



© Town of Bethany

## Office of the Fire Marshal

### TOWN OF BETHANY

Town Hall – 40 Peck Road

Bethany, Connecticut 06524-3378

Telephone: (203) 393-2100 X 1119 Email: FireMarshal@bethany-ct.com

Date: \_\_\_\_\_

## APPLICATION FOR REMOVAL OR ABANDONMENT OF UNDERGROUND STORAGE TANKS

1. Address/ Location: \_\_\_\_\_
2. Property Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Contractor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Contractor's License Number: \_\_\_\_\_
6. Requested Removal Date: \_\_\_\_\_ Inspection Time: \_\_\_\_\_
7. Contents of Tank(s): \_\_\_\_\_ Tank Size: \_\_\_\_\_
8. Tank Location on Site: \_\_\_\_\_
9. Person Cleaning / Purging Product from Tank(s): \_\_\_\_\_
10. Purging Process Being Used: \_\_\_\_\_
11. Make / Model of Combustible Gas Meter: \_\_\_\_\_  
(All tanks, regardless of size or product must be monitored by a combustible gas indicator.)
12. Is the tank being replaced:  Yes  No (if yes, a permit is required from the Fire Marshal's Office, as well as from the Building department for the new installation.)
13. The work area and equipment must be secured at all times.
14. The Fire Marshal's office must be notified a minimum of seventy-two (72) hours **prior** to the requested date of removal.
15. Notify "Call Before You Dig" at 800-922-4455 a minimum of seventy-two (72) hours **prior** to the requested date for removal. Provide your "CBYD" Number: \_\_\_\_\_
16. A **complete** closure report, including but not limited to a certified soil testing report, hazardous materials manifest, and tank disposal receipt.
17. It shall be the responsibility of the person(s) conducting the removal of the tank to adhere to all procedures as outlined in the State of Connecticut Regulations, NFPA 30 and 327, as well as with the regulations of any other State or Federal Agency.

Stephen C. Sousa  
Fire Marshal

Deputy Fire Marshal

Fire Inspector



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***IF THERE IS EVIDENCE OF A RELEASE OF PRODUCT, REGARDLESS OF THE AMOUNT RELEASED, YOU ARE REQUIRED TO NOTIFY THE D.E.P. SPILL DIVISION AT (860) 566-3338, IN ACCORDANCE WITH THE CONNECTICUT GENERAL STATUTES, SECTION 22a-452.***

***Applicant Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Please use the area provided on the reverse of this application to provide a diagram of the tank location(s).***

***“...A smoke detector can only save a life if it works...have you checked yours lately.”***