

# Notification/Change in Status for Underground Storage Tanks



Minnesota Pollution Control Agency  
Hazardous Waste Division Tanks and Spills Section  
520 Lafayette Road North St. Paul, MN 55155  
(612) 297-6664 or 1-800-657-3864

for office use

Site #: 13032

Leak #: 13032

Owner #:

Date received:

## A. Facility Information

1. Tank Site Location

Name: INDUS SCHOOL

Street: 8560 Hwy 11

City: BIRCHDALE County: KOOCHICHING

State: MN Zip: 56629 Phone: (218) 634-2425

Contact Person: Jerry Struss

2. Owner Location

Name: ISD 363

Street: 11731 Hwy #1

City: NORTHOME County: KOOCHICHING

State: MN Zip: 56661 Phone: (218) 897-5277

Contact Person: Jerry Struss

3. Type of Facility Please check applicable box.

Service station  Government  Education  Industry/factory

Church  Auto dealer  Utility  Other (specify): \_\_\_\_\_

4. Is tank facility located on Tribal Lands?  yes  no

## B. Tank Number

Type or use black ink and complete as well as possible. Please photocopy form if site has more than three tanks.

1. Assign a 3 digit number to each tank (ie. 001, 002...)

TANK 1	TANK 2	TANK 3
<u>001</u>	<u>002</u>	<u>003</u>

2. Tank installation date:  /  /

## D. Tank Information continued

	TANK 1	TANK 2	TANK 3
2. Secondary Containment:			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection:			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie. fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If certified by corrosion expert, write name and PE or certification # in Box H.			
4. Does tank have spill prevention equipment?			
	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes
	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
5. Overfill Prevention Equipment			
Ball float valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic shut-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the tank compartmental?			
	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes
	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
If answered "yes" to #6, please proceed to Box E			
7. Capacity (in gallons):			
	<u>560</u>	<u>2000</u>	<u>10000</u>
8. Substance currently or last stored:			
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used (waste) oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify chemical and tank # in Box H)			
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is product stored in tank used only for heating?			
	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
	<input type="checkbox"/> no	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

## C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changed site name/address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6/19/98</u>
(please give previous name/address in Box H)				
Changed tank owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
(please give previous owner's name and address in Box H)				
Changed tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Installed new tanks & piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new tank(s) at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Repaired/upgraded tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
(complete D3, D4, D5 and Box G if pertains and explain actions in Box H)				
Repaired/upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
(please complete Box F and explain actions in Box H)				
Removed tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6/23/98</u>
Name of tank disposal company: <u>NELSON WELDING PERON</u>				
Hazardous waste generator ID #: _____				
Closed tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Temporarily closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

## D. Tank Information

Please check applicable boxes.

1. Type of Tank:

	TANK 1	TANK 2	TANK 3
STPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify in Box H)			

turn page over!

**F. FOR COMPARTMENTAL TANKS ONLY**

	TANK 1	TANK 2	TANK 3
<b>1. Compartment Capacity</b>			
compartment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2. Compartment Product:</b>			
compartment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3. Is product stored in tank used only for heating?</b>			
compartment 1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 2	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**F. Piping Please check all applicable boxes**

	TANK 1	TANK 2	TANK 3
<b>1. Construction Material:</b>			
Epoxy coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel/Black Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Secondary Containment</b>			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Cathodic Protection:</b>			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (i.e. fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If certified by corrosion expert, write name and PE or certification # in Box H</i>			
<b>4. Type of Pump:</b>			
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
check valve located at:	<input type="checkbox"/> tank	<input type="checkbox"/> dispenser	
Submersible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. Release Detection Please check all applicable boxes.**

Tanks:	TANK 1	TANK 2	TANK 3
Inventory control (daily sticking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank precision test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracer monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. For newly installed tanks only</b>			
Was a tank precision test conducted prior to placing the system into operation? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, date test was conducted: ___/___/___			
<b>2. Piping:</b>			
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test every three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2a. For newly installed piping only</b>			
Was a line precision test conducted prior to placing the system into operation? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, date test was conducted: ___/___/___			

**H. Comments (attach additional sheets if necessary)**

MPCA LEAK  
 ID # 11754.  
 MPCA letter of  
 closure dated  
 9/15/98.



**I. Owner's Signature**

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge. For tank work performed after July 9, 1990, I certify that the tank contractor was in compliance with the certification requirements of Minn. Rules ch. 7105. All work completed after Dec. 1988 was performed in accordance with manufacturers' instructions, industry standards, and applicable state and federal regulations.

RON WIEBER 12-9-98  
 Print name of owner or authorized representative Title  
Ron Wieber DIR  
 Signature of owner or authorized representative Date

Unsigned forms will be returned  
 Please retain a copy for your own records

**J. Tank Contractor's Signature**

I certify under penalty of law that all work was performed as specified by the manufacturers' instructions, and according to industry standards, applicable state and federal regulations and is complete to the best of my knowledge. I certify that I am in compliance with Minn. Rules ch. 7105, for work completed after July 9, 1990.

GRIGGS CONTRACTING OIA  
 Print name of tank contractor MPCA Contractor #  
DOUG SCHLIESING PROTECT MGR  
 Print name of contractor's authorized representative Title  
Doug Schliesing 3/28/98  
 Signature of tank contractor's representative Date  
DOUG SCHLIESING 8434  
 Print name of supervisor on site during tank work MPCA Supervisor #  
Doug Schliesing 7/28/98  
 Signature of supervisor Date

# Notification/Change in Status for Underground Storage Tanks



**Minnesota Pollution Control Agency**  
 Hazardous Waste Division Tanks and Spills Section  
 520 Lafayette Road North St. Paul, MN 55155  
 (612) 297-6864 or 1-800-657-3864

*(for office use)*

Site #: 303

Leak #: \_\_\_\_\_

Owner #: \_\_\_\_\_

Date received: \_\_\_\_\_

## A. Facility Information

1. Tank Site Location

Name: INDUS SCHOOL

Street: 2560 HWY 11

City: BIRCHDALE County: KOOCHICHING

State: MN Zip: 56629 Phone: ( )

Contact Person: \_\_\_\_\_

2. Owner Location

Name: ISD 363

Street: 11731 HWY #1

City: NORTHOMF County: KOOCHICHING

State: MN Zip: 56661 Phone: ( )

Contact Person: \_\_\_\_\_

3. Type of Facility Please check applicable box.

Service station  Government  Education  Industry/factory   
 Church  Auto dealer  Utility  Other (specify): \_\_\_\_\_

4. Is tank facility located on Tribal Lands?  yes  no

## B. Tank Number

Type or use black ink and complete as well as possible. Please photocopy form if site has more than three tanks.

1. Assign a 3 digit number to each tank (i.e. 001, 002...)

TANK 1	TANK 2	TANK 3
<u>004</u>		

2. Tank installation date:

TANK 1	TANK 2	TANK 3

## C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6/19/98</u>
Changed site name/address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>(please give previous name/address in Box H)</i>				
Changed tank owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>
<i>(please give previous owner's name and address in Box H)</i>				
Changed tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>
Installed new tanks & piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new tank(s) at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6/25/98</u>
Repaired/upgraded tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>
<i>(complete D3, D4, D5 and Box G if pertains and explain actions in Box H)</i>				
Repaired/upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>
<i>(please complete Box F and explain actions in Box H)</i>				
Removed tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>
Name of tank disposal company: _____				
Hazardous waste generator ID #: _____				
Closed tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>
Is tank empty?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<u>    </u>
Temporarily closed	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<u>    </u>

## D. Tank Information

Please check applicable boxes.

1. Type of Tank:

	TANK 1	TANK 2	TANK 3
STIP3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. Tank Information continued

	TANK 1	TANK 2	TANK 3
2. Secondary Containment:			
Double wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection:			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (i.e. fiberglass)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If certified by corrosion expert, write name and PE or certification # in Box H.</i>			
4. Does tank have spill prevention equipment?			
	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
5. Overfill Prevention Equipment:			
Ball float valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic shut-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the tank compartmental? <input type="checkbox"/> yes <input type="checkbox"/> no			
<i>If answered "yes" to #6, please proceed to Box E</i>			
7. Capacity (in gallons): <u>5000</u>			
8. Substance currently or last stored:			
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used (waste) oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(specify chemical and tank # in Box H)</i>			
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is product stored in tank used only for heating? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no			

**turn page over!**

**F. FOR COMPARTMENTAL TANKS ONLY**

	TANK 1	TANK 2	TANK 3
<b>1. Compartment Capacity</b>			
compartment 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compartment 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compartment 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Compartment Product:</b>			
compartment 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compartment 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compartment 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Is product stored in tank used only for heating?</b>			
compartment 1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 2	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**F. Piping** Please check all applicable boxes

	TANK 1	TANK 2	TANK 3
<b>1. Construction Material:</b>			
Epoxy coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel/Black iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Secondary Containment</b>			
Double wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Cathodic Protection:</b>			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie. fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If certified by corrosion expert, write name and PE or certification # in Box H</i>			
<b>4. Type of Pump:</b>			
Suction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
check valve located at: <input type="checkbox"/> tank <input type="checkbox"/> dispenser			
Submersible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I. Owner's Signature**

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge. For tank work performed after July 9, 1990, I certify that the tank contractor was in compliance with the certification requirements of Minn. Rules ch. 7105. All work completed after Dec. 1988 was performed in accordance with manufacturers' instructions, industry standards, and applicable state and federal regulations.

RON WIEBER DIR  
 Print name of owner or authorized representative Title  
Ron Wieber 12-9-98  
 Signature of owner or authorized representative Date

Unsigned forms will be returned

Please retain a copy for your own records

**G. Release Detection** Please check all applicable boxes.

	TANK 1	TANK 2	TANK 3
<b>1. Tanks:</b>			
Inventory control (daily sticking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank precision test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank-gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracer monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. For newly installed tanks only</b>			
Was a tank precision test conducted prior to placing the system into operation? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
If yes, date test was conducted: <u>  /  /  </u>			
<b>2. Piping:</b>			
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test every three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2a. For newly installed piping only</b>			
Was a line precision test conducted prior to placing the system into operation? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
If yes, date test was conducted: <u>  /  /  </u>			

**H. Comments** (attach additional sheets if necessary)



**J. Tank Contractor's Signature**

I certify under penalty of law that all work was performed as specified by the manufacturers' instructions, and according to industry standards, applicable state and federal regulations and is complete to the best of my knowledge. I certify that I am in compliance with Minn. Rules ch. 7105, for work completed after July 9, 1990.

BRIGGS CONTRACTING OIB  
 Print name of tank contractor MPCA Contractor #  
DOUG SCHLIESING PROJECT MGR  
 Print name of contractor's authorized representative Title  
Doug Schliesing 7/22/98  
 Signature of tank contractor's representative Date  
DOUG SCHLIESING 8434  
 Print name of supervisor on site during tank work MPCA Supervisor #  
Doug Schliesing 7/22/98  
 Signature of supervisor Date



# Fax Please deliver!!

**Central  
Minnesota  
Service  
Cooperative**

4150 2nd Street S Suite 550  
PO Box 1576  
St. Cloud, MN 56302  
Phone: 320-255-3236  
Fax: 320-255-2998

Date: 12-9-98

To: Bob Pullinger  
651 - 297-6608

Location: MPCA - SUPER

Fax Number: 651 - 282 - 6247

From: **Ron Wieber, Director Environmental & Occupational Services**

Phone: **320/ 255-3236** Fax **320/255-2998**

E-mail: **rwieber@cmssc.polaristel.net**



Number of pages including this cover page: 5

**MESSAGE:**

RE: Final Notice

old UST's at Indus School,

ISD # 363 were removed.

Three USTs were replaced by

one double wall fiberglass.

Hard copy in the mail today -

Sorry for the delay! RON

CC: Jerry Struss 218/897-5280