

# ADEM Notification for Underground Storage Tanks

Alabama Dept. of Environmental Management  
Groundwater Branch/Land Division  
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STATE USE ONLY

NOTIFI

## INSTRUCTIONS

Please type or print all items except "signature" in Section XII. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy, and staple continuation sheets to this form. Indicate number of continuation sheets attached.

### I. OWNERSHIP OF TANK(S)

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Owner  
 State Gov't                       Private  
 Federal Gov't                     Local Gov't  
 (GSA Facility I.D. No. \_\_\_\_\_)

### II. LOCATION OF TANK(S)

Facility I. D. # \_\_\_\_\_  
(Unless New Location)

Facility Name \_\_\_\_\_  
or Company Site Identifier, as applicable

Street \_\_\_\_\_  
County Road, Highway, or State Road, as applicable

County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Nearest)

Contact \_\_\_\_\_

Phone # \_\_\_\_\_

### III. OPERATOR OF TANKS

Operator means any person in control of, or having responsibility for, the daily operation of the UST system.

Operator Name \_\_\_\_\_  
(If same as section I, mark box here )

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Phone # \_\_\_\_\_

### IV. FUEL DELIVERY COMPANY

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

### V. TYPE OF NOTIFICATION

If this is a new notification for this location, mark box here  If this is an amended or subsequent notification for this location, mark box here

Indicate number of tanks at this location:  Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands:

### VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)

(Manifolded tanks and Compartmented tanks are considered one tank)

Tank Identification No. Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)	Tank No. u	Tank No. u	Tank No. u	Tank No. u	Tank No. u
<b>A. Tank Status</b>					
1. Currently in use					
2. Temporarily closed					
a. Estimated date last used (month/Year)	/	/	/	/	/
<b>B. Tank Location (Mark all that apply)</b>					
1. Within 300 feet of a private well					
2. Within 1000 feet of a public water supply well					
3. Within a Well Head Protection Area					
<b>C. Tank History</b>					
1. Date installed (month/day/year)	/ /	/ /	/ /	/ /	/ /
2. Date brought into operation by this owner (month/day/year)	/ /	/ /	/ /	/ /	/ /
<b>D. Tank Estimated Total Capacity</b>					
1. Number of compartments if compartmented tank					
2. Number of manifolded tanks					
3. Tank volume (gallons) (manifolded tank capacity is sum of volume of all tanks manifolded together as one tank)					

CONTINUE ON NEXT PAGE

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Cont'd)**

Tank Identification No. Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)	Tank No. u	Tank No. u	Tank No. u	Tank No. u	Tank No. u
<b>E. Substance Currently Stored</b> (Mark all that apply)					
1. Petroleum					
a. Unleaded gasoline					
b. Mid-grade gasoline					
c. Premium gasoline					
d. Diesel					
e. Kerosene					
f. Aviation fuel (JP-4, etc.)					
g. Used oil					
h. Virgin oil					
i. E-85					
j. B-20 Biodiesel					
k. Other, please specify					
2. Hazardous Substance					
a. Please indicate name of principal CERCLA substance or					
b. Chemical Abstract Service (CAS) No.					
<b>F. Tank Usage</b> (Mark all that apply)					
1. Emergency power generator					
2. Retail					
3. Bulk facility					
4. Industrial					
5. Local government					
6. State/Federal government					
7. Farm					
8. Heating oil (notification not required)					

**VIII. CONSTRUCTION AND CORROSION PROTECTION**

<b>G. Tank Construction Material</b> (Mark all that apply)					
1. Single wall					
2. Double wall					
3. Steel					
4. Fiberglass reinforced plastic					
5. Fiberglass coated steel					
6. Other, please specify					
<b>H. Steel Tank Corrosion Protection</b> (Mark all that apply)					
1. Coated & cathodic protection (sti-P3)					
2. Field installed cathodic protection					
3. Interior lined (e.g., epoxy resins)					
4. Other, please specify					
<b>I. Pipe Construction Material</b> (Mark all that apply)					
1. Single wall					
2. Double wall					
3. Steel					
4. Fiberglass Reinforced Plastic					
5. Flexible					
6. Other, Please Specify					
<b>J. Steel Piping Corrosion Protection</b> (Mark all that apply)					
1. Field Installed Cathodic Protection					
2. Other, Please Specify					

**IX. SPILL/OVERFILL PREVENTION**

<b>K. Tank Spill Prevention Equipment</b> (Mark all that apply)					
1. Catchment Basin					
<b>L. Tank Overfill Prevention Equipment</b> (Mark all that apply)					
1. Flow Restrictor At 90% Full (e.g., ball float vent valve)					
2. Automatic Shutoff Device At 95% Full					
3. Audible High Level Alarm At 90% Full					

**X. RELEASE DETECTION**

<b>M. Tank Method of Release Detection</b> (Mark all that apply)					
1. Automatic tank gauge					
2. Continuous automatic tank gauge					
3. Tank tightness testing once every 5 years					
4. Interstitial monitoring within secondary containment (e.g., double walled tank)					
5. Vapor monitoring					
6. Groundwater monitoring					
7. Manual tank gauging (only tanks 550 gal. or less)					
8. Statistical inventory reconciliation (SIR)					
9. Other, Please specify					

CONTINUE ON NEXT PAGE

**X. RELEASE DETECTION (Cont'd)**

**N. Pressurized Piping Method of Release Detection (At least one item from BOTH Group I and Group II must be marked)**

**1. Group I** (Mark one of the following)

- a. Automatic Flow Restrictor (MLLD)
- b. Automatic Shutoff Device (AELLD)
- c. Automatic Shutoff Device (Sump Sensor)
- d. Other, Please Specify

**2. Group II** (Mark one of the following)

- a. Annual line testing
- b. Automatic electronic line leak detector (AELLD)
- c. Vapor monitoring
- d. Groundwater monitoring
- e. Statistical inventory reconciliation (SIR)
- f. Interstitial monitoring within secondary containment (e.g., double walled piping with sump sensor or with monthly inspection)
- g. Other, Please Specify

**O. Suction Piping Method of Release Detection** (Mark one of the following)

- 1. Line tightness testing every 3 years
- 2. Interstitial monitoring within secondary containment (e.g., double walled piping with sump sensor or with monthly inspection)
- 3. Vapor monitoring
- 4. Groundwater monitoring
- 5. Only one visible check valve immediately beneath pump and piping slopes towards tank
- 6. Statistical inventory reconciliation (SIR)
- 7. Other, Please Specify

**P. Gravity Piping (No leak Detection Required)**

**XI. CERTIFICATION OF COMPLIANCE (For Tanks Installed On and After 7/16/12)**

Q. UST systems must be installed by an individual certified in accordance with ADEM Administrative Code Rule 335-6-15-.47.

Subparagraph (e) of this rule requires these individuals to:

- 1. Exercise supervisory control during installation,
- 2. Be present at the job site during critical junctures.

R. I have financial responsibility in accordance with Rule 335-6-15.43 and .44. (Mark all that apply)

**1. MOTOR FUEL TANKS ONLY** Compliance with eligibility requirements of the Alabama Tank Trust Fund AND ONE OF THE FOLLOWING:

- a. Net worth of \$25,000 OR
- b. Insurance, surety bond or guarantee for \$5,000 per incident.

**2. NON-MOTOR FUEL TANKS ONLY**

- a. Private Insurance  
Insurer and Policy Number:
- b. Guarantee or Surety Bond
- c. Self-Insurance

S. OATH: I certify that the information concerning installation provided in Items G through P are true to the best of my belief and knowledge.

Certified Installer Name:

Certification Expiration Date:

Installer Signature:

Signature Date:

Company Name:

Phone Number:

Address:

**XII. CERTIFICATION (Read and sign after completing Sections I. Through XII.)**

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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name & official title of operator or authorized representative

Date Signed

Signature

Name & official title of owner or authorized representative

Date Signed

Signature