Fuel Delivery Authorization Request

Allow 5 business days for processing.
Submittal of this form is not a guarantee of DNR approval.

Iowa Department of Natural Resources
Underground Storage Tank Section
6200 Park Ave Ste 200
Des Moines IA 50321
www.iowadnr.gov/ust
USTOperations@dnr.iowa.gov

Location of Tanks

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

Facility Name: _____

Address/City/Zip: _____

Ownership of Tanks

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

Contact: _____ Email and Phone: _____

Address/City/State/Zip: _____

Reason for Request

☐ **New** UST System installed at **New Site**
☐ **New** UST System installed at an **Existing Site**
☐ **Returning Existing Site to Service**
☐ Other (Explain) _____

FUEL REQUESTED - Identify fuel type and volume requested. Fuel requests that include gasoline blends greater than 10% ethanol or greater than 20% biodiesel must be submitted with a UST System Checklist for Equipment Compatibility [Form 542-1336]

	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
Capacity (gal):						
Request (gal):						
Type of fuel:						

This Fuel Delivery Authorization Request form is being submitted to the Iowa DNR UST section to seek approval to make arrangements for a **one-time** transfer of a sufficient volume of product to fill the USTs located at the above site for ballast and testing.

Upon transferring product into a tank, the owner must maintain a weekly log of the tank interstice. Monitoring must continue until the tanks have been approved for operation. All records must be readily available on request.

In the event of a failure of the primary or secondary containment, product must be removed from the tanks immediately. By signing this form, owners and operators understand they are directly liable for all damages that arise from any spill or other failure of the tank system.

Installer Certification

I have reviewed the site equipment and records of the UST system referenced on this Fuel Delivery Request Form and am submitting this form to request authorization to have fuel deposited into the referenced tanks. I have attached an UST System Checklist for Equipment Compatibility [DNR form 542-1336] for any tank(s) required to be compliant with the Iowa Code 455G.32 and/or 455G.33. I understand receiving fuel authorization does not allow for the product to be dispensed until the DNR has given approval for the USTs to be placed into operation.

Iowa Installer's Certification #: _____ Installer's Company Certification #: _____

Printed name of installer: _____ Date: _____

Installer's Signature: _____

Owner's Certification

I understand receiving fuel authorization does not allow for the product to be dispensed until the DNR has given approval for the USTs to be placed into operation. I have read through this request and certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and accurate.

Printed name of owner: _____ Date: _____

Signature: _____

DNR Review / Approval: