



FACILITY NUMBER (see invoice)

NOTICE OF UNDERGROUND PIPING REPLACEMENT

This information is required pursuant to Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. An owner/operator who fails to notify is subject to a misdemeanor and/or civil penalties, not to exceed \$5,000 per day for each tank.

INSTRUCTIONS: NOTICES WILL ONLY BE ACCEPTED ON THIS FORM. Please type or print clearly. **ALL** information must be completed.

This form must be received by the Storage Tank Unit (STU) 15 days prior to the commencement of work indicated. The 15-day notification may be waived for emergency situations with prior approval from the department. It is recommended that the Hazardous Materials Storage Inspector at the Waste and Hazardous Materials (WHMD) District Office be notified two days prior to the work being performed.

This form is to only be used for STU notification when there is replacement of more than 50 percent of the length of any underground piping between the tank and the dispenser at any one time. If a total underground storage tank (UST) system (tank and piping) replacement is to be performed, use form EQP 3820. Subject to Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, a UST must be registered by the current owner and have all fees paid to be considered registered with the STU. The UST owner/operator (O/O) or agent must complete this form as instructed, and submit it to the appropriate WHMD District Office according to page 2. A site assessment shall be conducted during the replacement, with results sent to the STU. The O/O must also submit an amended registration form notifying the STU of the piping replacement within 30 days after the date of the replacement.

Pursuant to Section 21107 of Part 211, a person who removes or installs UST systems shall maintain pollution liability insurance of not less than \$1,000,000 per occurrence.

A confirmed release must be reported to the STU within 24 hours. A confirmed release waives the requirements of conducting a site assessment. Once reported, the O/O will be informed regarding rules for further testing and cleanup activities. Releases may be reported by fax to 517-335-2245 or called in to 1-800-MICHUST.

If you have questions regarding the above instructions, please contact the STU at 517-335-2690, Monday through Friday, between 8:00 a.m. and 5:00 p.m., or the WHMD District Office.

OWNERSHIP OF UST SYSTEMS			LOCATION OF UST SYSTEMS		
<input type="checkbox"/> PLEASE CHECK IF NEW OWNER'S ADDRESS			<input type="checkbox"/> PLEASE CHECK IF SAME AS SECTION I		
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.)			FACILITY NAME OR COMPANY SITE IDENTIFIER		
STREET ADDRESS			STREET ADDRESS (PO BOX NOT ACCEPTABLE)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
COUNTY	TOWNSHIP		COUNTY	TOWNSHIP	
AREA CODE & TELEPHONE NUMBER ()			CONTACT PERSON FOR LOCATION	AREA CODE & TELEPHONE NUMBER ()	

PIPING REPLACEMENT INFORMATION					
NAME OF INSTALLER					
STREET ADDRESS				CONTACT PERSON	
CITY	STATE	ZIP CODE	AREA CODE & TELEPHONE NUMBER		
PIPING TYPE TO BE USED AND MANUFACTURER					
ESTIMATED DATE OF REPLACEMENT			ESTIMATED DATE OF PRESSURE TEST		
NOTIFICATION SUBMITTED BY (PRINT NAME)			COMPANY		
SIGNATURE		DATE	AREA CODE & TELEPHONE NUMBER ()		

Mail to: WHMD District Office