

Iowa Department of Natural Resources Underground Storage Tank Section 502 East 9<sup>th</sup> Street Des Moines, IA 50319-0034

## **Notification of Intent to Install**

The lowa licensed installer and the owner or operator must notify the lowa Department of Natural Resources (DNR) of their intent to install an underground storage tank (UST) or product piping at least 30 days prior to installation. This notification requirement applies to all USTs that will contain a petroleum or hazardous substance. Contact the local Fire Department to ensure all the necessary local requirements and permits are met.

For more information go to www.iowadnr.gov/ust under UST Owner & Operator.

UST FACILITY								
DNR Registered Site? Yes No	Registration No:		LUST N	LUST No (if applies):				
Site Name:								
Address:			<u> </u>					
City:		ZIP:		Phone:				
This site is: Always Staffed Always Unstaffed (card- or key-trol) Staffed only during operating hours								
Tank Use: Petroleum Retail Sales Non-Retail Sales Government Farm/Residential Emergency Power								
Method of Financial Responsibility for USTs (i.e., insurance, self –assurance, etc):								
UST System Components								
Date of installation:	No of tanks	heing In	stalled:	Tr	Single Wall Double Wall			
Date of installation: No of tanks being Installed: Single Wall Double Wall  UST System Components to be installed (check one): Tanks and Piping Tanks Only Piping Only								
Contents: Petroleum (gasoline, diesel, jet fuel) Hazardous Substance: Other:								
PRODUCT DELIVERY								
Pressurized Suction Safer Suction								
Stage 1 Vapor Control								
Required on all gasoline dispensing facilities exceeding 100,000 gallons average over 30-day period). Identify type of Vapor Control:  Dual Point Single Point Manifold Vent Lines Stage 1 not required for this site								
OWNERSHIP OF TANKS								
Owner Name (Corp., Individual, Agency):								
Contact:		Ema	il:					
Street Address:					Phone:			
City:	State:		ZIP:		FAX:			
Owner Type:  Private or Corp City County State Federal School Indian Trust Land								
SITE OPERATOR								
Name (Corp., Individual, Agency):								
Contact:		Ema	il:					
Street Address:					Phone:			
City	State:		7IP·		FAX:			

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IOWA LICENSED INSTALLER									
Name:	I	License ID No:							
Company:	Er	nail:							
Address:				Phone:					
City:	State:	ZIP:		FAX:					
DIMENSIONED SITE DIAGRAM									
Provide a copy of the site diagram/map which includes location of all tanks, piping runs, dispenser islands, and buildings. Please include street names that are parallel/perpendicular to the site as well.									
GPS COORDINATES									
GPS Unit used:									
Accuracy of measurement (meters):									
X coordinates in UTM, NAD 27:									
Y coordinates in UTM, NAD 27:									
Measurement taken at: Tank Location Other (describe):									
IOWA DNR RESPONSE- DO NOT WRITE BELOW THIS LINE									
DATE RECEIVED BY IOWA DNR:									
RETURNED FOR THE FOLLOWING REASON:									
APPROVED FOR INSTALLATION									
Signature of Iowa DNR Representative	Date	Date Signed							
NOTES:									
You have 30 days to submit the following after the final 3 <sup>rd</sup> Party Installation Inspection.									
Registration Form #148 with appropriate tank/tag fees									
Installation Inspection Checklist- completed by an Iowa Licensed Inspector									
UST System Tightness Results									
A/B Operator Training Certificates									
Certification of Financial Responsibility									
UST System Checklist for Equipment Compatibility with E-Blend Fuels if greater than E-10									
A copy of these forms may be obtained from the DNR UST Section or the DNR's website:									

www.iowadnr.gov/ust, located under UST Forms.

There is an additional \$250 fee for failing to register a tank within the 30 days after installation is complete.

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