

**CLOSURE ASSESSMENT REPORT**



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
 UNDERGROUND STORAGE TANK BRANCH  
 200 FAIR OAKS LANE, SECOND FLOOR  
 FRANKFORT, KENTUCKY 40601  
 (502) 564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY**

Complete and return this form with all requested information within ninety (90) days of underground storage tank system closure.

**GENERAL INFORMATION**

OWNER NAME _____	AGENCY INTEREST NUMBER _____
MAILING ADDRESS _____	LATITUDE _____ LONGITUDE _____
CITY _____ STATE _____ ZIP CODE _____	SITE NAME _____
CONTACT PERSON _____	STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD _____
AREA CODE/TELEPHONE NUMBER _____	CITY _____ STATE _____ ZIP CODE _____
	COUNTY _____

**TANK SYSTEM INFORMATION**

UST Systems Permanently Closed     Change in Service  
 Piping Only Permanently Closed

Removed from Ground     Closed in Place    Date: (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contractor who Permanently Closed Tank System: \_\_\_\_\_ Certified Remover # \_\_\_\_\_

**CLOSURE INFORMATION REQUESTED**

(Tank numbers listed on this form shall coincide with the tank numbers listed on the UST Facility Registration form.)

**EXCAVATION CONDITION**

PIT NUMBER	TANK NUMBER	SIZE IN GALLONS	DATE INSTALLED	LIST ALL CONTENTS EVER STORED IN TANK AND PIPING SYSTEM	PREVIOUSLY REGISTERED TANK		FREE PRODUCT		NOTABLE ODOR		VISIBLE SOIL CONTAMINATION	
					YES	NO	YES	NO	YES	NO	YES	NO

**CERTIFICATION**

Under the requirements of KRS Chapter 322 and 322A, this Closure Assessment Report shall be completed and signed by a PE licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a PG registered with the Kentucky Board of Registration for Professional Geologists.

**I, THE UNDERSIGNED, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.**

Name and Title (Type or Print): \_\_\_\_\_

Signature/Date: \_\_\_\_\_

License/Registration Number, Date and Seal: \_\_\_\_\_



CLOSURE ASSESSMENT REPORT	
SITE NAME: _____	AGENCY INTEREST #: _____
TANK# _____ PIT# _____ Tank contents present at time of closure activities: YES ___ NO ___ Volume in gallons: _____ Method of Tank Contents Removal: _____ Disposal, Recycling, or Treatment location: _____ Receipt: YES _____ NO _____	
Residual Tank Materials: YES _____ NO _____ Analyzed for TCLP: YES _____ NO _____ Declared Hazardous: YES _____ NO _____ Analytical Method(s): _____ COC _____ Volume in gallons: _____ Disposal, Recycling or Treatment Location: _____ EPA ID# _____ Receipt or Manifest signed by a representative of receiving facility: YES _____ NO _____	
Cleaning liquids/materials: YES _____ NO _____ Analyzed for TCLP: YES _____ NO _____ Declared Hazardous: YES _____ NO _____ Analytical Method(s): _____ COC _____ Volume in gallons: _____ Disposal Location: _____ EPA ID# _____ Residual tank material combined with cleaning liquid/materials for disposal check here YES ___ NO ___ Manifest signed by a representative of receiving facility: YES ___ NO ___ Certification of Properly Cleaned USTs (DEP5039): YES ___ NO ___	
Disposal location for tank and/or piping: _____ Receipt: YES ___ NO ___ For closed in place, inert material used to fill tank and/or piping _____ Removed Underground Storage Tank(s) Bill of Sale: YES ___ NO ___	
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**CLOSURE ASSESSMENT REPORT**

**AGENCY INTEREST#:** \_\_\_\_\_ **SITE NAME:** \_\_\_\_\_ **PIT #:** \_\_\_\_\_

Analytical Method(s) for Soil Analysis: \_\_\_\_\_ Class: \_\_\_\_\_ Table or Matrix: \_\_\_\_\_

SOIL SCREENING LEVELS (Determined through Classification)	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD

If Class IV: Depth to groundwater: \_\_\_\_\_ Soil Type: \_\_\_\_\_

**IN COLUMNS, PROVIDE ACTUAL ANALYTICAL RESULTS FOR WALLS, BOTTOM, PIPING TRENCH, BACKGROUND AND EXCAVATED MATERIAL SAMPLES FOR THE MOST RECENT SAMPLING DATE:**

SAMPLING LOCATION	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD	DATE COLLECTED
North											
South											
East											
West											
Bottom											
Piping Trench											
Excavated Material											

**CLOSURE ASSESSMENT REPORT**

**AGENCY INTEREST#:** \_\_\_\_\_ **SITE NAME:** \_\_\_\_\_ **PIT #:** \_\_\_\_\_

Photographs of domestic-use wells, domestic-use springs, or domestic-use cisterns provided: YES \_\_\_ NA \_\_\_

Depth to bedrock: \_\_\_\_\_ ft. Pit dimensions: (length) \_\_\_\_\_ ft. (width) \_\_\_\_\_ ft. (depth) \_\_\_\_\_ ft. Pit blasted/hoe-rammed into bedrock: YES \_\_\_ NO \_\_\_

Total piping trench(es) dimensions: (length) \_\_\_\_\_ ft. (width) \_\_\_\_\_ ft. (depth) \_\_\_\_\_ ft. All piping contained within tank pit excavation: YES \_\_\_ NO \_\_\_

Piping trench blasted/hoe-rammed into bedrock: YES \_\_\_ NO \_\_\_ Individual piping run replaced within the same trench: YES \_\_\_ NO \_\_\_

Volume of backfill material excavated from within the excavation zone (cubic yards): \_\_\_\_\_

Permitted disposal or treatment facility for soils: \_\_\_\_\_

Soil Disposal Receipt/Manifest Summary: YES \_\_\_ NO \_\_\_

Water in excavation or closed-in-place borings: YES \_\_\_ NO \_\_\_

Water in excavation or closed-in-place borings pumped: YES \_\_\_ NO \_\_\_

Water in excavation or closed-in-place borings recharged: YES \_\_\_ NO \_\_\_

Water in excavation absorbed into backfill: YES \_\_\_ NO \_\_\_

Quantity of water in excavation or closed-in-place borings \_\_\_\_\_

Disposal or treatment location for water: \_\_\_\_\_ Receipt: YES \_\_\_ NO \_\_\_

Permit: YES \_\_\_ NO \_\_\_

If not disposed or treated, explain: \_\_\_\_\_

GROUNDWATER SCREENING LEVELS (Determined through Classification)	B	T	E	X	C-PAH	N-PAH	LEAD	NAP

**CLOSURE ASSESSMENT REPORT**

**AGENCY INTEREST#:** \_\_\_\_\_ **SITE NAME:** \_\_\_\_\_ **PIT #:** \_\_\_\_\_

**COMPLETE THE FOLLOWING INFORMATION FOR ALL GROUNDWATER OR PIT WATER ANALYZED.**

SAMPLING LOCATION	B	T	E	X	C-PAH	N-PAH	LEAD	NAP	MTBE	DATE COLLECTED
Water within the excavation zone or closed-in-place borings										
Water within the excavation zone or closed-in-place borings sampled after recharge										
Domestic-use water source										
Additional Domestic-use water source										
Trip Blank										

Analytical Method(s) for Water Analysis: \_\_\_\_\_

**CLOSURE ASSESSMENT REPORT**

AGENCY INTEREST#: \_\_\_\_\_ SITE NAME: \_\_\_\_\_ PIT #: \_\_\_\_\_

**OPTIONAL SOIL REMOVAL OUTSIDE OF THE EXCAVATION ZONE**

Was optional soil removal outside the excavation zone performed: YES \_\_\_\_\_ NO \_\_\_\_\_

Pit dimensions after optional soil removal: (length) \_\_\_\_\_ ft. (width) \_\_\_\_\_ ft. (depth) \_\_\_\_\_ ft.

Piping trench dimensions after optional soil removal: (length) \_\_\_\_\_ ft. (width) \_\_\_\_\_ ft. (depth) \_\_\_\_\_ ft.

Amount of soils excavated outside of the excavation zone: Cubic Yards: \_\_\_\_\_ Tons: \_\_\_\_\_

Permitted disposal or treatment facility for soils: \_\_\_\_\_

Soil Disposal Receipt/Manifest Summary: YES \_\_\_\_\_ NO \_\_\_\_\_

Water encountered during option soil removal activities, which would require pumping to allow for further over-excavation: YES \_\_\_\_\_ NO \_\_\_\_\_

Amount of water removed as a single event (up to one pit volume): \_\_\_\_\_ gallons

Disposal or treatment location for water: \_\_\_\_\_

Water Disposal Receipt/Manifest: YES \_\_\_\_\_ NO \_\_\_\_\_

Note: In accordance with Section 6 of the Closure Outline, optional soil removal at the time of permanent closure shall cease upon encountering water that would require pumping more than one pit volume during a single event to allow for further over-excavation.

**IN COLUMNS, PROVIDE ACTUAL ANALYTICAL RESULTS FOR REQUIRED CONFIRMATORY SAMPLING RELATED TO OPTIONAL SOIL REMOVAL OUTSIDE OF THE EXCAVATION ZONE**

SAMPLING LOCATION	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD	DATE COLLECTED