



South Carolina Department of Health and Environmental Control

Notification for Underground Storage Tanks in Operation

1. Name and address of the facility	2. Business mailing address of facility, if different from location address	3. Owner of tank (name, business address, and phone number)	4. Contact person for the facility (Name and phone number)
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5. Type of owner (Mark "X" in appropriate box) <input type="checkbox"/> Non-Federal <input type="checkbox"/> Federal (Give GSA #)	6. For State Use Only
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Complete the following section(s) to the best of your knowledge using the examples provided as guidance. Check appropriate boxes and fill in blanks where applicable. If you need more space, photocopy this page or use a continuation sheet.

7. Tanks currently in use or that will be brought into use															
a. Tank No.	b. Age (years)	c. Total capacity (gallons)	d. Material of construction			e. Internal protection		f. External protection				g. Substance type			
			Steel	Fiberglass reinforced plastic	Other (specify)	Lined	Unlined	Coated	Wrapped	Cathodic protection	Other (specify)	Hazardous substance name and/or Chemical Abstract Service (CAS) # if known			
												Gasoline	Diesel	Kerosene	Other (specify)
Example		10,000	P	T			X							X	
Example		8,000	TP				X			TP		Trichloroethylene CAS #79016			
1															
2															
3															
4															
5															
6															
7															
8															

8. 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.	a. Name and Official Title of owner or owner's authorized representative (Type or print) b. Signature c. Date signed
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