Instructions for the Kentucky
NOTICE OF INTENT TO PERMANENTLY CLOSE
UNDERGROUND STORAGE TANK SYSTEM
401 KAR 42:070
FORM DEP7114/01/06

GENERAL INSTRUCTIONS. THE NOTICE OF INTENT TO PERMANENTLY CLOSE UNDERGROUND STORAGE TANK SYSTEM FORM IS REQUIRED WHEN UNDERGROUND STORAGE TANK SYSTEM COMPONENTS ARE TO BE PERMANENTLY CLOSED IN KENTUCKY. THIS FORM SHALL BE SUBMITTED A MINIMUM OF TWO WEEKS (14 CALENDAR DAYS) PRIOR TO PERMANENT CLOSURE OF AN UNDERGROUND STORAGE TANK SYSTEM TO THE REGIONAL OFFICE RESPONSIBLE FOR COUNTY IN WHICH TANK SYSTEM IS BEING CLOSED. **ALL SECTIONS MUST BE COMPLETED TO BE ACCEPTED BY THE REGIONAL OFFICE. IF ANY SECTION IS NOT COMPLETED, THE ORIGINAL NOTICE OF INTENT TO PERMANENTLY CLOSE UNDERGROUND STORAGE TANK SYSTEM FORM WILL BE RETURNED TO THE OWNER.** Instructions are provided only for categories on the Notice of Intent to Permanently Close Underground Storage Tank System form which are not self-explanatory. If you have any questions about any section on the form, please call the Regional Office. **The form must be typed or printed legibly.**

OWNERSHIP OF TANK SYSTEM-THIS SECTION PERTAINS TO THE CURRENT LEGAL OWNER OF THE TANK SYSTEM

Owner Name:	Enter Owner Name (corporation, individual, public agency, or other entity).
Mailing Address:	Current owner mailing address including city, state and zip.
Contact Person:	Name of contact person for site.
Telephone Number:	Area code and telephone number for owner.

LOCATION OF TANK SYSTEM

Agency Interest Number:	Enter agency interest number.
Site Name/Company:	Enter name under which business and/or site is currently operating.
Site Address:	Enter exact street address including street number and/or the highway number where tank system is physically located. DO NOT USE A P.O. BOX OR ROUTE NUMBER. (Contact post office for exact address) Enter city, state, and zip where tank system is located. If in rural location, use the city or town that is used for your tank system location mailing address.
County:	Enter the name of the county where the tank system is located.

CONTACT PERSON PERTAINING TO PERMANENT CLOSURE

1. Company/Person Name:	List name of company/individual in charge of the permanent closure activities.
2. Telephone Number:	Area code and telephone number for company/individual in charge of the permanent closure activities.
3. Company/Person Name:	List name of the company or individual who perform the actual tank system permanent closure.

CLOSURE INFORMATION

1. Type of Closure: Check appropriate box indicating the type of permanent closure.

Removal from Ground:	Tank will be emptied, purged, cleaned and removed from the ground.
Closure in Place:	Tank will be emptied, purged, cleaned and filled with an inert material.
Piping Only:	Pipes will be removed/closed in place without involvement of the tanks.
Change in Service	Change in service from a tank system storing a regulated substance to a tank system storing a non-regulated substance.

2 THROUGH 6: Enter appropriate information

CERTIFICATION-READ CAREFULLY, SIGN, AND DATE THIS FORM

Check appropriate box if Owner Signature; Operator Signature; or Consultant/Contractor signature. This form must have an original signature and date by the owner, operator, or consultant/contractor of your site. **THIS NOTICE OF INTENT TO PERMANENTLY CLOSE UNDERGROUND STORAGE TANK SYSTEM MUST INCLUDE THIS CERTIFICATION TO BE COMPLETED. COPIED OR STAMPED SIGNATURES ARE NOT ACCEPTABLE.**

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM

1. Status of Active Tank MARK ONE BOX

Active:	Tank is currently in use.
Temporarily out of use:	If temporarily out of use, complete additional information in section.
Change in Service:	Change in service for tank use.

2. Date Installed:	Indicate month/day/year of installation.
3. Capacity:	List the total gallon capacity of tank(s)
4 THROUGH 8:	Enter and X in the appropriate box(es) for each tank.

NOTE: ANY QUESTIONS CONCERNING INSTALLATION PLANS OR CERTIFIED CONTRACTORS, MUST BE DIRECTED TO THE STATE FIRE MARSHAL'S OFFICE, HAZARDOUS MATERIALS SECTION AT 502-573-1702. ANY QUESTIONS CONCERNING APPLICATIONS FOR A CERTIFICATE OF ELIGIBILITY WITH THE UNDERGROUND STORAGE TANK BRANCH, CALL 502-564-5981.

NOTICE OF INTENT TO PERMANENTLY CLOSE UNDERGROUND STORAGE TANK SYSTEM

USTB	**KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION**	**Return Completed Form To:** **Regional Office responsible for county in which tank system is being closed.** **For more information call: Regional Office**	**STATE USE ONLY**

SUBMIT A MINIMUM OF TWO WEEKS (14 CALENDAR DAYS) PRIOR TO PERMANENT CLOSURE OF TANK SYSTEM.

OWNERSHIP OF TANK SYSTEM	LOCATION OF TANK SYSTEM
OWNER NAME	AGENCY INTEREST NUMBER
MAILING ADDRESS	SITE NAME
CITY STATE ZIP CODE	STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD
CONTACT PERSON	CITY STATE ZIP CODE
AREA CODE/ TELEPHONE NUMBER	COUNTY

CONTACT INFORMATION PERTAINING TO PERMANENT CLOSURE

1. Name of company/person in charge of permanent closure activities:
2. Area code and telephone number for company/person in charge of permanent closure activities:
3. Name of company/person performing the actual tank system permanent closure:

1. TYPE OF CLOSURE:(MARK ONE) ☐ Removal from Ground ☐ Closure in Place ☐ Piping Only ☐ Change in Service
2. Number of Tanks to be permanently closed at above location:
3. Indicate the cleaning method for each tank:
4. If the tank is to be closed in place, type of fill material to be used:
5. Name of laboratory where samples will be sent:
6. Closure date scheduled:
7. If piping only, indicate substance contained in system:

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I certify that the submitted information is true, accurate, and complete KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & TITLE	DATE SIGNED
_____		_____

CHECK APPROPRIATE BOX: ☐ OWNER ☐ OPERATOR ☐ CONSULTANT/CONTRACTOR

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM

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(Complete for each tank system at this location)

Tank I.D. No. (e.g. 123) or Arbitrarily Assigned Sequential Number.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
1. Status of Tank (PLEASE MARK APPROPRIATE BOX)					
Currently in Use (TAC)	☐	☐	☐	☐	☐
Temporarily Out of Use (TTC)	☐	☐	☐	☐	☐
Change in Service (TCS)	☐	☐	☐	☐	☐
2. Estimated Date Installed (Month and Year)					
3. Estimated Total Capacity (Gallons)					
4. Material of Construction (PLEASE MARK APPROPRIATE BOX)					
Steel (SST)	☐	☐	☐	☐	☐
Double Wall Steel (DST)	☐	☐	☐	☐	☐
Fiberglass Reinforced Plastic (FRP)	☐	☐	☐	☐	☐
Double Wall Fiberglass (DWF)	☐	☐	☐	☐	☐
Steel Interior lined with Fiberglass (SIF)	☐	☐	☐	☐	☐
Unknown (UNK)	☐	☐	☐	☐	☐
Other, please specify (OTH)					
5. Internal Protection for Tank (PLEASE MARK APPROPRIATE BOX)					
Fiberglass/Double Wall (FDP)	☐	☐	☐	☐	☐
None (NON)	☐	☐	☐	☐	☐
Interior Lining (e.g. epoxy lining) (ILP)	☐	☐	☐	☐	☐
Unknown (UNK)	☐	☐	☐	☐	☐
Other, please specify (OTH)					
6. External Protection (PLEASE MARK APPROPRIATE BOX)					
Cathodic Protection (CCP)	☐	☐	☐	☐	☐
Dielectric Coated (DIE)	☐	☐	☐	☐	☐
Double Wall Fiberglass (DWF)	☐	☐	☐	☐	☐
Fiberglass Reinforced Plastic (FRP)	☐	☐	☐	☐	☐
Field-Installed Cathodic Protection (FCP)	☐	☐	☐	☐	☐
Impressed Current Cathodic Protection (ICP)	☐	☐	☐	☐	☐
None (NON)	☐	☐	☐	☐	☐
Unknown (UNK)	☐	☐	☐	☐	☐
Other Protection (OTH)					
7. Material of Piping Construction (PLEASE MARK APPROPRIATE BOX)					
Double Wall Steel (DST)	☐	☐	☐	☐	☐
Double Wall Fiberglass (DWF)	☐	☐	☐	☐	☐
Fiberglass Reinforced Plastic (FRP)	☐	☐	☐	☐	☐
Flexible Wall (FLX)	☐	☐	☐	☐	☐
Steel (SST)	☐	☐	☐	☐	☐
Unknown (UNK)	☐	☐	☐	☐	☐
Other, please specify (OTH)					
8. Substance Currently or Previously Stored In Greatest Quantity by Volume (PLEASE MARK ALL APPROPRIATE BOX(ES)					
Gasoline (GAS)	☐	☐	☐	☐	☐
Diesel (DSL)	☐	☐	☐	☐	☐
Kerosene (KER)	☐	☐	☐	☐	☐
Used Oil (UOL)	☐	☐	☐	☐	☐
New Oil (NOL)	☐	☐	☐	☐	☐
Fuel Oil (FOL)	☐	☐	☐	☐	☐
Aviation Fuel (JET)	☐	☐	☐	☐	☐
CERCLA Hazardous Substance (HAZ)	☐	☐	☐	☐	☐
Unknown Substance (UNK)	☐	☐	☐	☐	☐
Empty (EMP)	☐	☐	☐	☐	☐
Other Substance, please specify (OTH)					