

**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*  <b>*USTD Submittal Information at</b> <a href="http://www.deq.louisiana.gov/page/356">www.deq.louisiana.gov/page/356</a>				<b>FOR STATE USE ONLY</b> Regional Office: _____  Date Received: _____  Agency Interest Number: _____			
<b>1. Type of Notification</b>							
<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 overfill 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> <i>Use Section 11 to describe repair/renovation/upgrade</i>							
<b>2. Type of UST Facility</b> – 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) _____							
<b>3. Type of Owner</b> - 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							
<b>4. Ownership of Tanks</b>			<b>5. Location of Tanks</b>				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many?							
<b>6. Contact Person Responsible for Tank(s)</b>							
Name		Official Title		Telephone Number	e-Mail		
Address			City	State	Zip Code		
<b>7. Contractor Information</b>							
Contractor's Name			UST License Number	Phone Number			
Company Name			e-Mail				
<b>8. Tank Information</b> (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
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**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

**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