



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
CLOSURE NOTICE FOR UNDERGROUND STORAGE TANKS

Return completed form to:
Missouri Department of Natural Resources
Hazardous Waste Program/Tanks Section
PO Box 176
Jefferson City, MO 65102

Closure activities may begin three days after contacting the Tanks Section at 573-751-6822.
Submit a final closure report to the department within 60 days of tank closures.

FACILITY INFORMATION

SITE NAME		FACILITY ID NUMBER (ST NUMBER)		RELEASE NUMBER, IF APPLICABLE	
SITE ADDRESS					
CITY		STATE	COUNTY		ZIP CODE
		MO			

UST OWNER INFORMATION

NAME					
ADDRESS					
CITY		STATE		ZIP CODE	
TELEPHONE NUMBER WITH AREA CODE			EMAIL ADDRESS		

FACILITY CONTACT INFORMATION SAME AS OWNER INFORMATION (if so, no need to complete this section)

NAME					
ADDRESS					
CITY		STATE		ZIP CODE	
TELEPHONE NUMBER WITH AREA CODE		FACILITY CONTACT PERSON		EMAIL ADDRESS	

PARTY PERFORMING CLOSURE

NAME					
ADDRESS					
CITY		STATE		ZIP CODE	
TELEPHONE NUMBER WITH AREA CODE		CONTACT PERSON		EMAIL ADDRESS	

CERTIFICATION OF PROPER CLOSURE

I certify that API RP-1604, API Standard 2015, API Standard 1631, Missouri Department of Natural Resources regulations and procedures or other procedures approved by the department will be followed for safety, excavation, handling and disposal of soils and/or other materials; and that soils from beneath the tanks, distribution lines and pump islands will be analyzed in accordance with the requirements outlined in Missouri's UST Closure Guidance.

SIGNATURE OF PARTY PERFORMING CLOSURE/UST OWNER			DATE		
PREPARED BY		REVIEWED BY		SUBMITTAL DATE	

UNDERGROUND STORAGE TANKS CLOSED

Tank ID	Product Stored	Capacity (gallons)	Installation Date	UST Construction Material	In-Use (Active)	Date Emptied	Proposed Method of Closure*
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		

* R=Removal, I=In-place

USER REGISTRATION

Are USTs registered? Yes No

Will new tanks be installed? Yes No

Please note, if new USTs are to be installed, a new installation notification form, available online at dnr.mo.gov/forms/780-1949-f.pdf, must be completed and submitted at least 30 days prior to beginning the system installation.

DEPARTMENT REVIEW

SIGNATURE OF AUTHORIZED DEPARTMENT REPRESENTATIVE	DATE
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