



Minneapolis Health Department
 Environmental Programs Division
 250 South 4th Street, Room 510
 Minneapolis, MN 55415-1316
 (612)673-3000 Fax (612) 673-2635
EnvironmentalHealthPermit@minneapolismn.gov
PAY ONLY BY MAIL, FAX OR PHONE CONTACT

TANK INSTALLATION APPLICATION

Application must be accompanied by site map.

SITE INFORMATION					
SITE NAME		SITE ADDRESS			
OWNER INFORMATION:					
PROPERTY OWNER:		ADDRESS:		STATE:	ZIP CODE:
CONTACT PERSON:		CITY:		PHONE NUMBER:	
Installed Tank	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
Capacity in Gallons					
Check Tank Type	AST <input type="checkbox"/> UST <input type="checkbox"/>	AST <input type="checkbox"/> UST <input type="checkbox"/>	AST <input type="checkbox"/> UST <input type="checkbox"/>	AST <input type="checkbox"/> UST <input type="checkbox"/>	AST <input type="checkbox"/> UST <input type="checkbox"/>
List of Contents:	(A) Diesel (B) Gasoline (C) Heating (D) Waste Oil (E) Chemical (Specify) (F) Other (Specify)				
List Contents of Each Tank					
Type of User:	<input type="checkbox"/> Gas Resale <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Utility <input type="checkbox"/> Mercantile/Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government <input type="checkbox"/> School <input type="checkbox"/> Residential <input type="checkbox"/> Backup Generator <input type="checkbox"/> Other (Specify):				
Method of Secondary Containment	<input type="checkbox"/> Continuous Diking <input type="checkbox"/> Vaulted <input type="checkbox"/> Other (Specify):				
Overfill Protection	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, What Type? <input type="checkbox"/> Automatic Shut-Off <input type="checkbox"/> Audible Alarm <input type="checkbox"/> Ball Float				
Method of Leak Detection	<input type="checkbox"/> Automatic Tank Gauge <input type="checkbox"/> Vapor Monitoring <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Inventory Control & Tightness Testing <input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Manual Gauging <input type="checkbox"/> SIR (Statistical Inventory Reconciliation) <input type="checkbox"/> Tank Precision Test & Inventory Control <input type="checkbox"/> Other:				
Type of Tank	<input type="checkbox"/> Bare Steel Single Walled <input type="checkbox"/> Bare Steel Double Walled <input type="checkbox"/> Coated Steel Single Walled <input type="checkbox"/> Coated Steel Double Walled <input type="checkbox"/> FRP Single Walled <input type="checkbox"/> FRP Double Walled <input type="checkbox"/> Oil and Flammable Waste Separator <input type="checkbox"/> Sediment Trap <input type="checkbox"/> Other:				
Method of Corrosion Protection	<input type="checkbox"/> STI-P3 <input type="checkbox"/> Fiberglass <input type="checkbox"/> Inter. Lining <input type="checkbox"/> Impressed Current <input type="checkbox"/> Lining & Impressed Current <input type="checkbox"/> Anodes - Not STI-P3 <input type="checkbox"/> None <input type="checkbox"/> Other:				
Stage I Vapor Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> Not required				
Piping Material	<input type="checkbox"/> Bare Steel Single Walled <input type="checkbox"/> Bare Steel Double Walled <input type="checkbox"/> Coated Steel Single Walled <input type="checkbox"/> Coated Steel Double Walled <input type="checkbox"/> <input type="checkbox"/> FRP Single Walled <input type="checkbox"/> FRP Double Walled <input type="checkbox"/> Flexible <input type="checkbox"/> Other:				
Piping System Type	<input type="checkbox"/> Pressurized Piping With (a) Auto Shut-off, (b) Alarm, or (c) Flow Restrictor <input type="checkbox"/> Suction Piping With Check Valve at Tank <input type="checkbox"/> <input type="checkbox"/> Suction Piping With Check Valve at Pump and Inspectable <input type="checkbox"/> Not Needed (e.g. Waste Oil)				
TANK CONTRACTOR INFORMATION:					
COMPANY NAME:		ADDRESS:		STATE:	ZIP CODE:
CONTACT PERSON:		CITY:		PHONE NUMBER:	
I certify that all the information provided in this application is true and complete. I certify that all the removal of all tanks will be in accordance with Minnesota State Statute 7150 and 4715.					
PRINT LICENSED OR REGISTERED CONTRACTOR NAME:	LICENSED OR REGISTERED CONTRACTOR SIGNATURE:	DATE:	COMPANY LICENSE NUMBER:		
Install Date: Call 612-685-8501 at least 48 hours prior to removal to confirm work dates and to set up inspection times.					
Send my permit: <input type="checkbox"/> Pickup <input type="checkbox"/> Mail to contractor <input type="checkbox"/> Fax - - or <input type="checkbox"/> Email:					
See the Directors Fee Schedule for permit fees. Payment details must be received with application.					
Make checks to "Minneapolis Finance Department". Credit cards accepted by fax to 612-673-2635 or phone.					
Credit Card Fax Send: card type, name of card holder, CC#, expiration date and security code					
Credit Card Phone Provide: Contact and phone number:					

Storage Tank Requirements for Minneapolis

Environmental Service Requirements:

Aboveground storage tank requirements:

- ∪ Submit an application, along with payment and a site map showing location of all tanks, any known contaminated areas, buildings, and major streets.
- ∪ Obtain permit. Beginning work prior to receiving approval is a violation of City ordinance. If you have not received the permit 48 hours prior to beginning work please call Tom Frame (612) 685-5801 to verify its issuance or receive a verbal approval.
- ∪ Notify Environmental Services 48 hours prior to beginning work of approximate time of removal, abandonment, or installation.
- ∪ When removing a tank all fill, vent, and product lines must be removed. If not accessible they must be sealed.

Underground storage tank requirements:

- ∪ Submit an application, with site map (as specified above), and.
 - 30 days notice must be given for tank installation.
 - 10 day notice for removal or abandonment.
- ∪ Obtain permit. Beginning work prior to receiving approval is a violation of City ordinance. If you have not received the permit 48 hours prior to beginning work please call Tom Frame (612) 673-5807 to verify its issuance.
- ∪ Notify Environmental Services 48 hours prior to beginning work of approximate time of removal, abandonment, or installation.
- ∪ Remove all vent, fill, and product lines at time of tank removal or abandonment. If not accessible they must be sealed.
- ∪ Submit sampling report within 45 days of tank removal or abandonment.
 - Sampling requirements are the same as state sampling requirement, except that any fuel oil tank greater than 200 gallons also requires one soil sample.
 - Extensions may be granted for submitting a sampling report, upon request.

Minneapolis Fire Department Requirements:

Fire Inspection Services Permits are issued jointly with Environmental Services. Submit the FIS application along with this application to Minneapolis Health Department Environmental. For further information on the FIS application and fees look on-line at www.minneapolismn.gov/regservices/fire/regservices_fis

Heating, Mechanical and Plumbing Permit and Inspection Requirements:

Installation of stationary combustion engines, related accessories for life safety emergency power, and installation of combination tanks for heating and other emergency generators:

Application must be submitted to Minneapolis Development Review for permit issuance. Inspection must be scheduled for tank tightness and line tightness testing with the assigned area inspector. Inspection must occur prior to burial for underground tanks and piping. If an engine is fueled by either natural or LP gas, a process gas piping permit is required and issued by the Plumbing Section. For further information contact Minneapolis Information & Services at 311 or outside Minneapolis at (612) 673-3000.