

APPLICATION

Underground Storage Tank and/or Piping Closure

REV. 01/26



Bureau of Fire Prevention
555 S. 10th St., Suite 203, Lincoln, NE 68508
Phone (402) 441-7521

STP Permit Number (OFFICE USE)

ALL fields are required to be completed. If fields are left blank, the application may be DELAYED.

SITE INFORMATION

Facility Name: _____ Facility ID #: _____ Proposed Tank Closure Date: _____

Address (street/city/state/zip): _____

Closure Assessment Report will be due 45 days after the closure and is based on the date listed above

TANK QTY?	#1	#2	#3	#4	#5	#6
CAPACITY (gallons)						
Tank ID #						
What is the closure request for?	TANK	TANK	TANK	TANK	TANK	TANK
	PIPING	PIPING	PIPING	PIPING	PIPING	PIPING
What TYPE of tank closure?	REMOVAL	REMOVAL	REMOVAL	REMOVAL	REMOVAL	REMOVAL
	CLOSE IN-PLACE	CLOSE IN-PLACE	CLOSE IN-PLACE	CLOSE IN-PLACE	CLOSE IN-PLACE	CLOSE IN-PLACE
Will the tank(s) and/or piping be replaced?	YES	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO	NO
Is the tank currently in use If NO, please indicate the date the tank was taken out of service.	YES	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO	NO
Will the tank be reused?	YES	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO	NO

If the tanks are to be reused, please provide the NEW address of the future tank installation: _____

SCHEDULE OF FEES

PERMIT FEE			FEES DUE
Underground Tanks Closure	\$115.00 per tank	QTY?	\$
TOTAL FEE			\$

It is agreed that all codes, regulations, and ordinances of the City of Lincoln, now in effect, will be complied with. Closure inspection requests shall be made at least 24 HOURS in advance of the desired closure. All tanks must be registered, and all registrations fees shall be paid prior to issuance of a closure permit.

HARDCOPY SUBMITTAL - Please submit this application, (2) copies of the required documents (stated below), and the associated fees at the time of permit submittal.

ELECTRONIC SUBMITTAL - Please email this application to FirePermits@lincoln.ne.gov. Once the Bureau of Fire Prevention processes this application, the applicant will be notified (via email) to pay the associated fees and to UPLOAD all necessary documents into [Citizens Access](#) under the permit number.

CLOSURE CONTRACTOR INFORMATION

Name: _____ Cert. #: _____ Expiration Date: _____

Company Name: _____ Cert. #: _____ Expiration Date: _____

Company Address (street/city/state/zip): _____

Phone Number: _____ Email Address: _____

CLOSURE CONTRACTOR SIGNATURE: _____ **Date:** _____

TANK OWNER INFORMATION

Name: _____

Address (street/city/state/zip): _____

Phone Number: _____ Email Address: _____

TANK OWNER SIGNATURE: _____ **Date:** _____

Please **ATTACH** an (aerial) site plan that indicates the tank / piping location and setback distances to all nearby buildings, streets, property lines, & location of dispensers.

CLOSURE ASSESSMENT REPORT

A Closure Assessment Report must be submitted with the Tank Closure Application. The only exception is for a tank to be considered “orphaned” and when someone, other than the tank owner / operator, is initiating the closure. Tanks are to be considered “orphaned” if the tank(s) were taken out of service PRIOR to July 17, 1986, and the property owner never used the tank(s).

1. Are you claiming the tank(s) to be “orphaned”? YES NO

In some situation, pursuant to Title 159, the SFM may waive the Environmental Sampling requirements.

2. Are you requesting a waiver of the 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 NDEQ) _____

DISPOSAL

3. Will the tanks be emptied and cleaned by removing all liquids and accumulated sludge? YES NO
4. Will all liquids and sludges be recycled / disposed of in accordance with state and local regulations? YES NO
5. Where will the liquids and sludges be disposed? (physical address) _____
6. Where will the contaminated soil be disposed? (physical address) _____
7. If tanks and/or piping are removed, where will they be disposed? (physical address) _____
8. If tanks are closed in-place, indicate the type of inert material to be used? _____

APPLICANT INFORMATION

Print Name: _____

Signature: _____ Date: _____

All underground storage tank systems shall be closed in accordance with Title 159, SFM Underground Storage Tank Rules and Regulations. Failure to answer all pertinent questions (listed above) may cause a returned application.