

DERR Facility ID:
1200 _____

WEBER-MORGAN HEALTH DEPARTMENT
477 23rd STREET, OGDEN UT 84401
OFFICE: (801) 399-7160 FAX: (801) 399-7168



APPLICATION FOR UNDERGROUND STORAGE TANK INSTALLATION, CLOSURE, UPGRADE OR REPAIR

UST Owner: _____

Contact: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Facility Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Contractor: _____

Contact: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Approximate date work is scheduled to begin: _____

Install, # of tanks: _____ Closure, # of tanks: _____

Upgrade or repair, briefly describe the work to be done: _____

Signature: _____ **Date:** _____

OFFICE USE ONLY

Install (\$250/tank, includes piping inspection): # tanks _____ x \$250 = \$ _____

Closure (\$350 for 1-4 tanks + \$100 each additional tank):
\$350 + (# additional tanks _____ x \$100) = \$ _____

Upgrade/repair (\$140 per inspection): \$140 x # inspections _____ = \$ _____

Amount Owed: \$ _____

Amount Paid: \$ _____

Date Paid: _____