



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 HAZARDOUS WASTE PROGRAM
REQUEST FOR UNDERGROUND STORAGE TANK RECORDS

FILE
ST

NOTE: Records must be provided within 30 days of this notice - pursuant to 10 CSR 26-2.034(1)(C)2.

Direct records and questions to:

Missouri Department of Natural Resources
 Hazardous Waste Program
 Tanks Compliance and Technology Unit
 For postal service: P.O. Box 176, Jefferson City, MO 65102-0176
 For delivery service: 1730 East Elm St., Jefferson City, MO 65101
 Phone: 573-522-5665
 Fax: 573-526-5268
 tanks-compliance@dnr.mo.gov

PLEASE PROVIDE THE FOLLOWING UNDERGROUND STORAGE TANK, OR UST, RECORDS AS APPLICABLE

Do any of your UST system components require corrosion protection? Yes No

If yes, please submit all applicable records:

- Six month / three year cathodic protection system tests (last two).
- Cathodic protection system repair documentation.
- Interior lining inspection.
- Interior lining repair documentation.
- UST integrity test records.

RELEASE DETECTION RECORDS (most recent)

Twelve months of tank release detection (submit one of following):

- Automatic Tank Gauge, or ATG, reports (tank tests, product levels, water levels).
- Detailed monthly Statistical Inventory Reconciliation, or SIR reports.
- Vapor monitoring records and installation documentation.
- Groundwater monitoring records and installation documentation.
- Inventory control records with a copy of most recent tank tightness test.
- Interstitial monitoring records and installation documentation.

Piping release detection (if pressurized):

- Annual line leak detector operability test(s) and at least one of the following:
 - Line tightness test(s).
 - Electronic 30 day 0.2 gallons per hour, or gph, (12 months).
 - Other monthly monitoring.
- or**
- Triennial line tightness test for unsafe suction.

Other documentation, if applicable

- Compatibility - If you store alternative fuels or hazardous substances, document system compatibility verification.
- Documentation of waste disposal (e.g., liquid removed from containment sumps or spill basins).
- Investigation of any release detection alarms or non-passing reports.
- Any other release or spill response activities.

Is your system out of service? Yes No

If yes, please submit the following temporary closure records:

- Vent pipes open, all other fill pipes, dispensers and manways locked.
- System has been emptied to less than one inch product or residue remaining.
- Corrosion protection maintained.

FACILITY INFORMATION

FACILITY ADDRESS	
OWNER/OPERATOR NAME	E-MAIL ADDRESS:
FACILITY REPRESENTATIVE SIGNATURE	
FACILITY REPRESENTATIVE PRINTED NAME	