

UNDERGROUND STORAGE TANK CLOSURE NOTIFICATION



Delaware Department of Natural Resources and Environmental Control
Division of Waste and Hazardous Substances
Tank Management Section
391 Lukens Drive
New Castle, DE 19720
Phone: (302) 395-2500 FAX: (302) 395-2555

File Code 03

Facility ID Number: _____

Please fill out this Notification Form completely. Incomplete or illegible notifications will be returned.

Submit information for up to four (4) USTs on this form. Submit signed copy to TMS ten (10) days prior to scheduled tank closure.

1. FACILITY INFORMATION

Name: _____
 Street: _____
 City: _____ Zip: _____
 County: _____
 Phone: _____ Fax: _____
 Email: _____

2. CONTRACTOR INFORMATION

Company Name: _____
 Contact Name: _____
 DE UST Contractor Certification #: **B** _____
 Street: _____
 City/State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

3. UST OWNER INFORMATION

Name/Corporation: _____
 Contact, if not named above: _____
 Street: _____
 City/State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

4. UST OPERATOR INFORMATION

Name/Corporation: _____
 Contact, if not named above: _____
 Street: _____
 City/State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

5. Complete if company responsible for sampling is other than DE Certified Contractor performing tank closure

Name/Corporation: _____ Contact, if not named above: _____
 Street: _____ Phone: _____ Fax: _____
 City/State: _____ Zip: _____ Email: _____

6. Is this an emergency situation or are you requesting a deviation from standard closure protocol? (select one)			
No: _____ (Skip box below and go to 7)	Yes: _____ (Call DNREC-TMS for approval and complete box below)		
Emergency Closure?	Yes: _____	No: _____	Reason: _____
Indicated Release?	Yes: _____	No: _____	Reason: _____
Deviation from sampling protocol? (Attach supporting documentation or reason if necessary.) Yes: _____ No: _____			
Name of person reporting: _____		Name of TMS personnel authorizing: _____	

7. Is this a removal or closure in place? (Select one). Removal :		Closure in Place :	
Scheduled Date of Closure	_____	Type of Fill Material for Closure in Place: _____	
Tank ID Number	_____	_____	_____
Classification*	_____	_____	_____
Year Installed	_____	_____	_____
Capacity of Tank	_____	_____	_____
Substance Stored	_____	_____	_____
Date last used (mm/yy)	_____	_____	_____
Tank (material of construction)	_____	_____	_____
Piping (material of construction)	_____	_____	_____

*Classify each tank according to its use- more than one classification may apply: (C) Business/Commercial, (F) Farm/Agricultural, (H) Heating (building), (P) Heating (commercial process), (R) Residential, Other-Specify

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. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate and complete.

Signature of Person Authorizing Closure: _____ Date: _____

Name of Person Authorizing Closure: _____ Title: _____