



For Office Use Only		
Permit#: _____	Date Recv'd: _____	
Check# _____	Check Date: _____	
Amount: _____	Log#: _____	
Rvcd from: _____		
Acct: 506008	Fund: 02054	Org: 573333

## MINOR INSTALLATION PERMIT APPLICATION FOR UNDERGROUND STORAGE TANKS

### Where is the work being conducted?

### Facility Owner Information

Facility Name:		Name:	
Physical address:		Mailing address:	
City:		City:	
County:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Facility ID Number:			

Date of proposed work \_\_\_\_\_

Licensed installer or inspector \_\_\_\_\_

**Please supply the UST operating tag number (Tag #) for each activity below. This number is necessary for identifying which tank system you are working on.**

I am applying for a permit for (check all that apply):

	Tag #	Tag #	Tag #	Tag #
<input type="checkbox"/> Spill bucket replacement				
<b>Specify Make/Model of Spill Bucket</b>				
<input type="checkbox"/> Installation of boots or offset sleeves on tank or vent risers				
<input type="checkbox"/> Booting of flex connectors on product or vent piping ( <b>Circle One</b> )				
<input type="checkbox"/> Repair or replacement of impressed current cable(s)				
<input type="checkbox"/> Removal or installation of a ball float vent valve (existing risers)				
<input type="checkbox"/> Installation of a drop tube				
<input type="checkbox"/> Installation of a drop tube shutoff valve				
<input type="checkbox"/> Extension or replacement of vent standpipe				
<input type="checkbox"/> Decommissioning of monitoring well				
<input type="checkbox"/> Addition of external overfill alarm to existing ATG				
<input type="checkbox"/> Installation of auto dialer on existing leak detection panel				

**Please complete the following table for each tank system you are working on.**

Tank #	THIS LINE FOR OFFICE USE ONLY			
Tag Number				
Tank Capacity (gallons)				
Substance Stored				

**I certify that the information contained in this application is true and correct.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am the:  Owner  Licensed Installer/Remover  Representative of Licensed Installer/Remover

### Mail Completed Applications to:

Department of Environmental Quality  
Waste & Underground Tank Mgmt Bureau  
PO Box 200901  
Helena, MT 59620-0901  
**Phone: (406) 444-5300**

**Fax: (406) 444-1374**

**Permit Review Fee: \$50/permit\***

\* \$50 base permit fee can be omitted if you have already included it with the tank installation or minor installation application.