



THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE

State Form 56553 (R3 / 5-19)
Indiana Department of Environmental Management
Underground Storage Tanks Branch

RETURN COMPLETED FORMS TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
USTRegistration@idem.in.gov
UST: (317) 234-0343

Agency Interest ID Number:

Facility ID Number:

Owner Entity Number:

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

Tank(s)		Piping		Dispenser(s)	
<input type="checkbox"/> Removal	<input type="checkbox"/> In-Place	<input type="checkbox"/> Removal	<input type="checkbox"/> In-Place	<input type="checkbox"/> Removal	
<input type="checkbox"/> Change-in-Service		<input type="checkbox"/> Change-in-Service		<input type="checkbox"/> Replacement	
Number of tanks being closed:		Number of piping lines being closed:		Number of dispensers being closed:	

B FACILITY NAME / LOCATION

FACILITY NAME			FACILITY ADDRESS (number and street)		
ADDRESS (line 2)		CITY	STATE	ZIP CODE	COUNTY
TELEPHONE NUMBER	PARCEL NUMBER	LATITUDE		LONGITUDE	

C UST OWNER

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	
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		E-MAIL ADDRESS			

D UST OPERATOR

Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)					
Option 3: UST OPERATOR NAME (If in Individual Capacity)					
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	DATE BEGAN OPERATING (MM/DD/YYYY)	
TELEPHONE NUMBER		E-MAIL ADDRESS			

E PROPERTY OWNER

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	LAST NAME	SUFFIX	
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		E-MAIL ADDRESS			

F UST OWNER CERTIFICATION				
<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>(1) Installation of all tanks and piping under 40 CFR 280.20. (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. (3) Release detection under 40 CFR 280 Subpart D. (4) Financial responsibility under 329 IAC 9-8.</p>				
OWNER'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
TITLE OF OWNER'S AUTHORIZED REPRESENTATIVE			COMPANY NAME <i>(If Individual, Leave Blank.)</i>	
SIGNATURE				DATE <i>(MM/DD/YYYY)</i>
G UST OPERATOR CERTIFICATION				
<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>(1) Installation of all tanks and piping under 40 CFR 280.20. (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. (3) Release detection under 40 CFR 280 Subpart D. (4) Financial responsibility under 329 IAC 9-8.</p>				
OPERATOR'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
TITLE OF OPERATOR'S AUTHORIZED REPRESENTATIVE			COMPANY NAME <i>(If Individual, Leave Blank.)</i>	
SIGNATURE				DATE <i>(MM/DD/YYYY)</i>
H POTENTIALLY INTERESTED PARTIES				
INTERESTED PARTY NAME			E-MAIL ADDRESS	
INTERESTED PARTY NAME			E-MAIL ADDRESS	
INTERESTED PARTY NAME			E-MAIL ADDRESS	
I LUST INCIDENT INFORMATION				
LUST INCIDENT NUMBER <i>(IF APPLICABLE)</i>			DATE INCIDENT REPORTED <i>(mm/dd/yyyy)</i>	
LUST INCIDENT NUMBER <i>(IF APPLICABLE)</i>			DATE INCIDENT REPORTED <i>(mm/dd/yyyy)</i>	
LUST INCIDENT NUMBER <i>(IF APPLICABLE)</i>			DATE INCIDENT REPORTED <i>(mm/dd/yyyy)</i>	

J FINANCIAL RESPONSIBILITY

Federal/State Government Entity, which does not fall under financial responsibility requirements

I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: *(Check all that apply.) If you are using the ELTF, it must be checked.*

<input type="checkbox"/> Financial Test of Self Insurance	<input type="checkbox"/> Guarantee
<input type="checkbox"/> Insurance and Risk Retention Group Coverage	<input type="checkbox"/> Surety Bond
<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Excess Liability Trust Fund (State Fund)
<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Standby Trust Fund

K UST INFORMATION

Number of regulated tanks onsite before closure:

For all tanks to be closed, list the requested info below and do not leave any space blank. Attach an additional sheet if more than fifteen (15) tanks are to be closed.

UST Substance

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

UST Construction Material

STL - Steel	FRP - Fiberglass	STC - Steel Clad (Fiberglass Jacket)	DBW - Double-walled	OTH - Other
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UST Closure Type

RMV - Removal	IPC - In-Place Closure	CIS - Change-in-Service
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UST Number	Capacity in Gallons	Substance (<i>Last used, Past</i>)	Construction Material	Install Date (<i>mm/dd/yyyy</i>)	Date Last Used (<i>mm/dd/yyyy</i>)	Proposed Closure Date (<i>mm/dd/yyyy</i>)	Proposed Closure Type	Part of a Compartmented Tank?
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
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								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
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								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes

In-Place closure approval letter from Indiana Department of Homeland Security attached: Yes

In-Place closure site assessment work plan and site map with proposed boring locations attached: Yes

State justification for in-place closure:

L PIPING INFORMATION (IF APPLICABLE)

If more than one piping line is present, then all lines shall be numbered. For all product lines to be 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 more than seven (7) product lines are to be closed.

Piping Substance

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

Piping Construction Material

FRP - Fiberglass Reinforced Plastic	FXP - Flexible Composite / Plastic	AHP - Airport Hydrant Piping	CP - Copper	STL - Steel	OTH - Other
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Piping Closure Type

RMV - Removal	IPC - In-Place Closure	CIS - Change-in-Service
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Piping Number	Piping Run Length (feet)	Substance	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Closure Date (mm/dd/yyyy)	Proposed Closure Type	UST Number	Select Compartment (If tank is compartmented)
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

State Justification for In-Place Closure:

M DISPENSER INFORMATION (IF APPLICABLE)

For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if more than seven (7) dispensers are to be closed.

Product(s) Dispensed

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

Dispenser Closure Type

RMV - Removal	RPL - Replaced
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Dispenser Number	Product(s) Dispensed	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Removal Date (mm/dd/yyyy)	Proposed Replacement Date (mm/dd/yyyy)	Proposed Closure Type