



Nebraska State Fire Marshal

246 South 14th Street, Suite 1
Lincoln, NE 68508
402-471-9664

Notification for Underground Storage Tanks

SFM Facility # \_\_\_\_\_

Type of Notification: New Facility, New Tank Installation, Piping Installation/Replacement, Other. State Use Only: Date Received, Data Entry, Owner contacted to clarify responses, COMMENTS.

INSTRUCTIONS AND GENERAL INFORMATION: Please type or print in ink. Where To Notify? Nebraska State Fire Marshal Fuels Division-FLST Section. When To Notify? Owners of USTs in use or that have been taken out of operation after January 1, 1974. Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank.

I. Ownership of UST(s): Owner Name, Street Address, County, City, State, Zip Code, Phone Number, Email. II. Site Location of UST(s): Facility Name, Street Address, County, City, State, Zip Code, Latitude, Longitude.

III. Type of Owner: State or Local Government, Federal Government, Private or Corporate. IV. Indian Country: USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries. USTs are owned by a Native American nation or tribe. Tribe or Nation where USTs are located: \_\_\_\_\_

V. Type of Facility: Marketing (including Bulk Plants), Non-Marketing, Government. VI. Contact Person In Charge of Tanks: Name, Job Title, Phone.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through VI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and title of owner/owner's authorized representative

Signature

Date Signed

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>1. Status of Tank</b> (check only one)  Currently In Use <input type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> Permanently Out of Use <input type="checkbox"/> For tanks taken out of use, specify: Date last used: (dd/mm/yy) _____  Estimated quantity of substance remaining (gal) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Date of Installation</b> (month/year)					
<b>3. Total Capacity</b> (gallons)					
<b>4. Substance Stored</b>  <b>Gasoline</b> Regular Unleaded <input type="checkbox"/> Premium Unleaded <input type="checkbox"/>  <b>Diesel</b> #1 Diesel <input type="checkbox"/> #2 Diesel <input type="checkbox"/> <b>Biodiesel--B5</b> B-100 <input type="checkbox"/> B-_____ (Indicate % Bio) <input type="checkbox"/>  <b>Gasohol--E-10</b> E-85 <input type="checkbox"/> E-_____ (indicate % ethanol) <input type="checkbox"/>  Kerosene <input type="checkbox"/>  Heating Oil (Indicate # _____) <input type="checkbox"/>  Used Oil <input type="checkbox"/>  If Other, please specify here _____  <b>Hazardous Substance</b> <input type="checkbox"/>  CERCLA name and CAS number _____  <b>Mixture of Substances</b> <input type="checkbox"/> Please specify here: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<p><b>5. Material of Construction: Tanks</b> (check all that apply)</p> <p>Asphalt Coated or Bare Steel <input type="checkbox"/></p> <p>Cathodically Protected Steel <input type="checkbox"/></p> <p>    (a) Galvanic or Sacrificial <input type="checkbox"/></p> <p>    (b) Impressed Current <input type="checkbox"/></p> <p>Coated and Cathodically Protected Steel <input type="checkbox"/></p> <p>Composite (Steel Clad with Fiberglass) <input type="checkbox"/></p> <p>Fiberglass Reinforced Plastic <input type="checkbox"/></p> <p>Lined Interior <input type="checkbox"/></p> <p>Secondary Containment <input type="checkbox"/></p> <p>    (a) Double Walled <input type="checkbox"/></p> <p>    (b) Excavation Liner <input type="checkbox"/></p> <p>Polyethylene Tank Jacket <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p> <p>If Other, please specify here _____</p> <p>Check box if tank has ever been repaired <input type="checkbox"/></p> <p><b>6. Piping Material</b> (check all that apply)</p> <p>Cathodically Protected Steel <input type="checkbox"/></p> <p>    (a) Galvanic or Sacrificial <input type="checkbox"/></p> <p>    (b) Impressed Current <input type="checkbox"/></p> <p>Fiberglass Reinforced Plastic <input type="checkbox"/></p> <p>Flexible Plastic <input type="checkbox"/></p> <p>Secondary Containment <input type="checkbox"/></p> <p>    (a) Double Walled <input type="checkbox"/></p> <p>    (b) Excavation Liner <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p> <p>Other, please specify _____</p>					
<p><b>7. Piping Type</b> (check all that apply)</p> <p>“Safe” Suction (no valve at tank) <input type="checkbox"/></p> <p>Conventional Suction (valve at tank) <input type="checkbox"/></p> <p>Pressurized <input type="checkbox"/></p> <p>Gravity Feed <input type="checkbox"/></p> <p>Check box if piping has ever been repaired <input type="checkbox"/></p>					

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>8. Release Detection</b>					
<b><u>Tanks</u></b>					
Automatic Tank Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring--Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control with Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Piping</u></b>					
Interstitial monitoring--Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical line leak detector (with annual line tightness testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic line leak detector (with annual or monthly line tightness testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----- No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Overfill Protection</b>					
High Level Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop Tube Shut-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Float Valve in Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Spill Prevention</b>					
Spill Containment Basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Financial Responsibility**

Owner has met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:  
 State Fund       Other(describe) \_\_\_\_\_

**12. Certification of Installation: Installer Of Tank And Piping Must Check All That Apply:**

Installer certified by tank and piping manufacturers  
 Installer certified or licensed by the implementing agency  
 Installation inspected by a registered engineer  
 Installation inspected and approved by implementing agency  
 Manufacturer's installation checklists have been completed

Signature of UST Installer certifying proper installation of UST system.

\_\_\_\_\_  
Name of UST Installer                      Signature                      Company                      Date