UST Closure Report - Filling In Place

Iowa Department of Natural Resources
Underground Storage Tank Section
6200 Park Ave Ste 200
Des Moines, IA 50321

UST Registration		**LUST** (if applicable)	

Site Name: _____

Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Owner Identification

Name: _____ Company: _____

Street: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Phone: _____

Iowa Certified Remover

Name: _____ Iowa Certified Remover No: _____

Company: _____ Expiration Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Certified Groundwater Professional (CGP)

Name: _____ Certification Number: _____

Company: _____ Expiration Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

I certify that I have reviewed this document, appendices and attachments for submittal to the Iowa Department of Natural Resources. To the best of my knowledge, the information provided is true, accurate and complete.

Signature – ***OWNER***	Date	Signature – ***Certified Remover***	Date
Signature – ***CGP***	Date	Date Submitted to DNR	

Current Site Conditions

Description of the UST System and Site Conditions (This page may be photocopied if more than 6 tanks were closed in place)

Tank Number	1	2	3	4	5	6
Tank Size						
Number of Samples Collected for Each Tank						
Tank Contents						
Tank Construction Material						
Leak Detection Method Used During Active Life of Tank						
Date Tank Filled in Place						
Inert Material Used to Fill Tank						
Surface Staining? (Yes/No)						

Product Piping Removed? ☐ Yes ☐ No Length of piping removed (in feet): _____

(If "Yes" describe condition of piping, e.g., corrosion, perforations, stress cracks, good, poor, etc., and if any sign of a release was observed)

_____

_____

Piping Abandoned in Place? ☐ Yes ☐ No Length of piping removed (in feet): _____

Date Piping Abandoned in Place? _____

Piping Construction Material: _____

Number of Active Tanks Remaining: _____

Was diesel/waste oil stored at the site? ☐ Yes ☐ No ☐ Unknown

Tank Cleaning and Disposal

Tank Cleaning Method Used

Final Disposition of Sludge and Wastewater

Contractor Responsible for Tank Cleaning (Name/Address/Phone)

Tank Number	1	2	3	4	5	6
Quantity of Surplus Product Removed From Tanks (gallons)						

Final Disposition of Surplus Product _____

Soil Analytical Summary *(mg/kg)*

Complete the table below with soil analytical data for each sample. Attach laboratory analytical results, including completed chain of custody form(s) as Appendix 3.

Sample ID	Date Sampled	Depth of Soil Sample	Field Screening (ppm)	Benzene	Toluene	Ethyl-benzene	Xylenes	TEH Diesel	TEH Waste Oil

Was there an odor or soil discoloration seen in any of the soil samples? If so which samples?

Groundwater Analytical Data *(ug/L)*

Complete the table below with groundwater analytical data for each boring/monitoring well. Attach laboratory analytical results, including completed chain of custody form(s) as Appendix 3.

Sample ID	Date Sampled	Field Screening	Benzene	Toluene	Ethylbenzene	Xylenes	TEH-Diesel	TEH-Waste Oil

Was there a petroleum sheen or odor noticed from any of the groundwater samples? If so, which samples?

Discussion/Justification Explain how groundwater flow direction was determined, explain variations from UST Closure Guidance (e.g., site limitations, etc.):

Were action levels in soil or groundwater exceeded? ☐ Yes ☐ No

Recommendation: provide a comprehensive evaluation of the sampling data and justification for recommendation.

Supporting Documentation and Information

Attach these Items to the Closure Report

Appendix 1. Dimensioned Site Diagram:

a. Location of all USTs, piping runs and dispenser islands
b. Sampling locations/identification that correspond to the laboratory analytical reports
c. Boring/monitoring well locations
d. Location of buildings and above ground tanks and piping on the site (include size and contents of ASTs)
e. Groundwater flow direction
f. North arrow
g. Scale of the diagram in feet (or at least provide distances in feet)
h. Names of streets/roads adjacent to the site.

Appendix 2. Soil Boring Logs / Monitoring Well Construction Diagrams

Stratigraphic logs of the boreholes and construction details of the well (see attached log), and disposition of the monitoring well after sampling

Appendix 3. Laboratory Analytical Results

Certified laboratory analytical results for each sample, including completed chain of custody form(s)

Appendix 4. Tank Tags

Remove tank tags and return them with closure report

Appendix 5. Other Documentation. Provide the following:

a. Tank cleaning (e.g., signed statement from the party who performed the cleaning service indicating the UST is clean and copies of photographs taken during the closure
b. Invoice of solid, inert material used to fill tank in place

Appendix 6. Soil and Water Disposal

a. Documentation of the proper disposal of contaminated water, including: signed statement of permission from the POTW prior to disposal;
b. Documentation of wastewater characterized by the POTW, and
c. Appropriate documentation that the wastewater was accepted by the POTW

Color Photographs

a. Photos of tank top before filled in place
b. Cleaned interior of tanks
c. Product line and dispenser trenches (for exposed trench piping removal)
d. Sealed USTs/capped product lines
e. Photos after completion of closure
f. Photo of filling in place
g. Descriptions of photos

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Soil Boring Log and Monitoring Well Construction Diagram for:

Facility Name: _____ UST Registration No.: _____ LUST No.: _____

Well Contractor Name: _____ Drilling Method**: _____

Well Contractor Registration Number: _____ Boring Depth (ft) x Diameter (in): _____

Logged by: _____ Ground Surface Elevation (ASL): _____

Start Date: _____ Finish Date: _____ Top of Casing Elevation (ASL): _____

Depth (feet)	Well Construction Details	Sample		PID / FID PPM	USCS	Sample Descriptions: soil, color, classification, observation Example: Silty clay, dark gray, hard, moist, strong odor
		No.	Type*			

*Sample Types:	**Drilling Method Options:	Symbols to Use:
Split Spoon (SS) Continuous Core (CC)	Rotary Auger, Push Probe, Hand Auger, Air drilling, Hollow Stem Auger, Other (Describe)	v – Static Water Level s – sample collected

Observation Date:					
Time:					
Static Water Level (ASL):					