



TANK/PIPING CLOSURE FORM
(One form per tank/pipe closed)

Facility ID# Permit No. Tank No.

TANK OWNER'S NAME & ADDRESS

FACILITY

Blank lines for Tank Owner's Name & Address and Facility information.

Phone

1. TANK CAPACITY (gallons): 2. PRODUCT STORED:

3. DATE TANK LAST USED: 4. DATE OF CLOSURE:

5. TYPE OF TANK/PIPE CLOSURE: Removed from ground
Closed-in-place; inert solid used:

6. TANK - CONDITION & MATERIAL (Check all that apply)
Condition: Pitted Perforated Cracked Rusted Good Condition Contained Water
Material of Construction: Steel Cathodically Protected Concrete Fiberglass Composite
Other, specify

COMMENTS:

7. PIPING - CONDITION & MATERIAL (Check all that apply)
Condition: Pitted Perforated Cracked Rusted Crushed Good Condition
Material of Construction: Bare Steel Galvanized Steel Cathodic Protected Fiberglass
Other, specify

Length of piping removed: ft. Pipe diameter inch
Was all underground piping removed (including vent lines)? Yes No
If not, why?

Length of piping closed-in-place: ft. Pipe diameter inch
Was piping capped? Yes No Plugged? Yes No

Secondary Containment? Yes No
If yes, describe its condition and material of construction below:

COMMENTS:

8. DESCRIBE THE DISPOSAL OF:

Liquids in tank (and est. volume): _____

Sludges in tank (and est. volume): _____

Tank and Piping: _____

9. SITE ASSESSMENT:

Tank Soil Samples: Date Taken: _____ Number Taken: _____ Depth(s) below ground surface tank _____ ft.
Analysis: _____ soil sample(s) collected

Piping Soil Samples: Date Taken: _____ Number Taken: _____
Were samples composited? Yes No Number of sample jars: _____ Depth(s) below ground surface _____ ft.
Groundwater encountered: Yes No How Deep?: _____ ft. pipe soil sample(s) collected
Were soil samples collected at soil/water interface? Yes No

Sample location(s) and sample label (be specific): _____

Chain of Custody form completed? Yes No

Describe any odor, discolored soil, sheen on groundwater: _____

Was DEQ given 24-hour notice of spill or leak? Yes No
By whom: _____ DEQ contact: _____

Was a field screening instrument used? Yes No
What type: _____ What were the readings: _____

Other important observations of the site: _____

EACH PERSON SIGNING BELOW MUST READ THE FOLLOWING AND CERTIFY: I certify under penalty of law that I personally examined and am familiar with the information submitted in this and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.

Owner Signature: _____ Title: _____ Date: _____

I/R Signature: _____ License No: _____ Date: _____

Licensed Inspector Signature: _____ Date: _____

Return completed form within 30 days of closure to:

**Waste and Underground Tank Management Bureau
UST Section
PO Box 200901
Helena, MT 59620-0901**