

ST. ANTHONY FIRE DEPARTMENT

3505 SILVER LAKE RD. N.E. ST. ANTHONY, MN 55418 Ph. 612 782-3400 / FAX 612 781-0594

FIRE PREVENTION BUREAU

UNDERGROUND Storage Tank Removal Permit Application

Date	Proposed Date to Start Work			Permit Fee \$95.00 per tank*
TANK SITE:				
Company:		A	Address:	
City, State, Zij	p:			
Contact:		Phone:	<u> </u>	Fax:
CONTRACT	OR:			
Name:		A	Address:	
City, State, Zi ₁	p:			
Contact:		Phone	:	Fax:
Describe Worl	k To Be Done			
Incomplete in	formation may re	must include the fo esult in plans/applic Tank #2		on. If not applicable, write N/. ned. Tank #4
Capacity:				
A an af Taul			_	
Age of Tank:			_	
Describe vapo	r removal method:	:		
Name of envir	onmental compan	y for soil testing:		
Disposal site f	For tank(s):			
Disposal site f				
Disposar site i	For sludge/product:			

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In addition to the above information, also provide the following with your application:
-Provide a sketch showing locations of tank(s), piping and utilities.
-Provide documentation of MNPCA notification.
-Provide documentation of MNPCA certification of company and supervisor.
Tank Removal Inspections:
-A pre-inspection will be made at the site prior to approval.
-Tanks shall be inspected before they are removed from the site.
-The open pit shall be inspected before refilling.
NOTE: Tanks shall be removed from the site as soon as possible, but no longer than 24 hours after they have been removed from the ground. Tanks must remain plugged after vapor removal.
I, the undersigned, do hereby agree to complete the above-described work according to all City codes, State Fire Codes, PEI, NFPA and other nationally recognized standards.

Telephone

Signature of Applicant

^{*}Checks should be made out to the City of St. Anthony