



Oregon Department of Environmental Quality

Underground Storage Tank Program

General Permit Registration Form and 30-Day Notice

TO INSTALL AND OPERATE REGULATED UNDERGROUND STORAGE TANKS

- An owner or permittee must apply for a registration certificate at least 30 days before installing or operating an underground storage tank larger than 110 gallons containing petroleum products or hazardous substances. Farms tanks with a capacity of 1,100 gallons or less are exempt from the registration requirements, as are heating oil tanks and septic tanks
- Complete one general permit registration package for each separate facility you are registering
- You must fill out and attach the *UST Alternative Fuel Compatibility Form* to this form to demonstrate compatibility if you are installing USTs containing alternative fuels of greater than 10 percent ethanol or 20 percent biodiesel
- You must call your regional office to receive authorization to proceed with the installation 72 hours prior to beginning work
- Authorization is required prior to first delivery of fuel. Please see the requirements on our [Technical Information page](#)
- If you are installing a tank within an existing tank as a structural retrofit, you must also submit the *Structural Retrofit 30 Day Addendum*

CHECKLIST

- ✓ Be sure signatures are provided for the tank owner, permittee and property owner, **even where one person fills all three roles.**
- ✓ Complete the registration form and the notification and description of underground storage tank systems for all tanks being installed at the facility.
- ✓ Make copies for your records.
- ✓ Enclose your check payable to: ***Oregon Department of Environmental Quality***
- ✓ Return the general permit registration form, the notification and description of underground storage tank systems and the correct total fee amount to:

DEQ Attn: Revenue Section
700 NE Multnomah St. Suite 600
Portland, Oregon 97232

Licensed Service Providers and Supervisors

ORS 466.750 and OAR Chapter 340, Division 160 requires that licensed service providers perform tank installation work. During certain critical phases as specified in the rules, a licensed supervisor must be present on site to monitor the work. A list of licensed service providers and supervisors is available on DEQ's webpage at <https://www.oregon.gov/deq/tanks/Pages/UST-Service.aspx>

NOTE: AN OWNER OR PERMITTEE MAY PERFORM UST SERVICES ONLY IF THEY HAVE TAKEN AND PASSED THE APPROPRIATE UST SUPERVISOR EXAMINATION OFFERED BY A NATIONAL TESTING SERVICE (OAR 340-150-0156).

UST System Operator required

The owner or permittee of each UST facility issued an operating certificate must employ Class A, Class B and Class C operators who can properly operate and maintain the UST system and respond to events indicating emergency conditions and alarms caused by spills or releases from the UST system. For more details on implementing this requirement see rule OAR 340-150-0210 or visit the DEQ UST website for more information.

Help with this registration form

If you have any questions about this registration form, please phone the DEQ UST Program at 503-229-6652. You can also phone the UST Program's toll-free number, 1-800-742-7878. This is a message answering machine for calls made within Oregon. Underground Storage Tank Program staff will return your calls within 24 hours. You can also send an email to: tanks.info@deq.oregon.gov. Our regional staff are also available to answer questions regarding the general permit program and this general permit registration form. Please contact the DEQ inspector for the county your facility is located in (see table below for contact information).

Inspector home office phone number
Lauren Dimock Portland 503-229-6030
Mark Drouin Portland 503-229-5496
Dylan Eckert Eugene 541-686-7517
Ingrid Gaffney Portland 503-934-1424
Andrea Garcia Medford 541-776-6003
Christina Morris (UST Duty Officer) Portland 541-740-6241
Mike Kortenhof (Fuel Tank Inspection Section Manager) Portland 503-229-5474



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FOR DEQ USE ONLY	
Date Rec'd	_____
Ck No.	_____
Amt Rec'd \$	_____
Deposit UST Permit Fees	

TO INSTALL AND OPERATE REGULATED TANKS

Facility Information:

Facility Name: _____

Facility Address: _____

City, State, and Zip Code: _____

Facility Number: _____ (If known)

Facility Phone: _____ NAICS Code: _____

Facility Contact: _____ Title: _____

Contact Phone: _____ Email: _____

Service Provider Information:

Name: _____ License Number: _____

For new tanks, a registration fee of \$325.00 per tank and an installation fee of \$400 per tank is due for the current year. For multi-chambered or multi-compartment tanks, the registration fee is \$325.00 and the installation fee is \$400 for each chamber or compartment. To calculate the registration fee owed please fill in the blanks below:

Number of new tanks or compartments _____ **X \$725.00 =** _____ **Total Fee Due**

This registration fee will also serve as the annual compliance fee for the remaining portion of the year in which the registration form is submitted.

GENERAL PERMIT REGISTRATION FORM

To Install and Operate USTs

Tank Owner* as registered with the Secretary of State,
Corporations Division

Mailing Address (*Please Print*)

Name of Official (*Please Print*)

City, State and Zip Code

Signature of Official

Date

Area Code and Telephone Number

I will install and operate the USTs described on the Notification and Description of Underground Storage Tank Systems pages in accordance with the conditions and requirements of the applicable general permits.

Permittee* as registered with the Secretary of State,
Corporations Division

Mailing Address (*Please Print*)

Name of Official (*Please Print*)

City, State and Zip Code

Signature of Official

Date

Area Code and Telephone Number

I will install and operate the USTs described on the Notification and Description of Underground Storage Tank Systems pages in accordance with the conditions and requirements of the applicable general permits.

Property Owner is name that appears on the County deed
record for this property.

Mailing Address (*Please Print*)

Name of Official (*Please Print*)

City, State and Zip Code

Signature of Official

Date

Area Code and Telephone Number

* If this facility or tanks are owned by a person, or operated by a permittee, that is a business registered with the Secretary of State, Corporations Division, please use that legal business name for purposes of registering these USTs with the Department.

If you want annual tank fee invoice mailed to a party other than the permittee listed above, please provide the invoice name and address below. Otherwise leave this box blank.

Invoicee Name (*Please Print*)

City, State and Zip Code

Mailing Address (*Please Print*)

Area Code and Telephone Number

Notification and Description of Underground Storage Tank Systems	
Type of Owner	Indian Country
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Local Government <input type="checkbox"/> Native American Nation or Tribe	Tribe or Nation:
	Will the tanks be located on land within an Indian Reservation or on trust lands outside reservation boundaries? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you selected yes above; please STOP completing this form. Oregon DEQ does not regulate USTs located within in an Indian Reservation or on trust lands outside of reservation boundaries. Please contact EPA Region 10 at 206-553-6708 for assistance.

Financial Responsibility
By law financial responsibility requirements must be met in accordance with OAR 340 – Division 151
Check All that Apply:
<input type="checkbox"/> Pollution Liability Insurance <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Guarantee <input type="checkbox"/> Self-Insurance <input type="checkbox"/> Surety Bond <input type="checkbox"/> Local Government <input type="checkbox"/> Exempt - Federal or State Government <input type="checkbox"/> Trust Fund <input type="checkbox"/> Exempt – Hazardous Substance
<i>The financial responsibility requirements are designed to make sure that the tank owner, property owner or permittee can pay the costs of cleaning up leaks and compensating third parties for bodily injury and property damage caused by leaking USTs.</i>

Notification and Description of Underground Storage Tank Systems					
(Complete for each tank at this location)					
Tank Identification Number	Tank #	Tank #	Tank #	Tank #	Tank #
Date of Installation (month and year)					
Estimated Total Capacity (gallons)					
Tank Attributes (check √ all that apply)					
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<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"/>
Manifolded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartmentalized	<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"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Material, Please Specify					
Overfill Protection (check √ all that apply)					
Automatic Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-Level Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify					
Spill Prevention (check √ only one)					
Single Walled	<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"/>
Release Detection (check √ all that apply)					
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Method, Please Specify					

Tank Identification Number	Tank #	Tank #	Tank #	Tank #	Tank #
Piping Attributes (check <input type="checkbox"/> all that apply)					
Asphalt Coated or Bare Steel	<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"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected - Impressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected - Sacrificial	<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"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Material, Please Specify					
Piping Delivery Type (check <input type="checkbox"/> all that apply)					
Suction – no valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction – 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 Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Release Detection (check <input type="checkbox"/> all that apply)					
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Method, Please Specify					
Substance To Be Stored (check <input type="checkbox"/> only one substance per tank)					
** Please note you must fill out and attach the UST Alternative Fuel Compatibility Form to this form to demonstrate compatibility if you are installing USTs containing alternative fuels of greater than 10 percent ethanol or 20 percent biodiesel.					
Gasoline (containing \leq 10% ethanol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Gasoline Containing > 10% Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Diesel Containing > 20% Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify CERCLA Name or CAS Number					
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Mixture Amounts					
Other, Please Specify					

Certification (read and sign after completing all section)		
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.		
Permittee Name:	Permittee Signature:	Date: