APPENDIX 3-D

DOH FORM # 1

NOTIFICATION FOR UNDERGROUND STORAGE TANKS

NOTIFICATION FOR UNDERGROUND STORAGE TANKS Form No. I (date)

Solid and Hazardous Waste Branch, 919 Ala Moana Blvd., Room 212, Honolulu, Hawaii 96814

REASON FOR NOTIFICATION (Check all that apply)

___ New Notification ___ Change of Owner ___ Change of Operator ___ UST Closure (temporary & permanent)
___ Modification. Specify_____ Other: _____

STATE USE ONLY

Facility ID Number _____ Date Received _____
Date Entered into Computer _____ Data Entry Clerk Initials _____

Please type or print in ink all items except "signature" in sections XIII. This form must be completed for each location containing underground storage tanks. For tanks requiring a permit use Form #'s II and III.

I. LOCATION OF TANKS(S)

_____
Facility Name or Company Site identifiers, as applicable Location Contact

_____
Location Address (P.O. Box not acceptable) Location Phone # (w/ area code) Fax # (w/ area code)

_____ ____ ____ ____ ____ ____
City State Zip Code Island Tax Map Key #

II. CONTACT PERSON IN CHARGE OF TANK(S)

_____
Name Job Title Address

_____
Phone # (with area code) Fax # (with area code)

III. OWNER OF TANK(S) (If same as Section I, check here ___)

_____
Owner Name (Corporation, Individual, Public Agency, or Other Entity)

_____
Mailing Address

_____ _____
City State Zip Code Phone # (w/ area code) Fax # (w/ area code)

IV. OPERATOR OF TANK(S) (If same as Section I, check here ___)

_____
Operator Name (Corporation, Individual, Public Agency, or Other Entity

_____
Mailing Address

_____
City State Zip Code Phone # (w/ area code) Fax # (w/ area code)

V. TYPE OF OWNER

___ Federal Government--Military ___ Federal Government--Non-Military ___ State Government
___ Local Government ___ Marketer ___ Non-Marketer

VI. TYPE OF FACILITY (Select the appropriate facility description)

___ Airline ___ Auto Dealership ___ Baseyard ___ Car Rental ___ Cleaner/Laundromat ___ Communication Sites
___ Contractor ___ Farm ___ Fire Station ___ Gas Station ___ Golf Course ___ Hospital
___ Petroleum Distributor ___ Police Station ___ Residential ___ Resort/Hotel ___ School
___ Service Centers/Auto Repair/Maintenance ___ Trucking/Transporter ___ Utilities
___ Wastewater Treatment Plants ___ Wholesaler/Retailer ___ Other (Explain) _____

VII. FINANCIAL RESPONSIBILITY (Check all that apply)

___ Self Insurance ___ Commercial Insurance ___ Risk Retention Group ___ Guarantee ___ Surety Bond

___ Letter of Credit ___ Trust Fund ___ Exempt: State or Federal Agency

___Other Method Allowed (Specify) _____

VIII. DESCRIPTION OF TANK(S) (Complete for each at this location)

Tank Number	Tank No. __	Tank No. __	Tank No. __	Tank No. __	Tank No. __
1. Status of Tank (Mark only one)					
A. Currently in Use					
B. Temporarily Out of Use (Also complete Section IX)					
C. Permanently Out of Use (Also complete Section IX)					
2.A. Date of Installation (mo./year)					
B. Date of Activity (Modification, Change in owner, etc.) (mo./day/year)					
3. Estimated Total Capacity (gallons)					
4. Substance Currently or Last Stored in Greatest Quantity by Volume					
A. Gasoline					
B. Diesel					
C. Gasohol					
D. Kerosene					
E. Used Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					
H. Mixture of Substances, Please specify					
I. Other, Please specify					
5. Substance Compatible with Tank and Piping (Y/N)					
6. Tank (Mark all that apply)					
A. Primary Containment Material or Single Walled Tank					
i. Fiberglass reinforced plastic (FRP)					
ii. Steel					
iii. Other, Please specify					
B. Secondary Containment Material					
i. Double walled					

a. FRP					
b. Steel					
c. Other, Please specify					
ii. Other secondary containment					
a. FRP					
b. Other, Please specify					
iii. None					
C. Corrosion Protection (except FRP tanks)					
i. Fiberglass coated steel					
ii. Double walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, Please specify					
vii. None					
7. Piping (Mark all that apply)					
A. Primary Containment Material or Single Walled Piping					
i. Rigid fiberglass					
ii. Flex piping					
iii. Steel					
iv. Other					
B. Type of Secondary Containment					
i. Lined trench					
ii. Rigid double walled piping					
iii. Flex double walled piping					
iv. Other					
v. None					
C. Corrosion Protection (except FRP piping)					
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					

iv. Corrosion expert determination										
v. Other, Please specify										
vi. None										
8. Method of Product Dispensing										
A. Suction										
B. Safe Suction										
C. Pressure										
D. Not Applicable										
9. Spill and Overfill Protection										
A. Overfill device installed										
i. Automatic shutoff device										
ii. Overfill alarm										
iii. Ball float valve										
B. Spill device installed										
10. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging		NA		NA		NA		NA		NA
B. Tank tightness testing		NA		NA		NA		NA		NA
C. Inventory controls		NA		NA		NA		NA		NA
D. Automatic tank gauging		NA		NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line lead detectors										
J. Line tightness testing	NA		NA		NA		NA		NA	
K. Other method approved by the department. Please specify										
11. Tank or Pipe Repaired (Y/N)										
A. Date										
B. Description of repair										

IX. TANK(S) OUT OF USE OR CHANGE IN SERVICE

Tank Number	Tank No. __	Tank No. __	Tank No. __	Tank No. __	Tank No. __
1. Closing of Tank A. Estimated date last used (mo./day/year)					
B. Estimated date tank closed (mo./day/year)					
C. Tank was removed from ground					
D. Tank was closed in ground					
E. Tank filled with inert material Describe					
F. Change in service					
2. Site Assessment Completed (Y/N)					
3. Evidence of a Leak Detected (Y/N)					

X. FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:
A. The property boundaries of the facility;
B. Identification of streets, roads and nearby bodies of water;
C. Identification of nearby facilities;
D. Tax Map Key (TMK) Numbers;
E. Location of buildings at the facility;
F. The approximate dimensions of the property boundaries and major buildings;
G. Location of all USTs (identified by number consistent with the tank numbers in Sections VIII - IX), dispenser pumps, and associated pipings; and
H. Indication of North/South direction.

XI. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

XII. CERTIFICATION OF COMPLIANCE FOR MODIFIED TANKS (Complete for each at this location)

Tank Number	Tank No. __	Tank No. __	Tank No. __	Tank No. __	Tank No. __
1. Installation					
A. Installation certified by tank and piping manufacturers					
B. Installation inspected by a registered engineer					
C. Installation inspected and approved by the department					
D. Manufacturer's installation checklists have been completed and documented					
E. Another method allowed by the department. Please specify					

XIII. 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 (Print or Type) Official Title

_____

Signature Date Signed

Status of Signatory (Mark as appropriate)--

1. Corporation: ___ principal executive officer
   ___ duly authorized representative
2. Partnership: ___ general partner
3. Sole proprietorship: ___ proprietor
4. Government entity: ___ principal executive officer
   ___ ranking elected official
   ___ duly authorized employee