



**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
PETROLEUM STORAGE TANK
LPST SITE CLOSURE REQUEST FORM**

This form is to be used to request closure for Leaking Petroleum Storage Tank (LPST) cases. The soil and groundwater cleanup goals must be met prior to submitting this form. These cleanup goals should be derived from either:

- the TCEQ *Risk-Based Corrective Action for Leaking Storage Tank Sites* document, January 1994 (RG-36), or
- the TCEQ Interoffice Memorandum *Process for Closure Evaluation for Petroleum Hydrocarbon LPST Sites Exceeding Target Concentrations*, February 10, 1997.

Submission of this Site Closure Request constitutes certification by the Responsible Party, Corrective Action Specialist (CAS), and Corrective Action Project Manager (CAPM) that all necessary corrective actions have been completed and final closure of the subject site is appropriate at this time. By signing this Site Closure Request, the Responsible Party, CAS, and CAPM acknowledges that no further corrective actions, with the exception of activities subsequently approved by the TCEQ, will be eligible for reimbursement after the RP's signature date. Although costs for activities such as groundwater monitoring or remediation system operation and maintenance may have been approved for an annual period, these activities should cease upon submission of the Site Closure Request as these activities will not be considered eligible for reimbursement beyond the date of the Site Closure Request. Additionally, any costs relating to site assessment or other corrective action activities will not be eligible for reimbursement if the activities are conducted after the date of the Site Closure Request, unless specifically approved by the TCEQ. If, upon review by the TCEQ, the TCEQ concurs that the site meets the conditions for final closure, the costs for closure activities necessary to restore the site to its original condition will be reviewed and approved as appropriate. If the TCEQ determines that the site does not meet the conditions for final closure, the TCEQ will request a workplan and cost proposal for the next appropriate corrective action activity necessary to proceed towards final closure unless appropriate activities have previously been approved. The only type of proposal that should be attached to the Site Closure Request is for site closure costs. Any proposals attached to the Site Closure Request for activities other than site closure will not be processed and will be withdrawn from consideration.

If any of the following apply, the site is not ready for closure and this form should not be submitted:

- **The appropriate LPST cleanup goals have not been met (a proposal for the next appropriate step should be submitted instead);**
- **Non-aqueous phase liquid (NAPL) has not been removed to the maximum extent practicable;**
- **The contaminant plume is increasing in size; or**
- **All wastes and other material generated from the site have not been properly disposed;**

Do not use this form:

- **if the release was not from a regulated underground or aboveground storage tank;**
- **for tank removal-from-service activities not associated with an LPST site (use the *Release Determination Report Form* (TCEQ-0621) or other appropriate format); or**
- **for shutdown of remediation systems or for plugging of monitor wells when site closure is not yet appropriate.**

If asked to initiate additional activities, submit a workplan and preapproval request for those activities on sites eligible for reimbursement. Please review the document entitled *Preapproval for Corrective Action Activities* (RG-111) for procedures on preapproval requests and the other PST guidance pamphlets and rules for additional information on LPST sites.

Complete all blanks and check “yes” or “no” for all inquiries. **IF A COMPLETED ASSESSMENT REPORT FORM (TCEQ- 0562) WAS PREVIOUSLY SUBMITTED, YOU DO NOT NEED TO ANSWER THE QUESTIONS WITHIN THE DARK OUTLINED AREAS UNLESS THE INFORMATION HAS CHANGED.** If the question is not applicable to this site, indicate with N/A. If the answer to the question is unknown, please indicate. If space for supplemental information is needed, insert numbered footnote and provide brief supporting discussion in Section VI, Justification for Closure.

I SITE CLOSURE REQUEST FORM

General Information

LPST ID No.:	Facility ID No.:
Responsible Party:	
Responsible Party Address:	City:
State:	Zip:
Facility Name:	
Facility Street Address:	
Facility City:	County:

What is the current use of the site?	<input type="checkbox"/> Residence <input type="checkbox"/> School of Day Care <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Recreational <input type="checkbox"/> Agriculture
What is the anticipated use of the site?	<input type="checkbox"/> Residence <input type="checkbox"/> School of Day Care <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Recreational <input type="checkbox"/> Agriculture
Adjacent property use:	<input type="checkbox"/> Residence <input type="checkbox"/> School of Day Care <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Recreational <input type="checkbox"/> Agriculture
Distance and direction to nearest off-site residence from property line (ft.):	
Distance and direction to nearest school of day care from property line (ft.):	

II. CLOSURE SCREENING INFORMATION

Based on the *Limited Site Assessment Report* form or the *Risk-Based Assessment Report Form* (TCEQ-0562), the site is currently a **Priority** site. If the site priority has changed, list the other priorities that previously pertained to this site:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has non-aqueous phase liquid (NAPL) ever been present at this site (including tankpit observation wells)? If yes, has NAPL been removed to the maximum extent practicable? “ Yes “ No. Current thickness: ft. If NAPL has not been removed to the maximum extent practicable, stop here and do not submit this form. Initiate or continue activities necessary for the removal of NAPL at the site.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were all soils, recovered contaminated groundwater, and any non-aqueous phase liquids properly disposed of, treated, recycled or reused in accordance with TCEQ requirements? If No, stop here and do not submit this form. Provide a proposal (if the site is eligible for reimbursement) to properly dispose or otherwise manage the wastes/materials or, if the site is not eligible for reimbursement, provide documentation of proper disposition of the wastes.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do contaminant concentrations show a consistent decreasing or low static trend? If No, is the contaminant plume increasing in size? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, stop here and do not submit this form. Initiate activities to control plume migration.

III. RELEASE ABATEMENT/REMEDIATION

Date release discovered:			
Substance(s) released:	<input type="checkbox"/> Gasoline <input type="checkbox"/> alcohol blended fuel <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> <input type="checkbox"/> Aviation gas <input type="checkbox"/> Other <input type="checkbox"/> Jet fuel, type:		
Source of release:	<input type="checkbox"/> USTs <input type="checkbox"/> AST <input type="checkbox"/> Piping <input type="checkbox"/> Dispenser <input type="checkbox"/> Submersible Turbine Pump Area <input type="checkbox"/> Overfills/Spills <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Has a receptor survey been conducted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a water well inventory been conducted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have vapor impacts to buildings or utility lines ever been associated with this release? If Yes, specify the measures taken to abate the impact and indicate the latest date that an impact was noted:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have subsurface utilities ever been affected with NAPL or vapors by this release? If Yes, indicate the latest date that an impact was noted:			<input type="checkbox"/> Yes <input type="checkbox"/> No

III. RELEASE ABATEMENT/REMEDIATION, continued

If not already provided in *Release Determination Report Form* (TCEQ-0621), or if the information has changed since submittal of the *Release Determination Report*, indicate number of tanks currently and formerly located at this site (attach pages as necessary):

	Type UST/AST	Product Type	Size (gal.)	
Current:				
Former:	Type UST/AST	Product Type	Size (gal.)	Date Removed From Service

If the tanks were permanently removed from service, were native soil samples collected from beneath the tanks and the entire length of the piping? If No, explain why not:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Was a new UST system installed? If Yes, indicate the date, number of tanks and their contents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are there any open excavations at the site? If Yes, state size, location, purpose, and status for each of the excavations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Type(s) of soil remediation and time periods the remediation method was operational (indicate all that apply):“

<input type="checkbox"/> Excavation <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> In-Situ Bioremediation <input type="checkbox"/> Disposal <input type="checkbox"/> Aboveground Bioremediation/Aeration <input type="checkbox"/> Thermal Treatment <input type="checkbox"/> None	Dates of operations:
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III. RELEASE ABATEMENT/REMEDATION, continued

<input type="checkbox"/> Excavation <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> In-Situ Bioremediation <input type="checkbox"/> Disposal <input type="checkbox"/> Aboveground Bioremediation/Aeration <input type="checkbox"/> Thermal Treatment <input type="checkbox"/> None	Dates of operations:	
Were copies of all receipts and manifests to document disposition of all wastes submitted to the TCEQ? If No, attach copies to this form.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Measured total volume of NAPL recovered, gallons:		
Estimated total volume of soil Treated/removed: cubic yards (exclude soil cuttings removed from borings).		
Estimated total volume of groundwater treated/removed: gallons (if known).		
Estimated pounds of hydrocarbons removed or treated from soil (if known):		
Estimated pounds of hydrocarbons removed or treated from groundwater (if known):		
Estimated percent of total contaminants removed or treated (if known):		

IV. SOIL DATA VALIDATION

Are there now affected surface soils (contamination exceeding health-based target concentrations) present within 2 feet below the ground surface?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Type of surface cover over affected surface soil area:	<input type="checkbox"/> Paved (<input type="checkbox"/> asphalt or <input type="checkbox"/> concrete) Percent of affected soils covered? <input type="checkbox"/> Unpaved <input type="checkbox"/> Other	
Is there public access to the uncovered affected surface soil area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of borings: (including those completed as monitor wells)		
Was the vertical and horizontal extent of soil impacts defined (to the more stringent of health-based target or groundwater protective soil concentrations horizontally and to groundwater or nondetect vertically) by the borings?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are shallow (0-15 feet below ground surface) soils affected (contaminant levels exceed health-based target concentrations) on adjacent properties (including right-of-way properties).		<input type="checkbox"/> Yes <input type="checkbox"/> No
Were all soil sample collection, handling, transport, and analytical procedures conducted in accordance with TCEQ and EPA requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide justification:		

MAXIMUM SOIL CONCENTRATION LEVELS

Soil Contaminants	Sample Date	Sample Location	Depth (ft.)	Analytical Method	Maximum Concentration (mg/kg)	Target Cleanup Goals
Benzene						
Toluene						
Ethylbenzene						
Total Xylenes						
BTEX						
TPH						
Other						

Enter maximum soil analytical results for soils remaining beneath the site (take into account all available data, including information obtained during the release determination (tank removal from service, minimal site assessment, etc)).

If Plan A cleanup goals were used, provide the potential groundwater beneficial use category and a justification of how it was determined in Section VI.

V. GROUNDWATER DATA VALIDATION

Is groundwater at the site impacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the assessment document that groundwater was not impacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No or unsure, provide justification for not determining whether there is a groundwater impact:	
Total number of monitoring wells installed:	
Number of monitor wells remaining at the site:	
Will any of the remaining wells be used in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify which wells will be used:	
If No, they must be plugged in accordance with Water Code 32.017 after obtaining approval for site closure. Do not plug the wells until you receive concurrence on site closure. Costs of well plugging may be allowable for reimbursement if all eligibility requirements are met and if the wells were installed under the direction of the TCEQ specifically to address the confirmed release at the site. Provide a proposal with this form (if the site is eligible for reimbursement) for costs of the well plugging.	
Measured total dissolved solids (TDS) concentration in groundwater:(mg/l)	
From which monitor well(s) was/were the sample(s) collected?	
Measured groundwater yield at the site: gallons/day (as determined from well adequately screened in the impacted aquifer).	
	<input type="checkbox"/> Not determined.
Measured groundwater depth at the site ranges between and feet below the top of well casing.	
Time period of groundwater monitoring at the site (dates):	
Total number of groundwater monitoring events:	
What type of aquifer is impacted? (unconfined, confined, semi-confined):	
Distance and direction from maximum plume concentration point to nearest existing downgradient well: (Input ">0.5 mile" if there is no well within 0.5 mile downgradient)	
Are any water supply wells impacted or immediately threatened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, specify type of well:	<input type="checkbox"/> Drinking water <input type="checkbox"/> Non-drinking water
Are there any existing water wells located within the area of impacted groundwater?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, specify type of well:	<input type="checkbox"/> Drinking water <input type="checkbox"/> Non-drinking water

V. GROUNDWATER DATA VALIDATION continued

Has surface water been affected?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the groundwater contaminants likely discharge to a surface water body?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the potential impact of affected groundwater discharge on surface water? “	<input type="checkbox"/> Current impact “ <input type="checkbox"/> Discharges within 500 ft. “ <input type="checkbox"/> Discharges within 500 to 0.25 miles <input type="checkbox"/> No potential impact	
Were groundwater sample collection, handling, transport, and analytical procedures conducted and documented in accordance with TCEQ requirements?:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, provide justification		
Is the extent of groundwater contamination defined (to MCL concentrations)? If No, provide justification for not defining the plume:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have groundwater impacts from this release been detected on adjacent properties?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, is off-site migration probable?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documentation that off-site migration has not occurred (sample results from off-site sampling point)? “		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the static groundwater level above the top of the well screen in any monitor wells during any of the last 4 monitoring events?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide a statement of validity regarding these samples:		
Have groundwater samples from all monitor wells met the target cleanup goals for the last four consecutive sampling events		<input type="checkbox"/> Yes <input type="checkbox"/> No

MAXIMUM GROUNDWATER CONCENTRATIONS, (From the most recent 12 months.)

Groundwater Contaminants	Sample Date	Sample Location	Laboratory Method	Maximum (mg/l) Concentration	Target Cleanup Goals

VI. JUSTIFICATION FOR CLOSURE

Please provide a brief summary supporting this request for site closure, including footnoted discussions for the above entries as necessary. **Include discussions providing necessary justifications for any site conditions which deviate from the specific requirements of TCEQ rules and policies, including the document *Risk-Based Corrective Action for Leaking Storage Tank Sites*.** Provide documentation to justify case closure, including information which addresses the potential for future exposure, the existence of impervious cover or other actions which may prevent exposure or limit infiltration, the absence of receptors, etc.

VII. REPORT PREPARATION

Based on the results of the site investigation and the additional information presented herein, I certify that the site investigation activities performed either by me, or under my direct supervision, including subcontracted work, were conducted in accordance with accepted industry standards/practices and further, that all such tasks were conducted in compliance with applicable TCEQ published rules, guidelines and the laws of the State of Texas. I have reviewed the information included within this report, and consider it to be complete, accurate and representative of the conditions discovered during the site investigation. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report, I may be subject to administrative, civil, and/or criminal penalties. **I certify that the site has met all requirements for closure and that closure is appropriate.**

Project Manager	CAPM No.:	Expiration Date:
Company:		
Address:		City:
State:		Zip:
Telephone No.:	Fax No.:	
Signature:	Date:	

By my signature affixed below, I certify that I am the duly authorized representative of the Correction Action Specialist named and that I have personally reviewed the site investigation results and other relevant information presented herein and considered them to be in accordance with accepted standards/practices and in compliance with the applicable TCEQ published rules, guidelines and the laws of the State of Texas. Further, that the information presented herein is considered complete, accurate and representative of the conditions discovered during the site investigation. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report, I may be subject to administrative, civil, and/or criminal penalties. **I certify that the site has met all requirements for closure and that closure is appropriate.**

Corrective Action Specialist:	CAS No.:	Expiration Date:
Company:		City:
Address:		Zip:
Telephone No.:	Fax No.:	
Signature:	Date:	

By my signature affixed below, I certify that I have reviewed this report for accuracy and completeness of information regarding points of contact and the facility and storage tank system history and status. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report related to the contact information, and the facility and storage tank system history and status information, I may be subject to administrative, civil, and/or criminal penalties. I attest that I have reviewed this report for accuracy and completeness. I understand that I am responsible for addressing this matter. **I certify that the site has met all requirements for closure and that closure is appropriate.**

REPORT PREPARATION, continued

By my signature affixed below, I certify that I have reviewed this report for accuracy and completeness of information regarding points of contact and the facility and storage tank system history and status. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report related to the contact information, and the facility and storage tank system history and status information, I may be subject to administrative, civil, and/or criminal penalties. I attest that I have reviewed this report for accuracy and completeness. I understand that I am responsible for addressing this matter. **I certify that the site has met all requirements for closure and that closure is appropriate.**

Name of Responsible party Contact:

Telephone No.:

Fax No.:

Signature:

Date:

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS FORM IF NOT PREVIOUSLY SUBMITTED:

- A site map illustrating the locations of the entire UST and/or AST system (including piping, dispensers, observation wells, etc.), all soil borings and monitoring wells and all other sampling points, subsurface utilities, and surface water within 500 feet.
- A copy of the latest groundwater gradient map (if monitor wells were completed).
- Summary tables of all soil, groundwater and surface water analytical results, including samples collected from any tank removal from service activities, tank system repair activities, and those collected from borings and monitor wells. The tables must clearly identify the sample number, date of collection, sampling locations, depths (if applicable), and analytical results.
- Copies of any manifests or other waste receipts, and any other documents necessary for case closure.