



# THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE

State Form 56553 (R5 / 5-23)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
PETROLEUM BRANCH

## RETURN COMPLETED FORMS TO:

Indiana Department of Environmental Management  
USTRegistration@idem.in.gov

Facility ID Number:

The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

### A TYPE OF PROPOSED CLOSURE (Check all that apply)

Tank(s)		Piping		Dispenser(s)	
Removal	In-Place	Removal	In-Place	Removal	
Change-In-Service		Change-In-Service		Replacement	
Number of tanks to be closed:		Number of lines to be closed:		Number of dispensers to be closed:	
Number of regulated tanks on-site before closure:					

### B FACILITY NAME / LOCATION

FACILITY NAME			LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)	
FACILITY ADDRESS (number and street)				PARCEL NUMBER(S)		
CITY		STATE	ZIP CODE	COUNTY		TELEPHONE NUMBER

### C PREPARED BY

PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
ADDRESS			CITY	STATE	ZIP CODE
TELEPHONE NUMBER		JOB TITLE	EMAIL ADDRESS		

### D UST OWNER

TYPE OF OWNER					
Federal Government		State Government		City / Local Government	
Commercial		Private		Other:	

Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)			BUSINESS ID (From the Secretary of State)		
Option 2: UST OWNER NAME (If a Public Agency or other entity)					
Option 3: UST OWNER NAME (If in Individual Capacity)					

PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
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#### UST OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	

#### CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY ID NUMBER		FACILITY NAME					
<b>E UST OPERATOR</b>							
TYPE OF OPERATOR							
Federal Government		State Government			City / Local Government		
Commercial		Private			Other:		
Option 1: UST OPERATOR NAME <i>(Business Name as registered with the Secretary of State)</i>					BUSINESS ID <i>(From the Secretary of State)</i>		
Option 2: UST OPERATOR NAME <i>(If a Public Agency or other entity)</i>							
Option 3: UST OPERATOR NAME <i>(If in Individual Capacity)</i>							
PREFIX	FIRST NAME			MI	LAST NAME		SUFFIX
UST OPERATOR ADDRESS <i>(Listed in Options 1-3)</i>							
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>					ADDRESS <i>(line 2)</i>		
CITY			STATE	ZIP CODE	DATE BEGAN OPERATING <i>(MM/DD/YYYY)</i>		
TELEPHONE NUMBER		EMAIL ADDRESS <i>(Option 3 Individual Capacity)</i>			JOB TITLE <i>(Option 3 Individual Capacity)</i>		
CONTACT FOR BUSINESS / PUBLIC AGENCY <i>(Listed in Option 1 or 2)</i>							
PREFIX	FIRST NAME			MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>					ADDRESS <i>(line 2)</i>		
CITY			STATE	ZIP CODE	JOB TITLE		
TELEPHONE NUMBER		EMAIL ADDRESS					
<b>F DEEDED PROPERTY OWNER</b>							
TYPE OF OWNER							
Federal Government		State Government			City / Local Government		
Commercial		Private			Other:		
Option 1: PROPERTY OWNER NAME <i>(Business Name as registered with the Secretary of State)</i>					BUSINESS ID <i>(From the Secretary of State)</i>		
Option 2: PROPERTY OWNER NAME <i>(If a Public Agency or other entity)</i>							
Option 3: PROPERTY OWNER NAME <i>(If in Individual Capacity)</i>							
PREFIX	FIRST NAME			MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS <i>(Listed in Options 1-3)</i>							
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>					ADDRESS <i>(line 2)</i>		
CITY			STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP <i>(MM/DD/YYYY)</i>		
TELEPHONE NUMBER		EMAIL ADDRESS <i>(Option 3 Individual Capacity)</i>			JOB TITLE <i>(Option 3 Individual Capacity)</i>		
CONTACT FOR BUSINESS / PUBLIC AGENCY <i>(Listed in Option 1 or 2)</i>							
PREFIX	FIRST NAME			MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>					ADDRESS <i>(line 2)</i>		
CITY			STATE	ZIP CODE	JOB TITLE		
TELEPHONE NUMBER		EMAIL ADDRESS					

FACILITY ID NUMBER		FACILITY NAME	
<b>G ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>			
TYPE OF OWNER			
Federal Government		State Government	
City / Local Government		Commercial	
Private		Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)			BUSINESS ID (From the Secretary of State)
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)			
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)		ADDRESS (line 2)	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Option 3 Individual Capacity)	PROPOSED END DATE (MM/DD/YYYY)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>H PROPOSED CONTRACTOR</b>			
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)			BUSINESS ID (From the Secretary of State)
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>I POTENTIALLY INTERESTED PARTIES</b>			
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
<b>J LUST INCIDENT INFORMATION</b>			
LUST INCIDENT NUMBER (IF APPLICABLE)		DATE INCIDENT REPORTED (mm/dd/yyyy)	
LUST INCIDENT NUMBER (IF APPLICABLE)		DATE INCIDENT REPORTED (mm/dd/yyyy)	
LUST INCIDENT NUMBER (IF APPLICABLE)		DATE INCIDENT REPORTED (mm/dd/yyyy)	

FACILITY ID NUMBER	FACILITY NAME
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**K UST INFORMATION**

*For all tanks that will be closed, list the requested info below and do not leave any space blank. Attach an additional sheet if needed.*

**UST Substance**

**GSL** - Gasoline     **DSL** - Diesel     **DSB** - Diesel Containing >20% Biodiesel     **VGL** - Virgin Oil     **UOL** - Used Oil     **KER** - Kerosene  
**E85** - E85 Gasoline Blend     **E15** - E15 Gasoline Blend     **RCF** - Racing Fuel (leaded)     **AVG** - AV Gas (leaded)     **MXT** - Mixture of Substances (List Substances)     **OTH** - Other (specify)

**UST Construction Material**

**STL** - Steel     **FRP** - Fiberglass     **STC** - Steel Clad     **STJ** - Steel Jacketed     **DBW** - Double-walled     **OTH** - Other

**UST Closure Type**

**RMV** - Removed     **IPC** - In-Place Closure     **CIS** - Change-in-Service

UST #	Compartment #	Capacity in Gallons	Substance <small>(Last used, past)</small>	Construction Material	Install Date <small>(mm/dd/yyyy)</small>	Date Last Used <small>(mm/dd/yyyy)</small>	Proposed Closure Date <small>(mm/dd/yyyy)</small>	Proposed Closure Type

Please justify In-Place Closure:

In-Place closure approval letter from Indiana Department of Homeland Security attached:	Yes	No
In-Place closure site assessment work plan and site map with proposed boring locations attached:	Yes	No

FACILITY ID NUMBER	FACILITY NAME
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<b>L</b>	<b>PIPING INFORMATION</b>
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*If more than one piping line is present, then all lines shall be numbered. For all product lines closed, list the piping number, piping length (in feet based upon field measurements between tanks and dispensers, as well as, between dispenser islands), identify the product distributed through each line, and identify piping material and type. List all Piping Materials that apply. All piping numbers should also be included on the Facility Site Map. Attach an additional sheet if necessary.*

<b>Piping Substance</b>					
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<b>GSL</b> - Gasoline	<b>DSL</b> - Diesel	<b>DSB</b> - Diesel Containing >20% Biodiesel	<b>VGL</b> - Virgin Oil	<b>UOL</b> - Used Oil	<b>KER</b> - Kerosene
<b>E85</b> - E85 Gasoline Blend	<b>E15</b> - E15 Gasoline Blend	<b>RCF</b> - Racing Fuel (leaded)	<b>AVG</b> - AV Gas (leaded)	<b>MXT</b> - Mixture of Substances (List Substances)	<b>OTH</b> - Other (specify)

<b>Piping Construction Material</b>					
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<b>FRP</b> - Fiberglass Reinforced Plastic	<b>FXP</b> - Fiberglass Composite / Plastic	<b>AHP</b> - Airport Hydrant Piping	<b>CP</b> - Copper	<b>STL</b> - Steel	<b>OTH</b> - Other
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<b>Piping Closure Type</b>					
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<b>RMV</b> - Removed	<b>IPC</b> - In-Place Closure	<b>CIS</b> - Change-in-Service
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Piping #	Piping Run Length (feet)	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Closure Date (mm/dd/yyyy)	Closure Type	UST #	Compartment #

Overall number of elbows and connectors:

Please justify In-Place Closure:

FACILITY ID NUMBER	FACILITY NAME
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<b>M</b>	<b>DISPENSER INFORMATION</b> <i>(If Applicable)</i>
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*For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary.*

**Product Dispersed**

<b>GSL</b> - Gasoline	<b>DSL</b> - Diesel	<b>DSB</b> - Diesel Containing >20% Biodiesel	<b>VGL</b> - Virgin Oil	<b>UOL</b> - Used Oil	<b>KER</b> - Kerosene
<b>E85</b> - E85 Gasoline Blend	<b>E15</b> - E15 Gasoline Blend	<b>RCF</b> - Racing Fuel (leaded)	<b>AVG</b> - AV Gas (leaded)	<b>MXT</b> - Mixture of Substances <i>(List Substances)</i>	<b>OTH</b> - Other <i>(specify)</i>

**Dispenser Closure Type**

<b>RMV</b> - Removed	<b>IPC</b> - In-Place Closure	<b>CIS</b> - Change-in-Service
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Dispenser Number	Products Dispersed	Install Date <i>(mm/dd/yyyy)</i>	Date Last Used <i>(mm/dd/yyyy)</i>	Proposed Removal Date <i>(mm/dd/yyyy)</i>	Proposed Replacement Date <i>(mm/dd/yyyy)</i>	Proposed Closure Type

FACILITY ID NUMBER		TRANSACTION ID - FOR STATE USE ONLY	
<b>UST OWNER CERTIFICATION</b>			
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p><b>(1) Installation of all tanks and piping under 40 CFR 280.20.</b></p> <p><b>(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.</b></p> <p><b>(3) Release detection under 40 CFR 280 Subpart D.</b></p> <p><b>(4) Financial responsibility under 329 IAC 9-8.</b></p>			
OWNER'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
SIGNATURE			DATE <i>(MM/DD/YYYY)</i>
<b>UST OPERATOR CERTIFICATION</b>			
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p><b>(1) Installation of all tanks and piping under 40 CFR 280.20.</b></p> <p><b>(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.</b></p> <p><b>(3) Release detection under 40 CFR 280 Subpart D.</b></p> <p><b>(4) Financial responsibility under 329 IAC 9-8.</b></p>			
OPERATOR'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
SIGNATURE			DATE <i>(MM/DD/YYYY)</i>
<b>CONTRACTOR CERTIFICATION</b>			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
<p><b>OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.</b></p>			
SIGNATURE		EMAIL ADDRESS	DATE <i>(MM/DD/YYYY)</i>