

SOLID AND HAZARDOUS WASTE BRANCH

Underground Storage Tank Program

2827 Waimano Home Road #100 • Pearl City, Hawaii 96782

Phone: 808 - 586- 4226 • Fax: 808-586-7509 • <http://www.hawaii.gov/health/environmental/waste/ust>

NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Solid and Hazardous Waste Branch
Underground Storage Tank Program
2827 Waimano Home Road #100
Pearl City, Hawaii 96782

Facility ID Number: _____

Permit Number: _____

Type of Notification/s: (Check all that apply)

- UST Status Change (temporary or permanent closure or return to use)
- Change in Piping
- Change in Spill and/or Overfill Prevention Method
- Change in Release Detection Method
- Change in Financial Responsibility Mechanism
- Other: _____

Date Activity Occurred: _____

State Use Only

Date received: _____

Date Entered into Computer: _____

Data Clerk's Initials: _____

Comments: _____

I. LOCATION OF TANK(S)

Facility Name or Company Site identifiers Location Contact Person

Location Address (P.O. Box not acceptable) City State Zip Code Island Tax Map Key #

Location Phone # (w/ area code) Location Fax # (w/ area code)

II. CONTACT PERSON IN CHARGE OF TANK(S)

Name Job / Position Title

Mailing Address City State Zip Code

Phone # (w/ area code) Fax # (w/ area code) E-mail Address

III. OWNER OF TANK(S)

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

Mailing Address _____ City _____ State _____ Zip Code _____

Phone # (w/ area code) _____ Fax # (w/ area code) _____ E-mail Address _____

IV. OPERATOR OF TANK(S) (if same as Section III, 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) _____ E-mail Address _____

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

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

VI. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|----------------------------------|------------------|--------------------------------------|
| Commercial Insurance | Letter of Credit | Local Government Bond Rating Test |
| Financial Test of Self Insurance | Surety Bond | Other Method Allowed (Specify) _____ |
| Guarantee | Trust Fund | Exempt: State or Federal Agency |

Checking one or more of the above boxes attests to the fact that the financial responsibility requirements in subchapter 8 of chapter 11-280.1, Hawaii Administrative Rules, are met using the selected mechanism(s) as of the date of the certification below.

VII. 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 and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections IX and X), and associated pipings; and
- H. Indication of North/South direction.

VIII. 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

IX. DESCRIPTION OF TANK(S) (Complete for each tank 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 XI)					
C. Permanently Out of Use (Also complete Section XI)					
2. Date of Installation (mo/year)					
3. Estimated Capacity (gallons)					
A. Compartmentalized? Yes/No					
Estimated compartment capacity (gallons)					
B. Manifolder? Yes/No					
4. Substance Currently or Last Stored in Greatest Quantity by Volume					
A. Gasoline (Specify product grade)					
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade					
D. Kerosene					

Tank Number	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____
E. Used Oil/Waste 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? Yes/No					
6. Tank (Mark all that apply)					
A. Manufacturer and Model					
B. Underwriters Laboratory No.					
C. Primary Containment Material or Single-Walled Tank					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
iv. None					
E. Corrosion Protection (except fiberglass reinforced plastic 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.					
7. Piping					
A. Manufacturer and Model					
B. Underwriters Laboratory No.					

Tank Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
C. Primary Containment Material or Single-Walled Piping					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel					
iv. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Lined trench					
iv. Other, please specify.					
v. None					
E. Corrosion Protection (except fiberglass reinforced plastic piping)					
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, please specify.					
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure					
D. Not Applicable					
9. Spill prevention equipment					
A. Manufacturer and Model					
B. Capacity (gallons)					
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model					
B. Overfill alarm Make and Model					
C. Ball float valve Make and Model					

Tank Number	Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
11. 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 control		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 leak detectors (Yes/No) If YES , specify type.	NA		NA		NA		NA		NA	
J. Line tightness testing	NA		NA		NA		NA		NA	
K. Other method approved by the Department. Please specify										

X. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT
(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

XI. 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)					

XII. CERTIFICATION OF COMPLIANCE FOR REPAIRS (Complete for each tank at this location)

Tank Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
A. Date Repaired					
B. Provide description of repair along with the Tank Number (Attach additional sheet if necessary.)					
C. Select one of the following:					
i. Installation certified by tank and piping manufacturers					
ii. Installation inspected by a registered engineer.					
iii. Manufacturer's installation checklists have been completed and documented					
iv. 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.

Print or Type Name of owner or owner's authorized representative

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