Kentucky Department for Environmental Protection Division of Waste Management Appropriate Regional Office

Visit: http://waste.ky.gov/ust to identify the appropriate regional office for your county

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS SPACE

UST Notice of Intent to Permanently Close Underground Storage Tank or Piping

| 1. UST Facility Information | | | | | | | | |
|---|--|---|--|------------------|--------|-------------|-------------|--|
| Agency Interest Number (AI) | | | | | | | | |
| UST Facility Name | | | | | | | | |
| UST Facility Physical Address | | Street Address: | | | | | | |
| | | | City: County: | | Zip C | Zip Code: - | | |
| 2. UST System Owner Information | | | | | | | | |
| UST System Owner Name | | | | | | | | |
| UST System Owner Mailing Address | | Street Address: | | | | | | |
| | | ess | City: | State: | | | Zip Code: - | |
| UST System Owner Contact Information | | | Phone: () - | Email: | | | | |
| 3. Permanent Closure Information | | | | | | | | |
| Type of Closure | | ☐ Removal from the ground | ☐ Closure in Place | Closure in Place | | | | |
| | | Fill material to be used for closed in place tanks: | | | | | | |
| System Components | | | ☐ Tank & Piping ☐ Tank Only ☐ Piping Only¹- Substance Contained: | | | | | |
| Number of Tanks or Piping | | | | | | | | |
| Closure Date Scheduled | | / / | | | | | | |
| 4. SFMO ² Certified Remover Information | | | | | | | | |
| SFMO Certified Remover Name | | | | | Licens | se Number | | |
| SFMO Certified Remover Contact Information | | Phon | e: () - Email: | | | | | |
| 5. Signature | | | | | | | | |
| 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 m inquiry of those individuals immediately responsible for obtaining the information, I certify that the submitted information is true, accurate, and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment. | | | | | | | | |
| Printed | | | | | | | | |
| Signature | | | | | | 1 1 | | |
| This Notice of Intent is only valid for twelve (12) months following submittal to the cabinet, in accordance with 401 KAR 42:060, Section 6. | | | | | | | | |
| Check appropriate box: UST Owner UST Operator UST Remover Other (specify): | | | | | | | | |
| 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 UST facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email EEC.KORA@ky.gov . | | | | | | | | |

² SFMO – State Fire Marshal's Office

¹ Piping Only – A Closure Assessment Report (CAR) is required when new piping installation does not occur in the same piping trench.