

Iowa DNR Updates



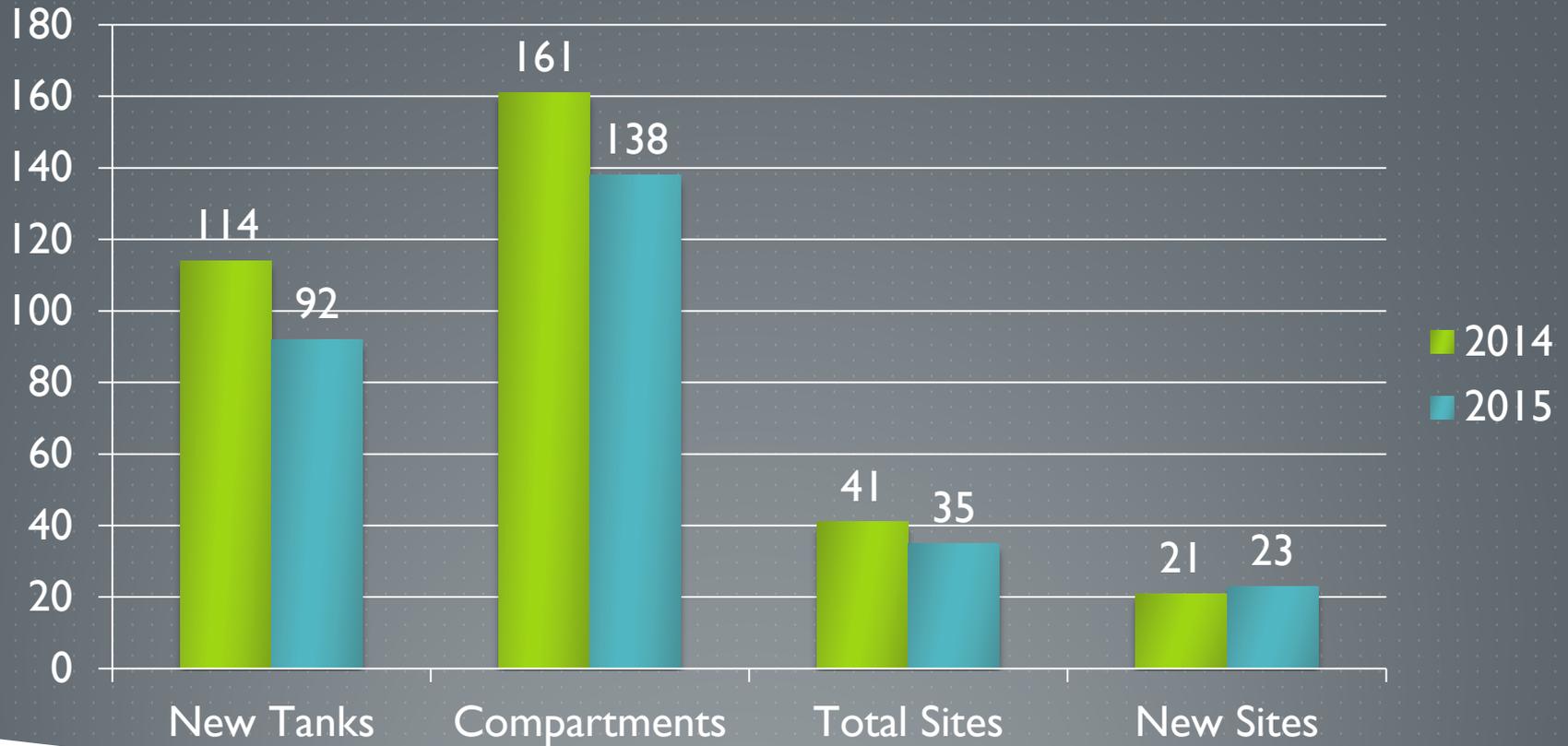
WHERE WE'VE BEEN.....

Al Hillgren

February 7, 1954—June 22, 2015



NEW TANKS 2014-2015



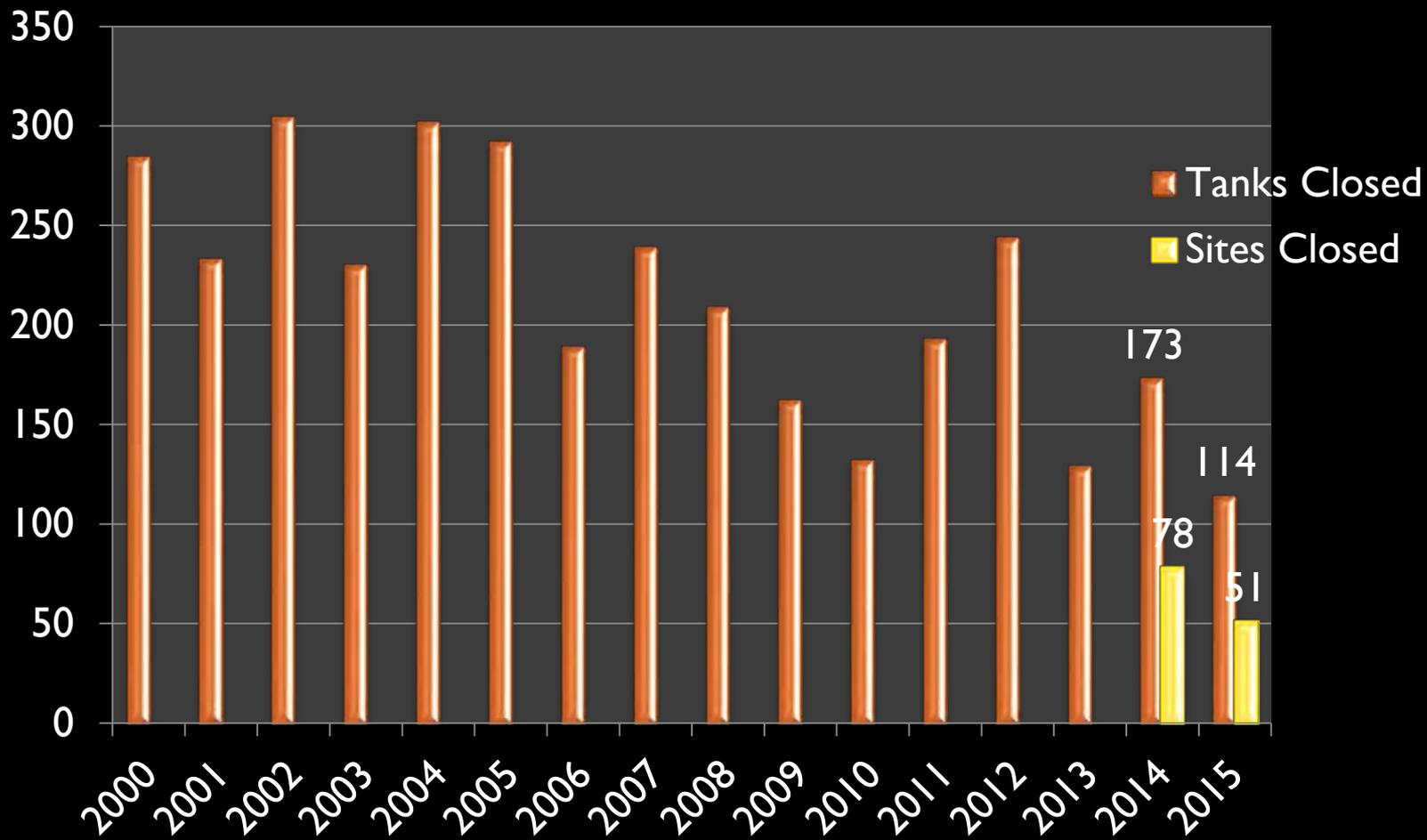
New Sites 2000-2014



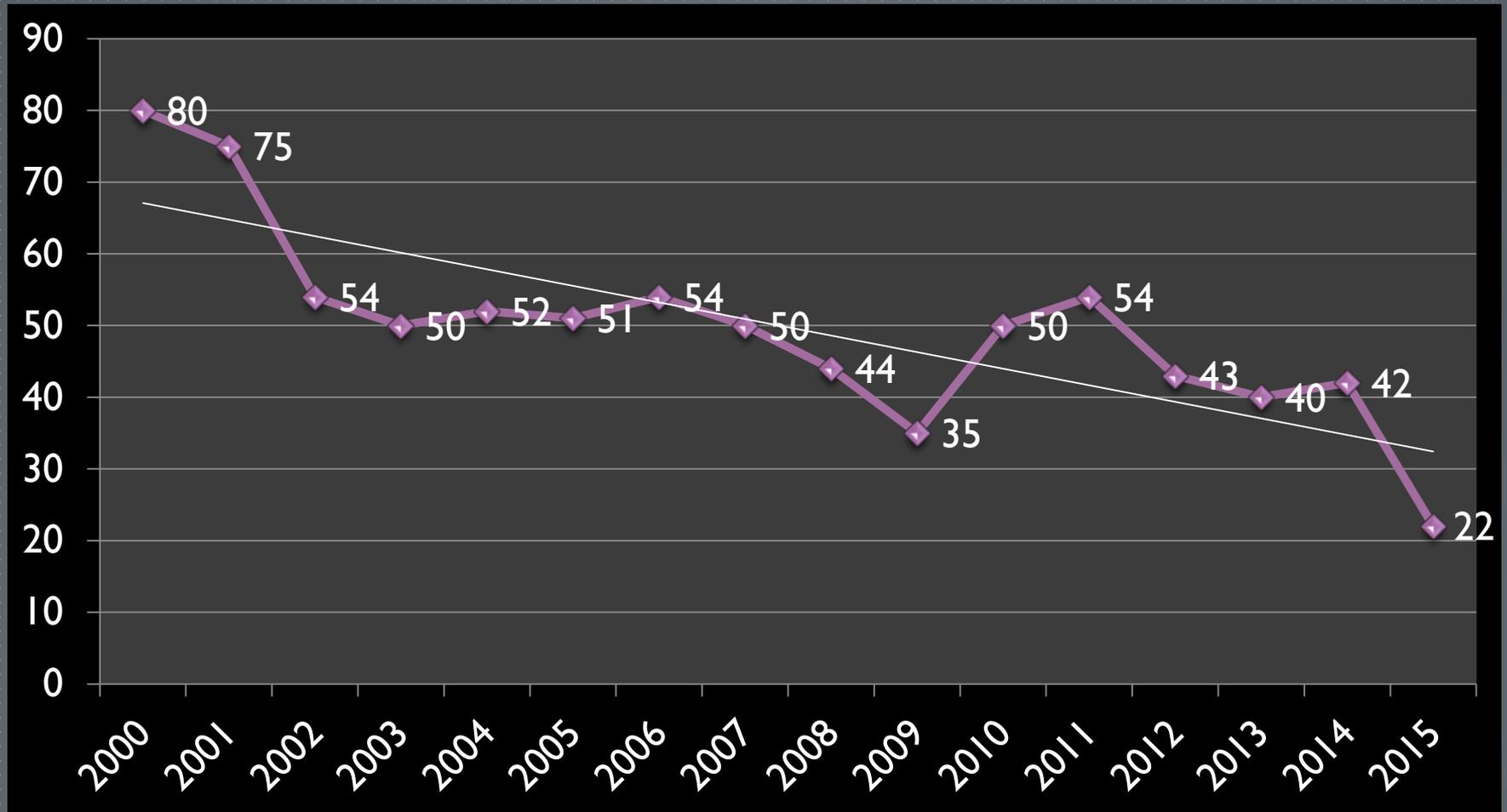
2015 BY THE NUMBERS

- ▶ ~2,650 Active Regulated Sites
 - ▶ Started with ~11,000
- ▶ ~100 Regulated Temp. Closed Tanks

CLOSED TANKS/SITES: 2000-2015



LEAKING SITES: 2000-2014



CLOSING DOWN THE FUND

- 26 years since inception
- EPC sunset date established around 2005 to be June 30, 2014
- It was later extended to June 30, 2016
- On June 30, 2016, current law says the EPC will no longer be collected
- Road Fund / DOT, under current law, must continue to transfer \$14M to UST Fund and \$3M to RFIB



ENFORCEMENT/COMPLIANCE

Follow up on:

- ▶ Sites that have significant operational compliance issues from Most Recent Inspection: LD, Insurance, Tank Tags, CP
- ▶ 39 Enforcement Letters sent to Red Tag Sites & Sites Temp Closed for Over 1 Year
- ▶ UST Inspection Due



Inspector Training was held on April 24th, 2015 on how to use the new UST Inspector Database

REGISTRATION: 198604837 View/Upload Site Photos View/Upload Inspection Photos New Search Submit

[Begin Entering or View Inspection Information Here](#)

SITE INFO	TANK DISPENSER SELECTION	TANK AND PIPING SUMMARY
LEAK DETECTION	SPILL PROTECTION	OVERFILL PREVENTION
CORROSION PROTECTION	VAPOR EMISSIONS CONTROL	DISPENSERS AND UDC
TEMPORARY CLOSURE	CORRECTIVE ACTIONS AND DEFICIENCIES	COMPLIANCE INSPECTION RESULTS
AUTOMATIC TANK GAUGING	STATISTICAL INVENTORY RECONCILIATION	INVENTORY CONTROL AND TANK TIGHTNESS
VAPOR MONITORING	GROUNDWATER MONITORING	MANUAL TANK GAUGING
INTERSTITIAL MONITORING TANK	MONITORING UDC	SUMP CONTAINMENT
LEAK DETECTION PIPING		

Corrective Actions and Deficiencies

	Section or Method Name
<input checked="" type="checkbox"/>	Operator Training and General Record Keeping
<input type="checkbox"/>	Automatic Tank Gauging
<input type="checkbox"/>	Statistical Inventory Reconciliation
<input type="checkbox"/>	Inventory Control and Tank Tightness Testing
<input type="checkbox"/>	Vapor Monitoring
<input type="checkbox"/>	GroundWater Monitoring
<input type="checkbox"/>	Manual Tank Gauging
<input type="checkbox"/>	Interstitial Monitoring Tanks
<input type="checkbox"/>	Leak Detection Piping
<input type="checkbox"/>	Sump Containment
<input type="checkbox"/>	Monitoring UDC
<input checked="" type="checkbox"/>	Spill Protection
<input type="checkbox"/>	Overfill Prevention Device
<input type="checkbox"/>	Corrosion Protection Tank and Piping

WHERE WE'RE GOING....

The screenshot shows the Iowa Department of Natural Resources (DNR) website. The browser address bar displays "http://www.iowadnr.gov/Environmental-Protection/Land-Quality/Underground-Storage-Tanks/". The website header includes the DNR logo and the text "IOWA DEPARTMENT OF NATURAL RESOURCES". A navigation menu at the top lists "HOME", "HUNTING", "FISHING", "THINGS TO DO", "PLACES TO GO", "CONSERVATION", "ENVIRONMENTAL PROTECTION", and "ABOUT DNR". The "ENVIRONMENTAL PROTECTION" menu item is selected, leading to the "UNDERGROUND STORAGE TANKS" page. On the right side of the header, there is a search bar with the text "Search All of Iowa.gov..." and a "GO" button. Below the navigation menu, a breadcrumb trail reads "ENVIRONMENTAL PROTECTION > LAND QUALITY > UNDERGROUND STORAGE TANKS". The main content area is divided into three columns. The left column is a sidebar menu with "Air Quality" and "Land Quality" (selected) as main categories, and various sub-items like "Emergency Planning (EPCRA)", "Solid Waste", "Waste Management", "Underground Storage Tanks", "UST / LUST Staff Roster", "UST / LUST Regulations", "UST / LUST News & Events", "UST / LUST Resources", "UST Owners & Operators", "UST Enforcement", "UST Forms", "Licensed UST Professionals", "Leaking Underground Tanks", "Groundwater Professionals", "UST Fund & Board", "Animal Feeding Operations", "Flood Plain Management", "Dam Safety", "Sovereign Lands Permits", and "Contaminated Sites". The middle column is titled "Underground Storage Tanks (UST)" and contains text about the UST Section's responsibilities, a section on "New Tier 1, Tier 2 (v 2.51 and 3.0), and Tier 2 Bedrock Software Available" dated 12/2014, and a section for "Supplemental Guidance to assist in completing RBCA evaluations" with links to Tier 1 and Tier 2 guidance documents. The right column is titled "Notices" and contains three items: "10/2015 - The U.S. Environmental Protection Agency recently rolled out a fresh new look and feel to their website making it even more user friendly.", "10/2015 - The U.S. Environmental Protection Agency recently posted the Final Revisions to the Federal UST Regulations (along with Rule Summary, History and Additional Resources) located at: http://www2.epa.gov/ust/...", and "09/2015 - DNR has incurred costs to provide replacement tags in terms of materials, postage, and staff time. Permanent tags are intended to remain on the fill port for the life of the tank, and are necessary identifiers for DNR, compliance inspectors, and fuel delivery services. Over the past 9 months we have replaced over 300 lost or missing tags. In order to cover processing costs, and ensure owners are provided replacement tags in a timely manner to be in compliance with the law, a fee will be charged. Effective Sept. 18, 2015 there will be a \$10 fee per tag for all replacement tags. The Replacement Tank Tag Form (542-0479) can be found under UST forms. http://www.iowadnr.gov/InsideDNR/RegulatoryLand/UndergroundStorageTanks/".

**NEW LOOK ON
IOWA DNR WEBPAGE**

NEW VAPOR RECOVERY, STP, & SPILL PROTECTION SECTIONS ADDED TO UST DATABASE

Address: 1225 EAST HAMBRETT RD City: Doverport Zip: 32007 Field Office: 0

Site Detail Location **Tanks** Dispensers Tags Affiliates Contract 28e Certification Documents Correspondence LUST

46563 [Back To Tank Detail](#)

Compartment

Contents: E10
 Capacity: 20000
 Install Date: 08/19/2015
 Status: Regulated tank - active
 Primary Leak Detection Method: Interstitial Monitoring w/ Secondary Containment
 Automatic Tank Gauging (ATG) Model: Incon TS 5000

Vapor Recovery

Stage 1 Method: Dual Point
 Last Test:
 Spill Bucket at VRS Port: Yes No NA

Submersible Turbine Pump (STP) and Sump Containment

STP Manufacturer: FE-PETRO
 STP Model: STP-VL2
 Sump Containment Present: Yes No
 Sump Material: Poly
 Double Wall: Yes No
 Monitoring Method: Continuous
 Sensor Make: INCON
 Sensor Type: Non-Discriminating
 Control Panel: TS-5000

Spill Protection

Spill Protection: NA
 Spill Bucket Size: 5
 Spill Manufacturer: Franklin Fueling
 Product Model: 705-492-02
 Product Material: Cast Iron
 Single Wall Double Wall
 Interstitial Monitoring: Electronic Manual
 Remote Fill: Yes No

Overfill Prevention

Overfill Prevention: --Overfill Prevention--
Type
 Automatic Shut-Off Device @ 95% full
 High Level Alarm at 90% FULL

Internal Protection

Line Date:
 --Internal Protection--

Secondary Leak Detection Method(s): --Secondary Leak Protection--

Type
 Automatic Tank Gauging

Pipe

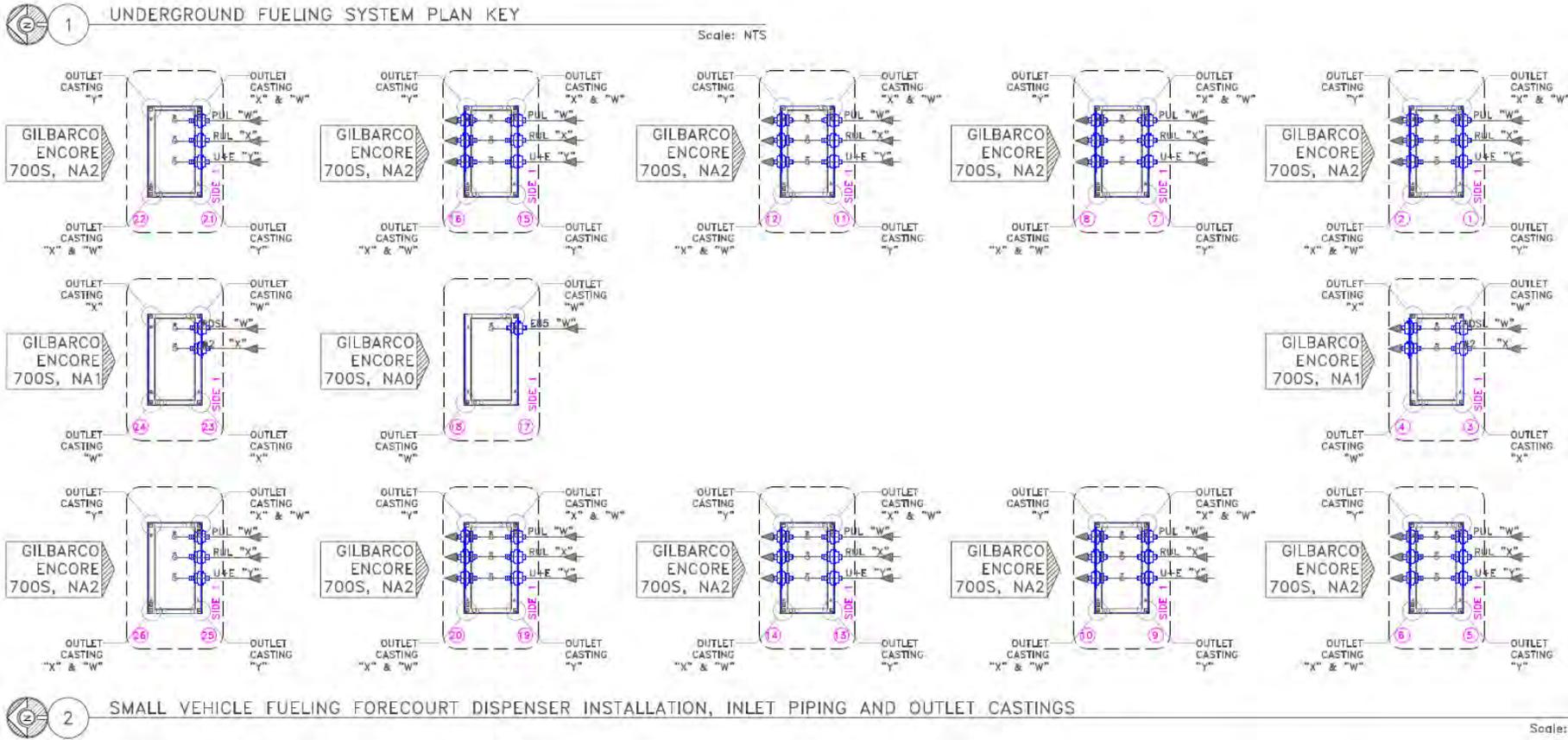
NEW DISPENSER TAB ON UST DATABASE

▶ DISPENSERS MUST BE NUMBERED (1/2, 3/4, 5/6, ETC.)

▶ EXACT MODEL MUST BE LISTED (700S NAI, 700S NAO)

Site Detail	Location	Tanks	Dispensers	Tags	Affiliates	Contract	28e	Certification	Documents	Correspondence	LUST
Dispensers and Secondary Containment (UDC)											
Dispenser Area	Dispenser 1/2	Dispenser 3/4	Dispenser 5/6	Dispenser 7/8							
Manufacturer	GILBARCO	GILBARCO	GILBARCO	GILBARCO							
Model	NA1	NA2	NA1	NA1							
Install Date	09/25/2015	09/25/2015	09/25/2015	09/25/2015							
High Blend Ethanol, ULSD, and BioDiesel Compatible	<input type="radio"/> Yes <input checked="" type="radio"/> No										
Check if connected to Satellite Disp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
UDC											
Check if UDC Present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
Manufacturer	APT	APT	APT	APT							
UDC Material	Poly	Poly	Poly	Poly							
Check if Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
UDC Monitoring											
Monitoring	Continuous	Continuous	Continuous	Continuous							
Sensor Make	INCON	INCON	INCON	INCON							
Sensor Type	Non-Discriminating	Non-Discriminating	Non-Discriminating	Non-Discriminating							
Control Panel Make/Model	TS5000	TS5000	TS5000	TS5000							
Check if satellite disp. has same UDC and monitoring equipment as primary (if not, explain in Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Notes		DIESEL									
Remove Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

▶ MAP OF DISPENSER LAYOUT MUST BE INCLUDED WITH #148



NEW DOCUMENTS TAB ON UST DATABASE



Iowa Department of Natural Resources and Public Safety State Fire Marshal Office Storage Tanks

Leading Iowans in caring for our natural resources

11/10/2015 10:36:18 AM user:Cara Ingle

[LogOut](#)

[Tank Management](#)

[Advanced](#) search UST Registration Number for [Go](#)

Registration #: 201500030

Address: 1225 EAST KIMBERLY RD

Name: KWIK STAR #291

City: Davenport Zip: 52807 Field Office: 6

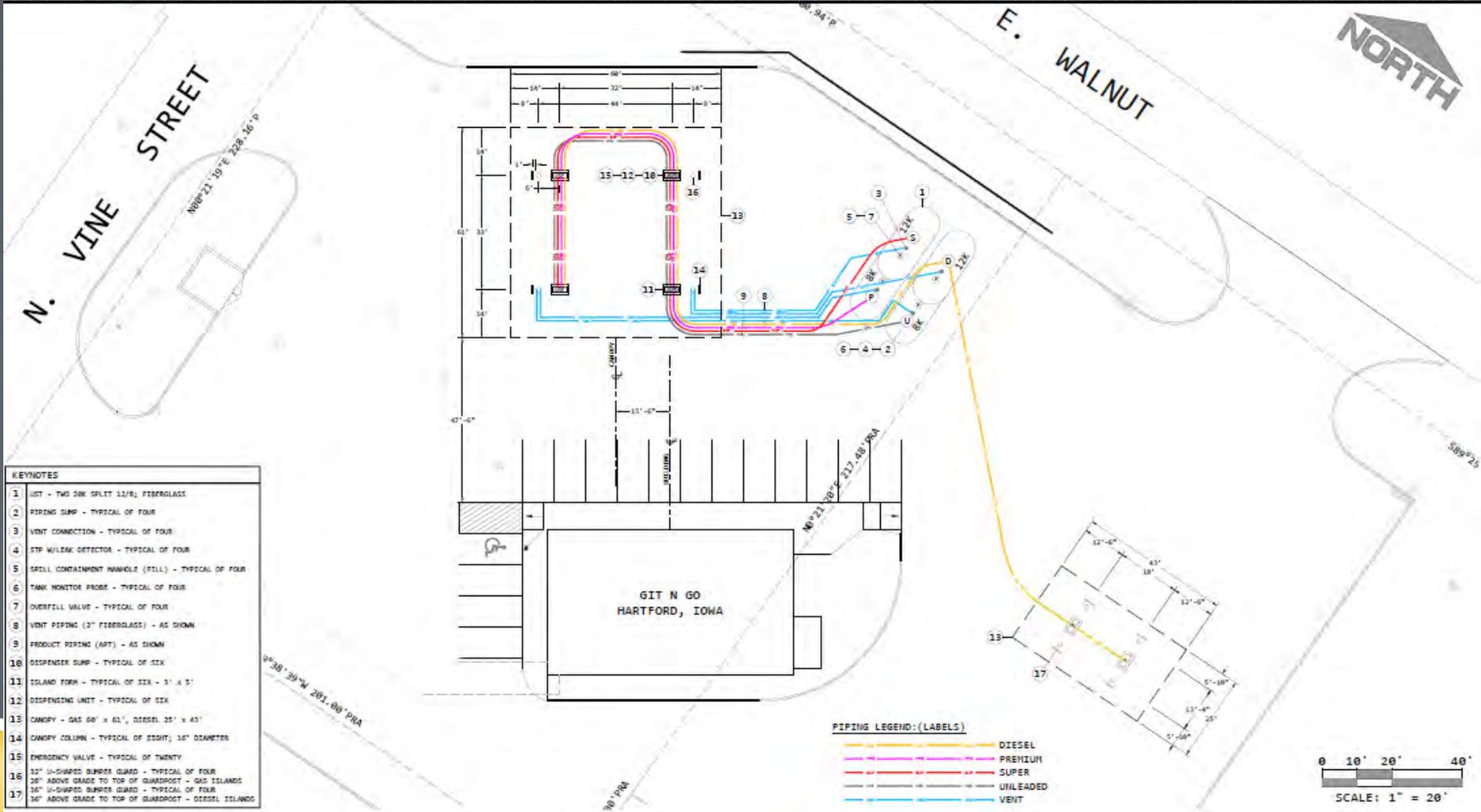
[Site Detail](#) [Location](#) [Tanks](#) [Dispensers](#) [Tags](#) [Affiliates](#) [AOs](#) [ATP](#) [Contract](#) [28e](#) [Certification](#) [Memo](#) **[Documents](#)**
[Correspondence](#) [LUST](#)

View photographs, correspondence, reports, notifications, forms and other documents related to this UST/LUST site.

The documents below do not include all the documents from the UST/LUST file. If you do not see the item you are searching for in the list below, contact records at 515/725-8480, and provide the UST registration or LUST identification for the site.

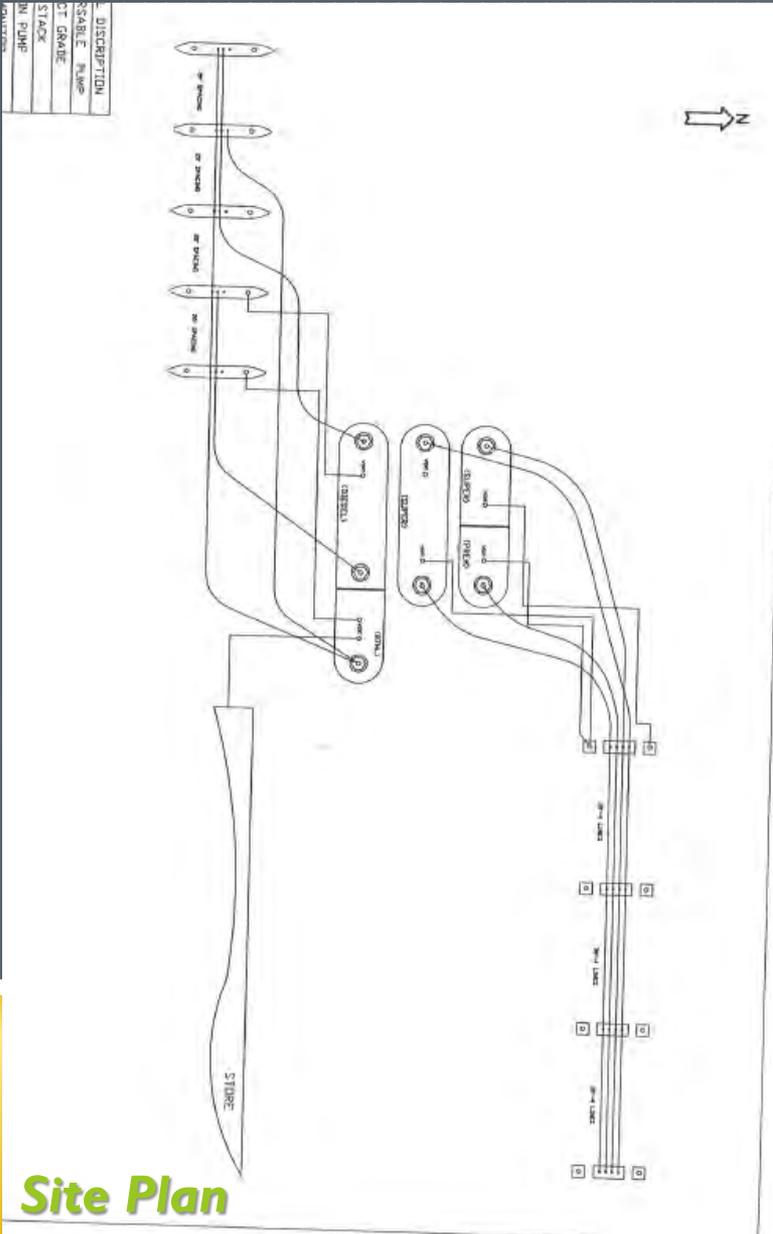
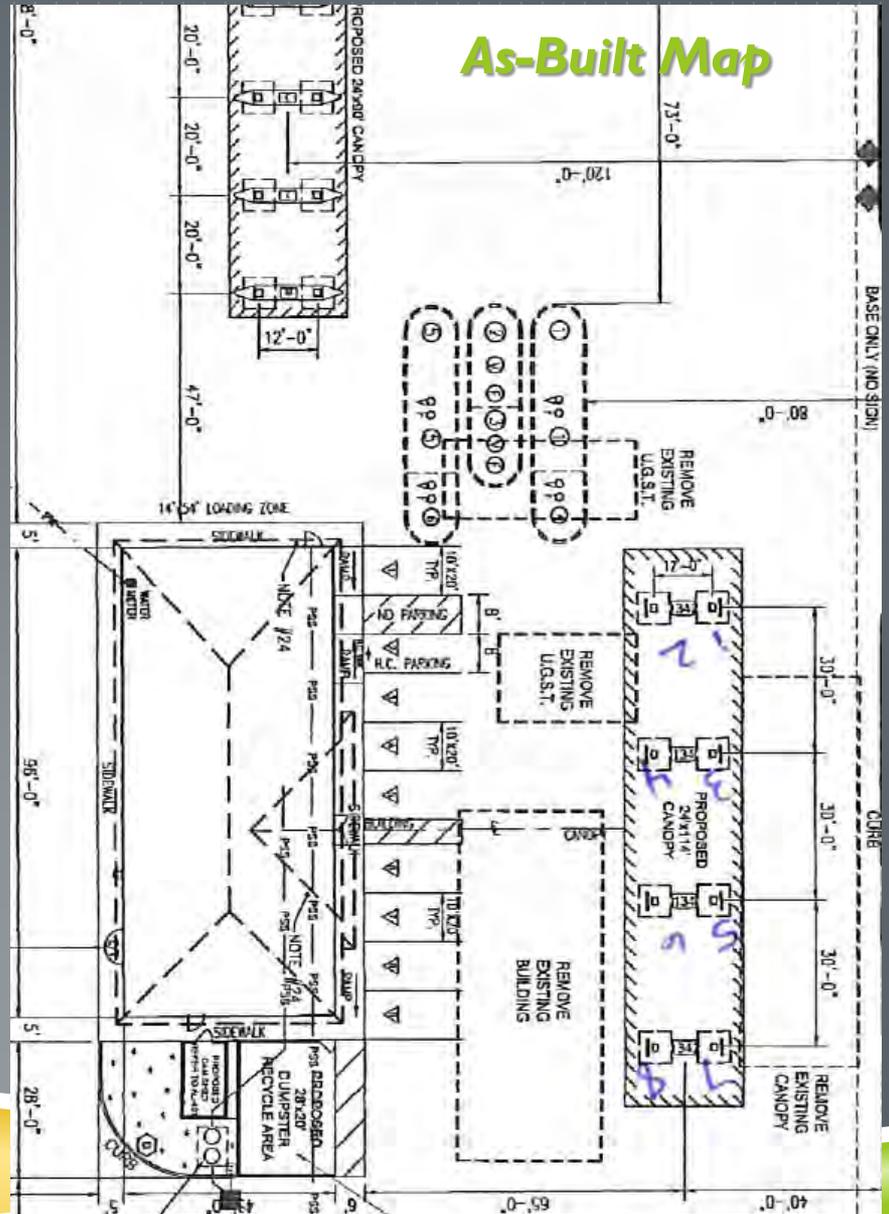
View File	Document Date	File Description
201500030 KWIK STAR 291.pdf	11/10/2015	Kwik Star 291 Site Plan

► SITE MAPS ARE NOW BEING DOWNLOADED ONTO THE DATABASE.



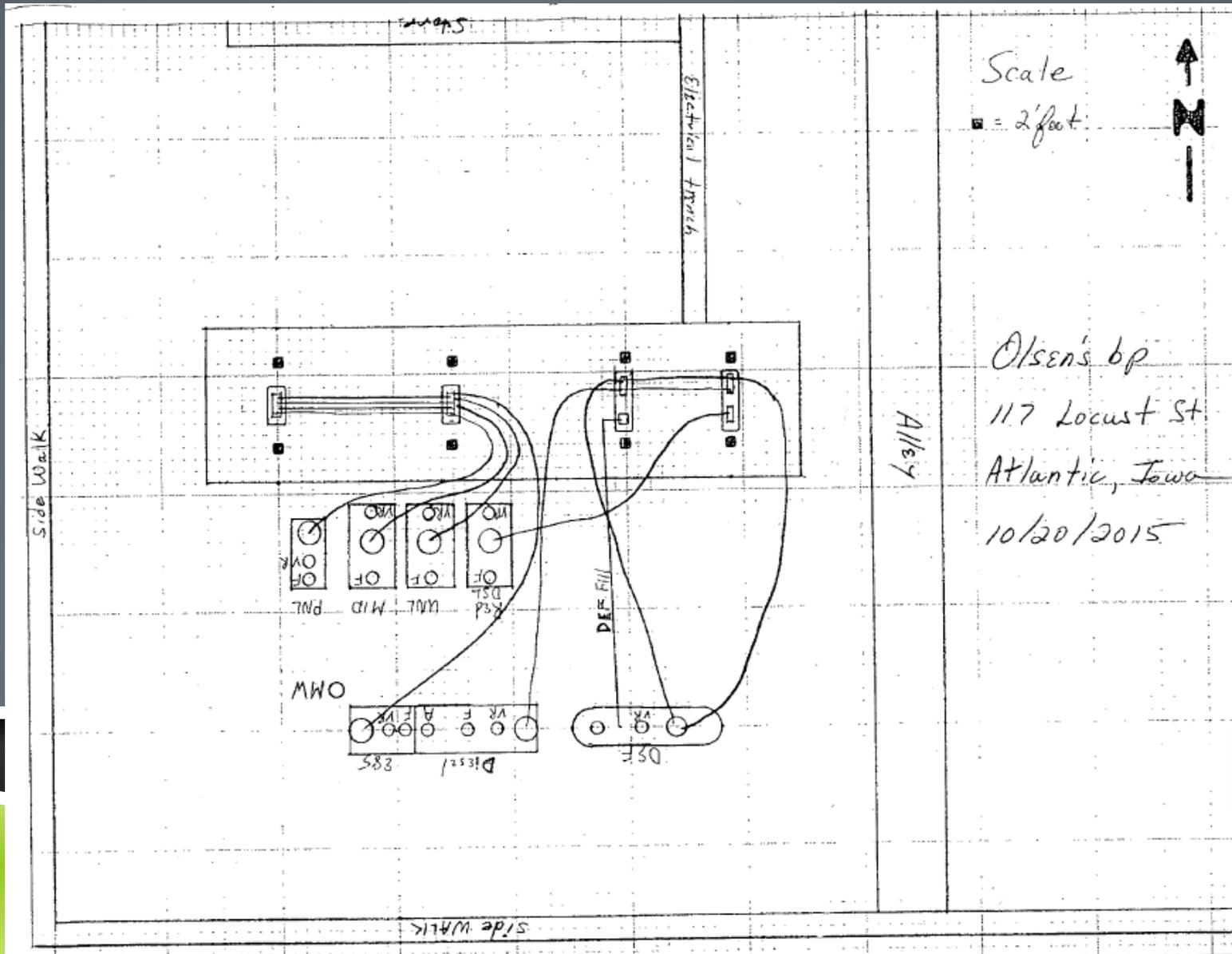
Do you see the problem??

As-Built Map



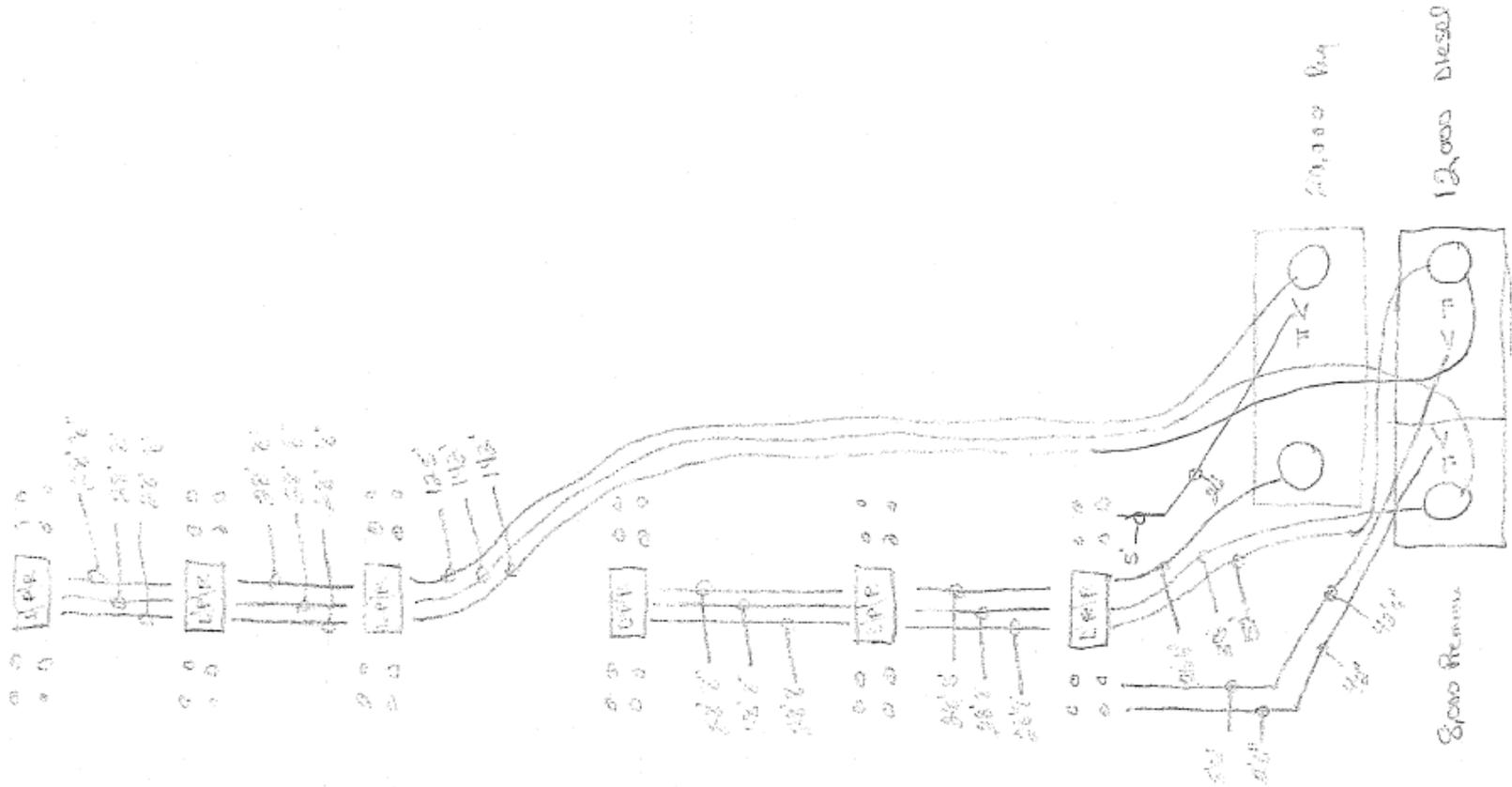
Site Plan

Are hand drawn maps okay??



CASEYS # 3452

Wash Union CA



NEW FORMS

- ▶ PLEASE MAKE SURE YOU ARE USING THE MOST UPDATED FORMS
- ▶ FORM VERSIONS OLDER THAN 2015- NOT ACCEPTED
- ▶ FOR THE LATEST VERSION PLEASE GO TO OUR WEBSITE AND CLICK THE FORMS TAB.

Forms	*.doc	*.pdf
542-0011 Change in Ownership		
542-0016 Stage 1 Vapor Recovery Survey Form		
542-0068 Cathodic Protection (CP) System Form		
542-0069 Installer Inspection Checklist		
542-0095 UST Inspection Response Form		
542-0103 Returning an UST to Service Notification		
542-0104 Notification of Intent to Install		
542-0114 UST Monthly Electronic Interstitial Monitoring		
542-0115 UST Monthly Manual Interstitial Monitoring		
542-0153 Secondary Containment Testing Report Form		
542-0154 UST Decommissioning Form		
542-0156 Ampere and Voltage Meter Rectifier Readings Form		
542-0178 Line Tightness Test Form		
542-0277 Line Leak Detection with a Mechanical Line Leak Detector		
542-0278 Line Leak Detection with an Audible or Visual Alarm		
542-0479 Replacement Tank Tag Form		
542-1303 UST Closure Report for Filling In Place		
542-1306 UST Closure Report for Tank and Piping Removal		
542-1308 Notification of Tank Closure or Change-in-Service Form		
542-1310 Release Report Form (Owners/Operators)		
542-1311 Notification of Temporary Closure Form		
542-1327 Notification of Release (UST Professionals)		
542-1336 UST System Checklist for Equipment Compatibility		
542-1337 Ethanol Inspection Form		
542-1422 Manual Tank Gauging Record		
542-3266 UST Registration Form #148		

UPDATED INTENT TO INSTALL



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

Notification of Intent to Install

The Iowa licensed installer and the owner or operator must notify the Iowa 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration No: _____	LUST No (if applies): _____	
Site Name: _____			
Address: _____			
City: _____	ZIP: _____	Phone: _____	
This site is: <input type="checkbox"/> Always Staffed <input type="checkbox"/> Always Unstaffed (card- or key-trol) <input type="checkbox"/> Staffed only during operating hours			
Tank Use: <input type="checkbox"/> Petroleum Retail Sales <input type="checkbox"/> Non-Retail Sales <input type="checkbox"/> Government <input type="checkbox"/> Farm/Residential <input type="checkbox"/> Emergency Power			
Method of Financial Responsibility for USTs (i.e., insurance, self-assurance, etc.): _____			

UST SYSTEM COMPONENTS			
Date of installation: _____	No of tanks being installed: _____	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	
UST System Components to be installed (check one): <input type="checkbox"/> Tanks and Piping <input type="checkbox"/> Tanks Only <input type="checkbox"/> Piping Only			
Contents: <input type="checkbox"/> Petroleum (gasoline, diesel, jet fuel) <input type="checkbox"/> Hazardous Substance: _____ <input type="checkbox"/> Other: _____			

PRODUCT DELIVERY	
<input type="checkbox"/> Pressurized	<input type="checkbox"/> Suction <input type="checkbox"/> 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:	
<input type="checkbox"/> Dual Point <input type="checkbox"/> Single Point <input type="checkbox"/> Manifold Vent Lines <input type="checkbox"/> Stage 1 not required for this site	

OWNERSHIP OF TANKS			
Owner Name (Corp., Individual, Agency): _____			
Contact: _____	Email: _____		
Street Address: _____	Phone: _____		
City: _____	State: _____	ZIP: _____	FAX: _____
Owner Type: <input type="checkbox"/> Private or Corp <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> School <input type="checkbox"/> Indian Trust Land			

SITE OPERATOR			
Name (Corp., Individual, Agency): _____			
Contact: _____	Email: _____		
Street Address: _____	Phone: _____		
City: _____	State: _____	ZIP: _____	FAX: _____

IOWA LICENSED INSTALLER			
Name: _____	License ID No: _____		
Company: _____	Email: _____		
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: <input type="checkbox"/> Tank Location <input type="checkbox"/> Other (describe): _____	

IOWA DNR RESPONSE- DO NOT WRITE BELOW THIS LINE	
DATE RECEIVED BY IOWA DNR: _____	
<input type="checkbox"/> RETURNED FOR THE FOLLOWING REASON: _____	
<input type="checkbox"/> APPROVED FOR INSTALLATION	
Signature of Iowa DNR Representative _____	Date Signed _____
NOTES: _____	

You have **30 days** to submit the following after the tanks are placed in the ground, tested, and covered.

- 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.

UPDATED REGISTRATION FORM #148



Iowa DNR – UST Section Registration Form #148

CASHIER USE ONLY
0050-542-G100-0561
Registration #
Facility Name

Tanks and piping must be registered within **30 days** of installation. Installation is considered complete when the tanks and piping have been covered and tightness tested. **There is an additional registration fee of \$250 per tank when not registered within 30 days of installation.**

REGISTRATION #

1. LOCATION OF TANKS

Facility Name _____ County and County # _____
 Street Address _____ Phone _____
 City _____ ZIP _____ FAX _____
 Type of Owner Private or Corp City County State Federal School Indian Trust Land

2. OWNERSHIP OF TANKS

Owner Name (Corp., Individual, Agency) _____
 Contact _____ e-mail _____
 Street Address _____ Phone _____
 City _____ State _____ ZIP _____ FAX _____

3. AUTHORIZED REPRESENTATIVE (PERSON TO RECEIVE ALL CORRESPONDENCE)

Name _____ e-mail _____
 Street Address _____ City _____
 State _____ Zip Code _____ Phone Number _____ FAX _____

4. LESSEE (OPERATOR LEASING SITE, NOT TANK OWNER)

Name (Corp., Individual, Agency) _____
 Contact _____ e-mail _____
 Street Address _____ Phone _____
 City _____ State _____ ZIP _____ FAX _____

5. PREVIOUS TANK OWNER

Individual or Company Name _____
 Mailing Address _____ Phone _____
 City _____ State _____ ZIP _____ FAX _____

6. 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 TECHNICAL UPDATES	# OF TANKS	FEES	FEE DUE
Number of tanks/compartments (\$10 each)		X \$10 =	
Number of tanks/compartments over 1,100 gallons (\$65 each)		X \$65 =	
30 day late fee (if applicable)		X \$250 =	
TOTAL FEE DUE			\$

7. TYPE OF REGISTRATION

NEW UST SYSTEM installed at a NEW SITE NEW UST SYSTEM installed at an EXISTING SITE
 PRODUCT LINE ONLY TANKS ONLY

DO NOT USE FOR GENERAL EQUIPMENT REPAIR/REPLACEMENT - USE "EQUIPMENT REPAIR/REPLACEMENT FORM"
<http://www.iowadnr.gov/Environmental-Protection/Land-Quality/Underground-Storage-Tanks/UST-Forms>

IOWA DEPARTMENT OF NATURAL RESOURCES UNDERGROUND STORAGE TANK REGISTRATION FORM #148						PAGE 2/8
1. STATUS OF TANK (MARK [X] OR DATE OUT-OF-USE)	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	
Tank Identification Number						
Currently in Use	<input type="checkbox"/>					
Temporarily Out-of-Use (M/D/Y)						
2. DATE OF INSTALLATION MONTH/YEAR (DATE TANK/PIPING COVERED AND TIGHTNESS TEST COMPLETED)						
3. TANK TYPE						
Residential	<input type="checkbox"/>					
Farm	<input type="checkbox"/>					
Industrial	<input type="checkbox"/>					
Commercial (Retail Sale)	<input type="checkbox"/>					
Other (Please Specify)	<input type="checkbox"/>					
4. TANK CAPACITY & SUBSTANCE STORED						
Fill in 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.						
Example: gallons: 12,000 Type of fuel: E10	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	
Compartment 1						
Compartment 2						
Compartment 3						
Compartment 4						
Compartment 5						
Compartment 6						
5. TANK MATERIAL AND CONSTRUCTION						
Tank Manufacturer _____ Model _____						
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"/>					
Double Wall Steel with Polyethylene	<input type="checkbox"/>					
Single Wall Fiberglass	<input type="checkbox"/>					
Double Wall Fiberglass	<input type="checkbox"/>					
Composite (steel clad with Fiberglass)	<input type="checkbox"/>					
Jacketed (steel with external nonmetallic jacket)	<input type="checkbox"/>					
Double Wall Composite	<input type="checkbox"/>					
Other (Please Specify)	<input type="checkbox"/>					
Which tanks are siphoned together						

IOWA DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

13. OVERFILL PROTECTION EQUIPMENT	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
Automatic Shutoff Device @ Full 95%	<input type="checkbox"/>				
Flow Restrictor @ 90% Full (e.g., ball float valve)	<input type="checkbox"/>				
High Level Alarm @ 90% Full	<input type="checkbox"/>				

14. STAGE 1 VAPOR RECOVERY
 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.

Existing systems (installed before November 9, 2006) that exceed 100,000 gallons throughput in a 30-day period were to be retrofitted with either coaxial or dual point vapor control by January 1, 2011.

	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
Coaxial System	<input type="checkbox"/>				
Dual Point System	<input type="checkbox"/>				
Manifolded System (single vapor hose connection)	<input type="checkbox"/>				
Vapor recovery is not required for this UST	<input type="checkbox"/>				

15. STP TANK TOP SUMPS	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
STP Sump Present	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Manufacturer					
STP Make/Model					
Containment	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Double Wall	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Material					
Leak Detection	<input type="checkbox"/> Y <input type="checkbox"/> N				
Monitoring Method					
Sensor Make					
Sensor Type					
Control Panel					
Positive Shutdown					

IOWA DEPARTMENT OF NATURAL RESOURCE
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

9. PIPING – TYPE, CONSTRUCTION AND PROTECTION	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
TYPE OF PRODUCT DELIVERY					
Pressurized	<input type="checkbox"/>				
Suction	<input type="checkbox"/>				
Safer Suction	<input type="checkbox"/>				

Always Staffed when operating Operates partially unattended Operates unattended 24 hours a day
Sites with pressurized delivery that operate unattended any time during the business day must implement one of the following:
 Positive Shutdown Electronic Communication Daily Visit Signage and 24/7 Response Service

CONSTRUCTION					
Construction					
Other (Please Specify)					
External Secondary Barrier	<input type="checkbox"/>				
Piping Manufacturer					

CATHODIC PROTECTION (FOR STEEL PIPING)					
Protection					
Specify external coating (if any)					

10. CONTINUOUS LINE LEAK DETECTION FOR PRESSURIZED PIPING					
Mechanical Line Leak Detector	<input type="checkbox"/>				
Electronic Line Leak Detector	<input type="checkbox"/>				
Positive Shutdown	<input type="checkbox"/>				
Leak Detection Make					
Model					

11. PIPING LEAK DETECTION					
Annual Line Tightness Testing	<input type="checkbox"/>				
Interstitial Monitoring of Double Wall System	<input type="checkbox"/>				
Vapor Monitoring	<input type="checkbox"/>				
Groundwater Monitoring	<input type="checkbox"/>				
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>				
Name of SIR Company					
Version of SIR Method					
Safe Suction System (one check valve beneath dispenser)	<input type="checkbox"/>				
Suction System with Check Valve at Tank	<input type="checkbox"/>				
Other (Please Specify)					

12. SPILL PROTECTION EQUIPMENT					
Spill Containment Size in Gallons					
Spill Equipment Mfg					
Spill Equipment Model					
Product Material					
Other (Please Specify)					
Construction					
Interstitial Monitoring					
Remote Fill	<input type="checkbox"/> Y <input type="checkbox"/> N				
Spill Bucket at VPS Port	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> NA				

UNDERGROUND STORAGE TANK REGISTRATION FORM #148

16. DISPENSERS & UNDER DISPENSER CONTAINMENT (UDC)

Enter the dispenser number(s) in each

Dispenser # (e.g. 1/2)						
Dispenser Manufacturer						
Model						
Install Date						
High E-Blend Compatible	<input type="checkbox"/> Y <input type="checkbox"/> N					
UDC Manufacturer						
UDC Material						
Double Wall	<input type="checkbox"/> Y <input type="checkbox"/> N					
UDC Model						
Method of monitoring						
Sensor Make						
Sensor Type						
Control Panel Make/Model						
Positive Shutdown	<input type="checkbox"/> Y <input type="checkbox"/> N					
Primary Dispenser	<input type="checkbox"/>					
Satellite Dispenser	<input type="checkbox"/>					
LD able to Monitor Satellite Line	<input type="checkbox"/> Y <input type="checkbox"/> N					

17. DIMENSIONED AS-BUILT SITE DIAGRAM

Provide a copy of the site diagram/map which includes **all** of the following:

Location of site with street references	<input type="checkbox"/>
Location of tank bed and piping layout	<input type="checkbox"/>
Tanks labeled with contents and size	<input type="checkbox"/>
Facility buildings labeled	<input type="checkbox"/>
Dispenser islands with dispensers numbered (Example: 1/2, 3/4, etc.)	<input type="checkbox"/>
Sumps numbered	<input type="checkbox"/>
Complete Site Diagram	<input type="checkbox"/> Attached

18. 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 at www.iowadnr.gov/ust under UST Owner & Operator. If the site dispenses to the public, the employee on site must be trained at least as a Class C Operator.

	First Name	Last Name	Date Trained	Approved Vendor (Company)
Class A				
Class B				
Class C				

UNDERGROUND STORAGE TANK REGISTRATION FORM #148

19. FINANCIAL ASSURANCE

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
- 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.

UST SYSTEM POST-INSTALLATION CHECKLIST

Attachments to be included with Registration Form

	<input type="checkbox"/> Attached	<input type="checkbox"/> Previously submitted
Annual tank management fee and registration fee	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Financial Responsibility (required for any new tank install)	<input type="checkbox"/>	<input type="checkbox"/>
As-built plan (new or revised site layout) including tank system, facility buildings, street reference, facility's GIS coordinates, dispensers (numbered), and sumps (numbered)	<input type="checkbox"/>	
Pre-installation pressure test results for primary and secondary (tank)	<input type="checkbox"/>	
UST System Compatibility Checklist (high bio-fuel blends)	<input type="checkbox"/>	
NESHAP or Stage 1 VRS form and testing results	<input type="checkbox"/>	
Third Party Installation Inspection Checklist	<input type="checkbox"/>	<input type="checkbox"/> Previously submitted by UST installation inspector
Spill Buckets/UDC/Containment Sump (vacuum/pressure/hydrostatic) test results (per manufacturer requirements)*	<input type="checkbox"/>	
Piping post-installation line tightness test results	<input type="checkbox"/>	
ATG tank tightness test results printout (copied onto 8.5 x 11 paper)	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
Copy of Class A/B Operator Training Certification	<input type="checkbox"/>	<input type="checkbox"/> Previously submitted

*See department's Secondary Containment Testing Report Form 542-0153

IOWA DEPARTMENT OF NATURAL RESOURCES				PAGE 8/8	
UNDERGROUND STORAGE TANK REGISTRATION FORM #148					
INSTALLER/INSPECTOR CERTIFICATION					
PLEASE VERIFY THAT SECTIONS 1-17 REGARDING THE UST SYSTEM IS 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".					
Iowa License Company Number		[REDACTED]			
Company Name		[REDACTED]			
Address [REDACTED]					
City	[REDACTED]	State	[REDACTED]	Zip Code	[REDACTED]
Phone	[REDACTED]	Email	[REDACTED]		
Iowa Licensed Installer Number:		[REDACTED]			
[REDACTED] _____ Type or Print Signature			[REDACTED] _____ Title or Position in Company		
[REDACTED] _____ Signature of licensed installer			[REDACTED] _____ Date Signed		

- ▶ Forms must be completely filled out.
- ▶ Missing information causes delay in getting tag sent out.

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.					
[REDACTED] _____ Print or Type Name of Owner			[REDACTED] _____ Print or Type Official Title of Owner		
[REDACTED] _____ Signature of Owner			[REDACTED] _____ Date Signed		
Iowa Secretary of State Corporation Number		[REDACTED]			
Iowa Secretary of State Corporation Registered Agent		[REDACTED]			
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: <i>Iowa Department of Natural Resources</i>					
Iowa Department of Natural Resources Underground Storage Tank Section 502 East 9th Street Des Moines, IA 50319-0034					



An underground storage tank may not operate without prior approval of the IDNR 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 found at <http://www.iowadnr.gov/Environmental-Protection/Land-Quality/Underground-Storage-Tanks/UST-Forms> to request a replacement tank tag.

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

NEW EQUIPMENT REPAIR/REPLACEMENT FORM

	Iowa DNR – UST Section Equipment Repair/Replacement Form	CASHIER USE ONLY 0050-542-G100-0561 Registration # _____ Facility Name _____			
<p>The purpose of this form is to provide the tank owner and installer with an efficient way of notifying the IDNR of equipment repairs/replacements at least 30 days after completion. <i>If you are registering new and/or replacement tanks or piping you must use the Registration Form #148.</i></p>					
		REGISTRATION # _____			
1. LOCATION OF TANKS					
Facility Name _____	County and County # _____				
Street Address _____	Phone _____				
City _____	ZIP _____	FAX _____			
Type of Owner <input type="checkbox"/> Private or Corp <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> School <input type="checkbox"/> Indian Trust Land					
2. OWNERSHIP OF TANKS					
Owner Name (Corp., Individual, Agency) _____					
Contact _____	e-mail _____				
Street Address _____	Phone _____				
City _____	State _____	ZIP _____ FAX _____			
3. UST PROFESSIONAL					
Iowa Licensed Company Name _____	Iowa License # _____				
Address _____					
City _____	State _____	Zip Code _____			
UST Professional _____	Iowa License # _____				
Date of Upgrade/Replacement: _____					
4. STATUS OF TANKS	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
IDNR Tank Identification Number	_____	_____	_____	_____	_____
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out-of-Use (M/D/Y)	_____	_____	_____	_____	_____
Tank Capacity	_____	_____	_____	_____	_____
Substance Stored	_____	_____	_____	_____	_____
5. EQUIPMENT REPAIRED/REPLACED					
<input type="checkbox"/> Leak Detection Equipment (ATG, CSLD, SIR, IM, etc.)			<input type="checkbox"/> Dispensers and UDC		
<input type="checkbox"/> Containment Sumps			<input type="checkbox"/> Stage 1 Vapor Recovery Equipment		
<input type="checkbox"/> Spill Containment/Overfill Prevention Equipment			<input type="checkbox"/> Other (specify): _____		
6. BRIEF DESCRIPTION AND MAP OF WORK BEING COMPLETED					

IOWA DEPARTMENT OF NATURAL RESOURCES UST EQUIPMENT REPAIR/REPLACEMENT FORM						PAGE 2/B
LEAK DETECTION SYSTEM	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	
Manual Interstitial Monitoring of Secondary Containment	<input type="checkbox"/>					
Electronic Interstitial Monitoring of Secondary Containment	<input type="checkbox"/>					
Automatic Tank Gauging (ATG)	<input type="checkbox"/>					
CSLD Automatic Tank Gauging	<input type="checkbox"/>					
Inventory Control with Tank Tightness Testing	<input type="checkbox"/>					
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>					
Manual Tank Gauging (only for tanks 1,100 gallons or less)	<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, ATG system or SIR method.						
Tank Interstitial Sensor Method	Method _____					
Interstitial Sensor Manufacturer	_____					
Interstitial Sensor Model	_____					
SIR Provider and Method	_____					
ATG System Manufacturer/Model	_____					
STP TANK TOP SUMPS	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	
STP Sump Present	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Manufacturer	_____	_____	_____	_____	_____	
STP Make/Model	_____	_____	_____	_____	_____	
Containment	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Double Wall	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Material	Material _____					
Leak Detection	<input type="checkbox"/> Y <input type="checkbox"/> N					
Monitoring Method	Monitoring	Monitoring	Monitoring	Monitoring	Monitoring	
Sensor Make	_____	_____	_____	_____	_____	
Sensor Type	Sensor Type _____					
Control Panel	_____	_____	_____	_____	_____	
Positive Shutdown	Type Shutdown	Type Shutdown	Type Shutdown	Type Shutdown	Type Shutdown	
SPILL PROTECTION EQUIPMENT	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	
Spill Containment Size in Gallons	_____	_____	_____	_____	_____	
Spill Equipment Mfg.	Manufacture _____					
Spill Equipment Model	_____	_____	_____	_____	_____	
Product Material	Material _____					
Other (Please Specify)	_____	_____	_____	_____	_____	
Construction	Type _____					
Interstitial Monitoring	Interstitial	Interstitial	Interstitial	Interstitial	Interstitial	
Remote Fill	<input type="checkbox"/> Y <input type="checkbox"/> N					
Spill Bucket at VRS Port	<input type="checkbox"/> Y <input type="checkbox"/> N					
	<input type="checkbox"/> NA					

NEW REPLACEMENT TAG REQUEST FORM

- ▶ IDNR HAS REPLACED OVER 290 TAGS THIS YEAR ALONE.
- ▶ EFFECTIVE SEPT 19TH, 2015 THERE IS A \$10 FEE FOR REPLACEMENT PERMANENT & ANNUAL TAGS.
- ▶ IDNR IS ACTIVELY SEEKING OTHER OPTIONS TO DO AWAY WITH THE PERMANENT METAL TAGS.

	Iowa DNR – UST Section Replacement Tank Tag Form			<small>CASHIER USE ONLY 0050-542-G100-0561 Registration # Facility Name</small>
	All registered tanks must have a permanent tank tag attached to the fill port. Tanks 1100 gallons or more containing a regulated substance must also have an annual tank tag. <i>Permanent and Annual tags must be present on the fill port in order to receive fuel.</i> Tanks operating without annual tags are subject to delivery prohibition.			
				REGISTRATION # <input type="text"/>
SITE INFORMATION				
Facility Name <input type="text"/>				
Contact Person <input type="text"/>			Email <input type="text"/>	
Street Address <input type="text"/>			Phone <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	ZIP <input type="text"/>	FAX <input type="text"/>
TYPE OF REPLACEMENT TAG				
PLEASE INDICATE THE TYPE OF TAG S- Silver Permanent (<1100 gal) P- Purple Permanent (>1100 gal) R- Annual Renewal Tag (required for tanks >1100gal)	TYPE OF TAG	MISSING TAG NUMBER	TANK CAPACITY	TANK CONTENTS
	<i>Example: P</i>	27489	10,000	<i>SUPER UNLEADED</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TAG NUMBERS ASSIGNED TO YOUR TANKS CAN BE FOUND ON OUR UNDERGROUND STORAGE TANKS DATABASE WEB APPLICATION AT WWW.IOWADNR.GOV/UST OR ON YOUR RECEIPT FOR YOUR ANNUAL TANK TAGS.				
TAGS WILL BE SENT HERE:				
Contact Person <input type="text"/>			Email <input type="text"/>	
Street Address <input type="text"/>			Phone <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	ZIP <input type="text"/>	FAX <input type="text"/>
REPLACEMENT TANK TAG FEES				
▶ Enter the number of replacement tank tags you are requesting. For tanks with compartments, each compartment is considered a separate tank and should have its own individual tank tag.				
▶ \$10 replacement tag fee is due each time a replacement tag is requested.				
▶ Multiply the tag 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 TECHNICAL UPDATES		# OF TAGS	FEES	FEE DUE
Number of Permanent Tank Tags (\$10 each)		<input type="text"/>	X \$10 =	<input type="text"/>
Number of Annual Tank Tags (\$10 each)		<input type="text"/>	X \$10 =	<input type="text"/>
			TOTAL FEE DUE	\$ <input type="text"/>
PAYMENT OPTIONS				
CHECK PAYMENTS Submit completed form and payment to: Iowa Department of Natural Resources Underground Storage Tank Section 502 East 9th Street Des Moines, IA 50319-0034			CREDIT CARD PAYMENTS Email completed form to webmaster@dnr.iowa.gov Subject Line Must Include the Following: <u>Credit Card Payment- UST Replacement Tag Fee</u> <u>(Your Site Name)</u>	
Make checks payable to: Iowa Department of Natural Resources			Please allow 1hr for processing then call 515-725-8200 to make payment Payment must be made within 48hrs. of email submission	

PERMANENT TANK TAGS



STAY WITH THIS OR.....

....IS THIS BETTER?



ENFORCEMENT/COMPLIANCE

- ▶ UST Inspections Overdue (60 owners)
- ▶ Update Insurance Certs. (75 owners)
- ▶ Sites with inspections due prior to April 2016 will be receiving a reminder letter to schedule their inspection prior to annual renewal time.

<https://www.youtube.com/watch?v=Lde92NIA0gs>

LOOKING TO THE FUTURE

- ▶ Rule Making to implement new EPA Regulations
- ▶ SPA
- ▶ Online Epay & Forms
- ▶ Universal Testing for A/B & C Operators









