

<div></div> <div>LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY UNDERGROUND STORAGE TANK & REMEDIATION DIVISION</div>					
UST SYSTEM INSTALLATION/RENOVATION/ REPAIR/ UPGRADE NOTIFICATION FORM					
I. OWNERSHIP OF TANK(S)			II. PHYSICAL LOCATION OF TANK(S)		
Owner Name: (Corporation, Individual, Public Agency)			New Facility <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address			Facility Identification Number		
City	State	Zip Code	Facility Name or Company Site Identification		
Owner Phone Number (Include Area Code)			Street Address (Post Office Box <u>Not</u> Acceptable)		
Contact Person and Phone Number (Include Area Code)			City	Zip Code	
			Parish		
Return to : Department of Environmental Quality Office of Environmental Compliance Underground Storage Tank & Remediation Division Appropriate Regional Office See Attached Mailing List or USTRD Submittal Information at www.deq.louisiana.gov			FOR STATE USE ONLY Regional Office: _____ Agency Interest Number: _____		
INSTRUCTIONS					
Please complete and return thirty (30) days prior to starting the Installation, Renovation, Repair, or Upgrade. The notification is not complete until you receive a signed copy of this form from LDEQ-USTR Division.					
<p>General Information:</p> <p>Plans and specification for all UST construction must first be submitted to the State Fire Marshal's office for review and approval prior to construction renovation or repair. Local District Fire Marshal's offices and Local Fire Prevention Bureaus require at least a seven (7) day notification in order to schedule final inspections. Additionally, there may also be some building permits, zoning, etc., which are required by the site's parish or municipality.</p> <p>The UST regulations (LAC 33: XI) require that UST systems meet certain criteria, be installed and repaired by properly certified individuals, and be registered with the UST Support Group at P.O. Box 4303, Baton Rouge, LA 70821-4303.</p> <p>UST owners must submit the UST registration form UST-REG-01, along with the appropriate fees, to the UST Support Group at least 30 days prior to putting the tanks into use. Upon receipt of the UST-REG-01 form, the UST Support Group will register the tanks and provide a letter that will allow for one initial delivery of product from a bulk dealer that can be used for tank tightness, if necessary. This will allow completion of the new UST installation including the required tightness testing.</p> <p>Once the UST installation , renovation, repair, or upgrade is complete, the UST-REG-02 "Registration of Technical Requirements for USTs" form must be completed and signed by the UST Owner and the UST Certified Worker to certify that the UST system is in compliance with LAC 33:XI.303. Upon receipt of the UST-REG-02 form, the UST Support Group will provide the owner with the Certificate of Registration.</p> <p>If you have any questions, please contact the appropriate regional office. You are required to contact the appropriate LDEQ-USTR Division regional office one week prior to the anticipated installation, renovation, or upgrade commencement date.</p>					
CONTRACTOR INFORMATION					
Contractor's Name			UST License Number		
Company Name			Phone Number		
Indicate the type of notification: <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> Renovation <input type="checkbox"/> Upgrade					
Does piping repair/replacement affect >25% of piping run? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Description of Repair/Renovation/Upgrade: _____					
TANK INFORMATION					
Tank Number	Tank Size (gal)	Manufacturer	Model	Single (SW) or Double Walled (DW)	# Compartments
Tank Construction after this Installation, Renovation, Upgrade, or Repair					
<input type="checkbox"/> Fiberglass Re-enforced Plastic (FRP) <input type="checkbox"/> Composite (steel with fiberglass or glass coating (ACT-100, Permatank, Plasteel, Elutron, etc.) <input type="checkbox"/> Double Walled <input type="checkbox"/> Polyethylene Jacketed Tank (Total Containment, etc.) <input type="checkbox"/> Bare Steel/Asphalt Coated <input type="checkbox"/> Other: _____			<input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> STI-P3 <input type="checkbox"/> Impressed Current system only <input type="checkbox"/> Anodes only <input type="checkbox"/> Interior Lining only <input type="checkbox"/> Combination of Interior Lining and Impressed Current system <input type="checkbox"/> Combination of Interior Lining and Anodes		
Product Delivery System	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Suction	If Suction, location of check valve(s): <input type="checkbox"/> Dispenser <input type="checkbox"/> Tank <input type="checkbox"/> Both		

Method of Release Detection (Please choose the appropriate tank release detection method to be used at the site.)		
<input type="checkbox"/> Inventory Control with Tank Tightness Testing (expires 10 years from tank install or CP upgrade date)		
<input type="checkbox"/> Manual Tank Gauging (551 - 2000 gal) with Tank Tightness Testing (expires 10 years from tank install or CP upgrade date)		
<input type="checkbox"/> Manual Tank Gauging (< 551 gal)		
<input type="checkbox"/> Automatic Tank Gauging ATG Manufacturer: _____ ATG Model: _____ Probe Manufacturer: _____ Probe Model: _____		
External Release Detection Devices		
<input type="checkbox"/> Groundwater Monitoring	<input type="checkbox"/> Vapor Monitoring	
Type of Backfill: _____	Permeability Assessment if RDDs in native soil? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Tank Interstitial Monitoring (Required on tanks installed after 12/20/08) Manual Monitoring (explain method): _____ Interstitial Monitor Manufacturer Model: _____ Interstitial Monitor Model: _____ Other: _____		
<input type="checkbox"/> Statistical Inventory Reconciliation (SIR) Method: _____		
<input type="checkbox"/> Other: _____		
Corrosion Protection , including flex connectors and/or swing joints		
Corrosion Protection: <input type="checkbox"/> Presently Installed <input type="checkbox"/> To Be Installed <input type="checkbox"/> N/A		
Type of Corrosion Protection: <input type="checkbox"/> Impressed Current <input type="checkbox"/> Anodes <input type="checkbox"/> Lining <input type="checkbox"/> Combination (Lining & CP) <input type="checkbox"/> Other		
Describe: _____		
Under Dispenser Containment (Required on new dispensers installed after 12/20/08 in certain instances) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Submersible Pump Containment (Required on new STPs installed after 12/20/08 in certain instances) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spill and Overfill Prevention Equipment		
<input type="checkbox"/> Presently Installed	<input type="checkbox"/> To Be Installed	
Type of Overfill Prevention Equipment installed: <input type="checkbox"/> Coaxial (butterfly) valve <input type="checkbox"/> Ball Float <input type="checkbox"/> Alarm		
If Other Overfill Method, Describe: _____		
PIPING INFORMATION		
Piping Construction after this Installation, Renovation, Upgrade, or Repair		
<input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Flexible Plastic <input type="checkbox"/> Bare Steel <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Double Walled (Required on piping installed after 12/20/08) <input type="checkbox"/> Single Walled		
Method of Piping Release Detection (Please choose the appropriate piping release detection methods to be used)		
Automatic Line Leak Detectors: <input type="checkbox"/> Mechanical Line Leak Detector <input type="checkbox"/> Electronic Line Leak Detector		
Manufacturer: _____		Model: _____
Other Method (must detect 3 gph leak at 10psi in 1 hour); Describe: _____		
AND one of the following:		
<input type="checkbox"/> Line tightness test (Annual <input type="checkbox"/> OR 3 Year <input type="checkbox"/>)	<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	
<input type="checkbox"/> Groundwater Monitoring	<input type="checkbox"/> Interstitial Monitoring (Required on piping installed after 12/20/08)	
<input type="checkbox"/> Vapor Monitoring <input type="checkbox"/> Other: _____	<input type="checkbox"/> Manual Monitoring OR <input type="checkbox"/> Sump Sensors - Type: _____	
AN AMENDED TECHNICAL REQUIREMENTS (UST-REG-02) FORM MUST BE SUBMITTED TO THE UST SUPPORT GROUP WITHIN 60 DAYS AFTER THE INSTALLATION/RENOVATION/UPGRADE IS COMPLETE.		
CERTIFICATION		
I certify the above submitted information is correct and I agree to comply with all requirements of LAC 33:XI.		
Owner's Name (Print or Type)	Owner's Signature	Date Signed
LDEQ RESPONSE – DO NOT WRITE BELOW THIS LINE		
<input type="checkbox"/> Date Received by LDEQ:		
<input type="checkbox"/> Rejected for the following reasons:		
<input type="checkbox"/> DEQ records indicate the contractor you have selected is not a UST worker certified by DEQ for installation s or renovations. You must select, from the enclosed list, a contractor that is a cer tified UST worker.		
<input type="checkbox"/> DEQ records indicated that the UST system has not been registered. You must complete the attached registration form and return it to the USTR Division, UST Support Group IMMEDIATELY.		
<input type="checkbox"/> _____		
<input type="checkbox"/> The noted highlighted section(s) of this form must be completed in order for LDEQ to process.		
<input type="checkbox"/> The owner has not signed this form. Please resubmit with the required signature.		
Signature of LDEQ Representative	Telephone Number	Date Signed

UST System Installation/Renovation/Repair/Upgrade Notification Form

Please direct all correspondence regarding UST System Installations, Renovations, Repairs, and Upgrades to the appropriate regional office:

Acadiana Regional Office	Parishes Served
111 New Center Drive Lafayette, LA 70508 phone: (337) 262-5584 fax: (337) 262-5593	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion

Capital Regional Office	Parishes Served
ATTN: USTR Division - Surveillance Process P.O. Box 4312 Baton Rouge, LA 70821-4312 phone: (225) 219-3181 fax: (225) 219-3474	Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, St. Martin, Tangipahoa, West Baton Rouge, West Feliciana

Northeast Regional Office	Parishes Served
1823 Hwy 546 West Monroe, LA 71292 phone: (318) 362-5439 fax: (318) 362-5448	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouchita, Richland, Tensas, Union, West Carroll
Kisatchie Central Office (Located in the Northeast Regional Office Service Area) 402 Rainbow Drive, Bldg. 402 Pineville, LA 71360 phone: (318) 487-5656 fax: (318) 487-5927	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Winn

Northwest Regional Office	Parishes Served
1525 Fairfield Ave, Room 520 Shreveport, LA 71101-4388 phone: (318) 676-7476 fax: (318) 676-7573	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster

Southeast Regional Office	Parishes Served
New Orleans Office 201 Evans Road, Building 4, Suite 420 New Orleans, LA 70123-5230 phone: (504) 736-7701 fax: (504) 736-7702	Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. John the Baptist, St. Charles, St. Tammany, Terrebonne, Washington
Bayou Lafourche Office (Located in the Southeast Regional Office Service Area) 110 Barataria St. Lockport, LA 70374 phone: (985) 532-6206 fax: (985) 532-9945	Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. John the Baptist, St. Charles, St. Tammany, Terrebonne, Washington

Southwest Regional Office	Parishes Served
1301 Gadwall Street Lake Charles, LA 70615 phone: (337) 491-2667 fax: (337) 491-2682	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis, Vernon