UST-8

NOTIFICATION FOR ACTIVITIES INVOLVING UNDERGROUND STORAGE TANK SYSTEMS (USTs)

RETURN COMPLETED FORM TO:

NC DEQ / DWM / UST SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646
ATTN: REGISTRATION & PERMITTING
PHONE (919) 707-8171 FAX (984) 236-8310
UST.Permits@deq.nc.gov
http://www.wastenotnc.org/

STATE USE ONLY
I.D. #_____
County_____

Underground Storage Tank (UST) system owners and operators are required by federal and state law to provide notification for all UST systems that were in the ground on or after May 8, 1986, unless taken out of operation on or before January 1, 1974. In addition, registration of commercial USTs in use on or after January 1, 1989 is necessary to comply with state law (N.C.G.S. 143-215.94C).

A UST system **owner** is: (a) in the case of a UST system in use on November 8, 1984, or brought into use after that date, any person who owns a UST system used for storage, use, or dispensing of regulated substances; and (b) in the case of any UST system in use before November 8, 1984, but no longer in use on that date, any person who owned such UST immediately before the discontinuation of its use.

A UST system **operator** is any person in control of, or having responsibility for, the daily operation of a UST system.

The primary purpose of this notification form is to obtain and update information on UST system locations, ownership, construction, product stored, leak detection and corrosion protection methods, etc. and to facilitate permitting and the payment of annual operating fees. It is expected that the information provided will be based on reasonably available records, or, in the absence of such records, personal knowledge, belief, or recollection.

Which USTs are included?
Regulated and/or commercial USTs, including the following:

- USTs used to store or resell petroleum product (e.g., motor fuels, jet fuels, waste oil, kerosene, varsol, transmission fluid, mineral spirits, gasohol, etc.)
- Heating oil USTs > 1,100 gallons (gals)
- Farm or residential USTs > 1,100 gals
- Emergency generator USTs
- Hydraulic lift USTs
- Oil-water separator USTs (containing petroleum in amounts > 1% of tank capacity)
- Hazardous substance USTs > 110 gals (e.g., alcohols, naphthalene, dry cleaning fluids, antifreeze, formaldehyde, hexane, etc.)
- Airport Hydrant Fuel Distribution Systems
- USTs with Field Constructed Tanks

Which USTs are excluded?
Certain tanks are not included in these notification requirements. These tanks include the following: small home heating oil and farm tanks (≤ 1,100 gals), large heating oil tanks (> 1,100 gals) if used to heat four or fewer households and located on premises where used, septic tanks, storm water or waste water collection systems, flow-through process tanks, and tanks situated in an underground area (such as a basement, cellar, mine, shaft, vault or tunnel) if the tank is situated upon or above the surface of the floor.

INSTRUCTIONS

Please type or print all items except signature. This form must be completed by an owner or operator for each facility containing UST systems. If more than four (4) UST systems are owned at a facility, photocopy the necessary additional sheets and staple to this form.

Complete sections I through VI.A. and IX completely. Then only complete the applicable sections of VI.B. through VIII.

I. OWNERSHIP OF UST SYSTEM

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Contact Name (if not named above)

Street Address

City | State | Zip Code

County

Phone Number | Fax Number

Email Address

☐ Check here if "Real" Property Owner of Site

Type of UST owner (check all that apply):

☐ State Gov't ☐ Local Gov't ☐ Private/Corporate

☐ Federal Gov't GSA Facility ID _____

II. OPERATOR OF UST SYSTEM ☐ Check if same as owner

Operator Name (Corporation, Individual, Public Agency, or Other Entity)

Contact Name (if not named above)

Street Address

City | State | Zip Code

County

Phone Number | Fax Number

Email Address

☐ Check here if "Real" Property Owner of Site

III. TYPE OF NOTIFICATION (check all that apply)

☐ Amendment of a previous registration form. (Complete **only** the items in the sections that follow that have changed from a previous UST-6 or UST-8 submittal)

☐ Temporary closure (Complete section VII)

☐ Existing Facility with UST system not previously registered (see fee payment instructions at the bottom of Page 6).

☐ Change of Ownership
A "Change of Ownership" form, UST-15 along with copies of the legal documents showing the transfer of tank ownership (e.g., bill of sale, property deed, etc.) **must** accompany this form.

Failure to complete a UST-15 will result in no effective change of ownership status

UST-8 NOTIFICATION FOR ACTIVITIES INVOLVING UNDERGROUND STORAGE TANK SYSTEMS (USTs)

IV. LOCATION OF UST SYSTEM

Facility Name or Company	Indicate number of regulated tanks at this location _____
Street Address	Indicate total number of tanks at this location _____
City / Zip Code	Check box if tanks are located on land within an Indian reservation or on other Indian lands ☐
County / Phone Number	
County Tax Map Number:	Are any UST systems at this facility located within 500 feet of a water supply well? ☐ Yes ☐ No
Facility ID (if known):	

V. CONTACT PERSON FOR UST LOCATION

Name	Job Title	Phone Number

VI. DESCRIPTION OF ALL UST OR COMPARTMENT SYSTEMS AT THIS FACILITY

A. UST Information

Tank/Compartment ID# (e.g., A, B, C or 1, 2, 3; If compartment tank 1A, 1B, 1C, etc.)	Tank No.	Tank No.	Tank No.	Tank No.
Date of Installation				
Tank Manufacturer				
Tank Model				
Materials of construction [1]				
If Other (specify)				
Field Constructed Tank	☐	☐	☐	☐
Capacity (gallons) If compartment tank, list compartment size.				
Check if tank is siphon manifolded and enter tank # it is manifolded with.	☐ /	☐ /	☐ /	☐ /
Product stored [2]				
If Hazardous substance, Chemical Abstract Service (CAS) number				
Other (specify)				

[1] Enter one of the following in the space provided: DW* FRP*** (e.g., Xerxes, Containment Solutions), DW* Steel, DW* Steel/FRP*** (e.g., ACT-100), DW* Steel/Polyurethane (e.g. ACT-100-U), DW* Steel/Jacketed (e.g., Permatank, Titan), Other, SW** FRP*** (e.g., Xerxes, Containment Solutions), SW** Steel, SW** Steel/FRP*** (e.g., ACT-100), SW** Steel/Polyurethane (e.g., ACT-100-U)

*DW = Double-walled **SW = Single-walled ***FRP = Fiberglass Reinforced Plastic

[2] Enter one of the following in the space provided: Aviation Gas, Biodiesel (> 20%) - Diesel Mix, Diesel, Ethanol (> 10%) -Gas Mix, Fuel Oil, Gasoline, Hazardous Substance, Heating Oil, Kerosene, Motor Oil, Other Non-Petroleum, Other Petroleum, Transmission Fluid, or Used Oil

B. Piping System

	Tank No.	Tank No.	Tank No.	Tank No.
Piping Manufacturer				
Piping Model				
Material of Construction [1]				
If Other (specify)				
Airport Hydrant System	☐	☐	☐	☐
Piping configuration (Pressurized, Suction, European Suction, Gravity)				
If suction, check valve located at? (Tank, Dispenser, or Both)				

[1] Enter one of the following in the space provided: DW* Flex (e.g., APT XP, Environ GeoFlex), DW* FRP (e.g., Ameron Dualoy, Smith Fibercast Red Thread IIA), DW* Metal/Plastic (e.g., PetrofuseZP), DW* PVC, DW* Steel, None, Other, SW** Copper, SW** Flex, SW** FRP, SW** PVC, SW** Steel

*DW = Double-walled **SW = Single-walled ***FRP = Fiberglass Reinforced Plastic

C. Under Dispenser Containment (UDC)

Enter the dispenser number(s) in each column that will have the same make/model of dispenser UDC. If all dispenser UDCs will be the same then enter "ALL" as the number in column 1 and complete only column 1. Dispensers with the same UDCs only must be entered in one of the columns with a list of the dispensers that have that model UDC.

	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)
UDC Manufacturer				
UDC Model				
Is UDC Single (SW) or Double Walled (DW)? [1]				
Method of monitoring UDC [2]				
UDC Material of Construction [3]				
If Other (specify)				

[1] Enter one of the following choices: SW (single-walled) or DW (double-walled)

[2] Enter one of the following choices: Sump Sensor, Vacuum, Pressure, Hydrostatic, or None

[3] Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other

D. Leak detection (LD)[1]

[Check any box or combination of boxes that apply] [Refer to 15A NCAC 2N .0504, .0505, .0900 and .1000]

Mark all that apply	Tank No.		Tank No.		Tank No.		Tank No.	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
a. Automatic tank gauging	☐		☐		☐		☐	
b. Manual tank gauging [2]	☐		☐		☐		☐	
c. Interstitial monitoring	☐	☐	☐	☐	☐	☐	☐	☐
i. Method of Monitoring Interstice [1]								
d. Statistical inventory reconciliation	☐	☐	☐	☐	☐	☐	☐	☐
e. Groundwater monitoring every 14 days [3]	☐	☐	☐	☐	☐	☐	☐	☐
f. Vapor monitoring every 14 days	☐	☐	☐	☐	☐	☐	☐	☐
g. Automatic line leak detector [4]								
i. Mechanical line leak detector		☐		☐		☐		☐
ii. Electronic line leak detector		☐		☐		☐		☐
h. Periodic line tightness testing		☐		☐		☐		☐
i. Exempt under 40 CFR 280.41 (b) (2) (i)-(iv) (this exemption applies only to "European" suction systems)		☐		☐		☐		☐
j. Automatic tank gauging and Tank Tightness Testing [5]	☐		☐		☐		☐	
k. Vapor Monitoring with Tracer compound [5]	☐	☐	☐	☐	☐	☐	☐	☐
l. Inventory Control per DoD 4140.25 and one of the following: [5]	☐	☐	☐	☐	☐	☐	☐	☐
i. Tank Tightness Test [5]	☐		☐		☐		☐	
ii. Line Tightness Test [5]		☐		☐		☐		☐
iii. Vapor Monitoring [5]	☐	☐	☐	☐	☐	☐	☐	☐
iv. Ground Water Monitoring [5]	☐	☐	☐	☐	☐	☐	☐	☐
m. Other state approved method (specify):								
n. Leak detection not required at this facility because: the UST system at this facility is not regulated (e.g., UST system at this facility stores heating oil for onsite use).	☐	☐	☐	☐	☐	☐	☐	☐
o. Leak detection not required at this facility because: the UST system at this facility is a wastewater treatment tank system (e.g. oil/water separator tank).	☐	☐	☐	☐	☐	☐	☐	☐

D. Leak detection (LD) (Continued)

	Tank No.	Tank No.	Tank No.	Tank No.
Date leak detection method above initiated				
Monitoring console manufacturer/model				
Automatic line leak detector manufacturer /model				
Interstitial sensor manufacturer/model – tank				
Interstitial sensor manufacturer/model – piping				
Interstitial sensor manufacturer/model – spill prevention equipment				

Enter the dispenser number(s) in each column that will have the same make/model of interstitial sensor. If all dispenser interstitial sensors will be the same then enter "ALL" as the number in column 1 and complete only column 1. Dispensers with the same interstitial sensors only must be entered in one of the columns with a list of the dispensers that have that model interstitial sensor.

	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)
Interstitial sensor manufacturer/model – UDC				

[1] Interstitial monitoring leak detection is required for all UST systems installed on or after 11/1/2007. You must enter one of the following choices - Tank: Vacuum, Pressure, or Hydrostatic; Piping: Sump sensor, Vacuum, Pressure, or Hydrostatic. Interstitial monitoring leak detection is also required for all UST systems that store a hazardous substance or that are located between 100 and 500 feet of a public water supply well or between 50 and 100 feet of any other well used for human consumption or within 500 feet of a protected surface water classified as High Quality Water (HQW), Outstanding Resource Water (ORW), Water Supply I (WS-I), Water Supply II (WS-II), or Shell Fishing (SA). *(The only exception is for single-walled underground petroleum tanks in the locations described above and installed after January 1, 1991 and before May 1, 2000. Owners and operators of these tanks may use enhanced leak detection as a temporary method until January 1, 2020. Enhanced leak detection consists of 0.2 gallon per hour weekly leak rate tests using an automatic tank gauge plus annual sampling of supply wells within 500 feet for constituents of petroleum.)*

[2] This method is only valid for USTs 550-gallons or less in capacity or USTs 551-1,000 gallons that have a tank diameter of 48 or 64 inches.

[3] Can only be used if groundwater is never more than 20 feet from ground surface.

[4] A mechanical or electronic line leak detector is required for all pressurized piping systems. Additionally, you must either perform annual line tightness testing or conduct a monthly monitoring method (e.g., statistical inventory reconciliation, interstitial monitoring, or 0.1 gallon per hour tests monthly using an electronic line leak detector).

[5] This method is only valid for Field Constructed Tanks and/or Airport Hydrant Fueling Systems.

E. Corrosion protection (CP)

[check any method or combination of methods that apply] [Refer to 15A NCAC 2N .0301 and .0302]

	Tank No.		Tank No.		Tank No.		Tank No.	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Sacrificial anodes	☐	☐	☐	☐	☐	☐	☐	☐
Impressed current	☐	☐	☐	☐	☐	☐	☐	☐
Fiberglass Reinforced Plastic (FRP)	☐	☐	☐	☐	☐	☐	☐	☐
Flexible Pipe		☐		☐		☐		☐
Steel/FRP Composite	☐		☐		☐		☐	
Steel/Polyurethane Composite	☐		☐		☐		☐	
Internal lining	☐		☐		☐		☐	
Other (specify)								
None	☐	☐	☐	☐	☐	☐	☐	☐
Date CP method above installed								

F. Flexible connectors, Submersible pumps, and Riser pipes

	Tank No.		Tank No.		Tank No.		Tank No.	
	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser
Flex connector is present [1]								
Flex connector is isolated from the ground [1]								
If "No", cathodic protection method [2]								

F. Flexible connectors, Submersible pumps, and Riser pipes (Cont)

	Tank No.		Tank No.		Tank No.		Tank No.	
	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser
Submersible pump (STP) is isolated from ground [1] (pressurized piping only)								
If "No", cathodic protection method [2]								
Riser pipes and/or other metal fittings are isolated from ground [1]								
If "No", cathodic protection method [2]								

[1] Enter one of the following choices: Yes, No

[2] Enter one of the following choices: IC (Impressed Current), SA (Sacrificial Anode), N (None)

G. Spill/Overfill Protection

	Tank No.	Tank No.	Tank No.	Tank No.
Spill Prevention Equipment Type (Enter Catchment Basin, None, or Not Required [1])				
Spill Prevention Equipment Manufacturer				
Spill Prevention Equipment Model				
If double-walled, method of monitoring interstice [2]				
Date spill prevention listed above installed				
Overfill Prevention Equipment Type (Enter Automatic shutoff, Alarm at tank, Ball float [3], None, or Not Required [1])				
Overfill Prevention Equipment Manufacturer				
Overfill Prevention Equipment Model				
Date overfill prevention listed above installed				

[1] Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.

[2] Enter one of the following choices : Float sensor, Vacuum, Pressure, Hydrostatic, or None

[3] Ball Floats cannot be used with coaxial vapor recovery or suction piping systems. In accordance with 15A NCAC 2N .0301, new ball float vent valves cannot be installed after June 1, 2017.

H. Stage I Vapor Recovery (For Gasoline USTs only):

	Tank No.	Tank No.	Tank No.	Tank No.
Combined annual throughput (gallons)				
Coaxial system	☐	☐	☐	☐
Dual point system	☐	☐	☐	☐
Vapor recovery is not required for this UST*	☐	☐	☐	☐
Date installed				

* Stage I vapor recovery equipment must be installed for all applicable gasoline USTs. [Note: the following gasoline USTs are <u>not</u> required to have Stage I vapor recovery: a) tanks that are 550 gallons in capacity or less; b) tanks that are 2,000 gallons in capacity or less <u>and</u> that were installed before July 1, 1979; and c) tanks at facilities that have a combined annual throughput of less than 50,000 gallons per year].

VII. OUT OF OPERATION UST SYSTEMS

	Tank No.	Tank No.	Tank No.	Tank No.
Date permanently closed (removed or fill with solid, inert material)				
Date temporary closure began				
Date temporary closure ended				

VIII. FINANCIAL RESPONSIBILITY (for Regulated Petroleum USTs ONLY)

The financial responsibility regulations (15A NCAC 2O) require that owners and operators of regulated petroleum USTs assure the availability of funds to pay for assessment and cleanup costs in the event of a leaking tank*. The payment of annual tank operating fees into the State Trust Funds fulfills a major portion of the financial responsibility requirements. However, to completely fulfill the requirements, additional funds must be assured by one or more of the mechanisms listed below. The amount of additional financial responsibility required (at a minimum) is the sum of the "3rd Party ($100,000.00)" and "Cleanup ($20,000.00)" State Trust Fund deductibles plus $600/tank (scaling factor). The State Trust Funds **may not** be used to cover the amount of the deductibles. Federal and state governments owning regulated petroleum UST systems are exempt.

☐ Tank Owner is providing Financial Responsibility

☐ Tank Operator is providing Financial Responsibility

(Check all financial responsibility mechanisms that apply):

☐ Self-insurance
☐ Corporate guarantee
☐ Insurance and risk retention group coverage
Policy # _____
Insurer _____
☐ Surety bond
☐ Letter of Credit
☐ Insurance pools
☐ Escrow account
☐ Local government bond rating test
☐ Local government financial test
☐ Local government guarantee
☐ Local government dedicated fund
☐ None
☐ Other

Period of Coverage: _____ to _____

☐ I am attaching proof of financial responsibility and a Certification of Financial Responsibility form.

☐ I have previously submitted proof of financial responsibility and a Certification of Financial Responsibility form to DWM and there have been **NO** changes made since that submittal.

IX. CERTIFICATION AND ACKNOWLEDGEMENT (Read and Sign After Completing Sections I - VII)

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete. In addition, I certify that all applicable State and Federal UST requirements have been complied with.

If signing as an officer of a corporation, representative of a public agency, administrator of an estate, or as having power of attorney, you must provide a copy of the legal document that proves you can legally sign in such capacity.

The owner must certify if providing financial responsibility.

_____ _____
Print Name of Owner or Authorized Representative | Print Title of Owner or Authorized Representative

_____ _____
Signature | Date Signed

The operator must certify if providing financial responsibility.

_____ _____
Print Name of Operator or Authorized Representative | Print Title of Operator or Authorized Representative

_____ _____
Signature | Date Signed

Penalties: Pursuant to N.C.G.S.143-215.94W any UST system owner or operator who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $10,000 per day, per violation.

PAYMENT OF ANNUAL UST OPERATING FEES

If this form is being used to notify DWM of USTs which have not been previously registered, annual operating fees may be due.
Contact us at (919) 707-8171 to determine the amount of fees that are due.
A check (made payable to DEQ-UST) for the annual operating fees must be submitted with this form