

3. LICENSED INSTALLER(S) WHO WILL CONDUCT WORK:

Name: _____

Address: _____

(city)

(state)

(zip)

Phone(_____) _____ License Number: _____

Complete this section only if a licensed installer/remover is not used:

4. OWNER OR OPERATOR WHO WILL CONDUCT WORK:

Name: _____

Address: _____

(city)

(state)

(zip)

Phone(_____) _____

LOCAL OR DEPARTMENT INSPECTOR WHO WILL INSPECT WORK:

Name: _____

Address: _____

(city)

(state)

(zip)

Phone(_____) _____ License Number: _____

COMPLETE THE FOLLOWING FOR TANK INSTALLATION

5. TANK INFORMATION

	#1	#2	#3	#4
Nominal Tank Capacity (gallons)				
Substance to be Stored				
Type of Tank(s) (fiberglass, coated, cathodically protected, other)				
Double or single-walled				
Tank Weight				
Tank Diameter				
Tank Length				
Actual Tank Capacity				

Tank manufacturer: _____

Where was the tank manufactured? _____

Interstice of double-walled tank is filled with:

- dry brine filled

Tank Anchor Details:

- overburden: concrete _____ inches + backfill _____ feet
- number & diameter of sumps over each tank _____
- deadmen being used: depth _____ dimensions _____
- hold down pad being used
thickness of pad _____ dimensions of pad _____
- corrosion protection for hold down support _____

(Must be designed by corrosion expert, include design)

TANK INFORMATION (CONTINUED)

6. Type of bedding and backfill:

- clean washed sand
- pea gravel
- crushed rock

7. Spill equipment: (*Manufacturer and Model*) _____

Overfill equipment; at least one required (*Manufacturer and Model*)

- Positive shut off fill valve: _____
- Vent ball valve: _____
- Alarm: _____

8. Type of release detection for tank (choose one from Group A OR Group B OR Group C):

<p style="text-align: center;"><u>Group A</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Groundwater Monitoring (complete sections 19-22) <input type="checkbox"/> Soil Vapor Monitoring (complete sections 19-22) <input type="checkbox"/> Interstitial Monitoring <ul style="list-style-type: none"> <input type="checkbox"/> Manual <input type="checkbox"/> Electronic (make/model) _____ <input type="checkbox"/> Automatic Tank Gauging <ul style="list-style-type: none"> CATG <input type="checkbox"/>yes <input type="checkbox"/>no (make/model) _____ <input type="checkbox"/> Other Approved Method (explain) _____ _____ 	<p style="text-align: center;"><u>Group B</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Monthly Inventory Control with Tank Tightness Test Every 5 years (1st 10 years only) <hr/> <p style="text-align: center;"><u>Group C</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual Tank Gauging for tanks 2,000 gallons or less. Tanks 1,001 to 2,000 gallons also require tightness test every 5 years (1st 10 years only)
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9. Flotation:

Depth to groundwater @ seasonal high: _____ feet; low: _____ feet

Is there clay or tight soils that could contribute to bathtub effect? Yes No

Tanks that may be in contact with groundwater or standing water in the excavation (*bathtub effect*) **MUST** be anchored.

COMPLETE THE FOLLOWING FOR PIPE INSTALLATIONS

10. If repiping existing installation specify which tanks (age, capacity, and contents): _____

11a. Type of product piping

	PRODUCT	
	Length	Diameter
<input type="checkbox"/> UL listed flex pipe. Type:		
<input type="checkbox"/> Fiberglass reinforced plastic		
<input type="checkbox"/> Coated steel with cathodic protection		
<input type="checkbox"/> Other:		
<input type="checkbox"/> single wall <input type="checkbox"/> double wall		

PIPING INSTALLATIONS (CONTINUED)

11b. Type of vent piping	VENT	
	Length	Diameter
<input type="checkbox"/> UL listed flex pipe. Type:		
<input type="checkbox"/> Fiberglass reinforced plastic		
<input type="checkbox"/> Coated steel with cathodic protection		
<input type="checkbox"/> Other:		
<input type="checkbox"/> single wall <input type="checkbox"/> double wall		

12. Type of bedding and backfill:
 clean washed sand pea gravel crushed rock

13. Type of pump system:
 suction pressure (Underground lines connected to above ground tanks are pressurized from the hydraulic head)

14. Type of release detection for piping:

Suction Piping

None
 Tightness Test every 3 years
 Monthly Monitoring –specify below

- Interstitial Monitoring
- Soil Vapor Monitoring (complete parts 19-22)
- Groundwater Monitoring (complete parts 19-22)

Pressurized Piping (choose one from Group A and Group B; or choose Group C)

Group A	Group B
<input type="checkbox"/> Groundwater Monitoring –complete parts 19-22 <input type="checkbox"/> Soil Vapor Monitoring –complete parts 19-22 <input type="checkbox"/> Annual Line Test	<input type="checkbox"/> Leak Detector Group C <input type="checkbox"/> Double wall piping with interstitial monitor (specify below) <ul style="list-style-type: none"> <input type="checkbox"/> Continuous response <input type="checkbox"/> Automatic shut off <input type="checkbox"/> Flow restriction <input type="checkbox"/> Automatic Tank Gauge System with precision line test

COMPLETE THE FOLLOWING FOR CORROSION PROTECTION OF EXISTING TANK SYSTEMS

15. How will the tank structural integrity be assessed? (Tanks with thin or damaged metal may not be eligible for corrosion protection upgrade.)

Tank more than 10 years old – internal inspection
 Other method allowed by prior variance. Specify: _____

16. Will this include tank lining? Yes No

17. Impressed current system designed by:

Name: _____ License # _____
 Address: _____ Phone # _____

18. Provide impressed current system design and calculations (Please be specific & include design from CP Expert.)

COMPLETE THE FOLLOWING FOR SOIL VAPOR MONITORING WELLS OR GROUNDWATER MONITORING WELLS AT EXISTING INSTALLATIONS

NOTE: Existing contamination or low porosity soils (less than 0.01 cm/sec hydraulic conductivity) may prevent the use of monitoring wells as release detection. Approved tank backfill will meet porosity requirements.

19. Installed by (groundwater monitoring well contractor must be licensed by DNRC and on UST approved list)

Name: _____ License # _____

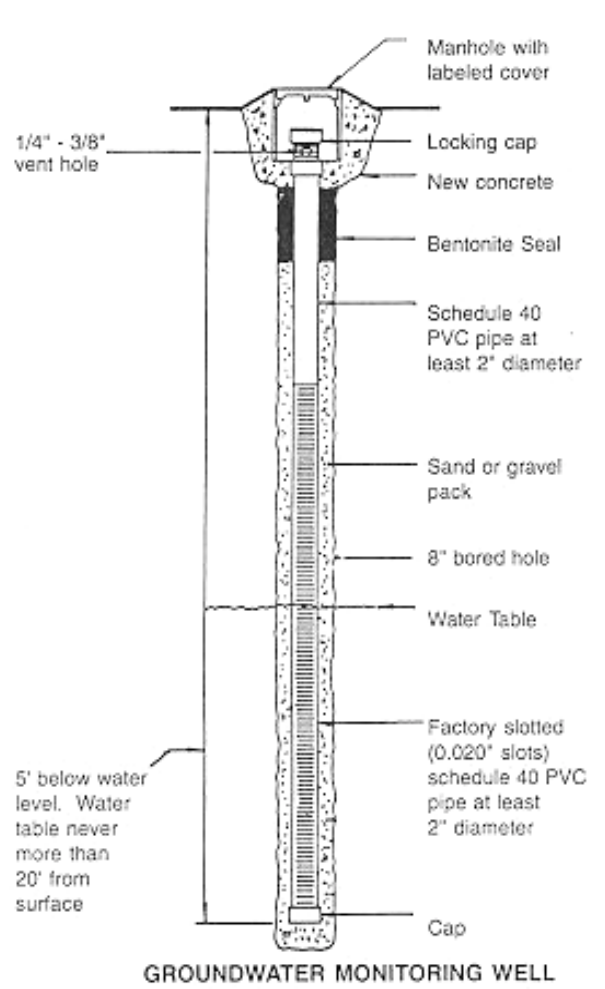
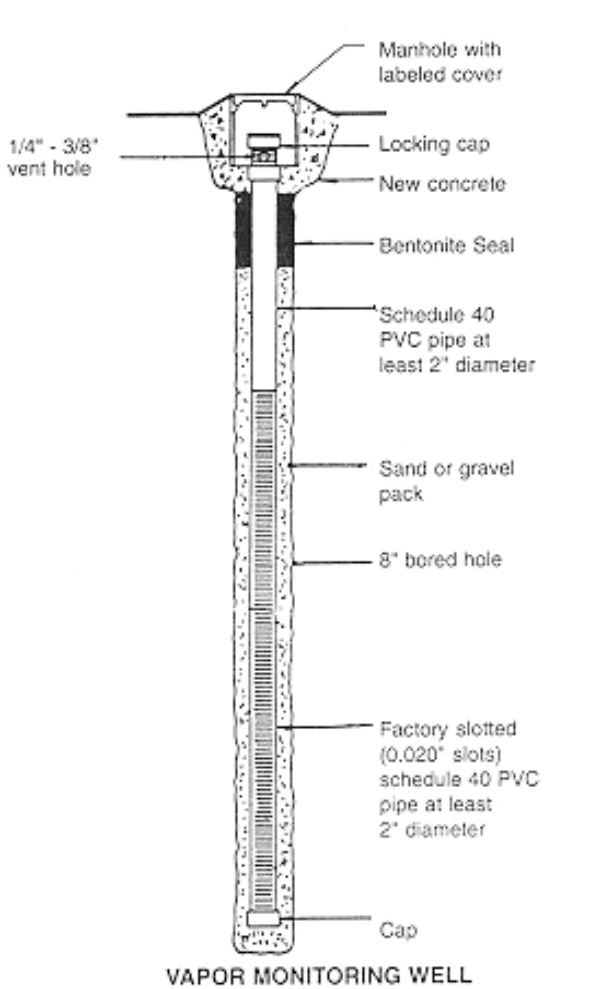
Address: _____ Phone # _____

20. Wells will be installed using: drilling rig backhoe power auger

21. Device that will be used for monthly monitoring (provide manufacturer specifications):

22. Any deviations from the following minimum criteria? Yes No

If YES describe and sketch on supplemental sheets.



CAUTION: Adhesives must not be used.

**COMPLETE THE FOLLOWING FOR MODIFICATION – REPAIR – LINING – INVESTIGATE
CAUSE OF RELEASE**

23a. Describe modification, repair, lining (attach additional sheets if necessary, be specific):

23b. If this permit is to correct an unusual operating condition, please describe problem and solution (be specific):

--Contact DEQ (1-800-457-0568) within 24 hours if suspected contamination (soil staining, soil odors, sheen on water, detectable head space concentrations, lab analysis over DEQ action levels, holes in tanks or piping, or any unusual operating conditions) is discovered, regardless of the suspected source.

COMPLETE THE FOLLOWING FOR REMOVALS & CLOSURES IN PLACE

24. Specify if: tank removal pipe removal

25. Month/Year tank(s) last used: _____ / _____

26. Reason for taking tank(s) or piping out of service: _____

27. TANK INFORMATION

	# 1	# 2	# 3	# 4
Tank Capacity (<i>gallons</i>)				
Tank Age				
Substance Stored				
Type of Tank(s) (<i>bare steel, fiberglass, concrete, cathodically protected, other</i>)				

REMOVALS & CLOSURES IN PLACE (CONTINUED)

28a. Type of product piping	PRODUCT	
	Length	Diameter
<input type="checkbox"/> Bare steel		
<input type="checkbox"/> Galvanized steel		
<input type="checkbox"/> Coated steel with cathodic protection		
<input type="checkbox"/> Fiberglass reinforced plastic		
<input type="checkbox"/> Other (specify):		

28b. Type of vent piping	VENT	
	Length	Diameter
<input type="checkbox"/> Bare steel		
<input type="checkbox"/> Galvanized steel		
<input type="checkbox"/> Coated steel with cathodic protection		
<input type="checkbox"/> Fiberglass reinforced plastic		
<input type="checkbox"/> Other (specify):		

28c. Are dispensers located directly over tanks: Yes No

29. Method of Closure: Tank(s) Removal In place
 Piping Removal In place

30. If tank(s)/piping are closed in place, indicate type of inert material that will be used: _____

Signature: _____ Date: _____

Signature of Approval by local Fire Chief or attach separate State Fire Marshal's approval.

31. Will tank(s)/piping be replaced with new USTs? Yes No

32. Tank(s) and connected piping must be emptied and cleaned by removing all liquids and accumulated sludge. Where will liquids and sludge be disposed? _____

33. If tanks and piping are removed, indicate storage location or final destination: _____

34. Name of laboratory that will perform soil analysis: _____
 (Must be analyzed by a lab that uses Montana Department of Environmental Quality guidelines.)

35. Has there been a release at the site? Yes No
 If Yes, has the department been notified? Yes No Release ID # _____

SITE INFORMATION (All applicants must complete this section)

36. Distance within a ¼ mile radius from site to the nearest:

Property line:	Ft.	Structure:	Ft.
Public water supply:	Ft.	Domestic well:	Ft.
Public sewer facility:	Ft.	Stockwater well:	Ft.
Surface water: (river, lake, spring, irrigation ditch)	Ft.	Describe:	

37. Depth to groundwater at seasonal high: _____ Feet low: _____ Feet
Describe how obtained: _____

38. Is site in 100-year flood plain? Yes No

39. Site Plan: Draw a **DETAILED SITE PLAN** on page 11 or on a separate sheet.

At a minimum, it must include:

- Location of tanks, piping, and dispensers;
- Location of buildings;
- Distances between property lines, buildings, tanks, piping, etc.;
- Utility corridors within 50' of site;
- Direction of ground slope;
- Estimated groundwater flow gradient;
- Location of any vapor or groundwater monitoring wells. Be accurate on distances between wells and tanks/piping.
- Tank nest cross section, pipe trench cross section, anchoring details, and location of flexes, if job includes these items.

40. To the best of my knowledge, the information contained in this application is true and correct.

Applicant Signature: _____ Date: _____

Owner/Operator Signature: _____ Date: _____
(if different from applicant)

41. Permit Review Fee:

Farm, residential under 1,100 gallons: contact department to determine if a permit is required & what fee is required, if any.	
Heating oil tanks under 1,100 gallons: contact department to determine if a permit is required & what fee is required, if any.	
All other tanks, \$50/permit + \$.01 x total gallons installed or closed: (includes all commercial tanks, even if under 1,100 gallons, & including used oil tanks)	
Piping only, \$25/50 feet (for each run of piping), \$200 maximum:	
Repairs, modifications, lining, vapor or groundwater monitoring wells at existing installation, cathodic protection at existing installation, leak investigation: \$50/permit	
Total permit review fee (maximum \$750)	
Inspection Fee deposit (if owner doing work): minimum fee \$90 for first two hours, any additional hours are invoiced after completion of project at \$45/hour.	
TOTAL	

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. <u>TOPOGRAPHY:</u> Are there unusual geologic features? | Yes | No |
| 2. <u>GEOLOGY AND SOIL QUALITY, STABILITY AND MOISTURE:</u> | | |
| Are fragile, compactible or unstable soils present? | Yes | No |
| Are there special reclamation considerations? | Yes | No |
| 3. <u>WATER QUALITY, QUANTITY AND DISTRIBUTION:</u> | | |
| 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. <u>AIR QUALITY:</u> Will pollutants or particulate be produced? | | |
| Is the project influenced by air quality regulations or zones (Class I airshed)? | Yes | No |
| 5. <u>DEMANDS ON ENVIRONMENTAL RESOURCES OF LAND, WATER, AIR OR ENERGY:</u> | | |
| 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. <u>IMPACTS ON OTHER ENVIRONMENTAL RESOURCES:</u> | | |
| Are their other studies, plans or projects on this tract? | Yes | No |
| 7. <u>TERRESTRIAL, AVIAN AND AQUATIC LIFE AND HABITATS:</u> | | |
| Is there substantial use of the area by important wildlife, birds, or fish? | Yes | No |
| 8. <u>VEGETATION COVER, QUANTITY AND QUALITY:</u> | | |
| Will vegetative communities be permanently altered? | Yes | No |
| Are any rare plants or cover types present? | Yes | No |
| 9. <u>UNIQUE, ENDANGERED, FRAGILE OR LIMITED ENVIRONMENTAL RESOURCES:</u> | | |
| 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 |
| 10. <u>HISTORICAL AND ARCHEOLOGICAL SITE:</u> | | |
| Are any historical, archeological or paleontological resources present? | Yes | No |

Continued on Back

- 11. **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
- 12. **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:

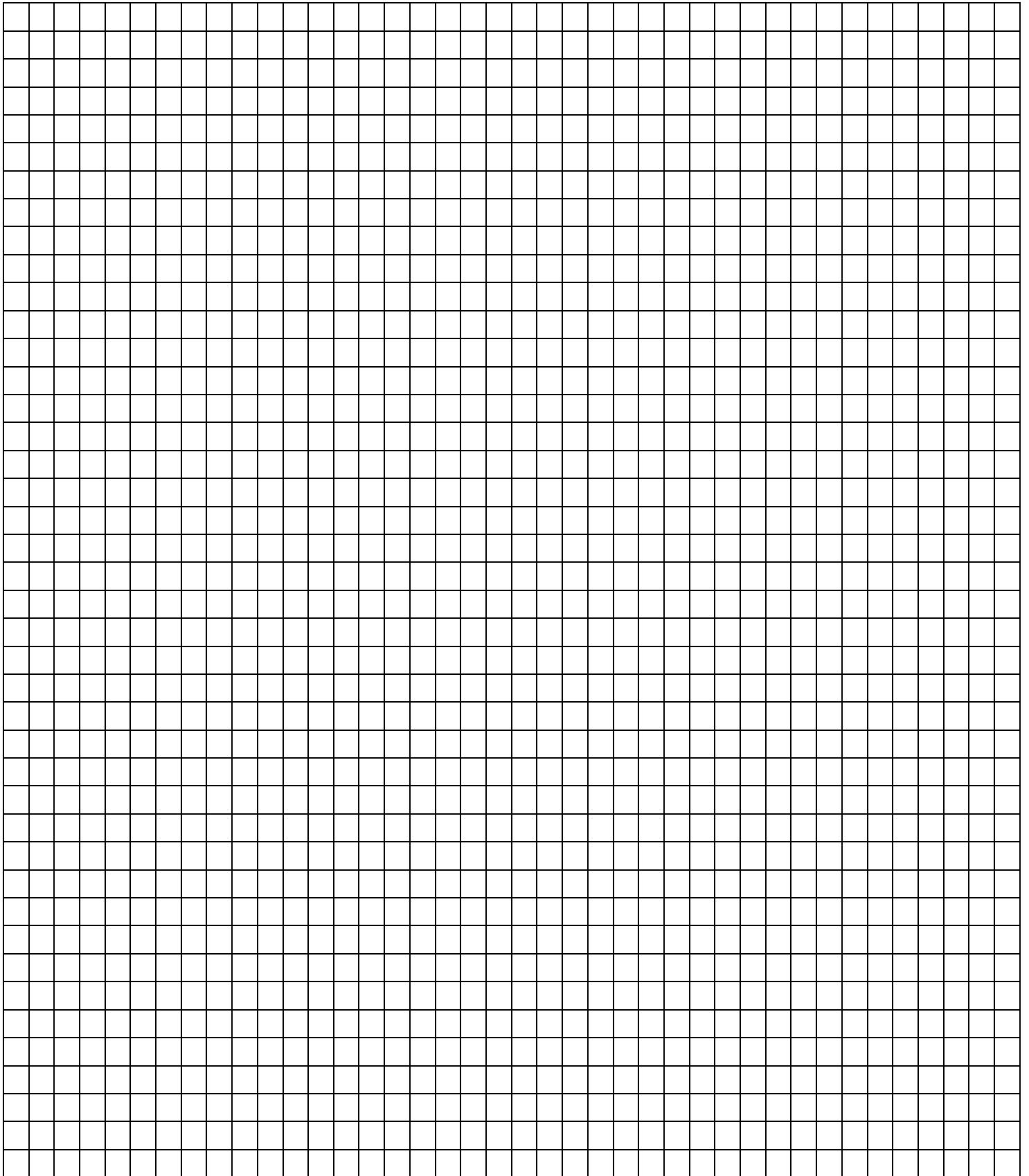
14. **ALTERNATIVES CONSIDERED:** List any alternatives to this project:

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 _____

NORTH



SCALE: _____ inch = _____ feet