



Certificate of UST Decommissioning

A copy of this certificate must be included in the DNR Closure Report and provided to the owner/operator

UST FACILITY		
Name:	Registration No:	
Address:		
City:	ZIP:	Phone:

OWNER		
Name:	Phone:	
Company:		
Address:		
City:	State:	ZIP:

TANK(S) REMOVED					
TANKS: <input type="checkbox"/> Removed <input type="checkbox"/> Filled In Place	PIPING: <input type="checkbox"/> Removed <input type="checkbox"/> Abandoned				
	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
Size (Gallons):					

COMPANY CONDUCTING PERMANENT CLOSURE		
Name:		
Company:	Phone:	
Address:		
City:	State:	ZIP:

COMPANY CONDUCTING TANK / PIPING CLEANING		
Name:		
Company:	Phone:	
Address:		
City:	State:	ZIP:
Residual product, sludges & solids were removed and tanks were high pressure washed and triple rinsed. <input type="checkbox"/> Yes <input type="checkbox"/> No		

FINAL DISPOSITION OF HAZARDOUS WASTE (RESIDUAL PRODUCT, RINSATE, SOLIDS, SLUDGE)		
Name of Location:	Address:	
City:	State:	ZIP:

FINAL DISPOSITION OF TANKS / PIPING			
<input type="checkbox"/> Landfill	Name of Location:	Address:	
<input type="checkbox"/> Salvage Yard	City:	State:	ZIP:

I certify that the above described tank(s) has (have) been rendered unusable for the storage of any fluids and the tank(s) has(have) been cleaned and prepared for disposal in accordance with all applicable local, state and federal regulations.

Technician's Signature: _____ **Date:** _____