

UST Intent to Close Notification

West Virginia Department of Environmental Protection

PLEASE SUBMIT TO dep.ast@wv.gov USING FILE NAME FORMAT OF Facility ID.INTENT_to_CLOSE (i.e. 0105999.INTENT_to_CLOSE)

1. Facility Information

Name:	Facility ID:		
Address:			
County:	City:	Zip:	Phone:

2. Owner Information

Name:	Name:		
Address:	Phone:		
State:	Phone:	Email:	
Zip:	Email:	Cert. #:	Expiration Date:

3. Class B Information

4. Anticipated date of closure: _____ ☐ 30 Day waiver being requested

5. Check the appropriate box for the type of closure intended.

☐ Tank(s) ☐ Piping ☐ Both

6. Are new tank being installed? *If yes, identify how many?* ☐ Yes ☐ No _____

7. How many tanks are being closed? _____

8. List all tanks being closed in the appropriate table below. Provide information on product stored in the tank. If closed in place, also provide the type of inert material used to fill the tank.

Removed (pulled)	
Tank Name (T1, T2, etc.)	Product

Closed in Place		
Tank Name (T1, T2, etc.,)	Product	Fill Material

9. If piping is being closed, identify the runs. If closed in place, provide the type of material used to fill the piping.

Removed (pulled)	
Piping Run (P1, P2, etc.)	Product

Closed in Place		
Piping Run (P1, P2, etc.)	Product	Fill Material

UST CLOSURE AUTHORIZATION (STATE USE ONLY)

Inspector CAU PM Closure #:

CLOSURE ACTIVITIES MAY OCCUR BETWEEN THE DATES OF

Your site has been assigned the above referenced **closure number**. Refer to this number for future correspondence concerning this closure. The closure is not to begin until the closure date has been scheduled with the Tanks inspector. You must utilize the WVDEP UST Closure Report Form. Closure reports are due within 60 days of the closure.