

Notification of Underground Storage Tanks (USTs)		WY FAC ID Number
Wyoming DEQ/WQD, 122 West 25th Street, Cheyenne, WY 82002		STATE USE ONLY
TYPE OF NOTIFICATION: <input type="radio"/> A. New Facility or Initial Registration		DATE RECEIVED
<input type="radio"/> B. Amended or Annual Renewal <input type="radio"/> C. Closure		A. Date Entered into computer _____
No. of tanks at UST facility _____ No. of continuation sheets attached _____		B. Data Entry Clerk Initials _____
INSTRUCTIONS		C. Owner was contacted to clarify responses, comments
Please <u>type or print in ink</u> all items except "signature" in section VII. This form must be completed for each location containing underground storage tanks. If more than six (6) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.		_____ _____

GENERAL INFORMATION	
<p>Notification is required by State law each year by July 1 for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986.</p> <p>The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.</p> <p>Who Must Notify? W.S. 35-11-1419 requires that, unless exempted, owners of underground tanks that store regulated substances must notify Wyoming DEQ/ WQD of the existence of their tanks. Owner means -</p> <p>a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that day, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and</p> <p>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.</p> <p>What Tanks Are Included? Underground storage tank is defined as any one or a combination of tanks that (1) is used to contain an accumulation of "regulated substances", and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil or diesel fuel, and 2. industrial solvents, pesticides, herbicides, or fumigants.</p> <p>What Tanks are Excluded? Tanks removed from the ground prior to May 8, 1986, are not subject to notification. Other tanks excluded from notification are:</p> <ol style="list-style-type: none"> 1. farm or residential tanks of 1,100 gallons or less capacity used solely for storing motor fuel for noncommercial purposes; 2. tanks used solely for storing heating oil for consumptive use on the premises where stored; 3. septic tanks; 	<ol style="list-style-type: none"> 4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws; 5. surface impoundments, pits, ponds, or lagoons; 6. storm water or waste water collection systems; 7. flow-through process tanks; 8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations; 9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor; 10. underground storage tanks of 110 gallons or less capacity. <p>What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).</p> <p>Where To Notify? Send completed notification forms to the address listed on top of form.</p> <p>When To Notify? 1. By July 1 of each year, owner/operator of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but are still in the ground. 2. Owners who bring an underground storage tank into use after May 8, 1986, must <u>verbally</u> notify the department 30 days prior to installation and must notify with this form after district approves operation of new system. 3. Amendments to facility/tank information must be sent to the department immediately. 4. In the event of transfer of tank ownership, notification must be sent by the new or former owner/operator immediately.</p>

I. OWNER/OPERATOR OF TANK(S)	II. LOCATION OF TANK(S)
	(if same as Section I, mark box here G)
Owner Name _____	Facility Name _____
Street Address _____	Street Address (P O Box not acceptable) _____
Mailing Address (if different than street address) _____	Mailing Address (if different than above) _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone number (include area code) _____	Phone _____ County _____
County _____	Latitude _____ Longitude _____

III. TYPE OF OWNER	IV. INDIAN LANDS
Government <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local	Tanks are located on land within an Indian Reservation or on other trust lands. <input type="radio"/> Tanks are owned by native American nation, tribe, or individual <input type="radio"/>
<input type="radio"/> Commercial <input type="radio"/> Private <input type="radio"/> Corporation <input type="radio"/> Individual <input type="radio"/> Partnership	Tribe or Nation: _____ _____

V. TYPE OF FACILITY

DO YOU SELL PETROLEUM RETAIL (YES OR NO)? _____

Select the appropriate facility description as of last known use:

<input type="checkbox"/> Gas station	<input type="checkbox"/> Railroad	<input type="checkbox"/> Commercial	<input type="checkbox"/> Farm
<input type="checkbox"/> Petroleum distributor	<input type="checkbox"/> Local government	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
<input type="checkbox"/> Air Taxi (airline)	<input type="checkbox"/> State government	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Federal non-military	<input type="checkbox"/> Truck/transporter	
<input type="checkbox"/> Auto dealership	<input type="checkbox"/> Federal military	<input type="checkbox"/> Utilities	

Is this a seasonal facility? Yes No If yes, list months of operation _____

VI. CONTACT PERSON IN CHARGE OF TANKS

Name	Job Title	Address	Phone Number
			(____) _____ - _____

VII. FINANCIAL RESPONSIBILITY

A. Are you eligible for the STATE FUND Program? Yes (current on all fees) No
(If "no", documentation must be provided to the division for one of the mechanisms listed below under "C".)

B. Has \$30,000 financial assurance for third party liability been obtained in accordance with W.S. 35-11-1428?
 Yes No Exempt (state or federal government)

C. Which of the following forms of financial assurance are you using?

<input type="checkbox"/> Self insurance	<input type="checkbox"/> Risk retention	<input type="checkbox"/> Surety bond	<input type="checkbox"/> Trust fund
<input type="checkbox"/> Commercial insurance	<input type="checkbox"/> Guarantee	<input type="checkbox"/> Letter of credit	

VIII. CERTIFICATION (Read and sign after completing all sections)

Penalties

Any owner or operator who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

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 upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or operator's authorized representative (print) Signature Date Signed

I further certify that nothing concerning the tanks and piping previously reported on the ____ (year) "Notification of Underground Storage Tanks" form has changed.
Tank and piping information is same as last reporting

Name and official title of owner or operator's authorized representative (print) Signature Date Signed

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)

Tank Identification Number	Tank No. __	Tank No. __	Tank No. __	Tank No. __	Tank No. __	Tank No. __
Status of tank (mark only one)						
Currently in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Temporarily out of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Permanently out of use (properly abandoned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Also fill out Section X. on page 4 if applicable						
Date of installation (mo/yr)						
Estimated total capacity (gallons)						
Material of construction (mark all that apply)						

Asphalt coated or bare steel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cathodically protected steel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Composite (steel with fiberglass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concrete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epoxy coated steel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiberglass reinforced plastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polyethylene tank jacket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Double walled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excavation liner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lined interior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has tank been repaired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Piping (material)						
Bare steel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Galvanized steel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiberglass reinforced plastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible plastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cathodically protected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Double walled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary containment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Piping system (type) (mark only one)						
Safe Suction: only one valve located below pump; piping is sloped & below grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Suction: other than above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressurized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gravity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date, if piping has been repaired _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tank Info (continued)						
	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
Substance currently or last stored in greatest quantity by volume						
Gasoline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diesel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gasohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kerosene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heating oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazardous substance: CERCLA name and/or CAS number _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixture of substances: Please specify mixture _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compartmentalized tank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manifolded Tanks. <input type="radio"/> Yes <input type="radio"/> No If yes, list tank numbers manifolded together _____						
Special usage:						
Emergency power only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heating only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tank is empty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X. TANKS OUT OF USE, OR CHANGE IN SERVICE						

Tank removed from ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tank closed in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of inert material	_____	_____	_____	_____	_____	_____
Estimated date last used (mo/day/yr)	_____	_____	_____	_____	_____	_____
Estimated date tank closed (mo/day/yr)	_____	_____	_____	_____	_____	_____
Change in service (substance or status)	_____	_____	_____	_____	_____	_____
Site assessment completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of site assessment	_____	_____	_____	_____	_____	_____
Evidence of a leak detected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date leak detected	_____	_____	_____	_____	_____	_____

**COMPLETE THIS PAGE FOR
NEW AND UPGRADED/MODIFIED TANKS ONLY
AT THIS LOCATION**

XI. CERTIFICATION OF COMPLIANCE												
Tank Identification Number	Tank No. __		Tank No. __		Tank No. __		Tank No. __		Tank No. __		Tank No. __	
Date of modification/installation												
Install/modification inspected by DEQ	o		o		o		o		o		o	
Release Detection (mark all that apply)	Tank/Piping		Tank/Piping		Tank/Piping		Tank/Piping		Tank/Piping		Tank/Piping	
Manual tank gauging	o		o		o		o		o		o	
Tank tightness testing Date of last test (copy enclosed)	o		o		o		o		o		o	
Inventory controls	o		o		o		o		o		o	
Automatic tank gauging	o		o		o		o		o		o	
Vapor monitoring	o	o	o	o	o	o	o	o	o	o	o	o
Groundwater monitoring	o	o	o	o	o	o	o	o	o	o	o	o
SIR	o	o	o	o	o	o	o	o	o	o	o	o
Interstitial monitoring/double walled tank/piping	o	o	o	o	o	o	o	o	o	o	o	o
Interstitial monitoring/secondary containment	o	o	o	o	o	o	o	o	o	o	o	o
Automatic line leak detectors		o		o		o		o		o		o
Line tightness testing		o		o		o		o		o		o
Other method allowed by DEQ. Please specify.	o	o	o	o	o	o	o	o	o	o	o	o
Overfill and Spill Protection												
Overfill device installed	o		o		o		o		o		o	
Spill device installed	o		o		o		o		o		o	
OATH: The methods used to install the tanks and piping comply with the DEQ installation or modification requirements.												
Installer:							Installer Signature:					
Position Title:												
Company:												
Mailing Address:												
City, State, Zip:												