

| State Use Only | |
|---------------------|----|
| Date Processed | by |
| Date Mailed to LHD | |
| LUST ID# | |
| Date to LUST Review | |

| | | | |
|--|------|-------|---------|
| 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 # |
| <input type="checkbox"/> sole proprietorship | <input type="checkbox"/> partnership | <input type="checkbox"/> corporation | |
| Address | City | State | Zip |
| Facility Name | | | |
| Address | City | State | Zip |
| Contact person | | | Phone # |
| Total number of regulated underground tanks at this site before closure | | | |
| Total number of regulated underground tanks at this site <u>after</u> closure | | | |

TANKS CLOSED

| | | | | | | |
|--|--|--|--|--|--|--|
| Tank # | | | | | | |
| Type (Steel,FRP,etc.) | | | | | | |
| Date Installed | | | | | | |
| Capacity (Gallons) | | | | | | |
| Substance stored* | | | | | | |
| Date last operated | | | | | | |
| Date Closed | | | | | | |
| Removed/In Place/ Change in Service (CIS)? | | | | | | |

*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 <input type="checkbox"/> | Sludge was removed <input type="checkbox"/> | Tank was cleaned <input type="checkbox"/> |
| Tank was: Purged <input type="checkbox"/> | Inerted <input type="checkbox"/> | 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) | | | | | |
| Contaminated Water From Tank Cleaning | | | | | |
| Sludge | | | | | |
| Contaminated Water From Excavation | | | | | |
| Contaminated Soil | | | | | |

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 | | Address | |
| City | State | Zip | Phone # |

| |
|--|
| Please explain any unusual or extenuating circumstances expected regarding the site assessment or closure: |
| |
| |
| |
| |

Facility Site Plat (Closure Notice)

The site plat must be drawn to an appropriate identified scale. It must show planned 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.

| | |
|-------|---------------------|
| North | Scale: 1"= ___ Feet |
| | |

| | | |
|--------------|-----------|-------|
| Facility ID: | Drawn By: | Date: |
|--------------|-----------|-------|

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

ρ = 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

√ Location of all samples to be taken

√ Buildings, fences, & property boundaries

√ Utility conduits (sewers, gas, water, storm drains, electrical, etc.)

√ Depth to groundwater (if encountered)

√ Excavations, GW monitoring wells & soil stockpiles

