UST TEMPORARY CLOSURE NOTIFICATION

Name of Owner: _____ Facility ID: _____UST #:_____

Owner Mailing Address:_____

Facility Name: _____

Facility Address: _____

City: _____ ZIP: _____ Phone (____)_____

UNDERGROUND STORAGE TANKS TEMPORARILY CLOSED

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
Installation Date					
Estimated Capacity					
Substance Stored (mark appropriate box)					
gasoline					
diesel					
heating oil					
kerosene					
other (specify)					
hazardous (specify)					

I certify that the regulated underground storage tank(s) listed above and located at the facility listed above have been or will be temporarily closed as of _____, by completing the following, in accordance with 20 DCMR Chapter 6100: *(Date)*

- ☐ All product has been emptied from the tank(s), so that no more than 2.5 centimeters (one inch) of residue, or 0.3 percent by weight of the total capacity of the UST system, remains in the tank.

OR

- ☐ If any tank(s) contains regulated product, release detection and corrosion protection (if necessary) will be maintained.
  - ☐ All lines, pumps, accesses and ancillary equipment have been properly secured and capped.
  - ☐ Vent lines remain open and functioning.
  - ☐ I am maintaining financial responsibility as required by 20 DCMR Chapter 6700. (*Please note that insurance carriers may cancel insurance after one year of temporary closure*).
  - ☐ An amended UST Facility Notification Form and Contractor Certification Form or report are attached or will be submitted within seven (7) days of completion of the activities above.

_____

Name (Owner or Operator of USTs) Signature Date

Send to: District Department of the Environment, Underground Storage Tank Branch, Toxic Substances Division 1200 First St, NE 5th Fl., Washington, DC 20002. Email:ust.ddoe@dc.gov Fax: 202-535-1383.

DISTRICT DEPARTMENT OF THE ENVIRONMENT

green forward