

Iowa DNR – UST Section Equipment Repair/Replacement Form

CASHIER USE ONLY

0050-542-G100-0561 Registration # Facility Name

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 <u>30 days</u> after completion. *If you are registering new and/or replacement tanks or piping you must use the Registration Form #148.*

					R	REGISTRATION #						
1. LOCATION OF TANKS												
Facility Name					Cour	nty and	County #					
Street Address								Pho	ne			
City	ity ZIP						F	AX				
Type of Owner Private or Corp City County State Federal School Indian Trust Land												
2. OWNERSHIP OF TANKS												
Owner Name (Corp., Individual, Ag	gency)											
Contact				e-r	nail							
Street Address						Phone						
City	State				ZIP			FAX				
3. UST PROFESSIONAL							ı		1			
Iowa Licensed Company Name	Licensed Company Name						lowa Lic	cense #	ŧ			
Address												
City			S	tate			Zip	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 Iden	tification Number											
	Currently in Use											
Temporarily Ou												
5. EQUIPMENT REPAIRED/REPLACED)											
☐ Leak Detection Equipment (ATG, CSLD, SIR, IM, etc.) ☐ Dispensers and UDC												
_					tage 1 Vapor Recovery Equipment							
Spill Containment/Overfill Prevention Equipment Other (specify):												
6. BRIEF DESCRIPTION AND MAP OF WORK BEING COMPLETED												

IOWA DEPARTMENT OF NATURAL RESOURCES UST EQUIPMENT REPAIR/REPLACEMENT FORM								PAGE 2/3		
LEAK DETECTION SYSTEM				TANK #1	TANK #2		TANK#3	TANK #4	TANK #5	
Manual Interstitial Monitoring of Secondary Cor		ndary Containment								
Electronic Interstitial Monitoring of Second		ndary Containment								
Automatic Tank Gauging (ATC		Tank Gauging (ATG)								
CSLD Automatic Tank Gauging										
Inventory Control with Tank Tightness Testing										
Statistical Inventory Reconciliation (SIR)										
Manual Tank Gauging (only for tanks 1,100 gallons or less)										
Other (<i>Please Specify</i>)										
For each method marked, please specify the equipment used for leak detection. This would include leak measuring							uring			
device, sensing device, A7		or SIR me	ethod.							
Tank Interstitial Sensor Met										
Interstitial Sensor Manufact	urer									
Interstitial Sensor Model										
SIR Provider and Method										
ATG System Manufacturer/Model										
STP TANK TOP SUMPS	TANK #1		TANK #2	TANK #3			TANK #4	Т	TANK #5	
STP Sump Present	□ Y □	N 🗌 NA	Y N NA	Y N NA			Y	A 🗆 Y 🗆	☐ Y ☐ N ☐ NA	
Manufacturer										
STP Make/Model										
Containment	☐ Y ☐ N ☐ NA		Y N NA	Y N NA			Y	A 🗆 Y 🗆	N 🗌 NA	
Double Wall	□ Y □	N 🗌 NA	Y N NA	□ Y □ N	Y 🗌 N 🗌 NA		Y	A Y	N 🔲 NA	
Material										
Leak Detection	□ Y □ N		□ Y □ N	□ Y □ N		☐ Y ☐ N		□ Y □	N	
Monitoring Method										
Sensor Make										
Sensor Type										
Control Panel										
Positive Shutdown										
SPILL PROTECTION EQUIPMEN	TANK #1	TANK #2		TANK#3	TANK #4	TANK #5				
Spill Containment Size in Gallons										
Other (Please Specify)										
Remote Fill				YN YN] N] N	Y N	YN YN	YN	
Spill Bucket at VRS Port				□ NA	□ NA	1 14	□ NA	□ NA	□ NA	

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OVERFILL PROTECTION EQUIPMENT	TANK #1	TANK #2	TANK #	3 TANK #4	4 TANK #5		
OVERFILE PROTECTION EQUIPMENT	Tank Identification Number				IAINK #	J IANK #	TAINE #3
Auton							
Automatic Shutoff Device @ Full 95%							
Flow Restrictor @ 90% Full (e.g., ball float valve)							
	High Level Al	larm @ 90% Full					
DISPENSERS & UNDER DISPENSER CO	NTAINMENT (UD	OC)					
Enter the dispenser number(s) in ea	ch						
Dispenser # (e.g. 1/2)							
Dispenser Manufacturer							
Model							
Install Date							
High E-Blend Compatible	☐ Y ☐ N	☐ Y ☐ N	YN	☐ Y [□N	☐ Y ☐ N	□ Y □ N
UDC Manufacturer							
UDC Material							
Double Wall	Y	Y N	☐ Y ☐ N	Y N		□ Y □ N	Y N
UDC Model							
Method of monitoring							
Sensor Make							
Sensor Type							
Control Panel Make/Model							
Positive Shutdown	□ Y □ N	□ Y □ N	□ Y □ N	□ Y [] N	□ Y □ N	□ Y □ N
Primary Dispenser							
Satellite Dispenser			П				
LLD able to Monitor Satellite Line	Y	YN	N	Y [N	N	Y N
NOTE: Replacement of the follow containment sumps. Some repails For Tank	rs may also red		ty inspection	n . Please co	ntact the	department	
		OWNER CERT					
I certify under penalty of law that I and that based on my inquiry of the information is true, accurate, and c	ose individuals i	-					
					_		
Print or Type Name of Owner Print or Type Official Title of Owner					r		
Signature of Ow	ner				Date Sign	ied	
Mail comple	ted form an	d third party	inspection	n checklist	if requi	ired to:	
	Iowa D	epartment of	Natural Res	sources			

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

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