



JANESVILLE FIRE DEPARTMENT
 303 Milton Avenue, Janesville, WI 53545
 City of Janesville
TANK CLOSURE APPLICATION

Application is made to the Janesville Fire Department to:

- place tank system temporarily out of service close tank system in place
 close tank system by removal use a UST system to store a nonregulated substance (Change-in-service)

APPROVAL REQUIRED: Approval is required for the closure of any tank system. "Tank systems" includes aboveground and underground storage tanks in excess of 60 gallons and system components to include but not limited to piping, vents, leak detection, cathodic protection and spill/over fill protection systems. Approval of the closure plan is required at least 15 days in advance of the closure date.

DIRECTIONS: Submit this form, three copies of the site plot plan, three copies of the site assessment plan and the required fee to the address in the upper right corner of this page. The check is to be made payable to: City of Janesville, Treasurer. Each submittal must include a plot plan drawn to scale and showing 1) property lines 2) buildings 3) tanks 4) piping 5) streets 6) overhead and underground utilities 7) limits of the excavation 8) temporary location of excavated dirt and backfill.

FEES: Plan review \$25.00
 Site inspection . . . first tank \$50.00 Fees Paid Date Check # By
 Each additional tank . \$30.00 (*Fees will be doubled upon failure to initiate approval prior to closure.*)

NOTICE OF APPROVAL: Two copies of the plans and a letter of approval or conditional approval will be returned to the closure company after review.

GENERAL REQUIREMENTS: Individual holding remover certification must be on-site. Portable fire extinguishers with a rating of 2A-408:C must be on-site. Closure company is required to have a calibrated flammable vapor indicator or equivalent instrumentation to determine the percentage of the lower explosive limit.

(Please Print)

1. BUSINESS NAME			2. OWNER NAME		
<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:			OWNER STREET ADDRESS		
BUSINESS STREET ADDRESS			<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE	ZIP CODE
STATE	ZIP CODE	COUNTY	COUNTY	TELEPHONE NO. (Include Area Code) ()	
3. CLOSURE COMPANY NAME			CLOSURE COMPANY STREET ADDRESS. CITY. STATE. ZIP CODE		
COMPANY TELEPHONE NO. (Include Area Code)			CERTIFIED REMOVER NAME		REMOVER CERTIFICATION NO.
4. NAME OF COMPANY PERFORMING CLOSURE ASSESSMENT			ASSESSMENT COMPANY STREET ADDRESS, CITY, STATE, ZIP CODE		
COMPANY PHONE NO. (Include Area Code)		CERTIFIED ASSESSOR NAME		ASSESSOR CERTIFICATION NO.	

TANK ID#	CLOSURE	TEMPORARY CLOSURE	CLOSURE IN PLACE	TANK CAPACITY	CONTENTS*	CLOSURE ASSESSMENT
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO

*Indicate which product by numeric code: 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 09-Unknown; 10-Premix; 11-Waste Oil; 13-Chemical (indicate the chemical name(s) or number(s) ; 14-Kerosene; 15-Aviation.

- Is right of way encroachment required? YES NO Was Diggers Hotline contacted? YES NO
 Is site contamination suspected? YES NO Has a site safety plan been prepared? YES NO

SIGNATURE OF CERTIFIED REMOVER	DATE
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