GEORGIA UNDERGROUND STORAGE TANK (GUST) CLOSURE ACTIVITY FORM

For underground storage tanks (USTs), which will be permanently closed by removal or in-place, this form should be completed and submitted to the address above at least 30 days prior to the proposed closure. USTs should be closed within ninety (90) days after the proposed closure date as reported to EPD.

I. FACILITY INFORMATION:
Facility Name: ___________________________ Telephone: ___________________________
Contact Person: ___________________________ Telephone: ___________________________
Address (location; P.O. Box not acceptable): ___________________________
City: __________________ County: __________________ Zip Code: __________
Facility ID: ___________________________

II. UST INFORMATION: (“Contents” refer to last product contained in UST system)

<table>
<thead>
<tr>
<th>Tank ID</th>
<th>Tank Size (gallons)</th>
<th>Contents</th>
<th>Type of Closure (check one)</th>
<th>Date Last Used</th>
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<td>Removal</td>
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<td>In-Place</td>
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</table>

III. UST OWNER: (Complete this section even if it is the same as Section I)
UST Owner Name: _____________________________________________________________
Mailing Address: _____________________________________________________________
City: __________________ State:_______ Zip Code: __________________

IV. CONTRACTOR: (Company secured to actually close UST system)
Company or Organization Name: ___________________________
Contractor Representative Name: ___________________________
Telephone: ______________________ |
Address: _____________________________________________________________
City: __________________ State:_______ Zip Code: __________________

V. CLOSURE NOTIFICATION INFORMATION:
As UST owner, I certify that the information concerning permanent closure of the UST system referenced on this form is true to the best of my belief and knowledge, and that the requirements of Subpart G of Title 40 CFR Part 280 and the Georgia Environmental Protection Division Closure Guidance (GUST-9, as revised) will be met *(Not valid without owner signature.)*

Name (Print): ___________________________ Title: ___________________________
Organization Name: ___________________________ Telephone: ___________________________
UST Owner Signature: ___________________________ Date: ___________________________

GUST-29 7/99R