

Fire Marshal/Emergency Management

Mailing: P. O. Box 370 Lillington, NC 27546
Physical: 200 North 13th Street, Suite 19
Erwin, NC 28339

910-893-7580
910-893-5025

PERMIT APPLICATION FOR INSTALLATION, REMOVAL OR ABANDONMENT OF UNDERGROUND OR ABOVE GROUND STORAGE TANK(S)

Application is hereby made by the undersigned for a permit:

Install: Storage Tank(s) Underground ___ Above Ground
Remove: ___ Storage Tank(s) Underground ___ Above Ground ___
Abandon: ___ Storage Tank(s) Underground ___ Above Ground ___

Business Name: Carolina Conduit Systems

Address: 1365 Sadler Rd

City: Dunn State NC Zip: 28334

Contractor's Name: Carolina Conduit Systems

Address: 1365 Sadler Rd

City: Dunn State: NC Zip: 28334

- A permit shall be obtained for the above listed procedure prior to beginning work. All fees shall be paid at the time of the permit being issued.
- All tank work shall comply with all local, state, federal laws and NFPA and API standard practices.
- Notify the Emergency Services Office prior to installation, removal or in place abandonment of tank(s).
- For removal or abandonment in place, all liquids shall be removed from the tank(s) and disposed of properly.
- A representative from this office shall be on site at the time of the installation or removal of the tank(s).
- Tank contractors shall complete and submit the attached AGST/UGST Removal or Abandonment Checklist to this office after completion of the job.

I understand and consent to the above-stipulated conditions upon which this permit is granted. Failure to obtain permit and comply with regulations may render me liable to the penalties provided by law.

Paul Edmondson 8/14/23 919-675-3708
Applicant: Date: Phone #:

Emergency Services Director: Date: Granted Denied

Receipt #: _____ Amount: _____ Cash: _____ Check #: _____ Rec By: _____

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AGST/UGST REMOVAL OR ABANDONMENT CHECKLIST

THIS FORM SHALL BE COMPLETED BY THE CONTRACTOR AND SUBMITTED TO THE HARNETT COUNTY FIRE MARSHAL'S OFFICE.

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRODUCT REMOVED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GALLONS REMOVED: _____

GAS: _____ DIESEL: _____ KEROSENE: _____ FUEL OIL: _____

OTHER: _____

TANKS REMOVED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TANK TYPE REMOVED: _____ GALLONS: _____

DISPOSAL BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DISPOSAL SITE: _____

THIS DOCUMENT WILL BE PLACED ON FILE IN THE FIRE MARSHAL'S OFFICE.

CONTRACTOR'S SIGNATURE

DATE

FM REVIEW

4/08