

UNDERGROUND STORAGE TANKS
Arizona Department of Environmental Quality



UNDERGROUND STORAGE TANK
PERMANENT CLOSURE ASSESSMENT REPORT FORM
For Permanent Closure or Change-in-Service

Waste Programs Division
UST Coordination Unit
1110 West Washington Street, Phoenix, Arizona 85007
www.azdeq.gov (602) 771-4303 ♦ 1-800-234-5677
Revised: November 2009

UNDERGROUND STORAGE TANK (UST) PERMANENT CLOSURE ASSESSMENT REPORT FORM

1. **FACILITY NAME:** _____ **FACILITY ID No.** _____

2a. **ADEQ Closure No.** _____ **2b. Fire Authority Closure Permit No.** _____

3. LOCATION OF TANK(S)

4. OWNERSHIP OF TANK(S)

Street Address (P.O. Box NOT acceptable)

Owner Name

City State Zip Code

Contact Person Job Title

County

Mailing Address

Legal Location (Township, Range, Section, Quarter,
Quarter, Quarter)

City State Zip Code

Telephone Number (include area code)

5. CONTRACTOR, LABORATORY AND CONSULTANT INFORMATION

Contractor		Phone No.:
Certified Individual		ADEQ Certification No.:
ROC License No.		Type of License: A B-1 B-2 L-57 L-5 Other _____
Laboratory Name		ADHS License No.:
Laboratory Contact Name		Contact Phone No.:
Consultant Name		Contact Phone No.:

6. SITE INFORMATION

7. SITE PREPARATION

- a. Number of active tanks * at facility prior to closure or change-in-service (CIS): _____
(* Do not include previously closed tanks)
- b. Number of tanks being closed or undergoing a CIS: _____
- c. Will new tanks be installed? Yes No
If yes, how many: _____ When? _____
- d. Depth to groundwater (if known):
Source: _____ Date: _____

- a. Date and time tank(s) emptied of all product and accumulated sludge:
Date: _____ Time: _____
- b. Date and time of inerting or purging:
Date: _____ Time: _____
- c. Method of inerting or purging: _____
- d. Date of closure or change-in-service:
Date: _____

8. INERT SOLID MATERIAL USED TO CLOSE TANK IN-PLACE

- Not Applicable - Tank(s) Excavated Not Applicable – Change In Service (CIS)
- Sand Foam Concrete Other: _____

9. DIMENSION OF TANK EXCAVATION(S) (measurements in feet)

Not Applicable - CIS or in-place closure

<p><u>Excavation I</u> Length _____ Width _____ Depth _____</p> <p><u>Excavation III</u> Length _____ Width _____ Depth _____</p>	<p><u>Excavation II</u> Length _____ Width _____ Depth _____</p> <p><u>Excavation IV</u> Length _____ Width _____ Depth _____</p>
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10. TANK INFORMATION

Table I - Tank(s) undergoing permanent closure

Tank ID No.	Size (gallons)	Material of Construction	Contents Stored	Holes in Tank (yes or no)	Holes in Piping (yes or no)	Proposed unregulated [*] substance

^{*} Complete only if the tank is undergoing a CIS

11. VISUAL EXCAVATION ASSESSMENT

Did the following conditions exist at the excavation site:

- Stained Soil: Yes No Water in Excavation Yes No
- Petroleum Odor in Soil: Yes No Sheen or Free Product on Water: Yes No
- Free Product in Excavation: Yes No Evidence of Spill and/or Overfill: Yes No

NOTE: If at any time during the closure or CIS activity, contamination is discovered or believed to have existed, ADEQ must be notified within twenty-four (24) hours of discovery. The release or suspected release should be reported by calling the ADEQ call line at 1-800-234-5677, extension 771-4303.

12. SOIL INVESTIGATION PROCEDURES

NOTE: Ensure that all soil sampling equipment has been decontaminated prior to sampling.

- a. Were all soil samples collected by pushing or driving clean sleeves, constructed of an inert material, into the soil contained in the backhoe or trackhoe bucket per the Sampling Guidelines in the *Underground Storage Tank Permanent Closure Guidance Document*? Yes No

If no, describe why not and alternative mode used: _____

b. Describe how sleeves were sealed and labeled: _____

c. Were all soil samples preserved at approximately 4 degrees Centigrade prior to delivery to the laboratory?

Yes No

d. Do field investigations indicate contamination? Yes No
If yes, what was the methodology used and where were the hot spots located? _____

e. Estimated volume of excavated soil (cubic yards): _____

NOTE: Excavated soil should be tested to determine if it is petroleum-contaminated soil (PCS) that must be disposed properly.

13. SITE MAP (To be provided as an attachment to this report form and prepared to scale)

a. Are all tanks, dispensers and associated piping shown on the site map? Yes No

If no, describe why not: _____

b. Are the length, width, depth and location of pipe unions and areas of corrosion for each piping run (trench) shown on the map? Yes No

If no, describe why not: _____

c. Are all excavations and stockpiles, including stockpiled Petroleum Contaminated Soil (PCS), shown on the map? Yes No

If no, describe why not: _____

d. Are all sampling locations and areas of contamination shown on map? Yes No

If no, describe why not: _____

e. Are all cross streets and major structures (i.e. buildings) near the excavation zone(s) shown on map?

Yes No

If no, describe why not: _____

14. LABORATORY RESULTS

- a. Submit the laboratory analytical results in Table II and Table III (if applicable) following the Sampling Guidelines outlined in the *UST Permanent Closure Guidance Document*.
- b. Identify all samples (including stockpile samples), location of each sample, depth of each sample, soil lithology of each sample and analytical test results of each sample in the table below.
- c. Laboratory Reporting Limits: Indicate reporting limits for range(s) of compounds separately. If non-detected, do not write non-detect or "ND." List the numerical reporting limit, for example, "<0.25 mg/kg".

15. FIRE MARSHALL REPORT

Please include a copy of the Fire Marshall's inspection report. Have you included the Fire Marshall's Report?

Yes No

If not, please explain _____

ADEQ may not consider samples exceeding the extraction holding time as valid and may require additional sampling.

- f. If an extension to the holding time has been granted by ADEQ, furnish below the date of extension and the name of the person that granted extension:

Date: _____ ADEQ Authorized Representative: _____

15. THE SPACE BELOW IS PROVIDED FOR ADDITIONAL COMMENTS:

16. UST PERMANENT CLOSURE ASSESSMENT REPORT PREPARED BY:

Signature: _____ Date: _____
Name Printed: _____
Company Name: _____ Position Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

Where registration is required by the Board of Technical Registration, please affix seal below:

17. QUESTIONS:

ADEQ would appreciate receiving the consultant's response to the following question: "In your professional opinion, has there been a release of a regulated substance at this site?"

Yes No Needs further assessment

