



**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 EPA # \_\_\_\_\_  
Manifest # \_\_\_\_\_

**METHOD #2, Permanent Closure, Tank Certified Non-Hazardous on-site**

Wash Waste:  
Generator EPA # \_\_\_\_\_  
Haulers EPA # \_\_\_\_\_  
Manifest # \_\_\_\_\_  
Certified "Safe for Hot Work" By \_\_\_\_\_ of \_\_\_\_\_

**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 above questions is yes, please attach 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____