

Des Moines Fire Department

Request for Permit to Remove Underground Storage Tank

This checklist is to be completed by the Contractor PRIOR to removal of tank(s):

Address of Removal Site: _____

Date of Removal: _____

Number & Size of tank(s): _____

Prior to removal, Contractor must do the following:

Verify liquids will be removed from the tank and connecting piping.

Verify piping at tank openings will be disconnected.

Verify piping will be removed from the ground.

Verify tank openings will be capped or plugged, leaving a 0.125-inch to 0.25-inch diameter opening for pressure equalization.

Verify tank(s) will be purged of vapor and inerted prior to removal.

Verify tank(s) will be disposed of in accordance with federal, state and local regulations.

Contractor Contact Information:

Name of Contractor/Company: _____

Address of Contractor: _____

Telephone # of Contractor _____

I the undersigned state that the information listed above is correct and that all above actions have been completed. I understand that no permit will be issued by the Des Moines Fire Department without this form being submitted to the Des Moines Fire Department. I understand that no tank removal will be done without the appropriate permit.

Signature: _____

Date Signed: _____

Print Name: _____

**Des Moines Fire Department
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Des Moines, IA 50309
Phone # 515-283-4240
Fax # 515-283-4907**