



STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
Division of Underground Storage Tanks  
William R. Snodgrass Tennessee Tower  
312 Rosa L. Parks Avenue, 12th Floor  
Nashville, Tennessee 37243

**PRE-INSTALLATION NOTIFICATION FOR UNDERGROUND STORAGE TANKS**

**General Instruction Sheet**

*In accordance with Underground Storage Tanks Rule 0400-18-01-.02(1), this form is used only to report the new installation of petroleum underground storage tank systems in Tennessee.*

1. This form must be typed or printed in black or blue ink and submitted to the address above. Boxes can be checked. This form must be signed and submitted at least **fifteen (15)** days prior to beginning installation.
2. Facility identification numbers will be assigned by the Division for new facilities and an owner identification number for new owners.
3. Tank owners registering under a corporate name must have that name registered with the Tennessee Secretary of State, Division of Business Services, and have an active status. This office can be reached at 615-741-2286. General Partnerships do not have to register with the Secretary of State.
4. Payment of the annual tank fees must accompany this form. Make checks payable to Treasurer, State of Tennessee.
5. All tanks must have a tank identification number and letter for each compartment. If a tank only has one compartment, the compartment letter will be "A". Tank numbers should begin with "1", unless there were previous tanks at this facility. Example: 1A, 2A, 2B.
6. Tanks and piping installed on or after July 24, 2007 shall be secondarily contained and have interstitial monitoring as the tank and piping release detection method.
7. Tanks containing 85% ethanol (E-85) must have the **following** compatibility worksheets included with this form: Ethanol Equipment Compatibility Worksheet (CN-1285) and Statement of Compatibility (CN-1283). Prior to **installing putting** a UST system designed to store E-blended fuels greater than 10% ethanol (E-10), the tank owner shall submit the forms previously cited with the pre-installation form.
8. Spill and overfill protection are not required for tanks that receive 25 gallons or less of product at a time.
9. The Division suggests you make a copy of this document for your records and keep it for the life of the underground storage tank system.
10. If you have any questions regarding this form, please call the Division at 615-532-0945.



Received \_\_\_\_\_

Entered \_\_\_\_\_

Staff Initials \_\_\_\_\_

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**Pre-Installation Notification for Underground Storage Tanks**

Type of Installation	<input type="checkbox"/> New Facility	<input type="checkbox"/> Pre-existing Facility	<input type="checkbox"/> Piping Replacement
Facility ID	<input type="text"/>	Owner ID	<input type="text"/>
<b>TANK OWNER INFORMATION</b>			
First and Last Name or Corporate Name <input type="text"/>			
Owner's Mailing Address <input type="text"/>			
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>
Phone Number	<input type="text"/>	E-mail	<input type="text"/>
<b>FACILITY INFORMATION</b>			
Facility Name <input type="text"/>			
Facility Location (i.e., Physical Address) <input type="text"/>			
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>
County	<input type="text"/>	Phone Number for Facility	<input type="text"/>
Estimated Date of Installation <input type="text"/>			
<b>CONTACT PERSON IN CHARGE OF INSTALLATION</b>			
First Name, Last Name <input type="text"/>			
Company	<input type="text"/>	Title	<input type="text"/>
Email	<input type="text"/>	Phone Number	<input type="text"/>

**PROPERTY OWNER INFORMATION**

Does the tank owner, listed on page 2, also own this property?  Yes  No

If Yes, skip this section

First Name or Business Name:

Last Name or Business Name Continued:

Mailing Address:

City:  State:  Zip Code:

E-mail:  Phone Number:

Fax Number:  Alternate Phone Number:

**IF OWNER HAS AN AUTHORIZED REPRESENTATIVE OR OPERATOR LIST BELOW**

First Name:  Last Name:

Mailing Address:  Associated Company:

City:  State:  Zip Code:

Phone Number:  Fax Number:

Alternate Phone Number:  E-mail:

Owner may be held liable anywhere the term "owner/operator" is mentioned in chapter 400-18-01 of the Tennessee Underground Storage Tank Program rules, even though you have designated an operator.

***I certify under penalty of law that I have personally examined and am familiar with the information submitted in this 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, as specified in Tennessee Code Annotated Section 39-16-702(a)(4). This declaration is made under penalty of perjury.***

\_\_\_\_\_  
Tank Owner's Signature

\_\_\_\_\_  
Date

## TANK SYSTEM INFORMATION

Tank # and Compartment Letter						
<b>Tank (Mark All That Are Planned)</b>						
Mark if Tank is Manifolder	<input type="checkbox"/>					
Mark if Tank is an Emergency Generator	<input type="checkbox"/>					
Double Walled	<input type="checkbox"/>					
Fiberglass Reinforced Plastic	<input type="checkbox"/>					
Polyethylene Tank Jacket	<input type="checkbox"/>					
Composite	<input type="checkbox"/>					
<b>Compartment Volume</b>						
<b>Substance To Be Stored</b>						
Gasoline	<input type="checkbox"/>					
Diesel	<input type="checkbox"/>					
Kerosene	<input type="checkbox"/>					
Avgas	<input type="checkbox"/>					
Biodiesel	<input type="checkbox"/>					
E-100	<input type="checkbox"/>					
E-85*	<input type="checkbox"/>					
Gear Oil	<input type="checkbox"/>					
Hazardous Substance	<input type="checkbox"/>					
Heating Oil	<input type="checkbox"/>					
Hydraulic Fluid	<input type="checkbox"/>					
Jet Fuel	<input type="checkbox"/>					
Mineral Spirits	<input type="checkbox"/>					
Motor Oil	<input type="checkbox"/>					
Oil Water Separator	<input type="checkbox"/>					
Power Steering Fluid	<input type="checkbox"/>					
Other (Specify)						

\*E-85 (tanks containing 85% ethanol) must have the following compatibility worksheet included: Ethanol Equipment Compatibility Worksheet (CN-1285) and Statement of Compatibility (CN-1283).

<b>Piping (Mark All That Are Planned)</b>						
Tank # and Compartment Letter						
Double Walled	<input type="checkbox"/>					
Fiberglass Reinforced Plastic	<input type="checkbox"/>					
Flexible Piping	<input type="checkbox"/>					
Secondary Containment	<input type="checkbox"/>					
<b>Piping Type</b>						
Suction: valve only at dispenser (Safe Suction)	<input type="checkbox"/>					
Suction: valve only at tank (US Suction)	<input type="checkbox"/>					
Pressurized	<input type="checkbox"/>					
Gravity Feed	<input type="checkbox"/>					
<b>SPILL AND OVERFILL PROTECTION (Mark All That Are Planned)</b>						
High Product Level Alarm	<input type="checkbox"/>					
Ball Float Valves, Flow Restrictive	<input type="checkbox"/>					
Automatic Shut Off (Flapper)	<input type="checkbox"/>					
Spill Containment Device Has Been Installed	<input type="checkbox"/>					