STATE OF GEORGIA
NOTIFICATION DATA FOR UNDERGROUND STORAGE TANK

FACILITY ID: _____ **County:** _____

PART 1: Facility Data

Total Number of Active Tanks ____

OWNERSHIP OF TANKS:
Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: ( ) - _____ Fax Number: ( ) - _____

Email Address: _____

OPERATOR OF TANKS:
Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: ( ) - _____ Fax Number: ( ) - _____

Email Address: _____

LOCATION OF TANKS:
Facility Name: _____

Contact Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone Number: ( ) - _____ Fax Number: ( ) - _____

Email Address: _____

FACILITY TYPE:

{ } Aircraft Owner	{ } Educational	{ } Government City	{ } Petroleum Distributor
{ } Airline	{ } Farm	{] Government County	{ } Railroad
{ } Auto Dealership	{ } Federal Military	{ } Government State	{ } Residential
{ } Commercial	{ } Federal Non-Military	{ } Hospital	{ } Truck/Transport
{ } Contractor	{ } Gas Station	{ } Industrial	{ } Utilities

STATE OF GEORGIA
NOTIFICATION DATA FOR UNDERGROUND STORAGE TANK

FACILITY ID: _____ **County:** _____

FINANCIAL RESPONSIBILITY:

{ } I meet the financial responsibility requirements of §12-13-9 Official Code of Georgia Annotated by providing or participating in one of the following financial assurance mechanisms.

Primary Financial Responsibility Mechanism: (check one)

{ } Gust Trust Fund	{ } Risk Retention Group	{ } Guarantee	{ } Surety Bond
{ } Self-Insured	{ } Trust Fund (other than GUST)	{ } Letter of Credit	{ } Insurance

If a primary coverage mechanism other than GUST Trust Fund is checked provide the following information pursuant to GUST Rule 391-15-12(1)

Financial Responsibility Provider (Primary):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mechanism ID Number: _____ Mechanism Anniversary Date: _____

Deductible Financial Responsibility Mechanism: (check one)

Note: If your primary Financial Responsibility Mechanism is provided through participation in GUST Trust Fund by payment of Environmental Assurance Fees, as required under GUST Rule 391-3-15-13, you must also check one of the following boxes indicating how coverage for the GUST Trust Fund $10,000 deductible is being provided.

If your primary Financial Responsibility Mechanism is other than GUST Trust Fund and it has a deductible, you must also check one of the following boxes indicating how coverage for the deductible is being provided.

{ } Surety Bond	{ } Risk Retention Group	{ } Guarantee	{ } Insurance
{ } Self-Insured	{ } Trust Fund (other than GUST)	{ } Letter of Credit	

Provide the name and address of Financial Responsibility Provider for deductible pursuant to GUST Rule 391-15-12.

Financial Responsibility Provider (Deductible):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mechanism ID Number: _____ Mechanism Anniversary Date: _____

STATE OF GEORGIA
NOTIFICATION DATA FOR UNDERGROUND STORAGE TANK

FACILITY ID: _____ **County:** _____

PART 2: Tank Data

Tank Status:

Tank ID	Install Date	Tank Age	Tank Capacity	Currently in Use	Temporarily Out of Use	Removed from Ground	Removed Date	Closed in Ground

Tank Status (Continued):

Tank ID	Date Closed in Ground	Date Last Used	Filled with Inert Material	Intent To Close Form (GUST-29) Received Date	Emergency Generator?

Substance Stored in Tank:

Tank ID	Gas	Gasohol	Diesel	Kerosene	Used Oil	Aviation Fuel	New Oil

Hazardous Substance Stored in Tank:

Tank ID	Hazardous ID	Hazardous Name	Cas Number	Cercla Number

Material of Construction:

Tank ID	Bare Steel	Steel-Impressed Current (Install Date)	Steel-Galvanic (Install Date)	STIP-3	Epoxy	Epoxy/Double Walled	Tank Jacket

Material of Construction (Continued):

Tank ID	Fiberglass	Fiberglass /Double Walled	Composite	Composite/ Double Walled	Lined Interior	Excavation Liner	Concrete (Historical Use Only)

STATE OF GEORGIA
NOTIFICATION DATA FOR UNDERGROUND STORAGE TANK

FACILITY ID: _____ **County:** _____

Spill and Overfill:

Tank ID	Overfill Type	Overfill Install Date	Overfill Exempt	Spill Install Date	Spill Exempt

PART 3: Piping Data

Piping Status:

Tank ID	Install Date	Currently in Use	Temporarily Out of Use	Removed from Ground	Removed Date	Closed in Ground

Piping Status (Continued):

Tank ID	Date Closed in Ground	Date Last Used	Filled with Inert Material	Intent To Close Form (GUST-29) Received Date

Piping Material:

Tank ID	Install Date	Above Ground Piping	Bare Steel	Steel-Impressed Current (Install Date)	Steel-Galvanic (Install Date)	Fiberglass Reinforced Plastic

Piping Material (Continued):

Tank ID	Fiberglass/ Double Walled	Single Walled Flex	Double Walled Flex	Copper	Steel Secondary Containment	Double Walled (Historical Use Only)

STATE OF GEORGIA
NOTIFICATION DATA FOR UNDERGROUND STORAGE TANK

FACILITY ID: _____ **County:** _____

Piping Type:

Tank ID	Suction: No Valve at Tank	Suction: Valve at Tank	Pressure	Gravity Fed

PART 4: Release Detection

Release Detection – Tank(s):

Tank ID	Automatic Tank Gauge	Interstitial Monitoring/ Secondary Containment	SIR (Statistical Inventory Reconciliation)	Inventory Control/Tank Tightness Testing	Manual Tank Gauging *(Only valid for tanks <2000 gals)*	Ground Water Monitoring

Release Detection – Tank(s) (Continued):

Tank ID	Vapor Monitoring (Not Stage II)	Exempt

Release Detection – Piping:

Tank ID	Mechanical Line Leak Detector	Electronic Line Leak Detector	Line Tightness Testing	Interstitial Monitoring/ Secondary Containment	SIR (Statistical Inventory Reconciliation)	Ground Water Monitoring	Vapor Monitoring (Not Stage II)	Exempt

STATE OF GEORGIA
NOTIFICATION DATA FOR UNDERGROUND STORAGE TANK

FACILITY ID: _____ **County:** _____

PART 5: Certification

Oath of Installation:

I certify the information concerning installation of the UST system, release detection, and spill/overfill protection specified in Part 2: Tank Data is true to the best of my belief and knowledge.

Company	Company Address
Authorized Representative	Signature
Title	Telephone Number (include Area Code)
Date	

Owner Certification:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and the 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.

Owner Name (print)	Title
Owner Signature	Date