

Kentucky Department for Environmental Protection  
Division of Waste Management  
Appropriate Regional Office  
Visit : <http://waste.ky.gov/ust> to identify the  
appropriate regional office for your county

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

### UST Notice of Intent to Install Underground Storage Tank or Piping

#### 1. UST Facility Information

|                               |  |         |             |
|-------------------------------|--|---------|-------------|
| Agency Interest Number (AI)   | <input type="checkbox"/> Requesting AI (No AI assigned for property) |         |             |
| UST Facility Name             |  |         |             |
| UST Facility Physical Address | Street Address:  |         |             |
|                               | City:  | County: | Zip Code: - |

#### 2. UST System Owner Information

|                                      |                 |        |             |
|--------------------------------------|-----------------|--------|-------------|
| UST System Owner Name                |                 |        |             |
| UST System Owner Mailing Address     | Street Address: |        |             |
|                                      | City:           | State: | Zip Code: - |
| UST System Owner Contact Information | Phone: ( ) -    | Email: |             |

#### 3. Installation Information

|   |   |                                   |                                 |
|---|---|-----------------------------------|---------------------------------|
| Type of Installation                      | <input type="checkbox"/> Tank Only <input type="checkbox"/> Tank & Piping <input type="checkbox"/> Entire Piping Run* |                                   |                                 |
|   | *If greater than 50% of the piping is removed then the entire piping run must be replaced.                            |                                   |                                 |
|   | Select if appropriate for tank installations:   | <input type="checkbox"/> Manifold | <input type="checkbox"/> Siphon |
| Number of Tanks                           |   |                                   |                                 |
| Number of piping runs or length of piping |   |                                   |                                 |
| Installation Date Scheduled               | / /   |                                   |                                 |
| State Fire Marshal Permit Number          |   |                                   |                                 |

#### 4. SFMO<sup>1</sup> Certified Installer Information

|  |              |                |  |
|--|--------------|----------------|--|
| SFMO Certified Installer Name                |              | License Number |  |
| SFMO Certified Installer Contact Information | Phone: ( ) - | Email:         |  |

#### 5. Signature

|              |  |      |     |
|--------------|--|------|-----|
| Title        |  |      |     |
| Printed Name |  |      |     |
| Signature    |  | Date | / / |

Check appropriate box:  UST Owner     UST Operator     UST Installer     Other (specify): \_\_\_\_\_

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of UST facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [EEC.KORA@ky.gov](mailto:EEC.KORA@ky.gov).

<sup>1</sup> SFMO – State Fire Marshal's Office