

30-Day Notification Form for Change-in-Service, Permanent Closure, and Return-to-Service.

1. Date.						
II. Notificatio	n Type					
Change-i	in-Service	Permanent Closure	Return-to-Service	ce		
III. Contracto	or Information					
Contractor Na	me:			Phone:		
Address:		City:	State:		Zip:	
IV. Owner In	formation					
Owner Name:			Owner ID:	Phone:		
Address:		City:	State:		Zip:	
V. Facility Inf	formation					
Facility Name	:			Facil	ity ID:	
Address:			City:		Zip:	
County:			Phone:			
VI. Facility In	ıformation					
A. <u>Tanks</u> : Above-ground Underground N/A; tank status will not change.						
Tank #	Capacity	Material/Model (i.e. F	RP, ACT-100, or Firegua	ard)	Content	
B. Piping:	N/A; piping	status will not change.				
Fibergl	ass Reinforced P	lastic Flexible	Steel	Unknown		
VII. Tentative	e Date for this P	roject to Start:				

VIII.	Planned A	ctions dur	ing this Proj	ect	
A.	Yes	No	N/A	Contact Local or State Fire Marshall prior to removal of tanks or p	oiping.
В.	Yes	No	N/A	Sample the soil or water at least 3 feet below the bottom of the tan in Section VI above if they're to be permanently closed or there is in-service.	
C.	Yes	No	□ N/A	Sample the soil or water at least 1 foot below the piping where a remost likely to have occurred including underneath the dispensers a unions along the piping runs if the piping is to be permanently closinvolved in a Change-in-Service.	and
D.	Yes	☐ No	N/A	Perform a tank tightness test along with a tightness test of all associanderground piping before a Return-to-Service of a storage tank sy	
E.	Yes	☐ No	N/A	Follow all applicable requirements in Title 20 Chapter 5 of the Ne Administrative Code, as well as, all applicable national standards API 1604 for the permanent closure of UST systems.	
IX. C	lose Tanks	s in Place:	Yes*	☐ No	
			-	ermanently closed and the removal of the tanks poses a threat to the close proximity to the tanks.	stability
X. Cl	ose Piping	in Place:	Yes*	No	
_			-	ermanently closed and the removal of the piping poses a threat to the close proximity to the piping.	stability
piping	•	vill be revie	ewed by the B	close in place sections above then your request to close the tanks and tureau, and approval by the Bureau must be granted before the tanks	
XI. S	ignatures				
Pri	nt Name			Title	
Ow	ner's or Au	thorized Ro	epresentative's	s Signature Date	