



**Nebraska State Fire Marshal**  
**Fuels Division – FLST Section**  
 246 South 14<sup>th</sup> Street – Lincoln, NE 68508-1804  
 (402) 471-9465

## Application for Permit to Permanently Close Underground Storage Tanks and / or Piping

Tank Owner			Tank Location		
Owner/Operator			Facility Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone #			Telephone #		

### Closure Information

**Facility ID #:** \_\_\_\_\_  
*(Tanks must be registered and all registration fees paid prior to issuance of a closure permit.)*

**Projected tank closure date (mm/dd/yyyy):** \_\_\_\_\_  
*(Closure Assessment Report will be due 45 days after closure and is based on the date indicated. If this date changes, notify us at (402) 471-9465.)*

**How many tanks are being closed?** \_\_\_\_\_ **Tanks Only:**  **Piping Only:**  **Both:**

**List Tank ID#s** \_\_\_\_\_ **Is/are tank(s) currently in use? Yes**  **No**   
**If Piping Only, specify associated Tank ID#s** \_\_\_\_\_ **If out of use, date tank(s) taken out of use?** \_\_\_\_\_

**Type of Tank Closure:** Removal  Closure in Place

**Will the tank(s) be reused? Yes**  **No**

**If yes, specify whether the usage will be Underground**  **or Aboveground**

**Give the physical address where the tanks will be used:** \_\_\_\_\_

**Will the tank(s) be replaced with new tanks? Yes**  **No**

**If yes, specify whether the replacement will be with Underground**  **or Aboveground**  **tanks**

**Type of Piping Closure:** Removal  Closure in Place

**Will the piping be replaced? Yes**  **No**

Licensed Closure Contractor			Certified Closure Individual		
Name			Name		
Mailing Address			Certification #		
City	State	Zip Code	Expiration Date		
Telephone #	License #	Expiration Date	Telephone #		
Email Address:			Email Address:		

## Closure Assessment Report

**A CLOSURE ASSESSMENT REPORT must be submitted in accordance with Title 159.**

The only exception is for "orphan" tanks when someone other than the tank owner or operator is initiating the closure. A tank is "orphan" if the tank(s) were taken out of service prior to July 17, 1986 and the property owner never used the tank(s).

**Are you claiming the tank(s) are "orphan"?** Yes  No

In some situations pursuant to Title 159, the State Fire Marshal may waive the Environmental Sampling requirements.

**Are you requesting a waiver of Environmental Sampling?** Yes  No

**If no**, what other contractors / laboratories will be involved? \_\_\_\_\_  
**If yes**, indicate why you are requesting a waiver. (E.g. Ongoing investigation by the Nebraska Department of Environmental Quality) \_\_\_\_\_.

### Disposal

1. Will the tanks be emptied and cleaned by removing all liquids and accumulated sludge? Yes  No
2. Will all liquids and sludges be recycled/disposed of in accordance with state and local regulations? Yes  No
3. Where will the liquids and sludges be disposed? (Give physical address)  
\_\_\_\_\_  
Where will the contaminated soil be disposed? (Give physical address)  
\_\_\_\_\_
4. If tanks and/or piping are removed, where will they be disposed? (Give physical address of final destination)  
\_\_\_\_\_
5. If tanks are closed in place, indicate the type of inert material to be used: \_\_\_\_\_

**Application Submitted By:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION MAY BE SUBMITTED ELECTRONICALLY VIA EMAIL. PLEASE EMAIL TO [monica.ellis@nebraska.gov](mailto:monica.ellis@nebraska.gov)

Return email address(es):

All Underground Storage Tank Systems shall be closed in accordance with Title 159, State Fire Marshal Underground Storage Tank Rules and Regulations. Failure to answer all pertinent questions may cause us to return your application for completion and may delay issuance of the permit.