

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 #	
Address	City	State	Zip
Facility Name			
Address	City	State	Zip
Contact person		Phone #	
Total number of regulated petroleum storage tanks at this site before closure			
Total number of regulated petroleum storage tanks at this site <u>after</u> closure			

**TANKS CLOSED**

Piping Only <input type="checkbox"/> Please complete for each tank	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 40 CFR 280.52, 40 CFR 280.72, and U.A.C. R311-205, and that any additional samples required by 40 CFR 280.52, 40 CFR 280.72 and U.A.C. R311-205-2(1)(a) were properly collected.**

<b>Signature of Certified Groundwater/Soil Sampler</b>	
<b>Full name of Certified Sampler</b>	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 #

<b>Please explain any unusual circumstances that occurred during the site assessment or closure:</b>

**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
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Facility ID:	Drawn By:	Date:
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X = Sample locations (SS-#, WS-#, USC-#)

O = 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

**SAMPLE INFORMATION TABLE (Closure Notice)**

Complete table for all samples that were taken for closure. Sample ID numbers on the table must be consistent with the sample ID numbers given on the site plat and in the lab analysis report.

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

- 1 Soil (SS), Groundwater (GW), or Unified Soil Classification (USC).
- 2 Final depth (in feet) below grade at which samples were taken.
- 3 Contaminant compound(s) analyzed for each sample (TPH, BTEXN, O&G, etc).
- 4 Appropriate analysis methods for contaminant compound(s) in each sample

State Certified Laboratory used			
Address	City	State	Zip
Contact Person	Phone #		

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.

Signature of PST owner	
Full Name of owner	Date

Return completed Closure Notice form, Facility Site Plat and Sample Information Table, Soil/Groundwater sample lab analysis results, USC sample results, and Chain of Custody form within 90 days of PST Closure to:

Mailing Address:	Street Address:
State of Utah Dept. of Environmental Quality DERR / PST Section P.O. Box 144840 Salt Lake City, Utah 84114-4840	Multi Agency State Office Building 195 North 1950 West (First Floor) Salt Lake City, Utah 84116