

**Louisiana Department of Environmental Quality
Underground Storage Tank Division**

**UST System Installation, Renovation, and Repair Notification Form
UST-ENF-04**

Instructions:

Submit this form thirty days prior to starting a UST installation, renovation or repair. The notification is not complete until you receive an approved, signed copy of this form from LDEQ UST Division. *For repairs or modifications to existing UST systems that occur as a result of some unforeseen event (equipment failure, accident, storm damage, etc.), the form can be submitted within 30 days after completion of the repair or modification.*

UST owners and/or certified workers are required to contact the appropriate LDEQ UST Division regional office 7 days prior to the anticipated installation, renovation, or repair commencement date and prior to any installation-critical juncture or repair-critical juncture (as defined in LAC 33:XI.1303). If you have any questions, please contact the appropriate regional office.

General Information:

Plans and specification for all UST construction must first be submitted to the State Fire Marshal's office for review and approval prior to construction installation or renovation. Local district Fire Marshal's offices and Local Fire Prevention Bureaus may require at least a seven day notification in order to schedule final inspections. Additionally, there may also be some building permits, zoning, etc., which are required by the site's parish or municipality.

The UST regulations (LAC 33:XI) require that UST systems meet certain criteria, be installed and repaired by properly certified individuals, and be registered with the UST Division at via email at USTRegistrations@la.gov or mail to P.O. Box 4303, Baton Rouge, LA 70821-4303.

Within thirty days of completing a renovation or repair, the Underground Storage Tank Registration and Technical Requirements Form (UST-REG) must be completed, signed by the UST owner and the UST certified worker (if required) to certify that the UST system is in compliance with UST regulations, and submitted to the UST Division only if any of the information on the previously submitted form has changed.

Placing a regulated substance into a UST that has not been registered with LDEQ is a violation of La. R.S. 2194.1 and LAC 33:XI.301.C.9 and 10. For new installations, prior to placing a regulated substance into the UST, the UST-REG form must be completed, signed by the UST owner and the UST certified worker, and submitted to the department. The UST Division will register the UST in order to allow a regulated substance to be placed into the UST. After the installation is completed, the owner must submit an amended UST-REG form only if any information on the originally submitted form has changed.

Note: For renovation and repair notifications, only note what is being installed or modified in sections 8 and 9, not what is already installed.

Return to: Louisiana Department of Environmental Quality Office of Environmental Assessment Underground Storage Tank Division Appropriate Regional Office* *USTD Submittal Information at www.deq.louisiana.gov/page/356	FOR STATE USE ONLY Regional Office: _____ Date Received: _____ Agency Interest Number: _____
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1. Type of Notification

<input type="checkbox"/> Installation <input type="checkbox"/> New tank(s) at new facility <input type="checkbox"/> Additional tank(s) at existing facility <input type="checkbox"/> Replacement tank(s) at existing facility		
<input type="checkbox"/> Renovation <input type="checkbox"/> New piping to replace existing piping* <input type="checkbox"/> New piping added to existing piping (added dispensers)* <input type="checkbox"/> New or replacement containment sumps <input type="checkbox"/> New or replacement spill prevention equipment <input type="checkbox"/> New or replacement overflow prevention equipment <input type="checkbox"/> New or replacement release detection equipment <input type="checkbox"/> New or replacement flex hose		
<input type="checkbox"/> Repair <input type="checkbox"/> Tank repair <input type="checkbox"/> Spill prevention equipment repair <input type="checkbox"/> Release detection equipment repair <input type="checkbox"/> Product piping repair* <input type="checkbox"/> Overflow prevention equipment repair <input type="checkbox"/> Submersible turbine pump repair <input type="checkbox"/> Flex hose repair <input type="checkbox"/> STI-P3 tank repair <input type="checkbox"/> Impressed current system repair		
Does piping repair/replacement affect >25% of an existing piping run?* <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Site diagram with proposed piping changes must be included (Use Section 12 for site diagram)</i> <i>Use Section 11 to describe repair/renovation</i>		

2. Type of UST Facility – Select the appropriate facility description.

<input type="checkbox"/> Air Taxi (Airline)	<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Contractor	<input type="checkbox"/> Federal Military	<input type="checkbox"/> Federal Non-Military
<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina	<input type="checkbox"/> Residential	<input type="checkbox"/> Railroad	<input type="checkbox"/> Utilities	<input type="checkbox"/> Trucking/Transport
<input type="checkbox"/> Retail Seller of Motor Fuel (e.g., gas/service station)			<input type="checkbox"/> Farm	<input type="checkbox"/> Petroleum Distributor	
<input type="checkbox"/> Other (Specify)					

3. Type of Owner - Select the appropriate owner description.

<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private
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4. Ownership of Tanks	5. Location of Tanks
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Owner Name (corporation, individual, public agency, or other entity)			Facility Name or Company Site Identifier, as applicable		LDEQ AI #
Mailing Address			Street Address (facility only, P.O. Box or Route No. not acceptable)		
City	State	Zip Code	City	State LA	Zip Code
Telephone Number (XXX-XXX-XXXX)		Facsimile (XXX-XXX-XXXX)	Parish	Telephone Number (XXX-XXX-XXXX)	
e-Mail			Latitude (tank hold) (decimal degrees)		
			Longitude (tank hold) (decimal degrees)		

Are there any active or abandoned water wells within 50 feet of the UST system? Yes No If yes, how many?

6. Contact Person Responsible for Tank(s)

Name	Official Title	Telephone Number	e-Mail		
Address		City	State	Zip Code	

7. Contractor Information

Contractor's Name	UST License Number	Phone Number
Company Name	e-Mail	

8. Tank Information (Only note what is being installed or modified, not what is already installed) (Use DEQ-assigned tank # if known)

Tank Number	Tank Size (gal)	Manufacturer	Model	SW or DW	# of Compartments / Capacities
					/
					/
					/
					/
					/
					/

Tank Construction

- Fiberglass Reinforced Plastic (FRP)
 - Composite (steel with fiberglass or glass coating) (ACT-100, Permatank, Elutron, etc.)
 - Double Walled or Jacketed (Required on tanks installed after 12/20/08)
 - Polyethylene Jacketed Tank (Total Containment, etc.)
 - Bare Steel/Asphalt Coated
 - STI-P3
 - Cathodically Protected Steel
 - Impressed Current system only
 - Anodes only
 - Interior Lining only
 - Combination of Interior Lining and Impressed Current system Installed at same time Installed separately
 - Combination of Interior Lining and Anodes Installed at same time Installed separately
- If interior CP and lining installed separately, was a tank integrity test performed? Yes No
- If yes, what method: _____
- Was corrosion protection system designed by a corrosion expert? Yes No
- Other: _____

Method of Tank Release Detection

- Manual Tank Gauging without Tank Tightness Testing (<551 gal) (551 – 1000 gal)
- Automatic Tank Gauging
 - ATG Manufacturer: _____
 - ATG Model: _____
 - Probe Manufacturer: _____
 - Probe Model: _____
- External Release Detection Devices Groundwater Monitoring Vapor Monitoring
 - Type of Backfill: _____
 - Permeability Assessment if RDDs in native soil? Yes No
- Tank Interstitial Monitoring (Required on tanks installed after 12/20/08)
 - Manual Monitoring (explain method): _____
 - Interstitial Monitor Manufacturer: _____
 - Interstitial Monitor Model: _____
 - Other: _____
- Statistical Inventory Reconciliation (SIR). Method: _____
- Other: _____

Spill and Overfill Prevention Equipment

Type of Spill Prevention Equipment: Single-Walled Spill Bucket Double-Walled Spill Bucket Other Interstitially Monitored
If other, describe: _____
Type of Overfill Prevention Equipment: Automatic Shutoff (Drop Tube Device) Flow Restrictor (Ball Float) Alarm Other
If Other Overfill Method, Describe: _____

9. Piping Information (Only note what is being installed or modified, not what is already installed)

Product Delivery System Pressurized Suction Gravity Feed
If Suction, location of check valve(s): Dispenser Tank Both

Piping Construction

Fiberglass Reinforced Plastic Flexible Plastic Bare Steel Single Walled Other
 Double Walled (Required on piping installed after 12/20/08 in certain instances (LAC 33:XI.303.D.2))
If other, describe: _____
 Cathodically Protected - Impressed Current system Cathodically Protected - Anodes
Was corrosion protection system designed by a corrosion expert? Yes No

Method of Piping Release Detection (Please choose the appropriate piping release detection method(s) to be used)

Automatic Line Leak Detectors: Mechanical Line Leak Detector Electronic Line Leak Detector
Manufacturer: _____
Model: _____
Other Method (must detect 3 gph leak at 10 psi in 1 hour); Describe: _____
AND one of the following:
 Line tightness test (Annual OR 3 Year
 Groundwater Monitoring
 Vapor Monitoring
 Statistical Inventory Reconciliation (SIR)
 Interstitial Monitoring (Required on piping installed after 12/20/08 in certain instances (LAC 33:XI.303.D.2))
 Manual Monitoring
 Location(s) of Manual Monitoring: STP Sump UDC Sump Transition Sump
 OR
 Sump Sensors – Type: _____
 Location(s) of Sump Sensors: STP Sump UDC Sump Transition Sump
 Other: _____

Under Dispenser Containment (Required with new dispensers installed after 12/20/08 in certain instances (LAC 33:XI.303.D.4))

Yes No Single-Walled Sump Double-Walled Sump Interstitially Monitored
Number of Dispensers: _____

Submersible Pump Containment (Required with new STPs installed after 12/20/08 in certain instances (LAC 33:XI.303.D.5))

Yes No Single-Walled Sump Double-Walled Sump Interstitially Monitored
Number of STPs: _____

10. Projected Start Date or Date Work Performed

Projected Start Date _____ Date Work Performed if Emergency Repair or Modification _____

11. Repair or Renovation Information *(Use this section to provide additional information regarding repair or renovation)*

12. Site Diagram (Use this section to provide site diagram of proposed renovation. Show all existing and proposed piping and include distances)



13. Certification

I certify the above submitted information is correct and I agree to comply with all requirements of LAC 33:XL.

_____ Owner Name	_____ Owner Signature	__/__/____ Date
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LDEQ RESPONSE – DO NOT WRITE BELOW THIS LINE

- Approved by LDEQ
- Rejected for the following reason(s):
 - The noted highlighted section(s) of this form must be completed in order for LDEQ to process.
 - The owner has not signed this form. Please resubmit with the required signature.
 - DEQ records indicate the contractor you have selected is not a UST worker certified by DEQ for installations and repairs. You must select, from the enclosed list, a contractor that is a certified UST worker.
 - DEQ records indicated that the UST system has not been registered. You must complete the attached registration form and return it to the UST Division immediately.
 - _____

_____ Signature of LDEQ Representative	_____ Telephone Number	__/__/____ Date
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