Application for Permit to
PERMANENTLY CLOSE UNDERGROUND STORAGE TANKS AND/OR PIPING

Bureau of Fire Prevention – City of Lincoln
555 S 10th St. Rm 203 • Lincoln, NE 68508-3995
Phone No. 402-441-7791 • Fax No. 402-441-6442 • 24-Hour Inspection Line 402-441-8213

$50.00 Fee for Review & Inspection of Replacement or Repair of Piping
$85.00 Fee for Removal or Abandonment of Each Tank – All Payable to Bureau of Fire Prevention

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 out of use, date tank(s) taken out of use?_____

If Piping Only, specify associated Tank ID#s _____

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 #

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.