

NAVAJO NATION ENVIRONMENTAL PROTECTION AGENCY
Underground/Aboveground Storage Tank Programs
PO Box 339 Window Rock, AZ 86515
UST Ph# (928) 871-7993 **FAX # (928) 871-7599**

Aboveground and Underground Storage Tank Information Form

Facility Name: _____

Contact person: _____ Title: _____

Type of Facilities (mark all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Public Transportation |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Trucking/Transportation | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Agriculture | <input type="checkbox"/> NN Gov't _____ |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Airline | <input type="checkbox"/> BIA _____ |
| <input type="checkbox"/> Public Schools | <input type="checkbox"/> Oil & Gas | _____ |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Mining | <input type="checkbox"/> Other (Describe) _____ |

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

Lease No. _____

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 AST Number (If known) _____ Navajo UST 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

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 AST 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 <u>covers pipeline</u>	_____	_____	_____	_____
(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? _____

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 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 _____

If so, please attach copy of findings

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 (ESA) been done for leasing purposes? Yes _____ No _____

* If you have answered yes to any or all of the above questions, please attach copy of findings.

Please return this signed UST/AST "Tank Information Form (TIF)" to NNEPA

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

I, _____ Leasee or Subleasee of _____
 PRINT NAME NAME OF BUSINESS

submit, date, and sign this form on _____
 DATE

 SIGNATURE

FOR OFFICE USE ONLY

Assigned Navajo UST/AST#: _____

Date Data Entered: ____/____/____

Data Entry Initials: _____

Tank fees paid: Registration Annual

Date paid: ____/____/____

Comments: _____

FOR OFFICE USE ONLY