

PLUMSTEAD

TOWNSHIP

5186 Stump Rd
Box 387
Plumsteadville, PA 18949



215-766-8914
FAX – 215-766-9831

TANK REMOVAL PERMIT APPLICATION

The Fire Marshal's Office MUST be notified of the date that the removal is to begin. Notification should be made as early as possible but no later than 48 hours prior to the start date. Site inspections will be conducted during the removal. An inspector must be onsite when the tank is removed from the ground.

EMAIL ADDRESS REQUIRED:

Tax Parcel No: 34-	Date of Tank Removal:	Permit No :
--------------------	-----------------------	-------------

Address of Tank Locations:

Owner of Record:	Phone No:
	Email:

Address:

Applicant:	Phone No:
	Email:

Address:

Contractor:	Phone No.
	Email:

Contractor Address:	Contractor Twp Registration No.
---------------------	---------------------------------

Certified Tank Handling Company:	Phone No.
	Email:

Address:	DEP Certification No.
----------	-----------------------

Name of individual who will be onsite:	DEP Certification No.
--	-----------------------

Tank #	Size in Gallons	Product stored in Tank	Leaking (Y/N/UNK)	FEE	ESCROW

TOTAL FEE:					
------------	--	--	--	--	--

Approved by Fire Marshal:	Date:
---------------------------	-------

TANK REMMOVAL CHECKLIST

***Is the tank regulated by the PA DER Act 32? Yes _____ No _____

If Yes, a copy of the State Closure Notification must be attached.

1. Site Plan with location of structures, tanks, dispensers and piping must be attached.
 2. Soils Analysis Form must be attached.
 3. Product stored in tanks _____
 4. Age of Tank/History _____
 5. Tank Construction _____
 6. Is the tank leaking? Yes _____ No _____
 7. Is the vent pipe attached? Yes _____ No _____
 8. Remaining product and tank bottoms will be disposed by _____
-

9. How will the tank be stabilized? Purging, inerting, etc. _____

10. How will the tank be monitored for explosive vapors?

11. How will the tank be cut? _____

12. Tank will be disposed at _____

- SITE PROTECTION SHALL INCLUDE A CHECK OF IGNITION SOURCES AND GROUNDING OF EQUIPMENT.
- "NO SMOKING" LINE SHALL BE ESTABLISHED
- MONITOR OPERATIONS CLOSELY.
- A COPY OF THE FULL CLOSURE REPORT WHICH YOU SUBMITTED TO DER MUST ALSO BE SUBMITTED TO THE TOWNSHIP.

Owner's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Dear Applicant:

Upon removal of a tank(s) and within 30 days, you must supply the Township with a copy of the soil analysis data. This must state the condition of the soil and whether it is free of contamination. Escrow will not be released until the results are received and, if necessary, proper site remediation activities are completed.

Signature of Applicant

Date