

Georgia Department of Natural Resources

Environmental Protection Division

Land Protection Branch

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USTMP CLOSURE REPORT FORM

If a boring or monitor well was extended to groundwater, the Professional Engineer (PE) or Professional Geologist (PG), registered in the State of Georgia, that supervised the work must complete and sign the following statement:

“I have supervised and directed the installation of the boring or monitor well and the interpretation of groundwater data, in accordance with the Water Well Standards Act, the Professional Engineer Act and the Professional Geologist Act. This report complies with the standards of the USTMP Act, Rules, and guidelines and other applicable state and federal environmental regulations. The information presented herein is true and accurate.”

Name (print)_____

Signature_____ Date_____

PG/PE Certification Expiration Date_____

Georgia Stamp or Seal

Facility ID #: _____ **USTMP CLOSURE REPORT FORM**

Complete this form and provide documentation to substantiate information as outlined in the Underground Storage Tank (UST) Closure Guidance Document (GUST-9). Use a separate form for each tank excavation.

I. GENERAL

A. UST OWNER Company Name (if applicable): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner's Name (printed): _____ Phone: _____

I hereby certify that the information in this Closure Report and in all the attachments is true, accurate, and complete, and the Closure Report satisfies all criteria and requirements of Rule 391-3-15-.09 of the Georgia Rules for Underground Storage Tank Management.

Signature (of owner listed under "Name" above): _____ **Date:** _____

B. REMOVAL CONTRACTOR (Prime Contractor/Prime consultant)

Company: _____

Mailing Address: _____ City: _____ State: _____
 Zip: _____

Name of Company Representative (printed): _____ Phone: _____

I hereby certify that I have performed or supervised the work detailed in this report, and have examined and am familiar with the information submitted in this and all attached documents. The submitted information is, to the best of knowledge, true, accurate, complete, and in accordance with the Georgia Rules for Underground Storage Tank Management, revised February, 1995.

Signature (of same contractor listed under "Name"): _____ **Date:** _____

C. UST Site Facility Name: _____ **County:** _____ **Fac. I.D.#:** _____

Street Address: _____ City: _____ State: _____ Zip: _____

II. TANKS AND PIPING CLOSURE DATA

A. LIST USTs THAT HAVE BEEN CLOSED (Use the same tank ID # as on the 7530-1):

TANK ID#	Product	Size (gals)	How Closed	Date Last Used	Date Closed
_____	_____	_____	<input type="checkbox"/> Removed <input type="checkbox"/> In Place	_____	_____
_____	_____	_____	<input type="checkbox"/> Removed <input type="checkbox"/> In Place	_____	_____
_____	_____	_____	<input type="checkbox"/> Removed <input type="checkbox"/> In Place	_____	_____
_____	_____	_____	<input type="checkbox"/> Removed <input type="checkbox"/> In Place	_____	_____
_____	_____	_____	<input type="checkbox"/> Removed <input type="checkbox"/> In Place	_____	_____

(Date removed from ground or filled in-place)

LIST ANY USTs STILL IN USE AT THE FACILITY (Use same tank ID # as on 7530-1):

TANK ID#	Product	Size (gals)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. PIPING: How was Piping closed? Removed. Emptied, capped, left in place.
 Emptied, filled with inert material.
 If only piping was closed, give date: _____ (month, day, year)

III. SAMPLING AND ANALYTICAL

A. Soil/Groundwater Sampling: The quantity of samples taken should be in accordance with USTMP closure guideline (GUST-9) requirements and all samples must be collected in accordance with current EPA-approved sampling procedures.

B. Regulated Substance Released: Whenever free product is encountered and/or analytical results indicate that BTEX, PAH, or TPH contamination is present in the soil and/or groundwater, a release must be reported to EPD via telephone or fax by the next business day explaining what has been found and what steps were taken to eliminate any hazardous conditions and prevent the spread of contamination. Indicate here what substance, if any, was released:

None Gasoline Diesel Kerosene Used Oil Other (Name):
Date release reported to EPD: _____

C. Laboratory Analytical Methods Used (check all that were used):

5035-8021B____ 5035-8015____ 5035-8260____ 8100____ 8310____ 8270____
Other _____

If Method 5035 was used to sample, which method was used to collect and contain the samples?
Encore™ _____ Syringe/corer and field-preserved in 40 ml vial _____

IV. TANK EXCAVATION SAMPLES (see #5 for piping trench samples)

<u>Size (capacity in gallons) of UST</u>	<u># of samples required per UST</u>
<1,050	1
1,050 - 12,500	2
> of equal to 12,501	2 per UST + 1 per additional 10,000 gals

_____ (Collect 1 sample per UST if a groundwater sample was collected within 2 feet of the excavation.)

A. Based on the total number of USTs closed as reported on this form, the total number of tank excavation samples taken for this site was: _____

B. If over-excavation is performed, take one confirmation sample every 30 linear feet along the base of the sides (within 1 ft of the bottom of the excavation) and one sample per 200 sq ft along the bottom of the excavated area.

- 1) Was over-excavation performed? Yes _____ No _____
- 2) If "yes", what was the area of the excavation in square feet? _____
- 3) Enter total number of over-excavation samples for this site here: _____

- C. Site-Specific Hydrogeology:** 1.) Was Groundwater encountered? ____ Yes ____ No
 2.) If encountered, at what depth: _____ feet
 3.) If Table B Threshold Levels are being used, how far is the nearest drinking water well or point of withdrawal for drinking water? _____ ft.

D. Groundwater conditions: If more than one foot of groundwater covers more than 50% of the base of the excavation, a groundwater sample may be taken in lieu of soil samples from the base of the excavation. One soil sample per UST must still be collected at the fill-pipe end of each UST along the sidewalls at the soil-water interface.

Enter total number of soil-water interface samples for this site here: _____

V. PIPING SYSTEM EXCAVATION SAMPLES

A. PIPING TRENCH

Distance from UST to nearest dispenser island: Less Than 25 ft* 25 feet or more
 # of samples required for each trench: 0* 1 sample per 25 feet**

What was the distance from the USTs along each piping trench to the nearest dispenser island?
 _____(feet) [_____ (feet) _____(feet) (if more than one trench)]

How many confirmation samples were collected from each piping trench?
 _____(piping trench 1) [_____(piping trench 2) _____ (piping trench 3)]

B. DISPENSER ISLAND

Number of dispenser islands X Length of each Dispenser Island (ft) / 25(ft) = # of Samples
 (Rounded **up** to nearest whole number)

How many dispensers were present in the closed system(s)? _____

How long was each dispenser island (ft)? _____ _____ _____ _____
 _____ _____ _____ _____

How many dispenser samples were collected? _____

* Although no piping trench samples are required if the piping length is <25 ft., dispenser samples are required. Exception: If the dispenser is directly above the tank excavation, no piping samples and no dispenser samples would be required.

** This includes all fittings (couplings, elbows, flex hoses, etc.) between the tank and the dispenser island. Do not count fittings at the tank excavation and the islands. For straight piping runs, estimate 20 ft between couplings.

VI. EXCAVATED SOIL

A. Sampling:

How many cubic yards of material was excavated? _____

Based on one sample per 200 cubic yards of excavated soil or fraction thereof, the total number of excavated soil samples: _____

VII. CLOSURE SUMMARY

A. CONCLUSIONS

___ **Soil or groundwater contamination exists in excess of the levels specified in the above situations and this closure report is being submitted within a certified CAP-Part A.**

___ **Clean Closure, No Further Action Required because analytical results indicate the condition marked below:**

___ BTEX, PAHs and TPH are below detection limits (BDL) in the soil.

___ BTEX and PAHs are BDL in the soil and TPH (and BTEX) is vertically delineated to BDL above the groundwater table.

___ BTEX and PAHs are above detection limits in soil but below Table A Threshold Levels, and TPH, PAHs, and BTEX in soil is vertically delineated to BDL above the groundwater table.

___ BTEX and PAHs are above detection limits but below Table B Threshold Levels, a water supply survey indicates there are no potential receptors within the applicable radii, and BTEX, PAHs, and TPH in soil is vertically delineated to BDL above the groundwater table.

___ BTEX and PAHs are less than Table A Threshold Levels and BTEX, PAHs or TPH is not vertically delineated to BDL above the groundwater table because groundwater is encountered in the boring or the excavation, and the water sample does not contain BTEX or PAHs above Federal or State MCLs.

___ BTEX and PAHs are less than Table B Threshold Levels and BTEX, PAHs, or TPH is not vertically delineated to BDL above the groundwater table because groundwater is encountered in the boring or excavation, and the water sample does not contain BTEX or PAHs above In-stream Water Quality Standards, and the water supply survey indicates that there are no water supplies within the applicable radii.

B. SITE MAP (Attach to report): **The map must be to scale OR, as a minimum, distances between the tank pit area, piping trenches, dispenser islands, sewer, water, utility lines (or other preferential pathways), road and main buildings must be accurately indicated on the map.** These listed features must be depicted on the map in order to accurately interpret the data. The map must also include a north (N) directional arrow. Tank ID's must correspond to EPA Form 7530-1 and sample locations, sample identification numbers and depths must also be shown. Sample numbers must correspond to attached laboratory analytical data. Although not mandatory, photos may be attached to help clarify the UST system layout.

SOIL/GROUNDWATER ANALYTICAL RESULTS SUMMARY

(Use additional pages as necessary)

Facility Name:

Facility ID #

Volatile Organic Compounds

(Indicate **S** for Soil and **GW** for Groundwater. GW results must be in ug/l and soil results in mg/kg)

<u>Sample ID</u>	<u>S/GW</u>	<u>Depth</u>	<u>Benzene</u>	<u>Toluene</u>	<u>Ethylbenz.</u>	<u>Xylenes</u>	<u>Total BTEX</u>	<u>TPH</u>	<u>Units</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Polynuclear Aromatic Hydrocarbons (PAHs)

(Indicate **S** for Soil and **GW** for Groundwater. Report soil concentrations in mg/kg and groundwater in ug/L.)

<u>Sample ID#</u>	<u>S/GW</u>	<u>Depth</u>	<u>Detected PAH Compounds</u>	<u>Total PAHs</u>	<u>Units</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

--SAMPLE AFFIDAVIT--
(Retype this form and omit the paragraph that does not apply.)
OWNER/OPERATOR AFFIDAVIT
STATE OF GEORGIA

(County)

Personally appeared before me, the undersigned attesting Authority in and for said State and County, the following deponent, who being first duly sworn, on oath deposes and says as follows:

- 1) That I am the (previous) owner/operator, or the _____ of _____, the owner/operator of the following facility: (title) (company)

Facility Name:

Address:

Facility ID:

--CHOOSE ONE--

- 2) That as the owner/operator, or authorized agent thereof, of the facility from _____ (month) of (year), when the facility was constructed, until the present time, I have knowledge that only gasoline has been stored in and sold from the current or prior Underground Storage Tank(s) (USTs) on site. I also have knowledge that diesel fuel, fuel oil, used oil, or other petroleum hydrocarbons, other than gasoline have never been stored in or sold from the current or prior UST(s) on site.

OR

- 2) That as the previous owner/operator, or authorized agent thereof, of the facility from _____ (month) of (year) when the facility was constructed until _____ (month) of _____ (year) when the facility was sold to (current owner), I have knowledge that, during that period, only gasoline has been stored in and sold from the Underground Storage Tank(s) (USTs) addressed on site. I also have knowledge that during that period diesel fuel, fuel oil, used oil or other petroleum hydrocarbons, other than gasoline, have never been stored in or sold from the UST(s) on site.

Signature:

Name (printed:)_____

Sworn to and subscribed before me this

_____ day of _____ (Month), _____ (Year).

Notary Public