



City of Grand Island Fire
 Delegated Fuels Division
 100 E. 1st Street, Grand Island, NE 68801
 308-385-5444 ext. 228

Application for Permit to Install Underground Storage Tanks

(Petroleum or Hazardous Substances)

Today's Date: _____ Proposed Installation Date: _____

1. Owner Information			2. Installation Site Information		
Owner/Operator			Site Name		
Mailing Address			Street Address (or directions, if rural)		
City	State	Zip Code	City	Zip Code	County
Telephone # () -			Telephone # () -		

Type of Installation: New Tank(s) Piping Only
 Replacement (10% or more or 10 feet)
 Adding new piping to existing

Complete all sections.

3. Tank Registration
Did facility previously have underground storage tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are tank registered with the State Fire Marshal?
<input type="checkbox"/> Yes Indicate SFM Facility ID # _____ <input type="checkbox"/> No Contact State Fire Marshal immediately.
4. Type of Facility
<input type="checkbox"/> Marketing (including Bulk Plants) <input type="checkbox"/> Non-Marketing <input type="checkbox"/> Government

5. Licensed Installation Contractor			6. Certified Individual	
Company Name		License #	Individual Name	
Mailing Address		Expiration Date	Certification #	Expiration Date
City	State ZIP	Telephone # () -	Telephone # () -	
Email Address:			Email Address:	

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
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"/>
	FRP	<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"/>
	FRP	<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"/>
	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
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
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
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 Gauging				
<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

NORTH
↑

9. Piping

Piping Material	Brand
<input type="checkbox"/> Steel with CP	
<input type="checkbox"/> FRP	
<input type="checkbox"/> Flexible Plastic	
<input type="checkbox"/> Other _____	
Corrosion Protection for Piping	Release Detection for Piping (mark all that apply)
<input type="checkbox"/> Impressed Current Cathodic Protection	<input type="checkbox"/> Ground Water Monitoring
<input type="checkbox"/> Galvanic/Sacrificial Cathodic Protection	<input type="checkbox"/> Interstitial Monitoring (required)
<input type="checkbox"/> None (made of non-corrodible materials)	<input type="checkbox"/> Electronic Leak Detectors
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Tightness Testing-Every 3 Yrs (Conventional Suction)
	<input type="checkbox"/> Soil Vapor Monitoring
	<input type="checkbox"/> Manual Leak Detectors
	<input type="checkbox"/> Tightness Testing – Annual (Pressurized)
	<input type="checkbox"/> None (Safe Suction)
	<input type="checkbox"/> Other (SIR)
Piping System	<input type="checkbox"/> Pressurized <input type="checkbox"/> Conventional Suction <input type="checkbox"/> Safe Suction 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
Type of Secondary Containment	<input type="checkbox"/> Double Walled <input type="checkbox"/> Excavation Liner <input type="checkbox"/> Other _____
Does the project include installation of motor fuel dispenser system?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see Title 159, Chapter 4 Section 004.03B 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 one hundred dollars (\$100) 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, proof of private insurance (if required) 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)

If you would like this permit to be returned to you via email, indicate email address here:

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 the Fuels Division at (402) 471-9465.