

STATE OF GEORGIA  
NOTIFICATION DATA FOR UNDERGROUND STORAGE TANKS (7530 Form)

Location (UST Facility) ID: \_\_\_\_\_

Location (UST Facility) County: \_\_\_\_\_

Number of Tanks: \_\_\_\_\_ In Use      \_\_\_\_\_ Temporarily-out-of-use (TOU)

Number of Dispensers: \_\_\_\_\_

**Note: For existing facilities, it is only necessary to update the form where information has changed. Where there are no changes, you may leave sections blank.**

1. **Is there a change in the Facility Name?** Y \_\_\_\_\_ N \_\_\_\_\_. If yes, please fill out Part 1.
2. **Is there a change in Tank Owner?** Y \_\_\_\_\_ N \_\_\_\_\_. If yes, please fill out Part 2.
3. **Is there a change in A/B Operator?** Y \_\_\_\_\_ N \_\_\_\_\_. If yes, please fill out Part 4.
4. **Is there a change in Financial Responsibility Information?** Y \_\_\_\_\_ N \_\_\_\_\_. If yes, please fill out Part 5.
5. **Is there a change in Tank Status for any existing tanks (e.g. TOU, In Use)?** If yes, list tanks needing status change in Part 6 and attach required documentation (see details at the bottom of page 5).
6. **Have new tanks or piping been installed?** Y \_\_\_\_\_ N \_\_\_\_\_. If yes, list new tanks and piping in Part 6/7 and attach required documentation (see details at the bottom of page 5).
7. **Have new dispensers been installed?** Y \_\_\_\_\_ N \_\_\_\_\_. If yes, list new dispensers in Part 8 and attach required documentation (see details at the bottom of page 5).
8. **Have you permanently closed any tanks or piping?** Y \_\_\_\_\_ N \_\_\_\_\_. If yes, list closed tanks and piping and closure date(s) in Part 6/7 and attach a Closure Report (see details at the bottom of page 5).
9. **Have you created a 'Responsible Official' account in GEOS?** Y \_\_\_\_\_ N \_\_\_\_\_. If no, please visit: <https://epd.georgia.gov/quick-guide-geos-account-creation> and create a Responsible Official (RO) account. Please note, after this 7530 Form has been processed by EPD, the tank owner will receive an email with instructions for completing the online registration form and printing the tank registration certificate.

**PART 1: LOCATION (UST FACILITY) DATA**

Facility Name:		Facility Contact:	
Facility Type:		Facility Email:	
Facility Address:		Facility Phone:	
	City/Zip Code:	Facility Fax:	

**PART 2: TANK OWNER INFORMATION**

Owner Business Name:	
Owner Contact Name:	
Mailing Address:	
Zip Code:	
Phone/Fax Number:	
Email Address:	
Date Started:	

\*Note – The tank owner must also create a Responsible Official account and submit a tank registration form in GEOS.

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**PART 3: JOBBER (FUEL PROVIDER) INFORMATION**

Jobber (Fuel Provider):	Company Name	Phone	Email

**PART 4: CERTIFIED A/B OPERATOR INFORMATION**

CLASS A OPERATOR	CLASS B OPERATOR
First/Last Name:	First/Last Name:
Business Name:	Business Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:
Training Provider:	Training Provider:
Certificate Number:	Certificate Number:
Certificate Date:	Certificate Date:

If you have more than one Operator A/B, please download the Notification of Class A, B, and C Operators form and attach. Forms can be downloaded here: <https://epd.georgia.gov/underground-storage-tank-regulatory-compliance-forms>. Please note, all active facilities must also have at least one Class C Operator and must maintain training documentation onsite.

**PART 5: FINANCIAL RESPONSIBILITY INFORMATION**

<b>Primary Financial Responsibility Mechanism: (select one and attach documentation)</b>
<input type="checkbox"/> GUST Trust Fund ( <i>Note, if the previous owner was not participating in the GUST Trust Fund, you must apply for Subsequent Election – please call EPD at 404-362-2687</i> ) <input type="checkbox"/> Private Insurance <input type="checkbox"/> Self-Insured <input type="checkbox"/> Local Government (e.g., bond rating, financial test, guarantee, or government fund) <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> Guarantee <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Surety Bond <input type="checkbox"/> Risk Retention Group

Note: You must attach a copy of your financial mechanism (e.g. Insurance certificate, financial statement etc.)

<b>Deductible Financial Responsibility:</b> If your primary Financial Responsibility Mechanism is provided through participation in GUST Trust Fund by payment of Environmental Assurance Fees, you must also check one of the following boxes indicating how coverage for the GUST Trust Fund \$10,000 deductible is being provided.	
<input type="checkbox"/> Private Insurance <input type="checkbox"/> Self-Insured <input type="checkbox"/> Guarantee	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Surety Bond

Note: You must attach a copy of your financial mechanism (e.g. Insurance certificate, financial statement etc.)

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**PART 6: TANK INFORMATION**

Note: If any tanks are compartmentalized, please use IDs of 1A, 1B, etc.

Tank ID	Compartment Tank?	Tank Status*	Tank Install Date	Permanent Closure Date	Tank Capacity (gallons)	Material of Construction*	Fuel Type*

\*See 7530-Form Addendum for list of options

\*\*Please specify which tanks are manifolded/connected

Tank ID	Tank Manifold System? **	Emergency Generator (Y/N)	Release Detection Method (Tanks)				
			Interstitial Monitoring (Sensor Models)	ATG (Brand)	SIR (Vendor)	SIR (CITLDS)	Other (describe)

\*See 7530-Form Addendum for list of options

Tank ID	Overfill Prevention Equipment		Spill Prevention Equipment		Hazardous Substance Stored in Tank			
	Overfill Type (BF, FV, OA, Exempt)	Install Date	SW or DW Spill Bucket?	Install Date	Hazardous ID	Hazardous Name	CAS Number	CERCLA Number

\*See 7530-Form Addendum for list of options

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**PART 7: PIPING INFORMATION**

Piping ID	Piping Status*	Piping Install Date	Permanent Closure Date	Piping Material of Construction*	Pressurized, Safe Suction, Amer. Suction, Gravity	Piping Manifold System? **

\*See 7530-Form Addendum for list of options

\*\*Please specify which piping is manifolded/connected

Piping ID	Release Detection Type (Piping)					
	Interstitial Monitoring (Visual or Sump Sensor Models)	SIR (Vendor)	LTT	MLLD (Model)	ELLD (Model)	Other (describe)

\*See 7530-Form Addendum for list of options

**PART 8: UNDER-DISPENSER INFORMATION**

Dispenser ID	Under-Dispenser Containment Manufacturer	Under-Dispenser Containment Model

\*See 7530-Form Addendum for list of options

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**PART 9: CERTIFICATION**

**Oath of Installation (to be completed by UST system installer at installation):**

I certify the information concerning installation of the UST system, release detection, and spill/overfill protection 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 (to be completed by tank owner):**

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

**Please indicate the attachments included with this submittal:**

- Tank, Piping, or Under-Dispenser Containment Installation Documents  
*(note: under-dispenser containment is only required if any equipment or components connecting the dispenser to the underground piping are installed during dispenser replacement)*
- Tank or Piping Closure Report (<https://epd.georgia.gov/ust-environmental-consultants-and-contractors>)
- Documentation required to bring TOU tanks back into use: tank and line tightness testing, leak detector testing, proof of Financial Responsibility, cathodic protection testing (if applicable), IM tank and sump sensor functionality testing (if applicable)
- Documentation required to place tanks in TOU status (risers capped and vent lines open, tanks empty [or continue release detection], cathodic protection testing [if applicable])

**Please mail completed 7530 package to:  
GAEPD UST Program, 4244 International Parkway, Suite 104, Atlanta, GA 30354  
or email to [epd.atr@dnr.ga.gov](mailto:epd.atr@dnr.ga.gov)**