



Underground / Aboveground Storage Tank Closure Notification Form

Oil Remediation and Compliance Bureau



RSA 146-A & C; ENV-OR 300 & 400

NHDES-S-04-030

1. Person Reporting Notification			
Name:		Date:	
Address:		Initial:	
Phone:		Email:	
2. Facility Information			
NHDES Site #		Facility ID #	
Name:			
Address:			
3. Owner Information			
Name:			
Address:			
Phone:		Email:	
4. Tank Removal Information - Select all that apply: 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"/>
Tank #	Tank #	Tank #	Tank #
Size:	Size:	Size:	Size:
Product:	Product:	Product:	Product:
Will tank/piping be replaced underground? <div style="text-align: right;">YES NO</div>	Will tank/piping be replaced underground? <div style="text-align: right;">YES NO</div>	Will tank/piping be replaced underground? <div style="text-align: right;">YES NO</div>	Will tank/piping be replaced underground? <div style="text-align: right;">YES NO</div>

5. Consultant / Contractor: _____ **ICC-U2 Certificate #** _____

6. Local Fire Dept. Notified: _____

Town: _____ **Scheduled Closure Date:** _____ **Mailed:** _____

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