

	Notification of Underground Storage Tanks (UST) Montana Department of Environmental Quality	MDEQ Facility ID Number (XX-XXXXX)
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.		
Type of Notification		
<input type="checkbox"/> New Notification <input type="checkbox"/> Amended Notification		
GENERAL INFORMATION		
<p>A UST which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.</p> <p>Who Must Notify? Owners of underground tanks that store regulated substances must notify DEQ of the existence of their tanks, unless exempted, per <i>Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM)</i>. An "Owner" means –</p> <ul style="list-style-type: none"> 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. <p>When To Notify? Owners must notify DEQ <u>within 30 days</u> after bringing a tank into use, or when any changes to facility information or status, including change in ownership or content of tanks.</p> <p>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 <i>Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1989 (CERCLA)</i>, e.g., industrial solvents, pesticides, herbicides or fumigants, with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.</p> <p>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.</p>	<p>What Tanks Are Excluded?</p> <ol style="list-style-type: none"> septic tanks pipeline facilities (including gathering lines) regulated under the <i>Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979</i>, or which is an intrastate pipeline facility regulated under state laws; surface impoundments, pits, ponds or lagoons; storm water or waste water collection systems; flow through process tanks; liquid traps or associated gathering lines directly related to oil or gas production and gathering operations; 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; 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. <p>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. <i>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).</i></p> <p>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.</p> <p><i>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.</i></p>	
Where to notify or send completed forms: Email completed forms to dequestprogram@mt.gov		
DEQ / UST Section, PO Box 200901, Helena MT 59620-0901 Phone: 406-444-5300 Fax: 406-444-1374		
I. Ownership of Tanks		II. Location of Tanks
Owner Name (Corporation, Individual, Public Agency, etc.)		Facility Name or Company Site Identifier
Mailing Address		Street Address or Physical Location (PO BOX NOT ACCEPTABLE)
City	State	Zip
City	State	Zip
Phone Number	Fax Number	MT Facility ID
Email Address	County	Parcel ID (if no street address available)
Latitude	Longitude	Previous Site Name (if applicable)

III. Type of Owner		IV. Indian Lands		
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Farmer / Rancher	<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	Tribal Owned <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Land <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribe or Nation:
V. Type of Facility				
Select the Appropriate Facility Description (check as many as apply)				
<input type="checkbox"/> Gas Station <input type="checkbox"/> Bulk Plant <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Airport <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Church	<input type="checkbox"/> Railroad <input type="checkbox"/> Federal Non-Military <input type="checkbox"/> Federal – Military <input type="checkbox"/> Industrial <input type="checkbox"/> Contractor <input type="checkbox"/> School	<input type="checkbox"/> Medical <input type="checkbox"/> Trucking / Transport <input type="checkbox"/> Utilities <input type="checkbox"/> Residential <input type="checkbox"/> Farm / Ranch <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 <i>40 CFR 280, Subpart H and Title 17, Chapter 56, Subchapter 8, ARM</i> by the mechanism(s) selected below. Submit policy or backup information on the mechanism with this form.				
Check All that Apply * If PTRCF is checked, you must choose additional mechanism(s) to cover \$17,500 co-payment.				
* Montana Petroleum Tank Release Cleanup Fund (PTRCF)	Trust Fund	Surety Bond Requires Standby Trust Fund		
Certificate of Tangible Net Worth Only use with PTRCF	Financial Test of Self Insurance	Letter of Credit Requires Standby Trust Fund		
Insurance/Risk Group Coverage must not contain an environmental rider	Guarantee (Requires a Standby Trust Fund)	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						
MontanaTag 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
Material	Bare Steel								
	Galvanized Steel								
	Fiberglass Reinforced Plastic								
	UL Listed Flex Pipe								
	Copper								
	Cathodically Protected								
Construction	Double Walled								
	Secondary Containment								
	Impervious Excavation Liner								
	Unknown								
	Other (please specify below)								
Has piping been repaired?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)									