

**UNDERGROUND STORAGE TANK PERMANENT CLOSURE NOTICE (Revised 01/01/97)**

Facility ID # \_\_\_\_\_

State Use Only	
Date Processed _____	by _____
Date Mailed to LHD _____	
Samples in LUST File # _____	
Samples to LUST Review _____	
LUST Status _____	

Closure Notice prepared at the request of the owner/operator (identified below) by \_\_\_\_\_  
of (company name) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FACILITY INFORMATION**

**Tank Owner** \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 sole proprietorship    partnership    corporation

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Facility Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Number of regulated tanks at the facility before closure: \_\_\_\_\_

Number of regulated tanks at the facility after closure: \_\_\_\_\_

**TANKS CLOSED**

Tank #							
Date Installed							
Capacity							
Substance stored*							
Date last operated							
Date closed							
How closed (Removed/In place)							

\* Indicate the specific substance stored in each tank to be closed (regular, unleaded, diesel, waste oil, etc.)

**TANK REMOVER** Name \_\_\_\_\_ Cert. # TR \_\_\_\_\_ Exp. date \_\_\_\_\_

Company \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SOIL/GROUNDWATER SAMPLER** Name \_\_\_\_\_ Cert. # GS \_\_\_\_\_ Exp. date \_\_\_\_\_

Company \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CLOSURE INFORMATION**

Fuel was emptied       Sludge was removed       Tank was cleaned.

Tank was:     Purged     Inerted. Method Used: \_\_\_\_\_

Location of Closure Records \_\_\_\_\_

**For In-Place Closure:** tanks filled with \_\_\_\_\_

**For Change-In-Service:** Substance to be stored \_\_\_\_\_

**DISPOSAL SITES USED:**

	Location Name	Contact Name	Phone #	Date	Amount
Tank(s)					Tank #
Product From Tank(s)					gal
Contaminated Water From Tank Cleaning					gal
Sludge					gal
Contaminated Water From Excavation					gal
Contaminated Soil					yd <sup>3</sup>

Is any contaminated soil which was over-excavated still on-site?     Yes     No     Not applicable

Was Free Product encountered during closure activities?     If yes, please indicate thickness, \_\_\_\_\_ Inches

**SITE ASSESSMENT**

Complete the Facility Site Plat (Closure Notice) and Sample Information Table (Closure Notice) on pages 3 and 4 to show the locations, depths, and other information on all soil/groundwater samples taken for closure. The samples must be consistently identified by sample ID # on the site plat, table, and lab analysis report.

Completed Facility Site Plat (Closure Notice) is attached.

The following **must** be included (enter the distance, and direction (N,S,E,W) from the area of contamination or, where applicable, use OH for overhead, NP for not present):

\_\_\_\_\_ Water Line    \_\_\_\_\_ Sewer Line    \_\_\_\_\_ Natural Gas    \_\_\_\_\_ Storm Drain    \_\_\_\_\_ Telephone    \_\_\_\_\_ Electrical    \_\_\_\_\_ Property Line    \_\_\_\_\_ Buildings

Completed Sample Information Table (Closure Notice) is attached.

Certified lab analytical environmental sample results are attached.

Unified Soil Classification (USC) sample results are attached.

Chain of Custody form is attached.

Samples were properly:     Collected     Labeled     Packaged     Transported

Samples were in sight of the person in custody at all times or in a secured locked place.

**I certify under penalty of law that the closure site assessment at this facility was conducted in accordance with R311-202 (parts 280.52 and 280.72) and R311-205 U.A.C., and that any additional samples required by R311-202 parts 280.52 and 280.72 and R311-205-2(a)(1) were properly collected.**

**Signature of Certified Groundwater/Soil Sampler** \_\_\_\_\_

**Full name of Certified Sampler** \_\_\_\_\_ **Date** \_\_\_\_\_

If contamination at the facility is confirmed, any person providing remedial assistance for a fee must be a Certified UST Consultant. The Certified UST Consultant providing assistance is:

**CERTIFIED UST CONSULTANT** Name \_\_\_\_\_ Cert. # CC \_\_\_\_\_ Exp. date \_\_\_\_\_

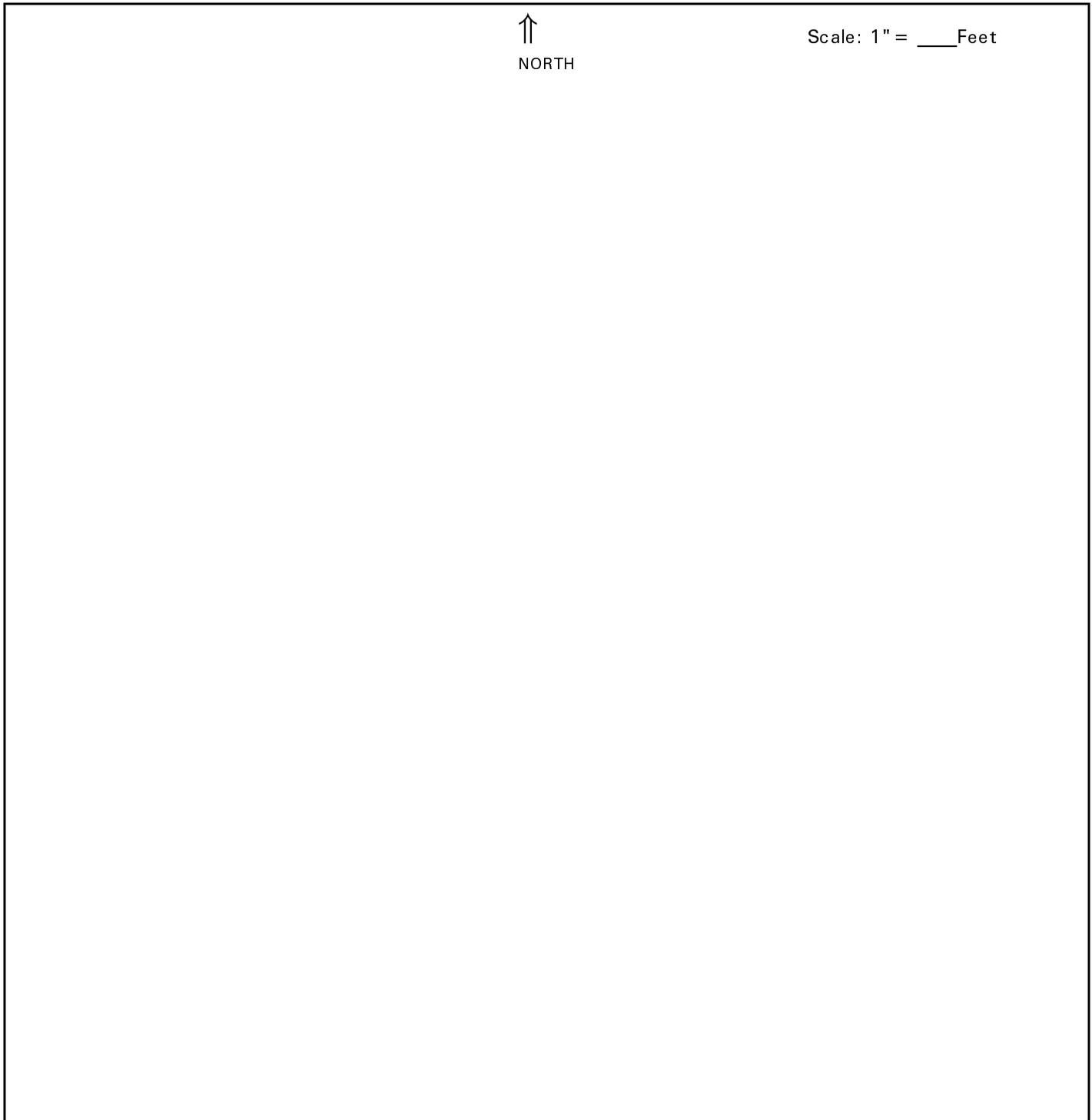
Company \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FACILITY SITE PLAT (CLOSURE NOTICE)**

The site plat must be drawn to an appropriate identified scale. It must show actual sampling locations, substances stored in tanks, and other relevant information. Tank and sample identification numbers must be consistent with the information given on p. 1 and 4 of the closure notice

Facility ID # \_\_\_\_\_ Drawn By \_\_\_\_\_ Date \_\_\_\_\_



X = Sample locations (SS-#, WS-#, USC-#)

▲ = Monitoring Wells (MW-#)

○ = Soil boring (SB-#), or Geoprobe Boring (GP-#)

● = Water Wells (domestic, livestock, etc.)

Slope of Surface Topography: (N, NW, W, SW, S, SE, E, NE)

Land Use At Site: \_\_ Residential \_\_ Commercial \_\_ Industrial

Surrounding Land: \_\_ Residential \_\_ Commercial \_\_ Industrial

**Site Plat Must Indicate Actual Locations Of:**

- ✓ Current & former tanks, piping & dispensers
- ✓ Excavations, GW monitoring wells & soil stockpiles
- ✓ Location & depth of all samples taken
- ✓ Buildings, fences, & property boundaries
- ✓ Utility conduits (sewers, gas, water, storm drains, electrical etc.)
- ✓ Depth to groundwater (if encountered)

