



CLOSURE

For Office Use Only	
Permit#: _____	Date Rec'd: _____
Check#: _____	Checkdate: _____
Amount: _____	Log #: _____
Rec'd From: _____	
Acct: 506008 Fund: 02054 Org: 573333	

PERMIT APPLICATION FOR UNDERGROUND STORAGE TANKS

Where is the work being conducted?

Facility Owner information

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

Date of proposed work _____

Licensed remover or inspector _____

Tank #	THIS LINE FOR OFFICE USE ONLY			
Tag Number				
To be closed	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe
Tank Capacity (gallons)				
Substance Stored				
Product Pipe Length and Diameter				
Vent Pipe Length and Diameter				

Month/Year tank(s) last used: _____

Where will liquids and sludge be disposed of? _____

Where will tanks and piping be stored or disposed of? _____

Which (approved) laboratory will perform soil analysis? _____

Describe closure and any special circumstances or closure-in-place requirements

Sage Grouse Habitat Conservation Program Certification

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.

I certify that the information contained in this application is true and correct, and that I am authorized to request a permit for the proposed action(s).	
Applicant Signature: _____	Date: _____
I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Licensed Remover <input type="checkbox"/> Representative of Licensed Installer/Remover	

Permit Review Fee:	
Tank closure (including associated piping): \$100/permit* + \$.02 x total gallons	
Piping only: <= 50 feet = \$50; or > 50 feet = \$100	
Inspection Fee deposit (applies to use of state inspector): \$90 min	
TOTAL Permit review fee (maximum \$750)	

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

* Omit \$100 base permit fee if you have already included it with the Major Installation application. Calculate fee based on total length of piping installed or closed.