



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 #

Type of Change: <input type="checkbox"/> New Owner <input type="checkbox"/> Facility Name <input type="checkbox"/> Tank Status <input type="checkbox"/> Product Stored <input type="checkbox"/> Other		State Use Only Date Received: _____ Data Entry: _____ Owner contacted to clarify responses, COMMENTS	
Effective Date of Change: _____			

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.com

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)		II. Site Location of UST(s)	
Owner Name (Corporation, Individual, Public Agency, or Other Entity) Mailing Address County City State Zip Code Phone Number: Email:	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		IV. Indian Country	
<input type="checkbox"/> State or Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Private or Corporate	<input type="checkbox"/> USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries. <input type="checkbox"/> USTs are owned by a Native American nation or tribe. Tribe or Nation where USTs are located:		
V. Type of Facility		VI. Contact Person In Charge of Tanks	
<input type="checkbox"/> Marketing (including Bulk Plants) <input type="checkbox"/> Non-Marketing <input type="checkbox"/> Government	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 <input type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> Permanently Out of Use <input type="checkbox"/> For tanks taken out of use, specify: Date last used: Estimated quantity of substance remaining (gal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation					
3. Total Capacity (gallons)					
4. Substance Stored Gasoline Regular Unleaded <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel #1 Diesel <input type="checkbox"/> #2 Diesel <input type="checkbox"/> Biodiesel—B5 B-100 <input type="checkbox"/> B- (Indicate % Bio) <input type="checkbox"/> Gasohol—E-10 E-85 <input type="checkbox"/> E- (indicate % ethanol) <input type="checkbox"/> Kerosene <input type="checkbox"/> Heating Oil (Indicate #) <input type="checkbox"/> Used Oil <input type="checkbox"/> If Other, please specify here _____ Hazardous Substance CERCLA name and CAS number _____ Mixture of Substances Please specify here: <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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