



UNDERGROUND STORAGE TANK SYSTEM INSTALLATION / CLOSURE NOTIFICATION FORM

NOTE: The appropriate regional office of the Department must receive notification of installation, change-in-service or permanent closure at least 30 days prior to beginning on-site activities. **Report subsequent delays as soon as known.**

I. Location of Tank System				
Facility Name			Facility Identification Number -	
Street Address		City	State PA	Zip Code -
Municipality		County		
Contact Person			Phone Number () -	
II. Owner of Tank System				
Owner Name				
Street Address			Phone Number () -	
City		State		Zip Code -
III. This notification is for: <input type="checkbox"/> New installation <input type="checkbox"/> Complete system replacement <input type="checkbox"/> Partial system replacement <input type="checkbox"/> Change-in-service <input type="checkbox"/> Complete system closure <input type="checkbox"/> Partial system closure				
IV. Month/Day/Year of Proposed Installation / Closure / /				
V. Certified Installer or Remover/Company Performing Tank Handling Activities				
Certified Installer/Remover Name			Installer/Remover Certification Number	
Street Address			Phone Number () -	
City		State		Zip Code -
Certified Company Name			Company Certification Number	
VI. (For Closure) Contractor/Individual Performing Site Assessment Activities				
Name of Contractor or Individual				
Street Address			Phone Number () -	
City		State		Zip Code -
VII. (For Installation) Briefly Describe Underground Storage Tank System(s) to be Installed				
<u>Tank Size</u>		<u>Substance to be Stored</u>		<u>Tank Size</u>
				<u>Substance to be Stored</u>
VIII. Signature of Tank System Owner			Title	Date / /

IX. (For Closure) Description of Underground Storage Tank System(s) to be Closed

Complete for each tank undergoing closure. Include additional sheets as necessary.

DEP Tank ID Number					
Total Capacity (Gallons)					
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum				
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pure Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Blended Ethanol _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biodiesel _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nonpetroleum Oil, Specify				
	Other, Specify				
	b. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Principal CERCLA Substance					
AND					
Chemical Abstract Service (CAS) No.					
c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proposed Closure Method(s):					
Partial System Closure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Planned Closure Activities:					