



**Nebraska State Fire Marshal**  
Fuels Division – FLST Section  
246 South 14<sup>th</sup> Street, Suite 1 – Lincoln, NE 68508-1804  
(402) 471-9664

**Application for Permit to Install  
Underground Storage Tanks**  
(Petroleum or Hazardous Substances)

Today's Date: \_\_\_\_\_ Proposed Installation Date: \_\_\_\_\_

1. Owner Information				2. Installation Site Information		
Owner/Operator				Site Name		
Mailing Address				Street Address (or directions, if rural)		
City	State	Zip Code	City	Zip Code	County	
Telephone #	Email			Telephone #	Email	

Type of installation:  New Tank(s)       Piping only  
Replacement ( 10% or more or 10 feet)  
Adding new piping to existing

Complete all sections.

3. Tank Registration	
Did facility previously have underground storage tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are tank registered with the State Fire Marshal?	
<input type="checkbox"/> Yes    Indicate SFM Facility ID # _____	<input type="checkbox"/> No <i><b>Contact State Fire Marshal immediately.</b></i>

4. Type of Facility	
<input type="checkbox"/> Marketing (including Bulk Plants)	<input type="checkbox"/> Non-Marketing <input type="checkbox"/> Government

5. Licensed Installation Contractor				6. Certified Individual	
Company Name		License #		Individual Name	
Mailing Address		Expiration Date		Certification #	Expiration Date
City	State	ZIP	Telephone #	Telephone #	
Email Address:				Email Address:	

## 7. Tank Information

7. Tank Information							
Tank Number		#	#	#	#	#	#
<b>Tank Type</b> (Federally Regulated or Heating Oil)		<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO
<b>Tank Capacity</b> (Gallons)							
<b>Substance Stored in Tank</b> UL, Pr, E-10, E-85, E-95, #1D, #2D, #1HO, #2HO, K, WO, NO, DD (Dyed Diesel – i.e., #2 DD) Other (Specify)							
<b>Specify Brand:</b>	Steel with Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check appropriate boxes:</b>	Jacketed Vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Composite (ACT 100)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other						
<b>Is the Tank New or Used?</b> (Specify) <i>Note: Used tanks must be recertified by the manufacturer and a letter of recertification for all used tanks must accompany this permit application.</i>		<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used
<b>Will the tank be used for Dispenser or Bulk Storage?</b>		<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk
<b>Is the tank connected to a stationary combustion engine (such as a generator, water pump, etc.?)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Installation Method</b>	<input type="checkbox"/> PEI RP 100 <input type="checkbox"/> API 1615 <input type="checkbox"/> Manufacturer's Instructions Specify _____ Other _____			<b>Anchoring Method</b>		<input type="checkbox"/> Deadmen <input type="checkbox"/> Overburden <input type="checkbox"/> Both <input type="checkbox"/> None	
<b>Backfill</b>	Backfill Material (specify grade) _____ (If FRP, attach current sieve analysis) Will an Alternate Backfill Method be used? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach Alternate Backfill approval letter)						
<b>Type of Secondary Containment</b>	<input type="checkbox"/> Double Walled <input type="checkbox"/> Excavation Liner <input type="checkbox"/> Other _____						
<b>Release Detection: Tanks</b>	<b>Brand/Model/Test Method</b>				<b>Brand/Model/Test Method</b>		
<input type="checkbox"/> Ground Water Monitoring		<input type="checkbox"/> Automatic Tank Gauging					
<input type="checkbox"/> Interstitial Monitoring( <b>required</b> )		<input type="checkbox"/> Manual Tank Gauging					
<input type="checkbox"/> Tightness Testing – Daily Inventory Control		<input type="checkbox"/> Other (SIR)					
<input type="checkbox"/> Soil Vapor Monitoring							

Corrosion Protection: Tanks	
Internal	External
<input type="checkbox"/> Internal Lining	<input type="checkbox"/> Impressed Current Cathodic Protection
<input type="checkbox"/> None	<input type="checkbox"/> Galvanic/Sacrificial Cathodic Protection
<input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass/Epoxy Resin Clad
	<input type="checkbox"/> None
	<input type="checkbox"/> Other (specify) _____
<b>Spill Prevention Method</b>	<input type="checkbox"/> Spill Containment Basin <input type="checkbox"/> Other (specify) _____
<b>Overfill Prevention Method</b>	<input type="checkbox"/> High Level Alarm <input type="checkbox"/> Drop Tube Shut-Off <input type="checkbox"/> Other (specify) _____

## 8. Description of Project and General Site Plan

**Scope of Work** (describe the extent of planned activities; attach separate sheet if more room is needed):

Attach a **General Site Plan** showing:

- Distances from tanks and piping to property lines/building
- Location of dispensers
- Buildings on property
- Approximate location of tanks and piping

## 9. Piping

Piping Material	Brand
<input type="checkbox"/> Steel with CP	
<input type="checkbox"/> FRP	
<input type="checkbox"/> Flexible Plastic	
<input type="checkbox"/> Other _____	
Corrosion Protection for Piping	Release Detection for Piping (mark all that apply)
<input type="checkbox"/> Impressed Current Cathodic Protection	<input type="checkbox"/> Ground Water Monitoring
<input type="checkbox"/> Galvanic/Sacrificial Cathodic Protection	<input type="checkbox"/> Interstitial Monitoring ( <b>required</b> )
<input type="checkbox"/> None (made of non-corrodible materials)	<input type="checkbox"/> Electronic Leak Detectors
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Tightness Testing-Every 3 Yrs (Conventional Suction)
	<input type="checkbox"/> Soil Vapor Monitoring
	<input type="checkbox"/> Manual Leak Detectors
	<input type="checkbox"/> Tightness Testing – Annual (Pressurized)
	<input type="checkbox"/> None (Safe Suction)
	<input type="checkbox"/> Other (SIR)
<b>Piping System</b>	<input type="checkbox"/> <b>Pressurized</b> <input type="checkbox"/> <b>Conventional Suction</b> <input type="checkbox"/> <b>Safe Suction</b> If a pressurized system, will shear valve be rigidly anchored to dispenser island in accordance with manufacturer's installation instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Secondary Containment</b>	<input type="checkbox"/> <b>Double Walled</b> <input type="checkbox"/> <b>Excavation Liner</b> <input type="checkbox"/> <b>Other</b> _____
Does the project include installation of motor fuel dispenser system?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see Title 159, Chapter 4 Section 004.03B for under dispenser spill containment requirement.

## 10. General Information

Distance from tank(s) to nearest property line (feet) _____	ft	
Distance from tank(s) to nearest structure (feet) _____	ft	
Depth to groundwater (feet) _____	ft	
Will an Electrical Permit be obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Will dispensers use a card-trol or key-trol system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is facility unattended at any time (day or night)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does building have plastic water supply lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will One-Call procedure be followed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**A fee of fifty dollars (\$50) per tank or piping must be submitted with this application.** Application will be approved or denied within ten (10) working days after receipt of permit application and fee. Payment must be made by check or money order. Cash will not be accepted.

Applications may be submitted electronically via email. Please email the completed application, General Site Plan and proof of payment to Rosemary Hatton at [rosemary.hatton@nebraska.gov](mailto:rosemary.hatton@nebraska.gov).

All tanks must be installed in accordance with Title 159, State Fire Marshal Underground Storage Tank Rules and Regulations. No tank or piping shall be covered before inspection by State Fire Marshal personnel. Inspection requests shall be made at least **72 hours** prior to pre-installation to assure inspector availability. Inspections will be scheduled in the order requests are received.

**As built drawings, all tightness test results, proof of private insurance (if required) and the proper notification form shall be on site and available for the inspector before the tanks / piping are placed into service.**

Application Submitted By: \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ Email Address

\_\_\_\_\_ Phone Number

If you would like this permit sent to others, indicate email addresses here:

\_\_\_\_\_

**Note: Incomplete or missing information may cause this application to be rejected and returned for corrections.**  
If you have any questions about this form, call the Fuels Division at (402) 471-9664.