



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 Rules and Regulations for Underground Storage Facilities Used for Regulated Substances and Hazardous Materials, 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: <https://rules.sos.ri.gov/regulations/part/250-140-25-1>. 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
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: <http://www.dem.ri.gov/programs/wastemanagement/ust/index.php>

PLEASE NOTE: Only the registered owner of the facility and/or USTs may sign this application - 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 7522 **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 7522

**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: _____

Permanent Closure Application for Underground Storage Tanks

I. Facility Information

Application Date:

Facility Name:

Facility Address: City: Zip:

 Facility Address must match what is recorded with the City or Town's Tax Assessor's Office

DEM UST Facility ID #: DEM LUST Facility ID #: Plat # Map # Lot #

Is this facility a known or suspected leaking underground storage tank site? Yes No Unknown

Facility Contact: Title:

Phone # E-mail:

Facility Type: Gas Station Residential (1, 2 or 3 Family) Residential (> 3 Family) Commercial/Industrial Local/State/Federal Government

II. Tank Owner Information

Name: Title:

Address: City: State: Zip Code:

Phone #: E-Mail:

III. Property Owner Information

Same as Tank Owner Same as Facility

Owner Name: Title:

Address: City: State: Zip Code:

Phone #: E-Mail:

IV. Firm/Contractor To Perform Closure

Name of Firm/Contractor:

Primary Contact: Title:


Phone #: E-Mail:

Mailing Address: City: State: Zip Code:

Who is the primary point of contact for this closure? Tank Owner as listed in Section II Property Owner as listed in Section III Other (specify)
 Firm/Contractor Listed in Section IV Environmental Consultant Listed in Section V

Why is this UST system being permanently closed?

V. Firm/Consultant To Perform Closure Assessment

Is a Closure Assessment Required for this UST Closure? (See Rule 1.15) Yes No  If Yes, Section V must be completed

If no, do you choose to obtain one? Yes No

Name of Firm Conducting Assessment:

Name of Consultant: Title:


Phone #: E-Mail:

Mailing Address: City: State: Zip Code:

Qualifications: Professional Engineer (PE) License Licensing State: License #:


Certified Professional Geologist Licensing State: License #:


Registered Professional Geologist Licensing State: License #:

VI. Fees  The environmental consultant listed above must be the one who reviews and signs the Closure Assessment Report

	Number of Tanks	Fee per Tank	Total
Closure Fee		x \$75.00	
Registration Fee*		x \$100.00	

Total Amount Due:

 * Registration fee is not required for residential (1, 2 or 3 unit) heating oil tanks <1,100 gallons, government agencies, and non-profit fire districts. For all other tanks, a registration fee is required with this application unless the tank is already registered with the UST program

 All overdue annual UST Registration Fees are required to be paid prior to closure. Closure Certificates will not be issued until all fees have been paid in full

VII. Description of UST(s) and Product Piping to be Closed:

What is being removed in this closure? UST(s) Only Product Pipeline Only UST(s) and Product Pipeline

USTs to be Removed

UST #	Installation Date	Date Last Used	Volume	Construction Material	Construction Type	Stored Material
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Piping to be Removed

Piping System #	Piping System Type	Installation Date	Construction Material	Construction Type	Included in Closure?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

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

VIII. Site Figure

Scale: 1" = ___ ft

Include location of ALL USTs and piping, including those not being removed. Clearly label all tanks with UST # and approximate size. Include dispensers, canopies, nearby structures, utilities, and other pertinent features or obstacles.

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.

X. Closure Information

Where will the Tank(s) be cleaned? On-Site Off-Site (provide location):

Specify cleaning method:

Entering any UST is considered confined space entry and is regulated by multiple State and Federal agencies and requires special training, equipment and personnel. It is your responsibility to ensure that the contractors hired meet these requirements, as DEM does not regulate, or take any responsibility or liability for damages, injury, or death associated with confined space entry into a UST

What will happen to the tank(s)? Rendered unfit for use and disposed Re-used (Must comply with the UST regulations)

If unfit, provide name and address of disposal facility:

If tank(s) will be re-used, provide the name, address, and phone number of the individual to whom the 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:



The contents of the tank must be sampled using a LEL meter at a minimum of three different points within the tank before declaring it inerted. If the tank is to remain open to the atmosphere, it must be periodically re-sampled to ensure it remains below the LEL

Has the tank(s) ever held a non-petroleum hazardous material?: Yes No

If Yes, Specify:

Upon completion of this closure, how many UST(s) will be present at the property?

Upon completion of this closure, will any product piping or vent piping be present at the property? Yes No

Will any new UST(s) be installed at this site? Yes No

Have all UST registration fees been paid in full? Yes No

Are there any Letters of Non-Compliance (LNC) or Notices of Violation (NOV) active for this site? Yes No



Installation of new UST(s), piping, or other components require a separate application and approval process! Contact us at (401) 222-2797 for more information.

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 require further cleaning must be permitted by DEM as Hazardous Waste Transporters.

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:



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



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 MUST 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 occurring, 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: