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ADEM Notification for Underground Storage Tanks								
Alabama Dept. of Environmental Management	Phone # (334) 270-5655		STATE USE ONLY				
Groundwater Branch/Land Division P. O. Box 301463	Fax # (334) E-mail: ustcompliance		dov		NOTIFI Da			
Montgomery, AL 36130-1463	Web Site: adem.alabama.gov		901					
	INSTRU							
Please type or print all items except "signature" in Section XI					e number of			
underground storage tanks. If more than 5 tanks are owne I. OWNERSHIP OF TANK(S)	ed at this location, photocopy,	and staple continu		CATION OF TAN		ned.		
Owner Name		Facility I. D. # (Unless new locati	on)					
		Facility Name						
CityState	Zıp	Street Address						
Country		County		Phone				
Contact		City		State	7 iı	0		
Phone #		(Nearest)						
		Country		Contact				
Fax #		LesseeCo	onsultant	_Owner	_			
E-mail		Site Latitude		Longitude				
III. OPERATOR OF TANKS			IV. FUE	L DELIVERY CO	MPANY			
Operator means any person in control of, or having								
the daily operation of the UST syste	em.							
Operator Name	Company Name							
(If same as section I, mark box here 🔲)		Mailing Address						
Mailing Address		City		State	Zip			
CityState	Zip	-						
		Phone #	·	Fax #				
Phone #								
	V. TYPE OF N							
If this is a new notification for this location, mark box here:	If this is an amended		ication for this loca	tion, mark box here	:			
Indicate number of tanks at this location:	iaik box here ii tarik(s) are ioca							
	NDERGROUND STORAGE)			
(Manifolde Tank Identification #	ed tanks and Compartmen	ted tanks are co Tank #	nsidered one ta Tank #	nk) Tank #	Tank #	Tank #		
Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)		u u	u u	u u	u u	u u		
A. Tank Status								
1. Currently in use 2. Temporarily closed								
a. Estimated date last used (month/year	r)	1	1	1	1	1		
B. Tank Location (Mark all that apply)								
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 C. Tank History								
1. Date installed (month/day/year)	1 1	1 1	1 1	1 1	1 1			
2. Date brought into operation by this owner (month/day/year)			1 1	1 1	1 1			
D. Tank Estimated Total Capacity								
1. Number of compartments if compartmented tank								
3. Tank volume (gallons) (manifolded tank capacity is								
manifolded together as one tank)								
	CONTINUE ON	NEXT PAGE						

Owner Name (from Section I)	Location (from Section II)					Page No.
	II. DESCRIPTION OF UNDERGR	OUND STORAGE	TANKS (Cont'c	1		
Tank Identification #		Tank #	Tank #	Tank #	Tank #	Tank #
Arbitrarily Assigned Sequential Number (e.g. 1u, 2u,	3u)	u	u	u	u	l
E. Substance Currently Stored (Mark all that apply)						
1. Petroleum						
a. Unleaded gasoline b. Mid-grade gasoline						
c. Premium gasoline						
d. Ethanol free gasoline						
	than 10% ethanol (please specify)					
f. 100% ethanol (Not Regulate						
g. Ultra low sulfur gasoline						
h. On road diesel						
i. Off road diesel						
j. Diesel containing less than or	equal to 20% biodiesel					
I. 100% biodiesel (Not Regulat	n 20% biodiesel (please specify)					
m. Kerosene	ea					
n. Aviation fuel (JP-4, etc.)						
o. Used oil						
p. Virgin oil						
q. Other (please specify)						
2. Hazardous Substance						
a. Please indicate name of prin						
b. Chemical Abstract Service (0	CAS) No.					
F. Tank Usage (Mark all that apply)						
1. Emergency power generator						
2. Retail						
3. Bulk facility 4. Industrial						
5. Local government						
6. State/federal government						
7. Farm/residential tank less than 1,100 gal	(Not Regulated)					
8. Heating oil (Not Regulated)						
9. Airport hydrant system or field constructe	d tank					
	VIII. CONSTRUCTION AND	CORROSION PR	OTECTION			
G. Tank Construction Material (Mark all that apply)						
1. Single wall						
2. Double wall						
3. Steel						
 Fiberglass reinforced plastic 						
5. Fiberglass coated steel						
H. Steel Tank Corrosion Protection (Mark all that apply)					1	
1. Coated & cathodic protection (sti-P3)						
2. Field installed cathodic protection						
3. Interior lined (not allowed as a standalone	e method of corrosion protection)					
4. Other (please specify) I. Pipe Construction Material (Mark all that apply)						
1. Single wall						
2. Double wall						
3. Steel						
4. Fiberglass reinforced plastic						
5. Flexible						
J. Steel Piping Corrosion Protection (Mark all that apply)						
1. Field installed cathodic protection						
2. Other (please specify)						
	IX. SPILL/OVERF	ILL PREVENTIO	N			
K. Tank Spill Prevention Equipment (Mark all that apply)						
1. Single walled catchment basin						
2. Double walled catchment basin						
L. Tank Overfill Prevention Equipment (Mark all that apply)					
1. Flow restrictor at 90% full (e.g., ball float	vent valve, not allowed if installed or					
replaced after December 8, 2017)						
						
 Automatic shutoff device At 95% full Audible high level alarm At 90% full 						

Owner Name Location (from Section I) (from Section II)					Page No.
X. RELEASE	DETECTION				
Fank Identification #	Tank #	Tank #	Tank #	Tank #	Tank #
Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)	u	u	u	u	ι
M. Tank Method of Release Detection (Mark all that apply)					
1. Automatic tank gauge					
2. Continuous automatic tank gauge					
3. Interstitial monitoring within secondary containment (e.g., double walled tank)					
4. Vapor monitoring					
5. Groundwater monitoring					
6. Manual tank gauging (only tanks 1000 gal. or less and 48" or 64" in diameter)					
7. Statistical inventory reconciliation (SIR)					
8. Other (please specify)					
N. Secondary Containment and Pressurized Piping Method of Release Detection (At east one item from BOTH Group I and Group II must be marked.)					
1. Please Indicate Method(s) of Secondary Containment (Mark all that apply)					
a. Single walled under dispenser containment					
b. Double walled under dispenser containment					
c. Single walled submersible pump containment sump					
d. Double walled submersible pump containment sump					
e. Direct bury submersible pump					
2. Group I (Mark one of the following)					
a. Automatic flow restrictor (MLLD)					
b. Automatic shutoff device (AELLD)					
c. Sump sensor relayed to automatically shut off submersible					
pump					
d. Other (please specify)					
3. 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					
 Interstitial monitoring within secondary containment (e.g., double walled piping with sump sensor or with monthly inspection) 					
3. Vapor monitoring					
4. Groundwater monitoring					
 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)					

	Location						
	(from Section II)	Page No. 4					
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 335-6-1547.							
Subparagraph (e) of this rule requires these individuals to							
1. Exercise supervisory control during installation							
2. Be present at the job site during critical junctur							
R. I have financial responsibility in accordance with Rule 33							
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 guarante	ee for \$5,000 per incident.						
2. NON-MOTOR FUEL TANKS ONLY							
a. Private insurance							
Insurer and policy numbe	ir:						
b. Guarantee or surety bond c. Self-Insurance							
	n provided in Items G through P are true to the best of my belief and knowledge.						
S. OATH: I certify that the information concerning installatio	n provided in items 6 through P are true to the best of my benef and knowledge.						
Certified Installer Name:	Certification Expiration Date:						
Installer Signature:	Date Signed:						
Company Name:	Phone #:						
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							
Name & official title of operator or authorized representative	Date Signed						
Signature							
Name & official title of owner or authorized representative	Date Signed						
Signature							
Signature							

Requirements for Trust Fund Eligibility

In order to achieve and maintain eligibility under the Alabama Underground and Aboveground Storage Tank Trust Fund, owners and/or operators must: register all tanks storing motor fuels with the Department; timely pay the annual UST regulatory fee; meet financial responsibility requirements of \$5,000 per occurrence for USTs; and maintain substantial compliance with all UST regulations. These include:

- 1. Properly maintain spill prevention,
- 2. Properly maintain overfill prevention,
- 3. Properly maintain release detection and prevention,
- 4. Properly maintain corrosion protection on metal components of UST systems that are in contact with the ground and routinely contain product,
- 5. Perform required testing, inspecting, and recordkeeping, and
- 6. Investigate and report suspected releases.

Additionally, owners and/or operators must report all third party claims to the Department.