



Notification For Underground Storage Tanks

Tank Identification Number	Tank No.									
10. Release Detection (check all that apply)	TANK	PIPE								
Manual Tank Gauging	<input type="checkbox"/>									
Tank Tightness Testing	<input type="checkbox"/>									
Inventory Control	<input type="checkbox"/>									
Automatic Tank Gauging	<input type="checkbox"/>									
Vapor Monitoring	<input type="checkbox"/>									
Groundwater Monitoring	<input type="checkbox"/>									
Interstitial Monitoring (required for new or replaced tanks or piping)	<input type="checkbox"/>									
Statistical Inventory Reconciliation	<input type="checkbox"/>									
Automatic Line Leak Detectors		<input type="checkbox"/>								
Line Tightness Testing		<input type="checkbox"/>								
No Release Detection Required (such as some types of suction piping)	<input type="checkbox"/>									
Other Method Allowed By Implementing Agency	<input type="checkbox"/>									
Other, Specify Here	_____		_____		_____		_____		_____	

X. CLOSURE OR CHANGE IN SERVICE

1. Closure Or Change In Service					
Estimated Date The UST Was Last Used For Storing Regulated Substances (month/day/year)	_____	_____	_____	_____	_____
Check Box If This Is A Change In Service (i.e., Change of storage to a non- regulated substance)	<input type="checkbox"/>				
2. Tank Closure					
Estimated Date Tank Closed (month/day/year)	_____	_____	_____	_____	_____
(check all that apply below)					
Tank Removed From Ground	<input type="checkbox"/>				
Tank Closed In Ground	<input type="checkbox"/>				
Tank Filled With Inert Material	<input type="checkbox"/>				
Describe The Inert Fill Material Here	_____	_____	_____	_____	_____
3. Site Assessment					
Check Box If The Site Assessment Was Completed	<input type="checkbox"/>				
Check Box If Evidence Of A Release Was Detected	<input type="checkbox"/>				
Other, Specify Here	_____	_____	_____	_____	_____