



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

<u>FOR OFFICE USE ONLY</u>	
Facility # _____	
Permit # _____	

APPLICATION for Permit for **INTERIOR LINING, or INSPECTION OF EXISTING LINING(S)** of Underground Storage Tanks at Existing Site. Submit application in triplicate, along with an application fee of **\$200.00** to: **Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, IL 62703.** (Please type or print clearly)

WARNING: LINING OF A UST IS ALLOWED ONLY FOR COMPATABILITY REASONS. LINING OF USTs FOR CORROSION PROTECTION PURPOSES OR TO REPAIR STRUCTURAL DEFECTS OR DEGRADATION IS PROHIBITED.

This application must be accompanied by a corresponding OSFM “Owner and Contractor Attestation As to Tank Wall Integrity” form requiring the signature of both the UST Contractor and the UST owner attesting to the fact that the reason for lining the UST is strictly for compatibility reasons and not for corrosion protection or to repair structural defects or degradation in any underground storage tanks.

The **INTERIOR LINING CONTRACTOR** must complete this application. A fee of \$200.00 for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash).

No work can proceed without a granted permit in hand and that permit must be available upon request of the OSFM Storage Tank Safety Specialist. Granted permit(s) are considered void whenever tank(s) are found unacceptable for interior lining.

Insufficient information or illegibility can be cause for return or denial. Performing work on an existing lining without a permit is prohibited.

(1) **OWNER OF TANKS** - Corporation, partnership, or other business entity: (Must be mailing address)

(2) **FACILITY** - Facility ID # _____
 (Name and address where tanks are located:)

Name

Street Address

City State Zip

Contact Person Phone

Name

Street Address

City State Zip County

Contact Person Phone

(3) **TANK(S)**: Check whichever applies and fill in the appropriate blanks for the tank(s) to be lined or existing lining to be inspected. Attach additional sheet(s) if more space is needed.

Tank ID #	Capacity in Gallons	Product to be stored in UST after work is completed	Age of Tank	Single or Double Wall UST		Material of Tank Construction			Manways		Work to be Performed	
				Single Wall	Double Wall	FRP	Steel	Composite	Existing bolted manway at grade	Manway to be installed	To be Lined	Inspect Existing Lining

(4) **COMPATIBILITY** - The lining material must be compatible with the product stored (**VERIFICATION MAY BE REQUIRED**). Only lining materials meeting the specifications approved by the OSFM shall be used.

(4a) **MANUFACTURER OF LINING MATERIAL** (company name): _____

(4b) **SPECIFICATIONS OF LINING MATERIAL** (name, number, etc.): _____

The OSFM **REQUIRES** the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, Act 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted is **REQUIRED** to be done within **14 days** from the date of return.

(5) REASON FOR LINING

Explain the Specific Reason for Lining the UST(s) (Note that lining is allowed only for compatibility reasons):

Note: After January 1, 2011, steel tanks sought to be lined must be accompanied by a detailed engineering evaluation by an Illinois P.E. establishing how the lining would overcome a product compatibility problem in accordance with 175.415(e).

All work shall be performed per 41 Ill. Adm. Code 175 and shall otherwise be in accordance with any referenced codes and standards or manufacturer specifications. This permit application pertains only to interior lining or inspection of interior linings. Other work on USTs requires a separate "Upgrade or Repair" permit from the OSFM.

(6) CONTRACTOR: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all information submitted is true, accurate and complete.

Company Name _____ Address _____
City _____ State _____ Zip _____
Telephone # _____ Fax # _____ Contractor License # IL _____ Expiration Date _____
Name of Authorized Representative _____ Title or Position _____
Signature _____ Date _____

REMINDERS:

This application must be accompanied by a corresponding OSFM "Owner and Contractor Attestation As to Tank Wall Integrity" form requiring the signature of both the UST Contractor and the UST owner attesting to the fact that the reason for lining the UST is strictly for compatibility reasons and not for corrosion protection or to repair structural defects or degradation in any underground storage tanks.

This application pertains only to the lining of USTs. When the product contained within a UST is changed it is responsibility of the owner to ensure that all other components of the UST system remain compatible with the new product to be stored.

When the product contained within a UST is changed an updated "Notification of Underground Storage Tanks" form must be submitted to the OSFM within 30 days of the change.