



ABOVEGROUND STORAGE TANK SYSTEM CLOSURE NOTIFICATION FORM

NOTE: Notification of permanent closure must be received by the appropriate regional office of the Department at least 30 days prior to initiation of the closure activities.

I. Owner of Tank System				
Owner Name				
Street Address			Phone Number ()	
City	State		Zip Code	
II. Location of Tank System				
Facility Name			Facility Identification Number	
Street Address	City	State PA	Zip Code	
Municipality	County			
Contact Person			Phone Number ()	
III. Month/Day/Year of Proposed Closure ____ / ____ / ____				
IV. Certified Installer/Company Performing Tank Handling Activities				
Certified Installer Name			Installer Certification Number	
Street Address			Phone Number ()	
City	State		Zip Code	
Certified Company Name			Company Certification Number	
V. Contractor/Individual Performing Site Assessment Activities				
Name of Contractor or Individual				
Street Address			Phone Number ()	
City	State		Zip Code	
VI. Description of Aboveground Storage Tank Systems (See reverse side of form)				
VII. Will this closure involve replacement of at least one old tank with a new tank?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
VIII. Signature of Tank System Owner			Date	

VI. Description of Aboveground Storage Tank System (Complete for each tank undergoing closure)				
Tank Registration Number				
Estimated Total Capacity (Gallons)				
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum Unleaded Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> Aviation Gasoline <input type="checkbox"/> Kerosene <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> Fuel Oil No. 1 <input type="checkbox"/> Fuel Oil No. 2 <input type="checkbox"/> Fuel Oil No. 4 <input type="checkbox"/> Fuel Oil No. 5 <input type="checkbox"/> Fuel Oil No. 6 <input type="checkbox"/> New Motor Oil <input type="checkbox"/> Used Motor Oil <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Hazardous Substance Name of Principal CERCLA Substance _____ AND Chemical Abstract Service (CAS) No. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Closure Method (Check Only One)	a. Removal b. Closure-in-Place c. Change-In-Service	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partial System Closure (Yes or No)				
Tank Registration Number				
Estimated Total Capacity (Gallons)				
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum Unleaded Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> Aviation Gasoline <input type="checkbox"/> Kerosene <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> Fuel Oil No. 1 <input type="checkbox"/> Fuel Oil No. 2 <input type="checkbox"/> Fuel Oil No. 4 <input type="checkbox"/> Fuel Oil No. 5 <input type="checkbox"/> Fuel Oil No. 6 <input type="checkbox"/> New Motor Oil <input type="checkbox"/> Used Motor Oil <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Hazardous Substance Name of Principal CERCLA Substance _____ AND Chemical Abstract Service (CAS) No. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Closure Method (Check Only One)	a. Removal b. Closure-in-Place c. Change-In-Service	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partial System Closure (Yes or No)				