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

UNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM

__________________________________________
Facility I.D.

__________________________________________
Facility Name

__________________________________________
Municipality County

__________________________________________
Date Prepared

__________________________________________
Name of Person Submitting Report
(Please Print)

__________________________________________
Company Name
(If Applicable)

__________________________________________
Title

Closure Method (Check all that apply):

☐ Removal
☐ Closure-In-Place
☐ Change-In-Service

Site Assessment Results (Check all that apply):

☐ No Obvious Contamination - Sample Results Meet Standards/Levels
☐ No Obvious Contamination - Sample Results Do Not Meet Standards/Levels
☐ Obvious, Localized Contamination - Sample Results Meet Standards/Levels
☐ Obvious, Localized Contamination - Sample Results Do Not Meet Standards/Levels
☐ Obvious, Extensive Contamination

Page 1 of 12
Owners who are permanently closing underground storage tanks may use this form to demonstrate that an underground storage tank closure was performed in accordance with the “Closure Requirements for Underground Storage Tank Systems” document. PLEASE PRINT OR TYPE. COMPLETE ALL QUESTIONS.

SECTION I. Owner/Facility/Tank/Waste Management and Disposal Information

1. Facility ID Number __________________ 2. Facility Name ___________________________
3. Facility County ____________________ 4. Facility Municipality ______________________
5. Facility Address ____________________
6. Facility Contact Person ________________ 7. Facility Telephone Number (_____) - ______
8. Owner Name ________________________
9. Owner Mailing Address ________________
10. Description of Underground Storage Tanks (Complete for each tank closed)

<table>
<thead>
<tr>
<th>DATE OF TANK CLOSURE (Month/Day/Year)</th>
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<td>Tank Registration Number</td>
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<td>Estimated Total Capacity (Gallons)</td>
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<tr>
<th>Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)</th>
<th>a. Petroleum</th>
<th>b. Hazardous Substance</th>
<th>c. Unknown</th>
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<tbody>
<tr>
<td>Unleaded Gasoline</td>
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<td>Leaded Gasoline</td>
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<td>Fuel Oil No. 6</td>
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<td>New Motor Oil</td>
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<td>Used Motor Oil</td>
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<td>Other, Please Specify</td>
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</table>

NOTE: If Hazardous Substance Block is Checked, Attach Material Safety Data Sheets (MSDS)

Name of Principal CERCLA Substance AND Chemical Abstract Service (CAS) No.

Closure Method (Check Only One)

a. Removal                                                              b. Closure-in-Place                c. Change-In-Service

Partial System Closure (Yes or No)
<table>
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<tr>
<th>DATE OF TANK CLOSURE (Month/Day/Year)</th>
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</table>

**Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)**

- **a. Petroleum**
  - Unleaded Gasoline
  - Leaded Gasoline
  - Aviation Gasoline
  - Kerosene
  - Jet Fuel
  - Diesel Fuel
  - 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
  - Other, Please Specify

**NOTE:** If Hazardous Substance Block is Checked, Attach Material Safety Data Sheets (MSDS)

- **b. Hazardous Substance**
  - Name of Principal CERCLA Substance
  - Chemical Abstract Service (CAS) No.

- **c. Unknown**

**Closure Method (Check Only One)**

- **a. Removal**
- **b. Closure-in-Place**
- **c. Change-In-Service**

**Partial System Closure (Yes or No)**

<table>
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<tr>
<th>Yes</th>
<th>N/A</th>
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11. Briefly describe the storage tank facility and the nature of the operations which were conducted at the facility (both historical and present) **including use of tanks:**

12. A site location and sampling map of the site, drawn to scale, is attached. See page 11 of 11.

13. Original, color photographs of the closure process are attached (i.e., inside of excavation/piping runs, pit water, tanks showing condition).

14. An amended “Storage Tanks Registration/Permitting Application Form” was submitted to the DEP, Bureau of Environmental Cleanup and Brownfields, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.

   Date: __________________________

15. If a reportable release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.

   Date: ______ - ______
   Office: __________________________
16. If tanks were cleaned on-site:
   a. Briefly describe the disposition of usable product: 
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________
   b. Briefly describe the disposal of unusable product, sludges, sediments, and wastewater generated during cleaning. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________
   c. If tank contents were determined/deemed to be hazardous waste, provide:
      (1) Generator ID Number: ______________________________________
      (2) Licensed Hazardous Waste Transporter Name and ID Number: ________________

17. If tanks were removed from the site for cleaning:
   a. Provide the name and permit number of the processing, treatment, storage or disposal facility performing the tank cleaning: 
      ____________________________________________________________
      ____________________________________________________________
   b. If tank contents were determined/deemed to be hazardous waste, provide:
      (1) Generator ID Number: ______________________________________
      (2) Licensed Hazardous Waste Transporter Name and ID Number: ________________

18. Briefly describe the disposition of tanks/piping (Attach documentation of proper disposal):
    ____________________________________________________________
    ____________________________________________________________

19. If contaminated soil is excavated:
   a. Briefly describe the disposition and amount ________ (tons) of contaminated soil. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________
   b. If contaminated soil is determined/deemed to be hazardous waste, provide:
      (1) Generator ID Number: ______________________________________
      (2) Licensed Hazardous Waste Transporter Name and ID Number: ________________
Yes N/A

☐ ☐ 20. Briefly describe the disposition of and amount _____ (tons) of uncontaminated soil (attach analyses):

________________________________________

________________________________________

I, ________________________________, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that I am the owner of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

________________________________________
Signature of Tank Owner

/ / 
Date

________________________________________
Company Name
(If Applicable)

________________________________________
Title
UNCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM

SECTION II. Tank Handling Information

Facility ID Number ______ - ______

Yes  N/A

1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil:

________________________________________________________________________

2. Briefly describe the method of piping system closure and the closure of the piping systems including
the quantity and condition of the piping:

________________________________________________________________________

3. Briefly describe the condition of the tanks and any problems encountered during tank removal:

________________________________________________________________________

4. Briefly describe the method used to purge the tanks of and monitor for explosive vapors:

________________________________________________________________________

☐  ☐  5. If tanks were cleaned on-site:
   a. Briefly describe the tank cleaning process: ______________________________

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   b. If subcontracted, name and address of company that performed the tank cleaning:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

☐  ☐  6. If tanks were closed-in-place, briefly describe the tank fill material: ______________________

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

☐  ☐  7. If contamination was suspected or observed, the "Notification of Contamination" form was submitted.
I, _______________________, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed the tank handling activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

___________________________  __________________________
Signature of Certified Installer   Date

___________________________  __________________________
Installer Certification Number   Company Certification Number

___________________________
Company Name

___________________________
Street

___________________________
City/Town, State, Zip

___________________________
Phone
UNDERGROUND STORAGE TANK
CLOSURE REPORT FORM

SECTION III. Site Assessment Information
Tank Registration # _____ (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)

Facility ID Number ______________

A. Provide depth of BEDROCK and WATER IF encountered during excavation or soil boring (write “N/A: if NOT encountered).

   Bedrock ____________ feet below land surface   Water ____________feet below land surface

B. Provide Length of PIPING IF piping was closed-in-place (write “N/A” if NOT closed-in-place).

   Length of piping ______________ feet

C. TANK SYSTEM REMOVED FROM THE GROUND
   1). Was obvious contamination observed while excavating?
      ☐ NO --------→ Conduct confirmatory sampling --------→ See end of this section for options on submission and maintenance of closure records --------→ Do not complete item C.2. below.
      ☐ YES--------→ Report release to DEP within 2 hours --------→ Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

      --------→ Complete item C.2. below.

   2). Was contamination localized (within three feet of the tank system in every direction with no obvious water contamination)?
      ☐ YES --------→ Remove or remediate contaminated soil --------→ Conduct confirmatory sampling--------→ See end of this section for options on submission and maintenance of closure records --------→ Call Indemnification Fund (717-787-0763).
      ☐ NO--------→ Continue interim remedial actions --------→ See end of this section for options on submission and maintenance of closure records --------→ Call Indemnification Fund (717-787-0763).

D. TANK SYSTEM CLOSED-IN-PLACE OR CHANGED-IN-SERVICE
   Was obvious contamination observed during sampling, boring or assessing water depths?
      ☐ NO ------------→ Conduct confirmatory sampling ------------→ See end of this section for options on submission and maintenance of closure records.
      ☐ YES------------→ Report release to DEP within 2 hours ------------→ Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

      Continue with corrective action ------------→ See end of this section for options on submission and maintenance of closure records ------------→ Call Indemnification Fund (717-787-0763).
E. If the answer to C.1. is "no", the answer to C.2. if "yes" or the answer to D. is "no", confirmatory samples are required. Use the sample/analysis information sheet on page 10 of 11 to provide the information on confirmatory sampling and complete the diagram on Page 11 of 11.

Options for Submission and Maintenance of Closure Site Assessment Records

Records of the site assessment must be maintained for at least three years after completion of permanent closure or change-in-service in one of the following ways:

(a) By the owners and operators who took the UST system out of service;
(b) By the current owners and operators of the UST system site; or
(c) By mailing these records to the implementing agency if they cannot be maintained at the closed facility.

At least one option must be chosen. If option (c) is chosen, the closure report form should be sent to the DEP regional office responsible for the county in which the tank is located.

Where the results of the site assessment indicate that obvious, localized soil contamination was encountered and the analytical results of the confirmatory sampling show levels below the statewide standard/action levels, this closure report form (Sections I, II, and III) or some other acceptable site characterization report must be received by the Department within 180 days of verbally reporting the release.

Where the results of the site assessment indicate that no obvious contamination or obvious, localized contamination was encountered, but the analytical results of the confirmatory sampling show levels above the statewide standard/action levels, or where there is obvious, extensive contamination, Section 245.310(a)(8) of the CAP regulation requires that details of removal from service be included in the site characterization report. A copy of the completed closure report form should be submitted as part of the site characterization report to satisfy the requirements of Section 245.310(a)(8) of the CAP regulations.

I, ____________________________, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that I am the person who performed the site assessment activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section III) is true, accurate and complete to the best of my knowledge and belief.

_____________________________ / / __________________
Signature of Person Performing Site Assessment Date

_____________________________
Title of Person Performing Site Assessment

_____________________________
Name of Company Performing Site Assessment

_____________________________
Telephone Number of Person Performing Site Assessment
## UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

Sample/Analysis Information  
(Attachment for Section III.)

Facility ID Number: ____________

<table>
<thead>
<tr>
<th>Sample I.D. (See diagram)</th>
<th>Parameter</th>
<th>Analytical Method¹</th>
<th>Media</th>
<th>Result (units)</th>
<th>Detection Limit (units)</th>
<th>Date Sample Taken</th>
<th>Date Sample Analyzed</th>
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Facility ID Number

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<tr>
<th>Sample I.D. (See diagram)</th>
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<th>Analytical Method(^1)</th>
<th>Media</th>
<th>Result (units)</th>
<th>Detection Limit (units)</th>
<th>Date Sample Taken</th>
<th>Date Sample Analyzed</th>
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\(^1\) Where EPA Method 5035 is required, indicate sample collection option in the right hand box of this column using the following codes:

- **P** - Samples placed in a soil sample vial with a preservative present.
- **E** - Samples collected and stored in a soil collection device which is airtight and affords little to no headspace.
- **N** - Samples placed in soil sample vial without a preservative present.
Site Location and Sampling Map - Use this page or suitable facsimile to provide a large scale map of the site where tanks were closed. Scales between 1" = 10 and 1" = 100 feet frequently work out well. Include the following information as each applies to the site: facility name and I.D., county, township or borough, property boundaries or area of interest, buildings, roads and streets with names or route numbers, utilities, location and ID number of storage tanks removed including piping and dispensers, soil stockpile locations, excavations or other locations of product recovery, north arrow, approximate map scale and legend. Also show depth and location of samples with sample ID numbers cross-referenced to the same ID numbers shown on Page 10 of 11.

Facility Name and ID:  -  
County:  
Township/Borough:  