

**Instructions for State Form 45223 (R10 / 3-23)****Notification for Underground Storage Tanks****Updated April 20, 2023**

This *Notification for Underground Storage Tanks* form should be completed for a location that has been previously registered with IDEM and has been assigned a Facility ID number. If the location has not been registered with IDEM and has not been assigned a Facility ID number, the appropriate form to document a new underground storage tank (UST) facility is the *Initial Registration for Underground Storage Tanks*, State Form 56548.

**EMAIL ADDRESS REQUIREMENT**

IDEM will utilize email addresses to send correspondence. Email addresses with multiple users will be an issue within our new database. This system is designed to have a one-to-one, email to an individual, ratio.

For example:

Jane Doe who works at Gas Station has her own individual email address, [jdoe@gasstation.com](mailto:jdoe@gasstation.com), but also has access to a general use email address, [USTs@gasstation.com](mailto:USTs@gasstation.com), which is also used by other individuals in her company. For IDEM's purposes, she should use her individual email address at [jdoe@gasstation.com](mailto:jdoe@gasstation.com).

For security purposes, the system requires one user for one email address. Additionally, one person with multiple email addresses will be an issue within our new database. IDEM has noted that many notification forms contained in our records list contact email addresses associated with multiple individuals or the same individual has multiple email addresses. As such, previously submitted contact information may need to be updated.

**STANDARD PROCEDURE**

Required fields for any submittal:

- Facility ID Number at top of form
- Section A: Type of notification form (check all that apply)
- Section B: Facility Name/Location
- Section G: UST Owner Certification
- Section I: UST Operator Certification

Select the *Type of Notification* based on the regulatory obligation you are trying to fulfill. Complete the appropriate sections of the form. The UST owner and/or UST operator must match IDEM records or Section E UST Owner and/or Section H UST Operator must also be completed.

Only the form sections indicated by the *Type of Notification* selected in Section A will be reviewed by IDEM and updated in agency databases.

UST system information contained in Sections R through Z will not be reviewed unless *UST System Modification* or *New UST System(s)* has been selected. Sections R through Z are not

required to be completed if there are no changes relative to the UST systems and there are no outstanding tank data corrections required in response to the facility's most recent UST inspection.

**\*\*Facility ID Number:**

Enter the Facility ID number that IDEM assigned to this location.

**A. \*\*Type of Notification**

Check all boxes that apply to this notification. If an IDEM UST inspector indicated an updated notification was necessary, read the inspector's comments in the inspection report. If the record is missing UST system details, then check *UST System Modification*. If a new owner/operator needs to be reported, check the appropriate boxes.

**NEW PROCEDURE**

The **UST owner / UST operator** of a facility can email [USTRegistration@idem.in.gov](mailto:USTRegistration@idem.in.gov) for corrections and small updates by completing the pertinent pages. These changes are required to be sent by the UST owner / UST operator through their specific email on file. The FID number is required to be in the Subject line and the email must briefly explain what issue is being addressed. IDEM will place the email and documentation in the VFC as document type *Notification Form*.

Examples:

Corrected Business ID

Corrected UST system details after an inspection

UST owner address update

**B. Facility Name / \*\*Location**

Enter the current name of the business as it appears on signage at the facility, the full physical address (as would be utilized during an emergency or 911 call, required for all submittals), and the telephone number for the facility. IDEM requires the geographic location of the facility in Latitude/Longitude - Decimal Degrees (to six significant digits). Example: Latitude: 39.769063, Longitude: -86.164815. Geographic coordinates may be determined using 1) online mapping applications, 2) handheld GPS receivers, 3) mobile apps for smartphones and tablets with GPS capability, or 4) traditional surveying methods. The parcel number is required and may be found on the property report or property card available on most county assessor websites, or the county assessor's office can be contacted for the information.

**C. Type of Facility**

Check all the boxes that apply to this facility. If "other," indicate the type in the box.

**D. Prepared By**

Enter the name, address, phone number, job title, and email address of the person preparing the notification form.

## E. UST Owner

Check the applicable box for the type of UST Owner. If “Other,” indicate type in the box. For example, if the owner is registering in their individual/personal capacity, select “Other” and enter “individual” in the space provided.

Enter the company, government or non-profit entity, or individual that is the UST Owner. Information provided for a company must be the same information as registered with the Indiana Secretary of State, if such company is required to be so registered. The Owner’s address on the form must be the same as the Owner’s principal address on file with the Secretary of State.

The effective date of ownership is the date the company, entity, or individual took ownership of the USTs only. If the UST Owner is the same as the Property Owner, then the effective date of ownership in this section could be the same effective date as on the most recent real estate transfer paperwork or the deed itself. If the UST Owner is different than the Property Owner, then a copy of the complete UST purchase agreement or other documentation of sale/purchase is required to be submitted as proof of ownership and the effective date of ownership would be the date the UST purchase agreement/other documentation took effect. Attach backup documentation to this form.

Corporations, individuals, public agencies, or other entities are types of owners and the liability for any release or issue at the site will be determined based on the documentation submitted and/or other documentation made available to the agency.

For example:

If John Doe is listed as the UST Owner in this form, but the supporting documentation indicates XYZ Corporation is the UST Owner, the form will need to be corrected.

The opposite is also true, if XYZ Corporation is listed as UST Owner in this form, but the supporting documentation indicates John Doe is the UST Owner, the form will need to be corrected.

An individual with proper authority must sign the form for a business entity.

The UST owner contact/signature must provide full name, address, phone number, and an email address specific to the individual to be used exclusively by this person in IDEM’s EPIC database. The contact in section E should be the person to sign the UST Owner certification.

## F. Financial Responsibility

Check all the boxes that apply to this facility. You must check the Excess Liability Trust Fund (ELTF) for IDEM to issue a Certificate of Financial Assurance (COFA), which is required for you to utilize the ELTF. Failure to notify IDEM of your intent to use the ELTF and the resulting lack of a COFA may result in a future release not being ELTF eligible. Failure to provide proof of Financial Responsibility as required under 329 IAC 9-8 may result in a referral to enforcement.

IDEM requires you indicate your financial responsibility mechanism(s) on this form for any new UST Owner and/or UST Operator. Providing documentation of Financial Responsibility will be required during the inspection process.

## G. UST Operator

Check the applicable box for the type of UST Operator. If “Other,” indicate type in the box. For example, if the operator is an individual, select “Other” and enter “individual” in the space provided.

Enter the company, entity, or individual that is the UST Operator. Information provided for a company must be the same information as registered with the Indiana Secretary of State, if the company is required to be so registered. The Operator’s address on the form must be the same as the Operator’s principal address on file with the Secretary of State. If the UST Operator is different than the UST Owner or Property Owner, then a copy of the complete lease or other agreement is required to be submitted as proof and the “Date Began Operating” would be the date the lease or agreement became effective.

Corporations, individuals, public agencies, or other entities are types of operators and the liability for any release or issue at the site will be determined based on the documentation submitted and/or other documentation made available to the agency.

For example:

If John Doe is listed as UST Operator in this form, but the supporting documentation indicates XYZ Corporation is the UST Operator, the form will need to be corrected.

The opposite is also true, if XYZ Corporation is listed as UST Operator in this form, but the supporting documentation indicates John Doe is the UST Operator, the form will need to be corrected.

A party with the authority to legally bind a business entity must sign the form for a business entity.

The UST Operator contact/signature must provide full name, address, phone number, and an email address specific to the individual to be used exclusively by this person in IDEM’s EPIC database. The contact in section G should be the person to sign the UST Operator certification.

## H. Facility Contact

Enter the name, job title, telephone number, and email address of the person whom IDEM should contact for communications regarding this facility. This person will also be considered the emergency contact for IDEM regarding this facility.

The Facility Contact must provide full name, address, phone number, and an email address specific to the individual to be used exclusively by this person in IDEM’s EPIC database.

## I. Deeded Property Owner

Check the applicable box for the type of Deeded Property Owner. If “Other,” indicate type in the box. For example, if the owner is an individual, select “Other” and enter “individual” in the space provided.

Enter the company, entity, or individual that is the Property Owner. Information provided for a company must be the same information as registered with the Indiana Secretary of State, if the

company is required to be so registered. The Property Owner's address must be the same as the Property Owner's principal address on file with the Secretary of State. The effective date of ownership will be indicated on the property deed and a complete copy of the deed is required to be submitted.

The property owner contact must provide full name, address, phone number, and an email address specific to the individual to be used exclusively by this person in IDEM's EPIC database.

#### **J. Active Land Contract Property Owner**

Check the applicable box for the type of Active Land Contract Property Owner. If "Other", indicate type in the box. For example, if the owner is an individual, select "Other" and enter "individual" in the space provided.

Enter the company, entity, or individual that is the Active Land Contract Property Owner. Information provided for a company must be the same as the information registered with the Indiana Secretary of State, if the company is required to be so registered. The Active Land Contract Property Owner's address must be the same as the Active Land Contract Property Owner's principal address on file with the Secretary of State.

The Property Owner is typically the same entity that is named on the deed of the property. However, for facilities being purchased on a land contract, once executed, the buyer/lessee may be considered the property owner for the purpose of registering the USTs, unless the contract specifies otherwise. Include a complete copy of the land contract. The effective date of ownership would be the date when the land contract was executed.

#### **K. Contractor**

If this form provides notification of work performed on the UST systems, enter the business name, address, and contact information for the contractor or consultant that performed the work. Enter the certified individual who is authorized to verify the work on the UST system (including installation, testing, or other UST-related work) complies with regulatory requirements and the individual's Indiana Department of Homeland Security/Division of Fire and Building Safety certification number. As-built plans are required for the installation of new UST systems.

The certified contractor contact must provide full name, address, phone number, IDHS certification number, and an email address specific to the individual to be used exclusively by this person in IDEM's EPIC database. The contact in section K should be the person to sign the contractor certification.

#### **L. Potentially Interested Parties (If Applicable)**

This section must be completed to include the email address of the registered agent for any company listed on this form that is registered with the Indiana Secretary of State. UST Owners, UST Operators, and Property Owners may also include other interested parties, such as additional contacts at the company or contacts at an environmental consulting firm. IDEM will use these email addresses, along with the owners and operators identified in the sections above, to send out notices of deficiency or to respond to inquiries about this site.

Potentially interested parties should be individuals with an email specific to the individual listed.

### M. Facility Site Map

In the space provided, sketch the facility to approximate scale and include the following: current UST system configuration/ location with accurate orientation, labels indicating size and type of product stored in each UST, UST fill port locations, STP sump locations, vapor recovery port locations, any other manway/access point of the USTs, piping lines leading from the USTs to the dispensers, vent pipes, dispenser islands (labeled with numbers), buildings, streets bordering the property with street names, and any other landmarks. Show north if direction is known. If more space is needed, an additional sheet may be attached to include the site map. Alternatively, an attached electronically created map or a site map provided from the Consultant/Contractor with the above information is acceptable.

**Sections N-V are for the attributes of up to four UST systems (tanks and/or compartments) which includes connected underground piping, underground ancillary equipment, and containment system. If more than four UST systems are being registered, additional copies of Sections N-V must be completed.**

### N. Identification of Underground Storage Tanks

**IDEM UST Registration Number:** If unknown, leave blank.

**Compartment Identification Number:** If unknown, leave blank.

**Date Installed:** The date when the UST system was put in the ground.

**Date Brought into Use:** The date the UST system first contained regulated product. IDEM uses this date to determine UST fee calculations. Each tank/compartment containing regulated product on January 1 of the year the fee is due will be assessed the fee.

**Capacity (*in gallons*)** - List the capacity of the tank or compartment. If multiple compartments, then each column should have that compartment size, not the overall tank size.

**Manifolded** –Indicate whether or not the tank or compartment has piping manifolded to another tank or compartment.

**Manifolded to Compartment ID Number** – If the tank or compartment has manifolded piping, indicate the number of the tank or compartment to which it is manifolded (i.e. if tank 1 and tank 3 are manifolded, each will say Yes to the manifolded question and for the “manifolded to” field, tank 1 will list 3 and tank 3 will list 1).

**O. Status of UST Tanks-** List the status of the tank and the effective date of that status:

Currently in Use

Temporarily Closed

### P. Substances Currently or Last Stored in UST

**Petroleum (only use the substance code as listed in this section)-** List the three letter/number code for the substance that is contained in the UST. List only one code per

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compartment (column) unless the UST/compartment holds another substance for part of the year. (List the substance code followed by a comma, then the next substance code).

**GSL—Gasoline**

**E85—E85 Gasoline Blend**

**E15—E15 Gasoline Blend**

**KER—Kerosene**

**RCF—Racing Fuel (leaded)**

**DSL—Diesel**

**DSB—Diesel containing >20% Biofuel**

**UOL—Used Oil**

**VGL—Virgin Oil**

**AVG—AV Gas**

**Max Ethanol %-** If the UST contains any ethanol, then the percentage of ethanol is required to be listed. This should be the maximum percent of ethanol that is ever contained. (i.e., the UST sometimes contains 20%, but majority of the time contains 15% then the maximum percent should be 20%)

**Max Biofuel %-** If the UST contains any biofuel, then the percentage of biofuel is required to be listed. This should be the maximum percent of biofuel that is ever contained. (i.e., the UST sometimes contains 20%, but majority of the time contains 5% then the maximum percent should be 20%)

**Hazardous Substance – Enter CERCLA Name and put CAS Number in field below**

**Mixture of Substances –** List the substances

**Compatibility -** You must indicate if the product stored in the UST is compatible with the UST construction material.

**Q. UST Construction Attributes -** Tank manufacturer and model number are required for all new UST systems. All UST systems installed after September 2, 2009 are required to have secondary containment or be double-walled. It must be indicated if the UST system is double-walled or if it uses another form of secondary containment.

Material of Construction:

- Double-Walled
- Fiberglass
- Steel
- Steel Clad (Fiberglass Jacket)
- Other (specify)

**R. UST Corrosion Protection (This section only applies to steel USTs, not the piping) –** If the UST system is steel, then a form of corrosion protection must be indicated. A Steel Clad (with Fiberglass Jacket, sometimes known as ACT 100 or Permatank) UST is one that has a fiberglass outer layer that is thick enough that it does not require corrosion protection. If your UST is fiberglass or Steel Clad, you do not need to complete this section.

Indicate all protection measures that apply and list the date of installation for each option. The date of installation is the date the corrosion protection system was installed. Interior lining date of installation should be the date the full liner was installed and not the date of last repair or inspection. For sacrificial anodes (galvanic) and impressed current, it is the date the anodes were installed and not the date of last inspection.

**S. Piping Construction and Protection** - Piping manufacturer and model are required for all new UST systems. All UST systems installed after September 2, 2009 are required to have secondary containment or be double-walled. It must be indicated if the piping is double-walled or if it uses another form of secondary containment.

Date installed is the date the piping was put into the ground.

**Piping Material**

- Airport Hydrant Piping
- Copper
- Flexible Composite
- Rigid Fiberglass
- Steel
- Other (specify)
- None

**Secondary Containment**

- Double-walled
- Secondary Barrier
- Other (specify)
- Not Applicable

**Corrosion Protection Type**

- Dielectric Coating
- Galvanic CP
- Impressed Current
- Other (specify)
- Not Applicable

Product is Compatible with Piping – You must indicate if the product transported in the piping is compatible with the piping construction material.

**Product Delivery Method**

- American Suction
- European Suction
- Pressurized
- Other (specify)
- Not Applicable

**T. UST Release Detection**- Enter at least one type of tank release detection. **All UST systems installed on or after September 2, 2009, are required to perform interstitial monitoring for tanks and piping.** If multiple methods of release detection are utilized, then list all that apply.

For each method, list the manufacturer and model of the equipment being used as applicable (i.e., Veeder Root TSL 350 for an ATG, etc.). If a third-party certified company is being used as part of the release detection method, list the company in the manufacturer and model box.

- ATG 0.2gph monthly



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- ATG CSLD
- ATG CITLDS
- ATG Interstitial Monitoring
- Groundwater Monitoring
- Manual Tank Gauging
- Statistical Inventory Reconciliation
- Vapor Monitoring
- Not Applicable

**U. Underground Piping Release Detection** - Enter at least one type of piping release detection. **All UST systems installed on or after September 2, 2009, are required to perform interstitial monitoring for tanks and piping.** If multiple methods of release detection are utilized, then list all that apply. For each method, list the manufacturer and model of the equipment being used as applicable (i.e., Veeder Root TSL 350 for an ATG, etc..). If a third party certified company is being used as part of the release detection method, list the company in the manufacturer and model box.

- 3 Year Line Tightness Test
- Annual Line Tightness Test
- ATG CITLDS
- 0.2gph/0.1gph ELLD
- Groundwater Monitoring
- Interstitial Monitoring
- Statistical Inventory Reconciliation
- Vapor Monitoring
- Not Applicable

**V. Spill and Overfill Prevention Equipment-** Spill prevention equipment usually consists of catchment basins, while overfill prevention equipment generally consists of auto-shutoffs (fill pipe), overfill alarms (exterior), or flow restrictors. Other methods may be used if such methods comply with applicable rules. Not all methods are required to be used and only the methods being used should have a manufacturer and model.

IDEM requires the geographic location of the UST fill port in Latitude/Longitude – Decimal Degrees (to six significant digits). Example: Latitude: 39.769063, Longitude: -86.164815. If you do not have the ability to collect an accurate geographic location of the UST fill port, you may re-use the latitude and longitude coordinates from the Facility.

For “Auto Shutoff (fill pipe)”, “Flow Restrictor”, and “Other:” the type should also be listed along with the manufacturer and model. **Flow restrictors in vent lines (ball float valves) must be removed in accordance with IDEM Fact Sheet [Coincident Use of Overfill Prevention Devices in Underground Storage Tanks](#) prior to installing another method of spill and overfill protection.** (Please include contractor verification of complete removal.) If you have an older system and do not know the actual manufacturer or model, leave blank. Any UST system installed on or after June 28, 2018, cannot utilize a flow restrictor in a vent line (a ball float valve) as a form of overfill prevention equipment.

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### **\*\*UST Owner Certification**

Enter the UST Owner's authorized representative name, title, and company name (if the UST owner is not an individual). The authorized representative must sign and date their signature. Electronic signatures are accepted; original wet ink signatures are not required. If the UST owner is an individual and not a company, the UST owner must sign the certification.

### **\*\*UST Operator Certification**

Enter the UST Operator's authorized representative name, title, and company name (if the UST operator is not an individual). The authorized representative must sign and date their signature. Electronic signatures are accepted; original wet ink signatures are not required. If the operator is an individual and not a company, the UST operator must sign the certification.

### **Contractor Certification**

The individual with the IDHS certification number must sign and date their signature. Electronic signatures are accepted; original wet ink signatures are not required.

### **Document Submittal Guidelines**

Submit form to the [USTRegistration@idem.IN.gov](mailto:USTRegistration@idem.IN.gov)

Subject line: Notification: FID# \_\_\_\_\_

Save Document: NF\_FID(*insert number*)\_ (yyyymmdd)

Notice of Deficiency (NOD) submittals sent to same inbox:

Subject line: FID# \_\_\_\_\_ NOD dated mm/dd/yyyy

Violation Letter (VL) submittals sent to same inbox:

Subject line: FID# \_\_\_\_\_ VL dated mm/dd/yyyy