

Vermont Underground Storage Tank and Piping Closure Form

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

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

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

To find if a facility has an ID # and/or SMS# or Spill # please use ERT: <https://anrweb.vt.gov/DEC/ERT/WasteManagement.aspx>

If there is no Facility ID, then please contact the UST Program at 802-828-1138 so one can be assigned.

Section A. Facility/Ownership Information

FACILITY NAME: _____ # of employee's _____

Street(E911) Address: _____ **City/Town:** _____

Type of Facility:

___ Commercial/industrial; ___ Retail sales; ___ Residential; ___ Institutional; ___ Farm (includes fish hatcheries, tree nurseries); ___ Federal; ___ Bulk; ___ State

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

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

Type of material used to close 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 cleaning company: _____ (must be trained in confine space entry)

Certified hazardous waste hauler: _____

Generator ID #: _____

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.

Facility ID # _____

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

Please refer to Sites managements Section I-Rule effective 7/27/2017 for soils management:

http://dec.vermont.gov/sites/dec/files/wmp/Sites/07.11.2017.Adopted.Rule_for_SOS_filing.pdf

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.: _____ (locate soil pile on site diagram)

site must meet criterial set forth in IRule 35-510(b) http://dec.vermont.gov/sites/dec/files/wmp/Sites/07.11.2017.Adopted.Rule_for_SOS_filing.pdf

Polyencapsulated soils PID range > zero: _____ppm to _____ppm

Have any soils been transported off site? ___NO; ___YES. If Yes, # cubic yds: _____ For ___disposal, ___treatment

Location transported to: _____ Approved by: _____

must meet criterial set forth in IRule 35-510(d) http://dec.vermont.gov/sites/dec/files/wmp/Sites/07.11.2017.Adopted.Rule_for_SOS_filing.pdf

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

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

Have limits of soil 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

Foundation construction Type: ___slab-on-grade; ___Mobile home; ___dirt floor basement;
___concrete floor basement; ___other, describe(if needed): _____

Was the indoor air of the onsite building screened with a PID? ___NO; ___YES, if YES PID reading: _____ppm

Free Phase product encountered? ___NO; ___YES. Thickness: _____ Sheen present: ___NO; ___YES

Groundwater encountered? ___NO; ___YES Depth: _____ Sample collected? ___NO; ___YES

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). Headspace PID readings: _____

Groundwater 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

Was a sample collected from the supply well for lab analysis? ___NO; ___Yes. Results due date: _____

Receptors impacted: ___Soil; ___Indoor Air; ___Ambient Air; ___Groundwater; ___Surface Water; ___Water Supply

Facility ID _____

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 or a residence.

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

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

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 **30 days of closure**. Do not delay submission of the site assessment report.

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, rules, and additional policies. The DEC may reject inadequate closure forms and reports.