

Registration for Facility and Aboveground Storage Tank (AST) [Only for AST(s) >660 gallons]	STATE USE ONLY
Mail Fee and this Form to: Department of Environmental Quality Office of Financial Management P.O. Box 1104 Richmond, VA 23218	Number ID
	Date Received
	Date Entered
	Entered By
	Comments

I. PURPOSE OF NOTIFICATION		Check all that apply				
<input type="checkbox"/> New Facility and Initial Registration <input type="checkbox"/> New AST Installation at Existing Facility <input type="checkbox"/> Replacement of AST at Existing Facility <input type="checkbox"/> Renewal Registration (every 5 years) <input type="checkbox"/> With changes <input type="checkbox"/> With no changes <input type="checkbox"/> Conversion or Brought Back Into Use <input type="checkbox"/> Change of Owner or Title	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">AMENDMENTS</th> </tr> <tr> <td style="width:50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Tank/Piping Major Repair/Upgrade <input type="checkbox"/> Change in Service (change in stored petroleum) <input type="checkbox"/> Change in Use (no longer stores petroleum) <input type="checkbox"/> Piping Closure <input type="checkbox"/> AST Closure </td> <td style="width:50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Relocation (existing AST moved on site) <input type="checkbox"/> Alteration/Retrofit <input type="checkbox"/> Change in Operator <input type="checkbox"/> Removal <input type="checkbox"/> Other (specify): _____ </td> </tr> </table>	AMENDMENTS		<input type="checkbox"/> Tank/Piping Major Repair/Upgrade <input type="checkbox"/> Change in Service (change in stored petroleum) <input type="checkbox"/> Change in Use (no longer stores petroleum) <input type="checkbox"/> Piping Closure <input type="checkbox"/> AST Closure	<input type="checkbox"/> Relocation (existing AST moved on site) <input type="checkbox"/> Alteration/Retrofit <input type="checkbox"/> Change in Operator <input type="checkbox"/> Removal <input type="checkbox"/> Other (specify): _____	
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II. OWNER OF TANKS	III. LOCATION OF TANKS
A. Owner Name	A. Facility Name
B. Street Address	B. Street Address (P.O. Box not acceptable)
C. City, State, Zip	C. City, State, Zip
D. Phone Number	D. County
E. Fax Number	E. Phone Number
F. E-mail Address	F. Fax Number
G. Name of Previous Owner (if applicable)	G. E-mail Address
	H. Previous Name of Facility (if applicable)

IV. CONTACT PERSON	V. OPERATOR
A. Contact Person Name and Title	A. Operator Name
B. Street Address	B. Street Address
C. City, State, Zip	C. City, State, Zip
D. Phone Number	D. Phone Number
E. Fax Number	E. Fax Number
F. E-mail Address	F. E-mail Address

VI. TYPE OF OWNER <small>Select from below</small>	VII. TYPE OF FACILITY <small>Select from below</small>
<input type="checkbox"/> Federal Government <input type="checkbox"/> Commercial <input type="checkbox"/> State Government <input type="checkbox"/> Private <input type="checkbox"/> Local Government	<input type="checkbox"/> Retail Gas Station <input type="checkbox"/> Federal Non-Military <input type="checkbox"/> Commercial <input type="checkbox"/> Farm <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Federal Military <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Local Government <input type="checkbox"/> State Government Other (specify): _____

VIII. OWNER CERTIFICATION		
<i>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 believe that the submitted information is true, accurate and complete. I understand that the owner of the aboveground storage tank(s) hereby registered is responsible for compliance with the requirements of Virginia Regulation 9 VAC 25-91-10 et seq., among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner.</i>		
Name and Title	Signature	Date (MM/DD/YYYY)

IX-A. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS Check all that apply

Owner Tank Identification Number										
DEQ Tank Identification Number										
Status	<input type="checkbox"/> New <input type="checkbox"/> Amendment	<input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	<input type="checkbox"/> New <input type="checkbox"/> Amendment	<input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	<input type="checkbox"/> New <input type="checkbox"/> Amendment	<input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	<input type="checkbox"/> New <input type="checkbox"/> Amendment	<input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	<input type="checkbox"/> New <input type="checkbox"/> Amendment	<input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
Date of Installation (MM/DD/YYYY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Tank Capacity (Gallons) >660										
Materials of Construction	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Bare Steel Welded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Steel Riveted	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Insulated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel w/Concrete	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Galvanized Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Fiberglass/FRP/PVC		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Copper/Brass		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):										
Tank & Piping Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Single Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totally Above the Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic/Corrosion Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below the Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Double Bottom	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Portable/Skid	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Horizontal	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Shop Fabricated	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vaulted Concrete Above the Ground	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vaulted-below grade	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify):										
Foundation Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Earthen	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete w/Coating or Release Prevention Barrier (RPB)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Steel/Saddle/Runner/Beam	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Ring Wall	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify):										
Roof Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Floating Internal	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Floating External	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fixed Cone-welded/bolted	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Breather	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Double Deck	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

IX-A. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS (Continued) Check all that apply

Roof Type (continued)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Pontoon	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lifter	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Pan-Flat	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
None (i.e.; Horizontal Tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify):										
Substance Stored	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Gasoline	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Asphalt (cut back)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Heating Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Motor Fuel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Kerosene	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Used Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lubricating Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Bunker C	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Jet Fuel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Aviation Gasoline	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify):										

IX-B. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS

(ONLY COMPLETE IF FACILITY AST TOTAL STORAGE CAPACITY IS 25,000 GALLONS OR MORE) Check all that apply

Oil Discharge Contingency Plan	ODCP Number _____		Date Approved (MM/DD/YYYY) ____/____/____		Facility AST total storage capacity (aggregate of ASTs > 660 gallons)		Gallons _____				
Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Safe Fill and Shutdown Procedure	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Piping Pressure Test (hydro/API 570/inert) Last Test Date (MM/DD/YYYY)	____/____/____		____/____/____		____/____/____		____/____/____		____/____/____		
Secondary Containment Date Certified by a PE (MM/DD/YYYY)	____/____/____		____/____/____		____/____/____		____/____/____		____/____/____		
Facility Financial Responsibility	<input type="checkbox"/> Self Insurance		<input type="checkbox"/> Insurance		<input type="checkbox"/> Guarantee		<input type="checkbox"/> Letter of Credit		<input type="checkbox"/> Surety Bond		<input type="checkbox"/> Trust Fund
Release Detection Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	
Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify):											
Release Prevention Barrier	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	
Double Bottom	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Double Wall	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Polyethylene Jacket	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Dike/Berm Excavation Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Coated Concrete	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
None	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Unknown	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Other (specify):											

IX-B. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS (Continued)

(ONLY COMPLETE IF FACILITY AST TOTAL STORAGE CAPACITY IS 25,000 GALLONS OR MORE) Check all that apply

Containment Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Curbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weirs/Boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sorbent Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culverts/Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversion Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retention Pond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dike/Berm/Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):										

IX-C. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS

(ONLY COMPLETE IF FACILITY TOTAL STORAGE CAPACITY IS ONE MILLION GALLONS OR MORE)

Formal Inspection (API 653)	Tank	Tank	Tank	Tank	Tank
Last External Inspection Date (MM/DD/YYYY)	/ /	/ /	/ /	/ /	/ /
Last Internal Inspection Date (MM/DD/YYYY)	/ /	/ /	/ /	/ /	/ /
Corrosion Protection (Tank)	Tank	Tank	Tank	Tank	Tank
Installation Date (MM/DD/YYYY)	/ /	/ /	/ /	/ /	/ /
Cathodic Protection (Buried Piping)	Piping	Piping	Piping	Piping	Piping
Installation Date (MM/DD/YYYY)	/ /	/ /	/ /	/ /	/ /
Groundwater Characterization Study	Date Approved (MM/DD/YYYY)				
	/ /	/ /	/ /	/ /	/ /

X. CLOSURE IN PLACE, REMOVAL, OR CHANGE IN USE Check all that apply

Tank and Piping Status	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Closed in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed/Dismantled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversion/Change in Use (NO LONGER STORES PETROLEUM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Site Assessment Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A Completed Closure Site Assessment is comprised of the following items to be enclosed with this form: Site Map; Soil Sample Results; Copy of Building Permit; and Photographs of Sampled Area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	No	No	No	No	No	No	No	No	No	No
Evidence of a Leak Detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No	No	No	No	No	No
Date Last Used (MM/DD/YYYY)	/ /		/ /		/ /		/ /		/ /	
Date Closed (MM/DD/YYYY)	/ /		/ /		/ /		/ /		/ /	

Comments:
