

STATE OF GEORGIA
 NOTIFICATION DATA FOR UNDERGROUND STORAGE TANKS (7530 Form) *Brownfield Program Use*

Location (UST Facility) ID: _____ Location (Tank/ Facility) County: _____
 Location (Tank /Facility) Address: _____

Number of Tanks: _____ In Use _____ Temporarily-out-of-use (TOU) Number of Dispensers: _____

Note: It is only necessary to update the form where information is available. If information is unknown, you may leave sections blank.

1. **Is there a change in the Facility Name?** Y _____ N _____. If yes, please fill out Part 1.
2. **Have you permanently closed any tanks or piping?** Y _____ N _____. If yes, list closed tanks and piping and closure date(s) in Part 2/3 and attach a Closure Report (see details at the bottom of page 5).

PART 1: LOCATION (UST FACILITY) INFORMATION

Complete the following information if known facility information exists

Facility Name:		Facility Contact:	
Facility Type:		Facility Email:	
Facility Phone:		Facility Fax:	

PART 2: TANK INFORMATION

Tanks Owned and Operated by parties PRIOR to the Brownfield Program may be unknown; however, tank information required, if applicable.

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

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PART 3: 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

Environmental Engineering Consultant/Contractor 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.

Name (Print)

Company

Signature

Position Title

Phone Number

Email

Date

Please indicate the attachments included with this submittal:

[] Tank or Piping Closure Report- Contact the Brownfield program for a Brownfield Specific UST and Piping Closure Report Template *Brownfield Development Unit 404.657.8600*. Visit the EPD Underground Storage Tanks (USTMP) website for Closure Report Guidance documents.

Please mail completed 7530 packages to: 4244 International Parkway, Suite 104, Atlanta, GA 30354 or email Ask.UST@dnr.ga.gov