

LHD USE ONLY
Date Received
Reviewer
Date LHD Approved
Date mailed to State

STATE USE ONLY
Date Received
Date Mailed to LHD
Date Received From LHD
Reviewer/Date Approved
Mgr. Review/Date

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

A Contractor may prepare this Closure Plan as the owner/operator's agent. In preparing the Closure Plan, the Contractor must act with the owner/operator's knowledge and approval. The owner/operator must sign the Closure Plan. **Submit Closure Plan to: DERR/UST, P.O. Box 144840, Salt Lake City, Utah, 84114-4840**

This Closure Plan is submitted in compliance with the requirements contained in 40 CFR 280 Subpart G and R311-204 (U.A.C.)

FACILITY INFORMATION			
Tank Owner			Phone #
Address	City	State	Zip
Facility Name			
Address	City	State	Zip
Contact person			Phone #
Total number of regulated underground tanks at this site			
Total number of regulated underground tanks at this site <u>to be</u> closed			

Piping closure only <input type="checkbox"/>	Tank #						
Tank Type (Steel,FRP,etc.)							
Piping Type (Steel,FRP,etc.)							
Date Installed							
Capacity							
Substance stored*							
Date last operated							
Removal/In Place/Change in Service (CIS)?							

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

For waste oil tanks: Have degreasing or other types of solvents been stored or mixed with the waste oil?

Yes (identify if known) _____ No Not Known

Analysis for lead or other contaminants may be required prior to disposal of contaminated soil or other material. (Check with your disposal facility.)

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

Before the closure plan is submitted for approval, the local health and fire departments where the facility is located must be contacted.

CONTACT LOCAL HEALTH DISTRICT: Name of Dist.			Date
Contact	Title	Phone#	
CONTACT LOCAL FIRE DEPT. Name of Dept.			Date
Contact	Title	Phone#	
DISPOSAL INFORMATION			
Tank(s) will be disposed at: Facility			
Address	City	State	Zip
Contact person			Phone#
Product lines will either be: <input type="checkbox"/> removed or <input type="checkbox"/> cleaned, secured in place, and capped.			
Vent lines will either be: <input type="checkbox"/> removed or <input type="checkbox"/> cleaned and secured open.			
Piping will be disposed at: Facility			
Address	City	State	Zip
Contact person			Phone#
Tank(s) will be emptied by: company			Phone#
Tank(s) will be cleaned by: company			Phone#
Contaminated water in the tank/rinsate will be disposed at: Facility			
Contact person			Phone#
Tank(s) will be: <input type="checkbox"/> purged or <input type="checkbox"/> rendered inert by the following method:			
Residual sludges will be disposed at the following facility:			
Address	City	State	Zip
Contact person			Phone#

FOR CLOSURE IN PLACE ONLY

For this closure method, you are subject to the requirements of UAC R315-302-2(6), which requires annotating the property title and submitting documentation to the Division of Solid and Hazardous Waste (DSHW). For information on how to comply with these requirements, contact the DSHW Solid Waste Landfills Section Manager at (801) 536-0200.

Approval for in-place closure has been granted by the Local Fire Department. (Must submit approval in writing with Closure Plan)

Fire Dept.	Phone#	Contact person	Date
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Approval for in-place closure has been granted by the Local Health Department.

Health Dept.	Phone#	Contact person	Date
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Substance to be used to fill tanks:

SITE ASSESSMENT

A site assessment must be performed for all UST closures and change-in-service. Site assessments must be performed as outlined in 40 CFR 280.72 and R311-205 (U.A.C.). If contamination is suspected, additional samples must be collected at the location where contamination is most likely to be present. If groundwater is encountered, a soil sample must be collected, in the unsaturated zone, in addition to each groundwater sample. Soil and groundwater samples must be analyzed for the compounds shown in the following table, using appropriate lab methods.

Substance or Product Type	Contaminant Compounds to be Analyzed for Each Substance or Product Type	ANALYTICAL METHODS ¹
		Soil, Groundwater or Surface Water
Gasoline	Total Petroleum Hydrocarbons (<u>purgeable</u> TPH as gasoline range organics C ₆ - C ₁₀)	EPA 8015 <u>or</u> EPA 8260
	Benzene, Toluene, Ethyl benzene, Xylenes, Naphthalene, (BTEXN) and MTBE	EPA 8021 <u>or</u> EPA 8260
Diesel	Total Petroleum Hydrocarbons (<u>extractable</u> TPH as diesel range organics C ₁₀ – C ₂₈)	EPA 8015
	Benzene, Toluene, Ethyl benzene, Xylenes, and Naphthalene (BTEXN)	EPA 8021 <u>or</u> EPA 8260
Used Oil	Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH)	EPA 1664 <u>or</u> EPA 1664 (SGT*)
	Benzene, Toluene, Ethyl benzene, Xylenes, Naphthalene (BTEXN) & MTBE; <u>and</u> Halogenated Volatile Organic Compounds (VOX)	EPA 8021 <u>or</u> EPA 8260
New Oil	Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH)	EPA 1664 <u>or</u> EPA 1664 (SGT*)
Other	Type of analyses will be based upon the substance or product stored, and as approved by the DERR Division Director	Method will be based upon the substance or product type
Unknown	Total Petroleum Hydrocarbons (<u>purgeable</u> TPH as gasoline range organics C ₆ - C ₁₀)	EPA 8015 <u>or</u> EPA 8260
	Total Petroleum Hydrocarbons (<u>extractable</u> TPH as diesel range organics C ₁₀ – C ₂₈)	EPA 8015
	Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH)	EPA 1664 <u>or</u> EPA 1664 (SGT*)
	Benzene, Toluene, Ethyl benzene, Xylenes, and Naphthalene (BTEXN) and MTBE; <u>and</u> Halogenated Volatile Organic Compounds (VOX)	EPA 8021 <u>or</u> EPA 8260

¹ The following modifications to these certified methods are considered acceptable by the DERR Division Director:

- Dual column confirmation may not be required for TPH and BTEXN/MTBE analysis.
- A micro-extraction or scale-down technique may be used for aqueous samples, but only for the determination of extractable TPH as diesel range organics (C₁₀ – C₂₈).
- Hexane may be used as an extraction solvent.
- *Silica Gel Treatment (SGT) may be used in the determination of Total Recoverable Petroleum Hydrocarbons.

NOTE: The sample preparation method and any modification(s) to a certified method must be reported by the laboratory.

CONTAMINATED MATERIALS MUST BE DISPOSED AT AN ACCEPTABLE FACILITY:

All materials generated from UST closures must be managed and disposed in a manner that does not place those materials in direct contact with the environment. On-site stockpiling of contaminated soils may be required prior to any soil management activities. *Any person providing remedial assistance for a fee, including aeration and over-excavation (of more than 50 yd³), must be a Certified UST Consultant.*

Contaminated soils generated as part of tank removal are to be disposed at the following facility:			
Address	City	State	Zip
Contact person		Phone	

Complete the Facility Site Plat and Sample Information Table on pages 4 and 5 to provide site assessment information.

CONTAMINATION INFORMATION

If contamination at the facility is suspected or confirmed, the information must be reported to the DERR Division Director at (801) 536-4100 within 24 hours. The Division of Water Quality must be notified at (801) 536-4300 if Free Product is encountered or if surface water has been impacted. If contamination is confirmed, any person assisting in the remediation process for a fee must be a Certified UST Consultant.

SAMPLE INFORMATION TABLE


Complete table for all samples to be taken for closure.

Sample #	Substance stored in tank	Sample type ¹	Depth ²	Compounds ³	Analysis method(s) ⁴

1 Soil (SS), Groundwater (GW), or Unified Soil Classification (USC).
 2 Approx. depth in feet below grade. The required minimum site assessment samples must be taken at 0-2 feet below the backfill/native soil interface.
 3 Contaminant compounds to be analyzed for each sample (from table on p. 3).
 4 Appropriate analysis methods for contaminant compound(s) in each sample (from table on p. 3).

Facility Site Plat (Closure Plan)

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 pages 1 and 4 of the Closure Plan.

North 	Scale: 1"= ___ Feet

Facility ID:	Drawn By:	Date:
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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 Approximate 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.)

Approximate depth to groundwater in the vicinity of the tanks: feet.			
Regional groundwater flow direction:			
State Certified Laboratory to be used:			
Address	City	State	Zip
Contact Person		Phone	

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

I certify under penalty of law that I am the owner/operator of the tank(s) referenced 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 will be followed during tank closure.

Signature of tank owner	
Full Name of tank owner	Date