

**Louisiana Department of Environmental Quality
Underground Storage Tank Division**

**UST System Installation, Renovation, Repair, and Upgrade Notification Form
UST-ENF-04**

Instructions:

Submit this form thirty days prior to starting a UST installation, renovation, repair, or upgrade. The notification is not complete until you receive an approved, signed copy of this form from LDEQ UST Division. *For repairs or modifications to existing UST systems that occur as a result of some unforeseen event (equipment failure, accident, storm damage, etc.), the form can be submitted within 30 days after completion of the repair or modification.*

General Information:

Plans and specification for all UST construction must first be submitted to the State Fire Marshal's office for review and approval prior to construction installation or renovation. Local district Fire Marshal's offices and Local Fire Prevention Bureaus may require at least a seven day notification in order to schedule final inspections. Additionally, there may also be some building permits, zoning, etc., which are required by the site's parish or municipality.

The UST regulations (LAC 33:XI) require that UST systems meet certain criteria, be installed and repaired by properly certified individuals, and be registered with the UST Division at P.O. Box 4303, Baton Rouge, LA 70821-4303.

Within thirty days of completing a renovation, repair, or upgrade, the Underground Storage Tank Registration and Technical Requirements Form (UST-REG) must be completed, signed by the UST owner and the UST certified worker (if required) to certify that the UST system is in compliance with LAC 33:XI, and submitted to the UST Division *if work results in any changes to the prior submitted UST-REG form.*

For new installations, once the UST installation is complete and prior to placing regulated substances into the UST, the UST-REG form must be completed, signed by the UST owner and the UST certified worker to certify that the UST system is in compliance with LAC 33:XI, and submitted to the UST Division. Upon receipt of a complete and accurate UST-REG form, along with the appropriate fees, the UST Division will provide the owner with a current registration certificate.

Placing a regulated substance into a UST that has not been registered with LDEQ and does not have a current registration certificate is a violation of La R.S. 2194.1. In the event that the owner wants to place a regulated substance into a UST prior to completing the installation, the UST-REG form, along with the appropriate fees, must be submitted to the UST Division. The UST Division will register the UST and provide the owner with a current registration certificate in order to allow a regulated substance to be placed into the UST. After the installation is completed, the owner must submit an amended UST-REG form to the UST Division.

If you have any questions, please contact the appropriate regional office. **UST owners and/or certified workers are required to contact the appropriate LDEQ UST Division regional office 7 days prior to the anticipated installation, renovation, or upgrade commencement date and prior to any installation-critical juncture (as defined in LAC 33:XI.1303).**

Return to: Louisiana Department of Environmental Quality Office of Environmental Assessment Underground Storage Tank Division Appropriate Regional Office* *USTD Submittal Information at www.deq.louisiana.gov/page/356	FOR STATE USE ONLY Regional Office: _____ Date Received: _____ Agency Interest Number: _____
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1. Type of Notification

<input type="checkbox"/> Installation	<input type="checkbox"/> Repair	<input type="checkbox"/> Renovation	<input type="checkbox"/> Upgrade
<input type="checkbox"/> New tank(s) at new facility	<input type="checkbox"/> Additional tank(s) at existing facility	<input type="checkbox"/> Replacement tank(s) at existing facility	
<input type="checkbox"/> New piping to replace existing piping	<input type="checkbox"/> New piping added to existing piping (added dispensers)		
<input type="checkbox"/> New or replacement containment sumps	<input type="checkbox"/> New or replacement spill prevention equipment		
<input type="checkbox"/> New or replacement overflow prevention equipment	<input type="checkbox"/> New or change in release detection method		
Does piping repair/replacement affect >25% of an existing piping run?*		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Site diagram with proposed piping changes must be included (Use Section 12 for site diagram)</i>	

Use Section 11 to describe repair/renovation/upgrade

2. Type of UST Facility – Select the appropriate facility description.

<input type="checkbox"/> Air Taxi (Airline)	<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Contractor	<input type="checkbox"/> Federal Military	<input type="checkbox"/> Federal Non-Military
<input type="checkbox"/> Industrial	<input type="checkbox"/> Marina	<input type="checkbox"/> Residential	<input type="checkbox"/> Railroad	<input type="checkbox"/> Utilities	<input type="checkbox"/> Trucking/Transport
<input type="checkbox"/> Retail Seller of Motor Fuel (e.g., gas/service station)	<input type="checkbox"/> Farm	<input type="checkbox"/> Petroleum Distributor			
<input type="checkbox"/> Other (Specify)					

3. Type of Owner - Select the appropriate owner description.

<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private
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4. Ownership of Tanks			5. Location of Tanks		
Owner Name (corporation, individual, public agency, or other entity)			Facility Name or Company Site Identifier, as applicable		LDEQ AI #
Mailing Address			Street Address (facility only, P.O. Box or Route No. not acceptable)		
City	State	Zip Code	City	State LA	Zip Code
Telephone Number (XXX-XXX-XXXX)		Facsimile (XXX-XXX-XXXX)	Parish	Telephone Number (XXX-XXX-XXXX)	
e-Mail			Latitude (tank hold) (decimal degrees)		
			Longitude (tank hold) (decimal degrees)		

Are there any active or abandoned water wells within 50 feet of the UST system? Yes No If yes, how many?

6. Contact Person Responsible for Tank(s)

Name	Official Title	Telephone Number	e-Mail		
Address		City	State	Zip Code	

7. Contractor Information

Contractor's Name	UST License Number	Phone Number
Company Name	e-Mail	

8. Tank Information (Only note what is being installed or modified, not what is already installed) (Use DEQ-assigned tank # if known)

Tank Number	Tank Size (gal)	Manufacturer	Model	SW or DW	# of Compartments / Capacities
					/
					/
					/
					/
					/
					/

Tank Construction

- Fiberglass Reinforced Plastic (FRP)
 Composite (steel with fiberglass or glass coating) (ACT-100, Permatank, Elutron, etc.)
 Double Walled or Jacketed (Required on tanks installed after 12/20/08)
 Polyethylene Jacketed Tank (Total Containment, etc.)
 Bare Steel/Asphalt Coated
 STI-P3
 Cathodically Protected Steel
 Impressed Current system only
 Anodes only
 Interior Lining only
 Combination of Interior Lining and Impressed Current system Installed at same time Installed separately
 Combination of Interior Lining and Anodes Installed at same time Installed separately
 If interior CP and lining installed separately, was a tank integrity test performed? Yes No
 If yes, what method: _____
 Was corrosion protection system designed by a corrosion expert? Yes No
 Other: _____

Method of Tank Release Detection

- Manual Tank Gauging without Tank Tightness Testing (<551 gal) (551 – 1000 gal)
 Automatic Tank Gauging
 ATG Manufacturer: _____
 ATG Model: _____
 Probe Manufacturer: _____
 Probe Model: _____
 External Release Detection Devices Groundwater Monitoring Vapor Monitoring
 Type of Backfill: _____
 Permeability Assessment if RDDs in native soil? Yes No
 Tank Interstitial Monitoring (Required on tanks installed after 12/20/08)
 Manual Monitoring (explain method): _____
 Interstitial Monitor Manufacturer: _____
 Interstitial Monitor Model: _____
 Other: _____
 Statistical Inventory Reconciliation (SIR). Method: _____
 Other: _____

Spill and Overfill Prevention Equipment

- Type of Spill Prevention Equipment: Single-Walled Spill Bucket Double-Walled Spill Bucket Other Interstitially Monitored
 If other, describe: _____
 Type of Overfill Prevention Equipment: Automatic Shutoff (Drop Tube Device) Flow Restrictor (Ball Float) Alarm Other
 If Other Overfill Method, Describe: _____

9. Piping Information (Only note what is being installed or modified, not what is already installed)

- Product Delivery System** Pressurized Suction Gravity Feed
 If Suction, location of check valve(s): Dispenser Tank Both

Piping Construction

- Fiberglass Reinforced Plastic Flexible Plastic Bare Steel Single Walled Other
 Double Walled (Required on piping installed after 12/20/08 in certain instances (LAC 33:XI.303.D.2))

If other, describe: _____

- Cathodically Protected - Impressed Current system Cathodically Protected - Anodes

Was corrosion protection system designed by a corrosion expert? Yes No

Method of Piping Release Detection (Please choose the appropriate piping release detection method(s) to be used)

Automatic Line Leak Detectors: Mechanical Line Leak Detector Electronic Line Leak Detector

Manufacturer: _____

Model: _____

Other Method (must detect 3 gph leak at 10 psi in 1 hour); Describe: _____

AND one of the following:

Line tightness test (Annual OR 3 Year

Groundwater Monitoring

Vapor Monitoring

Statistical Inventory Reconciliation (SIR)

Interstitial Monitoring (Required on piping installed after 12/20/08 in certain instances (LAC 33:XI.303.D.2))

Manual Monitoring

Location(s) of Manual Monitoring: STP Sump UDC Sump Transition Sump

OR

Sump Sensors – Type: _____

Location(s) of Sump Sensors: STP Sump UDC Sump Transition Sump

Other: _____

Under Dispenser Containment (Required with new dispensers installed after 12/20/08 in certain instances (LAC 33:XI.303.D.4))

Yes No Single-Walled Sump Double-Walled Sump Interstitially Monitored

Number of Dispensers: _____

Submersible Pump Containment (Required with new STPs installed after 12/20/08 in certain instances (LAC 33:XI.303.D.5))

Yes No Single-Walled Sump Double-Walled Sump Interstitially Monitored

Number of STPs: _____

10. Projected Start Date or Date Work Performed

Projected Start Date

Date Work Performed if Emergency Repair or Modification

11. Repair or Renovation Information (Use this section to provide additional information regarding repair or renovation)

12. Site Diagram (Use this section to provide site diagram of proposed renovation. Show all existing and proposed piping and include distances)



13. Certification

I certify the above submitted information is correct and I agree to comply with all requirements of LAC 33:XL.

_____ Owner Name	_____ Owner Signature	__/__/____ Date
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LDEQ RESPONSE – DO NOT WRITE BELOW THIS LINE

- Approved by LDEQ
- Rejected for the following reason(s):
 - The noted highlighted section(s) of this form must be completed in order for LDEQ to process.
 - The owner has not signed this form. Please resubmit with the required signature.
 - DEQ records indicate the contractor you have selected is not a UST worker certified by DEQ for installations and repairs. You must select, from the enclosed list, a contractor that is a certified UST worker.
 - DEQ records indicated that the UST system has not been registered. You must complete the attached registration form and return it to the UST Division immediately.
 - _____

_____ Signature of LDEQ Representative	_____ Telephone Number	__/__/____ Date
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Contact Information
Acadiana and Southwest Region

UST Compliance ARO/SWRO Supervisor Contact Phone: 337-491-2806
UST Compliance ARO Supervisor e-mail: _DEQ-USTCompliance-ARO@la.gov
UST Compliance SWRO Supervisor e-mail: _DEQ-USTCompliance-SWRO@la.gov

Parishes Served: Acadia, Allen, Beauregard, Calcasieu, Cameron, Evangeline, Iberia, Jefferson
Davis, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion, Vernon.

Capital Region

UST Compliance CRO Supervisor Contact Phone: 225-219-3768
UST Compliance CRO Supervisor e-mail: _DEQ-USTCompliance-CRO@la.gov

Parishes Served: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston,
Pointe Coupee, St. Helena, St. James, Tangipahoa, West Baton Rouge, West Feliciana

Northeast and Northwest Region

UST Compliance NERO/NWRO/KRO Supervisor Contact Phone: 337-262-5599
UST Compliance NERO/KRO Supervisor e-mail: _DEQ-USTCompliance-NERO@la.gov
UST Compliance NWRO Supervisor e-mail: _DEQ-USTCompliance-NWRO@la.gov

Parishes Served: Avoyelles, Bienville, Bossier, Caddo, Caldwell, Catahoula, Claiborne, Concordia, De
Soto, East Carrol, Franklin, Grant, Jackson, La Salle, Lincoln, Madison, Morehouse, Natchitoches,
Ouachita, Rapides, Red River, Richland, Sabine, Tensas, Union, West Carol, Winn, Webster

Southeast Region

UST Compliance SERO/BLRO Supervisor Contact Phone: 504-736-7755
UST Compliance SERO Supervisor e-mail: _DEQ-USTCompliance-SERO@la.gov

Parishes Served: Lafourche, Jefferson, Orleans, Plaquemine, St. Bernard, St. Charles, St. John the
Baptist, St. Tammany, Terrebonne, Washington

Regional Offices

Acadiana 111 New Center Drive Lafayette, LA 70508 Main Phone: (337) 262-5584 Fax: (337)262-5593	Northeast 508 Downing Pines Road Monroe LA 71292 Main Phone: (318) 362-5439 Fax: (318) 362-5448
Bayou Lafourche 125 Barataria Street Lockport, LA 70374 Main Phone: (985) 532-6206 Fax: (985) 532-9945	Northwest 1525 Fairfield Rm 520 Shreveport, LA 71101 Main Phone: (318) 676-7476 Fax: (318) 676-7573
Capital 602 N. Fifth Street Baton Rouge, LA 70802 Main Phone:225-219-3768 Fax:225-219-3695	Southwest 1301 Gadwalt Street Lake Charles, LA 70615 Main Phone: (337) 491-2667 Fax: (337) 491-2682
Kisatchie 2800 S. MacArthur Drive, Suite A Alexandria, LA 71301 Main Phone: (318) 487-5656 Fax: (318) 487-5927	Southeast 201 Evans Road, Bldg 4 Suite 420 New Orleans, LA 70123 Main Phone: (504) 736-7701 Fax: (504) 736-7702