



Nebraska State Fire Marshal
Fuels Division – FLST Section
 246 South 14th 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 #: _____ <i>(Tanks must be registered and all registration fees paid prior to issuance of a closure permit.)</i>							
Projected tank closure date (mm/dd/yyyy): _____ <i>(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.)</i>							
How many tanks are being closed? _____ Tanks Only: <input type="checkbox"/> Piping Only: <input type="checkbox"/> Both: <input type="checkbox"/>							
List Tank ID#s _____				Is/are tank(s) currently in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If out of use, date tank(s) taken out of use? _____			
If Piping Only, specify associated Tank ID#s _____							
Type of Tank Closure: Removal <input type="checkbox"/> Closure in Place <input type="checkbox"/>							
Will the tank(s) be reused? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify whether the usage will be underground <input type="checkbox"/> or aboveground <input type="checkbox"/> Give the physical address where the tanks will be used: _____							
Will the tank(s) be replaced with new tanks? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify whether the replacement will be with underground <input type="checkbox"/> or aboveground <input type="checkbox"/> tanks							
Type of Piping Closure: Removal <input type="checkbox"/> Closure in Place <input type="checkbox"/>							
Will the piping be replaced? Yes <input type="checkbox"/> No <input type="checkbox"/>							
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:			

(continued on reverse side)

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: _____

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.