



30 DAY ADVANCE CLOSURE NOTIFICATION
For Underground Storage Tanks (USTs) on Indian Lands
EPA Region 10 (Alaska, Idaho, Oregon and Washington)

EPA UST Facility No.: _____

TYPE (check those that apply):

- Permanent:
- Tank Removal **or** Closure-in-Place
- Temporary (Request for extension beyond 1 year)
- Change-in-Service (Going from a regulated use to an unregulated use (e.g. from storing diesel fuel to storing water))

PROPOSED DATES(S) FOR CLOSURE WORK:		
FACILITY NAME:		
Address:	Phone No.:	
On-Site Contact and Telephone No.:		
TANKS INVOLVED:		
Tank Number	Volume (gals)	Substance(s) Stored Throughout Tank Use
TANK DECOMMISSIONING/REMOVAL WORK TO BE PERFORMED BY:		
Company Name:		
Address:		
Contact Person:	Phone No.	
SITE ASSESSMENT WORK (SAMPLING AND REPORT) TO BE PERFORMED BY:		
Company Name:		
Address:		
Contact Person:	Phone No.:	
THIS NOTIFICATION SUBMITTED BY (check one):		
<input type="checkbox"/> Owner/Operator	<input type="checkbox"/> Owner	<input type="checkbox"/> Owner's authorized representative
Name (printed):	Phone No.:	
Signature:	Date:	

Send this notice to: USEPA Region 10
 Attention: UST Program (OW-137)
 1200 6th Avenue
 Seattle, WA 98101

