



Nebraska State Fire Marshal

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

Notification for Underground Storage Tanks

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

Form with two columns: Type of Notification (checkboxes for New Facility, New Tank Installation, Piping Installation/Replacement, Other) and State Use Only (Date Received, Data Entry, Owner contacted to clarify responses, COMMENTS).

INSTRUCTIONS AND GENERAL INFORMATION section containing text about photocopying, notification instructions, and penalties.

Form divided into two columns: I. Ownership of UST(s) and II. Site Location of UST(s), with various input fields for owner and location details.

Form divided into two columns: III. Type of Owner (checkboxes for State or Local Government, Federal Government, Private or Corporate) and IV. Indian Country (checkboxes for land within reservation, owned by Native American nation or tribe).

Form divided into two columns: V. Type of Facility (checkboxes for Marketing, Non-Marketing, Government) and VI. Contact Person In Charge of Tanks (fields for Name, Job Title, Phone).

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 form 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 title of owner/owner's authorized representative

Signature

Date Signed

Tank Identification Number	Tank No. _____				
<b>1. Status of Tank</b> (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: (dd/mm/yy) _____  Estimated quantity of substance remaining (gal) _____					
<b>2. Date of Installation</b> (month/year)					
<b>3. Total Capacity</b> (gallons)					
<b>4. Substance Stored</b>  <b>Gasoline</b> Regular Unleaded <input type="checkbox"/> Premium Unleaded <input type="checkbox"/>  <b>Diesel</b> #1 Diesel <input type="checkbox"/> #2 Diesel <input type="checkbox"/> <b>Biodiesel--B5</b> B-100 <input type="checkbox"/> B-_____ (Indicate % Bio) <input type="checkbox"/>  <b>Gasohol--E-10</b> 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 _____  <b>Hazardous Substance</b> <input type="checkbox"/>  CERCLA name and CAS number _____  <b>Mixture of Substances</b> <input type="checkbox"/> Please specify here: _____					

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

Tank Identification Number	Tank No. _____				
<b>8. Release Detection</b>					
<b><u>Tanks</u></b>					
Automatic Tank Gauge	<input type="checkbox"/>				
Interstitial Monitoring--Tank	<input type="checkbox"/>				
Inventory Control with Tightness Testing	<input type="checkbox"/>				
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>				
Manual Tank Gauging	<input type="checkbox"/>				
<b><u>Piping</u></b>					
Interstitial monitoring--Piping	<input type="checkbox"/>				
Mechanical line leak detector (with annual line tightness testing)	<input type="checkbox"/>				
Electronic line leak detector (with annual or monthly line tightness testing)	<input type="checkbox"/>				
----- No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>				
<b>9. Overfill Protection</b>					
High Level Alarm	<input type="checkbox"/>				
Drop Tube Shut-off	<input type="checkbox"/>				
Ball Float Valve in Vent	<input type="checkbox"/>				
Other (specify) _____	<input type="checkbox"/>				
<b>10. Spill Prevention</b>					
Spill Containment Basin	<input type="checkbox"/>				
Other (specify) _____	<input type="checkbox"/>				

**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                      Signature                      Company                      Date