



**Iowa DNR – UST Section
Registration Form #148**

CASHIER USE ONLY

0050-542-G100-0561

Registration #

Facility Name

After installation of the UST system, you have 30 days to submit a registration form to the DNR along with appropriate fees. DNR considers installation complete once the final 3rd party installation inspection has been completed. It is the owner's responsibility to make sure the registration form and required attachments are submitted with the fees. **There is an additional registration fee of \$250 per tank when not registered within 30 days of installation.**

REGISTRATION #

1. LOCATION OF TANKS

Facility Name				County and County #		
Street Address					Phone	
City			ZIP			FAX

Type of Owner Private or Corp City County State Federal School Indian Trust Land

2. OWNERSHIP OF TANKS

Owner Name (Corp., Individual, Agency)						
Contact				e-mail		
Street Address					Phone	
City			State		ZIP	FAX

3. AUTHORIZED REPRESENTATIVE (PERSON TO RECEIVE ALL CORRESPONDENCE)

Name				e-mail		
Street Address					City	
State		Zip Code		Phone Number		FAX

4. LESSEE (OPERATOR LEASING SITE, NOT TANK OWNER)

Name (Corp., Individual, Agency)						
Contact				e-mail		
Street Address					Phone	
City			State		ZIP	FAX

5. PREVIOUS TANK OWNER

Individual or Company Name						
Mailing Address					Phone	
City			State		ZIP	FAX

6. NEW TANK REGISTRATION FEES

- Enter the number of **NEW** Tanks being registered in the boxes below. **For tanks with compartments, each compartment is considered a separate tank and must be included in the tank total.**
- There is a one-time \$10 registration fee per tank. For tanks over 1,100 gallons, an annual tank management fee of \$65 per tank must also be paid. Multiply the tank number by the fee for the amount due for each line below.
- Total the column for the total fee due.

DO NOT SEND FEES FOR TECHNICAL UPDATES	# OF TANKS	FEES	FEE DUE
Number of tanks/compartments (\$10 each)		X \$10 =	
Number of tanks/compartments over 1,100 gallons (\$65 each)		X \$65 =	
30 day late fee (if applicable)		X \$250 =	
TOTAL FEE DUE			\$

7. TYPE OF REGISTRATION (DO NOT USE FOR OWNERSHIP CHANGE – SEE 'CHANGE OF OWNERSHIP FORM')

<input type="checkbox"/> NEW UST SYSTEM installed at NEW SITE	<input type="checkbox"/> NEW UST SYSTEM installed at an EXISTING SITE
<input type="checkbox"/> Product Lines Only	<input type="checkbox"/> TANKS ONLY

DO NOT USE FOR GENERAL EQUIPMENT REPAIR/REPLACEMENT - USE "EQUIPMENT REPAIR/REPLACEMENT FORM"
<http://www.iowadnr.gov/Environmental-Protection/Land-Quality/Underground-Storage-Tanks/UST-Forms>

IOWA DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

1. STATUS OF TANK (MARK {X} OR DATE OUT-OF-USE)	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out-of -Use (M/D/Y)					

2. DATE OF INSTALLATION MONTH/YEAR (DATE TANK/PIPING COVERED AND TIGHTNESS TEST COMPLETED)					
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3. TANK TYPE					
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial (Retail Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. TANK CAPACITY & SUBSTANCE STORED

Fill in size and contents of each compartment using the abbreviations provided. Use only compartment #1, for a single compartment tank. Put the substance stored below the compartment size in shaded space.

		TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Example: gallons:	12,000					
Type of fuel:	E10					
E10, E15, E85 , etc – Ethanol Blends	Compartment 1					
R – Regular	Compartment 2					
M – Midgrade	Compartment 3					
P – Premium	Compartment 4					
D – Diesel	Compartment 5					
K – Kerosene	Compartment 6					
DEF – Diesel Exhaust Fluid						
B2, B5, B20 , etc - Biodiesel						
H – Hazardous (<i>provide chemical name</i>)						
O – Other (<i>please specify</i>)						

5. TANK MATERIAL AND CONSTRUCTION

Tank Manufacturer				Model		
Are tanks anchored	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	<input type="checkbox"/> Deadman	<input type="checkbox"/> Concrete Pad		
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Steel with Polyethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Wall Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (steel clad with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed (steel with external nonmetallic jacket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please Specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which tanks are siphoned together						

IOWA DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

6. TANK INTERNAL PROTECTION (STEEL TANKS ONLY)	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lining Date					
Lining Company					
Lining Material					

7. CATHODIC PROTECTION (STEEL TANKS ONLY)	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Field Installed Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Installed Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Installed Galvanic (STIP-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Cathodic Protection System Installed (<i>month/year</i>)					
Cathodic Protection Installation Company					

COATINGS	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Factory Applied Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Applied Coal Tar Epoxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Applied Fiberglass Reinforced Urethane (FRU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please Specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. TANK LEAK DETECTION SYSTEM	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Groundwater Monitoring Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Interstitial Monitoring of Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Interstitial Monitoring of Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauging (ATG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSLD Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control with Tank Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging (only for tanks 1,100 gallons or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please Specify</i>)					

For each method marked, please specify the **equipment** used for leak detection. This would include leak measuring device, sensing device, ATG system or SIR method.

Tank Interstitial Sensor Method	
Interstitial Sensor Manufacturer	
Interstitial Sensor Model	
Control Panel Manufacturer/Model	
SIR Provider and Method	
ATG System Manufacturer/Model	

IOWA DEPARTMENT OF NATURAL RESOURCE
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

9. PIPING – TYPE, CONSTRUCTION AND PROTECTION		TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number						
TYPE OF PRODUCT DELIVERY						
Pressurized		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer Suction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Always Staffed when operating <input type="checkbox"/> Operates partially unattended <input type="checkbox"/> Operates unattended 24 hours a day						
Sites with pressurized delivery that operate unattended any time during the business day must implement one of the following:						
Positive Shutdown <input type="checkbox"/> Electronic Communication <input type="checkbox"/> Daily Visit <input type="checkbox"/> Signage and 24/7 Response Service <input type="checkbox"/>						
CONSTRUCTION						
Construction						
Other (Please Specify)						
External Secondary Barrier		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Manufacturer						
CATHODIC PROTECTION (FOR STEEL PIPING)						
Protection						
Specify external coating (if any)						
10. CONTINUOUS LINE LEAK DETECTION FOR PRESSURIZED PIPING						
Mechanical Line Leak Detector		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Line Leak Detector		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Shutdown		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak Detection Make						
Model						
11. PIPING LEAK DETECTION						
Annual Line Tightness Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring of Double Wall System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of SIR Company						
Version of SIR Method						
Safe Suction System (one check valve beneath dispenser)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction System with Check Valve at Tank		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)						
12. SPILL PROTECTION EQUIPMENT						
Spill Containment Size in Gallons						
Spill Equipment Mfg.						
Spill Equipment Model						
Product Material						
Other (Please Specify)						
Construction						
Interstitial Monitoring						
Remote Fill		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spill Bucket at VRS Port		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA

IOWA DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

13. OVERFILL PROTECTION EQUIPMENT	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
Automatic Shutoff Device @ Full 95%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow Restrictor @ 90% Full (e.g., ball float valve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Level Alarm @ 90% Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. STAGE 1 VAPOR RECOVERY

Note: Dual point vapor control is required on all new (installed after November 9, 2006) gasoline dispensing facilities (GDFs) that exceed 100,000 gallons throughput determined by a 30-day rolling average. GDFs that exceed 100,000 gallons in a 30-day rolling average are large source GDFs and must have dual point vapor control installed at start up.

Existing systems (installed before November 9, 2006) that exceed 100,000 gallons throughput in a 30-day period were to be retrofitted with either coaxial or dual point vapor control by January 1, 2011.

	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
Coaxial System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual Point System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifolded System (single vapor hose connection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor recovery is not required for this UST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. STP TANK TOP SUMPS	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
STP Sump Present	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Manufacturer					
STP Make/Model					
Containment	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Double Wall	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Material					
Leak Detection	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Monitoring Method					
Sensor Make					
Sensor Type					
Control Panel					
Positive Shutdown					

IOWA DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

16. DISPENSERS & UNDER DISPENSER CONTAINMENT (UDC)

Enter the dispenser number(s) in each

Dispenser # (e.g. 1/2)						
Dispenser Manufacturer						
Model						
Install Date						
High E-Blend Compatible	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
UDC Manufacturer						
UDC Material						
Double Wall	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
UDC Model						
Method of monitoring						
Sensor Make						
Sensor Type						
Control Panel Make/Model						
Positive Shutdown	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Primary Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satellite Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LLD able to Monitor Satellite Line	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

17. DIMENSIONED AS-BUILT SITE DIAGRAM

Provide a copy of the site diagram/map which includes all of the following:

Location of site with street references	<input type="checkbox"/>
Location of tank bed and piping layout	<input type="checkbox"/>
Tanks labeled with contents and size	<input type="checkbox"/>
Facility buildings labeled	<input type="checkbox"/>
Dispenser islands with dispensers numbered (Example: 1/2, 3/4, etc.)	<input type="checkbox"/>
Sumps numbered	<input type="checkbox"/>
Complete Site Diagram	<input type="checkbox"/> Attached

18. CLASS A AND B OPERATORS FOR THIS SITE

A trained Class A and B operator is required before you can receive fuel and operate the underground storage tanks. The Class B Operator must be located within a 4 hr response time to the site. Information on operator training can be found at www.iowadnr.gov/ust under UST Owner & Operator. If the site dispenses to the public, the employee on site must be trained at least as a Class C Operator.

	First Name	Last Name	Date Trained	Approved Vendor (Company)
Class A				
Class B				
Class C				
Class C				
Class C				
Class C				

19. FINANCIAL ASSURANCE

I have financial responsibility to cover pollution liability for my underground storage tanks in accordance with 567-- Chapter 136 of the Iowa Administrative Code by the following method:

ATTACH A COPY OF YOUR FINANCIAL RESPONSIBILITY DOCUMENT

- Self-insured - tangible net worth of \$10 million and ability to pass one of the financial tests in rule 136.6
- Insurance coverage through private insurance carrier meeting rule 136.8
- Guarantee from corporate parent or other firm able to pass the net worth financial test in rule 136.7
- Surety bond meeting rule 136.9
- Letter of credit meeting rule 136.10
- Trust Fund meeting rule 136.11
- Combination of the above methods (*please mark those methods being used*)

Name of Insurer:

Policy No.

FOR LOCAL GOVERNMENTS AND THEIR AGENCIES, THE FOLLOWING MAY ALSO BE USED

- Local government bond rating test meeting rule 136.13
- Local government financial test meeting rule 136.14
- Local government guarantee meeting rule 136.15
- Local government fund meeting rule 136.16

NOTE: Proof of financial responsibility must be maintained in order to store fuel in the tanks. You must submit a current copy of the financial assurance document such as a new certificate of pollution liability insurance or proof of self-insurance every year. If financial responsibility is not maintained, the department can stop fuel delivery. Insurance companies are required to notify the department when insurance is being canceled.

UST SYSTEM POST-INSTALLATION CHECKLIST
Attachments to be included with Registration Form

Annual tank management fee and registration fee	<input type="checkbox"/> Attached	<input type="checkbox"/> Previously submitted
Proof of Financial Responsibility (required for any new tank install)	<input type="checkbox"/> Attached	<input type="checkbox"/> Previously submitted
As-built plan (new or revised site layout) including tank system, facility buildings, street reference, facility's GIS coordinates, dispensers (numbered), and sumps (numbered)	<input type="checkbox"/> Attached	
Pre-installation pressure test results for primary and secondary (tank)	<input type="checkbox"/> Attached	
UST System Compatibility Checklist (high bio-fuel blends)	<input type="checkbox"/> Attached	
NESHAP or Stage 1 VRS form and testing results	<input type="checkbox"/> Attached	
Third Party Installation Inspection Checklist	<input type="checkbox"/> Attached	<input type="checkbox"/> Previously submitted by UST installation inspector
Spill Buckets/ UDC/ Containment Sump (vacuum/pressure/hydrostatic) test results (per manufacturer requirements)*	<input type="checkbox"/> Attached	
Piping post-installation line tightness test results	<input type="checkbox"/> Attached	
ATG tank tightness test results printout (copied onto 8.5 x 11 paper)	<input type="checkbox"/> Attached	
Copy of leak detection console printout showing functionality of each interstitial sensor (e.g., vacuum/pressure/liquid-detecting/hydrostatic sensor). Functionality tests are conducted in accordance with manufacturer's guidelines.	<input type="checkbox"/> Attached	
Copy of Class A/B Operator Training Certification	<input type="checkbox"/> Attached	<input type="checkbox"/> Previously submitted

*See department's Secondary Containment Testing Report Form 542-0153

IOWA DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

PAGE 8/8

INSTALLER/INSPECTOR CERTIFICATION

PLEASE VERIFY THAT SECTIONS 1-17 REGARDING THE UST SYSTEM IS COMPLETELY FILLED OUT, ALONG WITH THE UST SYSTEM POST-INSTALLATION CHECKLIST BEFORE SIGNING BELOW.

Pursuant to subrule 135.3(3)“e” the installer hereby certifies that the methods used to install the tank and piping systems comply with the requirements in subrule 135.3(1)“d”.

Iowa License Company Number

Company Name

Address

City

State

Zip Code

Installer Iowa Licensed Number:

Type or Print Signature

Title or Position in Company

Signature of licensed installer

Date Signed

OWNER CERTIFICATION

PLEASE VERIFY THAT THE INSTALLER COMPLETED SECTIONS 1-17, POST-INSTALLATION CHECKLIST AND YOU COMPLETED SECTIONS 18-19 BEFORE SIGNING BELOW.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.

Print or Type Name of Owner

Print or Type Official Title of Owner

Signature of Owner

Date Signed

Iowa Secretary of State Corporation Number

Iowa Secretary of State Corporation Registered Agent

Registration is required by Iowa law for all underground storage tanks that have been used to store regulated substances since January 1, 1974 and were still in the ground as of July 1, 1985, or tanks brought into service after July 1, 1985. The information requested is required by 567--Chapter 135 of the Iowa Administrative Code (567-455B and Iowa Code Section 455B.473).

Mail completed form, copy of financial assurance mechanism, and appropriate fee to the address below.

Checks should be made payable to: *Iowa Department of Natural Resources*

**Iowa Department of Natural Resources
Underground Storage Tank Section
502 East 9th Street
Des Moines, IA 50319-0034**

An underground storage tank may not operate without prior approval of the DNR or until the tank has been issued a tank registration tag and is covered by an approved method of financial responsibility.

There is a \$10 fee to replace any lost permanent or annual tags. Use the Replacement Tank Tag Form found at <http://www.iowadnr.gov/Environmental-Protection/Land-Quality/Underground-Storage-Tanks/UST-Forms> to request a replacement tank tag.

It is UNLAWFUL to receive fuel without Departmental approval or required tank tags.