Instructions for State Form 45223 (R6 / 6-18)

Notification for Underground Storage Tanks

July 2018

This Notification for Underground Storage Tanks form should be filled out for a location that has been previously registered with IDEM and has been assigned a Facility ID number. If the location has not been registered with IDEM and has not been assigned a Facility ID number, the appropriate form to record a new UST facility is the Initial Registration for Underground Storage Tanks, State Form 56548.

Please fill out each section fully unless specified below, even if the UST Owner, UST Operator, and Property Owner are the same entities. The sections shall be completed fully with the entity information and “Same as” will not be accepted. If any required portions of this form are not filled out, the form will be rejected.

Facility ID Number:

List the Facility ID number that is assigned to the UST facility. If the UST Facility ID number is unknown, then leave blank.

Owner ID Number:

Enter the UST Owner ID number that is assigned to the company or individual who is the UST Owner at the facility. If the UST Owner ID number is unknown or one has not yet been assigned, then leave blank.

A. Type of Notification

Check all boxes that apply to this notification that will be submitted. If this notification is to notify of a change of UST Owner, Property Owner, and/or UST Operator, then check the appropriate information change box. If there has been a change to USTs already registered with IDEM, then check “UST Information Modification”. If there have been new USTs installed at the facility, then check “Other:” and indicate in the box that there are new USTs and how many. If “Other:” is marked for another reason, then indicate type in the box.

B. Facility Name / Location

List the current name of the business, the full 911 address, and telephone number for the facility. The parcel number is required and is available on the property report card or the county assessor’s office can be contacted for the information. IDEM requires the geographic location of the facility in Latitude/Longitude - Decimal Degrees (to six significant digits). Example: Latitude: 39.769063, Longitude: -86.164815.

C. Contact at UST Facility

Enter the name, job title, telephone number, and e-mail address for the person who should be contacted at the facility.
D. Type of Facility

Check all the boxes that apply to this facility. If “Other:”, indicate the type in the box.

E. UST Owner

List the company or individual that is the UST Owner. If a company is the UST Owner, then the company’s federal tax ID is required to be listed. If an individual is the UST Owner, then the last four digits of the individual’s social security number is required to be listed. Information provided for a company must be the same information registered with the Indiana Secretary of State. The physical address must be the same as the principal address with the Secretary of State. The mailing address may be a different address than the physical/principal address.

The effective date of ownership is the date the company or individual took ownership of the USTs only. If the UST Owner is the same as the Property Owner, then the effective date of ownership in this section could be the same date on the most recent real estate transfer paperwork or the deed itself. If the UST Owner is different than the Property Owner, then a copy of the complete UST purchase agreement or other documentation of sale/purchase is required to be submitted as proof of ownership and the effective date of ownership would be the date the UST purchase agreement/other documentation took effect. Under the definition of UST “Owner” (IC 13-11-2-150), the property owner and the entity that purchased the USTs from the property owner are both considered owners of the USTs.

Corporations, individuals, public agencies or other entities are types of owners and the liability for any release or issue at the site will be determined based on the documentation submitted and/or other documentation made available to the agency. If an individual is listed in this form, but the supporting documentation indicates XYZ Corporation is the UST Owner, the form will need to be corrected. The converse is also true, if XYZ Corporation is listed in this form, but the supporting documentation indicates John Doe is the UST owner, the form will need to be corrected. John Doe may be the correct individual to sign the UST owner certification for XYZ Corporation, if he has the authority to bind XYZ Corporation.

F. Type of Owner

Check the applicable box for the type of UST Owner. If “Other”, indicate type in the box. For example, if the owner is an individual, select “Other” and enter “individual” in the space provided.

G. UST Operator

List the company or individual that is the UST Operator. Information provided for a company must be the same information registered with the Indiana Secretary of State. The physical address must be the same as the principal address with the Secretary of State. The mailing address may be a different address than the physical/principal address. If the UST Operator is different than the UST Owner or Property Owner, then a copy of the complete lease or other agreement is required to be submitted as proof and the “Date Began Operating” would be the date the lease or agreement became effective.
Corporations, individuals, public agencies or other entities are types of operators. If an individual is listed in this form, but the supporting documentation indicates XYZ Corporation is the UST Operator, the form will need to be corrected. The converse is also true, if XYZ Corporation is listed in this form, but the supporting documentation indicates John Doe is the UST Operator, the form will need to be corrected. John Doe may be the correct individual to sign the UST Operator certification for XYZ Corporation, if he has the authority to bind XYZ Corporation.

H. Property Owner

List the company or individual that is the Property Owner. Information provided for a company must be the same information registered with the Indiana Secretary of State. The physical address must be the same as the principal address with the Secretary of State. The mailing address may be a different address than the physical/principal address.

The Property Owner is typically the same entity that is named on the deed of the property. However, for facilities being purchased on a land contract, once executed, the buyer/lessee may be consider the property owner for the purpose of registering the USTs, unless the contract specifies otherwise. If there is a land contract, a complete copy is required to be submitted and the effective date of ownership would be the date when the land contract was executed. If there is no land contract, the effective date of ownership for the property owner will be the date on the deed and a complete copy of the deed is required to be submitted.

I. Potentially Interested Parties

This section is optional. The intent is to allow UST Owners, UST Operators, and Property Owners a place to put interested parties, such as additional contacts at the company or contacts at an environmental consulting firm. These e-mail addresses will be utilized, along with the others, to send out notices of deficiency or to respond to inquiries to IDEM about this site.

J. Financial Responsibility

Check all the boxes that apply to this facility. You must check the Excess Liability Trust Fund (ELTF) for IDEM to issue a Certificate of Financial Assurance (COFA). Failure to notify IDEM of your intent to use the ELTF and the resulting lack of a COFA may result in referral to enforcement for failure to provide proof of Financial Responsibility and/or a future release not being ELTF eligible.

If the ELTF option is not checked and another financial responsibility mechanism is selected, then documentation of the financial responsibility mechanism must be submitted.

K. UST Owner Certification

List the UST Owner’s authorized representative name, title and company name (if the UST owner is not an individual). The authorized representative must sign and date their signature. Electronic signatures are accepted and original wet ink signatures are not required. If the UST owner is an individual and not a company, then the driver’s license number of the individual must be included.
L. UST Operator Certification

List the UST Operator’s authorized representative name, title and company name (if the UST operator is not an individual). The authorized representative must sign and date their signature. Electronic signatures are accepted and original wet ink signatures are not required. If the operator is an individual and not a company, then the driver’s license number of the individual must be included.

M. Contractor Compliance Certification

This section is optional if no work has been performed. If there is any work to the UST system that is specific to changes notified in this form, then complete this section. List the certified individual Contractor/Consultant’s name who performed work on the UST system, company name the individual works for, and the individuals Indiana Department of Homeland Security/Division of Fire and Building Safety certification number. Have the certified Contractor/Consultant sign and then date their signature. Electronic signatures are accepted and original wet ink signatures are not required. As-built plans are required for the installation of new UST systems.

N. Facility Site Map

In the space provided, sketch the facility to approximate scale and include the following: UST location with accurate orientation (label the USTs with sizes and type of product stored), UST fill port locations, STP sump locations, vapor recovery port locations, any other manway/access point of the USTs, piping lines leading from the USTs to the dispensers, vent pipes, dispenser islands (labeled with numbers), buildings, any streets bordering the property with labels, and any other landmarks. Show north if direction is known. If more space is needed, an additional sheet may be attached to include the site map. Alternatively, an attached electronically created map or a site map provided from the Consultant/Contractor is acceptable.

O. Attributes of Underground Storage Tank

This section is for the attributes of a single UST system, which includes connected underground piping, underground ancillary equipment, and containment system. If more than one UST system is being registered, an additional Section O will have to be filled out for each UST system.

The Owner Specified UST Number is the number specified by the Owner relating to each individual UST and the order the UST will be registered in the IDEM system. Tank manufacturer and model number is required of all new UST systems. IDEM requires the geographic location of the UST fill port in Latitude/Longitude - Decimal Degrees (to six significant digits). Example: Latitude: 39.769063, Longitude: -86.164815.

Status of Tank- Check one box for the status of the UST system. List the date of installation, which is the date when the UST was put in the ground. For currently in use systems, list the date brought
into use, which is the date the UST first has regulated product placed within it. For temporarily out of use systems, list the date last used.

**UST Construction Material**- Check all boxes that apply. A Steel Clad (with Fiberglass Jacket) UST is one that has a fiberglass coating that is thick enough that it does not require corrosion protection. You must indicate if the product stored in the UST is compatible with the UST construction material. All UST systems installed after September 2, 2009 are required to have secondary containment for the UST system. If new, it must be indicated if the UST system is double-walled or if it uses another form of secondary containment.

**Piping Delivery Method**- Must check only one box. If “N/A” is checked, then indicate the reasoning in the box. European suction is also known as “safe suction”.

**Release Detection**- Select at least one option for tank and piping release detection. All new UST systems are required to perform interstitial monitoring for tanks and piping. If multiple forms of release detection are utilized, then select all that apply. If this UST system is using a method not listed then select “Other:” and indicate in the box the method being used. For each option selected, list the manufacturer and model of the equipment being used as applicable. If a third party certified company is being used as part of the release detection method, list the company in the manufacturer and model box.

**UST Corrosion Protection**- If the UST system is steel, then a form of corrosion protection must be selected. A Steel Clad (with Fiberglass Jacket) UST is one that has a fiberglass coating that is thick enough that it does not require corrosion protection. Check all that apply and list the date of installation for each option. If “Other:” is selected then the method of corrosion protection should be indicated in the box. The date of installation is the date the corrosion protection system was installed. Interior lining date of installation should be the date the full liner was installed and not the date of last repair or inspection. For sacrificial anodes (galvanic) and impressed current, it is the date the anodes were installed and not the date of last inspection.

**Containment Sumps**- Check all that apply. For any options checked, the manufacturer and model should be included. If “Other:” is selected then the type of containment sump should be indicated in the box. “Number of Sumps for this Tank” should list the number of sumps for the UST (STP sumps, manifolded piping sump, etc.) and does not include the under dispenser containment sumps.

**Substance Currently Stored in UST**- If the UST is NOT compartmented, then complete the C-1 column only. If the UST is compartmented, then list each compartment in a new column with the individual characteristics of the compartment indicated for the rest of the form.

**Substance**- List the three letter/number code for the substance that is contained in the UST. List only one code per compartment (column) unless the UST/compartment holds another substance for part of the year. (List the substance code followed by a comma and the next substance code)
Capacity (in gallons) - List the capacity of the UST or compartment. If multiple compartments, then each column should have that compartment size and the overall tank size should not be indicated.

Max Ethanol % - If the UST contains any ethanol, then the percentage of ethanol is required to be listed. This should be the maximum percent of ethanol that is ever contained. (i.e. the UST sometimes contains 20%, but majority of the time contains 15% then the maximum percent should be 20%)

Max Biodiesel % - If the UST contains any biodiesel, then the percentage of biodiesel is required to be listed. This should be the maximum percent of biodiesel that is ever contained. (i.e. the UST sometimes contains 20%, but majority of the time contains 5% then the maximum percent should be 20%)

Spill and Overfill Protection - For each of the five methods of spill and overfill protection, if the method is being used then list the manufacturer and model. Not all methods are required to be used and only the methods being used should have a manufacturer and model. For “Auto Shutoff (fill pipe)”, “Flow Restrictor”, and “Other:” the type should also be listed along with the manufacturer and model.

Piping - The required parts to be completed are “Piping Installation Dates”, “Piping Manufacturer and Model”, and “Pipe Sealant/Adhesive Manufacturer and Model”. If flexible connectors are being used, then the manufacturer and model need to be listed. If submersible turbine pumps are being used, then a manufacturer and model need to be listed.

Piping Construction - Check all that apply. If “Other:” is selected, then the type must be indicated in the box.