

Notification for Underground Storage Tanks (USTs)



STATE USE ONLY

Virginia DEQ Water Form 7530-3

(See last page for mailing instructions)

(1/18)

ID Number

Date Received

Date Entered

Entered By

Comments

Check all that apply: **PART I: PURPOSE OF NOTIFICATION**

- | | | |
|--|--|--|
| <input type="checkbox"/> New (not previously registered) facility | <input type="checkbox"/> Temporary closure | <input type="checkbox"/> New contact |
| <input type="checkbox"/> New tank(s) at previously registered facility | <input type="checkbox"/> Tank removal or closure in ground | <input type="checkbox"/> New owner |
| <input type="checkbox"/> Change in tanks (e.g., upgrade) | <input type="checkbox"/> Piping removal or closure in ground | <input type="checkbox"/> Change in owner address |
| <input type="checkbox"/> Change in piping (e.g., upgrade) | <input type="checkbox"/> Change in service/ tank contents | <input type="checkbox"/> Other (specify): |

PART II: OWNERSHIP OF TANKS

PART III: LOCATION OF TANKS

A. Owner Name		A. Facility Name	
B. Owner Address		B. Facility Street Address (P.O. Box not acceptable)	
C. City, State, Zip		C. City, Zip	D. County or Municipality
D. Contact Person Name and Title		E. Facility Contact Person Name & Title	F. Facility Phone Number ()
E. Phone Number ()	F. Fax Number ()	G. Facility Contact Phone Number ()	H. Facility Contact Fax Number ()
G. E-mail Address		I. Facility Contact E-mail Address	
H. Name of Previous Owner (if applicable)		J. Previous Name of Facility (if applicable)	

PART IV: TYPE OF OWNER

PART V: TYPE OF FACILITY

- | | | | | | |
|---|-------------------------------------|--|---|--|------------------------------------|
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Commercial | <input type="checkbox"/> Retail gas station | <input type="checkbox"/> Federal non-military | <input type="checkbox"/> Commercial (non-resale) | <input type="checkbox"/> Residence |
| <input type="checkbox"/> State government | <input type="checkbox"/> Private | <input type="checkbox"/> Petroleum distributor | <input type="checkbox"/> Federal military | <input type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Local government | <input type="checkbox"/> Lender | <input type="checkbox"/> Local government | <input type="checkbox"/> State government | <input type="checkbox"/> Other _____ | |

PART VI: FINANCIAL RESPONSIBILITY

The tank owner has met the financial responsibility requirements contained in 9 VAC 25-590-10 et seq. using the following methods/mechanisms

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund | _____ |

PART VII: OWNER CERTIFICATION

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that the owner of the underground storage tanks hereby registered is responsible for compliance with the requirements of Virginia Regulations 9 VAC 25-580-10 et seq. and Federal Regulation 40 CFR Part 280, among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner. I understand that this notification form is sufficient evidence to establish ownership of tanks subject to 9 VAC 25-580-10 et seq.

_____/_____/_____
 Name and Title (Type or Print) Signature Date

PART VIII: INSTALLER CERTIFICATION

I certify that the installation of this tank was performed in accordance with all federal, state and local installation requirements. I warrant and represent that I am the installer or that I have the authority to sign this certification on behalf of the installer.

_____/_____/_____
 Name and Title (Type or Print) Signature Date

 Company Name Address Telephone Number

PART IX: DESCRIPTION FOR NEW INSTALLATIONS, AMENDMENTS & CLOSURES (continued)

Release Detection		Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Manual Tank Gauging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tightness Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Tank Gauging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring Double Walled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring Secondary Containment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Line Leak Detectors			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Statistical Inventory Reconciliation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)											
Substance stored											
Gasoline (Regular)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gasoline (Mid-Grade)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gasoline (Premium)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (On Road)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (Off Road)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (Low Sulfur)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (Ultra Low Sulfur)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Kerosene (Clear)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Kerosene (Dyed)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Heating Oil		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fuel Oil #2		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Used Oil		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Hydraulic Oil		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Jet Fuel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (Biodiesel)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Hazardous Substance (specify below)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)											
Tank Used Solely to Generate Emergency Power		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

PART X: TANK CLOSURE, REMOVAL OR CHANGE IN SERVICE

Tank and Piping Status		Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Removal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed In Ground		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled with Inert Material (Required for Closure in Ground)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Description of Inert Material											
Temporarily Closed Tank Empty (1" or less of product remaining in tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Temporarily Closed Tank Not Empty (More than 1" of product remaining in tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Change in Service		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Date Last Used (MM/DD/YYYY)											
Date Closed (MM/DD/YYYY)											
Closure Assessment Completed (Please submit site map, soil sampling results, chain of custody for all samples, copy of building permit, and disposal manifest with this form).		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of a Leak Detected		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:											

Virginia Department of Environmental Quality Regional Offices

Northern Region

13901 Crown Court
Woodbridge, VA 22193
(703) 583-3800
(703) 583-3821 (fax)

Piedmont Region

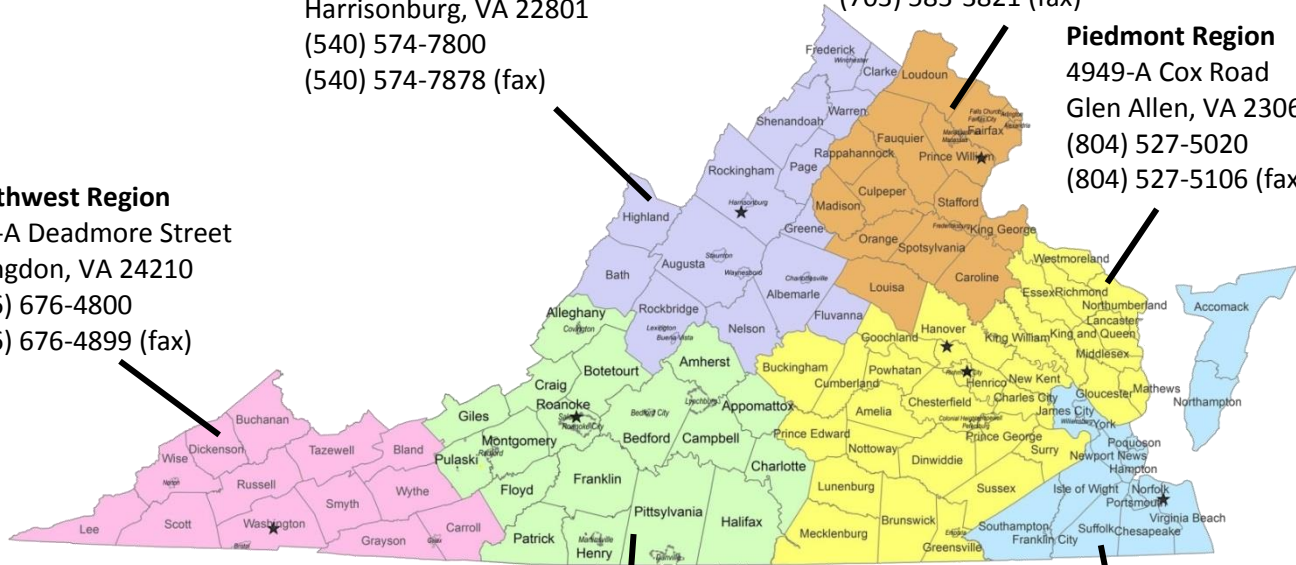
4949-A Cox Road
Glen Allen, VA 23060
(804) 527-5020
(804) 527-5106 (fax)

Valley Region

4411 Early Road
P.O. Box 3000
Harrisonburg, VA 22801
(540) 574-7800
(540) 574-7878 (fax)

Southwest Region

355-A Deadmore Street
Abingdon, VA 24210
(276) 676-4800
(276) 676-4899 (fax)



Blue Ridge Region

3019 Peters Creek Road
Roanoke, VA 24019
(540) 562-6700
(540) 562-6725 (fax)

Tidewater Region

5636 Southern Blvd
Virginia Beach, VA 23462
(757) 518-2000
(757) 518-2009 (fax)

Mail notifications to the DEQ Regional Office serving the city or county where the USTs are located.

Regional Offices	Counties and Cities
Blue Ridge Regional Office	Counties Alleghany, Amherst, Appomattox, Bedford, Botetourt, Campbell, Charlotte, Craig, Floyd, Franklin, Giles, Halifax, Henry, Mecklenburg, Montgomery, Patrick, Prince Edward, Pittsylvania, Pulaski, Roanoke Cities Bedford, Clifton Forge, Covington, Danville, Lynchburg, Martinsville, Radford, Roanoke, Salem
Northern Regional Office	Counties Arlington, Caroline, Culpeper, Fairfax, Fauquier, King George, Loudoun, Madison, Orange, Prince William, Rappahannock, Spotsylvania, Stafford, Louisa Cities Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, Manassas Park
Piedmont Regional Office	Counties Amelia, Brunswick, Buckingham, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Gloucester, Goochland, Greensville, Hanover, Henrico, King and Queen, King William, Lancaster, Lunenburg, Mathews, Mecklenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Surry, Sussex, Westmoreland Cities Colonial Heights, Emporia, Hopewell, Petersburg, Richmond
Southwest Regional Office	Counties Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe Cities Bristol, Galax, Norton
Tidewater Regional Office	Counties Accomack, Isle of Wight, James City, Northampton, Southampton, York Cities Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Poquoson, Suffolk, Virginia Beach, Williamsburg
Valley Regional Office	Counties Albemarle, Augusta, Bath, Clarke, Fluvanna, Frederick, Greene, Highland, Nelson, Page, Rockbridge, Rockingham, Shenandoah, Warren Cities Buena Vista, Charlottesville, Harrisonburg, Lexington, Staunton, Waynesboro, Winchester