

LHD USE ONLY
Date Received
Reviewer
Date LHD Approved
Date mailed to State

STATE USE ONLY
Date Received
Date Mailed to LHD
Date Received From LHD
Reviewer/Date Approved
Mgr. Review/Date

Closure Plan prepared at the request of the owner/operator (identified below) by			
of (company name)			Phone #
Address	City	State	Zip

A Contractor may prepare this Closure Plan as the owner/operator's agent. In preparing the Closure Plan, the Contractor must act with the owner/operator's knowledge and approval. The owner/operator must sign the Closure Plan.

This Closure Plan is submitted in compliance with the requirements contained in 40 CFR 280 Subpart G and R311-204 (U.A.C.)

FACILITY INFORMATION			
<b>Tank Owner</b>			Phone #
<input type="checkbox"/> sole proprietorship	<input type="checkbox"/> partnership	<input type="checkbox"/> corporation	
Address	City	State	Zip
<b>Facility Name</b>			
Address	City	State	Zip
Contact person			Phone #
Total number of regulated underground tanks at this site			
Total number of regulated underground tanks at this site <u>to be</u> closed			

Tank #	Type (Steel,FRP,etc.)	Date Installed	Capacity	Substance stored*	Date last operated	Removed/In Place/ Change in Service (CIS)?

\*Indicate the specific substance stored in each tank to be closed (regular, unleaded, diesel, waste oil, etc.)

**For waste oil tanks:** Have degreasing or other types of solvents been stored or mixed with the waste oil?

Yes (identify if known) \_\_\_\_\_ No  Not Known

Analysis for lead or other contaminants may be required prior to disposal of contaminated soil or other material. (Check with your disposal facility.)

TANK REMOVER Name		Cert. # TR	Exp. Date
Company		Phone #	
Address	City	State	Zip
SOIL/GROUNDWATER SAMPLER Name		Cert. # GS	Exp. Date
Company		Phone #	
Address	City	State	Zip

**Before the closure plan is submitted for approval, the local health and fire departments where the facility is located must be contacted.** *If the facility is in Beaver, Carbon, Davis, Emery, Garfield, Grand, Iron, Kane, Salt Lake, San Juan, Wasatch, or Washington county contact DERR (UST) at (801)536-4100 instead of the local health district. You still must contact the local fire department in these counties.*

<b>CONTACT LOCAL HEALTH DISTRICT:</b> Name of Dist.			Date
Contact	Title	Phone#	
<b>CONTACT LOCAL FIRE DEPT.</b> Name of Dept.			Date
Contact	Title	Phone#	
<b>DISPOSAL INFORMATION</b>			
Tank(s) will be disposed at: Facility			
Address	City	State	Zip
Contact person			Phone#
Product lines will either be: <input type="checkbox"/> removed or <input type="checkbox"/> cleaned, secured in place, and capped.			
Vent lines will either be: <input type="checkbox"/> removed or <input type="checkbox"/> cleaned and secured open.			
Piping will be disposed at: Facility			
Address	City	State	Zip
Contact person			Phone#
Tank(s) will be <b>emptied</b> by: company			Phone#
Tank(s) will be <b>cleaned</b> by: company			Phone#
Contaminated water in the tank/rinsate will be disposed at: Facility			
Contact person			Phone#
Tank(s) will be: <input type="checkbox"/> purged or <input type="checkbox"/> rendered inert by the following method:			
Residual sludges will be disposed at the following facility:			
Address	City	State	Zip
Contact person			Phone#

<b>FOR CLOSURE IN PLACE ONLY</b>			
<input type="checkbox"/> Approval for in-place closure has been granted by the Local Fire Department.			
Fire Dept.	Phone#	Contact person	Date
<input type="checkbox"/> Approval for in-place closure has been granted by the Local Health Department.			
Health Dept.	Phone#	Contact person	Date
Substance to be used to fill tanks:			

**SITE ASSESSMENT**

A site assessment must be performed for all UST closures and change-in-service. Site assessments must be performed as outlined in 40 CFR 280.72 and R311-205 (U.A.C.). If contamination is suspected, additional samples must be collected at the location where contamination is most likely to be present. If groundwater is encountered, a soil sample must be collected, in the unsaturated zone, in addition to each groundwater sample. Soil and groundwater samples must be analyzed for the compounds shown in the following table, using appropriate lab methods.

Substance or Product Type	Contaminant Compounds to be Analyzed for Each Substance or Product Type	ANALYTICAL METHODS <sup>1</sup>
		Soil, Groundwater or Surface Water
Gasoline	Total Petroleum Hydrocarbons ( <u>purgeable</u> TPH as gasoline range organics C <sub>6</sub> - C <sub>10</sub> )	EPA 8015B <u>or</u> EPA 8260B
	Benzene, Toluene, Ethyl benzene, Xylenes, Naphthalene, (BTEXN) and MTBE	EPA 8021B <u>or</u> EPA 8260B
Diesel	Total Petroleum Hydrocarbons ( <u>extractable</u> TPH as diesel range organics C <sub>10</sub> – C <sub>28</sub> )	EPA 8015B
	Benzene, Toluene, Ethyl benzene, Xylenes, and Naphthalene (BTEXN)	EPA 8021B <u>or</u> EPA 8260B
Used Oil	Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH)	EPA 1664A <u>or</u> EPA 1664A (SGT*)
	Benzene, Toluene, Ethyl benzene, Xylenes, Naphthalene (BTEXN) & MTBE; <u>and</u> Halogenated Volatile Organic Compounds (VOX)	EPA 8021B <u>or</u> EPA 8260B
New Oil	Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH)	EPA 1664A <u>or</u> EPA 1664A (SGT*)
Other	Type of analyses will be based upon the substance or product stored, and as approved by the Executive Secretary (UST)	Method will be based upon the substance or product type
Unknown	Total Petroleum Hydrocarbons ( <u>purgeable</u> TPH as gasoline range organics C <sub>6</sub> - C <sub>10</sub> )	EPA 8015B <u>or</u> EPA 8260B
	Total Petroleum Hydrocarbons ( <u>extractable</u> TPH as diesel range organics C <sub>10</sub> – C <sub>28</sub> )	EPA 8015B
	Oil and Grease (O&G) or Total Recoverable Petroleum Hydrocarbons (TRPH)	EPA 1664A <u>or</u> EPA 1664A (SGT*)
	Benzene, Toluene, Ethyl benzene, Xylenes, and Naphthalene (BTEXN) and MTBE; <u>and</u> Halogenated Volatile Organic Compounds (VOX)	EPA 8021B <u>or</u> EPA 8260B

<sup>1</sup> The following modifications to these certified methods are considered acceptable by the Executive Secretary (UST):


- Dual column confirmation may not be required for TPH and BTEXN/MTBE analysis.
- A micro-extraction or scale-down technique may be used for aqueous samples, but only for the determination of extractable TPH as diesel range organics (C<sub>10</sub> – C<sub>28</sub>).
- Hexane may be used as an extraction solvent.
- \*Silica Gel Treatment (SGT) may be used in the determination of Total Recoverable Petroleum Hydrocarbons.

**NOTE:** The sample preparation method and any modification(s) to a certified method must be reported by the laboratory.



**Facility Site Plat (Closure Plan)**

The site plat must be drawn to an appropriate identified scale. It must show planned sampling locations, substances stored in tanks, and other relevant information. Tank and sample identification numbers must be consistent with the information given on p. 1 and 4 of the Closure Plan.

North 	Scale: 1"= ___ Feet

Facility ID:	Drawn By:	Date:
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- X = Sample locations (SS-#, WS-#, USC-#)
- ⊖ = Monitoring Wells (MW-#)
- = Soil boring (SB-#), or Geoprobe Boring (GP-#)
- = Water Wells (domestic, livestock, etc.)
- Slope of Surface Topography: (N,NW,W,SW,S,SE,E,NE)
- Land Use At Site: Residential Commercial Industrial
- Surrounding Land: Residential Commercial Industrial

- Site Plat Must Indicate Approximate Locations Of:**
- Y Current & former tanks, piping & dispensers
  - Y Location of all samples to be taken
  - Y Buildings, fences, & property boundaries
  - Y Utility conduits (sewers, gas, water, storm drains, electrical, etc.)

Approximate depth to groundwater in the vicinity of the tanks:    feet.			
Regional groundwater flow direction:			
State Certified Laboratory to be used:			
Address	City	State	Zip
Contact Person		Phone	

Please explain any unusual or extenuating circumstances expected regarding the site assessment or closure:

**I certify under penalty of law that I am the owner/operator of the tank(s) referenced above and that I am familiar with the information on this form and that it is true, accurate and complete, and further, that the procedures described herein will be followed during tank closure.**

Signature of tank owner	
Full Name of tank owner	Date