

DERR Facility ID:  
1200 \_\_\_\_\_

WEBER-MORGAN HEALTH DEPARTMENT  
477 23<sup>rd</sup> 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 (\$420 for 1-4 tanks + \$100 each additional tank):  
\$420 + (# additional tanks \_\_\_\_\_ x \$100) = \$ \_\_\_\_\_

Upgrade/repair (\$160 per inspection): \$160 x # inspections \_\_\_\_\_ = \$ \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

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