

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

DATE RECEIVED:	
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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 Street Address Municipality Contact Person II. Owner of Tank System Owner Name Street Address City III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Instate V. Certified Installer or Remover/Come Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual Name of Contractor or Individual Street Address		-	nty	Facility Ide	State PA none Num) Phone Nu ()	zip Code - ber - umber - Zip Code -		
Street Address Municipality Contact Person II. Owner of Tank System Owner Name Street Address City III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Instaty Certified Installer or Remover/Come Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	Cou	nty	-	State PA none Num) Phone Nu ()	zip Code - ber - umber - Zip Code -		
Municipality Contact Person II. Owner of Tank System Owner Name Street Address City III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Instal V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	Cou	nty	Pi (PA none Num) Phone Nu ()	ber - umber - Zip Code		
II. Owner of Tank System Owner Name Street Address City III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Instal V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	eplacer	State	PI (Phone Num	umber - Zip Code -		
II. Owner of Tank System Owner Name Street Address City III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Instal V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	-		Pi (Phone Nu	umber - Zip Code -		
Owner Name Street Address City III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Instal V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	-			()	Zip Code		
Street Address City III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Instate V. Certified Installer or Remover/Come Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	-			()	Zip Code		
III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Insta V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	-			()	Zip Code		
III. This notification is for: New installation Change-in-service IV. Month/Day/Year of Proposed Instal V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	-				-		
New installation Change-in-service IV. Month/Day/Year of Proposed Instal V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	-	mont			l		
Change-in-service IV. Month/Day/Year of Proposed Insta V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	Complete system cl	-			Dortiolo	vetom roplacom		
IV. Month/Day/Year of Proposed Insta V. Certified Installer or Remover/Com Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual			Complete system replacement Complete system closure			☐ Partial system replaceme☐ Partial system closure		
Certified Installer/Remover Name Street Address City Certified Company Name VI. (For Closure) Contractor/Individual	illation / Closure	/	/		•	,		
Street Address City Certified Company Name VI. (For Closure) Contractor/Individual Name of Contractor or Individual	npany Performing T	ank H	andling	Activities				
City Certified Company Name VI. (For Closure) Contractor/Individual Name of Contractor or Individual	Certified Installer/Remover Name				Remover Certification Number			
VI. (For Closure) Contractor/Individual Name of Contractor or Individual				Phone Number () -				
VI. (For Closure) Contractor/Individual Name of Contractor or Individual			State			Zip Code -		
Name of Contractor or Individual		l		Company	Certification	on Number		
Name of Contractor or Individual	al Performing Site A	ssess	ment A	ctivities				
Street Address								
	Street Address				Phone Nu	umber -		
City			State	<u> </u>	,	Zip Code		
VII. (For Installation) Briefly Describe I	Underground Storag	ge Tan	ık Syste	em(s) to be	Installed			
Tank Size Substance to be	ank Size Substance to be Stored Tank Size				Substance to be Stored			
VIII. Signature of Tank System Owner				Title		Date		
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IX.	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 (Gallor Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply	a. Petroleum Unleaded Gasoline Leaded Gasoline									
		Other, Specify b. Hazardous Substance Name of Principal CERCLA Substance AND Chemical Abstract									
		Service (CAS) No.									
	Brangood Clasura M	c. Unknown		Ш	Ш						
	Proposed Closure M Partial System Closur										
	Tank	a. Removal				\vdash \vdash					
	□ N/A	b. Closure-in-Place c. Change-in-Service									
	Piping ☐ N/A	a. Removal b. Closure-in-Place c. Change-in-Service									
	Dispenser ☐ N/A	a. Removal b. Closure-in-Place c. Change-in-Service									
	Other	a. Removal b. Closure-in-Place c. Change-in-Service									
Describe Planned Closure Activities:											