

# Notification for Underground Storage Tanks (USTs)

Virginia DEQ Water Form 7530-3

(See last page for mailing instructions)

(2/22)



## STATE USE ONLY

ID Number

Date Received

Date Entered

Entered By

Comments

### ✓ Check all that apply: PART I: PURPOSE OF NOTIFICATION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New (not previously registered) facility      | <input type="checkbox"/> Temporary closure                   | <input type="checkbox"/> New contact             |
| <input type="checkbox"/> New tank(s) at previously registered facility | <input type="checkbox"/> Tank removal or closure in ground   | <input type="checkbox"/> New owner               |
| <input type="checkbox"/> Change in tanks (e.g., upgrade)               | <input type="checkbox"/> Piping removal or closure in ground | <input type="checkbox"/> Change in owner address |
| <input type="checkbox"/> Change in piping (e.g., upgrade)              | <input type="checkbox"/> Change in service/ tank contents    | <input type="checkbox"/> Other (specify):        |

### PART II: OWNERSHIP OF TANKS

A. Owner Name

B. Owner Address

C. City, State, Zip

D. Contact Person Name and Title

E. Phone Number  
( )

F. Fax Number  
( )

G. E-mail Address

H. Name of Previous Owner (if applicable)

### PART III: LOCATION OF TANKS

A. Facility Name

B. Facility Street Address (P.O. Box not acceptable)

C. City, Zip

D. County or Municipality

E. Facility Contact Person Name & Title

F. Facility Phone Number  
( )

G. Facility Contact Phone Number  
( )

H. Facility Contact Fax Number  
( )

I. Facility Contact E-mail Address

J. Previous Name of Facility (if applicable)

### PART IV: TYPE OF OWNER

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> State government   | <input type="checkbox"/> Private    |
| <input type="checkbox"/> Local government   | <input type="checkbox"/> Lender     |

### PART V: TYPE OF FACILITY

- |  |   |  |                                    |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Retail gas station    | <input type="checkbox"/> Federal non-military | <input type="checkbox"/> Commercial (non-resale) | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Petroleum distributor | <input type="checkbox"/> Federal military     | <input type="checkbox"/> Industrial              | <input type="checkbox"/> Farm      |
| <input type="checkbox"/> Local government      | <input type="checkbox"/> State government     | <input type="checkbox"/> Other _____             |                                    |

### PART VI: FINANCIAL RESPONSIBILITY

The tank owner has met the financial responsibility requirements contained in 9 VAC 25-590-10 et seq. using the following methods/mechanisms

- |   |                                      |   |   |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Insurance   | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Guarantee      | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund       |   |

### PART VII: OWNER CERTIFICATION

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. I understand that the owner of the underground storage tanks hereby registered is responsible for compliance with the requirements of Virginia Regulations 9 VAC 25-580-10 et seq. and Federal Regulation 40 CFR Part 280, among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner. I understand that this notification form is sufficient evidence to establish ownership of tanks subject to 9 VAC 25-580-10 et seq.

\_\_\_\_\_  
Name and Title (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### PART VIII: INSTALLER CERTIFICATION

I certify that the installation of this tank and/or piping was performed in accordance with all federal, state and local installation requirements. I warrant and represent that I am the installer or that I have the authority to sign this certification on behalf of the installer.

\_\_\_\_\_  
Name and Title (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
( )  
Telephone Number

PART IX: DESCRIPTION FOR NEW INSTALLATIONS, AMENDMENTS & CLOSURES <small>Check all that apply</small>										
Owner Tank Identification Number										
DEQ Tank Identification Number										
Tank Status	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment <input type="checkbox"/> Closure
Date of Tank Installation (MM/DD/YYYY)										
Date of Pipe Installation (MM/DD/YYYY)										
Date of Amendment (MM/DD/YYYY)										
Tank Capacity (Gallons) <small>(Compartments of a compartment tank are considered separate tanks)</small>										
Material of Construction (✓ all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Fiberglass Reinforced Plastic	<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"/>
Double Walled	<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"/>
Secondary Containment	<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"/>
Polyflexible		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Coated and Cathodically Protected/sti-P3®	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Composite (Steel Clad with Fiberglass)/ ACT-100®/ACT-100U®	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Polyethylene Tank Jacket	<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"/>	
Impressed Current System	<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"/>
Asphalt Coated or Bare Steel	<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"/>
Galvanized 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"/>
Copper		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hybrid Piping(Single Walled and Double Walled)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Co-Structural Tank (Phoenix System)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Structural Tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Excavation Liner	<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"/>	
Field Constructed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Airport Hydrant Fuel System	<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"/>
Other (specify)										
Tank/piping has been repaired	<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"/>
Metal Piping Flex Connectors Installed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal Flex Connectors Isolated/Booted		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal Flex Connectors Cathodic Protected		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Piping Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Safe Suction (No Check Valve at Tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
U.S. Suction (Check Valve at Tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pressure		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Gravity Fed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Spill Containment & Overfill Prevention	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Spill Containment/Bucket	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Automatic Shutoff	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Ball Float Valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										

PART IX: DESCRIPTION FOR NEW INSTALLATIONS, AMENDMENTS & CLOSURES (continued)											
Release Detection		Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
		<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"/>	<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"/>	
		<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"/>
		<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"/>
		<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"/>
		<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"/>
		<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"/>
			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other (specify)									
		Substance stored		<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"/>				<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"/>	
Gasoline Non-Ethanol (specify octane)											
Gasoline Containing >10% Ethanol (specify blend)											
<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"/>	
<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"/>	
<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel Containing >20% Biodiesel (specify blend)											
<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"/>	
<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"/>	
Hazardous Substance (specify)											
Other (specify)											
<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
PART X: TANK AND/OR PIPING CLOSURE, REMOVAL OR CHANGE IN SERVICE											
Tank and Piping Status		Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
		<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"/>
		<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"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		Description of Inert Material									
		<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"/>	
Change in Service		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Date Last Used (MM/DD/YYYY)											
Date Closed (MM/DD/YYYY)											
Closure Assessment Completed (Please submit site map, soil sampling results, chain of custody for all samples, copy of building permit, and any disposal manifests with this form).		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of a Leak Detected		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:											

# Virginia Department of Environmental Quality Regional Offices

## Northern Region

13901 Crown Court  
Woodbridge, VA 22193  
(703) 583-3800

## Valley Region

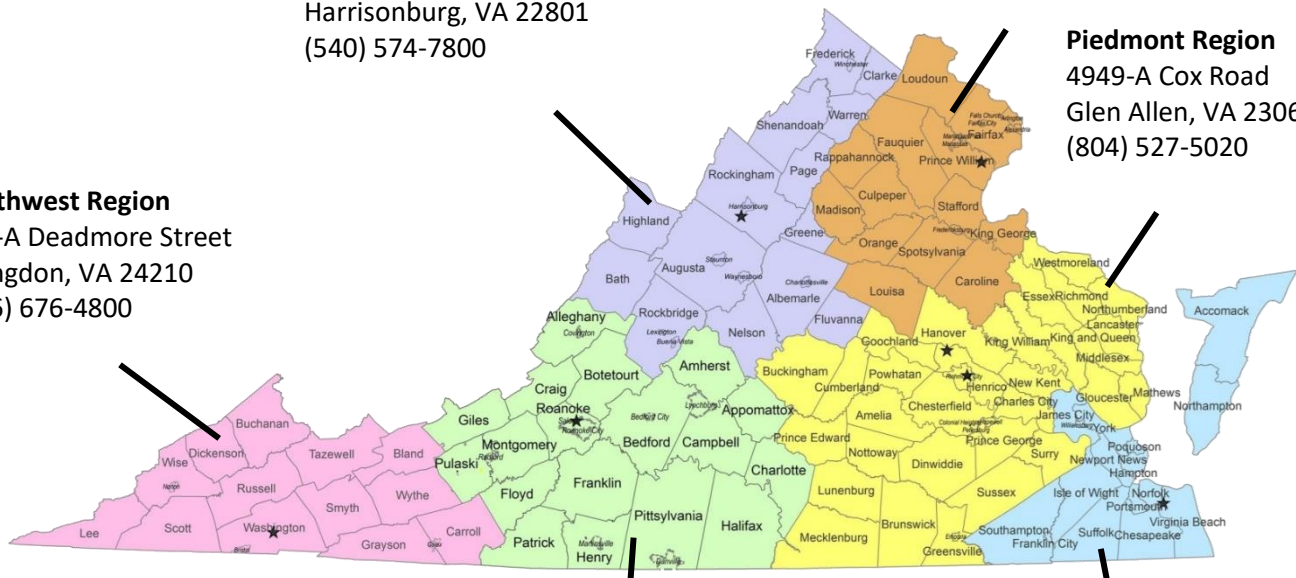
4411 Early Road  
P.O. Box 3000  
Harrisonburg, VA 22801  
(540) 574-7800

## Piedmont Region

4949-A Cox Road  
Glen Allen, VA 23060  
(804) 527-5020

## Southwest Region

355-A Deadmore Street  
Abingdon, VA 24210  
(276) 676-4800



## Blue Ridge Region

901 Russell Drive  
Salem, VA 24153  
(540) 562-6700

## Tidewater Region

5636 Southern Blvd  
Virginia Beach, VA 23462  
(757) 518-2000

**Mail notifications to the DEQ Regional Office serving the city or county where the Tanks are located.**

Regional Offices		Counties and Cities
Blue Ridge Regional Office	Counties	Alleghany, Amherst, Appomattox, Bedford, Botetourt, Campbell, Charlotte, Craig, Floyd, Franklin, Giles, Halifax, Henry, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke
	Cities	Bedford, Clifton Forge, Covington, Danville, Lynchburg, Martinsville, Radford, Roanoke, Salem
Northern Regional Office	Counties	Arlington, Caroline, Culpeper, Fairfax, Fauquier, King George, Loudoun, Madison, Orange, Prince William, Rappahannock, Spotsylvania, Stafford, Louisa
	Cities	Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, Manassas Park
Piedmont Regional Office	Counties	Amelia, Brunswick, Buckingham, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Gloucester, Goochland, Greensville, Hanover, Henrico, King and Queen, King William, Lancaster, Lunenburg, Mathews, Mecklenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Surry, Sussex, Westmoreland
	Cities	Colonial Heights, Emporia, Hopewell, Petersburg, Richmond
Southwest Regional Office	Counties	Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe
	Cities	Bristol, Galax, Norton
Tidewater Regional Office	Counties	Accomack, Isle of Wight, James City, Northampton, Southampton, York
	Cities	Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Poquoson, Suffolk, Virginia Beach, Williamsburg
Valley Regional Office	Counties	Albemarle, Augusta, Bath, Clarke, Fluvanna, Frederick, Greene, Highland, Nelson, Page, Rockbridge, Rockingham, Shenandoah, Warren
	Cities	Buena Vista, Charlottesville, Harrisonburg, Lexington, Staunton, Waynesboro, Winchester