



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

**INSTRUCTIONS FOR PERMANENT CLOSURE APPLICATION FOR
UNDERGROUND STORAGE TANK(S)**

1. Rule 13.06 of the Department of Environmental Management's (DEM) *Rules and Regulations for Underground Storage Facilities Used For Petroleum Products and Hazardous Materials* requires that this application be submitted to the Department at least **ten (10) business days** prior to the proposed closure of an underground storage tank (UST). However, to better secure a closure date of your preference, the UST Section recommends submittal of this application four (4) weeks in advance. A completed application must be provided to the Department with a **fee payment of \$75.00 per tank** being closed in order for this application to be processed. **An additional fee of \$75.00 per tank** also applies to any tank not registered with DEM's UST Program and must also be submitted with the application. If all of the necessary information is not provided, the application will be returned and the ten (10) day period will begin anew upon DEM's receipt of the complete application. **The tank owner must sign the closure application form.** The check or money order payable to "**State of Rhode Island, General Treasurer**" and application forms must be submitted to:

Department of Environmental Management
Office of Management Services
235 Promenade Street
Providence, RI 02908

2. Following its review and approval of the closure application, DEM will contact the applicant and/or the named closure contractor by telephone to schedule a date for the closure(s). The owner and/or authorized agent must **contact** the DEM on the closure date to confirm that the closure will take place as scheduled.
3. Closure assessment reports shall be performed in accordance with Rule 13.11.

For certain sites, the owner/operator must insure that a closure assessment for UST(s) is to be performed at the time of closure. The results of the assessment must be submitted to DEM in a written report within 30 days. **Following** review and approval of the assessment and the completion of site restoration requirements, a certificate of closure will be issued. Please note, the following UST(s) are **exempt** from this requirement:

- those tanks storing fuel oil consumed solely on site and;
- residential and farm tanks that are 1,100 gallons or less in capacity and storing motor fuel consumed solely on site.

4. To be in compliance with local requirements, the appropriate city or town offices (including the local fire department) must be notified of the proposed and confirmed closure date. The closure application must be signed by an authorized agent of the local fire department.

5. For further information contact:

Department of Environmental Management
Underground Storage Tank Program
235 Promenade Street
Providence, RI 02908-5767
(401) 222-2797
(TDD for Hearing Impaired ONLY: 222-4462)

Please Note: Only original forms or photocopies of the original form will be accepted. No reproductions will be approved!



STATE OF RHODE ISLAND
DIVISION OF WASTE MANAGEMENT
**PERMANENT CLOSURE APPLICATION
FOR UNDERGROUND STORAGE TANK(S)**

DEM USE ONLY

Approved:
Date Scheduled:
Total \$ Received:
Date Received:
Check Number:
Received by:

I. FEES

Closure: Number of Tank(s): _____ X \$75.00 Per Tank = _____
Registration:* Number of Tank(s): _____ X \$75.00 Per Tank = _____
* Payment for all unregistered tank(s) and tank(s) with outstanding registration fees, must accompany this application.

II. FACILITY INFORMATION

Date of Application:		UST Facility Identification #:	
Proposed Date of Tank Closure: _____ (This date is subject to change pending availability and confirmation by the UST Section.)			
Facility Name:			
Facility Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Title:		

III. TANK OWNER INFORMATION

Tank Owner Name:			
Mailing Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Title:		

IV. PROPERTY OWNER INFORMATION

Property Owner Name:			
Mailing Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Title:		

V. FIRM/CONTRACTOR TO PERFORM TANK CLOSURE

Name of Contractor/Firm:			
Mailing Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Title:		

VI. FIRM/CONSULTANT TO PERFORM CLOSURE ASSESSMENT

Is a Closure Assessment required for this facility? (See Rule 13.01)				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If not, do you choose to obtain one?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please check one of the following:		<input type="checkbox"/> Other (Equivalent Professional Certification) "Subject to DEM Approval"* *A statement of qualifications must be submitted with this application.			
<input type="checkbox"/> Professional Engineer					
<input type="checkbox"/> Certified Professional Geologist					
Name of Consultant/Firm:					
Mailing Address:					
City:		State:	Zip:		Phone: ()
Contact Person:			Title:		

VII. DESCRIPTION OF TANK(S) TO BE CLOSED

Tank No.	Age	Date Last Used	Volume	Construction Materials	Stored Material

* If there are more tanks being closed please list on an attachment.

VIII. LOCATION OF TANK(S) (Sketch diagram)

IX. CLOSURE INFORMATION

Will tank(s) be excavated, cleaned and disposed of (Rule 13.09)? YES NO
Specify method of tank cleaning: _____ or,

If circumstances exist which inhibit excavation, you may request a UST Closure in Place. *This request is subject to DEM approval.* Are you requesting to close tank(s) in place? YES NO
Owner must submit supporting documentation providing specific details on the necessity to close in place and a detailed diagram must be attached to this application. **Please note: There are additional requirements for determining tank integrity as detailed in the Closure in Place guidelines.**

Specify whether cleaning will take place: ON-SITE OFF-SITE
If OFF-SITE, indicate location of final tank(s) cleaning (Name & Address):

Will tank(s) be rendered unfit for use and disposed of? YES NO
If YES, location for final tank(s) disposal:

Will tank(s) be reused? YES NO
Please note: Reuse of a tank in the ground requires compliance with Rule 10.03 of UST Regulations.

If tank(s) is to be reused, specify:
Proposed use:
Name & Address of intended user:

Describe the method to be used to empty the tank(s) prior to excavation:

Describe the method to be used to remove the tank(s) from excavation:

Describe the method(s) to be used to properly and safely vent the tank(s) and properly make openings in the tank(s):

Please note: Appropriate venting must be carried out both before the cutting of any tank and before off-site transport of any tank which has not been completely cleaned per Rule 13.09(C) of the UST Regulations.

Describe the instruments used to verify that the tank(s) have been properly vented:

Describe how any residues remaining in the tank(s) will be managed:

Have these tank(s) ever held non-petroleum, hazardous materials? YES NO
If yes, please list materials:

Have any of the tank(s) ever contained a product other than that listed in Section VII above? YES NO
If yes, please list tank # and material stored:

After the closure(s) have been completed on the aforementioned tank(s), will there be any underground storage tank(s) remaining in existence at this facility? YES NO

Will any new UST(s) be installed on the site? YES NO
If YES, please note: Prior written approval by DEM is required.

X. WASTE HAULER INFORMATION (if applicable)

Firms transporting tank sludge and waste or tank(s) which require further cleaning must be permitted by DEM, Office of Waste Management, RCRA Section as Hazardous Waste Transporters.

Specify method for disposing of tank sludges or wastes generated by the cleaning process:

Name of Waste Hauler:

Address: _____ City: _____ State: _____ Zip:

DEM Waste Hauler Permit #: _____

XI. NOTIFICATION OF LOCAL FIRE DEPARTMENT

The authorized signature of the local fire department below indicates that the local fire officials have been notified that you are planning to close an underground storage tank(s) at the above location. **You must also notify the local fire department of the exact closure date after you have confirmed this date with DEM.**

Authorized Local Fire Department Representative
(Original Signature is Required)

Date

Name of Local Fire Department

Phone Number

This signature however, does not serve as notice to the city/town, does not guarantee city/town approval, and does not relieve you of your obligations to other applicable city/town officials. Any violation, deficiency or requirement which may have been overlooked is also subject to correction under the provision of any applicable code.

XII. CERTIFICATION BY TANK OWNER (This section MUST be completed by tank owner)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I further certify that records pertaining to the closure will be kept on file by me indicating final destination of residues, etc. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Owner: (please print) _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Signature: _____ Date: _____

(Original Signature is Required)

Who should be contacted for questions regarding this application and for scheduling the UST Closure?

Name

Title

Telephone