

**Notification for Underground Storage Tanks—District of Columbia** **FOR GOVERNMENT USE ONLY**

**DEPARTMENT OF ENERGY AND ENVIRONMENT**  
 Underground Storage Tank Program Toxic Substances Division,  
 1200 First Street, NE, 5<sup>th</sup> FL, Washington, DC 20002

FACILITY ID: 

TYPE OF NOTIFICATION

DATE RECEIVED:

A. NEW FACILITY       B. AMENDED       C. CLOSURE

A. Date Entered into Computer \_\_\_\_\_  
 B. Data Entry Clerk Initials \_\_\_\_\_  
 C. Owner was contacted to clarify responses \_\_\_\_\_

\_\_\_\_\_ No. of tanks at facility      \_\_\_\_\_ No. of continuation sheets attached

Comments: \_\_\_\_\_

**INSTRUCTIONS**  
 Please type or print in ink all items except "signatures" in section VII & X. This form must be completed for each location containing underground storage tanks, including field-constructed tanks and airport hydrant fuel systems. If more than Five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.



**GENERAL INFORMATION**

*Notification is required by Federal and District Law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation Recovery Act (RCRA), as amended, Section 3 of the District of Columbia Underground Storage Tank Management Act of 1990, D.C. Code § 8.113.1 et seq. (2001) and the District of Columbia Underground Storage Tank (UST) Regulations, 20 DCMR Chapters 55-70, effective February 21, 2020 (46 DCR 7699).*

4. Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an interstate pipeline facility regulated under state laws.
5. Surface impoundments, pits, ponds, or lagoons.
6. Storm water or wastewater collection systems.
7. Flow-through process tanks; liquid traps or associated gathering lines directly related to oil gas production and gathering operations.
9. Storage tanks situated in an underground area (such as basement, cellar, mine-working drift, shaft or tunnel) if the storage tank is situated upon or above the surface of the floor and is not covered by any earthen materials along its sides and bottom.

The purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

**What Substances Are Covered?** The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exemption of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

**Who Must Notify?** Section 9002 of RCRA, as amended, Section 3 of the DC UST Act, and Title 20 DCMR Chapter 56 requires that, unless exempted, owners of underground tanks that store regulated substances must notify the District Department of the Environment, Underground Storage Tank Branch (USTB) of the existence of their tanks.

**Where to Notify?** Send completed forms to:  
**Underground Storage Tank Program**  
**Toxic Substances Division**  
**Environmental Services Administration**  
**District Department of the Environment**  
**1200 First Street, NE, 5th Floor**  
**Washington, DC 20002**  
**Attn: UST Registrations**

**Owner means:**  
 a) in the case of an UST system 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 an UST system 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.

The District of Columbia requires that the notification form be updated where there is change in the reported use, contents, or ownership of the USTs, or the owner has permanently removed a UST.

**When to Register?** An owner of a UST system that is brought into use after November 12, 1993, shall register the tank and shall pay the prescribed registration fee before depositing a regulated substance into the tank, except as provided in Title 20 DCMR Chapter 56, and except deposit of a regulated substance for the purposes of testing the tank or providing an initial "hold-down" load to ballast the tank.

**What Tanks Are Included?** Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing:  
 1. Gasoline, used oil, diesel, kerosene, heating oil, etc. and  
 2. Industrial solvents, pesticides, herbicides, or fumigants.

**Penalties:** Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted and/or such criminal penalties as are allowed by law.

**What Tanks Are Excluded?**  
 1. Heating oil tanks of less than 1,100 gallons capacity.  
 2. Farm or residential tanks of less than 1,100 gallons capacity used for storing Motor-fuel for noncommercial purposes.  
 3. Septic tanks.

**I. OWNERSHIP OF TANK (S)**

**II. LOCATION OF TANK(S)**

Owner Name (Corporation, Individual, Public Agency, or Other Entity) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 (If same as Section I, mark box here)

Facility Name or Company Site Identifier, as Applicable \_\_\_\_\_

Street Address (P.O. Box Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**III. TYPE OF OWNER**

- Federal Government
- Commercial
- District Government (Local Government)
- Private
- International
- Non-Profit Organization

**IV. TYPE OF FACILITY**

Select the Appropriate Facility Description:

- Gas Station
- Railroad
- Trucking/Transport
- Petroleum Distributor
- Federal - Non-Military
- Utilities
- Industrial
- Federal - Military
- Residential
- Office Building
- Institution/School
- Commercial
- Auto Dealership
- Contractor
- Mixed Used
- Other (Explain) \_\_\_\_\_

**V. CONTACT PERSON IN CHARGE OF TANKS**

Name	Job Title	Address
Email:	Phone Number (Include Area Code)	Fax:

**VI. FINANCIAL RESPONSIBILITY**

I have met the financial responsibility requirements in accordance with Title 20 DCMR § 6700

Check All that Apply:

<input type="checkbox"/> Self-Insurance	<input type="checkbox"/> Guarantee	<input type="checkbox"/> State Funds
<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Trust Fund
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Other Method Allowed (Specify) _____

**VII. CERTIFICATION (Read and sign after completing all sections)**

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

Name and official title of owner Or owner's authorized representative (Print)	Signature	Date Signed
--	-----------	-------------

*EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy branch PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Ave NW Washington, D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification may be used while supplies last.*

**VIII. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (Complete one for each tank at this location.)

Tank Identification Number (Mark all that apply)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use (Remember to fill out section X.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use (Remember to fill out section X.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Amendment of Information (Sent to DDOE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (day/month/year)	_____	_____	_____	_____	_____
3. Estimated Total Capacity (gallons)	_____	_____	_____	_____	_____
3.2 Tanks Manifold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Lines Manifold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Tanks Compartmentalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tank (Material of Construction)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated and Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Non-corrodible/FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic (FPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-corrodible/Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____	_____	_____	_____	_____
4.2 Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Has tank been repaired/upgraded, date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Specify Method of Cathodic Protection, e.g., impressed current, sacrificial anodes.	_____	_____	_____	_____	_____
5. Piping (Material) (Mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic (Flexi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other (please specify here)	_____	_____	_____	_____	_____
Specify Method of Cathodic Protection, e.g., impressed current, sacrificial anodes.	_____	_____	_____	_____	_____
6. Piping (Type)					
(Mark all that apply) Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European Safe Suction: valve at pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Suction: valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Substance Currently or Last Stored in Greatest Quantity by Volume	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Gasoline ( $\leq 10\%$ ethanol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gasoline ( $>10\%$ ethanol, e.g., E15, E85)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diesel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biodiesel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kerosene	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heating Oil/Fuel Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Used Oil/Waste Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please specify name)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Substance (Please Specify Name)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CERCLA name and /or CAS number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mixture of Substances (Please Specify Name)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Describe fuel content – low sulfur, unleaded, % of ethanol, etc.	_____	_____	_____	_____	_____

**IX. OUT OF SERVICE AND CLOSURE OF UST SYSTEMS**

1. Closing of Tank					
A. Estimated date last used (month/day/year)	_____	_____	_____	_____	_____
B. Estimate date tank closed (month/day/year)	_____	_____	_____	_____	_____
C. Tank was removed from ground	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Tank was closed-in-place (Specify fill material)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Improperly closed-not fill	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Temporarily Closed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Change in service (Please Specify Date)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Site Assessment Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A. Evidence of a leak detected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Existing LUST Case	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LUST Case #					

**X. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)**

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
1. Installation										
A. Installer certified by tank and piping manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Installer certified by UST Branch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Installation inspected by a registered Engineer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Installation inspected and approved by UST Branch staff or representative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Manufacturer's installation checklists have been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Another method allowed by DDOE. <i>(Please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Release Detection (mark all that apply)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
A. Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Vapor monitoring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
F. Groundwater monitoring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
G. Interstitial monitoring <i>(all new/replaced double walled tanks/piping)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Statistical Inventory Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors <i>(Specify if mechanical or electronic)</i>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
J. Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
K. Other method allowed by UST Branch <i>(Please Specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Spill & Overfill Protection										
A. Overfill device installed <i>(Alarm, Shut off/Butterfly valve, Flow Restrictor/Ball float)</i> <i>(Specify Type)</i>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Spill device installed <i>(5, 10, 15, &gt;20 gallons)</i> <i>(Specify Capacity and if double wall)</i>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**OATH: I certify the information concerning installation/repairs that is provided in section X is true to the best of my belief and knowledge.**

**Installer:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Company