

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>**

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

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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