



UNDERGROUND STORAGE TANK CLOSURE NOTIFICATION

Delaware Department of Natural Resources and Environmental Control
 Division of Waste and Hazardous Substances
 Tanks Compliance Branch
 391 Lukens Drive
 New Castle, DE 19720

File Code 03

Phone: (302) 395-2500 DNRECTanksCompliance@delaware.gov

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 . Submit signed copy to the TCB fourteen (14) days prior to scheduled tank closure.

1. FACILITY INFORMATION

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

2. CONTRACTOR INFORMATION

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

3. UST OWNER INFORMATION

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

4. UST OPERATOR INFORMATION

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

6. Is this an emergency situation or are you requesting a deviation from standard closure protocol? (select one)			
<input type="checkbox"/> No (skip box below and go to 7)	<input type="checkbox"/> Yes (Call DNREC-TCB 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)			
Name of person reporting:		Name of W&HS personnel authorizing :	

7. Is this a removal or closure in place? (select one)				
	<u> </u> Removal	<u> </u> Closure in Place		
Scheduled Date of Closure	Type of Fill Material for Closure in Place: _____			
Tank ID Number	1	2	3	4
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: _____