

7. Tank Information

7. Tank Information							
Tank Number	#	#	#	#	#	#	#
Tank Type (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	<input type="checkbox"/> Fed <input type="checkbox"/> HO
Tank Capacity (Gallons)							
Substance Stored in Tank UL, Pr, E-10, E-85, E-95, #1D, #2D, #1HO, #2HO, K, WO, NO, DD (Dyed Diesel – i.e., #2 DD) Other (Specify)							
Specify Brand:	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"/>
Check appropriate boxes:	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						
Is the Tank New or Used? (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	<input type="checkbox"/> New <input type="checkbox"/> Used
Will the tank be used for Dispenser or Bulk Storage?							
	<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	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk
Is the tank connected to a stationary combustion engine (such as a generator, water pump, etc.?)							
	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installation Method	<input type="checkbox"/> PEI RP 100 <input type="checkbox"/> API 1615 <input type="checkbox"/> Manufacturer's Instructions Specify _____ Other _____			Anchoring Method		<input type="checkbox"/> Deadmen <input type="checkbox"/> Overburden <input type="checkbox"/> Both <input type="checkbox"/> None	
Backfill	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)						
Type of Secondary Containment	<input type="checkbox"/> Double Walled <input type="checkbox"/> Excavation Liner <input type="checkbox"/> Other _____						
Release Detection: Tanks	Brand/Model/Test Method			Brand/Model/Test Method			
<input type="checkbox"/> Ground Water Monitoring				<input type="checkbox"/> Automatic Tank Gauging			
<input type="checkbox"/> Interstitial Monitoring (required)				<input type="checkbox"/> Manual Tank			
<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) _____
Spill Prevention Method	<input type="checkbox"/> Spill Containment Basin <input type="checkbox"/> Other (specify) _____
Overfill Prevention Method	<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

(If you need more space attach separate sheets.)

Scope of Work (describe the extent of planned activities):

If new or replacement piping, specify associated tank #s _____

General Site Plan showing:

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



9. Piping

Piping Material		Brand	
	Steel with CP		
	FRP		
	Flexible Plastic		
	Other _____		
Corrosion Protection for Piping		Release Detection for Piping (mark all that apply)	
	Impressed Current Cathodic Protection	Ground Water Monitoring	
	Galvanic/Sacrificial Cathodic Protection	Interstitial Monitoring (required)	
	None (made of non-corrodible materials)	Electronic Leak Detectors	
	Other (specify)	Tightness Testing-Every 3 Yrs (Conventional Suction)	
		Soil Vapor Monitoring	
		Manual Leak Detectors	
		Tightness Testing – Annual (Pressurized)	
		None (Safe Suction)	
		Other (SIR)	
Piping System		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	
			Pressurized
			Conventional Suction
		Safe Suction	
Type of Secondary Containment		Double Walled Excavation Liner Other _____	
Does the project include installation of motor fuel dispenser system?		Yes If yes, see Title 159, Chapter 4, Section 004.03B No 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 eighty-five dollars (\$85) 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.

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 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)

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 (402) 441-7791.