Rhode Island Department of Environmental Management
Office of Waste Management

Permanent Closure Application for Underground Storage Tanks (USTs)

INSTRUCTIONS

The permanent closure process, including application and fee schedule, is governed by the Department of Environmental Management's Rules and Regulations for Underground Storage Facilities Used for Petroleum Products and Hazardous Materials, specifically Rule 13. We recommend anyone applying for permanent closure familiarize themselves with these regulations and associated requirements and responsibilities. These regulations can be found on our website at: http://www.dem.ri.gov/pubs/regs/regs/waste/ustreg11.pdf

Permanent closures may be subject to local town or city requirements in addition to State requirements. Please contact appropriate city or town offices, including the local fire department, prior to submitting the closure application. **Please note that all closure applications must be signed by an authorized agent of your local fire department.**

Application Process:

The completed application must be accompanied by payment of the Permanent Closure fee, and, if applicable, registration fees*.
Check or money order should be made payable to "State of Rhode Island, General Treasurer".

The current fee schedule is as followed:

$75 Permanent Closure Fee for Each UST or Product Pipeline being closed
$75 Registration Fee* for each unregistered tank (if applicable)

*Registration fee is not required for residential (1, 2 or 3 family) heating oil tanks, farm tanks storing fuel for heating purposes, government agencies, and non-profit fire districts. For all other tanks, any overdue registration and late fees must be included with this application. If the owner/operator has been making on-time payments and has no outstanding balance, no additional registration fees are required.

This form must be completed in its entirety and all applicable fields must be completed. Processing may be delayed if information is missing, correct payment is not included, or required signatures are missing. **Please note that the UST owner must sign the closure application form!**
Completed application forms with payment should be mailed or hand-delivered to:

Department of Environmental Management
Permit Application Center
235 Promenade Street
Providence, RI 02908

Please allow 10 business days for the processing of your closure application. Following our review, you will be contacted either for supplemental information or to schedule an inspection date. All permanent closures must be overseen by an inspector from the DEM's UST Management program and scheduling of closures is subject to staff availability. Note that during the busy summer months, there may be a two to three week lead time between completion of our application review and the closure inspection date.

Please note that the firm/contractor to perform closure as identified in Section IV serves as the primary contact for scheduling and related issues, and as such, is responsible for contacting the UST program in the event of a scheduling change or cancellation.

Closure Assessments
For certain sites, an environmental consultant must complete a closure assessment for UST(s) removed during the closure. This assessment must be submitted to DEM within 30 days of the closure and signed by a Professional Engineer, Certified Professional Geologist, or a Registered Professional Geologist. Upon acceptance of the closure assessment and completion of any site restoration requirements (if applicable), a certificate of closure will be issued.

The following UST(s) are **exempt** from the closure assessment requirements, unless evidence suggests that a release has occurred:
-USTs storing fuel oil consumed solely on site; and
-Residential or farm USTs with a capacity of < 1,100 gallons and storing motor fuel consumed solely on site.

Please refer to the DEM's Closure Assessment Guidelines and Closure Assessment Checklist for the requirements of closure assessments. These guidelines can be obtained by contacting our office or online at http://www.dem.ri.gov/programs/wastemanagement/ust/index.php

PLEASE NOTE: Only the registered owner of the facility and/or USTs may sign this application - if you are submitting on behalf of someone else or another organization, you must provide documentation that you have signatory authority or power of attorney. Closure certificates are only issued to the registered owner of the facility and/or USTs, and therefore it is critical that they are the one to sign the application!

If you have additional questions, please call us at (401) 222-2797 extension 7522

Last Updated 3/6/2017

Rhode Island Department of Environmental Management

Office of Waste Management

Permanent Closure Application for Underground Storage Tanks (USTs)

For DEM use Only

Approved: _____

Date Scheduled: _____

Total $ Received: _____

Date Received: _____

Check #: _____

Received By: _____

I. Facility Information

Application Date:

Facility Name:

Facility Address: City: Zip:

Facility Address should match that on-file with the City or Town's Tax Tax Assessors Office

DEM UST Facility ID #: DEM LUST Facility ID #: Plat Map# Lot#

Facility Contact: Title:

Phone # E-mail:

Facility Type: ◯ Gas Station ◯ Residential (1, 2 or 3 Family) ◯ Residential (> 3 Family) ◯ Commercial/Industrial ◯ Local/State/Federal Government

II. Tank Owner Information

Note: This is where all correspondence will be mailed

Owner Name: Title:

Address: City: State: Zip Code:

Phone #: E-Mail:

III. Property Owner Information

☐ Same as Tank Owner ☐ Same as Facility

Owner Name: Title:

Address: City: State: Zip Code:

Phone #: E-Mail:

IV. Firm/Contractor To Perform Closure

Name of Firm/Contractor:

Primary Contact: Title:

Phone #: E-Mail:

Mailing Address: City: State: Zip Code:

V. Firm/Consultant To Perform Closure Assessment

Is a Closure Assessment Required for this UST Closure? (See Rule 13.0) ◯ Yes ◯ No If Yes, this section must be completed in full

If no, do you choose to obtain one? ◯ Yes ◯ No

Name of Firm Conducting Assessment:

Name of Consultant: Title:

Phone #: E-Mail:

Mailing Address: City: State: Zip Code:

Qualifications:

◯ Professional Engineer (PE) License Licensing State: License #:

◯ Certified Professional Geologist Licensing State: License #:

◯ Registered Professional Geologist Licensing State: License #:

VI. Fees

	Number of Tanks	Fee per Tank	Total
Closure Fee		x $75.00	
Registration Fee*		x $75.00	

Total Amount Due:

* Registration fee is not required for residential (1, 2 or 3 family) heating oil tanks <1,100 gallons, farm tanks storing fuel for heating purposes, government agencies, and non-profit fire districts. For all other tanks, a registration fee is required with this application unless the tank is already registered with the UST program and annual registration payments are up to date.

VII. Description of UST(s) and Product Piping to be Closed:

What is being removed in this closure? ◯ UST(s) Only ◯ Product Pipeline Only ◯ UST(s) and Product Pipeline

USTs to be Removed

UST #	Installation Date	Date Last Used	Volume	Construction Material	Construction Type	Stored Material

Piping to be Removed

Piping System #	Piping System Type	Installation Date	Construction Material	Construction Type	Included in Closure?
					◯ Yes ◯ No
					◯ Yes ◯ No
					◯ Yes ◯ No

Will any product or vapor pipelines remain on the property after this closure? ◯ Yes ◯ No

VIII. Site Figure

Scale: 1" = ___ ft

Include location of ALL USTs and piping, including those not being removed. Clearly label all tanks with UST # and approximate size. Include dispensers, canopies, nearby structures, utilities, and other pertinent features or obstacles.

IX. Closure Type

◯ Standard Removal

◯ Closure in Place

If a Standard Removal (i.e., tank is removed from the ground) is desired, skip the remaining questions in this section and continue to Section X. If Closure in Place has been selected, this section must be completed in full.

Requests for Closure in Place require the following supplemental documentation:

☐ A Request Letter clearly describing the conditions or obstructions present that support the request for a closure in place (e.g., excavation would damage a nearby foundation, etc.). Include a description of the subsurface sampling plan (if subsurface investigation is proposed).

☐ A Site Figure to scale showing tank location, obstructions and clearance distances. Include proposed subsurface sampling locations (if subsurface investigation is proposed).

☐ Photographs depicting the tank area and obstructions

Which method is proposed for required ancillary testing? ◯ Subsurface Investigation ◯ Tank and Line Tightness (heating oil tanks only)

Requests for closure in place are handled on a case-by-case basis. Approval will not be granted where there is no readily apparent limitation to removal of the tank(s). Further, in cases where tank and line tightness results indicate that a system has failed, a subsurface investigation must be completed

X. Closure Information

Where will the Tank(s) be cleaned? ◯ On-Site ◯ Off-Site (provide location):

Specify cleaning method:

What will happen to the tank(s)? ◯ Rendered unfit for use and disposed ◯ Re-used (Must comply with Section 10.03 of UST regulations)

If unfit, provide name and address of disposal facility:

If tank(s) will be re-used, provide the name, address, and phone number of the individual to whom the re-used tank(s) will be registered:

Describe how the tank(s) will be emptied prior to excavation:

Describe how the tank(s) will be removed from the excavation:

Describe how the tanks(s) will be properly and safely vented and openings made (if necessary):

Appropriate venting must be carried out before any cutting and before off-site transport of any tank which has not been completely cleaned per Rules 13.09(c) 13.09(d)

Describe the instruments used to verify that the tank(s) has been properly vented:

Describe how residues remaining in the tank(s) will be managed:

Has the tank(s) ever held a non-petroleum hazardous material?: ◯ Yes ◯ No

If Yes, Specify:

Has the tank(s) ever held a material other than that specified in Section VII? ◯ Yes ◯ No

If Yes, Specify:

Upon completion of this closure, how many UST(s) will be present at the property?

Will any new UST(s) be installed at this site? ◯ Yes ◯ No If Yes, please note that prior written approval from DEM is required

Are there any Letters of Non-Compliance (LNC) or Notices of Violation (NOV) active for this site? ◯ Yes ◯ No

XI. Waste Disposal

How will sludges and wastes generated during the cleaning process be disposed of?

Important: Firms transporting tank sludge and waste or tank(s) that require further cleaning must be permitted by DEM, Division of Waste Management, RCRA Section, as Hazardous Waste Transporters.

Name of Waste Hauler: DEM Permit #:

Street Address: City: State:

XII. Notification of Local Fire Department(s)

The authorized signature of the local fire department below indicates that the local fire officials have been notified that you are planning to close an underground storage tank(s) at the above location. You must also notify the local fire department of the scheduled closure date after you have confirmed this date with DEM.

Name of Fire Department: Phone #:

Printed Name of Official: Title:

Signature: Date:

Remember: Additional notifications and approvals may be required in some jurisdictions. It is highly recommended that applicants check with the local town/city government to determine if any additional notifications or approvals are required.

XIII. Certification By Tank Owner

Important: This application MUST be signed by the registered UST or Facility OWNER only. If the registered owner is unable to sign legal documents, you must provide legally binding documentation which clearly gives permission for the undersigned to represent the owner.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I further certify that records pertaining to the closure will be kept on file by me indicating final destination of residues, etc. I have contacted my local fire department, town or city government, and utilities and have obtained any necessary local permits or permissions, and fulfilled any requirements that may be necessary. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Name (Please Print): Owner Phone:

Owner Signature: Date Signed: