

Georgia Department of Natural Resources

Environmental Protection Division
Underground Storage Tank Management Program
4244 International Parkway, Suite 104, Atlanta, Georgia 30354
404/362-2687

NOTICE DATE: _____

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: _____
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)

Tank ID	Tank Size (gallons)	Contents	Type of Closure (check one)			Date Last Used
			Removal	In- Place	Piping	

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: _____