

Complete one for each product

WV ID Number: \_\_\_\_\_ Closure Number: \_\_\_\_\_ EPA ID No. (HW): \_\_\_\_\_

Owner/Generator=s Name: \_\_\_\_\_ Owner Phone No.: \_\_\_\_\_

Owner/Generator=s Address: \_\_\_\_\_

Contractors Name: \_\_\_\_\_ WV Certification No.: \_\_\_\_\_

Contractors Phone No.: \_\_\_\_\_

Tank Number/s (from notification form): \_\_\_\_\_

**I.** Tank Closure: Date: \_\_\_\_\_

**A.**

TANK:
Vapor purging methods: _____ LEL: _____ O2: _____ Tank cleaning methods: Tanks Destination Name: Site Address: Tank Cleaned at destination: Yes _____ No _____: If no where: Future use of the tank: Transporter Name: _____ ID: _____

**B.**

Liquid removed from tank: Type: _____ Amount in gallons: _____
Reused _____ How reused: Recycled _____ Recycling Facility: Recycling Facility Address: *provide receipt from facility.
Hazardous Waste (HW): _____ Non-Hazardous: _____ Waste Number (HW): _____ Disposal Method: Designated Facility Name: Designated Facility Address: Transporter Name: _____ Transporter ID (HW): _____

**C.**

Solids & Tank Bottoms: Type: _____ Amount: _____
Hazardous Waste (HW): _____ Non-Hazardous: _____ Waste Number (HW): _____ Disposal Method: Designated Facility Name: Designated Facility Address: Transporter Name: _____ ID (HW): _____

**II.**

Piping Closure: Date: _____
A. Length of piping between tank & product dispenser: B. Piping closure method:

III.

Tank Closure in Place: Date:
A. Type of inert material used to fill tank:

IV.

Site Assessment: Date:
A. Free product present: Yes _____ No
B. Sampling: Date: Sample method used: Type of Sampling Device: Soils _____ Water Type of Sampling Container: Soils _____ Water
C. Analysis: Lab Name: <b>Attach a copy of the laboratory's current West Virginia certification.</b> Date Analyzed: _____ *Lab QA Plan should be available upon request A copy of the original sample report as received from the lab is requested in accordance with 280.34. (*provide a current copy of the laboratory's)
D. Provide a diagram of the sample location and depths below.

V.

Certification:
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. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.
Signature of Contractor: _____ Certification No.: _____ Date:
Signature of UST Owner: _____ Date:

Return this form to the UST Inspector at the DEP District Office for the county where the tanks are located.