



## Notification of Tank Closure or Change-in-Service

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

Complete all sections and submit to the Iowa DNR at least **30 days** before starting closure activities.

### UST Facility

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_  
Address: \_\_\_\_\_ LUST No: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

### Owner

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Tank And Piping Closure

Tank Closure Procedure: \_\_\_\_\_ Month/Day/Year of Proposed Closing: \_\_\_\_\_  
☐ Removal of Tank(s) \_\_\_\_\_ Piping Closure Only? ☐ Yes ☐ No  
☐ Closing Tank in Place by Filling with Inert Material \_\_\_\_\_ Will Piping Be Removed? ☐ Yes ☐ No  
☐ Change-in-Service to Unregulated Use \_\_\_\_\_ Will this tank/piping be replaced by a new underground storage tank/piping? ☐ Yes ☐ No

### Tank Information

Tank #	Permanent Tag No	Capacity	Contents	Date Installed	Single or Double Wall
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW

### Iowa Licensed Remover

Name: \_\_\_\_\_ Iowa Licensed Remover No: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Excavator

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Certified Groundwater Professional (CGP)

Name: \_\_\_\_\_ Certification No: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signed \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
(UST System Owner)

Signed \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
(Remover)

**Complete all sections of the notification form.**

- Provide site registration number assigned by DNR when the site was first registered. **This is not the tank tag number.**
- Indicate anticipated date of closure. 24 hour notice is also required to be given to local DNR field office.
- Mark the tank closure procedure you will be following. Confirmation from the UST Section will follow. All three closure procedures require soil and groundwater sampling. When closing a tank in place, analytical results must be submitted and approved by the DNR prior to filling the tank with inert material.
- If approved groundwater or vapor monitoring has been used for leak detection, it may be possible to use the monitoring results from the 90 days prior to closure instead of soil and groundwater sampling at the time of closure. Contact the department if you feel your site qualifies for prior approval.
- The form should be signed and dated by the tank owner or authorized agent and licensed remover and submitted to the DNR by the licensed remover.
- Go to: [www.iowadnr.gov/ust](http://www.iowadnr.gov/ust) to download appropriate documents.

**This form must be mailed at least 30 days before closure activities commence.**

Email To: [USTOperations@dnr.iowa.gov](mailto:USTOperations@dnr.iowa.gov)