SEAL



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLOSURE ASSESSMENT REPORT** | | | | | | | | | | | | | | | |
|  | | | **KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION** | | | *Mail completed form to:*  **DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 300SOWER BLVD, SECOND FLOOR FRANKFORT, KENTUCKY 40601**  **(502) 564-5981**  [**http://waste.ky.gov/ust**](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  MAILING ADDRESS  CITY STATE ZIP CODE  CONTACT PERSON  AREA CODE/TELEPHONE NUMBER | | | | | | | AGENCY INTEREST NUMBER  LATITUDE LONGITUDE SITE NAME  STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD  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 |
| 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 |

|  |
| --- |
| 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 |
| 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 |

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 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

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: Permit: YES NO

Receipt: 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** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |