

Instructions for State Form 45223 (R8 / 1-19)**Notification for Underground Storage Tanks****May 2019**

This *Notification for Underground Storage Tanks* form should be completed 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 complete 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. IDEM has found that past forms completed with “same as” often caused confusion later when trying to determine eligible party information for access to the Excess Liability Trust Fund. If any required portions of this form are not completed, the form will be rejected.

Agency Interest ID Number:

Enter the Agency Interest ID number that is assigned to this location. If the Agency Interest ID number is unknown or one has not yet been assigned, then leave blank.

Facility ID Number:

Enter the Facility ID number that is assigned to this location.

Owner Entity Number:

Enter the UST Owner Entity Number that is assigned to the company or individual who is the UST Owner at the facility. If the UST Owner Entity 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

Enter the current name of the business, the full 911 address, and telephone number for the facility. The parcel number is required and may be found on the property report or property card available on most county assessor websites, 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. Geographic coordinates may be determined using 1) online mapping applications, 2) handheld GPS receivers, 3) mobile apps for smartphones and tablets with GPS capability or 4) traditional surveying methods.

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

Enter the company or individual that is the UST Owner. Information provided for a company must be the same information registered with the Indiana Secretary of State. The Owner's address on the form must be the same as the Owner's principal address on file with the Secretary of State.

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 an entity that purchased only the USTs are both considered owners of the USTs. The UST Owner is listed in this section and the Property Owner is listed on Page 2.

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 as the UST Owner 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 as UST Owner in this form, but the supporting documentation indicates John Doe is the UST Owner, the form will need to be corrected. An individual with proper authority must sign the form for a business entity, but the business entity remains the UST Owner, not the individual signing for it.

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

Enter 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 Operator’s address on the form must be the same as the Operator’s principal address on file with the Secretary of State. 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 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 as UST Operator 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 as UST Operator in this form, but the supporting documentation indicates John Doe is the UST Operator, the form will need to be corrected. An individual with proper authority must sign the form for a business entity, but the business entity remains the UST Operator, not the individual signing for it.

H. Property Owner

Enter 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 Property Owner’s address must be the same as the Property Owner’s principal address on file with the Secretary of State.

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 considered 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. Contractor & Certified Individual Compliance Certification

Enter the contractor or consultant business name, address and contact information that performed the work. Enter the certified individual who is authorized to verify the tank system work on the UST system, including installation, testing or other UST-related work complies with regulatory requirements, and the individual's Indiana Department of Homeland Security/Division of Fire and Building Safety certification number. The certified individual must sign and 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.

J. UST Owner Certification

Enter 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, the UST owner must sign the certification.

K. UST Operator Certification

Enter 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, the UST operator must sign the certification.

L. Potentially Interested Parties

This section **must** be completed to include the e-mail address of the registered agent for any company listed on this form that is registered with the Indiana Secretary of State. UST Owners, UST Operators, and Property Owners may also include other interested parties, such as additional contacts at the company or contacts at an environmental consulting firm. IDEM will use these e-mail addresses, along with the owners and operators identified in sections above, to send out notices of deficiency or to respond to inquiries about this site.

M. 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.

N. Facility Site Map

In the space provided, sketch the facility to approximate scale and include the following: current UST system configuration/ 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 with the above information 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 completed for each UST system. Copy Section O in its entirety for each subsequent 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. If you do not have the ability to collect an accurate geographic location of the UST fill port, you may re-use the latitude and longitude coordinates from the Facility.

Status of Tank- List the date of installation, which is the date when the UST was put in the ground. List the date brought into use, which is the date the UST first had regulated product placed within it. Both dates are required of new UST systems. Check the appropriate box: *Currently in Use* or *Temporarily Closed*.

UST Construction Material - Check all boxes that apply. A Steel Clad (with Fiberglass Jacket, sometimes also known as ACT 100 or Permatank) UST is one that has a fiberglass outer layer 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 or be double-walled for the UST system. It must be indicated if the UST system is double-walled or if it uses another form of secondary containment.

Release Detection- Select at least one option for tank and piping release detection. **All UST systems installed on or after September 2, 2009, 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 (i.e. Veeder Root TSL 350 for an ATG, etc.). 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 (This section only applies to steel USTs, not the piping) – If the UST system is steel, then a form of corrosion protection must be selected. A Steel Clad (with Fiberglass Jacket, sometimes known as ACT 100 or Permatank) UST is one that has a fiberglass outer layer that is thick enough that it does not require corrosion protection. If your UST is fiberglass or Steel Clad, you do not need to complete this section. Check all that apply and list the date of installation for each option. 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.

If “Other:” is selected then the method of corrosion protection should be indicated in the box.

Containment Sumps- Check all that apply. For any options checked, the manufacturer and model must 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.

Certification of Installation- At least one of the options must be checked for new installations. For new USTs systems, the option “Manufacturer’s installation Checklists Have Been Completed and Included” must be checked and the installation checklists must be provided. When the option “Installation Inspected by a Registered Engineer” is checked, then the registration ID of the engineer must be provided and the registration date. If “Work Inspected by Indiana Department of Homeland Security/Division of Fire and Building Safety” is checked, then the inspection date must be provided. If “Manufacturer’s Installation Checklists Have Been Completed and Included” is checked, then the installation checklists must be provided with the form submission. If “Installer Certified by Tank and Piping Manufacturer” is checked, then documentation of the certification from the manufacturer must be provided.

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 (only use the substance code as listed in this section)- 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. **Flow Restrictor (Ball Float) must be completely removed prior to installing another method of spill and overfill protection.** (Please include contractor verification of complete removal.) If you have an older system and do not know the actual manufacturer or model, just mark an "X" in the column. Any UST system installed on or after June 28, 2018, cannot utilize a ball float valve as a form of overfill protection.

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. (European Suction and American Suction do not use Submersible Turbine Pumps (STP), the pump is built within the dispenser.) For older UST systems, if you do not know the information, leave the boxes blank. It should also be noted that the installation date of the piping is not always the installation date of the USTs. If the piping was upgraded at one point, the installation date would be the date of the upgrade.

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”. (European Suction has only one check valve which is located near the pump. If the check valve is located on top of the tank, or within the tank (i.e. foot valve), the suction piping is known as American Suction.)

Piping Construction- Check all that apply. If “Other:” is selected, then the type must be indicated in the box. Please note, that all piping installed and/or replaced on or after September 2, 2009, must be double walled or have secondary containment. If the piping is made of steel, it must have a form of corrosion protection.

Document Submittal Guidelines

Submit form to the USTRegistration@idem.IN.gov

Subject line: Notification: FID # _____

Save Document: NF_FID(insertnumber)_ (yyyymmdd)

- File names for electronic documents must not include any symbols, i.e.:
 - exclamation point (!), pound symbol (#), dollar sign (\$), percent sign (%), ampersand (&), asterisk (*), single quote/apostrophe (') or double quotes ("), at symbol (@), slash (/) or backslash (\)

If a document is over 10MB, please mail a CD (no paper copies):

IDEM
OLQ – UST Branch
100 N Senate Ave, IGCN 1101
Indianapolis, IN 46204-2251

CD Label Guidelines:

Name of form & supporting documents. (Registration, Notification, Intent to Close or Closure)
Facility ID number
yyyymmdd