Completed Office of Pollution Control Form P. O. Box 2261 To Jackson, MS 39225-2261 Complete and return this form within thirty					Facility I. D. Number:					
	ation of Tan						ship of Tank			
Name:				Name:						
Address:					Address:					
City:										
			oate of Sche							
			Day: Year:							
	IV. Type	e of Pe	rmanent C	losure						
ank & Piping Removal			Tank & Piping Closure in Place			Type of fill material to be used for Closure in Place				
ank Removal Only			Tank Closure in Place Only							
iping Removal Only			Piping Closure in Place Only —							
Vill any new underground Tanks							Virgin Drilling Mud			
			ground Sto			-				
					-		1	-		
Date of	Tank Installation	1	2	3	4	5	6	7	8	
	nk Capacity									
Substance stored throughout history of the tank (check all that apply)	gasoline									
	diesel									
	used oil									
	kerosene									
	other									
			VI. Con	tractor In	formation					
Name of Company Pe	erforming Clo	sure:								
lame of Individual Ce	ertified by ME	DEQ to F	Permanently	Close UST	S:					
Mississippi DEQ UST Certification Number:				Expiration Date:						
			VII. Sam	pling Rec	uirement	-				
ll sampling must be p Storage Tank Guidelir			ance with the	e Mississip	oi Departme	ent of Envir		uality's Uno	derground	
Product Stored in Tank			Media			Analysis to be Performed				
Gasoline			Soil or Groundwater			BTEX (EPA Methods 8021B, 8260B)				
Waste Oil, Diesel, Kerosene			Soil or Groundwater			PAH (EPA Methods 8100, 8270C, 8310)				
Other than above			Soil or Groundwater			Contact Office of Pollution Control				
Dath: I certify that the	information	listed a		Owner Agr and correct		t of by belie	ef and know	edge.		
Owner's N						-		-	lianod	
Owner's N	vame			Owner	's Signatur	e		Date S	ngnea	