

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT

Return Department of Environmental Quality
 Completed Office of Pollution Control
 Form PO Box 2261
 To Jackson MS 39225-2261

Facility I.D. No. _____

Date Received by MDEQ _____

Location of Tank System

Name _____

Address _____

City _____ County _____

Ownership of Tank System

Name _____

Address _____

City _____ State _____ ZIP _____

TYPE OF UNDERGROUND STORAGE TANK SYSTEM CLOSURE

Tank and piping removal _____	Tank and piping closure in place _____	Were any new tanks installed? _____
Tank removal only _____	Tank closure in place only _____	Was any new piping installed? _____
Piping removal only _____	Piping closure in place only _____	Number of active tanks remaining _____

Description of Underground Storage Tanks (Complete for each closed tank at this location.)

I. Tank Information	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Estimated age of tank in years.						
Estimated total capacity in gallons.						
Substance stored in tank.						
II. Tank Closure Information						
Date product was removed from tank/piping (mm/dd/yy).						
Date tank/piping was permanently closed (mm/dd/yy).						
If closed in place, list the inert material used (sand, concrete, drilling mud approved foam material).						

Disposition of excavated backfill material

Note: All backfill materials must be handled in accordance with the Mississippi Department of Environmental Quality's (MDEQ) Guidelines for the Permanent Closure of UST Systems.

Disposed of in landfill _____
 Returned to excavation _____
 Stockpiled on site _____
 Aerating on site _____
 Aerating off site _____

Submit the following supporting documentation with this Closure Report:

1. Lab analytical results of sampling
2. Sample Chain-of-Custody
3. Site Drawing
4. Waste manifests if tank sludges, water or backfill materials are disposed.

III. Site Assessment Information

Date samples were collected. (mm/dd/yy) _____	Was groundwater encountered (yes/no) _____
Was there any soil staining apparent? _____	Depth to groundwater (feet) _____
Was there any free product noted? _____	Were visible holes in tanks/piping? _____

To be completed by the tank owner: (Please print or type all but signature)

Date: _____

Oath: I certify that the information concerning closure is true to the best of my belief and knowledge.

Owner's Name: _____

Owner's Signature: _____

To be completed by person certified by MDEQ to Permanently Close:

Date: _____

Name of person certified by MDEQ to close/remove: _____

MDEQ Certified Contractor's Signature: _____

MDEQ Certified Contractor's Company: _____

MDEQ Certification No.: _____