**APPENDIX I -** **NOTIFICATION FOR UNDERGROUND STORAGE TANKS PERMITS** Form 01 (Rev. 8/12)

Guam Environmental Protection Agency, Hazardous Waste Management Program,

P.O. Box 22439, GMF, Barrigada, Guam 96921

**REASON FOR NOTIFICATION (Check all that apply)**

\_\_\_ New Notification/Permit \_\_\_ Change of Owner \_\_\_ Change of Operator \_\_\_ UST Closure (temporary & permanent)

\_\_\_ Modification. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Please type or print in ink all items except "signature" in section XIII. This form must be completed for each location containing underground storage tanks.

**STATE USE ONLY**

**Facility Permit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Entered into Computer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data Entry Clerk Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. LOCATION OF TANKS(S)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility Name or Company Site identifiers, as applicable Location Contact**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location Address (P.O. Box not acceptable) Location Telephone # Fax #**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code**

**II. CONTACT PERSON IN CHARGE OF TANK(S)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Job Title Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone # Fax #**

**III. OWNER OF TANK(S) (If same as Section I, check here \_\_\_ )**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code Telephone # Fax #**

**IV. OPERATOR OF TANK(S) (If same as Section I, check here \_\_\_ )**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code Telephone # Fax #**

**V. TYPE OF OWNER**

\_\_\_ Federal Government--Military\_\_\_ Federal Government--Non-Military\_\_\_ State Government

\_\_\_ Local Government\_\_\_ Marketer\_\_\_ Non-Marketer

**VI. TYPE OF FACILITY (Select the appropriate facility description)**

\_\_\_ Airline \_\_\_ Auto Dealership \_\_\_ Car Rental \_\_\_ Cleaner/Laundromat \_\_\_ Communication Sites \_\_\_ Contractor \_\_\_ Farm \_\_\_ Gas Station \_\_\_ Golf Course \_\_\_ Hospital \_\_\_ Petroleum Distributor \_\_\_ Residential \_\_\_ Resort/Hotel \_\_\_ School

\_\_\_ Service Centers/Auto Maintenance \_\_\_ Trucking \_\_\_ Utilities \_\_\_ Wastewater Treatment Plants \_\_\_ Wholesaler/Retailer \_\_\_ Other (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VII. FINANCIAL RESPONSIBILITY (Check all that apply)**

\_\_\_ Self Insurance \_\_\_ Commercial Insurance \_\_\_ Risk Retention Group \_\_\_ Guarantee \_\_\_ Surety Bond

\_\_\_ Letter of Credit \_\_\_ Trust Fund \_\_\_ Exempt: State or Federal Agency \_\_\_Other Method Allowed (Specify)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VIII. DESCRIPTION OF TANK(S) (Complete for each 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 IX) |  |  |  |  |  |
|  C. Permanently Out of Use (Also complete Section IX) |  |  |  |  |  |
| 2. A. Date of Installation (mo/year) |  |  |  |  |  |
|  B. Date of activity (Modification,  Change in owner, etc.) (mo/year) |  |  |  |  |  |
| 3. Estimated Total Capacity (gallons) |  |  |  |  |  |
| 4. Substance Currently or Last Stored in Greatest Quantity by Volume |  |  |  |  |  |
|  A. Gasoline |  |  |  |  |  |
|  B. Diesel  |  |  |  |  |  |
|  C. Gasohol |  |  |  |  |  |
|  D. Kerosene |  |  |  |  |  |
|  E. Used Oil |  |  |  |  |  |
|  F. JP-4 |  |  |  |  |  |
| 1. Non-Petroleum Hazardous

 Substance (CERCLA name and/or CAS #) |  |  |  |  |  |
| 1. Mixture of Substances,

 Please specify |  |  |  |  |  |
| 1. Other, Please specify
 |  |  |  |  |  |
| 5. Substance Compatible with Tank and Piping (Y/N) |  |  |  |  |  |
| 6. Tank (Mark all that apply) |  |  |  |  |  |
|   A. Primary Containment Material or Single Walled Tank |  |  |  |  |  |
|  i. Fiberglass reinforced plastic (FRP) |  |  |  |  |  |
|   ii. Steel |  |  |  |  |  |
|   iii. Other, Please specify |  |  |  |  |  |
|  B. Secondary Containment Material |  |  |  |  |  |
|  i. Double walled |  |  |  |  |  |
|  a. FRP |  |  |  |  |  |
|  b. Steel |  |  |  |  |  |
|  c. Other, Please specify |  |  |  |  |  |
|  ii. None |  |  |  |  |  |
|  C. Corrosion Protection (except FRP 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 |  |  |  |  |  |
|  v. None  |  |  |  |  |  |
| 7. Piping (Mark all that apply) |  |  |  |  |  |
|  A. Primary Containment Material |  |  |  |  |  |
|  i. Rigid fiberglass |  |  |  |  |  |
|  ii. Flex piping |  |  |  |  |  |
|  iii. Steel |  |  |  |  |  |
|  Iv. Other |  |  |  |  |  |
|  B. Type of Secondary Containment |  |  |  |  |  |
|  i. Lined trench |  |  |  |  |  |
|  ii. Rigid double walled piping |  |  |  |  |  |
|  iii. Flex double walled piping |  |  |  |  |  |
|  iv. Other |  |  |  |  |  |
|  v. None |  |  |  |  |  |
|  C. Corrosion Protection (except  FRP piping) |  |  |  |  |  |
|  i. Fiberglass coated steel |  |  |  |  |  |
|  ii. Impressed current system |  |  |  |  |  |
|  iii. Sacrificial anode system |  |  |  |  |  |
|  iv. Corrosion expert  determination |  |  |  |  |  |
|  v. Other, Please specify |  |  |  |  |  |
|  vi. None |  |  |  |  |  |
| 8.Method of Product Dispensing |  |  |  |  |  |
|  A. Suction |  |  |  |  |  |
|  B. Safe Suction |  |  |  |  |  |
|  C. Pressure |  |  |  |  |  |
|  D. Not applicable |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9. Spill and Overfill Prevention |  |  |  |  |  |
|  A. Overfill device installed |  |  |  |  |  |
|  i. Automatic shutoff device |  |  |  |  |  |
|  ii. Overfill alarm |  |  |  |  |  |
|  iii. Ball float valve |  |  |  |  |  |
|  B. Spill device installed |  |  |  |  |  |
| 10. 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 | NA |  | NA |  | NA |  | NA |  | NA |  |
|  J. Line tightness testing | NA |  | NA |  | NA |  | NA |  | NA |  |
|  K. Other method approved by the  Agency. Please specify |  |  |  |  |  |  |  |  |  |  |
| 11. Tank or Pipe Repaired (Y/N) |  |  |  |  |  |  |  |  |  |  |
|  A. Date |  |  |  |  |  |  |  |  |  |  |
|  B. Description of repair |  |  |  |  |  |  |  |  |  |  |

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

**IX. DESCRIPTION OF TANK(S) (Complete for each at this location)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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) |  |  |  |  |  |

**X. 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. Location of buildings at the facility;

E. The approximate dimensions of the property boundaries and major buildings;

F. Location of all USTs (identified by number consistent with the tank numbers in Sections VIII - IX), dispenser pumps, and

 associated pipings: and

G. Indication of North/South direction. NEW OR UPGRADED TANKS

XI. 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.

**XI. CERTIFICATION OF COMPLIANCE FOR MODIFIED TANKS (Complete for each at this location)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tank Number | Tank No. \_\_\_  | Tank No. \_\_\_ | Tank No. \_\_\_ | Tank No. \_\_\_ | Tank No. \_\_\_ |
| 1. Installation |  |  |  |  |  |
|  A. Installation certified by tank  and piping manufacturers |  |  |  |  |  |
|  B. Installation inspected by a registered engineer |  |  |  |  |  |
|  C. Installation inspected and approved by the Agency |  |  |  |  |  |
|  D. Manufacturer's installation  checklists have been completed and documented |  |  |  |  |  |
|  E. Another method allowed by the Agency. Please specify  |  |  |  |  |  |

**XII. 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.

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

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