

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

## **Returning an UST to Service**

UST FACILITY										
Name: Registration No:										
Address: LUST No:										
City:					ZIP: Phone:					
OWNER										
Name:						Phone	۵٠			
Address:						1 11011				
City:						State:		ZIP:		
Compartment	Tank 1	Tor	Tank 3		Tank 4		Tank 5		Tank 6	
	GALLONS/ PRODUCT	Tank 2 GALLONS/ PRODUCT	GALLONS/ PRODUCT		GALLONS/ PRODUCT		GALLONS/ PRODUCT		GALLONS/ PRODUCT	
1			0/1220/10/		0/1220110/		0/1220110/		G/ 1220 1 10/	
2										
3										
-	KEY: G – Gasoline D –	Diesel K – Kerosene I	10 E85	B – Biodiesel	O – Oil	H – Hazardo	us Substance	J – Jet Fuel	A-Av Gas	
I, certify that the returned to ser 1. Tanks we 2. Corrosio 3. Precision 4. Precision not reques 5. Spill con 135.4(1) 6. Financia 7. All visible 8. Attached Provide Class Attached the underground day to day oper person. Inform	rvice as of ere temporarily clos on protection has been in tightness testing (0 in tightness test (0.1 dired on confirmed " itainment, overfill pr itainment, overfill pr il responsibility (UST e UST systems and ed d are the following in 1) tank and line 2) corrosion test 4) insurance 5) change of ow A and B and C Opera and storage tanks. Teration of the tanks. ination on operator to	round storage tanks  / / ed in accordance witen maintained continued (and the conducted of the conducte	by the [IAC 135 nuously in nuously in nuously in nection test y lines tainment seed in accord conditions (pressurize UST facility A trained (is normal tor must be at www.ic	y completi 5.15(1)] accordance accordance (3.0 gph) sumps are rdance with on for start was sold, Class A and by the own on located owadnr.go	ng the follower with [IA ce wi	C 135.4(2) C 135.5] ELLD condition a ondition a for is require Class B 4 hr respo	ired <u>before</u> Operator is nse time to	you can retained the managorthe site.	ith [IAC 135 lance with [ eceive fuel a ger respons	5.5] NOTE: [IAC and operate sible for the
		he employee on site	must be t					·\		
Class A	irst Name	Last Name		Date Tra	ainea	Approve	ed Vendor (d	company)		
Class B										
Class C										
Class C										
Class C										
Class C										
Cianade						Date				

07/2012 cmz DNR Form 542-0103

(Owner/Operator of USTs)