CITY OF MADISON FIRE DEPARTMENT
TANK CLOSURE APPLICATION

Application is made to the Madison Fire Department to:

- ☐ place tank system temporarily out of service
- ☐ close tank system by removal
- ☐ change in use
- ☐ close tank system in place (approval required prior to submittal of application)
- ☐ use a UST system to store a non-regulated substance (change-in-service)

ANTICIPATED DATE OF CLOSURE

APPROVAL REQUIRED: Approval is required for the closure of any tank system. ñTank systemò includes aboveground and underground storage tanks in excess of 60 gallons and system components to include but not limited to piping, vents, leak detection, cathodic protection and spill/over fill protection systems. Approval of the closure plan is required at least 15 days in advance of the closure date.

DIRECTIONS: Submit this form, three copies of the site plot plan and the required fee to the address in the lower left corner of this page. The check is to be made payable to: City of Madison, Treasurer. Each submittal must include a plot plan drawn to scale and showing: 1) property lines, 2) buildings, 3) tanks, 4) piping, 5) streets, 6) overhead and underground utilities, 7) limits of the excavation, 8) temporary location of excavated dirt and backfill.

FEES: Closure..... $250.00
Re-inspection..... $100.00 *(Fees will be doubled upon failure to initiate approval prior to closure.)*

NOTICE OF APPROVAL: Two copies of the plans and a letter of approval or conditional approval will be returned to the closure company after review.

GENERAL REQUIREMENTS: Individual holding remover certification must be on-site. Portable fire extinguishers with a rating of 2A-40B:C must be on-site. Closure company is required to have a calibrated flammable vapor indicator or equivalent instrumentation to determine the percentage of the lower explosive limit, and/or the percentage of oxygen.

(Please Print)

1. INSTALLATION NAME			2. OWNER NAME	
☐ CITY ☐ VILLAGE ☐ TOWN OF:			OWNER STREET ADDRESS	
INSTALLATION STREET ADDRESS	☐ CITY ☐ VILLAGE ☐ TOWN OF:		STATE	ZIP CODE
STATE	ZIP CODE	COUNTY	COUNTY	TELEPHONE NO. (Include Area Code)
3. CLOSURE COMPANY NAME			CLOSURE COMPANY STREET ADDRESS, CITY, STATE, ZIP CODE	
COMPANY TELEPHONE NO. (Include Area Code)	CERTIFIED REMOVER NAME		REMOVER CERTIFICATION NO.	
4. NAME OF COMPANY PERFORMING CLOSURE ASSESSMENT			ASSESSMENT COMPANY STREET ADDRESS, CITY, STATE, ZIP CODE	
COMPANY TELEPHONE NO. (Include Area Code)	CERTIFIED ASSESSOR NAME		ASSESSOR CERTIFICATION NO.	

TANK I.D. #	CLOSURE	TEMPORARY CLOSURE	CLOSURE IN PLACE	TANK CAPACITY	CONTENTS*	CLOSURE ASSESSMENT
1.	☐	☐	☐			☐ Yes ☐ No
2.	☐	☐	☐			☐ Yes ☐ No
3.	☐	☐	☐			☐ Yes ☐ No
4.	☐	☐	☐			☐ Yes ☐ No
5.	☐	☐	☐			☐ Yes ☐ No
6.	☐	☐	☐			☐ Yes ☐ No

*Indicate which product by numeric code: 01-Diessel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 09-Unknown; 10-Premix; 11-Waste Oil; 13-Chemical (indicate the chemical name(s) or number(s) _____); 14-Kerosene; 15-Aviation

Is right of way encroachment required? ☐ Yes ☐ No
Is site contamination suspected ☐ Yes ☐ No
Was Diggers Hotline contacted? ☐ Yes ☐ No
Has a site safety plan been prepared? ☐ Yes ☐ No

SIGNATURE OF CERTIFIED REMOVER	DATE
CLOSURE APPLICATION APPROVED BY: MADISON FIRE PROTECTION ENGINEERING UNIT	DATE

MADISON FIRE DEPT
314 W DAYTON ST
MADISON WI 53703

Phone (608) 266-4420
FAX (608) 267-1100
www.madisonfire.org