

Permanent Closure Application for Underground Storage Tanks (USTs)

INSTRUCTIONS

The permanent closure process, including application and fee schedule, is governed by the Department of Environmental Management's <u>Rules and Regulations for Underground Storage Facilities Used for Regulated Substances and Hazardous Materials</u>, specifically Rule 1.15. We recommend anyone applying for permanent closure familiarize themselves with these regulations and associated requirements and responsibilities. These regulations can be found on the Rhode Island Secretary of State's Office website at: <u>https://rules.sos.ri.gov/regulations/part/250-140-25-1</u>. DEM regulations require all closures to be consistent with API Recommended Practice 1604 "Closure of Underground Petroleum Storage Tanks" and API Standard 2015 "Requirements for Safe Entry and Cleaning of Petroleum Storage Tanks".

Permanent closures may be subject to Town or city requirements in addition to State and Federal requirements. Please contact appropriate local municipal offices, including the local fire department, prior to submitting the closure application. Any individual entering a UST may be subject to additional State or Federal requirements and it is your responsibility to ensure all approvals, permits, and safety procedures are met prior to the start of any work. All closure applications must be signed by an authorized agent of your local fire department.

Application Process:

The completed application must be accompanied by payment of the Permanent Closure fee, and, if applicable, registration fees*. Check or money order should be made payable to "State of Rhode Island, General Treasurer".

The current fee schedule is as followed:

\$75 Permanent Closure Fee for Each UST or Product Pipeline being closed \$100 Registration Fee* for each unregistered tank (if applicable)

*Registration fee does not apply to any UST that has a current registration certificate with DEM, or any UST that is not required to be registered (e.g., residential (1, 2 or 3 family) heating oil tanks, farm tanks storing fuel for heating purposes, government agencies, and non-profit fire districts. For all other tanks, any overdue registration and late fees must be included with this application.

This form must be completed in its entirety; missing or incorrect information may delay processing. Completed application forms with payment should be mailed to:
Permit Application Center
Department of Environmental Management

Department of Environmental Management 235 Promenade Street Providence, RI 02908

Please allow 10 business days for the processing of your closure application. Following our review, you will be contacted either for supplemental information or to schedule an inspection date. All permanent closures must be overseen by an inspector from the DEM's UST Management program and scheduling of closures is subject to staff availability and are scheduled on a first come, first serve basis.

Please note that the firm/contractor to perform closure as identified in Section IV serves as the primary contact for scheduling and related issues, and as such, is responsible for contacting the UST program in the event of a scheduling change or cancellation. The UST owner must sign the closure application form!

Closure Assessments

For certain sites, an environmental consultant must complete a closure assessment for UST(s) removed during the closure. This assessment must be submitted to DEM within 30 days of the closure and signed by a Professional Engineer, Certified Professional Geologist, or a Registered Professional Geologist. Upon acceptance of the closure assessment and completion of any site restoration requirements (if applicable), a certificate of closure will be issued.

The following UST(s) are exempt from the closure assessment requirements, unless evidence suggests that a release has occurred:

- -USTs storing fuel oil consumed solely on site; and
- -Residential or farm USTs with a capacity of < 1,100 gallons and storing motor fuel consumed solely on site.

Please refer to the DEM's Closure Assessment Guidelines and Closure Assessment Checklist for the requirements of closure assessments. These guidelines can be found on our website at: <u>www.dem.ri.gov/ust</u>

<u>PLEASE NOTE: Only the registered owner of the facility and/or USTs may sign this application</u> - if you are submitting on behalf of someone else or another organization, you must provide documentation that you have signatory authority or power of attorney. Closure certificates are only issued to the registered owner of the facility and/or USTs, and therefore it is critical that they are the one to sign the application!



If there is a known or suspected release associated with this UST system, you must call us at (401) 222-2797 extension 2777522 **prior** to submitting this application to ensure the proper procedures and consultants are in place for the closure



If you have additional questions, please call us at (401) 222-2797 extension 2777522

Rhode Island Department of Environmental Management Office of Land Revitalization and Sustainable Materials Management Underground Storage Tank (UST) Division

For DEM use Only
Approved: _____
Total \$ Received: _____
Date Received: _____
Check #: _____
Received By: _____

Last Updated 09/28/2022

Permanent Closure Application for Underground Storage Tanks

I. Facility Information	Application I	Date:
Facility Name:		
Facility Address:	City: Zip:	
Facility Address must match what is recorded with the Cit	or Town's Tax Assessor's Office	<u>-</u>
DEM UST Facility ID #: DEM LUST Facility I	#: Plat # Map # L	ot #
Is this facility a known or suspected leaking underground storage ta	k site? Yes No Unknown	
Facility Contact:	Title:	
Phone #	E-mail:	
Facility Type:Gas StationResidential (1, 2 or 3)		
Commercial/Industrial II. Tank Owner Information	Local/State/Federal Government	
Name:	Title:	
Address: City:	State: Zip Co	ode:
Phone #: E-Ma	:	7
III. Property Owner Information		
Same as Tank Owner Same as Facility		
Owner Name:	Title:	
Address:	State: Zip Co	ode:
Phone #: E-J	ail:	
IV. Firm/Contractor To Perform Closure		
Name of Firm/Contractor:		
Primary Contact:	Title:	
Phone #: E-J	ail:	
Mailing Address:	ty: State: Zip Co	ode:
Who is the primary point of contact Tank Owner as listed in S for this closure? Firm/Contractor Listed in Why is this UST system being permanently closed?		her (specify) V

V. Firm/Consultant To Perform Closure Assessment

	Is a Clos	ure Assess	sment Rec	quired for this US	ST Clo	osure? (See Ri	ıle 1.15)	Yes	No	🚺 If Ye	s, Section	V must be comp	pleted
	If no,	do you ch	loose to o	btain one?	Ye	es N	С						
	Name o	f Firm Co	nducting	Assessment:									
	Name o	f Consulta	ant:				Ti	tle:					
	Phone #	:					E-Mail:						
	Mailing	Address:					City:			State:	Zip C	Code:	
	Qualifica	ations:	Professio	onal Engineer (P	E) Lic	ense Licer	nsing State	e:		Lice	nse #:		
				d Professional Ge			nsing State				nse #:		
				ed Professional (nsing State				nse #:		
			e e	ronmental consu		-	U		we and sid		L	ment Report	
VI.	Fees									glis the Closur	E A886881	пент кероп	
				Number of T	anks	Fee per '	Гank	Total					
		Closur				X \$75.	00			Total Amount		ue:	
		Registrati				x \$100							
				quired for resident fee is required with								rofit fire districts.	For all
	Ċ			Registration Fees a								fees have been p	uid in full
		veraue an		(celistration r ces a	e requ	neu to be paid		osure. Giosure o	er uneates v	viii not be issued		lees have been pe	ard in run
VII	. Descri	ption of	EUST(s)	and Product	Pipir	ng to be Clo	osed:						
٦٨	That is b	eing rer	noved ir	n this closure?			altr	Product P	ipeline Or	alv. II	ст(а) ар	d Droduct Dine	lina
v	v 11at 15 t		noved n			UST(s) O	IIIY	rioductr		ily U	51(s) and	d Product Pipe	line
	UST #	Installat	ion Date	Date Last Used		Volume	Constru	uction Material	Cons	struction Type		Stored Mate	rial
							1]
ed]					
be Removed													
e Re]						
to] [
USTs													
1													
] [
ed	Piping	System #	Piping	System Type	Instal	llation Date	Cor	nstruction Mate	erial	Constructio	n Type	Included in (Closure?
Remov		1										Yes	No
Piping to be Removed		2										Yes	No
oiping		3										Yes	No

Will any product or vapor pipelines remain on the property after this closure? Yes No

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VIII. Site Figure

Scale: 1" = ____ ft

IX. Closure Type

Standard Removal

Closure in Place

If a Standard Removal (i.e., tank is removed from the ground) is selected, skip the remaining questions in this section and continue to Section X. If Closure in Place has been selected, this section must be completed in full.

Requests for Closure in Place require the following supplemental documentation:

A Request Letter clearly describing the conditions or obstructions present that support the request for a closure in place (e.g., excavation would damage a nearby foundation, etc.). Include a description of the subsurface sampling plan (if subsurface investigation is proposed).

A Site Figure to scale showing tank location, obstructions and clearance distances. Include proposed subsurface sampling locations (if subsurface investigation is proposed).

Photographs depicting the tank area and obstructions

Which method is proposed for required ancillary testing? Closure Assessment Report

Tank and Line Tightness (heating oil tanks only)

Requests for closure in place are handled on a case-by-case basis. Approval will not be granted where there is no readily apparent limitation to removal of the tank(s). A closure-in-place will require a site investigation along with submittal of a closure assessment report. In the case of heating oil tanks, a passing tightness test performed immediately before the closure in place may be used instead.

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Closure Information	
Where will the Tank(s) be cleaned? On-	e Off-Site (provide location):
Specify cleaning method:	
equipment and personnel. It is your r	d space entry and is regulated by multiple State and Federal agencies and requires special training, consibility to ensure that the contractors hired meet these requirements, as DEM does not bility for damages, injury, or death associated with confined space entry into a UST
What will happen to the tank(s)? Ren	red unfit for use and disposed Re-used (Must comply with the UST regulations)
If unfit, provide name and address of disposal f	ity:
If tank(s) will be re-used, provide the name, a and phone number of the individual to who re-used tank(s) will be registered:	
Describe how the tank(s) will be emptied prior to excavation:	
Describe how residues remaining in the tank(s) will be managed:	
Describe how the tanks(s) will be vented and openings made (if necessary):	
Describe how the tank(s) will be removed from the excavation:	
Describe the instruments used to verify that the tank(s) has been properly vented:	



Has the tank(s) ever held a non-petroleum hazardous material?:	Yes	No
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If Yes, Specify:						
Upon completion of this closure, how many U	ST(s) will be	present at	the property?			
Upon completion of this closure, will any produ	act piping or	vent pipin	g be present at	the property?	Yes	No
Will any new UST(s) be installed at this site?	Yes	No		Installation of	new UST(s) pipi	ng, or other components
Have all UST registration fees been paid in full?	Yes	No	(1	require a separa	ate application ar	nd approval process! or more information.
Are there any Letters of Non-Compliance (LNC		Yes	No	Contact us at ((401) 222-2797 10	or more mormation.
Notices of Violation (NOV) active for this site?						
XI. Waste Disposal						
How will sludges and wastes generated during the cleaning process be disposed of?						
Firms transporting tank sludge, waste and/or	tank(s) that rec	quire further c	leaning must be p	ermitted by DEM as H	Hazardous Waste T	'ransporters.
Name of Waste Hauler:]	DEM Permit #:		
Street Address:			City:			State:

XII. Notification of Local Fire Department(s)

The authorized signature of the local fire department below indicates that the local fire officials have been notified that you are planning to close an underground storage tank(s) at the above location. You must also notify the local fire department of the scheduled closure date after you have confirmed this date with DEM.

Name of Fire Department:	Phone #:
Printed Name of Official:	Title:
Signature:	Date:

 Λ The local fire department must be informed of, and give prior approval to, any cutting of UST(s), including cutting access holes for entry

i Additional notifications and approvals may be required in some jurisdictions. It is highly recommended that applicants check with the local town/city government to determine if any additional notifications or approvals are required.

XIII. Certification By Tank Owner

This application <u>MUST</u> be signed by the registered UST or Facility OWNER only. If the registered owner is unable to sign legal documents, you must provide legally binding documentation which clearly gives permission for the undersigned to represent the owner.

I certify under penalty of law that this application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I understand that all records pertaining to the closure are required to be maintained in perpetuity. I understand that any changes to this application must receive explicit approval from RI DEM, and failure to adhere to the methods listed in this application may result in substantial administrative penalties. I have contacted my local fire department, town or city government, and utilities and have obtained necessary permits or permissions, and fulfilled all requirements. I understand DEM does not regulate site safety and it is my responsibility to ensure that all contractors and other parties involved are properly licensed, insured, and capable of performing activities in a safe and responsible manner consistent with local, State, and Federal law. I understand that DEM inspectors may, at their discretion, notify other regulatory authorities, including, but not limited to, OSHA, RI Fire Marshall, fire chief where the closure is occuring, and the RI Dept of Labor and Training. I understand that in the event of environmental releases, property damage, injury, or death, I may be liable as owner of the property. Based on reasonable inquiry and due diligence, the information submitted therein is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Name (Please Print):	Owner Phone:	
Owner Signature:	Date Signed:	
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