

Waste Management and Remediation Division Tanks, Brownfields and Federal Facilities Bureau Underground Storage Tank Section PO Box 200901 Helena, MT 59620-0901

Representative of Licensed Installer/Remover

UST CLOSURE

PERMIT APPLICATION FOR UNDERGROUND STORAGE TANKS

Facility Informatio	'n		Owner Inform	nation			
Facility Name:			Owner Name:				٠
Physical Address:			Facility Contact:	:			
City:	State:	Zip:	Mailing Address	s:			
Phone:	Email:		City:		State:	Zip:	
Facility ID:			Phone:	Email:			
Proposed Start Date:							
Licensed Remover(s):							
Tank Tag No.							
Closure Components							
Tank Capacity (gal.)							
Substance Stored							
Product Piping Lengtl							
Product Piping Diame	eter						
Vent Piping Length							
Vent Piping Diameter	1						
Month/Year tank(s) la							
Where will liquids and							
Where will tanks and		-					
Which (approved) lab	• •	•					
Describe closure and a	any special circums	tances or closu	are in place requirer	ments:			
I certify that the in to request a permi	ıformation conta it for the propose	ined in this and action(s).	application is true	e and correct, ar	nd that I an	n authorize	d
Applicant Signature:				Date	ie:		_

Application review fees are calculated based on total tank capacity (in gallons) and total feet of piping. For a tank and piping closure, only tank permit fees are required. For piping only closures, only piping permit fees are required. Payments must be mailed to the DEQ UST Program via check or money order. Calculate the amount due based on the table below (ARM 17.56.1304).

Licensed Installer/Remover

UST Construction Permit Fees	Cost
Tank Closure (including associated piping): \$161/permit + 0.02 x total gallons	
Piping Closure Only: Less than 50 feet: \$80/permit; More than 50 feet \$161/permit	
Total (maximum fee \$1208)	

Applicant Printed Name: ___

I am the:

Owner