



Minneapolis Health Department
 Environmental Health Division
 250 South 4th St - Room 300
 Minneapolis, MN 55415
 (612) 673-5807 Fax (612) 673-2635
tom.frame@minneapolismn.gov
SEND PAYMENTS ONLY BY MAIL OR FAX

TANK INSTALLATION APPLICATION



Application must be accompanied by site map.

SITE/OWNER INFORMATION	CONTRACTOR INFORMATION
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Site Name:	Contractor Name:	
Site Address:	Contractor Address:	
City: State: Zip:	City: State: Zip:	
Owner Name: Telephone #:	Contractor Contact:	
Owner Address:	Phone:	Fax:
City: State: Zip:		

Installed Tank	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
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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"/> Suction Piping With Check Valve at Pump and Inspectable <input type="checkbox"/> Not Needed (e.g. Waste Oil)				

Additional Information:

I certify that all the information provided in this application is true and complete.
 I certify that all the installation of all tanks will be in accordance with Minnesota State Statute 7150 and 4715.

Licensed or Registered Contractor Signature:	Date:	Registration or License Number:
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Installation Date: Check if this is an approximate date.

Call 673-5807 at least 48 hours prior to installation to confirm work dates and to set up inspection times.

I wished to receive permit via: Pick up Fax Mail Email to: [Please provide email address here](#)

Payment must be received with application. MAKE PAYMENTS ONLY BY MAIL OR FAX, NO CASH

Permit fee is \$155.90 per tank; total cost: \$_____

Make checks payable to "Minneapolis Finance Department" or charge to: Visa Amex MC Exp: _____

Cardholder Name: _____ Card #: *DO NOT EMAIL CREDIT CARD INFORMATION* CODE: _____

Approval of this application and issuance of this Environmental Services permit does not eliminate the need for additional permits required by this Code or other governmental agencies which may include, but are not limited to: fire, mechanical, plumbing, electrical, erosion, construction, demolition, etc.

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) 673-5807 to verify its issuance.
- ∪ 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 250 gallons also requires one soil sample.
 - Extensions may be granted for submitting a sampling report, upon request.

Minneapolis Fire Department Requirements:

Permit must be obtained from the Minneapolis Fire Inspection Services for all tank work. For further information contact Minneapolis Fire Inspection Services at 612-673-3288 or 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.