

Underground Storage Tank and Piping Closure Form Page 1 of 3

Vermont Agency of Natural Resources, Department of Environmental Conservation
 Waste Management and Prevention Division
<http://www.anr.state.vt.us/dec/wastediv/index.htm>

Important: All closures must be scheduled with the Underground Storage Tank Program at least 5 business days prior to the commencement of closure. Please call 802-828-1138

Section A. Facility/Ownership Information

Facility ID #: _____ SMS # (if applicable) : _____

To find if a facility has an ID # and/or SMS# please use WMID: <http://www.anr.state.vt.us/wmid/>. If there is no Facility ID then please contact the UST Program 802-828-1138.

Facility Name: _____ # of employee's _____

Street Address: _____ City/Town: _____

Type of Facility: Commercial/industrial; Retail Residential; Service Station; Institutional;
 Farm; Federal; Bulk; Fish Hatchery

Owner of UST(s) to be closed: _____ Owner Telephone: _____

Owner mailing address: _____

Owner Email: _____

Contact (if different from owner): _____ Contact Telephone: _____

Contact Email: _____

Landowner (if different than tank owner): _____

Section B. Closure Information

What components will be closed/removed? UST system _____; Tanks only _____; Piping only _____ .

Reason for closure/removal? Liability: _____; Replacement: _____; Abandoned: _____; Suspected leak: _____.

UST #	Product	Tank Age	Size (gal)	Tank condition (excellent, good, fair, poor)	Piping Age	Piping condition (excellent, good, fair, poor)	Proximity (ft.) of tanks to buildings / structures

Have any tanks been closed in-place? UST # _____ Authorized by: _____ Date: _____

Type of material used to closed tank in place (*Water is not allowed*): _____

Disposal/destruction of removed UST(s) Location: _____ Method: _____ Date: _____

Amount (gal) and type of waste generated from USTs: _____

(Tank contents are hazardous wastes and must be handled as such unless recovered as usable product; sludge and solids are not usable/recyclable products and must be handled as hazardous waste. Please contact the [Hazardous Waste program](#) with any questions 802-828-1138).

Tank cleaning company (must be trained in confined space entry): _____

Certified hazardous waste hauler: _____

Generator ID #: _____

Section C. Initial Site Characterization (Work in this section must be completed by a professional environmental consultant or hydro geologist with experience in environmental sampling for the presence of hazardous materials. A full report from the consultant must accompany this form.)

Excavation Information. Some removals require more than one excavation. Identify as A, B, C, etc.

Tank #, excavation A,B,C	Depth (ft.)	Excavation size (sq. ft.)	Peak PID reading	Depth of Peak (ft.)	Avg. PID reading	Bedrock depth (ft.)	Groundwater?(Y/N) and depth	Soil type

Locate all readings and samples on a site diagram and submit with this form and site assessment

Dig Safe # _____

PID Make: _____ Model: _____ Calibration (date/time/gas) _____

Have any soils been polyencapsulated on site? ____NO; ____YES # cubic yds: _____

PID range > zero: _____ppm to _____ppm

Have any soils been transported off site? ____NO; ____YES # cubic yds: _____

Location transported to: _____ Approved by: _____

Amount of soil backfilled (cubic yds.): _____ PID range > zero: _____ppm to _____ppm

Have limits of contamination been defined? ____NO; ____YES. Other on-site contamination? ____NO; ____YES

Is contamination in contact with building foundation? ____No; ____Yes, If Yes, PID reading; _____ppm

Number of soil samples collected for laboratory analysis: _____ Results due date: _____

Free Phase product encountered? ____NO; ____YES Thickness: _____ Sheen: _____

Groundwater encountered? ____NO; ____YES Depth: _____

Are there existing monitoring wells on-site? ____NO; ____YES How many? _____ (Locate on site diagram)

Have new monitoring wells been installed? ____NO; ____YES (Locate on site diagram)

Samples obtained from monitoring wells for lab analysis? ____NO; ____YES Results due date: _____

Is there a water supply well on site? ____NO; ____YES Type: ____Shallow; ____Rock; ____Spring

Number of public water supply wells located within 0.5-mile radius: _____ Min. distance (ft); _____

Receptors impacted:

____Soil; ____Indoor Air; ____Ambient Air; ____Groundwater; ____Surface Water; ____Water Supply

Any release must be reported immediately by calling 802-828-1138 (if after hours please call 800-641-5005)

Name of WMPD staff that the release was reported to: _____ Date: _____

Spill # (issued by WMPD staff when release is reported): _____

Section D: Tanks and Piping Remaining or to be Installed. Regardless of size or use, list all USTs and ASTs currently at facility or to be installed at facility. For "Tank Status," indicate "abandoned," "in use," or "to be installed*." This includes any UST/ASTs used to store fuel for heat at a public building (*propane tanks do not need to be listed*)

Tank #	UST or AST?	Product	Size (gallons)	Tank Use (heat, backup generator, etc)	Tank age	Tank Status	Piping age	Piping Status

***Note: Some installations may require permits and advance notice to the UST Program. Please call the UST Program with any questions 802-828-1138**

Section E. Statements of UST closure compliance

I, _____, as the environmental consultant on-site, I hereby
(Please print name)

certify that the site assessment requirements were performed in accordance with DEC policy and regulations, and that information which I have provided on this form is true and correct to the best of my knowledge.

Signature: _____

Company: _____ Telephone#: _____

Date of Assessment: _____ Date of Closure: _____

Return this form along with complete narrative report and photographs to the Department of Environmental Conservation (DEC), Underground Storage Tank Program within **10 days of closure**. Do not delay submission of the site assessment if waiting for lab analysis results. Labs can be emailed separately.

An electronic version of the report from an environmental consultant covering all aspects of closure and site assessment, complete with photographs and any other relevant data, must accompany this form and be emailed to WMPD or uploaded on the WMPD FTP server. Please **DO NOT SUBMIT PAPER COPIES**.

All procedures must be conducted by qualified personnel, to include training required by 29 CFR 1910.120. Documentation of all methods and materials used must be adequate. All work must be performed in compliance with DEC policy "UST Closure and Site Assessment Requirements" as well as all applicable statutes, regulations, and additional policies. The DEC may reject inadequate closure forms and reports.