



Iowa DNR - UST Section Registration Form #148

CASHIER USE ONLY
0050-542-G100-0561

After installation of the UST system, you have 30 days to submit a registration form to the DNR along with appropriate fees. DNR considers installation complete once the final 3rd party installation inspection has been completed. It is the owner's responsibility to make sure the registration form and required attachments are submitted with the fees. **There is an additional registration fee of \$250 per tank when not registered within 30 days of installation.** Form 542-3266 may be emailed to USTOperations@dnr.iowa.gov and mail form and fees to UST Section, Iowa DNR, 502 E 9th St, Des Moines IA 50319-0034. Using the electronic form allows dropdowns and checkboxes. For more information go to www.iowadnr.gov/ust. The DNR tanks database is at <http://programs.iowadnr.gov/tanks/>.

Anticipated Opening Date: _____

PLEASE ALLOW 2 WEEKS FOR PROCESSING

LOCATION OF TANKS

DNR Registered Site? Yes No Registration Number (use DNR Tanks Database): _____

Facility Name: _____

Address/City/Zip: _____

Always staffed when operating Operates partially unattended Operated unattended 24 hours a day

Tank Use: Petroleum Retail Sales Non-Retail Sales Government Farm/Residential Emergency Power

Product Delivery: Pressurized Suction

Facility's Estimated Monthly

Throughput for Gasoline: Less than 10,000 gallons 10,000 - 100,000 gallons 100,000 gallons or more

OWNERSHIP OF TANKS

Owner Name (Corp., Individual, Agency): _____

Contact: _____ Email and Phone: _____

Address/City/State/Zip: _____

Owner Type: Private or Corp City County State Federal School Indian Trust Land

LESSEE (OPERATOR LEASING TANK, NOT TANK OWNER)

Lessee Name (Corp., Individual, Agency): _____

Contact: _____ Email and Phone: _____

Address/City/State/Zip: _____

AUTHORIZED REPRESENTATIVE (PERSON TO RECEIVE ALL CORRESPONDENCE)

Authorized Rep Name (Corp., Individual, Agency): _____

Contact: _____ Email and Phone: _____

Address/City/State/Zip: _____

NEW TANK REGISTRATION FEES

- Enter the number of **NEW** Tanks being registered in the boxes below. **For tanks with compartments, each compartment is considered a separate tank and must be included in the tank total.**
- There is a one-time \$10 registration fee per tank. For tanks over 1,100 gallons, an annual tank management fee of \$65 per tank must also be paid. Multiply the tank number by the fee for the amount due for each line below.
- Total the column for the total fee due.

DO NOT SEND FEES FOR PIPING ONLY UPGRADES	# OF TANKS	FEES	FEE DUE
Number of tanks/compartments (\$10 each). Optional for DEF tanks		X \$10 =	
Number of tanks/compartments over 1,100 gallons (\$65 each) except for DEF tanks		X \$65 =	
30 day late fee (if applicable)		X \$250 =	
TOTAL FEE DUE			

TYPE OF REGISTRATION (DO NOT USE FOR OWNERSHIP CHANGE OR FOR EQUIPMENT REPAIR/REPLACEMENT)

- NEW UST SYSTEM** installed at **NEW SITE** **NEW UST SYSTEM** installed at an **EXISTING SITE**
- Product Lines Only

1. STATUS OF TANK	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
Tank Identification Number of each existing tank. If new tank, provide the contents						
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out-of -Use (MM/DD/YY)						
2. DATE OF INSTALLATION MM/DD/YY (DATE TANK/PIPING COVERED AND TIGHTNESS TEST COMPLETED)						
3. TANK TYPE						
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial (Retail Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)						
4. TANK CAPACITY & SUBSTANCE STORED						
Fill in the size and contents of each compartment using the abbreviations provided. Use only compartment #1, for a single compartment tank. Put the substance stored below the compartment size in shaded space. Split compartment tanks should be indicated by staggering the size and contents.						
Example: gallons: 12,000 Type of fuel: E15	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
Compartment 1						
Compartment 2						
Compartment 3						
Compartment 4						
Compartment 5						
5. TANK MATERIAL AND CONSTRUCTION						
Tank Manufacturer: _____			Tank Model Name: _____			
Are tanks anchored: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Deadman <input type="checkbox"/> Concrete Pad						
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Steel with Polyethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Wall Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (steel clad with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed (steel with external nonmetallic jacket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which tanks are siphoned together						

6. TANK - PRIMARY METHOD OF LEAK DETECTION (MUST BE INTERSTITIAL MONITORING AFTER NOV 27, 2007)

Installers identified tanks on page 2 section 1	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
Manual Interstitial Monitoring of Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Interstitial Monitoring of Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauging (ATG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSLD Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of SIR Company						
Version of SIR Method						
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. TANK - SECONDARY METHOD OF LEAK DETECTION

Groundwater Monitoring Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauging (ATG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSLD Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control with Tank Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging (only for tanks 1,100 gallons or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)						

For each method marked, please specify the **equipment** used for leak detection. This would include leak measuring device, sensing device, or ATG system.

Tank Interstitial Sensor Method _____

Interstitial Sensor Manufacturer _____

Interstitial Sensor Model _____

Control Panel Manufacturer/Model _____

ATG System Manufacturer/Model _____

PIPING - TYPE, CONSTRUCTION, AND PROTECTION						
8. TYPE OF PRODUCT DELIVERY	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
Pressurized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sites with pressurized delivery that operate unattended any time during the business day must implement one of the following:						
<input type="checkbox"/> Positive Shutdown <input type="checkbox"/> Electronic Communication <input type="checkbox"/> Daily Visit <input type="checkbox"/> Signage and 24/7 Response Service <input type="checkbox"/> Always staffed when operating <input type="checkbox"/> Operates partially unattended <input type="checkbox"/> Operates unattended 24 hours a day						
9. PIPE BRAND/CONSTRUCTION						
Piping Manufacturer/Brand						
Construction Material (DW Flex, DW FRP, DW Steel, or other. If other specify material above)						
External Secondary Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions sumps Present	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other (Please Specify)						
10. CONTINUOUS LINE LEAK DETECTION FOR PRESSURIZED PIPING						
Mechanical Line Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Line Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak Detection Make						
Model						
11. PIPING LEAK DETECTION						
Interstitial Monitoring (Required for installation after Nov 27, 2007)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Line Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of SIR Company						
Version of SIR Method						
Safe Suction System (one check valve beneath dispenser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction System with Check Valve at Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)						
12. SPILL PROTECTION EQUIPMENT						
Spill Containment Size in Gallons						
Spill Equipment Manufacturer						
Spill Equipment Model						
Product Material						
Other (Please Specify)						
Construction (single wall or double wall)						
Interstitial Monitoring (manual or electronic)						
Remote Fill	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

13. OVERFILL PROTECTION EQUIPMENT		TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
Automatic Shutoff Device @ Full 95%		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Level Alarm @ 90% Full		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow Restrictor @ 90% Full (e.g., ball float valve)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. STAGE 1 VAPOR RECOVERY							
<p>Note: Dual point vapor control is required on all new (installed after November 9, 2006) gasoline dispensing facilities (GDFs) that exceed 100,000 gallons throughput determined by a 30-day rolling average. GDFs that exceed 100,000 gallons in a 30-day rolling average are large source GDFs and must have dual point vapor control installed at start up.</p>							
Coaxial System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual Point System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifolded System (single vapor hose connection)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor recovery is not required for this UST		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Bucket at VRS Port	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
15. STP TANK TOP SUMPS							
STP Sump Present	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Manufacturer							
STP Make/Model							
Containment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Double Wall	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Material							
Leak Detection	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Monitoring Method (manual/visual or continuous)							
Sensor Make							
Sensor Type (discriminating or non-discriminating)							
Control Panel							
Positive Shutdown	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

16. DISPENSERS & UNDER DISPENSER CONTAINMENT (UDC)

Enter the dispenser number(s) in each

Dispenser # (e.g. 1/2)						
Dispenser Manufacturer						
Model						
Primary Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satellite Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LLD able to Monitor Satellite Line	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
UDC Install Date						
UDC Manufacturer						
UDC Material						
Double Wall	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
UDC Model						
Monitoring Method (manual/visual or continuous)						
Sensor Make						
Sensor Type (discriminating or non-discriminating)						
Control Panel Make/Model						
Positive Shutdown	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

17. POST INSTALLATION TESTING/INSPECTION DOCUMENTS

- As-built diagram must include tank bed and piping layout, tanks labeled with contents and size, facility buildings, street references, dispensers (numbered), and sumps (numbered), arrow indicating directional North. Attached
-
- Secondary Containment Testing Report Form [DNR Form 542-0153](#) Attached
- Passing test results for secondary of tank and piping
 - Passing test results for containment sumps and UDCs
 - Passing test results for spill buckets
-
- Copy of leak detection console printout showing functionality of each interstitial sensor (e.g., vacuum/pressure/liquid-detecting/hydrostatic sensor). Functionality tests are conducted in accordance with manufacturer’s guidelines. Attached
-
- Primary tank and piping precision (0.1gph) test results (3rd party test or ATG- copies onto 8.5 X 11 paper) Attached
-
- Piping line leak detector test for pressurized delivery systems (3rd party test or ATG- copies onto 8.5 X 11 paper) Attached
-
- Third Party Installation Inspector Checklist [DNR Form 542-0069](#) Attached Previously submitted by UST installation inspector
-
- Additional if applicable:
- NESHAP or Stage 1 Vapor Recovery Survey Form and testing results [DNR Form 542-0016](#) Attached
- UST System Checklist for Equipment Compatibility [DNR Form 542-1336](#) Attached Previously submitted

18. FINANCIAL ASSURANCE

SECTIONS 18, 19 & 21 MUST BE COMPLETED BY OWNER

I have financial responsibility to cover pollution liability for my underground storage tanks in accordance with 567-- Chapter 136 of the Iowa Administrative Code by the following method:

ATTACH A COPY OF YOUR FINANCIAL RESPONSIBILITY DOCUMENT

- Self-insured - tangible net worth of \$10 million and ability to pass one of the financial tests in rule 136.6
- Insurance coverage through private insurance carrier meeting rule 136.8
- Guarantee from corporate parent or other firm able to pass the net worth financial test in rule 136.7
- Surety bond meeting rule 136.9
- Letter of credit meeting rule 136.10
- Trust Fund meeting rule 136.11/ Standby Trust Fund meeting rule 136.12
- Combination of the above methods (*please mark those methods being used*)

Name of Insurer: _____ Policy No. _____

FOR LOCAL GOVERNMENTS AND THEIR AGENCIES, THE FOLLOWING MAY ALSO BE USED

- Local government bond rating test meeting rule 136.13
- Local government financial test meeting rule 136.14
- Local government guarantee meeting rule 136.15
- Local government fund meeting rule 136.16

NOTE: Proof of financial responsibility must be maintained in order to store fuel in the tanks. **You must submit a current copy of the financial assurance document such as a new certificate of pollution liability insurance or proof of self-insurance every year.** If financial responsibility is not maintained, the department can stop fuel delivery. Insurance companies are required to notify the department when insurance is being canceled.

19. CLASS A AND B OPERATORS FOR THIS SITE

A trained Class A and B operator is required before you can receive fuel and operate the underground storage tanks. The **Class B Operator must be located within a 4 hr response time to the site.** Information on operator training can be found on the [Operator Training](#) link of our UST Owner & Operator web page. If the site dispenses to the public, an employee on site must be trained at least as a Class C Operator.

Class A Operator

Training Certificate: Attached Previously Submitted

First Name: _____ Last Name: _____

Principal Business Address (Address/City/State/Zip): _____

Email and Phone: _____

Class B Operator

Training Certificate: Attached Previously Submitted

First Name: _____ Last Name: _____

Principal Business Address (Address/City/State/Zip): _____

Email and Phone: _____

20. INSTALLER CERTIFICATION

Please verify that **Sections 1-17** regarding the UST system are completely filled out, along with the UST system post-installation checklist **before signing below**.

Pursuant to subrule 135.3(3)"e" the installer hereby certifies that the methods used to install the tank and piping systems comply with the requirements in subrule 135.3(1)"d".

Facility is compliant with Iowa Code 455G.32 and/or 455G.33: Yes No

IOWA LICENSED INSTALLER

Company Name and License Number: _____

Address/City/State/Zip: _____

Individual Installer Name and License Number: _____

Individual Installer Email and Phone: _____

Installer's Name (printed): _____

Installer's Signature and Date Signed: _____

21. OWNER CERTIFICATION

Please verify that the installer completed **Sections 1-17**, post-installation checklist **and** you completed **Sections 18-19** before signing below.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.

Owner Name (Corp. Individual, Agency): _____

Address/City/State/Zip: _____

Owner or Contact Email and Phone: _____

Owner or Contact Name (printed): _____

Owner or Contact Signature and Date Signed: _____

Registration is required by Iowa law for all underground storage tanks that have been used to store regulated substances since January 1, 1974 and were still in the ground as of July 1, 1985, or tanks brought into service after July 1, 1985. The information requested is required by 567--Chapter 135 of the Iowa Administrative Code (567-455B and Iowa Code Section 455B.473).

Mail completed form, copy of financial assurance mechanism, and appropriate fee to the address below.

Checks should be made payable to: *Iowa Department of Natural Resources*

Iowa Department of Natural Resources

Underground Storage Tank Section

502 E 9th St

Des Moines, IA 50319-0034

An underground storage tank may not operate without prior approval of the DNR or until the tank has been issued a tank registration tag and is covered by an approved method of financial responsibility.

There is a \$10 fee to replace any lost permanent or annual tags.

Use the [Replacement Tank Tag Form](#) to request a replacement tank tag.

It is UNLAWFUL to receive fuel without Departmental approval or required tank tags.