



Department Of Natural Resources and Environmental Control
Tanks Compliance Branch
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(302)395-2500 (phone)
DNRECTanksCompliance@delaware.gov
<https://dnrec.alpha.delaware.gov/waste-hazardous/tanks/>

For Internal Use Only
FC: 02C
Date Received: _____
EE Init. & Completed: _____
Confirmation Date: _____
ES Init. & Completed: _____
New DEN entry: _____

UST Activity Notification Form for Retrofits, Repairs and UST Proximal Work

Please fill out this form completely. Incomplete or illegible notifications will be returned.

Email this completed form to: DNRECTanksCompliance@delaware.gov

1. Facility Information:

Facility I.D. #: _____ Facility Name: _____
Address: _____ City: _____ Zip: _____
Contact Name: _____ Phone #: _____ Contact email: _____

2. Contractor Information:

Contractor: _____ Phone #: _____
Contact: _____ Contact Email: _____
Contractor Certification Number: _____

3. Tank Activity: (Select activity(s) and complete requested information)

Describe planned work using sections below. For proximal work use Section 3A, for Retrofits, Repairs or Upgrades use section 3B. A Confirmation of Scheduled Tank Work listing required post construction testing will be emailed to the contractor upon approval of the notification.

Proposed Date of Work (14-day notice required) : _____

3A	UST Proximal work (does not require Certified UST Contractor or DNREC inspection of tank Components)			
1. Tank ID Number:				
2. Substance Stored				
3. Tank Capacity (gallons)				
4. Description of Activity – List Components				

Section 3A Certification

UST Owner's Signature: _____ Date: _____

Retrofit, Repair and Upgrade Form

Facility ID: _____

Proposed Date of Work (14-day notice required) : _____

3B	UST Retrofit, Repair or Upgrade (requires Certified UST Contractor)			
1. Tank ID Number:				
2. Substance Stored				
3. Tank Capacity (gallons)				
4. Tank/ Release Detection	Check all that apply			
Automatic Tank Gauging (ATG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic Protection*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (submit description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overfill Protection	Check all that apply			
Overfill Protection Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Spill Containment Device	Check all that apply			
Vapor Recovery Containment Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Fill Containment Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Product Piping	Check all that apply			
Factory designed DW construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PVC/ Plastic as Sec. containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Line Leak Detector (LLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (submit description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sump	Check all that apply			
Under Dispenser Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Top /STP Sump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump Sensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Description of Activity – Include manufacturer and model number for all UST equipment				

*Requires submission by an individual certified as required in NACE RP0285 and statement of compliance with UST Regulations Parts B, C, and D Section 1.6.

Section 3B Certification

UST Owner's Signature: _____ Date: _____