Iowa Department of Natural Resources

Notification of Tank Closure or Change-in-Service

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

Submit to: Iowa Department of Natural Resources, 502 East 9th Street, Des Moines, IA 50319-0034

I. Site Registration Nun	nber				
II. Tank Site Address					
Facility Name					
Street Address		City	y		
III. Owner of Tanks or A	uthorized Agent				
Name			Phone		
Street Address		_			
City	State	Zip (Code		
IV. Date of Proposed Clo	sure or Change-in-Se	rvice			
Month	Day		Year		
V. Piping Replacement O VI. Tank Closure Procedu	•] NO	-		
[] Change-in-Servic	Place by Filling with Solid e to Unregulated Use	Inert Ma	terial		
VII. Contractor Informati	on				
Company Name	ion	Phone			
Company Name Contact		Phone	State	7in	
Company Name	City	Phone	State	Zip	
Company Name Contact Address	City	Phone	State	Zip	
Company Name Contact	City	Phone 1	State	Zip 3	4
Company Name Contact Address VIII. Underground Storage	City Tank Information Tank of Installation (Month/Year)				4
Company Name Contact Address VIII. Underground Storage	City e Tank Information Tank				4
Company Name Contact Address VIII. Underground Storage	City Tank Information Tank of Installation (Month/Year)				4
Company Name Contact Address VIII. Underground Storage Date of Estima Substances stored throughout the	City Tank Information Tank of Installation (Month/Year) ted Total Capacity (gallons) gasoline (all blends) diesel				4
Company Name Contact Address VIII. Underground Storage Date Estima Substances stored throughout the operating life of the tank.	City Tank Information Tank of Installation (Month/Year) ted Total Capacity (gallons) gasoline (all blends) diesel used oil				4
Company Name Contact Address VIII. Underground Storage Date Estima Substances stored throughout the operating life of the tank. (Check all that apply)	City Tank Information Tank of Installation (Month/Year) ted Total Capacity (gallons) gasoline (all blends) diesel used oil kerosene				4
Company Name Contact Address VIII. Underground Storage Date of Estima Substances stored throughout the operating life of the tank. (Check all that apply) Attach additional pages	City Tank Information Tank of Installation (Month/Year) ted Total Capacity (gallons) gasoline (all blends) diesel used oil kerosene other petroleum (specify)				4
Company Name Contact Address VIII. Underground Storage Date of Estima Substances stored throughout the operating life of the tank. (Check all that apply) Attach additional pages as necessary.	City Tank Information Tank of Installation (Month/Year) ted Total Capacity (gallons) gasoline (all blends) diesel used oil kerosene other petroleum (specify) hazardous (specify)				4
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DNR Form 542-1308 (NOV98)

DIRECTIONS ON COMPLETING CLOSURE NOTIFICATION FORM

Complete all sections of the notification form.

Section I Give site registration number assigned by DNR when the site was first registered. This is not the tank tag number.

Section II Give complete facility name of tanks location.

Section III Give complete name and address of owner or authorized agent.

Section IV Indicate anticipated date of closure. 24 hour notice is also required to be given to local DNR field office.

Section V Mark if this notice is for piping replacement only and no tanks will be affected.

Section VI Mark the tank closure procedure you will be following. Guidance documents will be sent on required procedures for sampling. 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.

Section VII Give complete name, address, and phone number of your contractor.

Section VIII Complete the requested information in the table. Indicate all substances that have been stored during the tanks lifetime.

Section IX The form should be signed and dated by the tank owner or authorized agent.

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

Guidance documents describing the correct procedures and requirements for UST closure will be sent to you after receipt of this form.

You may mail this form by folding in thirds with the address showing and correct postage.

PLACE STAMP HERE

Iowa Department of Natural Resources Underground Storage Tank Section 502 East 9th Street Des Moines, IA 50319-0034

DNR Form 542-1308 (NOV98)

01/29/01 Appendix 10-7.2