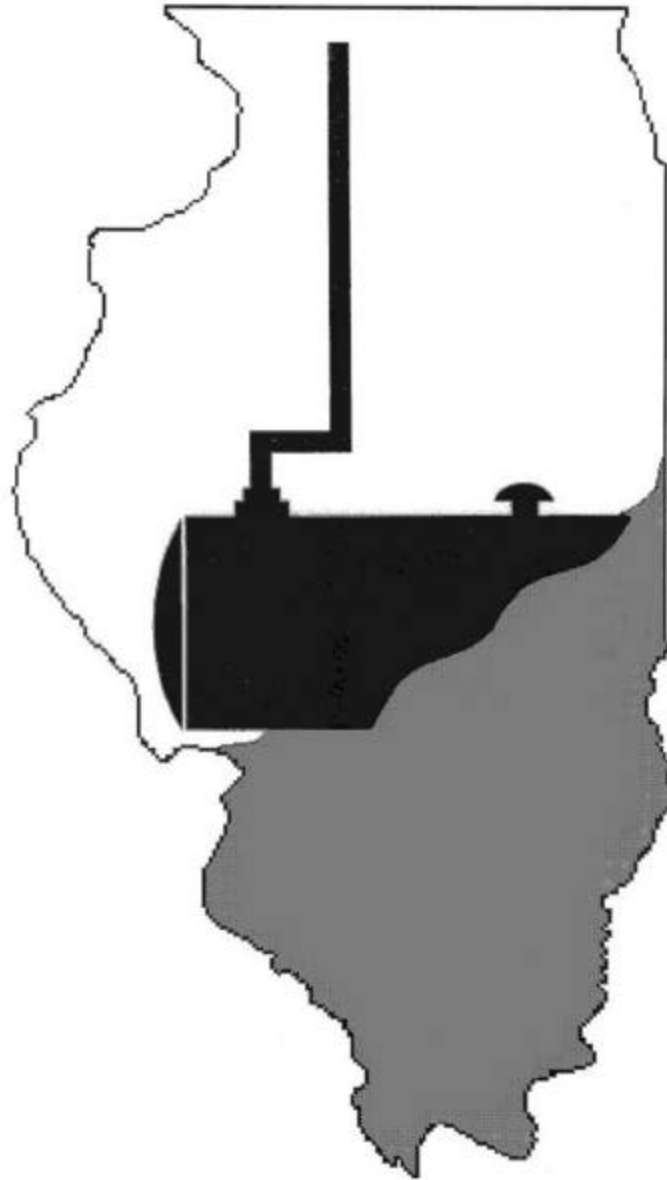


**Office of the Illinois State Fire Marshal  
Division of Petroleum and Chemical Safety**

1035 Stevenson Drive  
Springfield, Illinois 62703-4259

**Notification Form for Underground Storage Tanks**



# General Information

Notification is required by state law for all underground storage tanks (USTs) that have been in use any time since January 1, 1974 and were in ground as of September 24, 1987 (other than heating oil tanks). Federal law required notification by May, 8 1986.

The primary purpose of this notification program is to locate and evaluate USTs that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief or recollection.

**Who must notify?** Owners of USTs are responsible for notification. Owner means: 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 for storage, use of dispensing of regulated substance; 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.

**What tanks are included?** A UST must contain or have contained a regulated substance, regulated substances include petroleum or hazardous substances.

**Are Heating Oil Tanks included?** Although Federal Law excludes these tanks used for consumptive use on the premises where stored, the state includes them, if: They are 1100 gallons or greater and were in the ground as of July 11, 1990; or they are than 110 gallons or 1100 gallons and were in the ground as of September 6, 1991. Heating oil USTs located on one and two family residences and farms are excluded.

**When to notify?** Owners of USTs other than heating oil that have been in use at any time since January 1, 1974 and were in the ground as of September 24, 1987, should be registered immediately, including USTs already removed. In the case of heating oil USTs, see the dates above. Any owner of newly installed UST is required to register within 30 days after product is placed in tank. Any new owner of a UST who was previously registered, is required to file an amended notification form within 30 days after acquiring ownership. There must be an amended notification on a previously filed form within 30 days of such change.

**Where to notify?** Completed notification forms should be emailed to [SFM.DPCS.NotificationForms@Illinois.gov](mailto:SFM.DPCS.NotificationForms@Illinois.gov) or mailed to the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, 1035 Stevenson Dr., Springfield, IL 62703.

**Penalties:** The Office of the State Fire Marshal is requesting this information pursuant to the Gasoline Storage Act, 430 ILCS 15/4. This information is REQUIRED. Failure to provide the information can result in a fine up to \$10,000 per day and a loss of registration. Additionally, under Federal Law, any owner who knowingly fails to notify or submits false information may be subject to a federal civil penalty not to exceed \$10,000, plus any applicable state fines, for each tank which notification is not given or of which false information is submitted.

<b>IL</b>	<b>Notification for Underground Storage Tanks</b>	<b>OFFICE USE ONLY</b>
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- A separate form must be used for each site.
- If you have more than five tanks, photocopy pages 1-5 and attach to this notification form.
- Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink.

ID NUMBER
DATE RECEIVED

Facility I.D. # (if known) \_\_\_\_\_ Owner I.D. # (if known) \_\_\_\_\_

**TYPE OF NOTIFICATION**

New Facility      Amended (Changes/Corrections/Additional Tanks)     Mark all that apply:

_____ Owner Address Change (this facility only)	_____ Tanks Relined (Permit # _____)
_____ Owner Address Change (all facilities owned)	_____ Tanks Installed (Permit # _____)
_____ New Owner	_____ Tanks Upgraded/Repaired (Permit # _____)
_____ Tank(s) Removed (Permit # _____)	_____ Abandonment Notice (Permit # _____)
_____ Other _____	

<b>I. Ownership of Tank(s)</b>	<b>II. Location of Tank(s)</b> (if same as Section I, Mark box) <input type="checkbox"/>
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Owner Name (Corp., Individual., Public Agency or other Entity)	Facility Name or Company Site Identifier, as applicable
Mailing Address	Street Address or State Road, as applicable (exact address)
City    State    Zip	City    State    Zip
County	County
Contact Name    (Area Code) Phone	Contact Name    (Area Code) Phone

**III. TYPE OF OWNERSHIP** (mark all that apply)

<input type="checkbox"/> Current Owner of Tanks Date Purchased    _____ / _____ / _____	<input type="checkbox"/> Ownership Uncertain _____
<input type="checkbox"/> Former Owner	<input type="checkbox"/> Other _____

**IV. TYPE OF FACILITY**

Type of Facility: (Circle correct code)

A. Service Station	G. Industrial/Manufacturing	M. City/Town	S. Port District
B. Bulk Plant	H. Private Institution	N. County	T. Utility District
C. Petroleum Distributor	I. Residence (Non-Farm)	O. State	U. Fire Dept.
D. Convenience Store	J. Farm	P. Federal (Military)	V. Other Special
E. Auto Dealer	K. Airport	Q. Federal (Non-Military)	Service Districts
F. Commercial/Retail	L. Marina	R. School District	W. Other _____
			(Please Specify)

**V. Description of Underground Storage Tanks (Complete entire column for each tank)**

<b>Tank Identification Number</b>	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
<b>1. Status of Tanks</b> Currently in use <input type="checkbox"/> Temporarily out of use <input type="checkbox"/> (Section 2 must be completed) Permanently out of use <input type="checkbox"/> (Section 2 must be completed) Removed <input type="checkbox"/> (Section 3 must be completed) Abandoned in place <input type="checkbox"/> (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Tanks Permanently &amp; Temporarily Out of Use</b> Estimated date last used	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<b>3. Tanks Removed</b> Date tank(s) removed Estimated date last used	___/___/___ ___/___/___	___/___/___ ___/___/___	___/___/___ ___/___/___	___/___/___ ___/___/___	___/___/___ ___/___/___
<b>4. Abandoned in Place</b> Date tanks filled Tank filled with: Inert materials (sand, etc.) <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify) _____	___/___/___ <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"/> <input type="checkbox"/> <input type="checkbox"/> _____	___/___/___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
<b>5. Age of Tank</b> Date tank installed Date product placed in tank	___/___/___ ___/___/___	___/___/___ ___/___/___	___/___/___ ___/___/___	___/___/___ ___/___/___	___/___/___ ___/___/___
<b>6. Estimated Total Capacity</b> (gallons)	_____	_____	_____	_____	_____
<b>7. Substances Currently or Last Stored:</b>  <b>Petroleum</b> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline <input type="checkbox"/> Used oil <input type="checkbox"/> Other (Please specify) _____  <b>Petroleum Use</b> (if applicable): Heating oil <input type="checkbox"/> (consumptive use on premises) Back-up generator <input type="checkbox"/> Other (please specify) _____  <b>Hazardous Substance:</b> Name of principal CERCLA substance _____ Chemical Abstract Service (CAS No) _____	<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"/> _____  <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"/> <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"/> _____  _____ _____

**VI. Description of Underground Storage Tanks (Complete entire column for each tank)**

Tank Identification Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
<p><b>1. Material of Construction</b> (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>					
<p><b>2. Piping Materials</b> (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) _____</p>					
<p><b>3. Piping Type</b> (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input type="checkbox"/></p> <p>Pressure <input type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>					



**VII. Certification of Compliance** (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected & approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

**OATH:** I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Contractor: \_\_\_\_\_  
 Name Signature (must be original) Date  
 \_\_\_\_\_  
 Position Company

**VIII. Financial Responsibility**

Mark all that apply:

- Self-Insurance       Guarantee       Certificate of Deposit  
 Commercial Insurance       Surety Bond       Trust Fund  
 Risk Retention Group       Letter of Credit       Other Method Allowed

(please specify) \_\_\_\_\_

**IX. Certification** (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Name and official title of owner or owner's authorized representative (print)      Signature (must be original)      Date Signed