

**UNDERGROUND STORAGE TANK SYSTEMS****CLOSURE REPORT**

State Form 56554 (R4 / 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.

<b>A TYPE OF CLOSURE (Check all that apply)</b>									
<b>Tank(s)</b>			<b>Piping</b>				<b>Dispenser(s)</b>		
Removal		In-Place	Removal		In-Place	Removal			
Change-In-Service			Change-In-Service				Replacement		
Number of tanks closed:			Number of lines closed:				Number of dispensers closed:		
<b>B FACILITY NAME / LOCATION</b>									
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	
<b>C PREPARED BY</b>									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
ADDRESS				CITY		STATE	ZIP CODE		
TELEPHONE NUMBER			JOB TITLE		EMAIL ADDRESS				
<b>D UST OWNER</b>									
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	
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 (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
UST OPERATOR 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	DATE BEGAN OPERATING (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					
<b>F DEEDED PROPERTY OWNER</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	LAST NAME		SUFFIX
PROPERTY 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>G ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>			
TYPE OF OWNER			
Federal Government		State Government	
Commercial		Private	
		City / Local Government	
		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
LAST NAME			
PROPERTY 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	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
LAST NAME			
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 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
LAST NAME			
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	
<b>O UST REMOVAL</b>			
<b>Only complete this section if the tank(s) and/or piping were removed during closure.</b>			
Cut up for disposal		Stored on site	
Other:		Stored off site	
Amount of backfill material initially removed during UST system closure:			
Was there overexcavation that took place after removal of the UST system?		Yes	No
Amount of material overexcavated after removal of the UST system:			
After overexcavation, was free product present in the tank pit or piping runs?		Yes	No
Was bedrock encountered during UST system removal?		Yes	No
Was all contaminated material above the applicable screening levels excavated?		Yes	No
<i>If all contaminated material was not excavated, explain:</i>			
<b>After tank removal, what material was used to backfill the excavation?</b>			
Gravel/Crushed Rock		Clean Soil Fill	
Other:		Excavated Soil Pile	
Other:		Not Applicable:	
<b>If water was encountered during excavation of the UST system, complete the following questions</b>			
Was water removed during excavation?		Yes	No
What was the amount of the water removed from the excavation?			
Was the water sampled?		Yes	No
<i>If water was not sampled, explain:</i>			
Method of water disposal:			
<b>If contamination above screening level was encountered, then based on visual inspection of the UST components during removal, which component(s) appears to have failed causing the contamination? (Check all that apply)</b>			
Piping (including joints)		Vent Lines (including joints)	
Spill/Overfill Equipment		Dispensers (including flex connectors)	
Submersible Pump Heads		None	
Other:		Tanks	
Other:		Line Leak Detectors	
Other:		Other:	
<i>Provide specific details about what was observed:</i>			
<i>If other, please explain:</i>			
<b>Based on the response above, what action or process appears to have caused the contamination? (Check all that apply)</b>			
Spill(s)		Overfill(s)	
Human Error		Corrosion	
Unknown		Other:	
Other:		Pipe and/or Joint Failure	
Other:		Mechanical Failure	

FACILITY ID NUMBER	FACILITY NAME		
<b>P</b>	<b>IN-PLACE CLOSURE</b>		
<i>Only complete if the tank and/or piping were not removed during closure.</i>			
<b>What inert solid material was used to fill the tank(s) and/or piping:</b>			
Sand	Sand/Soil	Concrete	
Concrete/ Bentonite	Other:		
Was water encountered in the soil boring(s) during in-place closure?		Yes	No
Was bedrock encountered during UST system in-place closure?		Yes	No
<b>Q</b>	<b>LABORATORY INFORMATION</b>		
Laboratory Name		Soil	Water
<b>R</b>	<b>SOIL SCREENING LEVELS AND ANALYTICAL RESULTS</b>		
Type of backfill originally used:			
Native soil type description:			
Number of samples taken:			
Was the contaminant concentration for any soil sample collected after removal, in-place closure, or over-excavation reported above laboratory detection limits? <i>If yes, a release must be reported to the Petroleum Remediation Section.</i>		Yes	No
<b>S</b>	<b>GROUND WATER SCREENING LEVELS AND ANALYTICAL RESULTS</b>		
Number of samples taken:			
Was the contaminant concentration for any groundwater sample collected after removal, in-place closure, or over-excavation reported above laboratory detection limits? <i>If yes, a release must be reported to the Petroleum Remediation Section.</i>		Yes	No
<b>T</b>	<b>EXCAVATED SOIL/STOCKPILED SOIL ANALYTICAL RESULTS</b>		
Number of samples taken:			
Was the contaminant concentration for any excavated/stockpiled soil sample collected after removal, in-place closure, or over-excavation reported above laboratory detection limits? <i>If yes, a release must be reported to the Petroleum Remediation Section.</i>		Yes	No
Provide detailed comments for any unique circumstances that need to be described:			





FACILITY ID NUMBER	FACILITY NAME
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**W CLOSURE REPORT DOCUMENT SHOULD BE ARRANGED AS FOLLOWS:**

- 1) UST Closure Report, State Form 56554
- 2) Site specific map with illustrated legends and compass directions and at appropriate scale to show site details:
  - Drainage features, surface slope or surface water run-off direction
  - Identified aboveground features: such as buildings, roadways, manways, pump islands, and utility and property lines
  - Identified subsurface features: such as tanks and excavation pit, piping, and utility conduits
  - Site surroundings: such as adjacent buildings, businesses, or human and environmentally sensitive areas, such as residences, schools, wells, well fields, or wellhead protection areas delineated in 327 IAC 8-4.1
  - Location of active and previously closed tanks as applicable
- 3) Sampling locations map:
  - Locations where samples were taken, soil borings advanced, and monitoring wells installed
- 4) Leak detection results (*Owner must attach copies of the last twelve (12) months of release detection records for the closed systems or explain above why records are not attached.*)
- 5) Most recent tanks and line tightness testing results
- 6) Leak detection methods used for tanks and piping (*Owner must list what forms of release detection were in use for all systems closed during this closure.*)
- 7) Table showing the field screening values and lab values of each sample
- 8) QA/QC sample collection and laboratory methods
- 9) Laboratory data and chain of custody
- 10) Boring logs (*if needed*)
- 11) Disposal documentation such as sludge, removed UST(s), removed piping, soil and water
- 12) Photo documentation (*Optional*)

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>