

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

UST Closure Assessment Report Checklist

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Location (Coordinates)	Latitude:	Longitude:	

2. UST System Owner Information

UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		

3. Closure or Assessment Information

Release Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Number:	Date Reported: / /
Closure or Assessment Date	/ /		
Type of Closure	<input type="checkbox"/> Removal from the ground <input type="checkbox"/> Closure in Place <input type="checkbox"/> Change in Service Assessment		
System Components Closed	<input type="checkbox"/> Tank & Piping <input type="checkbox"/> Tank Only <input type="checkbox"/> Piping Only ¹		
SFMO ² Certified Remover Name			License Number:
Inert Material Used (tanks closed in place only)			Volume (y ³):

Tanks are being replaced				<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Pit #	Tank #	Size (gal)	Date Installed	List <u>ALL</u> Contents Ever Stored in UST System	Previously Registered
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Piping only – A Closure Assessment Report (CAR) is only required for any portion of piping that is not being replaced in the same trench.
² SFMO – State Fire Marshal's Office

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4. Site-Specific Details			
Applicable Regulation		<input type="checkbox"/> 2019 Regulation	<input type="checkbox"/> Backlog Regulation (<i>effective prior to 4/18/94</i>)
Soil Screening Levels (<i>per Classification Guide</i>)		Groundwater Screening Levels (<i>per Classification Guide</i>)	
On-Site	Off-Site	On-Site	Off-Site
<input type="checkbox"/> Class A <input type="checkbox"/> Class A Adjusted <input type="checkbox"/> Class B Soil Matrix Table 1 <input type="checkbox"/> Class B Soil Matrix Table 2 <input type="checkbox"/> Class B Soil Matrix Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Class B Soil Matrix Table 1 <input type="checkbox"/> Class B Soil Matrix Table 2 <input type="checkbox"/> Class B Soil Matrix Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Groundwater Table 1 <input type="checkbox"/> Groundwater Table 2 <input type="checkbox"/> Groundwater Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Groundwater Table 1 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved
Soil contamination confirmed above established screening levels?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Groundwater contamination confirmed above established screening levels?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic-use wells, domestic-use springs, and/or domestic-use cisterns sampled (<i>if applicable</i>)		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A (<i>none present within 100-meters</i>)	
Active or temporarily closed USTs on property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aboveground storage tanks (ASTs) on property?		<input type="checkbox"/> Yes <input type="checkbox"/> No Substance(s) stored: _____	
Free product encountered? (<i>provide pit number or soil boring ID</i>)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Closure or Assessment Details (<i>attach additional pages as necessary</i>)			
Pit Number			Amount of backfill material excavated (<i>tons</i>) _____ <input type="checkbox"/> N/A
Pit Dimensions (<i>ft</i>)	L x W x D	Piping dimensions (<i>ft</i>)	L x W x D
Bedrock depth (<i>ft</i>) – <i>if known</i>	_____ <input type="checkbox"/> N/A	All piping was contained in excavation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excavation extends below soil/bedrock interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visible soil staining observed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water present in excavation?	<input type="checkbox"/> Yes – answer questions A & B below. <input type="checkbox"/> No – Proceed to Section 6. <input type="checkbox"/> NA		
Water present in closed in place borings?	<input type="checkbox"/> Yes – answer questions C, D, & E below. <input type="checkbox"/> No – Proceed to Section 6. <input type="checkbox"/> NA		
A. Did water prevent the collection of bottom samples?	<input type="checkbox"/> Yes <input type="checkbox"/> Photo of water in excavation (prior to pumping) provided (<i>required</i>) <input type="checkbox"/> Initial water sample collected for analysis (<i>required</i>) <input type="checkbox"/> Up to one (1) pit volume of water pumped from excavation (<i>required</i>) <input type="checkbox"/> Photo of excavation zone (post-water removal) provided (<i>required</i>) Proceed to question B.		
	<input type="checkbox"/> No Collect bottom soil samples (<i>required</i>). No additional water requirements necessary. Proceed to Section 6.		
B. Does recharge occur that prevents the collection of bottom samples?	<input type="checkbox"/> Yes Collect a secondary water sample for analysis (<i>required</i>). No additional water requirements necessary. Proceed to Section 6.		
	<input type="checkbox"/> No Collect bottom excavation samples (<i>required</i>). Proceed to Section 6.		
C. An initial water sample was collected for analysis from the boring most likely to be contaminated.	<input type="checkbox"/> Yes (<i>required</i>) – Proceed to question D.		
D. Water from the boring was removed as a single event (up to 1 bore volume).	<input type="checkbox"/> Yes (<i>required</i>) – Proceed to question E.		
E. Does recharge occur with an accumulation in the boring?	<input type="checkbox"/> Yes Collect a secondary water sample for analysis (<i>required</i>). Proceed to Section 6.		
	<input type="checkbox"/> No No additional water requirements necessary. Proceed to Section 6.		

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6. Management of Materials <i>(attach additional pages as necessary)</i>			
Tank Number		Pit Number	
Tank Contents	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
Residual Materials (sludge)	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Materials	Cleaning materials used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No
	Combined with residual materials for disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Number		Pit Number	
Tank Contents	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
Residual Materials (sludge)	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Materials	Cleaning materials used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No
	Combined with residual materials for disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Number		Pit Number	
Tank Contents	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
Residual Materials (sludge)	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Materials	Cleaning materials used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No
	Combined with residual materials for disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Number		Pit Number	
Tank Contents	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
Residual Materials (sludge)	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Materials	Cleaning materials used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No
	Combined with residual materials for disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No

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7. Optional Soil Removal					
Optional soil removal outside the excavation zone was performed			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Note: Optional soil removal in accordance with Section 4.16 of the UST Corrective Action Manual, shall cease upon encountering water that would require pumping more than one (1) pit volume during a single event to allow for further over-excavation.</i>					
Pit Number				Volume of soils over-excavated (tons)	
Pit Dimensions after OE (ft)		L x W x D		Piping dimensions after OE (ft)	
				L x W x D	
Water encountered which would require pumping to allow for further over-excavation			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Amount of water removed (as a single event, up to one pit volume) (gal)		
Pit Number				Volume of soils over-excavated (tons)	
Pit Dimensions after OE (ft)		L x W x D		Piping dimensions after OE (ft)	
				L x W x D	
Water encountered which would require pumping to allow for further over-excavation			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Amount of water removed (as a single event, up to one pit volume) (gal)		
8. Surface Material Removed (complete all that apply)					
Material	Area (ft ²)	Thickness (inches)	Curbing (linear ft)		Rebar
<input type="checkbox"/> Concrete			<input type="checkbox"/> Yes <i>In ft</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asphalt			<input type="checkbox"/> Yes <i>In ft</i>	<input type="checkbox"/> No	
<input type="checkbox"/> Grass			Other details:		
<input type="checkbox"/> Other (specify):			Other details:		
9. Field Activities					
Narrative detailing site history (include past and present UST systems)			<input type="checkbox"/> Yes (required)		
Narrative describing permanent closure activities (e.g., tank removal, closure in place, change in service, etc.)			<input type="checkbox"/> Yes (required)		
Narrative describing soil and groundwater sampling and handling procedures (including field instrument calibration documentation)			<input type="checkbox"/> Yes (required)		
10. Attachments					
UST Classification Guide (DWM 4261)			<input type="checkbox"/> Yes (required)		
Site Map (refer to Section 4.7(C) of the UST Corrective Action Manual)			<input type="checkbox"/> Yes (required)		
Soil analytical table			<input type="checkbox"/> Yes (required)		
Soil boring logs (if applicable)			<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Groundwater analytical table			<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Analytical requirements attachments (refer to Section 4.15 of the UST Corrective Action Manual)			<input type="checkbox"/> Yes (required)		
Material management attachments (refer to Section 4.17 of the UST Corrective Action Manual)			<input type="checkbox"/> Yes (required)		
UST Certification of Properly Cleaned USTs (DWM 4260)			<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Inert material invoice, indicating the volume purchased (closure in place only)			<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Photographic documentation of permanent closure activities			<input type="checkbox"/> Yes (required)		
Photographs of water encountered in the excavation prior to pumping and post-pumping			<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Photographic evidence of closed in place tanks filled to capacity			<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		

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11. Analytical Requirements and Results

Analytical data sheets (<i>attachment</i>)	<input type="checkbox"/> Yes (<i>required</i>)
Chains of custody (<i>attachment</i>)	<input type="checkbox"/> Yes (<i>required</i>)
Trip blank analysis (<i>BTEX water samples only</i>)	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Narrative description of any flagged, qualified, or anomalous data	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A

12. Decontamination and Material Management

Tank contents disposal, recycling, or treatment receipts/manifests	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Residual contents disposal, recycling, or treatment receipts/manifests	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Cleaning materials disposal, recycling, or treatment receipts/manifests	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Tank and/or piping disposal receipt or bill of sale (<i>removal only</i>)	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Soil disposal receipt/manifest summary	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Water disposal/treatment facility receipt or KPDES ³ permit	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A


13. Conclusions and Recommendations

Narrative discussion on conclusions drawn from field activities and analytical results	<input type="checkbox"/> Yes (<i>required</i>)
Narrative supporting recommendations	<input type="checkbox"/> No Further Action <input type="checkbox"/> Site Investigation

14. Report Certification

Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. 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.

Printed		Title	
Signature		Date	/ /
<input type="checkbox"/> Professional Engineer		<input type="checkbox"/> Professional Geologist	
License Number		Registration Number	
License Date		Registration Date	

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email EEC.KORA@ky.gov.

³ KPDES – Kentucky Pollutant Discharge Elimination System