



STATE OF TENNESSEE
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF UNDERGROUND STORAGE TANKS
 4TH Floor, L & C Tower
 401 Church Street
 Nashville, TN 37243-1541

Pre-Installation Notification for Underground Storage Tanks

Instructions: This form must be completed and submitted 15 days prior to beginning installation. This form will not be processed if incomplete or illegible. Type or fill out in ink, circles can be checked or filled in. Keep a copy of this form for your records.

Payment of annual tank fees must accompany this form. Annual fee is \$250.00 per tank compartment. Make checks payable to Tennessee State Treasurer. Mail this completed form and check/money order to address above.

Type of Facility (Division will assign Facility ID for new facilities and Owner ID for new owners after the form is received).

New Facility Facility ID: _____

Pre-existing Facility Owner ID: _____

Tank Owner Information

_____ ()	_____
First and Last Name or Business Name Continued	Phone Number
Owner's Mailing Address	County
City	State
Email	Zip Code

Facility Information

_____	_____	_____
Facility Name	Purchase Date	
_____	_____	_____
Facility Location (i.e., Physical Address, No P.O. Box or Route #'s)	Degrees	Latitude Minutes
_____	_____	Seconds
City	_____	_____
_____	Degrees	Longitude Minutes
State	_____	Seconds
_____	_____	_____
()	_____	_____
Phone Number for Facility	_____	_____
_____	County	_____

Lat/Long can be left blank if unknown

Contact Person in Charge of Installation

_____	_____
Last Name	Title
_____	()
First Name	Phone Number

For Office Use Only

Date Received	Date Entered	Clerk Initials:
<input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	<input type="text"/> <input type="text"/>

TDEC — Pre-Installation Notification

*All Tanks must have a tank Identification number and letter for each compartment.

If tank only has one compartment the compartment letter will be A.

Tank numbers should begin at 1 unless there were previous tanks at this facility.

See the example to the right.

	1		1		2		3
A		B		A		A	

*Circles can be checked or filled in. *Heating oil tanks are not required to register.

Tank identification #	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
Compartment letter A, B, C, or D	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Compartment Volume	_____	_____	_____	_____	_____	_____
Installation Completion Date (Month/Year)	____ ____	____ ____	____ ____	____ ____	____ ____	____ ____
Mark if tank is manifolded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mark if tank is an emergency generator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substance To Be Stored

Diesel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gasoline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-85	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kerosene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biodiesel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazardous substance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other substance please specify	_____	_____	_____	_____	_____	_____

Spill & Overfill Protection

Mark the type of overfill device to be installed

Overfill Alarm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ball Float Valves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automatic Shut off Device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Mark if spill device will be installed</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Tank identification #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Compartment letter A, B, C, or D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tank (Mark All That Are Planned)

Double Walled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Material of Construction						
StiP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiberglass Reinforced Plastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Composite (Steel with Fiberglass or Urethane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polyethylene Tank Jacket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excavation Liner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Piping (Mark All That Are Planned)

Double Walled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Containment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Piping Type						
Suction: no valve at tank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suction: valve at tank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gravity Feed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Material of Construction						
Fiberglass Reinforced Plastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible Piping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flex Pipe Brand Type	_____	_____	_____	_____	_____	_____
Installation Year of Flex Piping	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Mark if meets the UL 971 7/1/2005 standard (nonmetallic Only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tank Owner's Signature

I certify all information provided in this document is true to the best of my belief and knowledge.

Print Name or Company Name

Signature _____

Date _____