

**UTAH UST PROGRAM
TEMPORARY CLOSURE NOTICE (REVISED 12/05)**

FACILITY ID# _____

State Use Only	
Date Received	
Date Processed	by _____

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

OWNER AND FACILITY INFORMATION

Tank Owner		Phone #	
Address	City	State	Zip
Facility Name			
Address	City	State	Zip
Contact person			Phone #
Number of regulated USTs at this facility:		Number of regulated USTs to be temporarily closed:	

TANKS TEMPORARILY CLOSED

Tank #					
Type (Steel,FRP,etc.)					
Date Installed					
Capacity (Gallons)					
Substance stored*					
Date last operated					
Inches of Product remaining in tank (to the nearest 1/8 inch)					

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Vent lines open and functioning | <input type="checkbox"/> Product lines capped/secured | <input type="checkbox"/> Pumps, manways secured |
| <input type="checkbox"/> Fuel was emptied to less than 1" | <input type="checkbox"/> Corrosion protection is operating | <input type="checkbox"/> Release detection equipment is operating |

Temporary closure requirements:

When an UST system is temporarily closed, the owner/operator must:

- continue operation and maintenance of corrosion protection on tanks, lines, flex connectors, and other metallic system components.
- continue operation and maintenance of release detection **OR** empty the UST system to **less than 1 inch** of product.

When an UST system is temporarily closed for 3 months or more, the owner/operator must also:

- leave vent lines open and functioning
- cap and secure all other lines, pumps, manways, and ancillary equipment
- send a properly-completed Temporary Closure Notice form to the DERR/UST Section.

I certify under penalty of law that I am the Owner of the tank(s) described above and that I am familiar with the information on this form and that it is true, accurate and complete and further, that the procedures described herein were followed during tank closure.

Full Name of UST Owner: _____

Signature of UST Owner: _____ Date: _____

Return completed Temporary Closure Notice form to:
State of Utah Dept. of Environmental Quality
DERR UST Section
PO Box 144840
Salt Lake City, Utah 84114-4840

Street Address:
195 North 1950 West
Salt Lake City, Utah 84116