Nebraska State Fire Marshal

Fuels Division
246 South 14th Street-- Lincoln, NE 68508
402-471-9465

Notification of Change for Underground Storage Tanks

SFM Facility # _____

	State Use Only
Type of Change: ☐ New Owner ☐ Facility Name ☐ Tank Status ☐ Product Stored ☐ Other _____	Date Received: _____ Data Entry: _____
Effective Date of Change: _____	Owner contacted to clarify responses, COMMENTS

GENERAL INFORMATION

If more than 5 tanks are owned at this location, you may attach an additional page 2 and use for additional tanks.

Who Must Notify? Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as: In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or 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, any person who owned the UST immediately before its discontinuation. Also, any facility with changes to facility information or UST system status, must submit an amended notification form.

Where To Notify? Email to: rosemary.hatton@nebraska.gov

When To Notify? 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $11,000 for each tank for which notification is not given or for which false information is given.

I. Ownership of UST(s)

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

Mailing Address

County

City State Zip Code

Phone Number:

Email:

II. Site Location of UST(s)

Facility Name

Street Address

County Phone Number:

City State Zip Code

If required, give the geographic location of USTs by degrees, minutes, and seconds.
Example: Latitude 42E 36' 12" N, Longitude 85E 24' 17" W

Latitude: **Longitude:**

III. Type of Owner

☐ State or Local Government
☐ Federal Government
☐ Private or Corporate

IV. Indian Country

☐ USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.

☐ USTs are owned by a Native American nation or tribe. Tribe or Nation where USTs are located:

V. Type of Facility

☐ Marketing (including Bulk Plants)
☐ Non-Marketing
☐ Government

VI. Contact Person In Charge of Tanks

Name Job Title Phone

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
1. 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:	_____	_____	_____	_____	_____
Estimated quantity of substance remaining (gal)	_____	_____	_____	_____	_____
2. Date of Installation					
3. Total Capacity (gallons)					
4. Substance Stored					
Gasoline					
Regular Unleaded	☐	☐	☐	☐	☐
Premium Unleaded	☐	☐	☐	☐	☐
Diesel					
#1 Diesel	☐	☐	☐	☐	☐
#2 Diesel	☐	☐	☐	☐	☐
Biodiesel--B5	☐	☐	☐	☐	☐
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:	_____	_____	_____	_____	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted 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 title of owner/owner's authorized representative _____ Signature _____ Date Signed