



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Emergency Response & Spill Prevention Division

Notification for Underground Storage Tanks

Please complete this form, in accordance with the [instructions](#) (DEEP-UST-INST-001) to ensure the proper handling of your notification. Print or type unless otherwise noted.

Submit one notification form per site.

Part I: Notification and Fee Type

Check the appropriate box(es) identifying the notification type.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: UST	

1. LOCATION of UST(s) Name of site: _____ Street Address or Location Description: _____ City/Town: _____ State: _____ Zip Code: _____				
2. Site ID Number: _____				
3. This notification is for: choose i, ii, iii or iv	Fee (a)	No. of Fee exempt tanks (\$0) (b)	*No. of Tanks excluding (b) (c)	Total Fee = (a x c)
<input type="checkbox"/> i) first time site notification [new] (Complete entire application)	\$100.00/ tank [#1032]			
<input type="checkbox"/> ii) annual notification [renewal] with NO modifications (Complete Parts I and VII only)	\$100.00/ tank [#1032]			
<input type="checkbox"/> iii) annual notification [renewal] with modifications, (specify modifications under iv below) (Complete Parts I and VII and modifications only)	\$100.00/ tank [#1032]			
<input type="checkbox"/> iv) a modification to an existing notification; check any of the following to specify. (Complete Parts I and VII and modifications only)				
<input type="checkbox"/> adding new UST system (Part IV)	\$100.00/ tank [#1032]			

Part I: Notification and Fee Type (continued)

3. (modifications continued)	Fee (a)	No. of Fee exempt tanks (\$0) (b)	*No. of Tanks excluding (b) (c)	Total Fee = (a x c)
<input type="checkbox"/> adding an orphan UST system (newly discovered) (Part IV)	\$100.00/ tank #1032			
<input type="checkbox"/> update/correction to Part II: owner/operator info/financial responsibility	\$0			
<input type="checkbox"/> transfer of ownership (Part II)	\$0			
<input type="checkbox"/> update/correction to Part III: record info	\$0			
<input type="checkbox"/> update/correction to Part IV: UST system info	\$0			
<input type="checkbox"/> Permanent Closure of an UST system (Part V)	\$0			
<p>* Compartmentalized tanks are counted as one tank.</p> <p>* Manifolded or interconnected tanks count as separate tanks</p> <p style="text-align: right;">*Total Fee</p>				
<p>*For municipalities, the 50% discount applies. The notification will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.</p>				

Part II: Owner/Operator Information

- *If an Owner/Operator is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)*
- If an Owner/Operator is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

1. UST Owner Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
*E-mail:			
*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.			
a) Business Type (check one):			
<input type="checkbox"/> individual	<input type="checkbox"/> federal agency	<input type="checkbox"/> state agency	<input type="checkbox"/> municipality
<input type="checkbox"/> *business entity (*If a business entity complete i through iii):			

Part II: Owner/Operator Information

- i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____
- ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)
- iii) Check here if your business is **NOT** registered with the Secretary of State's office.

***Notification or fee is NOT required for UST systems located on tribal lands.*

2. UST Operator, if different than UST owner

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

a) Business Type (check one):

- individual federal agency state agency municipality **tribal
 *business entity (*If a business entity complete i through iii):

- i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____
- ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)
- iii) Check here if your business is **NOT** registered with the Secretary of State's office.

***Notification or fee is NOT required for UST systems located on tribal lands.*

Check if any co-owners/operators. If so, attach additional sheet(s) with the required information as requested above.

3. Billing contact, if different than UST owner

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

4. Primary contact, if different than UST owner

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

Part II: Owner/Operator Information (continued)

5. Property Owner, if different than UST owner

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Class A Operator: must be the individual who was trained.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Company Name, if applicable:

Approved Training Course: _____

Training Date: _____ initial or biennial training

OR

retraining ordered for non-compliance

Certification Expiration Date: _____

Class A Operator's Signature: _____

7. Class B Operator: must be the individual who was trained.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Company Name, if applicable:

Approved Training Course: _____

Training Date: _____ initial or biennial training

OR

retraining ordered for non-compliance

Certification Expiration Date: _____

Class B Operator's Signature: _____

Part II: Owner/Operator Information (continued)

8. Financial Mechanism(s): Complete the table below identifying the financial assurance mechanism(s) used to demonstrate financial responsibility as specified in the Federal Register. Use the list of surety types below. If an 'other method' is chosen, please specify the method in the table.

- | | | |
|------------------------------------|---------------------|--|
| A. Self Insurance | E. Guarantee | I. Trust Fund |
| B. Commercial Insurance | F. Surety Bond | J. *State Fund |
| C. Risk Retention Group | G. Letter of Credit | K. Other Method (specify in table below) |
| D. Local Government Financial Test | H. Bond Rating Test | |

*Pursuant to section 262 of Public Act 12-1 of the June 12th Special Session, the state fund (UST Petroleum Clean-Up Program) will cease to serve as a financial responsibility mechanism on:

- October 1, 2012, for those who own or operate USTs on more than five separate sites; and
- October 1, 2013 for municipalities and for those who own or operate USTs on five or less separate sites.

Name of Insurer	Policy #	Surety Type (insert letter from list above or specify)	Amount of Coverage	Period of Coverage

Owners/Operators shall complete the attached "*Certification of Financial Responsibility Form*" and maintain such completed form at the facility where the storage tank system(s) are located. **THIS FORM DOES NOT NEED TO BE SUBMITTED but must be updated to reflect any changes.**

Part III: Record Information

Off- Site Storage of Records at a Centralized Location

Does the owner/operator **of more than 10 facilities with UST systems** request to store **certain** records at a centralized location ? Yes No

If yes, provide the central location address below.

Name of Location:

Address:

City/Town:

State:

Zip Code:

Such records must be immediately available for inspection by the commissioner or the commissioner's designee at any such central location. Please refer to section 22a-449 q CGS; for storage of underground storage tank system records that may be kept at a centralized location or that must be kept on site.

Part IV: Underground Storage Tank Information

Complete for all tanks and piping at the subject location. Begin by labeling tanks (including compartments, if applicable). Label tanks as required by the instructions. . If you have more than 5 tanks in one location, reproduce this section and complete for additional tanks. **You must read the instructions (DEEP-UST-INST-001) in order to properly complete this Part.**

Tank Identification Number (<i>see instructions</i>)	Tank No.:	Tank No.:	Tank No.:	Tank No.:	Tank No.:
Part of a compartmentalized tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a manifolded or interconnected tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Complete items 1 through 5 for the entire tank- you do not have to complete the columns labeled for compartments.</i>					
1. Status of Tank	Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Temporarily Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date Temporarily Closed				
	Permanently Closed (<i>check here and skip to Part V</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation of Tank (month/year)					
3. Life Expectancy of Tank (years)					
4. Material of Construction - Tank - check one per tank					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated and Cathodically Protected Steel (STI-P3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel clad with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Plastic Jacket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Urethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g., concrete, etc.) (please specify)					
5. Construction Type – Tank – check all that apply					
Lined Interior	<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"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Manufacturer					
Check box if tank has ever been repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Complete the following for each compartment or tank.</i>					
6. Emergency Generator Use Only					
7. Estimated Total Capacity (gallons)					

Part IV: Underground Storage Tank Information (continued)

Tank Identification Number (see instructions)	Tank No.:	Tank No.:	Tank No.:	Tank No.:	Tank No.:
Part of a compartmentalized tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a manifolded or interconnected tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Substance Currently Stored (or last stored in the case of closed compartments/tanks) <i>check one per compartment/tank</i>					
Gasoline	<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"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil (on-site consumption)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil (for resale)	<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"/>
Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other, please specify here					
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA name					
CAS Number					
9. Primary Release Detection - check one per compartment/tank					
Annual Precision Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Tightness Test with Inventory Control	<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"/>
ATG - CSLD – Continuous with Inventory Reconciliation/Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATG - Static with Inventory Reconciliation/Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Groundwater/Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Visual Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No release detection required (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other Method, please specify here					

Part IV: Underground Storage Tank Information (continued)

Tank Identification Number	Tank No.:	Tank No.:	Tank No.:	Tank No.:	Tank No.:
Part of a compartmentalized tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a manifolded or interconnected tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Construction					
10. Piping Installation Date					
11. Piping Material - check one per compartment/tank					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Piping associated with Tank or Above Ground Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-Rigid Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Piping – Secondary Containment – check all that apply					
Containment Sumps at Dispensers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containment Sumps at Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Pipe Fitting - check one per compartment/tank					
Metallic Fitting Isolated from Soil and Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metallic Fitting Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Construction Type-Piping – check all that apply					
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metallic Piping Isolated form Soil and Water	<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"/>
15. Piping Type - check one per compartment/tank					
Pressure	<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"/>
Gravity Feed Only	<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"/>
If Other, please specify here					
Check box if piping has ever been repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV: Underground Storage Tank Information (continued)

Tank Identification Number	Tank No.:	Tank No.:	Tank No.:	Tank No.:	Tank No.:
Part of a compartmentalized tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a manifolded or interconnected tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Primary Release Detection - Piping - check one per compartment/tank					
Annual Precision Line Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precision Line Tightness Testing Every 3 years	<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"/>
Monthly Visual Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater/Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLLD – Annual .1gph Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLLD – Monthly Elec. 0.2gph Leak Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No release detection required (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other Method, please specify here					
17. If piping type is pressure- check one per compartment/tank					
Electronic Auto Line Leak Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Auto Line Leak Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Spill and Overfill Protection – check all that apply					
Audible Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Float Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flapper Device	<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"/>
Spill Prevention Device Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part V: Permanent Tank Closure

Tank Identification Number	Tank No.:	Tank No.:	Tank No.:	Tank No.:	Tank No.:
Part of a compartmentalized tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a manifolded or interconnected tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. General Information of Closed Tank					
Date of Installation (month/year)					
Estimated Total Capacity (gallons)					
Estimated date tank closed (month/day/year)					
(check one per tank):					
Tank was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank was closed in ground	<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"/>
Describe the inert fill material here					

Part V: Permanent Tank Closure (continued)

Tank Identification Number	Tank No.:	Tank No.:	Tank No.:	Tank No.:	Tank No.:
Part of a compartmentalized tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a manifolded or interconnected tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Estimated date the UST was last used for storing regulated substances (month/day/year)					
3. Site Assessment					
Required Site Assessment Completed (If Yes, provide consultant/contractor information below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant/Contractor Name(s)					
Consultant/Contractor Addresses(s)					
Consultant/Contractor Phone(s)					
Soil Samples Collected and Analyzed for one or more of the following: VOCs, SVOCs, Metals, ETPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Encountered During Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Samples Collected and Analyzed for one or more of the following: VOCs, SVOCs, Metals, ETPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Soil Samples had Constituents of Concern above the following RSR Criteria: – check all that apply					
GA PMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GB PMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Res DEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/C DEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* If any boxes were checked above, include a table summarizing the data and highlighting the exceedances (See R.C.S.A. Sections 22a-133k-1 through 3 for definitions).					
*Groundwater Samples had Constituents of Concern above the following RSR Criteria: – check all that apply					
GWPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Res GWVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/C GWVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* If any boxes were checked above, include a table summarizing the data and highlighting the exceedances (See R.C.S.A. Sections 22a-133k-1 through 3 for definitions).					
Remedial Actions Recommended by Environmental Consultant/Contractor If box is checked, a closure report must be submitted to the LUST Coordination Program for evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Actions Completed If box is checked, a closure report must be submitted to the LUST Coordination Program for evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part VI: Certification of Installation

Complete within 30 days of installing an UST or adding an UST system to an existing notification. If you have more than 5 tanks in one location, reproduce this part and complete for additional tanks.

Tank Identification Number	Tank No.:	Tank No.:	Tank No.:	Tank No.:	Tank No.:
Part of a Compartmentalized Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a manifolded or interconnected tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Installer of tank and piping must check all that apply</i>					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected and approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other Method, please specify here					
Provide signature of UST Installer to certify proper installation of subject UST System.					
Signature of UST Installer			Date		
Name of UST Installer (print or type)			Title		
Company Name			E-mail		
Company Address			License Type		

Part VII: Owner/Operator Certification

The owner/operator *and* the individual(s) responsible for actually preparing the notification must sign this part. A notification will be considered incomplete unless all required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that I have completed a <i>Certification of Financial Responsibility Form</i> and such completed form is maintained on-site.</p> <p>I also certify that this underground storage tank notification is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
<hr/> Signature of Owner/Operator	<hr/> Date
<hr/> Name of Owner/Operator (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit a completed Underground Storage Tank Notification and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

A copy of all completed Notification Forms must be maintained on site and the most recent completed form must also be forwarded to the local fire marshal.

If you have any questions, please contact the UST Program at 860-424-3374 or by e-mail (DEEP.USTFee@ct.gov)



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Emergency Response & Spill Prevention Division

Certification of Financial Responsibility

Owners/operators of underground storage tank systems regulated under CGS section 22a-449(d) shall complete this form to demonstrate financial responsibility as required by R.C.S.A. section 22a-449(d)-109. This completed form shall be maintained at the facility where the storage tank system(s) is located. Records kept off site, in accordance with CGS section 22a-449q shall be made available immediately upon request.

1. LOCATION of UST(s) Name of site: _____ Street Address or Location Description: _____ City/Town: _____ State: _____ Zip Code: _____																
2. Site ID Number: _____																
3. Financial Mechanism(s): Complete the table below identifying the financial assurance mechanism(s) used to demonstrate financial responsibility as specified in the Federal Register. Use the list of surety types below. If an 'other method' is chosen, please specify the method in the table.																
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. Self Insurance</td> <td style="width: 33%;">E. Guarantee</td> <td style="width: 33%;">I. Trust Fund</td> </tr> <tr> <td>B. Commercial Insurance</td> <td>F. Surety Bond</td> <td>J. *State Fund</td> </tr> <tr> <td>C. Risk Retention Group</td> <td>G. Letter of Credit</td> <td>K. Other Method (specify in table below)</td> </tr> <tr> <td>D. Local Government Financial Test</td> <td>H. Bond Rating Test</td> <td></td> </tr> </table>					A. Self Insurance	E. Guarantee	I. Trust Fund	B. Commercial Insurance	F. Surety Bond	J. *State Fund	C. Risk Retention Group	G. Letter of Credit	K. Other Method (specify in table below)	D. Local Government Financial Test	H. Bond Rating Test	
A. Self Insurance	E. Guarantee	I. Trust Fund														
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D. Local Government Financial Test	H. Bond Rating Test															
<p>*Pursuant to section 262 of Public Act 12-1 of the June 12th Special Session, the state fund (UST Petroleum Clean-Up Program) will cease to serve as a financial responsibility mechanism on:</p> <ul style="list-style-type: none"> • October 1, 2012, for those who own or operate USTs on more than five separate sites; and • October 1, 2013 for municipalities and for those who own or operate USTs on five or less separate sites. 																
Name of Insurer	Policy #	Surety Type (insert letter from list above or specify)	Amount of Coverage	Period of Coverage												

Certification of Financial Responsibility (continued)

The Owner/Operator must sign this certification along with either a witness or notary.

<p>“I certify that this facility is in compliance with the requirements of the federal financial responsibility rules as referenced in R.C.S.A. section 22a-449(d)-109. Compliance includes taking corrective action and compensating third parties for bodily injury and property damage caused by a discharge from the storage tank system(s) at this location.</p> <p>I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based upon a reasonable investigation, the submitted information is true and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense under section 53a-157b of the General Statutes or any other applicable statute.”</p>	
Signature of Owner/Operator	Date
Printed Name of Owner/Operator	Title
Signature of Witness or Notary	Date
Printed Name of Witness or Notary	

This certification form must be updated whenever the financial insurance mechanism(s) used to demonstrate financial responsibility changes.

If you have any questions, please contact the UST Program at 860-424-3374 or by e-mail (DEEP.USTFee@ct.gov)