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TANK TRUST FUND ELIGIBILITY / INELIGIBILITY DETERMINATION FORM

Facility Name: Facility Name: Facility Address: City: County: Zip Code: Zip	Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655	
City: County: Zip Code: Number of Tanks: Tank Sizes (gallons): Installation dates: Leak Detection (check all that apply) Tank: () Tank Tightness Testing with inventory control, submit lass tightness test and last 3 months of inventory reconciliation () Manual Tank Gauging (only for tanks 550 gallons or less), submit last 6 months of test results () Tank Tightness Testing with manual tank gauging (only for tanks 2000 gallons or less), submit last tightness test and last 3 months of manual tank gauging (only for tanks 2000 gallons or less), submit last tightness test and last 3 months of manual tank gauging (only for tanks 2000 gallons or less), submit last tightness test and last 3 months of manual tank gauging (only for tanks 2000 gallons or less), submit last 4 months of test results () Automatic Tank Gauge, submit last 5 months of test results () Monthly or Continuous Groundwarter Monitoring, submit last 6 months of test results () Interestitial Monitoring with Secondary Parrier, submit last 6 months of test results () Interestitial Monitoring with Secondary Parrier, submit last 6 months of test results () Statistical Invertoring with Secondary Parrier, submit last 6 months of test results () Statistical Invertoring with Secondary Parrier, submit last 6 months of test results () Automatic Flow Restrictor () Restrict	Facility Name:	Facility I.D. Number:
City:		Email:
Number of Tanks:		Zip Code:
Leak Detection (check all that apply) Tank: () Tank Tightness Testing with inventory control, submit last tightness test and last 3 months of inventory reconcilitation () Manual Tank Gauging (only for tanks 50 gallons or less), submit last 6 months of test results () Tank Tightness Testing with manual tank gauging (only for tanks 2000 gallons or less), submit last 1 months of manual tank gauging recovery centrol, submit last 6 months of test results () Automatic Tank Gauge with inventory control, submit last 6 months of test results () Monthly or Continuous Vapor Monitoring, submit last 6 months of test results () Monthly or Continuous Groundwarter Monitoring, submit last 6 months of test results () Interstitial Monitoring with Secondary Barrier, submit last 6 months of test results () Interstitial Monitoring with Secondary Barrier, submit last 6 months of test results () Interstitial Monitoring with Secondary Barrier, submit last 6 months of test results () Statistical Inventory Reconciliation, submit last 6 months of test results () Statistical Inventory Reconciliation () None Submit most recent annual equipment test results and/or the past 6 months of test results () Automatic Flow Restrictor () Annual line tightness testing, submit last annual test 6 months of test results () Monthly or Continuous Monitoring, submit last 6 months of test results () Monthly or Continuous Monitoring () Statistical Inventory Reconciliation () Continuous Independent Monitoring () Statistical Inventory Reconciliation () Cont	Number of Tanks: Tank Sizes (gallons):	Installation dates:
Tank: [] Tank Fightness Testing with inventory control, submit last tightness test and last 3 months of inventory reconcilitation [] Manual Tank Gauge with manual lank gauging (only for tanks 2000 gallons or less), submit last tightness test and last 3 months of manual tank gauging control, submit last 6 months of test results [] Automatic Tank Gauge, with inventory control, submit last 6 months of test results [] Monthly or Continuous Vapor Monitoring, submit last 6 months of test results [] Monthly or Continuous Groundwater Monitoring, submit last 6 months of test results [] Interstitial Monitoring with Secondary Containment, submit last 6 months of test results [] Interstitial Monitoring with Secondary Containment, submit last 6 months of test results [] None [] Piping: [] Pressurized [] None [] Ontinuous Alarm [] Ontinuous Alarm [] None [] Ontinuous Alarm [] Ontinuous Alarm [] None [] Ontinuous Monitoring, submit last 6 months of test results [] None [] Ontinuous Monitoring, submit last 6 months of test results [] None [] None [] Ontinuous Monitoring [] None []		
() Monthly or Continuous Groundwater Monitoring, submit last 6 months of test results	 Tank: () Tank Tightness Testing with inventory control, submit last tightness test and last 3 months of inventory reconciliation () Manual Tank Gauging (only for tanks 550 gallons or less), submit last 6 months of test results () Tank Tightness Testing with manual tank gauging (only for tanks 2000 gallons or less), submit last tightness test and last 3 months of manual tank gauging records () Automatic Tank Gauge with inventory control, submit last 6 months of test results () Continuous Automatic Tank Gauge, submit last 6 months of test results 	
Piping: () Pressurized () Suction Group 1 Submit most recent annual equipment test results and/or the past 6 months of test records () Automatic Flow Restrictor () Automatic Shutoff Device () Continuous Alarm () None Group 2 () Annual line tightness testing, submit last annual test Monthly or Continuous Monitoring, submit last 6 months of test results () Electronic line leak detector monthly 0.2 gph test () Monthly or Continuous Groundwater Monitoring () Safe suction (single check valve located directly under the dispenser with piping sloped toward tanks) () Line tightness testing every 3 years, submit last test Monthly or Continuous Monitoring, submit last 6 months of test results () Monthly or Continuous Monitoring, submit last 6 months of test results () Monthly or Continuous Groundwater Monitoring () Safe suction (single check valve located directly under the dispenser with piping sloped toward tanks.) () Line tightness testing, submit last test Monthly or Continuous Monitoring, submit last of months of test results () Monthly or Continuous Monitoring, submit last of months of test results () Monthly or Continuous Vapor Monitoring () Monthly or Continuous Monitoring () Monthly or Continuous Monitoring () Monthly or Continuous	 () Monthly or Continuous Groundwater Monitoring, submit last 6 months of test results () Interstitial Monitoring with Secondary Containment, submit last 6 months of test results () Interstitial Monitoring with Secondary Barrier, submit last 6 months of test results () Statistical Inventory Reconciliation, submit last 6 months of test results 	
Submit most recent annual equipment test results and/or the past 6 months of test records (Piping: () Pressurized	() Suction
or last interior lining inspection results Tanks: () Coated and Factory Cathodically Protected Steel () Fiberglass () Fiberglas	Submit most recent annual equipment test results and/or the past 6 months of test records () Automatic Flow Restrictor () Automatic Shutoff Device () Continuous Alarm () None Group 2 () Annual line tightness testing, submit last annual test Monthly or Continuous Monitoring, submit last 6 months of test results () Electronic line leak detector monthly 0.2 gph test () Monthly or Continuous Vapor Monitoring () Monthly or Continuous Groundwater Monitoring () Statistical Inventory Reconciliation () Continuous Interstitial Monitoring (ex: sump sensors) () Monthly Manual Interstitial Monitoring () None	the dispenser with piping sloped toward tanks) () Line tightness testing every 3 years, submit last test Monthly or Continuous Monitoring, submit last 6 months of test results () Monthly or Continuous Vapor Monitoring () Monthly or Continuous Goundwater Monitoring () Statistical Inventory Reconciliation () Monthly Manual or Continuous Interstitial Monitoring () None This form should be completed and returned to the Department with the appropriate records attached within fifteen (15) days of receipt to: Alabama Department of Environmental Management Groundwater Branch P.O. Box 301463 Montgomery, Alabama 36130-1463
() Fiberglass () Fiberglass Coated Steel () Polyurethane Coated Steel () Interior Lined Steel () Interior Lined Steel () Steel with Field Installed Cathodic Protection () Galvanized or Painted Steel () Double wall Spill and Overfill Prevention (check all that apply) () 90% Flow Restrictor (ball-float vent valve) () 90% High Level Alarm () 95% Automatic Shutoff Device () Exempt from spill and overfill prevention requirement 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 I believe that the submitted information is true, accurate, and complete. Owner Signature: Print Name: Date:	or last interior lining inspection results	
() 90% Flow Restrictor (ball-float vent valve) () Catchment Basins () 90% High Level Alarm () None () 95% Automatic Shutoff Device () Exempt from spill and overfill prevention requirement 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 I believe that the submitted information is true, accurate, and complete. Owner Signature: Date:	 () Coated and Factory Cathodically Protected Steel () Fiberglass () Fiberglass Coated Steel () Polyurethane Coated Steel () Interior Lined Steel () Steel with Field Installed Cathodic Protection 	 () Steel with Field Installed Cathodic Protection () Fiberglass () Flexible () Galvanized Steel () Other (specify) () Single wall
documents, and I believe that the submitted information is true, accurate, and complete. Owner Signature: Name: Date:	() 90% Flow Restrictor (ball-float vent valve)() 90% High Level Alarm	() None
Owner Print Signature: Name: Date:		
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		Date: