



**LEAKING UNDERGROUND STORAGE TANK
 CLOSURE REPORT COVER SHEET**

NEW or REVISED PER DEQ AUDIT

INSTRUCTIONS: COMPLETION OF THIS REPORT WITH ALL APPLICABLE INFORMATION IS MANDATORY pursuant to Part 213, Section 324.21312a of the Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. **Check one of the boxes above to indicate whether this is a new or revised submittal.** The Owner/Operator (O/O) and Qualified Underground Storage Tank Consultant (QC) must complete the affidavits on page 2. Please submit the completed closure report cover sheet and Table of Contents (Form EQP4008) to the appropriate District Office.

SITE NAME:		FACILITY ID NUMBER:	
STREET ADDRESS:			
CITY:	ZIP:	COUNTY:	
DATE(S) RELEASE(S) DISCOVERED:		CONFIRMED RELEASE NUMBER(S):	
O/O NAME:		O/O EMAIL ADDRESS:	
O/O STREET ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:	PHONE:	FAX:	

Permission is given for the Department of Environmental Quality to contact the Qualified Consultant: YES NO

CLOSURE REPORT INFORMATION: Answer All Questions (DO NOT LEAVE BLANKS)

1. Site Classification (1-4):	Previous Site Classification (1-4):	Type of RBCA Evaluation:	<input type="checkbox"/> Tier I	<input type="checkbox"/> Tier II	<input type="checkbox"/> Tier III
2. Substance(s) released: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Ethanol: E-10 <input type="checkbox"/> E-85 <input type="checkbox"/> Other:					
3. Has contamination migrated off-site above Tier 1 Residential RBSLs? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, have off-site impacted parties been notified per Section 21309a(3) of Part 213? <input type="checkbox"/> YES <input type="checkbox"/> NO					
4. Predominant groundwater flow direction:			Depth to groundwater:		
5. Is mobile NAPL present: Currently? <input type="checkbox"/> YES <input type="checkbox"/> NO Previously? <input type="checkbox"/> YES <input type="checkbox"/> NO If present, was it recovered? <input type="checkbox"/> YES <input type="checkbox"/> NO If recoverable, total gallons recovered since last reported: _____ to date:					
6. Was migrating NAPL present?: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were actions taken to stop the NAPL migration? <input type="checkbox"/> YES <input type="checkbox"/> NO					
7. Since Last Report: cubic yards of soil remediated:		gallons of groundwater remediated:			
Totals to date: cubic yards of soil remediated:		gallons of groundwater remediated:			
8. Have toxic or explosive vapors been identified in any confined spaces (basement, sewer, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
9. Drinking water supply effected? Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate type and # of wells effected: <input type="checkbox"/> Private # <input type="checkbox"/> Public Type II/III # <input type="checkbox"/> Municipal #					
10. Has the release affected surface water or wetlands? <input type="checkbox"/> YES <input type="checkbox"/> NO					
11. Estimated distance and direction from point of release to nearest: Private well:			Municipal well:		
Surface water/wetland:			Is site within a wellhead protection zone? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Closure report based on which type of land use? <input type="checkbox"/> Residential <input type="checkbox"/> Nonresidential					
13. Institutional Controls: <input type="checkbox"/> None <input type="checkbox"/> Notice of Corrective Action <input type="checkbox"/> Restrictive Covenant <input type="checkbox"/> Other:					
14. What type of Corrective Action was Completed? (i.e., Air Sparge/Soil Vapor Extraction; Monitored Natural Attenuation; Multi-phase Extraction; Excavation; Institutional Controls; etc.) :					

