UST-8
FOR TANKS IN
NC

NOTIFICATION FOR ACTIVITIES INVOLVING UNDERGROUND STORAGE TANK SYSTEMS (USTs)

RETURN COMPLETED FORM TO:

NC DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT / UST SECTION
1637 MAIL SERVICE CENTER
RALEIGH, NC 27699-1637
ATTN: REGISTRATION & PERMITTING
PHONE (919) 733-8486 FAX (919) 715-1117

STATE USE ONLY

I.D. #_____

Date Received_____

Underground Storage Tank (UST) system owners and operators are required by Federal law (42 U.S.C. 6991a) to provide notification for all UST systems that were in the ground on or after May 8, 1986, unless taken out of operation on or before January 1, 1974. In addition, registration of commercial USTs in use on or after January 1, 1989 is necessary to comply with state law (N.C.G.S. 143-215.94C).

A UST system **owner** is: (a) 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 used for storage, use, or dispensing of regulated substances; 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.

A UST system **operator** is any person in control of, or having responsibility for, the daily operation of a UST system.

The primary purpose of this notification program is to obtain information on UST system locations, ownership, construction, product stored, leak detection and corrosion protection methods, etc. and to facilitate permitting and the payment of annual operating fees. It is expected that the information provided will be based on reasonably available records, or, in the absence of such records, personal knowledge, belief, or recollection.

Which USTs are included?
Regulated and/or commercial USTs, including the following:

- Petroleum USTs used to store or resell product (e.g. motor fuels, jet fuels, waste oil, kerosene, varsol, transmission fluid, mineral spirits, gasohol, etc.)
- Heating oil USTs > 1,100 gallons (gals)
- Farm USTs > 1,100 gals
- Emergency generator USTs
- Hydraulic lift USTs
- Oil-water separator USTs (containing petroleum in amounts > 1% of tank capacity)
- Hazardous substance USTs > 110 gals (e.g., alcohols, naphthalene, dry cleaning fluids, antifreeze, formaldehyde, hexane, etc.)

Which tanks are excluded?
Certain tanks are not included in these notification requirements. These tanks include the following: small home heating oil and farm tanks (≤ 1,100 gals), large heating oil tanks (> 1,100 gals) if used to heat four or fewer households and located on premises where used, septic tanks, storm water or waste water collection systems, flow-through process tanks, and tanks situated in an underground area (such as a basement, cellar, mine, shaft, vault or tunnel) if the tank is situated upon or above the surface of the floor.

Restrictions: Restrictions on the installation and placement of regulated UST systems are as follows:

- No UST system may be installed **within 100 feet** of a public water supply well as defined in 15A NCAC 18C.
- No UST system may be installed **within 50 feet** of any other well used for human consumption.
- UST systems **between 100 feet and 500 feet** of a public water supply well and UST systems **between 50 feet and 100 feet** of any other well used for human consumption must meet the requirements for secondary containment pursuant to 15A NCAC 2N .0300.
- UST systems **within 500 feet** of any surface water with HQW, ORW, WS-I, WS-II and SA classifications must meet secondary containment requirements pursuant to 15A NCAC 2N .0300.

INSTRUCTIONS

Please type or print all items except signature. This form must be completed by an owner or operator for each facility containing UST systems. If more than six (6) UST systems are owned at a facility, photocopy the necessary additional sheets and staple to this form.

I. OWNER OF USTs

_____
UST Owner (Corporation, Individual, Public Agency, or Other Entity)

_____
Street Address

_____
County

_____
City State Zip Code

(_____)_____
Phone Number

_____
Federal Tax ID# or Social Security #

❑ Check here if "Real" Property Owner of Site

Type of UST owner (check all that apply):

❑ State Gov't ❑ Private/Corporate
❑ Local Gov't ❑ Federal Gov't
GSA Facility ID_____

II. OPERATOR OF USTs

_____
UST Operator (Corporation, Individual, Public Agency, or Other Entity)

_____
Street Address

_____
County

_____
City State Zip Code

(_____)_____
Phone Number

_____
Federal Tax ID# or Social Security #

III. LOCATION OF USTs

_____
Facility Name or Company

_____
Street Address

_____
County

_____
City State Zip Code

(_____)_____
Phone Number

Facility ID (if known)_____

Indicate number of regulated tanks at this location _____

Indicate number of all tanks at this location _____

Check box if tanks are located on land within an Indian reservation or on other Indian lands ❑

Are any UST systems at this facility located within 500 feet of a water supply well?
❑ Yes
❑ No

IV. CONTACT PERSON FOR UST LOCATION

_____ _____ (_____)_____
Name Job Title Phone Number

V. TYPE OF NOTIFICATION (check all that apply)

- ❑ Existing UST (UST installed on or before December 22, 1988)
- ❑ New UST (UST installed after December 22, 1988)
- ❑ LD Certification
  (Notification of compliance with leak detection (LD) requirements)
- ❑ "Upgrade" Notification
  (Addition of corrosion protection (CP) and spill/overfill equipment)
- ❑ Temporary closure
- ❑ Existing Facility with UST system not previously registered
  (Permit required [see Fee Payment Instructions on Page 4])
- ❑ Amendment of a previous UST-8
  (Complete applicable information only)
- ❑ Change of Ownership
  (A "Change of Ownership" form (UST-15) **must** accompany this form. Failure to complete a UST-15 will result in no effective change of ownership status

VI. DESCRIPTION OF ALL UST OR UST COMPARTMENT SYSTEMS AT THIS FACILITY

Tank/Compartment ID# (e.g., Tank 1, 2, 3 or Compartment 1A, 1B, 1C)	Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No._____	
1. Date of Installation												
2. Total capacity (gallons)												
3. Product stored a) Petroleum (specify: Reg., Plus, Prem., Diesel, K-1, Used Oil, etc.)												
b) Hazardous substance or specify chemical abstract service (CAS) #												
c) Other (specify)												
3a. Materials of construction (use codes listed below)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping

Tank:

A. SW* FRP
B. SW Steel
C. SW Steel/FRP
D. DW** FRP
E. DW Steel
F. DW Steel/FRP
G. Other_____
H. Unknown

*SW = Single-walled **DW = Double-walled

Piping

A. SW FRP
B. SW Steel
C. SW Copper
D. SW PVC
E. SW Steel/FRP
F. DW FRP
G. DW Steel
H. DW PVC
I. DW Steel/FRP
J. Other_____
K. Unknown

4. Piping system

Use piping system codes (listed below)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____

P. Pressurized system S. Suction system E. European suction system O. Other (specify): _____

5. Certification of Installation (Refer to 15A NCAC 2N .0301) [Use all codes that apply]. Must be completed by UST system installer:

Use installation codes (listed below)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No._____
Date installation completed						

A. The installer has been certified by tank and piping manufacturers B. Installation inspected and certified by a registered professional engineer C Manufacturer's installation work check list has been completed.

OATH: I certify that the information concerning installation provided in Part V. Item 4 (above) is true to the best of my belief and knowledge.

Installer:

_____ Print Name _____ Job Title

_____ Company Name _____ Company Address

_____ Signature _____ Date

6 Leak detection (LD) [use any code or combination of codes that apply] [Refer to 15A NCAC 2N .0504 and .0505]

Use LD codes (listed below)	Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Date LD initiated												

A Periodic tank tightness testing (TTT)*
B. Daily inventory control (IC)**
C. Automatic tank gauging (ATG)
D. Vapor monitoring every 14 days
E. Groundwater monitoring every 14 days
F. Interstitial monitoring (Double walled tank/piping)
G. Interstitial monitoring (Secondary barrier)
H. Automatic line leak detectors (ALLD)***
I. Line tightness testing (LTT)
J. Manual tank gauging (MTG)****
K. Statistical inventory reconciliation (SIR)
L. Electronic line leak detector (ELLD)
O. Other method allowed by State Agency (Must specify)_____
N. None
X. Exemption for "European Style" suction piping per 40 CFR 280.41(b)(2)(i-v)

* A is not a stand alone method and must be used with B or J. A with B is only allowed up to 10 years after tank installation or addition of corrosion protection, whichever is later.
** B is not a stand alone method and must be used with A.
*** For pressurized piping, H must be used with I.
****J may be used as a stand alone method only for tanks 550 gallons or less in size. J may be used with A for tanks 551 to 2000 gallons in size. J with A is only allowed up to 10 years after tank installation or addition of corrosion protection, whichever is later.

7. Corrosion protection (CP) [use any code or combination of codes that apply] [Refer to 15A NCAC 2N .0301 and .0302]

Use CP codes (listed below)	Tank No._____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Date CP installed												

A. Sacrificial anodes
B. Impressed current
C. FRP tank/piping
E. Steel/FRP
F. Internal lining
G. Other (specify)_____
N. None

8. Spill/overfill						
Use codes (listed below)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Date installed						

A. Catchment basin B. Automatic shutoff device C. Overfill alarm D. Ball float valve N. None

9. Out of operation UST systems:						
	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Date permanently closed (removed or fill with solid, inert material)						
Date temporary closure began						

10. Stage I vapor recovery:						
	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Use vapor recovery codes (listed below)						
Date installed						

A. Coaxial B. Dual point C. Not required*

*Stage I vapor recovery equipment must be installed for all applicable gasoline USTs. [Note: the following gasoline USTs are not required to have Stage I vapor recovery: a) tanks that are 550 gallons in capacity or less, b) tanks that are 2,000 gallons in capacity or less and were installed before July 1, 1979, and c) tanks at facilities that have a combined throughput of less than 50,000 gallons per year].

VII. FINANCIAL RESPONSIBILITY (for Regulated Petroleum USTs ONLY)

The financial responsibility regulations (15A NCAC 2O) require that owners and operators of regulated petroleum USTs assure the availability of funds to pay for assessment and cleanup costs in the event of a leaking tank*. The payment of annual tank operating fees into the State Trust Funds fulfills a major portion of the financial responsibility requirements. However, to completely fulfill the requirements, additional funds must be assured by one or more of the mechanisms listed below. The amount of additional financial responsibility required (at a minimum) is the sum of the "3rd Party ($100,000.00)" and "Cleanup ($20,000.00)" State Trust Fund deductibles plus a scaling factor The State Trust Funds **may not** be used to cover the amount of the deductibles.
(Check all financial responsibility mechanisms that apply):

- ❑ Self-insurance
- ❑ Corporate guarantee
- ❑ Insurance and risk retention group coverage
- ❑ Surety bond
- ❑ Letter of Credit
- ❑ Insurance pools
- ❑ Escrow account

Policy #s _____
_____

- ❑ Local government bond rating test
- ❑ Local government financial test
- ❑ Local government guarantee
- ❑ Local government dedicated fund
- ❑ None
- ❑ Other

Insurers _____
_____

*Federal and State governments owning regulated petroleum UST systems are exempt

VIII. CERTIFICATION AND ACKNOWLEDGEMENT (Read and Sign After Completing Sections I - VII)

I have personally examined and am familiar with the information submitted in this and all attached documents. I believe that the submitted information is true, accurate, and complete. In addition, I certify that all applicable State and Federal requirements have been complied with.

Check all that apply:

- ❑ I am the owner of the USTs at this facility
- ❑ I am the operator of the USTs at this facility

If signing as an officer of a corporation, representative of a public agency, administrator of an estate, or as having power of attorney, you must provide a copy of the legal document that proves you can legally sign in such capacity.

_____ _____ _____
Signature Official Title Date

Penalties: Pursuant to N.C.G.S.143-215.94W any UST system owner or operator who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $10,000 per day, per violation.

PAYMENT OF ANNUAL UST OPERATING FEES

If this form is being used to notify DWM of USTs which have not been previously registered, annual operating fees may be due.
Contact us at (919) 733-1308 to determine the amount of fees that are due.
A check (made payable to DENR-UST) for the annual operating fees must be submitted with this form