

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 <sup>1</sup>		
SFMO <sup>2</sup> Certified Remover Name			License Number:
Inert Material Used (tanks closed in place only)			Volume (y <sup>3</sup> ):

Tanks are being replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
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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

<sup>1</sup> Piping only – A Closure Assessment Report (CAR) is only required for any portion of piping that is not being replaced in the same trench.

<sup>2</sup> 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 (attach additional pages as necessary)			
<b>Tank Number</b>		<b>Pit Number</b>	
<b>Tank Contents</b>	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
<b>Residual Materials (sludge)</b>	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
<b>Cleaning Materials</b>	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
<b>Tank Number</b>		<b>Pit Number</b>	
<b>Tank Contents</b>	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
<b>Residual Materials (sludge)</b>	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
<b>Cleaning Materials</b>	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
<b>Tank Number</b>		<b>Pit Number</b>	
<b>Tank Contents</b>	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
<b>Residual Materials (sludge)</b>	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
<b>Cleaning Materials</b>	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
<b>Tank Number</b>		<b>Pit Number</b>	
<b>Tank Contents</b>	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)
<b>Residual Materials (sludge)</b>	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
<b>Cleaning Materials</b>	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 <sup>2</sup> )	Thickness (inches)	Curbing (linear ft)		Rebar
<input type="checkbox"/> Concrete			<input type="checkbox"/> Yes    In ft	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asphalt			<input type="checkbox"/> Yes    In ft	<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 <sup>3</sup> 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.

<b>Printed</b>		<b>Title</b>	
<b>Signature</b>		<b>Date</b>	/ /
<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 <https://eec.ky.gov/Environmental-Protection/Waste/underground-storage-tank>. For copies of facility records please visit <https://eec.ky.gov/Pages/Open-Records.aspx> or email [EEC.KORA@ky.gov](mailto:EEC.KORA@ky.gov).

<sup>3</sup> KPDES – Kentucky Pollutant Discharge Elimination System