

# 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 • <https://health.hawaii.gov/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

DOH Facility ID Number: \_\_\_\_\_

Current 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
- Change in product dispensing method, dispenser system, under dispenser containment
- Change in type of regulated substance stored
- Other: \_\_\_\_\_

Date Activity Occurred: \_\_\_\_\_

#### State Use Only

Date Notification Received: \_\_\_\_\_

Date Entered into Computer: \_\_\_\_\_

Data Clerk's Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 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 #1 (w/ area code) \_\_\_\_\_ Location Phone #2, if any (w/ area code) \_\_\_\_\_ Location Fax, if any (w/ area code) \_\_\_\_\_

### Section II: OWNER OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity) \_\_\_\_\_ Name of Owner or Owner's Authorized Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (w/ area code) \_\_\_\_\_ Alternative Phone Number (w/ area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Section III: OPERATOR OF TANK(S)**  
 (if the same as Section II, check here  )

Operator Name (Corporation, Individual, Public Agency, or Other Entity) \_\_\_\_\_ Name of Operator or Operator's Authorized Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (w/ area code) \_\_\_\_\_ Alternative Phone Number (w/ area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Section IV: CONTACT PERSON IN CHARGE OF TANK(S)**

Name \_\_\_\_\_ Company Name \_\_\_\_\_ Job/Position Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (w/ area code) \_\_\_\_\_ Alternative Phone Number (w/ area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Section V: TYPE OF FACILITY (Select the appropriate facility description)**

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

**Section VI: FINANCIAL RESPONSIBILITY (Check all that apply)**

|                          |                                  |                          |                  |                          |                                     |
|--------------------------|----------------------------------|--------------------------|------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Commercial Insurance             | <input type="checkbox"/> | Letter of Credit | <input type="checkbox"/> | Local Government Bond Rating Test   |
| <input type="checkbox"/> | Financial Test of Self Insurance | <input type="checkbox"/> | Surety Bond      | <input type="checkbox"/> | Other Method Allowed (specify):     |
| <input type="checkbox"/> | Guarantee                        | <input type="checkbox"/> | Trust Fund       | <input type="checkbox"/> | Exempt: State Agency 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.**

## Section VII: LOCATION MAP AND FACILITY DRAWING

1. Include a map showing the location of the tank(s) 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.

2. 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 UST(s) and dispenser system(s) (identified by number/s consistent with the tank & dispenser system numbers in Sections VIII and IX), and associated pipings; and |
|  | H. Indication of North/South direction.   |

## Section VIII: DESCRIPTION OF EXISTING TANK(S) OR TANK SYSTEM(S) (Complete for each tank at this location)

| Tank Number  | Tank No. ____ |
|--|---------------|---------------|---------------|---------------|---------------|
| 1. Status of Tank (Mark only one)                                    |               |               |               |               |               |
| A. Currently in Use  |               |               |               |               |               |
| B. Temporarily Out of Use<br>(Also, complete Section X)              |               |               |               |               |               |
| C. Permanently Out of Use<br>(Also, complete Section X)              |               |               |               |               |               |
| 2. Date of Installation (mm/yyyy)                                    |               |               |               |               |               |
| 3. Estimated Total Capacity of Tank (gallons)                        |               |               |               |               |               |
| A. Compartmentalized? <b>Yes/No</b>                                  |               |               |               |               |               |
| Estimated Compartment Capacity<br>(gallons)                          |               |               |               |               |               |
| B. Tanks Manifolder? <b>Yes/No</b>                                   |               |               |               |               |               |
| 4. Substance Currently or Last Stored in Greatest Quantity by Volume |               |               |               |               |               |
| A. Gasoline, specify product grade                                   |               |               |               |               |               |
| B. Diesel  |               |               |               |               |               |
| C. Gasohol (Including ethanol blends),<br>specify product grade      |               |               |               |               |               |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| D. Kerosene   |  |  |  |  |  |
| E. Used Oil/Waste Oil   |  |  |  |  |  |
| F. JP-4   |  |  |  |  |  |
| G. Non-Petroleum Hazardous Substance<br>(CERCLA name and/or CAS #)  |  |  |  |  |  |
| H. Mixture of Substances, please specify  |  |  |  |  |  |
| I. Other, please specify.   |  |  |  |  |  |
| 5. Substance Compatible with Tank & Piping?<br><b>Yes/No</b>  |  |  |  |  |  |
| 6. Tank Description (Mark all that apply)   |  |  |  |  |  |
| A. Manufacturer and Model   |  |  |  |  |  |
| i. Is this a co-structural tank? If <b>yes</b> ,<br>specify original tank manufacturer,<br>make and model |  |  |  |  |  |
| ii. Is this a structural tank? If <b>yes</b> ,<br>specify original tank manufacturer,<br>make and model   |  |  |  |  |  |
| iii. Other, please specify  |  |  |  |  |  |
| B. Underwriters Laboratory (UL) Number.   |  |  |  |  |  |
| C. Primary Containment Material (Mark only one)   |  |  |  |  |  |
| i. Fiberglass reinforced plastic  |  |  |  |  |  |
| ii. Steel   |  |  |  |  |  |
| iii. Other, please specify.   |  |  |  |  |  |
| D. Secondary Containment Material (Mark only one)   |  |  |  |  |  |
| 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 Description   |  |  |  |  |  |
| A. Manufacturer and Model   |  |  |  |  |  |
| B. Underwriters Laboratory (UL) Number                                |  |  |  |  |  |
| C. Primary Containment Material (Mark only one)                       |  |  |  |  |  |
| i. Fiberglass reinforced plastic                                      |  |  |  |  |  |
| ii. Flex piping   |  |  |  |  |  |
| iii. Steel  |  |  |  |  |  |
| iv. Other, please specify.  |  |  |  |  |  |
| D. Secondary Containment Material (Mark only one)                     |  |  |  |  |  |
| 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 (Mark only one)                       |  |  |  |  |  |
| 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. Estimated Capacity (gallons)                                       |  |  |  |  |  |
| 10. Overfill Prevention Equipment (Mark all that apply)               |  |  |  |  |  |
| A. Automatic shutoff device (flapper)<br>Make and Model               |  |  |  |  |  |
| B. Overfill alarm<br>Make and Model                                   |  |  |  |  |  |
| C. Ball float valve<br>Make and Model                                 |  |  |  |  |  |

| 11. Release Detection (Mark all that apply)  | TANK | PIPE |
|--|------|------|------|------|------|------|------|------|------|------|
| A. Manual tank gauging   |      | NA   |
| B. Tank Tightness Testing  |      | NA   |
| C. Inventory Control   |      | NA   |
| D. Automatic tank gauging  |      | NA   |
| E. Vapor monitoring  |      |      |      |      |      |      |      |      |      |      |
| F. Groundwater monitoring  |      |      |      |      |      |      |      |      |      |      |
| G. Interstitial monitoring   |      |      |      |      |      |      |      |      |      |      |
| H. Statistical inventory reconciliation  |      |      |      |      |      |      |      |      |      |      |
| I. Automatic line leak detectors ( <b>Yes/No</b> )<br>If <b>YES</b> ,<br>Specify type (mechanical or electronic) | NA   |      |
| J. Line tightness testing  | NA   |      |
| K. Other method approved by the Department. Please specify   |      |      |      |      |      |      |      |      |      |      |

**Section IX: DESCRIPTION OF DISPENSER/S AND UNDER DISPENSER CONTAINMENT/S**  
(Attach additional sheet if necessary)

| Dispenser Unit # | Dispenser Unit Manufacturer, Make or Model | Dispenser Unit Serial # | Dispenser System Installation Date<br>(Provide <b>ONLY</b> if installation was on or after 8/9/2013) | Under Dispenser Containment (UDC) Installed (Yes/No?) |
|------------------|--|-------------------------|--|---|
| 1                |  |                         |  |   |
| 2                |  |                         |  |   |
| 3                |  |                         |  |   |
| 4                |  |                         |  |   |
| 5                |  |                         |  |   |
| 6                |  |                         |  |   |
| 7                |  |                         |  |   |
| 8                |  |                         |  |   |
| 9                |  |                         |  |   |
| 10               |  |                         |  |   |
| 11               |  |                         |  |   |
| 12               |  |                         |  |   |

**Section X: TANK(S) OUT OF USE OR CHANGE IN SERVICE**

| Tank Number                                    | 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 place                    |              |              |              |              |              |
| E. Tank filled with inert material<br>Describe |              |              |              |              |              |
| F. Change in service                           |              |              |              |              |              |
| 2. Site Assessment Completed, <b>Yes/No</b>    |              |              |              |              |              |
| 3. Evidence of a Leak Detected, <b>Yes/No</b>  |              |              |              |              |              |

**Section XI: CERTIFICATION OF COMPLIANCE FOR REPAIRS**  
(Complete for each tank at this location)

| Tank Number  | Tank No.____ |
|--|--------------|--------------|--------------|--------------|--------------|
| 1. Date Repaired   |              |              |              |              |              |
| 2. Provide description of repair along with the Tank Number (attach additional sheet if necessary) |              |              |              |              |              |
| 3. Select one of the following:  |              |              |              |              |              |
| A. Installation certified by tank and piping manufacturer  |              |              |              |              |              |
| B. Installation inspected by a registered engineer   |              |              |              |              |              |
| C. Manufacturer's installation checklists have been completed and documented                       |              |              |              |              |              |
| D. Another method allowed by the Department, please specify  |              |              |              |              |              |

**Section XII: OPERATOR'S 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 Name of Operator or Operator'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  
    duly authorized employee

**Section XIII: OWNER'S 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 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  
    duly authorized employee