Logo, company name

Description automatically generated

**UST CLOSURE REPORT TEMPLATE**

**INSTRUCTIONS FOR COMPLETING THE TEMPLATE ELECTRONICALLY:**

* THE DOCUMENT IS LOCKED AND ONLY ALLOWS FOR DATA ENTRY
* DATA CAN ONLY BE ENTERED INTO TEXT BOXES (GRAY AREAS) OR CHECK BOXES
* TO PLACE A CHECK IN THE CHECK BOX, SIMPLY LEFT CLICK THE BOX. TO REMOVE A CHECK, LEFT CLICK THE BOX AGAIN.
* TO ADD TEXT TO THE TEXT BOX, LEFT CLICK IN THE GRAY BOX AND BEGIN TYPING.
* TO NAVIGATE THROUGH THE DOCUMENT, PRESS THE TAB KEY OR USE THE MOUSE TO SELECT A DESIRED TEXT BOX OR CHECK BOX.
* ORIGINAL SIGNATURES ARE REQUIRED AT VARIOUS PLACES IN THE DOCUMENT AND CANNOT BE TYPED. PRINT THE COMPLETED CLOSURE REPORT TEMPLATE AND SIGN WHERE INDICATED
* DON’T FORGET TO ATTACH SUPPORTING DOCUMENTS:

-SCALED SITE MAP

-ENTIRE ORIGINAL ANALYTICAL DATA PACKAGE

-ORIGINAL CHAIN OF CUSTODY

-WATER RESOURCE SURVEY DOCUMENTATION (IF NECESSARY)

-SIGNED AFFIDAVIT (IF NECESSARY)

## Underground Storage Tank Management Program

UST Closure Report Form

If a boring or monitor well was extended to groundwater, the Professional Engineer (PE) or Professional Geologist (PG), registered in the State of Georgia, that supervised the work must complete and sign the following statement:

“I have supervised and directed the installation of the boring or monitor well and the interpretation of groundwater data, in accordance with the Water Well Standards Act, the Professional Engineer Act and the Professional Geologist Act. This report complies with the standards of the USTMP Act, Rules, and guidelines and other applicable state and federal environmental regulations. The information presented herein is true and accurate.”

### Georgia Stamp or Seal

Name (print):

Signature:

Date:

PG/PE Certification

Expiration Date:

**I. UST OWNER, CONTRACTOR, AND FACILITY INFORMATION**

**A. Facility Information**

|  |  |
| --- | --- |
| Facility Name: |  |
| Facility ID Number: |  |
| County: |  |
| Facility Address: |  |

**B. UST Owner Information**

|  |  |
| --- | --- |
| Name of UST Owner (print): |  |
| Name of Company (if applicable): |  |
| Phone Number: |  |
| Mailing Address: |  |

**I hereby certify that the information in this Closure Report and in all the attachments is true, accurate, and complete, and the Closure Report satisfies all criteria and requirements of Rule 391-3-15-.09 of the Georgia Rules for Underground Storage Tank Management.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**C. Environmental/Engineering Consultant Information**

|  |  |
| --- | --- |
| Company Representative: |  |
| Company Name: |  |
| Phone Number: |  |
| Mailing Address: |  |

**I hereby certify that I have performed or supervised the work detailed in this report and have examined and am familiar with the information submitted in this and all attached documents. The submitted information is, to the best of knowledge, true, accurate, complete, and in accordance with the Georgia Rules for Underground Storage Tank Management.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**II. UST SYSTEM INFORMATION**

*Complete Sections A, B, and C if UST system information is known. If the system was previously removed and no UST system information is known, then check the box below and move to Section III. Sampling and Analytical Requirements.*

UST SYSTEM WAS PREVIOUSLY REMOVED AND **NO INFORMATION IS KNOWN**

**A. Tank Information**

|  |  |  |
| --- | --- | --- |
| **LIST ALL UST’S THAT ARE STILL IN USE AT THE FACILITY:** | | |
| **USE THE TANK ID LISTED ON THE TANK REGISTRATION FORM (7530)** | | |
|  |  |  |
| Tank ID | Substance(s) Stored | Size (Gallons) |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **LIST TANKS and/or PIPING THAT WERE CLOSED (IF APPLICABLE): USE THE TANK ID LISTED ON THE TANK REGISTRATION FORM (7530)** | | | | | | |
|  |  |  |  |  |  |  |
| **Tank ID** | **Piping ID** | **Substance(s) Stored** | **Size (Gallons)** | **Type of Closure (*check one*)** | **Date Last Used (*if known***) | **Closure Date** |
|  |  |  |  | Removed  In Place |  |  |
|  |  |  |  | Removed  In Place |  |  |
|  |  |  |  | Removed  In Place |  |  |
|  |  |  |  | Removed  In Place |  |  |
|  |  |  |  | Removed  In Place |  |  |
|  |  |  |  | Removed  In Place |  |  |
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|  |  |  |  | Removed  In Place |  |  |
|  |  |  |  | Removed  In Place |  |  |

**B. Piping Information**

Was Piping Closed?  Yes  No When?

|  |  |  |
| --- | --- | --- |
| Removed | Capped | Filled with Inert Material |

How Was the Piping Closed?

**C. Dispenser Information**

Were dispensers/dispenser islands closed?  Yes  No When?

**III. SAMPLING & ANALYTICAL REQUIREMENTS**

*If the UST system information is known, then use the tables and information below to complete Sections A, B, C, D, and E. If the UST system was previously removed and information is not known, then check the appropriate box below and complete only Section E (required). For sampling requirements regarding sites in which no information concerning the UST system is known, see the UST Closure Guidance Document.*

UST SYSTEM WAS PREVIOUSLY REMOVED AND **NO INFORMATION IS KNOWN**

**A. Tank Sampling**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tank ID** | **Initial Number of Soil Samples Collected** | **Target Constituents** | **Delineation Samples Required & Collected?** |
|  |  | BTEX  PAH’s  TPH-GRO  TPH-DRO | Yes  No |
|  |  | BTEX  PAH’s  TPH-GRO  TPH-DRO | Yes  No |
|  |  | BTEX  PAH’s  TPH-GRO  TPH-DRO | Yes  No |
|  |  | BTEX  PAH’s  TPH-GRO  TPH-DRO | Yes  No |
|  |  | BTEX  PAH’s  TPH-GRO  TPH-DRO | Yes  No |
|  |  | BTEX  PAH’s  TPH-GRO  TPH-DRO | Yes  No |
|  |  | BTEX  PAH’s  TPH-GRO  TPH-DRO | Yes  No |

**B. Piping Sampling**

Was the piping located directly above the tanks?  Yes  No

**If YES, then piping samples are not necessary. If NO, answer the following questions:**

How much total piping was closed (in feet)?

How many samples were collected?

|  |  |  |  |
| --- | --- | --- | --- |
| BTEX | PAH’s | TPH-GRO | TPH-DRO |

What were the target constituents?

Were delineation soil samples required & collected?  Yes  No How many?

Were groundwater samples collected beneath the piping?  Yes  No

**C. Dispenser Sampling**

Were the dispensers located directly above the tanks?  Yes  No

**If YES, then dispenser samples are not necessary. If NO, answer the following questions:**

How many dispenser islands were closed?

How long was each dispenser island?

|  |  |  |  |
| --- | --- | --- | --- |
| Island 1: | Island 2: | Island 3: | Island 4: |

For each dispenser island, how many samples were collected?

|  |  |  |  |
| --- | --- | --- | --- |
| Island 1: | Island 2: | Island 3: | Island 4: |

|  |  |  |  |
| --- | --- | --- | --- |
| BTEX | PAH’s | TPH-GRO | TPH-DRO |

What were the target constituents?

Were delineation samples required & collected?  Yes  No How many?

Were groundwater samples collected beneath any of the dispenser islands?  Yes  No

**D. Stockpile Sampling & Over-excavation**

How much stockpiled soil was generated during closure activities (cubic yards)?

How many soil samples were collected from the stockpiled soil?

|  |  |  |  |
| --- | --- | --- | --- |
| BTEX | PAH’s | TPH-GRO | TPH-DRO |

What were the target constituents?

What is the disposition of the excavated soil?  Returned to excavation (may result in CAP-A)

Transported to landfill (must provide manifests)

Was over-excavation performed?  Yes  No

**If YES, please complete the following questions:**

What were the dimensions of the excavation (length, width, and depth)?

How many soil samples were collected from the excavation (excluding tank samples)?

**E. Laboratory Methods Used**

Please select all the laboratory methods used:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5035-8021 | 5035-8260 | 5030-8021 | 5030-8260 | 8270C | 8310 | 8015B |

If Method 5035 was used, please indicate how samples were collected in the field?

Encore™  Syringe/corer & field preserved 40 mL vial

*\*Attach all original laboratory data, including QA/QC information, lab narrative sheets, and the chain of custody, to the completed UST Closure Report.*

**IV. HYDROGEOLOGY**

Was groundwater encountered during closure activities?  Yes  No

At what depth was groundwater encountered?

How were the groundwater samples collected?  Open Pit  Boring/Well

**V. SITE MAP**

*Please attach a site map to the completed Closure Report form. The EPD requires a scaled site map. If the map is not to scale, provide distances between the tank pit area, piping trenches, dispenser islands, sewer, water, utility lines (or other preferential pathways), road and main buildings. The map must also include a north (N) directional arrow. Tank ID’s must correspond to the tank registration form (7530-1) and sample locations, sample identification numbers and depths must also be shown. Sample numbers must correspond to attached laboratory analytical data. Although not mandatory, photos may be attached to help clarify the UST system layout.*

*Please ensure that enough information is provided on the site map so that the facility, primarily the UST system, could be located if an EPD representative needed to visit the site.*

**VI. CONCLUSIONS**

You must choose one of the following:

|  |  |  |
| --- | --- | --- |
|  | No Further Action: | BTEX and PAH’s are all below detection limits in the soil. TPH-GRO/DRO are below 10mg/kg. |
|  | No Further Action: | Soil contamination is identified, but BTEX and PAH’s do not exceed applicable Soil Threshold Levels (as determined by completing a water resource survey). Samples requiring vertical delineation of BTEX and PAH’s were delineated to below detection limits, and samples requiring vertical delineation of TPH-GRO/DRO were delineated to below 10 mg/kg. No groundwater encountered. |
|  | No Further Action: | Soil contamination could not be delineated to below detection limits because groundwater was encountered. Soil contamination does not exceed applicable Soil Threshold Levels and groundwater does not exceed drinking water or In-Stream Water Quality Standards for BTEX and PAH’s (as determined by completing a water resource survey). |
|  | No Further Action: | Does not meet conditions above. Please justify: |
|  | CAP-Part A | None of the conditions above are met and therefore a CAP-Part A is warranted. |

***Please note that it is the EPD’s discretion if no further action (NFA) status is granted or if a CAP-Part A is requested. If none of the NFA conditions listed above is met, the EPD may still grant NFA status depending on site conditions. Conversely, the EPD may request a CAP-Part A even if one of the NFA conditions listed above is met. However, these situations are rare and are determined by carefully reviewing all available data. Under no circumstances should the above conditions be modified in order to receive NFA status.***

**SUMMARY OF SOIL & GROUNDWATER ANALYTICAL RESULTS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BTEX AND TPH | | | | | | | | | |
| Sample ID | Soil (S) or Groundwater (GW) | Depth (ft) | Benzene | Toluene | Ethyl-benzene | Xylenes | Total  BTEX | TPH-GRO | TPH-DRO |
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Record soil results in mg/kg. Record water results in ug/l.

**SOIL & GROUNDWATER ANALYTICAL RESULTS SUMMARY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Poly Nuclear Hydrocarbons | | | | | | | | |
| Sample ID | Soil (S) or Groundwater (GW) | Depth (ft) | *List constituent below* | *List constituent below* | *List constituent below* | *List constituent below* | *List constituent below* | *List constituent below* |
|  |  |  |  |  |  |
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Record soil results in mg/kg. Record water results in ug/l.