

## INSTRUCTIONS AND GENERAL INFORMATION

**Please type or print in ink.** Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 6 and use them for additional tanks. The primary purpose of this notification form is to provide information about the installation, existence, changes to, and closure of underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection. Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Solid Waste Disposal Act (SWDA), as amended.

### **Who Must Notify?**

40 CFR part 280, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify implementing agencies of the existence of their USTs. Owner is defined as:

- In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances: or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, owners of previously deferred UST systems with field constructed tanks and airport hydrant fuel distribution systems in the ground as of October 13, 2015 must submit a one-time notification of existence by October 13, 2018. Owners of UST systems with field constructed tanks and airport hydrant fuel distribution systems brought into use after October 13, 2015 are considered new facilities and must follow the same notification requirements as all other UST owners.

### **What USTs Are Included?**

An UST system is defined as any one or combination of tanks that is used to contain an accumulation of regulated substances, and whose volume (including connected underground piping) is 10 percent or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see What Substances Are Covered below). This includes UST systems with field-constructed tanks and airport hydrant fuel distribution systems.

### **What Tanks Are Excluded From Notification (see § 280.10 and § 280.12)?**

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premises where stored;
- Septic tanks;
- Certain pipeline facilities regulated under chapters 601 and 603 of Title 49;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or wastewater collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less;
- Wastewater treatment tank systems;
- UST systems containing radioactive material that are regulated under the Atomic Energy Act of 1954;
- UST systems that are part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR part 50.

### **What Substances Are Covered?**

The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, with the exception of those substances regulated as hazardous waste under Subtitle C of the Resource Conservation and Recovery Act.

### **When And Who To Notify?**

Owners who bring USTs into use after May 8, 1986 must submit this notification form to the implementing agency within 30 days of bringing the UST into use. If the implementing agency requires notification of any amendments to the facility, send information to the implementing agency immediately. Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is given.

**When Changing Substances Stored**

When only making a change in the substance stored in the UST system, complete page one, parts I through VI and page 4 part XII. Only submit Page 1 and page 4 of this document if only the substance is changing.

**When Updating Contact Information**

When updating contact information, complete page one parts I through VI. Only submit page 1 of this document if only contact information is changing.

**West Virginia**  
**Department of Environmental Protection**  
 NOTIFICATION FOR UNDERGROUND STORAGE TANKS

WV Department of Environmental Protection  
 Division of water & Waste Management - EE/Tanks  
 601 57th ST., Charleston, WV 25304  
 PHONE: (304)926-0470

<b>State Use Only</b>	ID #
Date notification received:	
Date entered in Database:	
Data entry clerk initials	
Date Contacted: _____	
Name of Contact: _____	
Comments/clarification:	

PART I: PURPOSE OF NOTIFICATION		
New	Amendment	Closure
<input type="checkbox"/> New Facility  <input type="checkbox"/> Previously Deferred System	<input type="checkbox"/> Change in Tank(s) <input type="checkbox"/> Change in Piping <input type="checkbox"/> Change in Service	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Tank <input type="checkbox"/> Piping
Change of Owner	Change of Address	Change of Substance
<input type="checkbox"/> Owner  <input type="checkbox"/> Operator	<input type="checkbox"/> Owner  <input type="checkbox"/> Operator	<input type="checkbox"/> Yes Fill out Part XII and submit with page one.

\_\_\_\_\_ # of additional sheets attached  
 \_\_\_\_\_ # of tanks at facility  
 \_\_\_\_\_ # of tanks closed      \_\_\_\_\_ # of tanks remaining

PART II: OWNERSHIP INFORMATION		
Owner Name		
Address		
County		
City	State	Zip
Owner Phone (       )	FAX (       )	
Email Address		

PART III: FACILITY INFORMATION		
Facility Name and Identifier		
Address		
County		
City	State	Zip
Facility phone (       )		
Latitude (decimal degrees)		Longitude (decimal degrees)

PART IV: OPERATOR INFORMATION				
Operator Name	Phone (       )		Fax (       )	
Address	City	State	Zip	Email Address

PART V: CONTACT PERSON IN CHARGE OF TANKS				
Primary Contact	Title		Phone (       )	
Address	City	State	Zip	Email Address

**PART VI: OWNER CERTIFICATION**

I certify that under penalty of law that I have personally examined and am familiar with the information in Section I through Section XVI of this notification form and all attached documents (except change of owner, operator, or address information only needs to certify section I through V and any attached documents), and based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Official Title of Signatory*

\_\_\_\_\_  
*Owner/authorized representative signature*

\_\_\_\_\_  
*Date signed*

**West Virginia**  
**Department of Environmental Protection**  
 NOTIFICATION FOR UNDERGROUND STORAGE TANKS

PART VII: TYPE OF OWNER				PART VIII: TYPE OF FACILITY			
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Commercial	<input type="checkbox"/> State Government	<input type="checkbox"/> Private	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Trucking/Transportation	<input type="checkbox"/> Contractor	<input type="checkbox"/> Auto Dealership
<input type="checkbox"/> Local Government				<input type="checkbox"/> Railroad	<input type="checkbox"/> Commercial Airport or Airline	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
<input type="checkbox"/> Unknown/Abandoned (for state use only)				<input type="checkbox"/> Federal Military	<input type="checkbox"/> Utilities	<input type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Farm
IX: Indian Country				<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Other: _____		
This section does not apply to West Virginia.							
PART X: FINANCIAL RESPONSIBILITY							
<input type="checkbox"/> I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanism(s).							
<input type="checkbox"/> Self Insured	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Local Government Financial Test	<input type="checkbox"/> Guarantee	<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Bond Rating Test
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> State Fund	<input type="checkbox"/> Other (describe) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>					
<input type="checkbox"/> I do not have to meet the financial responsibility requirements because 40CFR part 280 Subpart H is not applicable to me (e.g., if you are a state or federal owner).							
PART XI: DESCRIPTION OF UNDERGROUND STORAGE TANK (complete for all tanks/piping at this location.)							
Tank ID #							
Compartments; list as 1a, 1b, 2a, 2b etc.:							
<b>1. Tank Status (check only one)</b>							
Currently In Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned (for state use only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Date of Installation</b> (mm/yyyy)							
<b>3. Estimated Capacity</b> gallons							
<b>4. Compartmentalized</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Check if Repaired</b> enter repair date (mm/yyyy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Field Constructed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Manifold</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Piping or tank manifold?</i>							
<i>Which tank is it manifold to?</i>							
<b>8. Tank Attributes</b>							
<b>8.a Material of Construction</b>	Check the appropriate box and circle DW for double walled or SW for Single walled						
Asphalt Coated: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Steel: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fiberglass/polyurethane-coated: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**West Virginia**  
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Tank ID #						
Compartments; list as 1a, 1b, 2a, 2b etc.:						
<b>8. Tank Attributes (CONTINUED)</b>						
<b>8.b Secondary Containment</b>						
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.c Corrosion Protection Method</b>						
Cathodically Protected Steel (impressed current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (sacrificial anodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated and Cathodically Protected Steel (impressed current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated and Cathodically Protected Steel (sacrificial anodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Corrosive Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noncorrodible Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.d Overfill Protection Installed</b>						
Ball Float	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.e Spill Prevention Installed</b>						
Spill Basin DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Bucket DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Containment DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity:						
<b>8.f Release Detection Method</b>						
Manual Tank Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring (attach VM site assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Enter Vapor Monitoring Equipment Used:</i>						
Groundwater Monitoring (attach GWM site assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring (required if installed after 6/30/08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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UST serves an emergency generator and was installed before 7/1/08.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART XII: DESCRIPTION OF UNDERGROUND STORAGE TANK SUBSTANCE STORED						
Tank ID #						
Compartments; list as 1a, 1b, 2a, 2b etc.:						
<b>1. Substance Stored</b>						
1.a Substance						
Gasoline (containing ≤ 10% ethanol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (containing ≥ 10% ethanol) <i>Enter Percentage</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Containing < 20% Bio-Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Containing > 20% Bio-Diesel <i>Enter Percentage</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance <i>CERCLA Name of CAS Number</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixture of Substances <i>Please Specify Substances here</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART XIII: DESCRIPTION OF UNDERGROUND STORAGE TANK PIPING						
Tank ID #						
Compartments; list as 1a, 1b, 2a, 2b etc.:						
1. Date of Installation (mm/yyyy)						
2. Check if Repair <i>enter repair date (mm/yyyy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Number of STP's						
4. Number of Piping Runs						
<b>5. Piping Attributes</b>						
5.a Material of Construction <span style="float: right;">Check the appropriate box and circle DW for double walled or SW for Single walled</span>						
Copper: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed Steel: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyflexible: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal Piping Flex Connector Installed: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Nonmetallic: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboveground Piping Only: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.b Length of Piping Run (feet)</b>						
Tank ID #						
Compartments; list as 1a, 1b, 2a, 2b etc.:						
<b>5. Piping Attributes (CONTINUED)</b>						
<b>5.b Secondary Containment</b> Secondary containment must be double walled if installed after 7/1/2008						
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.c Corrosion Protection Method</b>						
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrificial Anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation from Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noncorrosive Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal Flex Connector Isolated/Booted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal Flex Connector Cathodic Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.d Catastrophic Release Detection Method</b>						
Mechanical Line Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Line Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.e Release Detection Method</b>						
Electronic Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Tightness Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Water Monitoring (must attach GWM site assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring (must attach VM site assessment) <i>Enter Vapor Monitoring equipment used:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None Required because piping is safe suction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.f Piping Delivery Type</b>						
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Safe" Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>XIV. DESCRIPTION OF DISPENSER(S)</b>						
Tank ID #						
Compartments; list as 1a, 1b, 2a, 2b etc.:						

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1. Total Number of Dispensers						
2. Dispenser #'s (connected to tank)						

Dispenser #						
Replaced after 6/30/08 (check for YES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Dispenser Attributes**

4.a Dispenser UDC Containment Materials		Check the appropriate box and single DW for double walled and SW for single walled				
Steel:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRP:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermoplastic:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.b Method of Leak Detection?						
Monthly (visual) interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous (electronic) Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Monitoring (specify):						

*Dispenser list continued (use if your facility supports more than six dispensers)*

Dispenser #						
Replaced after 6/30/08 (check for YES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Dispenser Attributes**

4.a Dispenser UDC Containment Materials		Check the appropriate box and single DW for double walled and SW for single walled				
Steel:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRP:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermoplastic:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.b Method of Leak Detection?						
Monthly (visual) interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous (electronic) Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Monitoring (specify):						

*Dispenser list continued (use if your facility supports more than twelve dispensers)*

Dispenser #						
Replaced after 6/30/08 (check for YES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Dispenser Attributes**

4.a Dispenser UDC Containment Materials		Check the appropriate box and single DW for double walled and SW for single walled				
Steel:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRP:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermoplastic:	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.b Method of Leak Detection?						
Monthly (visual) interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous (electronic) Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Monitoring (specify):						

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XV. CLOSURE OR CHANGE IN SERVICE INFORMATION						
Tank ID #						
Compartments; list as 1a, 1b, 2a, 2b etc.:						
<b>1. Closure of Change in Service</b>						
<b>1.a Closure or change in service</b>						
Estimated date the UST was last used for storing a regulated substance	_____	_____	_____	_____	_____	_____
Check box if this is a change in service to a nonregulated tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.b Tank Closure</b>						
Estimated date the tank was closed (mm/dd/yyyy)	_____	_____	_____	_____	_____	_____
Tank removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Describe the inert material</i>						
<b>3.c Piping Closure</b>						
Estimated date the piping was closed (mm/dd/yyyy)	_____	_____	_____	_____	_____	_____
Piping removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Describe the inert material</i>						
<b>4.d Site Assessment</b>						
Check here if site assessment was completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check here if evidence of release was detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Office of Environmental Remediation						
<b>XVI. CERTIFICATION OF INSTALLATION</b> (complete for UST systems installed after 12/22/1988)						
<b>1.a Installer of Tank and Piping</b>						
Installer is certified by tank & piping manufacturer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Certified installer comments :</i>			
Installer is certified by the WVDEP	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Installation inspected by registered engineer	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Manufacturer's installation checklist completed (attach copy of each)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Other Method of Certification of Installation (specify):						
<u>Enter additional comments here :</u>						

Signature of WVDEP Certified UST Worker Certifying Proper Installation, Repair, Upgrade, Closure, or Change in Service of UST System

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Position

I certify that work was performed in accordance with industry standards and the State and Federal UST Rule. Furthermore, I certify that I was on site performing or providing direct oversight of all work performed in accordance with 33CSR30-3 requirements.

\_\_\_\_\_  
 WVDEP Certification #

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date