2630-FM-BECB0513 Rev. 12/2018

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DATE RECEIVED: _____

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE NOTIFICATION FORM

NOTE: Notification of permanent closure must be received by the appropriate regional office of the Department at least 30 days prior to initiation of the closure activities.

I.	**Location of Tank System**			
	Facility Name	Facility Identification Number		
	Street Address	City	State PA	Zip Code
	Municipality	County		
	Contact Person	Phone Number ( )		
II.	**Owner of Tank System**			
	Owner Name			
	Street Address	Phone Number ( )		
	City	State	Zip Code	
III.	**Month/Day/Year of Proposed Closure** _____/_____/_____			
IV.	**Certified Remover/Company Performing Tank Handling Activities**			
	Certified Remover Name	Remover Certification Number		
	Street Address	Phone Number ( )		
	City	State	Zip Code	
	Certified Company Name	Company Certification Number		
V.	**Contractor/Individual Performing Site Assessment Activities**			
	Name of Contractor or Individual			
	Street Address	Phone Number ( )		
	City	State	Zip Code	
VI.	**Description of Aboveground Storage Tank Systems** (See reverse side of form)			
VII.	**Will this closure involve replacement of at least one old tank with a new tank?** Yes ☐ No ☐			
VIII.	**Signature of Tank System Owner**	**Date**		

VI. **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 (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 _____	_____	_____	_____	_____
	b. Hazardous Substance	☐	☐	☐	☐
	Name of Principal CERCLA Substance _____	_____	_____	_____	_____
	AND				
	Chemical Abstract Service (CAS) No. _____	_____	_____	_____	_____
	c. Unknown	☐	☐	☐	☐
Proposed Closure Method(s):					
Partial 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 Planned Closure Activities: