

STORAGE TANK DECOMMISSIONING PERMIT



SALEM FIRE DEPARTMENT
FIRE PREVENTION DIVISION
370 Trade St. SE
Salem, OR 97301
(503) 588-6245

Date: _____

Permit No.: _____

Site Address: _____

Applicant: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____ DEQ License No.: _____

City: _____ State: _____ Zip: _____

Type of Permit: Aboveground Underground

Tank Size

Method of Decommissioning

Date Inspected

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Comments: _____

Tank Disposal Site: _____

AST Fee: \$50.00

UST FEE: \$125.00

PROCESSING FEE: \$12.50

Received By: _____ Amount: _____ Date: _____

Applicant Signature: _____ Date: _____

Final Approval: _____ Date: _____

DEPUTY FIRE MARSHAL

All requests for inspection must be received by the Salem Fire Prevention Division 24 hours in advance.

REMIT TO: CITY OF SALEM FIRE DEPARTMENT 370 TRADE ST SE, SALEM, OREGON 97301

INSTRUCTIONS FOR COMPLETING STORAGE TANK DECOMMISSIONING PERMIT

DATE: *Date of Application*

PERMIT #: *To be assigned by Fire Chief's Office Staff utilizing the year for the first portion and the next succeeding number (e.g., R-19-001).*

SITE ADDRESS: *Address/Location of the subject tank(s).*

APPLICANT: *Name of property owner/occupant, responsible party.*

PHONE: *Phone number of property owner/occupant, responsible party.*

ADDRESS: *Mailing Address of applicant including City, State and Zip.*

CONTRACTOR: *Name of individual/organization to perform decommissioning.*

PHONE: *Phone number of individual/organization to perform decommissioning.*

ADDRESS: *Address of individual/organization to perform decommissioning.*

DEQ LIC: *Oregon Department of Environmental Quality license number required as of 05/1990.*

CITY/STATE/ZIP: *City/State/Zip of Individual/Organization performing the decommissioning.*

TYPE OF PERMIT: *Check appropriate box with an "X".*

TANK SIZE: *Indicate the volume of each tank to be decommissioned.*

DECOMMISSIONING METHOD: *Indicate the method of decommissioning (e.g., Removal, Temporary Abandonment for TIME day/months, Abandon In Place with _____ material.)*

DATE INSPECTED: *To be completed by the Deputy Fire Marshal.*

COMMENTS: *Any notation of unique circumstance. For use by Fire Prevention staff only.*

TANK DISPOSAL SITE: *Address/Location where removed tanks will be stored.*

FEES: *Fees are established and charged by the Fire Prevention Division at the time of application.*

RECEIVED BY/AMOUNT/DATE: *Signature of person receiving the money. The amount re-ceived and the date.*

APPLICANT SIGNATURE/DATE: *Applicants signature and date of application.*

FINAL APPROVAL/DATE: *Only to be signed by Deputy Fire Marshal when the project is com-plete and in full compliance.*