



NOTIFICATION FOR REMOVAL OF OIL STORAGE TANKS in the CITY OF LACONIA

Contractor Name & Address _____

Contact _____ Cell Phone # _____

LOCATION OF TANK REMOVAL _____

DESCRIPTION OF WORK _____

STORAGE TANK CAPACITY _____ FUEL TYPE _____

ESTIMATED FUEL REMAINING IN TANK _____

WORK START DATE _____ END DATE _____

- Note:** 1) A fire watch shall be provided by the contractor if cutting or welding is required for the removal.
2) Contractor must follow all NHDES Regulations and Requirements
3) Pre or post inspections are not required by LFD

Fee: \$75.00 per tank **Paid by Cash \$** _____ **Check #** _____ **Credit** _____

Approved: _____ **Date:** _____
Laconia Fire Prevention Officer