

# Georgia Department of Natural Resources

Environmental Protection Division

Underground Storage Tank Management Program

4244 International Parkway, Suite 104, Atlanta, Georgia 30354

Lonice C. Barrett, Commissioner

Harold F. Reheis, Director

(404)362-2687

NOTICE DATE: \_\_\_\_\_

## GEORGIA UNDERGROUND STORAGE TANK (GUST) CLOSURE ACTIVITY FORM

*For underground storage tanks (USTs) which will be permanently closed by removal or in-place, **this form should be completed and submitted to the address above at least thirty (30) days prior to the proposed closure. This 30-day notification is valid for only 90 days. Any UST not closed after 90 days will require new notification.***

### I. FACILITY INFORMATION

Facility Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

Address (location; P. O. Box **not** acceptable): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility ID: \_\_\_\_\_

### II. UST INFORMATION (“Contents” refer to last product contained in UST system.)

Tank ID	Tank Size (gallons)	Contents	Type of Closure (check one)			Date Last Used
			Removal	In-Place	Piping	
						/ /
						/ /
						/ /
						/ /
						/ /

### III. UST OWNER (Complete this section even if it is the same as Section I.)

UST Owner Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### IV. CONTRACTOR (Company secured to actually close UST system.)

Company or Organization Name: \_\_\_\_\_

Contractor Representative Name: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### V. UST OWNER CERTIFICATION (Must be signed by UST Owner.)

As UST owner, I certify that the information concerning permanent closure of the UST system referenced on this form is true to the best of my belief and knowledge, and that the requirements of Subpart G of Title 40 CFR Part 280 and the Georgia Environmental Protection Division Closure Guidance (GUST-9, as revised) will be met.

**(Not valid without owner signature.)**

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

UST Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_