



NEBRASKA STATE FIRE MARSHAL
 FUELS DIVISION – FLST SECTION
 246 South 14TH Street, Suite 1
 Lincoln, NE 68508-1804
 (402) 471-9664

Facility ID #:

Underground Storage Tank Registration Form For Heating Oil Tanks Over 1,100 Gallons

GENERAL INFORMATION

This registration permit application is to be completed pursuant to § 81-15, 121 N.R.S. (1986 Supp.) to register all underground heating oil tanks which are exempt under the requirement of the Federal Notification Program.

DEFINITIONS

HEATING OIL TANK shall mean a tank with a storage capacity greater than 1,100 gallons and used to store heating oil for consumptive use on the premises where stored.

PENALTIES

Pursuant to § 81-15, 125-127, any person violating the Petroleum Products and Hazardous Substances Storage and Handling Act, shall be subject to a civil fine of not more than \$5,000 for each offense.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. **This form must be completed for each location containing underground storage tanks.** If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached.

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency or Other Entity)

Street Address

County

City

State

Zip Code

Area Code / Phone Number

Type of Owner (Mark all that apply)

- Current State or Local Gov't Private or Corporate
 Former Federal Gov't Ownership Uncertain

(GSA Facility ID #) _____

II. LOCATION OF TANK(S)

If same as Section I, mark this box
 Facility Name or Company Site Identifier, as applicable

Street Address or State Road, as applicable

County

City (nearest)

State

Zip Code

Indicate number of tanks at this location

Mark box if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark this box)

Job Title

Area Code/Phone Number

IV. TYPE OF NOTIFICATION

Mark this box only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all 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 and official title of owner or owner's authorized representative

Signature

Date Signed

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)					
Tank Identification No.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (Mark all that apply) Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/86	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Year Tank Installed					
3. Estimated Total Capacity (Gallons)					
4. Material of Construction (Mark one) Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Internal Protection (Mark all that apply) Cathodic Protection Interior Lining (e.g., epoxy resins) None Unknown Other, Please Specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. External Protection (Mark all that apply) Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Piping (Mark all that apply) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Pressurized Safe Suction Unknown Other, Please Specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Substance Currently or Last Stored In Greatest Quantity by Volume (Mark all that apply) a. Empty b. Heating Oil #1 Oil #2 Oil #5 Oil #6 Oil Other, Please Specify _____ c. Kerosene d. Used Oil Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Additional information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Est. quantity of substance remaining (gal) c. Mark box if tank was filled with inert material (e.g., sand, concrete)	____ / ____ _____ <input type="checkbox"/>	____ / ____ _____ <input type="checkbox"/>	____ / ____ _____ <input type="checkbox"/>	____ / ____ _____ <input type="checkbox"/>	____ / ____ _____ <input type="checkbox"/>