



Underground Storage Tank Closure Notification Form

Oil Remediation and Compliance Bureau



RSA 146-C; Env-Or 408.06

ATTENTION: This form is a document used to facilitate the submission of information required under Env-Or 400. Nothing in this form is required to be submitted to the Department unless such a requirement is expressly stated in the rules. If there is any inconsistency between this document and the adopted rules, only those requirements specified in the rules are applicable and enforceable. Use of this form to submit information required under the rules is OPTIONAL.

The owner shall notify NHDES at least 14 days prior to any UST system or piping system permanent closure.

1. Person Reporting Notification	
Name:	Date:
Address:	Initial:
Phone: () -	Email:

2. Facility Information	
NHDES Site #	Facility ID #
Name:	
Address:	

3. Owner Information	
Name:	
Address:	
Phone: () -	Email:

4. Tank Removal Information - Select all that apply: L – Leaker Suspected R – Removed F – Filled In Place P – Piping Only Closed			
L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>
Tank #	Tank #	Tank #	Tank #
Size:	Size:	Size:	Size:
Product:	Product:	Product:	Product:
Will tank/piping be replaced underground? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will tank/piping be replaced underground? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will tank/piping be replaced underground? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will tank/piping be replaced underground? <input type="checkbox"/> YES <input type="checkbox"/> NO

5. Certified Tank Remover Present: _____ ICC-U2 Certificate #: _____

6. Local Fire Dept. Notified: _____ ICC-U2 Expiration Date: _____

7. Scheduled Closure Date: _____ Date Notified: _____