



Iowa Department of Natural Resources
 Underground Storage Tanks Section
 502 East 9th Street
 Des Moines, IA 50319-0034

Iowa DNR – UST Section Notification of Tank Closure or Change-in-Service

Complete all sections and submit to the Iowa DNR at least **30 days** before starting closure activities.

UST FACILITY			
Name:	Registration No:		
Address:	LUST No:		
City:	ZIP:	Phone:	

OWNER		
Name:	Phone:	
Address:		
City:	State:	ZIP:

TANK AND PIPING CLOSURE	
Month/Day/Year of Proposed Closing:	
Tank Closure Procedure: <input type="checkbox"/> Removal of Tank(s) <input type="checkbox"/> Closing Tank in Place by Filling with Inert Material <input type="checkbox"/> Change-in-Service to Unregulated Use	Piping Closure Only? <input type="checkbox"/> Yes <input type="checkbox"/> No Will Piping Be Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this tank/piping be replaced by a new underground storage tank/piping? <input type="checkbox"/> Yes <input type="checkbox"/> No

TANK INFORMATION					
TANK #	PERMANENT TAG NO	CAPACITY	CONTENTS	DATE INSTALLED	SINGLE OR DOUBLE WALL
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW
					<input type="checkbox"/> SW / <input type="checkbox"/> DW

REMOVER		
Licensed Remover:	License No:	
Company:		
Address:	Phone:	
City:	State:	ZIP:

EXCAVATOR		
Name:	Company:	
Address:		
City:	State:	ZIP:

CERTIFIED GROUNDWATER PROFESSIONAL (CGP)		
Name:	Company:	
Address:		
City:	State:	ZIP:

Signed _____ Dated this _____ day of _____, 20____
 (UST System Owner)

Signed _____ Dated this _____ day of _____, 20____
 (Remover)

Complete all sections of the notification form.

- Provide site registration number assigned by DNR when the site was first registered. **This is not the tank tag number.**
- Indicate anticipated date of closure. 24 hour notice is also required to be given to local DNR field office.
- Mark the tank closure procedure you will be following. Confirmation from the UST Section will follow. All three closure procedures require soil and groundwater sampling. When closing a tank in place, analytical results must be submitted and approved by the DNR prior to filling the tank with inert material.
- If approved groundwater or vapor monitoring has been used for leak detection, it may be possible to use the monitoring results from the 90 days prior to closure instead of soil and groundwater sampling at the time of closure. Contact the department if you feel your site qualifies for prior approval.
- The form should be signed and dated by the tank owner or authorized agent and licensed remover and submitted to the DNR by the licensed remover.
- Go to <http://www.iowadnr.gov/land/ust/ustremovers.html> to download appropriate documents.

This form must be mailed at least 30 days before closure activities commence.

You may mail this form by folding in thirds with the address showing and correct postage.

PLACE
STAMP
HERE

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