

UST ten-day advance notice

Underground Storage Tanks (UST) Program
Installation, closure, lining inspection, tanks, piping, dispensers

Doc Type: Advance Notices

Notify the Minnesota Pollution Control Agency (MPCA) **at least ten days prior** to start of activity. Keep a copy for your records.

Use this form for:

- Installation or replacement of tank, piping, or dispensers
- Change to storage of nonregulated substance
- Permanent tank closure
- Inspection of internal lining

Submittal: To submit this form, save the form to your computer and send to the MPCA by using the submit button at the end of the form, or attach the form to an email message, using "Ten-day notice" as the subject line to undergroundtanks.pca@state.mn.us.
All questions with an asterisk(*) are required fields.

Person giving notice

Name: _____ Phone: _____ *Start date: _____
If date changes by more than 48 hours, you must re-notify.

Site information

*Site name: _____ Site # (if known): _____
*Address: _____
*City: _____ State: MN Zip code: _____ County: _____

Owner information

*Name: _____
*Address: _____
*City: _____ State: _____ Zip code: _____
*Contact name: _____ *Phone: _____

Action

Tank #						
Substance						
Capacity						
Tank type						
Piping type						
Double-walled? Is all new equipment secondarily contained? (tank, piping, dispensers, submersible pump)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Install new tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install new piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install new tank and piping						
Install new dispenser(s) (How many: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to nonregulated substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect internal lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor information

*Contractor name: _____ Certification #: _____
*Supervisor name: _____ Certification #: _____
Comments: _____