# 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, 6200 Park Ave Ste 200, Des Moines IA 50321. 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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Farm | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Industrial | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Commercial (*Retail Sale*) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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.

| | TANK #1 | TANK #2 | TANK #3 | TANK #4 | TANK #5 | TANK #6 |
|---|---|---|---|---|---|---|
| **Example:** gallons: **12,000** — Compartment 1 | | | | | | |
| Type of fuel: **E15** | | | | | | |
| Compartment 2 | | | | | | |
| | | | | | | |
| Compartment 3 | | | | | | |
| | | | | | | |
| Compartment 4 | | | | | | |
| | | | | | | |
| Compartment 5 | | | | | | |
| | | | | | | |

**Codes for Contents:**
**P** - Premium, **M** - Midgrade,
**R** - Regular Unleaded 87,
**SUL** - Super Unleaded
**E10, E15, E85,** etc. - Ethanol Blends,
**B2, B5, B20**, etc. - Biodiesel,
**D** - Diesel, **DEF** - Diesel Exhaust Fluid,
**K** - Kerosene, **J** - Jet Fuel, **AV** - Aviation Gas,
**H** - Hazardous ***(provide chemical name),***
**UO** - Used Oil, **HO** - Heating Oil,
**NO** - New Oil, **O** - Other ***(please specify)***

**5. TANK MATERIAL AND CONSTRUCTION**

Tank Manufacturer: _____ Tank Model Name: _____

Are tanks anchored: ☐ Yes ☐ No If Yes: ☐ Deadman ☐ Concrete Pad

| | | | | | | |
|---|---|---|---|---|---|---|
| Steel | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Double Wall Steel with Polyethylene | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Single Wall Fiberglass | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Double Wall Fiberglass | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Composite (steel clad with Fiberglass) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Jacketed (steel with external nonmetallic jacket) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Double Wall Composite | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other (*Please Specify*) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Electronic Interstitial Monitoring of Secondary Containment | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Automatic Tank Gauging (ATG) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| CSLD Automatic Tank Gauging | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Statistical Inventory Reconciliation (SIR) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Name of SIR Company | | | | | | |
| Version of SIR Method | | | | | | |
| Other (*Please Specify*) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **7. TANK - SECONDARY METHOD OF LEAK DETECTION** | | | | | | |
| Groundwater Monitoring Wells | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vapor Monitoring Wells | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Automatic 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 (*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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Suction | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Safer Suction | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**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

☐ Always staffed when operating ☐ Operates partially unattended ☐ 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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Transitions sumps Present | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N |
| Other (*Please Specify*) | | | | | | |

| 10. CONTINUOUS LINE LEAK DETECTION FOR PRESSURIZED PIPING | | | | | | |
|---|---|---|---|---|---|---|
| Mechanical Line Leak Detector | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Electronic Line Leak Detector | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Leak Detection Make | | | | | | |
| Model | | | | | | |

| 11. PIPING LEAK DETECTION | | | | | | |
|---|---|---|---|---|---|---|
| Interstitial Monitoring (Required for installation after Nov 27, 2007) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Annual Line Tightness Testing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vapor Monitoring | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Groundwater Monitoring | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Statistical Inventory Reconciliation (SIR) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Name of SIR Company | | | | | | |
| Version of SIR Method | | | | | | |
| Safe Suction System (one check valve beneath dispenser) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Suction System with Check Valve at Tank | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N |

| 13. Overfill Protection Equipment | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|---|---|---|---|---|---|---|
| Automatic Shutoff Device @ Full 95% | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| High Level Alarm @ 90% Full | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Flow Restrictor @ 90% Full (e.g., ball float valve) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **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. | | | | | | |
| Coaxial System | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Dual Point System | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Manifolded System (single vapor hose connection) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vapor recovery is not required for this UST | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Spill Bucket at VRS Port | ☐ Y ☐ N ☐ NA | ☐ Y ☐ N ☐ NA | ☐ Y ☐ N ☐ NA | ☐ Y ☐ N ☐ NA | ☐ Y ☐ N ☐ NA | ☐ Y ☐ N ☐ NA |
| **15. STP Tank Top Sumps** | | | | | | |
| STP Sump Present | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N |
| Manufacturer | | | | | | |
| STP Make/Model | | | | | | |
| Containment | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N |
| Double Wall | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N |
| Material | | | | | | |
| Leak Detection | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N |
| Monitoring Method (manual/visual or continuous) | | | | | | |
| Sensor Make | | | | | | |
| Sensor Type (discriminating or non-discriminating) | | | | | | |
| Control Panel | | | | | | |
| Positive Shutdown | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N | ☐ Y ☐ N |

## 16. Dispensers & Under Dispenser Containment (UDC)

Enter the dispenser number(s) in each

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

- Passing test results for secondary of tank and piping
- Passing test results for containment sumps and UDCs
- Passing test results for spill buckets

☐ Attached

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 ☐ 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 Owner/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
6200 Park Ave Ste 200
Des Moines, IA 50321

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.