Oil	☐	☐	☐	☐	☐
	Used Oil	☐	☐	☐	☐	☐
	Other (please specify below)	☐	☐	☐	☐	☐
	Hazardous Substance	☐	☐	☐	☐	☐
	CERCLA name and/or CAS Number					
	Mixture of Substances (please specify below)	☐	☐	☐	☐	☐

DEQ
Montana Department of Environmental Quality

Tank and Pipe Installation Supplement C

Your application is not complete until **all** requested information is submitted. Please complete every item on this supplement to avoid delays in processing your request.

In addition to this form, please submit:

- ☐ Completed Permit Application for Underground Storage Tanks—Major Installation
- ☐ Permit fees
- ☐ Sage Grouse Habitat Conservation Program Certification (letter)
- ☐ Environmental Assessment Questionnaire (if required)
- ☐ Corrosion Protection Design Report (if required)

Check appropriate boxes for proposed installation

Tank #	THIS LINE FOR OFFICE USE ONLY			
Tank Capacity (gallons)				
Substance Stored				
Tank Configuration	☐ Underground ☐ Aboveground (with underground piping)	☐ Underground ☐ Aboveground (with underground piping)	☐ Underground ☐ Aboveground (with underground piping)	☐ Underground ☐ Aboveground (with underground piping)
Tank Usage	☐ Emergency Generator ☐ Heating Oil ☐ Gasoline Retail ☐ Other_____	☐ Emergency Generator ☐ Heating Oil ☐ Gasoline Retail ☐ Other_____	☐ Emergency Generator ☐ Heating Oil ☐ Gasoline Retail ☐ Other_____	☐ Emergency Generator ☐ Heating Oil ☐ Gasoline Retail ☐ Other_____
Tank Material	☐ StiP3 ☐ FRP ☐ Clad ☐ Other_____	☐ StiP3 ☐ FRP ☐ Clad ☐ Other_____	☐ StiP3 ☐ FRP ☐ Clad ☐ Other_____	☐ StiP3 ☐ FRP ☐ Clad ☐ Other_____
Tank Construction	☐ Double-walled ☐ Multi-Compartment ☐ Other_____	☐ Double-walled ☐ Multi-Compartment ☐ Other_____	☐ Double-walled ☐ Multi-compartment ☐ Other_____	☐ Double-walled ☐ Multi-compartment ☐ Other_____
Tank Manufacturer				
Tank Leak Detection	☐ GW Monitoring ☐ Vapor Monitoring ☐ Interstitial ☐ ATG ☐ Other_____	☐ GW Monitoring ☐ Vapor Monitoring ☐ Interstitial ☐ ATG ☐ Other_____	☐ GW Monitoring ☐ Vapor Monitoring ☐ Interstitial ☐ ATG ☐ Other_____	☐ GW Monitoring ☐ Vapor Monitoring ☐ Interstitial ☐ ATG ☐ Other_____
Tank Corrosion Protection	☐ Galvanic ☐ Impressed Current ☐ Non-corrodible	☐ Galvanic ☐ Impressed Current ☐ Non-corrodible	☐ Galvanic ☐ Impressed Current ☐ Non-corrodible	☐ Galvanic ☐ Impressed Current ☐ Non-corrodible
Spill Prevention	☐ Spill bucket ☐ Other_____	☐ Spill bucket ☐ Other_____	☐ Spill bucket ☐ Other_____	☐ Spill bucket ☐ Other_____
Overfill Prevention (indicate all)	☐ Ball Float ☐ Audible Alarm ☐ Positive Shutoff ☐ Other_____	☐ Ball Float ☐ Audible Alarm ☐ Positive Shutoff ☐ Other_____	☐ Ball Float ☐ Audible Alarm ☐ Positive Shutoff ☐ Other_____	☐ Ball Float ☐ Audible Alarm ☐ Positive Shutoff ☐ Other_____
Product Pipe Material	☐ Flexible ☐ FRP ☐ Steel with CP ☐ Other_____	☐ Flexible ☐ FRP ☐ Steel with CP ☐ Other_____	☐ Flexible ☐ FRP ☐ Steel with CP ☐ Other_____	☐ Flexible ☐ FRP ☐ Steel with CP ☐ Other_____
Product Pipe Construction	☐ Double-walled ☐ Single-walled ☐ Other_____	☐ Double-walled ☐ Single-walled ☐ Other_____	☐ Double-walled ☐ Single-walled ☐ Other_____	☐ Double-walled ☐ Single-walled ☐ Other_____
Pipe Manufacturer				

Type of Pipe	☐ Gravity ☐ Pressurized ☐ Safe Suction ☐ U.S. Suction	☐ Gravity ☐ Pressurized ☐ Safe Suction ☐ U.S. Suction	☐ Gravity ☐ Pressurized ☐ Safe Suction ☐ U.S. Suction	☐ Gravity ☐ Pressurized ☐ Safe Suction ☐ U.S. Suction
Pipe Leak Detection	Interstitial Monitoring ☐Continuous ☐Manual ☐Safe Suction (self-testing) ☐ Tightness Test ☐ Leak Detector ☐ GW Monitoring ☐ Vapor Monitoring ☐ Other_____	Interstitial Monitoring ☐Continuous ☐Manual ☐Safe Suction (self-testing) ☐ Tightness Test ☐ Leak Detector ☐ GW Monitoring ☐ Vapor Monitoring ☐ Other_____	Interstitial Monitoring ☐Continuous ☐Manual ☐ Safe Suction (self-testing) ☐ Tightness Test ☐ Leak Detector ☐ GW Monitoring ☐ Vapor Monitoring ☐ Other_____	Interstitial Monitoring ☐Continuous ☐Manual ☐ Safe Suction (self-testing) ☐ Tightness Test ☐ Leak Detector ☐ GW Monitoring ☐ Vapor Monitoring ☐ Other_____
Pipe Corrosion Protection	☐ Galvanic ☐ Impressed Current ☐ Non-corrodible	☐ Galvanic ☐ Impressed Current ☐ Non-corrodible	☐ Galvanic ☐ Impressed Current ☐ Non-corrodible	☐ Galvanic ☐ Impressed Current ☐ Non-corrodible
Vent Pipe Material	☐ Flexible ☐ FRP ☐ Steel with CP ☐ Other_____	☐ Flexible ☐ FRP ☐ Steel with CP ☐ Other_____	☐ Flexible ☐ FRP ☐ Steel with CP ☐ Other_____	☐ Flexible ☐ FRP ☐ Steel with CP ☐ Other_____
GPS Coordinates http://svc.mt.gov/deq/wmadst	Latitude: _____ Longitude: _____	Latitude: _____ Longitude: _____	Latitude: _____ Longitude: _____	Latitude: _____ Longitude: _____

☐ **Yes** ☐ **No If this is not a new or replacement piping installation, *are dispensers being replaced, OR significant modifications made to the concrete at the dispenser island OR is product piping repaired or replaced at an associated dispenser island* as part of this permit application?**

☐ **Yes** ☐ **No If yes to the above question, have you shown location of under dispenser containment that must include interstitial monitoring on site plan (may be manual or continuous interstitial monitoring)?**

Design Checklist for proposed installation:

☐ **Yes Is 50% or more length of an existing piping run being replaced as part of this permit request? NOTE: If yes, then entire length of product piping must be replaced with secondarily contained piping, liquid tight sumps at each piping end and employ Continuous Interstitial Monitoring.**

☐ Describe all in-tank leak detection equipment

☐ ATG make/model _____ ☐ Probe Series _____

How is the ATG programmed? (indicate all)

☐ 0.1 gph static test ☐ 0.2 gph static test ☐ 0.2 gph monthly CITLDS

☐ Programmed test interval _____

☐ Describe all tank interstitial leak detection equipment

☐ LD panel make/model _____ ☐ Sensor series _____

☐ Describe all pressurized line leak detection equipment

☐ LD panel make/model _____ ☐ Sensor series _____

☐ Length of each pipe run protected by line leak detector for each tank system

_____ _____ _____ _____

☐ How is the LD panel programmed? (indicate all)

☐ 0.1 gph annual test ☐ 0.2 gph monthly test ☐ 3 gph continuous test

☐ Sound a continuous alarm ☐ De-energize the turbine ☐ Autodialer

☐ Make and model of all interstitial piping equipment (sensor, make and model)

_____

How do the liquid sensors stop the flow of fuel in the event of a leak?

☐ Sound a continuous alarm ☐ De-energize the turbine

☐ Close a solenoid at the tank top ☐ Autodialer

☐ Include float out calculation report (to PEI/RP 100 or manufacturer's specifications) and description of tank hold-down method. Include corrosion protection (if required) of any metal components.

☐ Corrosion protection method for each metal component that will be in contact with the ground _____

_____

_____

☐ Make and model of any other equipment to be installed_____

_____

☐ Length of each new vent piping run _____ _____ _____ _____

☐ For connections to existing pipe, also describe:

☐ Type of existing pipe and method of connections_____

_____

☐ Total length of each new product piping run _____ _____ _____ _____

☐ Make and model of existing line leak detection equipment to be replaced _____

_____

Location Plan to include the following elements at a minimum**:**

☐ Facility name ☐ Scale or dimensions ☐ North arrow
☐ Major site features ☐ Direction of ground slope ☐ GPS coordinates of UST
☐ Adjacent water wells, public sewers, streams or bodies of water within 100 feet of installation
☐ Dimensioned or scaled distances between property lines, buildings, tanks and proposed UST system(s)

For each **existing** UST system, locate the following elements by dimension or scaled in place:

☐ Tanks (AST and UST) ☐ Product pipe* ☐ Dispensers ☐ Vent(s)*
☐ Sump(s)*
☐ Any vapor or groundwater monitoring wells (including remediation wells)
* Show only if any existing UST component requires disassembly or relocation

For each **proposed** UST system, locate the following elements by dimension or scaled in place.

For Tank(s), show:

☐ Tank(s) ☐ All Tank Risers** ☐ All leak detection monitoring equipment**
☐ Vent piping ☐ Tank nest cross-section and tank anchoring details
☐ All corrosion protection equipment associated with tank(s)**
☐ Sump(s) at connection of product piping to tank

For Pipe(s), show:

☐ Product Pipe(s)
☐ Sump(s)
☐ All leak detection monitoring equipment**
☐ All corrosion protection equipment associated with pipe(s)**
☐ Line leak detector if not installed in STP housing**
☐ Flex connectors and method of corrosion protection**
☐ Dispenser(s)
☐ If connecting to existing pipe made by a different manufacturer, show connection location and detailed cross-section

☐ For double-walled and/or suction pipe runs, show flow direction through the system and the location of sumps**
If installing a suction system, also include:
☐ Check valves** ☐ Solenoid valves** ☐ Product pipe cross-sections indicating direction and slope**
** Show relative location only (do not dimension or scale)

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.mt.gov. ☐ 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.

Environmental Assessment:

	Yes	No
1. Is the depth to groundwater less than 50 feet below ground surface?	☐	☐
2. Is the distance to surface water less than 100 feet from the project boundary?	☐	☐
3. Is a domestic well located within 100 feet of the project boundary?	☐	☐
4. Is any portion of a public sewage system located less than 100 feet from the project boundary?	☐	☐

If you answered yes to **any** of these questions, you must submit an Environmental Assessment Questionnaire with your permit application.

ENVIRONMENTAL ASSESSMENT QUESTIONNAIRE

FACILITY NAME: _____ FACILITY ID#: _____
YOUR NAME: _____ DATE: _____

DESCRIPTION OF PROPOSED PROJECTS: (What you are planning to do.)

DESCRIPTION OF THE BENEFITS AND PURPOSE OF THE PROPOSED ACTION: (Why are you doing this project?)

PHYSICAL ENVIRONMENT: (Answer each question to the best of your knowledge. Explain any "Yes" answer on a separate sheet of paper.)

1. TOPOGRAPHY: Are there unusual geologic features? ☐ Yes ☐ No
2. GEOLOGY AND SOIL QUALITY, STABILITY AND MOISTURE:
   Are fragile, compactible or unstable soils present? ☐ Yes ☐ No
   Are there special reclamation considerations? ☐ Yes ☐ No
3. WATER QUALITY, QUANTITY AND DISTRIBUTION:
   Are important surface or groundwater resources present? ☐ Yes ☐ No
   Is there potential for violation of ambient water quality standards, drinking water maximum contaminant levels, or degradation of water quality? ☐ Yes ☐ No
4. AIR QUALITY: Will pollutants or particulate be produced? ☐ Yes ☐ No
   Is the project influenced by air quality regulations or zones (Class I airshed)? ☐ Yes ☐ No
5. DEMANDS ON ENVIRONMENTAL RESOURCES OF LAND, WATER, AIR OR ENERGY:
   Will the project use resources that are limited in the area? ☐ Yes ☐ No
   Are there other activities nearby that will affect the project? ☐ Yes ☐ No
6. IMPACTS ON OTHER ENVIRONMENTAL RESOURCES:
   Are there other studies, plans or projects on this tract? ☐ Yes ☐ No
7. TERRESTRIAL, AVIAN AND AQUATIC LIFE AND HABITATS:
   Is there substantial use of the area by important wildlife, birds, or fish? ☐ Yes ☐ No
8. 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.mt.gov? ☐ 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.
9. VEGETATION COVER, QUANTITY AND QUALITY:
   Will vegetative communities be permanently altered? ☐ Yes ☐ No
   Are any rare plants or cover types present? ☐ Yes ☐ No
10. UNIQUE, ENDANGERED, FRAGILE OR LIMITED ENVIRONMENTAL RESOURCES:
    Are any federally listed threatened or endangered species or identified habitat present? ☐ Yes ☐ No
    Any wetlands? ☐ Yes ☐ No
    Any species of special concern? ☐ Yes ☐ No
11. HISTORICAL AND ARCHEOLOGICAL SITE:
    Are any historical, archeological or paleontological resources present? ☐ Yes ☐ No

12. ASTHETICS: Is the project on a prominent topographical feature? …….. ☐ Yes ☐ No
Will it be visible from populated or scenic areas? …… ☐ Yes ☐ No
Will there be excessive noise, light or odors? …… ☐ Yes ☐ No

13. AGRICULTURE: Will grazing lands, irrigation waters or crop production be affected? ……... ☐ Yes ☐ No

HUMAN ENVIRONMENT:

1. SOCIAL STRUCTURES AND MORES:
Is some disruption of native or traditional lifestyles or communities possible? …… ☐ Yes ☐ No

2. CULTURAL UNIQUENESS AND DIVERSITY:
Will the action cause a shift in some unique quality of the area? ……... ☐ Yes ☐ No

3. DENSITY AND DISTRIBUTION OR POPULATION AND HOUSING:
Will the project add to the population and require additional housing?…….. ☐ Yes ☐ No

4. HUMAN HEALTH AND SAFETY: Will this project add to health and safety risks in the area? …..... ☐ Yes ☐ No

5. COMMUNITY AND PERSONAL INCOME: Will the facility generate or degrade income? …….. ☐ Yes ☐ No

6. QUANTITY AND DISTRIBUTION OF EMPLOYMENT:
Will the project create, move or eliminate jobs? …… ☐ Yes ☐ No
If so, estimate types and number: _____

7. LOCAL AND STATE TAX BASE REVENUES: Will the project create or eliminate tax revenue? ….. ☐ Yes ☐ No

8. DEMAND FOR GOVERNMENT SERVICES: Will substantial traffic be added to existing roads? …. ☐ Yes ☐ No
Will other services (fire protection, police, schools, etc.) be needed? ……... ☐ Yes ☐ No

9. INDUSTRIAL, COMMERCIAL AND AGRICULTURAL ACTIVITIES AND PRODUCTION:
Will the project add to or alter these activities? …… ☐ Yes ☐ No

10. ACCESS TO AND QUALITY OF RECREATIONAL AND WILDERNESS ACTIVITIES:
Are wilderness or recreational areas nearby or accessed through this tract? …….. ☐ Yes ☐ No
Is there recreational potential within the tract? ……..… ☐ Yes ☐ No

11. LOCALLY ADOPTED ENVIRONMENTAL PLANS AND GOALS:
Are there state, county, city, USFS, BLM, tribal, zoning or management plans in effect? …… ☐ Yes ☐ No

12. TRANSPORTATION: Will the project affect local transportation networks and traffic flows? …… ☐ Yes ☐ No

13. PUBLIC INVOLVEMENT: Describe how you think the public might become involved:

14. ALTERNATIVES CONSIDERED: List any alternatives to this project:

I certify that the information presented above is accurate and complete to the best of my knowledge.

Signature Date

FOR STATE USE ONLY

EA Questionnaire Reviewed ☐

EA Not Required ☐ EA Required ☐

Reviewer Date

ENVIRONMENTAL ASSESSMENT QUESTIONNAIRE CONTINUATION PAGE

FACILITY NAME: FACILITY ID#:
YOUR NAME: DATE:

Supplementary information about the project

SECTION V - CERTIFICATIONS

LANDOWNER CERTIFICATION

I am the: *(check one)*

Property Owner ☐ Designated Representative of the Property Owner ☐
(Provide verification of status as representative)

By signing below, I state that I am the owner or the representative of the owner of the property described in this application ("the Property") and that I am authorized to make the acknowledgements and consent as provided in this paragraph. I affirm that I or the owner that I represent obtained or had the opportunity to obtain the advice of independent legal counsel regarding the potential risks and liabilities from the use of the Property as a underground storage tank system. I acknowledge that I or the owner I represent have been informed and are aware of the uses and activities that are ongoing or proposed for the Property and consent to those uses and activities. Furthermore, I understand that issuance by the State of Montana of a license to operate a underground storage tank system on the Property and the terms and conditions of any such license do not relieve or insulate the owner of the Property from any liability, duty, or responsibility arising under the Underground Storage Act, as that act may be amended from time to time, or any other environmental law.

Property Owner Signature: _____ Date: _____

Owner's Printed Name: _____

(attach a copy of the deed or other document that verifies the site owner)

APPLICANT CERTIFICATION

I am the party responsible for operation of this proposed facility. I certify that the above-described underground storage tank system will be constructed and operated in accordance with Sections 75-11, Parts 2 and 5, Montana Code Annotated (MCA), the rules adopted pursuant thereto, and in accordance with conditions which have or may be imposed in the license.

Applicant Printed Name: _____

Applicant Signature: _____

Title:_____Date:_____

Email to DEQ