

APPENDIX I - NOTIFICATION FOR UNDERGROUND STORAGE TANKS PERMITS

Form 01 (Rev.02/18)

Guam Environmental Protection Agency, Hazardous Waste Management Program,
17-3304 Mariner Avenue Tiyan, Barrigada, Guam 96913

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. ____				
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					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					
H. Mixture of Substances, Please specify					
I. 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, Please specify					
B. Type of Secondary Containment					
i. Lined trench					
ii. Rigid double walled piping					
iii. Flex double walled piping					
iv. Other, Please specify					
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								
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	NA									
J. Line tightness testing	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. ____				
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
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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. ____				
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

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