

NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

Facility ID _____

Idaho Department of Environmental Quality, 1410 N Hilton, Boise ID 83706

TYPE OF NOTIFICATION **Notice** (install or closure) **New Facility** (site diagram & install docs required) **Closure**
 Updates **Change of Owner** **Change of Use** (substance stored)

INSTRUCTIONS – See additional instructions on page 6

Please type or use ink. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and attach continuation sheets to the form (pages 3, 4, & 5)

GENERAL INFORMATION

Notification is required by law for all underground storage tanks (USTs) storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986, that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

The primary purpose of this notification form is to provide information about the installation, existence, changes to, and closure of USTs that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

Who must notify? Unless exempted, owners of USTs that store or will store regulated substances must notify DEQ.

1. Owner means -
 - a) in the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances
 - b) in the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use
 - c) in the case of a new installation on or after April 2, 2008, any person who will install an underground storage tank system
 - d) in the case of an underground storage tank closure, any person who will remove or close in place such tank
 - e) in the case of changes or updates, any person who will make a change to an UST system

What tanks are included? Underground storage tank is defined as any one or combination of tanks that is used to contain an accumulation of "regulated substances," and whose volume (including connected underground piping) is 10% or more beneath the ground.

What tanks are excluded?

1. Tanks with a capacity of 110 gallons or less
2. Farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes
3. Tanks used for storing heating oil for consumptive use on the premises where stored
4. Septic tanks
5. Certain pipeline facilities regulated under chapters 601 and 603 of Title 49
6. Surface impoundments, pits, ponds, or lagoons
7. Stormwater or wastewater collection systems
8. Flow-through process tanks

9. Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations
10. Tanks on or above the floor of underground areas, such as basements or tunnels
11. Wastewater treatment tanks
12. UST systems containing radioactive material that are regulated under the Atomic Energy Act of 1954
13. UST systems that are part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR Part 50

What substances are covered? The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil, or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, with the exception of those substances regulated as hazardous waste under Subtitle C of the Resource Conservation and Recovery Act.

Where to notify? Send completed forms to:

UST Coordinator
Idaho Department of Environmental Quality
1410 N. Hilton
Boise, ID 83706 Telephone: (208) 373-0502

When to notify? Owners of underground storage tank systems that are still in the ground must notify immediately. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. Owners who will install an UST system must notify 30 days prior to the installation. Owners who will replace 100% of piping connected to a single underground storage tank must notify 24 hours prior to the replacement. Owners who will close an UST must notify 30 days prior to the closure. Owners who have closed an UST must notify and indicate the date of closure. New owners must notify within 30 days of ownership.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty.

I. OWNERSHIP OF USTs

Name _____
 Mailing Address _____
 City _____
 State _____
 ZIP Code _____
 County _____
 Phone Number (With Area Code) _____
 Email _____

II. LOCATION OF USTs

(If same as Section I, mark box here)
 Business Name _____
 Street Address (no PO Box) _____
 City _____
 State _____
 ZIP Code _____
 County _____

III. TYPE OF OWNER

- Commercial

 Private

 State Government
 Federal Government

 Local Government

IV. TYPE OF FACILITY

Select the Appropriate Facility

- | | | |
|--|---|---|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Local Government | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> State Government | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Air Taxi (Airline) | <input type="checkbox"/> Federal – Non-Military | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Aircraft Owner | <input type="checkbox"/> Federal – Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Commercial | <input type="checkbox"/> Marina |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Industrial | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Contractor | |

V. CONTACT PERSON IN CHARGE OF TANKS

Name _____ Title _____ Address _____	City _____ State _____ Zip Code _____ Phone _____ Email _____
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VI. CERTIFICATION (Read and sign after completing all required sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print) Name _____ Title _____	Signature _____ Date Signed _____
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VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 40 CFR 280 Subpart H.

Check All That Apply

- | | |
|--|---|
| <input type="checkbox"/> State Insurance Fund (PSTF) | <input type="checkbox"/> Surety Bond |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Self Insurance |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Other Method Allowed, Specify _____ | |

VIII. Notices

IDENTIFICATION NUMBER	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
A. 30-day Tank and Piping Installation/24-hr Piping Replacement Notifications (see page 7)					
Date tank will be installed or replaced?					
Date piping will be installed or replaced?					
B. 30-day Notice of Closures (see page 7)					
Date tank will be closed?					
Date tank was last used?					
Closure to be performed by: Company _____ Site Supervisor: _____ Phone: _____					

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)

IDENTIFICATION NUMBER	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
A. Status of Tank					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use (complete section X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Closed (complete section X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Tank Information					
Date of Installation					
Total Capacity					
Compartment Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifold Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance currently or last stored	Select	Select	Select	Select	Select
CERCLA Name or CAS # (if hazardous)					
C. Tank Construction (Mark all that apply)					
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (STIP-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (Impressed Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tank been repaired?	Select	Select	Select	Select	Select

D. Spill and Overfill Protection

Overfill Device Installed? (Alarm, Flapper, Ball Float)	Select	Select	Select	Select	Select
Spill Bucket Installed? (Single Wall or Double Wall)	Select	Select	Select	Select	Select

E. Piping Construction (Mark all that apply)

Plastic/Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (Impressed Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (Galvanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion Protection (Soil Isolation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Piping Type (Mark all that Apply)

Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Suction (check valve at dispenser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Suction (check valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired or replaced?	Select	Select	Select	Select	Select
Date of the repair or replacement					

G. Release Detection (Mark all that Apply)

	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
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Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Interstitial Double-Wall Monitoring (sensors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Interstitial Double-Wall Monitoring (record log)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging (1,000 gallons or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous In-Tank Leak Detection (CITLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Line Leak Detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Electronic Line Leak Detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Annual Line Tightness Test		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
3-Year Line Tightness Test (US Suction Only)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Not Required (safe suction piping, less than 1 inch in tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Under-Dispenser Spill Containment (required for new installations, piping replacement and dispenser replacement*)

Is there under-dispenser spill containment for each new dispenser island?	Select
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X. TANKS OUT OF USE OR CHANGE IN SERVICE

TANK IDENTIFICATION NUMBER	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Closing of Tank					
Estimated Date Last Used					
Date Tank Was Removed From Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Tank Was Closed In Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Filled With Inert Material (Indicate material – sand, concrete)					
Change in Service (No longer holds a regulated substance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Assessment Completed (samples taken)	Select	Select	Select	Select	Select
Evidence of a Release Detected?	Select	Select	Select	Select	Select
Release Reported to DEQ?	Select	Select	Select	Select	Select
Date Release Reported to DEQ					

XI. CERTIFICATION OF COMPLIANCE

(Complete for installation of all new tanks and/or piping or for upgrading existing tanks and/or piping)

TANK IDENTIFICATION NUMBER	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
A. Installation (Mark all that apply)					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by a State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation is inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by DEQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: The installer must complete this section only if work on your UST system has taken place since December 22, 1988.

OATH: I certify the information concerning installation is true to the best of my belief and knowledge.

Installation Company _____

Address: _____

Installer Name _____

Phone _____

Signature _____

Date _____

*When a dispenser is replaced and any equipment necessary to connect the dispenser to the underground storage tank system under the dispenser is installed; under dispenser containment is required.

GENERAL INSTRUCTIONS

A separate notification form **must be filled out for each site** at which tanks are located. The questions are generally self-explanatory. Complete those sections of the form that pertain to your site.

(PAGE 1)

TYPE OF NOTIFICATION

- ✓ Check the **NOTICE** box if this is a notice that (a) a new or replacement tanks and/or piping and/or new under-dispenser containment will be installed at this site or (b) tank closure will occur. If checked, also fill out Section VIII and X for closures.
- ✓ Check the **UPDATES** box if this is an update or correction of a previously submitted notification form.
- ✓ Check the **NEW FACILITY** box if this is a new underground storage tank facility. A site diagram with each tank location and tank number is required. Installation/start-up testing documentation will be required.
- ✓ Check the **CLOSURE** box if you are notifying that you have closed an UST system. If checked, also fill out Section X.
- ✓ Check the **CHANGE OF OWNER** box if this is an update of ownership and complete pages 1 and 2.
- ✓ Check the **CHANGE IN USE** box if this is identifying a change in product / substance stored in the underground storage tank. If you plan to store regulated substances containing greater than 10 percent ethanol or greater than 20 percent biodiesel (or any other regulated substance identified by DEQ), you must provide records demonstrating compatibility of all UST system components in contact with the regulated substance. Keep these documents for as long as the UST system stores the regulated substance.

I. **OWNERSHIP OF TANK(S)** – If you own more than one site, please indicate the same ownership information for **all sites owned**.

II. **LOCATION OF TANK(S)** – A separate notification form must be filled out for **each site** at which tanks are located. No P.O. Boxes, a specific street address is required.

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SECTIONS III.-V. Self-explanatory.

VI. **CERTIFICATION** – Make sure this section is properly filled out and **signed**.

VII. **FINANCIAL RESPONSIBILITY** (insurance) – Check the STATE INSURANCE FUND box **only** if you have been issued an insurance policy by Idaho's Petroleum Storage Tank Fund.

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VIII. **NOTICES** – (A) 30 days prior to new/replacement tank and new piping installations. 24 hours prior to replacement piping installation. (B) 30 days prior to closure. A site assessment is required for closures and must be submitted to DEQ. An updated notification form must be completed once closure occurs. (C) 30 days prior to substances containing greater than 10 percent ethanol or greater than 20 percent biodiesel (or any other regulated substance identified by DEQ) is stored. Contact your local fire and building departments to find out about any additional requirements.

IX. **DESCRIPTION OF UNDERGROUND STORAGE TANKS** – Beginning on page 3 and continuing on pages 4, 5 and 6, provide an identification number for **each tank** and answer the questions that pertain to the tank. If, for example, you put tank number 1 information in column 1 on page 3, make sure that tank number 1 information stays in column 1 on pages 4, 5, and 6.

(PAGE 5)

X. **TANKS OUT OF USE, OR CHANGE IN SERVICE** – Mark the CHANGE IN SERVICE box only if you now store an unregulated material in a tank that once stored a regulated material, i.e. gasoline to water. If this has occurred you must complete a site assessment.

SITE ASSESSMENT COMPLETED – A site assessment is required for all tanks closed since December 22, 1988. Site assessment requirements can be obtained from the Idaho Department of Environmental Quality through the address provided on page 1 of this form.

XI. **CERTIFICATION OF COMPLIANCE** – This section **must** be completed **and signed** by the installer.

INSTRUCTIONS FOR 30 DAY NOTICES

SECTION VIII.A.

INSTALLATION/REPLACEMENT NOTICE

Fill out this section at least 30 days before a new or replacement tank installation is to occur and 24 hours before a piping replacement. In order to confirm the exact installation or replacement date, owners or their contractor must contact the regional DEQ office inspector if the estimated date changes.

Contact your local fire and building departments prior to tank installation to find out about any additional permits that may be required by the county or other local jurisdictions.

New UST System:

A signed copy of this form must be updated with new facility information and submitted within 30 days of first using an underground storage tank system. The following is required, at a minimum: as-built diagram with all tank, piping, and dispensers (including products and dispenser numbering); manufacturer installation checklists; hydrostatic/vacuum tests; tightness tests; line leak detector tests; and ATG set-up, configuration, and documentation.

Change in Substance Stored:

30 day notice is required if you plan to store regulated substances containing greater than 10 percent ethanol or greater than 20 percent biodiesel (or any other regulated substance identified by DEQ). You must provide records demonstrating compatibility of all UST system components in contact with the regulated substance. Keep these documents for as long as the UST system stores the regulated substance.

SECTION VIII.B.

CLOSURE NOTICE

Fill out this section at least 30 days BEFORE tank closure is to occur.

In order to confirm the exact removal date, owners or their contractor must contact the regional DEQ office AT LEAST 48 HOURS PRIOR TO REMOVAL. A site assessment must be performed and any petroleum releases must be reported to the local DEQ office. Records of closure must also be maintained and be made available upon DEQ's request for at least three years after closure. DEQ recommends keeping closure records indefinitely.

Contact your local fire and building departments prior to tank closure to find out about any additional permits that may be required by the county or other local jurisdictions.

CAUTION: UNDERGROUND STORAGE TANK REMOVAL CAN BE DANGEROUS!

This is a potentially dangerous operation due to flammability and other hazards associated with the contents of the tank. We recommend you hire an experienced contractor to perform closure work.

CAUTION: Tanks that previously contained petroleum products or hazardous chemicals must not be used for the storage of food or liquid intended for animal or human consumption.

AFTER TANK CLOSURE:

A signed copy of this form must be updated with closure information and submitted within 30 days of receiving the site assessment results.