



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Emergency Response & Spill Prevention Division

## Notice of Alternate Life Expectancy for Underground Storage Tanks

For underground storage tanks (USTs) subject to RSCA section 22a-22a-449(d)-101 et seq., that satisfy eligibility criteria and certain terms and conditions stated in this Notice and in the [Approval of an Alternative Life Expectancy For Certain Underground Storage Tanks](#) (Approval), complete this form in its entirety and submit as indicated at the end of this form. Print or type unless otherwise noted. The Approval and this Notice can be found on the DEEP website at: [www.ct.gov/deep/ust](http://www.ct.gov/deep/ust)

**Submit one notice per site.**

### Part I: Site Information

#### 1. LOCATION of UST

Name of site: \_\_\_\_\_

Street Address or Location Description: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Site ID Number: \_\_\_\_\_

### Part II: UST Owner Information (as it appears on the UST Notification (DEEP-UST-NOT-001))

UST Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ ext.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ext. \_\_\_\_\_

\*E-mail: \_\_\_\_\_

### Part III: UST Operator Information – If different than UST owner (as it appears on the UST Notification (DEEP-UST-NOT-001))

UST Operator Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ ext.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ext. \_\_\_\_\_

\*E-mail: \_\_\_\_\_

*\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.*

**Part IV: Terms and Conditions:** Complete this table for each tank for which you are requesting an alternate life expectancy.

Tank Identification Number (Must be EXACTLY as it appears on the UST Notification (DEEP-UST-NOT-001))	Tank No.:	Tank No.:	Tank No.:	Tank No.:	Tank No.:
Date of Installation of Tank (MM/DD/YYYY)					
<b>1. Eligibility Criteria</b>					
<b>a. CHECK ALL THAT APPLY:</b>					
• NOT solely used for heating oil for on-site consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• used for the storage of petroleum only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Installed between May 23, 1986 and October 1, 2013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• constructed of single-walled Fiberglass Reinforced Plastic (FRP) or composite steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• constructed of double-walled FRP or composite steel if installed on or before October 1, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• striker plates beneath each access point present since the time of installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. UST SYSTEM MUST:</b>					
• utilize non-metallic piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• be equipped with piping containment sump(s) that meet the definition of a new piping containment sump (RCSA § 22a-449(d)-101(42));	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• have under-dispenser containment sump(s) that meet the definition of a new under-dispenser containment sump (RCSA § 22a-449(d)-101(47)) for all dispensers or piping;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• if the UST is Single-walled, have passed a tightness test that meets the criteria in RCSA §§ 22a-449(d)-1(i)(1) or 22a-449(d)-104(e)(3) within the 12 months before submitting notice to DEEP;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• if the UST is Double-walled, have passed a test of the interstitial space performed in accordance with Petroleum Equipment Institute, Recommended Practice RP 1200-12, within the 12 months before submitting notice to DEEP (does NOT apply to Double-walled USTs that utilize a method of interstitial monitoring that continuously monitors both the inner and outer walls such as a vacuum system or a brine system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• not be located in an aquifer protection area or within 1,000 feet of a potable well, NOT including a potable well located on the same property as the UST (Aquifer Protection Maps are available on the DEEP website at: <a href="http://www.ct.gov/deep/aquiferprotection">www.ct.gov/deep/aquiferprotection</a> . For location of potable wells, contact your local health department.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. OWNER/OPERATOR of UST MUST:</b>					
• submit to DEEP UST Program, this notice <b>before</b> the expiration of the life expectancy, except that a UST that is not more than thirty (30) days past life expectancy on June 22, 2016 (UST reached life expectancy on May 23, 2016 or later), shall submit this notice no later than August 21, 2016.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DEEP USE ONLY:</b> The tanks checked in this row have been <b>rejected</b> to extend their life expectancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Commissioner shall reject any underground storage tank that does not comply with the eligibility criteria outlined in the Commissioner's approval and shall provide notice of such rejection to the owner or operator at the address provided in this notice.

## Part IV: Terms and Conditions (continued)

### 2. Conditions to Maintain Eligibility

- a. **To maintain eligibility for extended life expectancy approved by the Commissioner, the owner or operator of the UST shall ensure that:**
  - i. annually, each Single-walled UST shall pass a tightness test that meets the criteria in RCSA §§ 22a-449(d0-1(i)(1) or 22a-449(d)-104(e)(3) until the UST system is permanently closed;
  - ii. annually, each Double-walled UST shall pass a test of the interstitial space performed in accordance with the Petroleum Equipment Institute, Recommended Practice RP 1200-12, until the UST system is permanently closed, provided that this requirement shall not apply to any Double-walled UST that utilizes a method of interstitial monitoring that continuously monitors both the inner and outer walls such as a vacuum system or a brine system; AND
  - iii. the annual testing required by this condition shall be performed within 90 days before or after the anniversary date of the previous test (i.e., there must be a minimum of nine month interval between tests);
- b. **Line leak testing, when required under the state underground storage tank regulations, RCSA § 22a-449(d)101 et seq., shall be conducted every 6 months;**
- c. **Annual inspections meeting the Petroleum Equipment Institute, Recommended Practice RP-900, shall be conducted by an independent third party, provided the annual inspection required by this condition shall be performed within 90 days before or after the anniversary date of the previous inspection (i.e., there must be a minimum nine month interval between inspections); and**
- d. **The UST system with the extended life expectancy remains in compliance with the requirements specified in CGS §22a-449(g)(1)(A), (B), and (C) until the UST system is permanently closed.**

### 3. Additional Terms and Conditions

- a. **Records of compliance with the requirements of the Commissioner's Approval of Alternate Life Expectancy shall be maintained by the owner or operator and shall be provided to the Commissioner upon request until the UST system is permanently closed.**
- b. **Failure to comply with any criteria, term or condition specified in the Commissioner's Approval of Alternate Life Expectancy may result in the life expectancy of a UST reverting back to the life expectancy specified in RCSA § 22a-449(d)111(c).**
- c. **The extension of life expectancy under the Commissioner's Approval of Alternate Life Expectancy shall apply to the underground storage tank only and not to any other component of a UST system.**
- d. **The effective date of the Commissioner's Approval of Alternate Life Expectancy is June 22, 2016. Should the Commissioner deem it necessary, the Commissioner reserves the right to revoke or make changes to the Approval of Alternate Life Expectancy.**
- e. **If the ownership, possession or control of the UST with an extended life expectancy under this Notice is transferred to a new owner or operator, to maintain coverage under this Notice and the Commissioner's Approval of Alternate Life Expectancy, the new owner or operator shall submit a new notice no later than thirty (30) days after the transfer of the UST.**
- f. **Nothing in the Commissioner's Approval of Alternate Life Expectancy or this Notice shall relieve an owner or operator of any other obligation under applicable law, including, but not limited to, any requirement of the state underground storage tank regulations, RCSA § 22a-449(d)101 et seq.**

## Part VI: Owner/Operator Certification

Without the owner/operator signature, this form cannot be processed and will be considered incomplete.

**"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.**

**I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.**

**I certify that I have fully read and will comply with the Terms and Conditions as provided in the Commissioner's Approval of Alternate Life Expectancy and that documentation required by such Terms and Conditions is maintained on-site.**

**I also certify that this Notice is on complete and accurate forms as prescribed by the commissioner without alteration of the text."**

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner/Operator

\_\_\_\_\_  
Title, if applicable

Please submit this completed form to:

UNDERGROUND STORAGE TANK PROGRAM  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

A scanned signed copy can be emailed to: [DEEP.USTEnforcement@ct.gov](mailto:DEEP.USTEnforcement@ct.gov)