Sioux City Fire Rescue
601 Douglas St. Sioux City, IA 51101
Phone: 712-279-6377 Fax: 712-279-6106
fireprevention@sioux-city.org

Request for Permit to Remove Underground Storage Tank(s)

This checklist is to be completed by the Contractor PRIOR to removal of tank(s). There are no fees associated with this permit.

Address of Removal Site: _____ Date of Removal: _____
Number and size of tanks: _____
Product(s) stored: _____
Final disposal location: _____

Prior to removal, the contractor must complete the following:

- ☐ Verify liquids will be removed from the tank and connected piping
- ☐ Verify piping at tank openings will be disconnected
- ☐ Verify piping will be removed from beneath the ground
- ☐ Verify tank openings will be capped/plugged, leaving a 0.125 – 0.25 inch diameter opening for pressure equalization.
- ☐ Verify tank(s) will be purged of vapor inerted prior to removal
- ☐ Verify tank(s) will be disposed of in accordance with local, state, and federal regulations.
- ☐ Compliance with all regulations of the International Fire Code, NFPA 30 (2012 ed.), and any other applicable local, state, and federal codes and regulations.
- ☐ A copy of your Iowa UST License must accompany this application
- ☐ The tank closure report must be sent to the Fire Prevention Bureau upon completion of work

FACILITY INFORMATION

Facility Name: _____
Owner Address: _____
Contact person: _____ Work Phone: _____
Email address: _____ Cell Phone: _____

CONTRACTOR INFORMATION

Contractor Business Name: _____
Business Address: _____
Contact person: _____ Work Phone: _____
Email address: _____ Cell Phone: _____

I, the undersigned, state that the information listed above is correct and that all above actions have been completed. I understand that no authorization will be granted by Sioux City Fire Rescue without this form being submitted to Sioux City Fire Rescue. I understand that no tank removal will be done without the appropriate permit.

_____
Name of Person Completing Application (Print)

_____ _____
Signature Date