## Nebraska State Fire Marshal



246 South 14<sup>th</sup> Street, Suite 1 Lincoln, NE 68508 402-471-9664

## **Notification for Underground Storage Tanks**

SFM Facility # \_\_\_\_\_

		_			
Type of Notification		State Use C	•		
☐ New Facility		Date Received: Dat	a Entry:		
New Tank Installation		Owner contacted to clarify responses	COMMENTS		
☐ Piping Installation/Replacement ☐ Other		Owner contacted to clarify responses	, COMMENTS		
INSTRUCTIONS AND GENERAL INFORMATION	Where To No	tify? Send original completed form	to:		
Please type or print in ink. If more than 5 tanks are owned at this	Nebra	ska State Fire Marshal	10.		
location, you may photocopy pages 2 and 3 and use them for additional tanks.	Fuels	Division–FLST Section outh 14 <sup>th</sup> Street			
auditional tanks.	Lincol	In, NE 68508			
Who Must Notify? Section 9002 of RCRA, as amended, requires			at have been taken and		
owners of USTs that store regulated substances (unless		otify? 1. Owners of USTs in use or that have been taken out after January 1, 1974, but still in the ground, must notify by			
exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:In the case of an	May 8, 1986.	. 2. Owners who bring USTs into use after May 8, 1986, must			
UST in use on November 8, 1984, or brought into use after that		30 days of bringing the UST into use. 3. If the State requires			
date, any person who owns an UST used for storage, use, or	agency immed	f any amendments to facility, send information to State ediately.			
dispensing of regulated substances; or In the case of an UST in use before November 8, 1984, but no longer in use on that date,	<b>5</b> 14: A				
any person who owned the UST immediately before its		ny owner who knowingly fails to notify or submits false hall be subject to a civil penalty not to exceed \$11,000 for each			
discontinuation. Also, any facility with changes to facility		notification is not given or for which			
information or UST system status, must submit an amended notification form.					
Total Gallon Total.					
I. Ownership of UST(s)		II. Site Location of US	T(s)		
		0.10 _000.01 0. 00	- (0)		
Owner Name (Corporation, Individual, Public Agency, or Other Entity)	Facility Name				
o men manie (estiporation, manieata, masie mgeney, et ethor zintty)					
	Street Address				
Street Address					
	County				
County					
	City	State	Zip Code		
City State Zip Code	If required, give the	e geographic location of USTs by degree	s, minutes, and seconds.		
Dhana Numbar (Induda Aras Cada)		42E 36' 12" N, Longitude 85E 24' 17" W			
Phone Number (Include Area Code)	1 -4:41-	Lamateria			
Email	Latitude	Longitude _			
III. Type of Owner		IV. Indian Country			
	□ LISTs are loc	•			
☐ State or Local Government	☐ USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.				
Federal Government		USTs are owned by a Native American nation or tribe.			
☐ Private or Corporate	Tribe or Nation where USTs are located:				
	THE OF INCHES	more cors are located.	· · · · · · · · · · · · · · · · · · ·		
V. Type of Facility	VI. Contact Person In Charge of Tanks		e of Tanks		
Marketing (including Bulk Plants)					
Non-Marketing	Namo	Job Title	Phone		
Government	Name	Job Title	FIIONE		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through VI of this notification orm and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that he submitted information is true, accurate, and complete.					
Name and title of owner/owner's authorized representative		Signature	Date Signed		

Tank Identification Number	Tank No				
Status of Tank (check only one)					
Currently In Use Temporarily Out of Use Permanently Out of Use					
For tanks taken out of use, specify:  Date last used: (dd/mm/yy)					
Estimated quantity of substance remaining (gal)					
2. Date of Installation (month/year)					
3. Total Capacity (gallons)					
4. Substance Stored					
Gasoline					
Regular Unleaded					
Premium Unleaded					
Diesel					
#1 Diesel					
#2 Diesel					
BiodieselB5					
B-100					
B (Indicate % Bio)					
Gasohol—E-10					
E-85					
E(indicate % ethanol)					
Kerosene					
Heating Oil (Indicate #)					
Used Oil					
If Other, please specify here					
Hazardous Substance					
CERCLA name and CAS number					
Mixture of Substances					
Please specify here:					

Tank Identification Number	Tank No				
5. Material of Construction: Tanks					
(check all that apply)					
Asphalt Coated or Bare Steel					
Cathodically Protected Steel					
(a) Galvanic or Sacrificial					
(b) Impressed Current					
Coated and Cathodically Protected Steel					
Composite (Steel Clad with Fiberglass)					
Fiberglass Reinforced Plastic					
Lined Interior					
Secondary Containment					
(a) Double Walled					
(b) Excavation Liner					
Polyethylene Tank Jacket					
Unknown					
If Other, please specify here					
Check box if tank has ever been repaired					
6. Piping Material (check all that apply) Cathodically Protected Steel  (a) Galvanic or Sacrificial (b) Impressed Current Fiberglass Reinforced Plastic Flexible Plastic Secondary Containment (a) Double Walled (b) Excavation Liner Unknown Other, please specify					
7. Piping Type (check all that apply) "Safe" Suction (no valve at tank) Conventional Suction (valve at tank) Pressurized Gravity Feed Check box if piping has ever been repaired					

Tank Identification Number	Tank No					
8. Release Detection						
<u>Tanks</u> Automatic Tank Gauge						
Interstitial MonitoringTank						
Inventory Control with Tightness Testing						
Statistical Inventory Reconciliation (SIR)						
Manual Tank Gauging						
Piping Interstitial monitoringPiping						
Mechanical line leak detector (with annual line tightness testing)						
Electronic line leak detector (with annual or monthly line tightness testing)						
No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)						
9. Overfill Protection High Level Alarm						
Drop Tube Shut-off						
Ball Float Valve in Vent						
Other (specify)						
10. Spill Prevention Spill Containment Basin						
Other (specify)						
11. Financial Responsibility  Owner has met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:  State Fund Other(describe)  12. Certification of Installation: Installer Of Tank And Piping Must Check All That Apply: Installer certified by tank and piping manufacturers Installer certified or licensed by the implementing agency Installation inspected by a registered engineer Installation inspected and approved by implementing agency Manufacturer's installation checklists have been completed						
Signature of UST Installer certifying proper installation of UST system.						
Name of UST Installer Signa	ature		Company		Date	