pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

_____
Facility I.D.

_____
Facility Name

_____
Municipality County

_____
Date Prepared

_____
Name of Person Submitting Report
(Please Print)

_____
Company Name
(If Applicable)

_____
Title

Closure Method (Check all that apply):

- ☐ AST Removal
- ☐ AST Closure-In-Place
- ☐ AST Change-In-Service

Site Assessment Results (Check all that apply):

- ☐ No Obvious Contamination - Sample Results Meet Standards/Levels
- ☐ No Obvious Contamination - Sample Results Do Not Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Do Not Meet Standards/Levels
- ☐ Obvious, Extensive Contamination

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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DATE RECEIVED: _____

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

Owners who are permanently closing aboveground storage tank systems may use this form to demonstrate that a storage tank system closure was performed in accordance with technical guidance document 263-4200-001 "Closure Requirements for Aboveground Storage Tank Systems". PLEASE PRINT OR TYPE. COMPLETE ALL QUESTIONS.

SECTION I. Owner/Facility/Tank/Waste Management and Disposal Information

1. Facility ID Number _____ 2. Facility Name _____
3. Facility County _____ 4. Facility Municipality _____
5. Facility Address _____
6. Facility Contact Person _____ 7. Facility Telephone Number (____)_____
8. Owner Name _____
9. Owner Mailing Address _____
10. Description of Aboveground Storage Tank Systems (Complete for each tank system closed)

DATE OF TANK SYSTEM CLOSURE (Month/Day/Year)		- -	- -	- -	- -
Description of Aboveground Storage Tank System (Complete for each tank system undergoing closure)					
DEP Tank ID Number					
Total Capacity (Gallons)					
Substance(s) Stored Throughout Operating Life of Tank System (Check All That Apply)	**a. Petroleum**				
	Unleaded Gasoline	☐	☐	☐	☐
	Leaded Gasoline	☐	☐	☐	☐
	Aviation Gasoline	☐	☐	☐	☐
	Pure Ethanol	☐	☐	☐	☐
	Blended Ethanol _____%	☐	☐	☐	☐
	Kerosene	☐	☐	☐	☐
	Jet Fuel	☐	☐	☐	☐
	Diesel Fuel	☐	☐	☐	☐
	Biodiesel _____%	☐	☐	☐	☐
	Fuel Oil No. 1	☐	☐	☐	☐
	Fuel Oil No. 2	☐	☐	☐	☐
	Fuel Oil No. 4	☐	☐	☐	☐
	Fuel Oil No. 5	☐	☐	☐	☐
	Fuel Oil No. 6	☐	☐	☐	☐
	New Motor Oil	☐	☐	☐	☐
	Used Motor Oil	☐	☐	☐	☐
	Nonpetroleum Oil, Specify	_____	_____	_____	_____
	Other, Specify	_____	_____	_____	_____
NOTE: If Hazardous Substance Block is Checked, Attach Safety Data Sheets (SDS)	**b. Hazardous Substance**	☐	☐	☐	☐
	Name of Principal CERCLA Substance	_____	_____	_____	_____
	AND				
	Chemical Abstract Service (CAS) No.	_____	_____	_____	_____
	c. Unknown	☐	☐	☐	☐

CLOSURE METHOD(s):	DEP Tank ID Number:				
Partial Storage Tank System Closure		☐	☐	☐	☐
Tank ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Piping ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Dispenser ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Other _____	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐

Describe Closure Activities:

Yes N/A

11. Briefly describe the storage tank facility and the nature of the operations which were conducted at the facility (both historical and present) **including use of the storage tank systems:**

_____

_____

_____

_____

☐ ☐ 12. A site location and sampling map of the site, drawn to scale, is attached. See page 11 of 11.

☐ ☐ 13. Original, color photographs of the closure process involving any excavation are attached (i.e., inside of excavation/piping runs, pit water, containment structure and foundation showing condition).

☐ ☐ 14. An amended "Storage Tanks Registration/Permitting Application" Form was submitted to the DEP, Bureau of Environmental Cleanup and Brownfields, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.

Date: ___/___/_____

☐ ☐ 15. If a release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.

Date: ___/___/_____ Office: _____

Yes	N/A	
☐	☐	16. If tanks were cleaned on-site:

a. Briefly describe the disposition of usable product: _____

_____

_____

_____

b. Briefly describe the disposal of unusable product, sludges, sediments, and wastewater generated during cleaning. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

_____

_____

_____

c. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

☐	☐	17. If tanks were removed from the site for cleaning:

a. Provide the name and permit number of the processing, treatment, storage or disposal facility performing the tank cleaning:

b. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

18. Briefly describe the disposition of tanks/piping (Attach documentation of proper disposal):

_____

_____

_____

☐	☐	19. If contaminated soil is excavated:

a. Briefly describe the disposition and amount _____ (tons) of contaminated soil. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

_____

_____

_____

b. If contaminated soil is determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

Yes	N/A		
☐	☐	20.	Briefly describe the disposition of and amount _____ (tons) of uncontaminated soil and debris (attach analyses): _____ _____ _____
☐	☐	21.	If the tanks were "Closed-in-Place" provide information below:

a. Briefly describe the tank cleaning process: _____
_____

b. If subcontracted, name and address of company that performed the tank cleaning:
_____

c. How were tanks marked/labeled with permanent closure date: _____
_____
_____

I, _____, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating
(Print Name)
to unsworn falsification to authorities) that I am the owner of the above referenced storage tank system(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

_____ _____/ /_____
Signature of Tank Owner Date

_____
Company Name
(If applicable)

_____
Title

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

SECTION II. Tank Handling Information

Facility ID Number_____-_____
DEP Tank ID Number(s) _____

Yes N/A

1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil and debris:

_____
_____

2. Briefly describe the method of piping system closure and the closure of the piping systems including the quantity and condition of the piping:

_____
_____

3. Briefly describe the condition of the tanks and any problems encountered during tank handling or tank removal activities:

_____
_____

4. Briefly describe the method used to purge the tanks of and monitor for hazardous or explosive vapors:

_____
_____

☐ ☐ 5. If tanks were cleaned on-site:

a. Briefly describe the tank cleaning process: _____
_____
_____

b. If subcontracted, name and address of company that performed the tank cleaning:

_____
_____

☐ ☐ 6. If tanks were "Closed-in-Place", briefly describe how tanks were rendered inoperative, marked permanently closed with date, vented and secured to prevent unauthorized entry: _____
_____
_____
_____
_____

☐ ☐ 7. If contamination was suspected or observed, the "Notification of Contamination" form was submitted.

I, _____, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to
(Print Name)
unsworn falsification to authorities) that I am the certified remover who performed the tank handling activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

_____	_____ / / _____
Signature of Certified Remover	Date
_____	_____
Remover Certification Number	Company Certification Number
	_____
	Company Name
	_____
	Street
	_____
	City/Town, State, Zip
	_____
	Phone

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

SECTION III. Site Assessment Information

Tank Registration # _____ (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)

Facility ID Number_____-_____

A. Provide depth of *BEDROCK* and *WATER* IF encountered during excavation or soil boring (write "N/A": if NOT encountered).

Bedrock _____ feet below land surface Water _____ feet below land surface

B. Provide Length of *PIPING* IF piping was closed-in-place (write "N/A" if NOT closed-in-place).

Length of piping _____ feet

C. TANK SYSTEM REMOVED FROM THE GROUND/SITE

1). Was obvious contamination observed while excavating, sampling or removing the tank system?

☐ NO ------→ Conduct confirmatory sampling ------→ See end of this section for options on submission and maintenance of closure records ------→ Do not complete item C.2. below.

☐ YES ------→ Report release to DEP within 24 hours -----→ Describe contamination observed and likely source(s) (tank, piping, dispenser, spills, overfills):_____

_____

_____

_____

_____ -----→ Complete item C.2. below.

2). Was contamination localized (within three feet of the tank system in every direction with no obvious water contamination)?

☐ YES -----→ Remove or remediate contaminated soil -----→ Conduct confirmatory sampling -----→ See end of this section for options on submission and maintenance of closure records.

☐ NO -----→ Continue Interim Remedial Actions -----→ See end of this section for options on submission and maintenance of closure records.

D. TANK SYSTEM CLOSED-IN-PLACE OR CHANGED-IN-SERVICE

Was obvious contamination observed during sampling, boring or assessing water depths?

☐ NO -----→ Conduct confirmatory sampling -----→ See end of this section for options on submission and maintenance of closure records.

☐ YES -----→ Report release to DEP within 24 hours -----→ Describe contamination observed and likely source(s) (tank, piping, dispenser, spills, overfills):_____

_____

_____

_____

Continue with corrective action-----→ See end of this section for options on submission and maintenance of closure records.

E. If the answer to C.1. is "no", the answer to C.2. is "yes" or the answer to D. is "no", confirmatory samples are required. Use the sample/analysis information sheet on page 10 of 11 to provide the information on confirmatory sampling and complete the diagram on Page 11 of 11.

Options for Submission and Maintenance of Closure Site Assessment Records

Records of the site assessment must be maintained for at least three years after completion of permanent closure or change-in-service in one of the following ways:

(a) By the owners and operators who took the tank system out of service;
(b) By the current owners and operators of the tank system site; or
(c) By mailing these records to the DEP regional office responsible for the county in which the tank is located if they cannot be maintained at the closed facility.

Where the results of the site assessment indicate that obvious, localized soil contamination was encountered and the analytical results of the confirmatory sampling show levels below the statewide standard/action levels, this closure report form (Sections I, II, and III) or some other acceptable site characterization report must be received by the Department within 180 days of verbally reporting the release.

Where the results of the site assessment indicate that no obvious contamination or obvious, localized contamination was encountered, but the analytical results of the confirmatory sampling show levels above the statewide standard/action levels, or where there is obvious, extensive contamination, Section 245.310(a)(8) of the Corrective Action Process (CAP) regulations requires that details of removal from service be included in the site characterization report. A copy of the completed closure report form should be submitted as part of the site characterization report to satisfy the requirements of Section 245.310(a)(8) of the CAP regulations.

I, _____ , hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn
(Print Name)
falsification to authorities) that I am the person who performed the site assessment activities associated with the closure of the above referenced storage tank system(s) and that the information provided by me in this closure report (Section III) is true, accurate and complete to the best of my knowledge and belief.

_____	_____ / / _____
Signature of Person Performing Site Assessment	Date
_____	_____
Title of Person Performing Site Assessment	Name of Company Performing Site Assessment
_____	
Telephone Number of Person Performing Site Assessment	

ABOVEGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM

Sample/Analysis Information
(Attachment for Section III.)

Facility ID Number_____-_____

Sample I.D. (See diagram)	Parameter	Analytical Method[1]		Media	Result (units)	Detection Limit (units)	Date Sample Taken	Date Sample Analyzed
							/ /	/ /
							/ /	/ /
							/ /	/ /
							/ /	/ /
							/ /	/ /
							/ /	/ /
							/ /	/ /
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							/ /	/ /

[1] Where EPA Method 5035 is used, indicate sample collection option in the right-hand box of this column using the following codes:

P - Samples placed in a soil sample vial with a preservative present.
E - Samples collected and stored in a soil collection device which is airtight and affords little to no headspace.
N - Samples placed in soil sample vial without a preservative present.

Site Location and Sampling Map - Use this page or suitable facsimile to provide a large-scale map of the site where storage tank systems were closed. Scales between 1" = 10 and 1" = 100 feet frequently work well. Include the following information as each applies to the site: facility name and I.D., county, township or borough, property boundaries or area of interest, buildings, roads and streets with names or route numbers, utilities, location and ID number of storage tank systems removed including piping and dispensers, soil stockpile locations, excavations or other locations of product recovery, north arrow, approximate map scale and legend. Also, show depth and location of samples with sample ID numbers cross-referenced to the same ID numbers shown on Page 10 of 11.

Facility Name and ID: -

County:

Township/Borough: