	UNDERGROUND STORAGE TANK SYSTEMS
2)	

**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:

	e information requested is nk program.	s required by 329 IA	C 9. This	form should o	nly be us	ed for fac	ilities previo	usly regi	stered with	the IDE	M Underground Stora	ge
Α			TY	PE OF C	LOSU	JRE (C	heck all th	hat app	oly)			
	Tank(	s)			Pip	ing		T		Di	spenser(s)	
	Removal	In-Place		Removal			n-Place		Remov	'al		
	Change-In-Service			Change-In-	Service	Э			Replac	emen	t	
Nun	nber of tanks closed:		Nu	mber of line	s close	d:		N	lumber of	dispe	nsers closed:	
В			÷	FACILIT	ΥΝΑ	ME /	LOCATI	ON				
	LITY NAME						JDE (37.71010		66773)	LONG	ITUDE (-88.165351 to -84	4.671035)
FACI	LITY ADDRESS (number and	l street)					PARCEL	NUMBER	(S)			
CITY			STATE	ZIP CODE		С	OUNTY			TELEI	PHONE NUMBER	
С				F	REP	ARED	BY			•		
PREF	FIX FIRST NAME				MI	LAST	IAME					SUFFIX
	RESS			CITY				S	TATE		ZIP CODE	
1001								Ĩ				
TELE	PHONE NUMBER	JOB	TITLE			EMAIL	ADDRESS					
D					UST	OWN	ER					
				7	YPE C	DF OW	NER					
	Federal Governme	nt		State Gov	ernmei	nt			City / L	ocal	Government	
	Commercial			Private					Other:			
Optio	n 1: UST OWNER NAME (Bu	isiness Name as regisi	ered with t	he Secretary of S	State)			BUSINE	ESS ID (From	the Sec	retary of State)	
Optio	n 2: UST OWNER NAME (If a	a Public Agency or oth	er entity)									
•	,	0 7										
Optio PREF	n 3: UST OWNER NAME (If i	n Individual Capacity)			Бл	LACTA						
PREF	FIX FIRST NAME				МІ	LAST	NAME					SUFFIX
UST	OWNER ADDRESS (Listed in	n Options 1-3)										
PRIN	CIPAL OFFICE ADDRESS or	PRIMARY RESIDENT	AL ADDRI	ESS (Number an	d Street, n	io P.O. Bo	x)	ADDRE	SS (line 2)			
CITY				STATE	ZIP CO	)E		EFFEC			ERSHIP (MM/DD/YYYY)	
CITT				STATE		JE		EFFEC	IIVE DATE O	F OWN	ERSHIP (MM/DD/TTT)	
TELE	PHONE NUMBER		EMAIL AD	DRESS (Option	3 Individua	al Capacity	)	JOB TIT	TLE (Option 3	Individu	al Capacity)	
CON <sup>®</sup> PREF	TACT FOR BUSINESS / PUB	LIC AGENCY (Listed )	n Option 1	or 2)	MI	LAST						SUFFIX
						LINGT	, and					COLLIX
PRIN	CIPAL OFFICE ADDRESS of	PRIMARY RESIDEN	AL ADDR	ESS (Number an	d Street, r	10 P.O. Bo	x)	ADDRE	SS (line 2)			
0.15				a	Inc							
CITY				STATE	ZIP COI	DE		JOB TIT	ILE			
TELE	PHONE NUMBER		EMAIL AD	DRESS	1							

FACI	LITY ID NUMBE	R FACI	LITY NAME									
Ε						U	ST OF	PERATOR				
						ΤY	PE OF	OPERATOR				
	Federal G	overnment			Sta	te Gov	ernmen	t		City / Local Government		
	Commerc	al			Priv	vate				Other:		
Optic	on 1: UST OPER	ATOR NAME (Bus	siness Name as re	egistered w	vith the	Secretary	of State)		BUSINESS	S ID (From the Secretary of State)		
Optic	on 2: UST OPER	ATOR NAME (If a	Public Agency or	other entit	ty)							
Optic	on 3: UST OPER	ATOR NAME (If in	Individual Capac	ity)								
PRE							МІ	LAST NAME			SUFFIX	
UST	OPERATOR AD	DRESS (Listed in	Options 1-3)									
		ADDRESS or PRI		TAL ADDR	ESS (/	Number an	d Street, no	o P.O. Box)	ADDRESS	S (line 2)		
CITY						STATE	ZIP COD	E	DATE BEG	GAN OPERATING (MM/DD/YYYY)		
TELE	PHONE NUMB	ER		EMAIL AD	DRES	S (Option	3 Individua	I Capacity)	JOB TITLE	E (Option 3 Individual Capacity)		
CON	TACT FOR BUS	NESS / PUBLIC /	AGENCY (Listed	in Option 1	or 2)							
PRE	FIX FIRST NA	ME					МІ	LAST NAME			SUFFIX	
PRIN	ICIPAL OFFICE	ADDRESS or PRI	MARY RESIDEN	TAL ADDR	ESS (I	Number an	d Street, no	o P.O. Box)	ADDRESS	S (line 2)	I	
CITY	,					STATE	ZIP COD	F	JOB TITLE	-		
CITT						STATE		L		-		
TELE	PHONE NUMB	ER		EMAIL AD	DRES	S	<u>.</u>					
F					DF	EDEC	) PRO	PERTY OW	NER			
-								FOWNER				
	Federal G	overnment			Sta	te Gov	-	-		City / Local Government		
	Commerc				Priv	vate				Other:		
Optic		Y OWNER NAME	Business Name	as registere			ary of State	e)	BUSINESS ID (From the Secretary of State)			
				-			-	•				
Optic	on 2: PROPERT	Y OWNER NAME	(If a Public Agend	y or other	entity)							
		Y OWNER NAME	(If in Individual Ca	apacity)								
PRE	FIX FIRST NA	ME					МІ	LAST NAME			SUFFIX	
		R ADDRESS (Liste										
PRIN	ICIPAL OFFICE	ADDRESS or PRI	MARY RESIDEN	TAL ADDR	ESS (I	Number an	d Street, no	o P.O. Box)	ADDRESS	S (line 2)		
CITY						STATE	ZIP COD	E	EFFECTIV	/E DATE OF OWNERSHIP (MM/DD/YY	YY)	
TELE	PHONE NUMB	ER		EMAIL AD	DDRES	S (Option	3 Individual	I Capacity)	JOB TITLE	E (Option 3 Individual Capacity)		
CON PRE		SINESS / PUBLIC /	AGENCY (Listed	in Option 1	or 2)		MI	LAST NAME			SUFFIX	
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PRIN	ICIPAL OFFICE	ADDRESS or PRI	MARY RESIDEN	TAL ADDR	ESS (I	Number an	d Street, no	o P.O. Box)	ADDRESS	S (line 2)		
CITY	,					STATE	ZIP COD	E	JOB TITLE	E		
TELF	PHONE NUMB	ER		EMAIL AD	DRFS	is						
					0	-						

FAC	ILITY ID NUMBER	FACILITY NAME							
G		ACTIVE	E LAND CO	NTRACT	PROPERTY	OWNER (If applicabl	e)		
					OF OWNER				
	Federal Gover	nment		ate Governm	ent	City / Local G	Bovernment		
	Commercial			vate		Other:			
Opti	on 1: PROPERTY OWN	NER NAME (Business Nar	me as registered with	h the Secretary of S	State)	BUSINESS ID (From the Secre	tary of State)		
Opti	on 2: PROPERTY OWN	NER NAME (If a Public Ag	ency or other entity	)		_			
		(	, , , , , , , , , , , , , , , , , , , ,						
		NER NAME (If in Individua	al Capacity)	- In a					
PRE	FIX FIRST NAME			МІ	LAST NAME		SUFFIX		
PRO	PERTY OWNER ADD	RESS (Listed in Options 1	1-3)						
		ESS or PRIMARY RESID		Number and Stree	t, no P.O. Box)	ADDRESS (line 2)			
CIT	1			STATE ZIP C	ODE				
CIT	1			STATE ZIFC	ZIP CODE EFFECTIVE DATE OF OWNERSHIP (MM/DD/YY				
TEL	EPHONE NUMBER	JOB TITLE	EMAIL AD	DRESS (Option 3	Individual Capacity)	PROPOSED END DATE (MM/	DD/YYYY)		
	TACT FOR BUSINESS	S / PUBLIC AGENCY (List	ted in Option 1 or 2)	МІ	LAST NAME	4	SUFFIX		
							SOLLIX		
PRI	NCIPAL OFFICE ADDR	ESS or PRIMARY RESID	ENTAL ADDRESS (	Number and Stree	t, no P.O. Box)	ADDRESS (line 2)			
CIT	ſ			STATE ZIP C	ODE	JOB TITLE			
TEI	EPHONE NUMBER		EMAIL ADDRES						
ICL	EFHONE NOMBER			55					
н									
				CON	TRACTOR				
		NAME (Business Name a	as registered with the		<b>TRACTOR</b>	BUSINESS ID (From the Secre	tary of State)		
		NAME (Business Name a	as registered with the			BUSINESS ID (From the Secre	tary of State)		
COI		·	as registered with the			BUSINESS ID (From the Secre	tary of State)		
COI	TRACTOR BUSINESS	·	as registered with the	e Secretary of Stat	e)	BUSINESS ID (From the Secre			
COI CEF PRE	TRACTOR BUSINESS	·		e Secretary of Stat	e) LAST NAME	BUSINESS ID (From the Secre			
COI CEF PRE PRI	TRACTOR BUSINESS	AME		e Secretary of Stat	e) LAST NAME t, no P.O. Box)	ADDRESS (line 2)	SUFFIX		
COI CEF PRE	TRACTOR BUSINESS	AME		e Secretary of Stat	e) LAST NAME t, no P.O. Box)		SUFFIX		
COI PRE PRI	TRACTOR BUSINESS	AME	DENTAL ADDRESS (	e Secretary of Stat	e) LAST NAME t, no P.O. Box)	ADDRESS (line 2)	SUFFIX		
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FACILITY I	D NUMBER	FACILITY NAME						
K					RMATION			
	r of regulate	ed tanks onsite b	efore closure:					
		al USTs discove		Closure?	Yes No	If yes, how	many?	
	-					lo not leave any		Attach an
				additional shee		-	•	
				UST Subs	stance			
GSL -	Gasoline	DSL - Diesel		iesel Containino % Biodiesel	<b>VGL</b> - Vir	gin Oil UOL ·	Used Oil KI	ER - Kerosene
	<b>5</b> - E85 ine Blend	<b>E15</b> - E15 Gasoline Blen	<b>RCF</b> - Ra d Fuel (lea		- AV Gas eaded)	MXT - Mixture of <i>(List Subst</i>		OTH - Other (specify)
			l	JST Construct	ion Material			
STL -	Steel FR	<b>P</b> - Fiberglass	STC- Stee		J- Steel Jacke	ted DBW - D	ouble-walled	OTH - Other
				UST Closu	re Type			
	RMV -	Removed		IPC - In-Plac	e Closure	CI	<b>S</b> - Change-in-S	Service
UST #	Compart #	Capacity in Gallons	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Closure Date (mm/dd/yyyy)	Closure Type
Please j	ustify In-Plac	e Closure:				<u> </u>		<u> </u>

FACILITY	D NUMBER	FACILITY NAME											
L	L PIPING INFORMATION												
based	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.												
	Piping Substance												
GSL ·	GSL - Gasoline       DSL - Diesel       Diesel Containing       VGL - Virgin Oil       UOL - Used Oil       KER - Kerosene         >20% Biodiesel       >20% Biodiesel       VGL - Virgin Oil       UOL - Used Oil       KER - Kerosene												
-	E85 - E85E15 - E15RCF - RacingAVG - AV GasMXT - Mixture of SubstancesOTH - OtherGasoline BlendGasoline BlendFuel (leaded)(leaded)(List Substances)(specify)												
			Р	iping Cons	truction Ma	aterial							
	- Fiberglass orced Plast		berglass AH e / Plastic	P - Airport H Piping	-	CP - Coppe	r STL	Steel	OTH - Other				
				-	losure Typ								
	RMV -	Removed		IPC - In-F	Place Closu	re	CI	S - Change-in-	Service				
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 #				
0													
Overall	number of elb	oows and connect	tors:										

Please justify In-Place Closure:

FACILITY ID NUMBER	FACILITY NAME									
Μ		ISPENSER I	NFORMATIC	N (If applicab	le)					
	rs closed, list the dis	penser number	r, product(s) dis	pensed, and c		ch an additional				
			et if necessary							
		Pro	duct Dispensed	1						
GSL - Gasoline	DSL - Diesel	DSB - Diesel Co >20% Biod		GL - Virgin Oil	UOL - Used Oil	KER - Kerosene				
<b>E85</b> - E85 Gasoline Blend	<b>E15</b> - E15 Gasoline Blend	<b>RCF</b> - Racing Fuel (leaded)	AVG - AV Ga (leaded)		ixture of Substances st Substances)	<b>OTH</b> - Other (specify)				
		Dispe	nser Closure T		,					
RMV -	RMV - Removed         IPC - In-Place Closure         CIS - Change-in-Service									
Dispenser Number	Products Dispensed	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Removal Date (mm/dd/yyyy)	Replacement Date (mm/dd/yyyy)	Closure Type				
N		STORA	GE AND DIS	POSAL						
Method of liquid ar	d/or sludge storage:									
Method of liquid ar	Method of liquid and/or sludge disposal:									
Location of UST sy	/stem storage/disposa	1:								

FACILITY ID NUMBER FACILITY NAME								
0		UST REMOVAL						
	tio	n if the tank(s) and/or piping were rem	iove	ed durina clo	sure	<u>,</u>		
Cut up for disposal		Stored on site		Stored off site				
Other:								
Amount of backfill material initially remove	d d	uring UST system closure:						
Was there overexcavation that took place					I	Yes		No
Amount of material overexcavated after re		-						-
After overexcavation, was free product pre					I	Yes		No
Was bedrock encountered during UST sys						Yes		No
Was all contaminated material above the						Yes		No
If all contaminated material was not excav		-					<u> </u>	
After tenk rome		, what material was used to backfill the	0.01	(acystian?				
Gravel/Crushed Rock	vai	Clean Soil Fill	_	Excavated Soi				
Other:				xcavaled Sol	I Plie	9		
	ina	Not Applicable: excavation of the UST system, complete	lata	the following	~ ~ ~ ~	octions		
Was water removed during excavation?	iiig	excavation of the OST system, compl	ele		y qu T	Yes		No
What was the amount of the water remove	d f	rom the execution?				res		INU
Was the water sampled?	uı				1	Yes	<b>—</b> 1	No
If water was not sampled, explain:						res		INU
n water was not sampled, explain.								
Method of water disposal:								
If contamination above screening low		vas encountered, then based on visual	Line	spaction of th		ST com		onte
		ppears to have failed causing the cont						
Piping (including joints)	<i>.</i>	Vent Lines (including joints)		anks				.,
			_		ooto	~		
Spill/Overfill Equipment		Dispensers (including flex connectors)	_	ine Leak Dete	ecto	S		
Submersible Pump Heads		None	C	Other:				
Provide specific details about what was ob	se	rved:						
If other, please explain:								
Based on the response above, what a	cti	on or process appears to have caused	the	e contaminat	ion?	? (Chec	k ali	l that
L		apply)						
Spill(s)		Overfill(s)	_	Pipe and/or Jo				
Human Error		Corrosion	Ν	lechanical Fa	ilure	)		
Unknown		Other:						

FACI	ILITY ID NUMBER FACILITY NAME				
Ρ	IN-PLACE CLOSURE				
	Only complete if the tank and/or piping were not removed during closure.				
	What inert solid material was used to fill the tank(s) and/or piping:				
	Sand Sand/Soil Concrete				
	Concrete/ Bentonite Other:				
Wa	as water encountered in the soil boring(s) during in-place closure?	Y	es		No
Wa	as bedrock encountered during UST system in-place closure?	Y	es		No
Q	LABORATORY INFORMATION				
Lat	boratory Name	Soi	I	Ν	/ater
R	SOIL SCREENING LEVELS AND ANALYTICAL RESULTS				
	be of backfill originally used:				
	tive soil type description:				
-	mber of samples taken:			<del></del>	
ove	is the contaminant concentration for any soil sample collected after removal, in-place closure, or er-excavation reported above laboratory detection limits? <i>If yes, a release must be reported to Petroleum Remediation Section.</i>	Y	es		No
S	GROUND WATER SCREENING LEVELS AND ANALYTICAL RESI	ULIS			
-	mber of samples taken:		<u> </u>	<b>—</b> т	
	is the contaminant concentration for any groundwater sample collected after removal, in-place sure, or over-excavation reported above laboratory detection limits? <i>If yes, a release must be</i>	Y	es		No
	orted to the Petroleum Remediation Section.				
Т	EXCAVATED SOIL/STOCKPILED SOIL ANALYTICAL RESULT	S			
Nu	mber of samples taken:				
in-p	is the contaminant concentration for any excavated/stockpiled soil sample collected after removal, blace closure, or over-excavation reported above laboratory detection limits? <i>If yes, a release</i> <i>st be reported to the Petroleum Remediation Section.</i>	Y	es		No
Prc	ovide detailed comments for any unique circumstances that need to be described:				

FACILITY ID NUMBER	FACILITY NAME		
U		HISTORIC SITE OPER	ATIONS INFORMATION
OWNERS OR OPERATOR	S DURING THE LAST TWENTY-I	IVE (25) YEARS STARTING FROM THE PRESENT	(Include 'From' and 'To' ownership dates as well as names and addresses)
DATE <i>(FROM)</i>	DATE (TO)	OWNER NAME	OWNER ADDRESS (number and street, city, state and ZIP code)
	, PAST AND CURRENT		
V		SITE INFO	DRMATION
Turf Other:	Check all that apply)	Asphalt	
SITE PROXIMITY T WELLHEAD PROTE		IRONMENTALY SENSITIVE AREAS,	SUCH AS RESIDENCES, SCHOOLS, WELLS, WELL FIELDS, OR
INFORMATION ON PRODUCT STOREI	ANY PREVIOUSLY CLO D. <i>PROVIDE VFC DOCL</i>	DSED UST SYSTEM (VFC NUMBER), IMENT NUMBER OR ATTACH CLOSE	SUCH AS THE DATE CLOSED AND THE NUMBER, SIZE, AND D SYSTEM FILES IF NECESSARY.

FACILITY ID NUMBER FACILITY NAME
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
<ul> <li>Identified aboveground features: such as buildings, roadways, manways, pump islands, and utility and property lines</li> </ul>
- 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 <i>(if needed)</i>
11) Disposal documentation such as sludge, removed UST(s), removed piping, soil and water
12) Photo documentation (Optional)

FACILITY	ID NUMBER	TRANSACTION ID - FOR S	STATE USE ONLY				
			UST OWN	ER CE	RTIFICATION		
l swear	or affirm, unde	er penalty of perjury a	s specified by IC	35-44.1	-2-1 and other penalties spec	ified by IC 13-30	)-10 and IC 13-23-
					, accurate, and complete. I f	-	
followi	ng requirement	s in accordance with	329 IAC 9-2-2(e)		-	-	-
(1) Inst	allation of all ta	nks and piping under	40 CFR 280.20.				
(2) Catl	hodic protection	n of steel tanks and p	iping under 40 C	FR 280.	20.		
(3) Rele	ease detection u	under 40 CFR 280 Sul	opart D.				
(4) Fina	ancial responsil	bility under 329 IAC 9	-8.				
		RESENTATIVE (Print or Type)		•	-		
PREFIX	FIRST NAME			МІ	LAST NAME		SUFFI
TITLE OF	AUTHORIZED REPR	ESENTATIVE		COMPAN	NAME (If Individual Leave Blank)		· ·
SIGNATU	RE					DATE (MA	//DD/YYYY)
					CERTIFICATION		
					<ul> <li>-2-1 and other penalties spec</li> <li>e, accurate, and complete. I f</li> </ul>	-	
		s in accordance with					
		nks and piping under	• •	-			
		n of steel tanks and p		FR 280.	20.		
• •	•	under 40 CFR 280 Sul					
• •		bility under 329 IAC 9	•				
• •		EPRESENTATIVE (Print or Ty					
PREFIX	FIRST NAME			МІ	LAST NAME		SUFFI
TITLE OF	AUTHORIZED REPR	ESENTATIVE		COMPAN	Y NAME (If Individual Leave Blank)		P
SIGNATU	RE					DATE (MA	//DD/YYYY)
			CONTRAC	TOR C	ERTIFICATION		
CERTIFIE PREFIX	D INDIVIDUAL NAME			МІ	LAST NAME		SUFFI
PREFIX	FIRST NAME			IVII	LAST NAME		50FFI.
			• •	•	4.1-2-1 and other penalties spe	•	0-10 and IC 13-23-1
	•	on the UST system cor		ods speci	fied in 329 IAC 9 and 40 CFR 2	80, Subpart C.	
SIGNATU	RE		EMAIL ADDRESS				DATE (MM/DD/YYYY)