

Montana Department of Environmental Quality

Notification for Underground Storage Tanks

Facility ID Number:

Contact the Department: (406) 444 -5300 or via the internet at ustprogram@mt.gov

INSTRUCTIONS

Please **type or print in ink** all items except "signature" in Section IV. This form must be completed for each location containing underground storage tanks

TYPE OF NOTIFICATION

A. CHANGE OF OWNER

B. AMENDED OWNER INFORMATION

GENERAL INFORMATION

Notification is required for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986.

Who Must Notify? Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM) require that, unless exempted, owners of underground tanks that store regulated substances must notify designated State and local agencies of the existence of their tanks.

Owner means -

- (a) in the case of an underground storage tank in use on November 8, 1984 or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances and
- (b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use

An UST, which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.

An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.

Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given for which false information is submitted. Criminal penalties may also apply.

I. OWNERSHIP OF TANKS				II. OPERATOR OF TANKS			
Owner Name (Corporation, Individual, Public Agency, or Other Entity)				Operator Name			
Mailing Address				Operator Address			
PO Box				City		State	Zip Code
City		State	Zip Code	Phone number ()			
County		Phone Number ()		Fax number ()			
Federal Tax ID #				Email Address			
III. LOCATION OF TANKS							
Facility Name or Company site identifier, as applicable				Street address or physical location (PO Box not acceptable)			
				City		State	Zip Code
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	()		
Latitude	Longitude	Tribal Owned	Tribal Land	Within Reservation Boundary	County		Phone Number
IV. CERTIFICATION							
I certify under penalty of law that the submitted information is true, accurate, and complete.							
Name and official title of owner or owner's representative(Please print below)					SIGNATURE (below)		
Date Signed							