

ABOVEGROUND/UNDERGROUND TANK COMPLIANCE FORM

Return to: Navajo Nation Environmental Protection Agency
Waste Regulatory Compliance Department
Storage Tank Program
PO Box 3089 Phone#: (928) 871-7993
Window Rock, Arizona 86515 Fax #: (928) 871-7783

Part A: In order to verify compliance with both the U.S. Environmental Protection Agency's December 22, 1998 compliance deadline and the Navajo Nation Storage Tank Act (NNSTA) which was amended on February 13, 2012, please complete and sign the following form and send the original notarized copy to the Navajo Nation Environmental Protection Agency at the above address.

Name of Facility: _____ **Owner/Operator:** _____

Address: _____

- 1. Does the facility have spill and overfill protection for the currently operating ASTs/USTs?
Yes _____ No _____
- 2. Does the facility have corrosion protection for the currently operating ASTs/USTs?
Yes _____ No _____
- 3. Does the facility meet leak detection requirements for the currently operating ASTs/USTs?
Yes _____ No _____
- 4. Can the facility provide proof of financial responsibility for the currently operating ASTs/USTs, if required?
Yes _____ No _____
- 5. We will submit the attached "Aboveground and Underground Storage Tank Information Form" to the Navajo Nation Environmental Protection Agency by January 29, 1999 for all ASTs/USTs (operating, out-of-service, abandoned, new).
Yes _____ No _____ Date Submitted: _____

Signature: _____ **Date:** _____

Under Subchapter 2.1521.B.1 of the Navajo Nation Storage Tank Act (NNSTA) states that "it shall be unlawful for any person to falsify documents or otherwise provide false information to the Director."

NOTARY PUBLIC SIGNATURE: _____ **DATE:** _____

Please see page 2 for further information.

UST Compliance Form (cont'd)

The Navajo Nation Environmental Protection Agency request that you complete and submit this notarized form to our office, so that you will be able to continue providing petroleum products to the consumers after January 1, 1999. Please provide the distributors with a copy of the notarized form and keep one for your records.

Part B: Be advised that aboveground and underground storage tanks which are taken out-of-service must be properly closed in accordance with federal regulations, 40 CFR 280, and the Navajo Nation Storage Tank Act (NNSTA) Indicate the status of those ASTs/USTs in Part E of this form and on the "Aboveground and Underground Storage Tank Information Form".

Part C: Your signature below indicates that you understand the following statement:

According to the Navajo Nation Storage Tank Act (NNSTA), amended February 13, 2012, under *Subchapter 2.1521.C.2 states "it shall be unlawful for any person to deliver to, deposit into, or accept a regulated substance into a storage tank when the owner or operator is not in compliance with all the requirements of the is Chapter or regulations promulgated hereunder."*

Signature: _____

Date: _____

Part D: Please provide information about your petroleum distributor.

Name of Distributor: _____

Address: _____

Phone #: _____

Part E: Please make comments so the Storage Tank Program can better understand your situation. (Comments can include elaboration about the information provided on the "Aboveground and Underground Storage Tank Information Form" with regards to recent upgrade activities, AST/UST installations, AST/UST removals, AST/UST remedial actions, abandonments, etc. Or, describe your plans, problems, and potential dates for bringing both your out-of-service and operating ASTs/USTs into compliance.)

TODAY'S DATE: _____

NAVAJO NATION ENVIRONMENTAL PROTECTION AGENCY
Aboveground/Underground Storage Tank Programs
PO Box 3089 Window Rock, AZ 86515

PHONE# (928) 871-7993

FAX # (928) 871-7783

ABOVEGROUND AND UNDERGROUND STORAGE TANK INFORMATION FORM

Facility Name: _____

Contact person: _____ Title: _____

Type of Facility, (mark all that apply)

Gas Station
Railroad
Industrial
Construction
Public School
Utility

Pipeline
Trucking/Transportation
Agriculture
Airline
Oil and Gas
Mining

Public Transportation
Indian Health Services
Navajo Nation Government
BIA

Other (describe in detail)

Types of tanks on site (number of tanks): UST _____ AST _____

Lease No. _____ Tank fees paid: Yes/No _____ Date paid: ____/____/____

Dates of Lease: Beginning: _____ Ending: _____

Current Tank Status:

Old facility (tanks installed before 1988) _____ New Facility (tanks were installed after 1988) _____

Active _____ Inactive _____ Upgraded _____ Abandoned _____ Other _____

Explanation:

LOCATION OF TANKS

Physical location of facility: _____

UTM Coordinates (If known) _____

Mailing Address: _____

City State Zip Code

Phone Number: (____) _____ Fax Number: (____) _____

Agency: _____ Chapter: _____

Navajo UST Number (If known) _____ Navajo AST Number (If known) _____

OWNER OF TANK(S) OTHER RESPONSIBLE PARTIES

Name of Leaseholder

Operator Name/Title (If different from leaseholder)

Mailing Address

Area Code Phone Number

City State Zip Code

Subleasee or responsible party (If different from above)

Area Code Phone Number

Area Code Phone Number

CHECK WHICH OF THE FOLLOWING YOU KEEP ON FILE:

- | | |
|--|---|
| Inventory Records* _____ | Emergency Response Plan* _____ |
| Leak Detection Records _____ | Corrective Action Plan* _____ |
| (Tank Integrity Testing Records) _____ | Corrosion Protection Records* _____ |
| Factory Tank Specifications* _____ | Site Assessment Reports* _____ |
| (Tank Installation Records)* _____ | Tank Notification (UST/AST)* _____ |
| General Location Site Map* _____ | Self-certification Form (UST only)* _____ |
| Detailed Site Map* _____ | SPCC Plan (AST only)* _____ |
| Health and Safety Plan _____ | |

**The most recent copies of the above items need to be submitted to our office. Navajo Nation Environmental Protection Agency needs to be notified of all spills.*

Do you have proof of financial responsibility for your tank(s)? Yes _____ No _____
 If so, what method are you using? (I.e. insurance, bonds, letter of credit, sold insurance, risk retention group, guarantee, or other).
 _____ With whom: _____

Complete the following information about each UST. If you have more than four USTs, please make copies of this page and number accordingly. Attach copy of USEPA "Self Certification" form for detailed information. List all tank(s) even if they are not in use

FOR USTs ONLY

	UST#1	UST#2	UST#3	UST #4
1) How many USTs are on site? _____	_____	_____	_____	_____
2) Product in tank(s) (i.e. gasoline, diesel, waste oil, heating oil)	_____	_____	_____	_____
3) Size of tank(s) (gal)	_____	_____	_____	_____
4) Material(s) of tank construction	_____	_____	_____	_____
5) Corrosion Protection? yes/no	_____	_____	_____	_____
If yes, describe _____	_____	_____	_____	_____
6) Spill and overfill protection? yes/no	_____	_____	_____	_____
7) Leak detection? (1993 deadline) yes/no	_____	_____	_____	_____
If yes, describe method of detection _____	_____	_____	_____	_____
Date of last tank and line tightness tests.	_____	_____	_____	_____
8) What type of pavement surface covers tank(s)?	_____	_____	_____	_____
9) Date(s) of installation.	_____	_____	_____	_____
10) Name of contractor who did installation.	_____	_____	_____	_____
11) Currently in operation? yes/no	_____	_____	_____	_____
If not in operation, last date of use: _____	_____	_____	_____	_____
12) If tanks aren't in operation, permanently out of use? yes/no	_____	_____	_____	_____
13) When will you remove the tanks? (dates)	_____	_____	_____	_____
14) What pavement surface covers pipeline(s).	_____	_____	_____	_____
(asphalt, cement, dirt, other)	_____	_____	_____	_____
15) Piping materials. (type)	_____	_____	_____	_____
Describe method of leak detection for piping.	_____	_____	_____	_____
16) Length (ft) of piping for each tank(s).	_____	_____	_____	_____
17) Date of last compliance check by NNEPA and/or USEPA	_____	_____	_____	_____
18) Tank Serial No. or UL No.	_____	_____	_____	_____

If tank(s) were removed and are not listed above, please describe as follows:

Number, Size, Dates of removal, and Age of tank(s) at time of removal: _____

Name of contractor, who coordinated the removal. (if known) _____

Complete the following information about each AST. If you have more than four ASTs, please make copies of this page and re-number accordingly.

FOR ASTS ONLY

	AST#1	AST#2	AST#3	AST#4
1) How many ASTs are on site? _____	_____	_____	_____	_____
2) Product in tank(s). (i.e.gasoline, diesel, motor oil, propane)	_____	_____	_____	_____
3) Size of tank(s) (gal)	_____	_____	_____	_____
4) Type of AST tank(s) (UL#, vaulted, other brand)	_____	_____	_____	_____
5) Date of installation	_____	_____	_____	_____
6) Currently in operation? yes/no	_____	_____	_____	_____
7) If not in operation, last date(s) of use	_____	_____	_____	_____
8) Permanently out of use? yes/no	_____	_____	_____	_____
9) What type of foundation for ASTs? (if any)	_____	_____	_____	_____
10) Corrosion protection? yes/no	_____	_____	_____	_____
11) Spill and overfill protection? yes/no	_____	_____	_____	_____
12) Leak detection? yes/no	_____	_____	_____	_____
13) Is the tank(s) bermed? yes/no	_____	_____	_____	_____
What type of liner? (if any)	_____	_____	_____	_____
14) Secondary containment. yes/no	_____	_____	_____	_____
If so, please describe.	_____	_____	_____	_____
15) Distance of tank(s) from building or property (ft)	_____	_____	_____	_____
16) Distance between tank(s)	_____	_____	_____	_____
17) What pavement surface covers pipeline. (cement, asphalt, dirt, other)	_____	_____	_____	_____
18) Piping materials and size (type)	_____	_____	_____	_____
19) Length (ft) of piping for each tank(s).	_____	_____	_____	_____
20) Integrity testing? (what type)	_____	_____	_____	_____
21) Date of integrity testing.	_____	_____	_____	_____
22) Date of last compliance check by NNEPA and/or USEPA	_____	_____	_____	_____
23) Tank Serial No. or UL No.	_____	_____	_____	_____

If tank(s) have already been removed, describe the tank(s) which were removed, age and size of the tank(s) and date(s) of removal. _____

Name of contractor, who coordinated the removal. _____

Was piping removed? Yes/No _____

GENERAL INFORMATION

Please list other information about the ASTs and USTs, If any: _____

Nearest drinking water well, livestock well and injection well, etc _____

Provide UTM coordinates for the well. (if possible) _____

Depth to groundwater (ft) _____

Name of nearest waterway. (if applicable) _____

Proximity of tank(s) to nearest waterway _____

Proximity of tank(s) to nearest residence _____

Is there a soil landfarm on site? yes/no _____ A soil stockpile? yes/no _____

If so, where are they located _____

What is your protocol for reporting spills? _____

TODAY'S DATE: _____

FOR USTs ONLY

Please describe your plans to comply with federal regulations, etc. in the near future prior to 1998 UST deadline or ending of lease. (Failure to describe compliance measures implies non-compliance): _____

Has an Environmental Site Assessment (ESA) been done for leasing purposes? Yes _____ No _____
If so, please attach copy of findings. If not, please indicate plans to do so. _____

Has the Navajo Historic Preservation Department completed a survey of the site? Yes _____ No _____

FOR ASTs ONLY

Please describe your plans to comply with federal regulations, etc. in the near future or ending of lease. (Failure to describe compliance measures implies non-compliance): _____

Has the Navajo Nation Fire Department completed their inspection and given clearance? Yes _____ No _____
Has the Navajo Department of Risk Management completed their assessment? Yes _____ No _____
Has the Navajo Historic Preservation Department completed a survey? Yes _____ No _____
Has an environmental site assessment been done for leasing purposes? Yes _____ No _____

PLEASE RETURN THIS SIGNED AST/UST "TANK INFORMATION FORM (TIF)" TO NNEPA

I have read the tank information form and understand my responsibility for reporting the information and meeting the compliance deadlines for underground and/or aboveground storage tanks.

I, _____ Lessee or Sublessee of _____
PRINT NAME NAME OF BUSINESS

Submit, date and sign form on: _____
DATE

SIGNATURE