



## Underground Storage Tank/Aboveground Storage Tank Closure Notification



RSA 146-A&C /Env-Or 300 & 400

<b>1. Person Making Notification</b> Name: _____ Street: _____ City/Town: _____		Initial: _____ Date: _____ Telephone: _____ Email: _____		
<b>2. DES Site # _____ Facility ID # _____</b> Name: _____ Street: _____ City/Town: _____		Telephone: _____		
<b>3. Owner Name</b> Name: _____ Street: _____ City/Town: _____		Telephone: _____		
<b>4. Tank Removal Information (Select All That Apply)</b> ** L = Leaker Suspected R = Removed F = Filled in Place P = Piping Only Closed **				
L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>
Tank # _____ Size _____ Product _____ Will tank/piping be replaced underground? Yes No	Tank # _____ Size _____ Product _____ Will tank/piping be replaced underground? Yes No	Tank # _____ Size _____ Product _____ Will tank/piping be replaced underground? Yes No	Tank # _____ Size _____ Product _____ Will tank/piping be replaced underground? Yes No	Tank # _____ Size _____ Product _____ Will tank/piping be replaced underground? Yes No
<b>5. Consultant/Contractor:</b> _____		<b>ICC-U2 Certificate:</b> _____		
<b>6. Local Fire Dept. Notified:</b> _____				

Town: \_\_\_\_\_ Scheduled Closure Date: \_\_\_\_\_ Mailed: \_\_\_\_\_

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