



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Emergency Response & Spill Prevention Division

Notification of Scheduled Permanent Closure of Underground Storage Tanks

Submit one notification form per site. This notification must be submitted at least 30 days before beginning permanent closure of a commercial underground storage tank (UST) pursuant to the UST Regulations; section 22a-449(d)-107 of the Regulations of State Agencies.

Important Information:

- 1) *At least 30 days before beginning permanent closure, please submit this completed form to: DEEP.30DayUST@ct.gov. A separate notification is required and submitted through [ezFile](#) when the tank is completely closed.*
- 2) *Please review DEEP Guidance on Sampling and Analytical Methods for UST Closure: www.ct.gov/deep/cwp/view.asp?a=2692&q=322592&deepNav_GID=1652.*
- 3) *If a release is discovered during a pre-tank removal assessment or during the tank removal the release must be reported to DEEP pursuant to Connecticut General Statutes section 22a-450 (please call 860-424-3338 or toll free at 1-866-337-7745).*
- 4) *DEEP may be onsite to inspect the removal activities, but whether an inspection is performed or not, please proceed on your submitted schedule.*
- 5) *If the submitted schedule changes please e-mail details of the schedule change to: DEEP.30DayUST@ct.gov. Enter "Schedule Change" on the email subject line.*

Part I: Site Information

1. LOCATION of UST(s)	Name of site: _____		
	Street Address or Location Description: _____		
	City/Town: _____	State: _____	Zip Code: _____
2. Site ID Number:	_____		

Part II: Owner/Operator Information

1. UST Owner Name:			
Mailing Address: _____			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
*E-mail: _____			
<p><small>*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.</small></p>			

Part II: Owner/Operator Information (continued)

2. UST Operator, if different than UST owner

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

3. Contractor or person responsible for removing the UST System:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

4. Contractor or environmental consultant responsible for conducting sampling:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Underground Storage Tank Information

Complete for all tanks being permanently closed at the subject location.

Tank Identification Number	Tank No.:				
1. Estimated Date Tank will be Closed (month/day/year)					
2. Estimated Total Capacity (gallons)					
3a. Will a pre- tank removal assessment be undertaken (or was it already undertaken)?	<input type="checkbox"/> yes <input type="checkbox"/> no				
3b. If yes, was a release discovered and reported?	<input type="checkbox"/> yes <input type="checkbox"/> no				
4. Is this a piping only removal?	<input type="checkbox"/> yes <input type="checkbox"/> no				
5. Substance Currently Stored (or last stored) <i>check one per compartment/tank</i>					
Gasoline	<input type="checkbox"/>				
Diesel	<input type="checkbox"/>				
Kerosene (for resale)	<input type="checkbox"/>				
Kerosene (on-site consumption)	<input type="checkbox"/>				
Heating Oil (on-site consumption)	<input type="checkbox"/>				
Heating Oil (for resale)	<input type="checkbox"/>				
Used Oil	<input type="checkbox"/>				
Biodiesel	<input type="checkbox"/>				
E-85	<input type="checkbox"/>				
E-15	<input type="checkbox"/>				
If Other, please specify here					
Hazardous Substance	<input type="checkbox"/>				
CERCLA name					
CAS Number					

If you have any questions, please contact the Site Assessment and Support Unit at 860-424-3376 or by e-mail: DEEP.30DayUST@ct.gov.