

West Virginia
Department of Environmental Protection
 NOTIFICATION FOR UNDERGROUND STORAGE TANKS

WV Department of Environmental Protection
 Division of water & Waste Management - EE/Tanks
 601 57th ST., Charleston, WV 25304
 PHONE: (304)926-0470

State Use Only	ID #
Date notification received:	
Date entered in Database:	
Data entry clerk initials	
Date Contacted: _____	
Name of Contact: _____	
Comments/clarification:	

PART I: PURPOSE OF NOTIFICATION		
New	Amendment	Closure
<input type="checkbox"/> New Facility <input type="checkbox"/> Previously Deferred System	<input type="checkbox"/> Change in Tank(s) <input type="checkbox"/> Change in Piping <input type="checkbox"/> Change in Service	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Tank <input type="checkbox"/> Piping
Change of Owner	Change of Address	Change of Substance
<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> Yes Fill out Part XII and submit with page one.

_____ # of additional sheets attached
 _____ # of tanks at facility
 _____ # of tanks closed _____ # of tanks remaining

PART II: OWNERSHIP INFORMATION				PART III: FACILITY INFORMATION		
Owner Name				Facility Name and Identifier		
Address				Address		
County				County		
City	State	Zip	City	State	Zip	
Owner Phone ()		FAX ()	Facility phone ()			
Email Address				Latitude (<i>decimal degrees</i>)		Longitude (<i>decimal degrees</i>)

PART IV: OPERATOR INFORMATION					
Operator Name		Phone ()		Fax ()	
Address		City	State	Zip	Email Address

PART V: CONTACT PERSON IN CHARGE OF TANKS					
Primary Contact		Title		Phone ()	
Address		City	State	Zip	Email Address

PART VI: OWNER CERTIFICATION

I certify that under penalty of law that I have personally examined and am familiar with the information in Section I through Section XVI of this notification form and all attached documents (except change of owner, operator, or address information only needs to certify section I through V and any attached documents), and based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete.

Printed Name

Official Title of Signatory

Owner/authorized representative signature

Date signed

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PART VII: TYPE OF OWNER				PART VIII: TYPE OF FACILITY			
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Commercial	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Trucking/Transportation				
<input type="checkbox"/> State Government	<input type="checkbox"/> Private	<input type="checkbox"/> Contractor	<input type="checkbox"/> Auto Dealership				
<input type="checkbox"/> Local Government		<input type="checkbox"/> Railroad	<input type="checkbox"/> Commercial Airport or Airline				
<input type="checkbox"/> Unknown/Abandoned (for state use only)		<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential				
IX: Indian Country				<input type="checkbox"/> Federal Military	<input type="checkbox"/> Utilities		
This section does not apply to West Virginia.				<input type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Farm		
		<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Other: _____				
PART X: FINANCIAL RESPONSIBILITY							
<input type="checkbox"/> I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanism(s).							
<input type="checkbox"/> Self Insured	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Guarantee					
<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Local Government Financial Test	<input type="checkbox"/> Trust Fund					
<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Bond Rating Test	<input type="checkbox"/> Other (describe)					
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> State Fund						
<input type="checkbox"/> I do not have to meet the financial responsibility requirements because 40CFR part 280 Subpart H is not applicable to me (e.g., if you are a state or federal owner).							
PART XI: DESCRIPTION OF UNDERGROUND STORAGE TANK (complete for all tanks/piping at this location.)							
Tank ID #							
Compartments; list as 1a, 1b, 2a, 2b etc.:							
1. Tank Status (check only one)							
Currently In Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned (for state use only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mm/yyyy)							
3. Estimated Capacity gallons							
4. Compartmentalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Check if Repaired enter repair date (mm/yyyy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Field Constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Manifold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Piping or tank manifold?</i>							
<i>Which tank is it manifold to?</i>							
8. Tank Attributes							
8.a Material of Construction	Check the appropriate box and circle DW for double walled or SW for Single walled						
Asphalt Coated: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Steel: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fiberglass/polyurethane-coated: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete: DW SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

