



UNDERGROUND STORAGE TANK SYSTEMS CLOSURE REPORT

State Form 56554 (R2 / 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 CLOSURE

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 closed:		Number of piping lines closed:		Number of dispensers 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 (Indiana: 37.789707 to 41.759891)		LONGITUDE (Indiana: -88.027868 to -84.804754)	

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 Steet, 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 <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	
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		E-MAIL ADDRESS			
F	CONTRACTOR				
CONTRACTOR/CONSULTANT NAME <i>(Business Name)</i>			CONTRACTOR ADDRESS <i>(Number and Street)</i>		
CONTRACTOR ADDRESS <i>(line 2)</i>		CONTRACTOR CITY	CONTRACTOR STATE	CONTRACTOR ZIP CODE	
CONTRACTOR TELEPHONE NUMBER		CONTRACTOR E-MAIL ADDRESS			
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 tank system complies with methods specified in 329 IAC 9.					
CERTIFIED INDIVIDUAL NAME <i>(Print or Type)</i>					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
SIGNATURE		INDIANA DEPARTMENT OF HOMELAND SECURITY/DIVISION OF FIRE AND BUILDING SAFETY CERTIFICATION NUMBER		DATE <i>(MM/DD/YYYY)</i>	
G	UST OWNER CERTIFICATION				
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.					
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>	
H	UST OPERATOR CERTIFICATION				
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.					
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>	

I POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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J LUST INCIDENT INFORMATION

LUST INCIDENT NUMBER (IF APPLICABLE)	DATE INCIDENT REPORTED (mm/dd/yyyy)
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LUST INCIDENT NUMBER (IF APPLICABLE)	DATE INCIDENT REPORTED (mm/dd/yyyy)
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LUST INCIDENT NUMBER (IF APPLICABLE)	DATE INCIDENT REPORTED (mm/dd/yyyy)
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K UST INFORMATION

Number of regulated tanks onsite before closure:

Were any additional USTs discovered during UST closure? Yes No If yes, how many?

For all tanks that have been closed, list the requested info below and do not leave any space blank. Attach an additional sheet if more than seven (7) tanks have been closed.

UST Substance

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

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 - Removed	IPC - In-Place Closure	CIS - Change-in-Service
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UST #	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	Part of a Compartmented Tank?
								Yes
								Yes
								Yes
								Yes
								Yes
								Yes
								Yes

Please justify In-Place Closure:

L **PIPING INFORMATION**

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 more than seven (7) product lines have been 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 - Removed **IPC** - In-Place Closure **CIS** - Change-in-Service

Piping #	Piping Run Length (feet)	Substance	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Closure Date (mm/dd/yyyy)	Closure Type	UST #	Select Compartment (If tank is compartmented)			
									1	2	3	4
									1	2	3	4
									1	2	3	4
									1	2	3	4
									1	2	3	4
									1	2	3	4
									1	2	3	4
									1	2	3	4

Overall number of elbows and connectors:

Please justify In-Place Closure:

M **DISPENSER INFORMATION**

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

RPL - Replaced

Dispenser Number	Product(s) 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 **STORAGE AND DISPOSAL**

Method of liquid and/or sludge storage:

Method of liquid and/or sludge disposal:

Location of UST System storage/disposal:

O UST REMOVAL			
Only complete this section if the tank(s) and/or piping were removed during closure.			
Cut up for Disposal	Stored on Site	Stored off Site	
Other:			
Amount of backfill material initially removed during UST system closure:			
Was there overexcavation that took place after removal of the UST system?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of material overexcavated after removal of the UST system:			
After overexcavation, was free product present in the tank pit or piping runs?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Was bedrock encountered during UST system removal?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Was all contaminated material above the applicable screening levels excavated?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If all contaminated material was not excavated, explain:			
After tank removal, what material was used to backfill the excavation?			
Gravel/Crushed Rock	Clean Soil Fill	Excavated Soil Pile	
Other:	Not Applicable:		
If water was encountered during excavation of the UST system, complete the following questions.			
Was water removed during excavation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the amount of the water removed from the excavation?			
Was the water sampled?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If water was not sampled, explain:			
Method of water disposal:			
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.):			
Piping (including joints)	Vent Lines (including joints)	Tanks	
Spill/Overfill Equipment	Dispensers (including flex connectors)	Line Leak Detectors	
Submersible Pump Heads	None	Other:	
Provide specific details about what was observed:			
If other, please explain:			
Based on the response above, what action or process appears to have caused the contamination? (Check all that apply.):			
Spill(s)	Overfill(s)	Pipe and/or Joint Failure	
Human Error	Corrosion	Mechanical Failure	
Unknown	Other:		

P	IN-PLACE CLOSURE				
<i>Only complete if the tank and/or piping were not removed during closure.</i>					
What inert solid material was used to fill the tank(s) and/or piping:					
	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
Q	LABORATORY INFORMATION				
Laboratory Name			Soil	Water	
R	SOIL SCREENING LEVELS AND ANALYTICAL RESULTS				
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-excitation above the Migration to Groundwater screening levels (MTGSL) for any Potential Petroleum Contaminants (PPC) or Chemical of Concern (COC)?				Yes	No
S	GROUND WATER SCREENING LEVELS AND ANALYTICAL RESULTS				
Number of samples taken:					
Was the contaminant concentration for any groundwater sample collected after removal, in-place closure, or over-excitation above the tap water screening levels (TWSL) for any Potential Petroleum Contaminants (PPC) or Chemical of Concern (COC)?				Yes	No
T	EXCAVATED SOIL/STOCKPILED SOIL ANALYTICAL RESULTS				
Number of samples taken:					
Was the contaminant concentration for any excavated/stockpiled soil sample collected after removal, in-place closure, or over-excitation above the Migration to Groundwater screening levels for any Potential Petroleum Contaminants (PPC) or Chemical of Concern (COC)?				Yes	No

U	HISTORIC OPERATIONS INFORMATION		
OWNERS OR OPERATORS DURING THE LAST TWENTY-FIVE (25) YEARS STARTING FROM THE PRESENT (include 'From' and 'To' ownership dates as well as names and addresses.)			
DATE (FROM)	DATE (TO)	OWNER NAME	OWNER ADDRESS (number and street, city, state, and ZIP code)
TYPE OF FACILITY, PAST AND CURRENT OPERATIONS			
V	SITE INFORMATION		
SITE COVERAGE (Check all that apply.)			
Turf	Concrete	Asphalt	
Other:			
SITE PROXIMITY TO BOTH HUMAN AND/OR ENVIRONMENTALLY SENSITIVE AREAS, SUCH AS RESIDENCES, SCHOOLS, WELLS, WELL FIELDS, OR WELLHEAD PROTECTION AREAS			

W INFORMATION ON ANY PREVIOUSLY CLOSED UST SYSTEM (VFC NUMBER), SUCH AS THE DATE CLOSED AND THE NUMBER, SIZE, AND PRODUCT STORED. PROVIDE VFC DOCUMENT NUMBER OR ATTACH CLOSED SYSTEM FILES IF NECESSARY.

X **Closure Report Document should be arranged in the following order:**

- 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 made, and monitoring wells drilled
- 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 current tank 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, removed piping, soil, and water)
- 12) Photo documentation (*Optional*)