



**FIRE
DEPARTMENT**

UST CLOSURE APPLICATION

Name: _____ Title: _____
Address: _____ State: _____ Zip: _____

FACILITY OWNER/OPERATOR

Name: _____ Title: _____
Facility Address: _____ State: _____ Zip: _____
Mailing Address: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone: _____

CLOSURE REQUESTED

METHOD #1, Permanent Closure, Tank as Hazardous Waste

Tank(s) Disposal _____
Destination Generator _____
EPA # _____
Haulers EPS # _____
Manifest # _____

METHOD #2, Permanent Closure, Tank Certified Non-Hazardous On-Site

Wash Waste:
Generator EPS # _____
Haulers EPS # _____
Manifest # _____
Certified "Safe for Hot Work" By _____

IN-PLACE - Permanent Tank Closure

Date Requested: _____

TANK(S) DESCRIPTION:

TANK ID	CONT. MATERIAL	AGE	CAPACITY GALLONS	CONTENTS

Has an unauthorized release ever occurred?

☐

Yes

☐

No

Repairs ever been made on tank(s)?

☐

Yes

☐

No

Will new tank(s) be installed?

☐

Yes

☐

No

Will any wells be closed?

☐

Yes

☐

No

If the response to any of the questions above is YES, please attach an explanation.*** * * * LOCAL AGENCY USE ONLY * * * * ***

1. Samples shall be obtained at the sampling points (SP) indicated on the attached plot plan.
2. For each SP, samples shall be obtained at the following depths and analyzed as indicated:

<u>SAMPLE POINT</u>	<u>DEPTH(S)</u>	<u>COMPOUNDS</u>	<u>ANALYSIS</u>