



| For Office Use Only | | | |
|---------------------|--------|-------------|-------|
| Permit#: | _____ | Date Rcv'd: | _____ |
| Check#: | _____ | Check Date: | _____ |
| Amount: | _____ | Log#: | _____ |
| Rvc'd from: | _____ | | |
| Acct: | 506008 | Fund: | 02054 |
| Org: | 493333 | | |

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: | |
| State: | Zip: | State: | Zip: |
| Phone: | Fax: | Phone: | Fax: |
| Facility ID Number: | | | |

Licensed installer or inspector: _____ Date of proposed work: _____

**Is the proposed work located in core, general or connectivity sage grouse habitat, as designated by the Sage Grouse Habitat Conservation Program (Program) at <https://sagegrouse.mt.gov>. Yes No If yes, attach the documentation from the Program showing compliance with Executive Order 12-2015 and the Program's recommendations, if any. This process can take between 40-65 days.

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 | | | | |
| Specify Make/Model of Spill Bucket: | | | | |
| <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 (Circle One) | | | | |
| <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 | <input type="checkbox"/> >B20 <input type="checkbox"/> <E10 <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER | <input type="checkbox"/> >B20 <input type="checkbox"/> <E10 <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER | <input type="checkbox"/> >B20 <input type="checkbox"/> <E10 <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER | <input type="checkbox"/> >B20 <input type="checkbox"/> <E10 <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER |

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 already have included it with the tank installation or minor installation application