

Above Ground/Under Ground Storage Tank Installation/Removal Permit and Guidance

AGST (Above Ground Storage Tank) and UGST (Under Ground Storage Tank) installation and removal work must be completed in accordance with the International Building/ Fire Code, referenced NFPA regulations and the requirements of the PA DEP Storage Tank Regulations.

The installation or removal of tanks shall be by a recognized contractor who is an experienced specialist in both installation and removal of either underground or above ground storage tanks.

ABGST and UGST Permit application must include all of the following documents:

Removal

- 1) Plot plan showing location of tank and associated piping
- 2) Copy of the contractors PA DEP Certification
- 3) PA One Call notification prior to start of the project
- 4) Copy of executed work contract, scope of work
- 5) Upon completion of the removal a Closure Report must be submitted to this office**

Installation

- 1) Plot plan showing location of tank and associated piping
- 2) Copy of the contractors PA DEP Certification
- 3) PA One Call notification prior to start of the project
- 4) Copy of executed work contract, scope of work

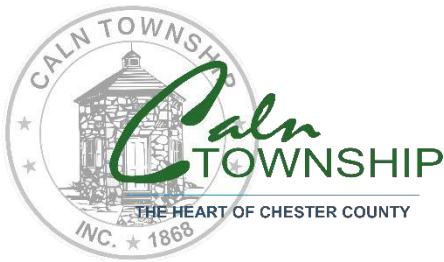
Additional information is available at www.state.pa.us, Keyword: DEP Storage Tanks and <http://www.depgreenport.state.pa.us/elibrary/GetDocument?docId=6557&DocName=2630-FS-DEP1566.pdf>

DEPARTMENT OF BUILDING & LIFE SAFETY

Raymond Stackhouse, Director

253 Municipal Dr, Thorndale, PA 19372 | Phone: 610-384-0600 | Fax: 610-384-0689

codes@calntownship.org | www.calntownship.org



Storage Tank Removal Application

I. LOCATION	
Address	
II. OWNER	
Name	Address
Phone#	City, State, Zip
Email	
III. CONTRACTOR	
Name	Registered with Township?
Address	Phone#
City, State, Zip	Email
DEP Reg.#	Name on DEP Reg.
IV. APPLICANT	<input type="checkbox"/> Same as Owner <input type="checkbox"/> Same as Contractor
Name	Relationship to owner
Address	Phone#
City, State, Zip	Email
V. SUBMITTAL REQUIREMENTS (Use page two or separate sheet)	
1. Check if more than one tank being removed (If more than one tank then plan must include all)	
2. Check one: Above Ground Below Ground	
3. Size of tank: gallons	
4. Last contents of tank:	
5. Is tank subject to DEP <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes provide details of proposed closure on page two)	
6. Applicant will describe in enough detail scope of work (Use page two or separate sheet)	
7. Provide site plan showing location of tank, associated piping, structures, property lines, etc.	
8. Will soil samples be taken <input type="checkbox"/> YES <input type="checkbox"/> No (If no provide name of third party)	
9. Testing and acceptance methods and methodology	
10. Provide names of testing agencies.	

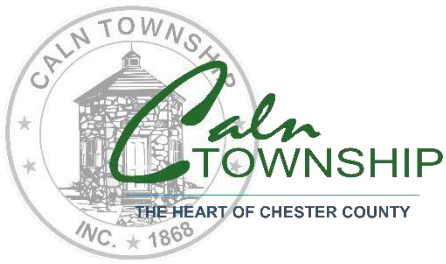
All removals will conform to the 2009 IBC, 2018 IFC, Local Ordinances, State and Federal requirements. It is the applicant's responsibility to notify and apply to all applicable agencies including PA One Call. The applicant is responsible for the safety of the site and integrity of any spoil pile.

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Storage Tank Removal Application

VI. PROPOSED WORK

Empty rectangular box for proposed work details.

Applicant Signature: _____ Date: _____

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