

**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proposals attached to the Site Closure Request for activities other than site closure will not be processed and will be withdrawn from consideration.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.

SITE CLOSURE REQUEST FORM

I. 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 site? (indicate all that apply):

Residence¹ School or Day Care center Commercial/Industrial¹ Recreational Agricultural

What is the anticipated future use of the site? (indicate all that apply):

Residence¹ School or Day Care center Commercial/Industrial¹ Recreational Agricultural

Adjacent property use (indicate all that apply):

Residence¹ School or Day Care Center Commercial/Industrial¹ Recreational Agricultural

Distance to nearest off-site residence from property line: _____ feet in _____ direction.

Distance to nearest school or day care center from property line: _____ feet in _____ direction.

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: _____

Yes 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.

Yes 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.

Yes No Do contaminant concentrations show a consistent decreasing or low static trend? If No, is the contaminant plume increasing in size? Yes No. If Yes, stop here and do not submit this form. Initiate activities to control plume migration.

III. RELEASE ABATEMENT/REMEDATION

¹ See definition in 30 TAC 334.202

Date Release Discovered: _____

Substance(s) released: (check all that apply) Gasoline Alcohol-blended fuel (Type and percentage of alcohol: _____)
 Diesel Used Oil Jet Fuel (type: _____) Aviation Gasoline Other: (be specific) _____

Source of Release (specify all that apply):

Tanks: USTs ASTs Piping Dispenser Submersible Turbine Pump Area Overfills/spills
 Unknown Other: _____

Yes No Has a receptor survey been conducted?
 Yes No Has a water well inventory been conducted?

Yes 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:

Yes 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:

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):

	<u>Type (UST/AST)</u>	<u>Product Type</u>	<u>Size (approx. gal)</u>	
Current:	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
Former:	_____	_____	_____	<u>Date Removed from Service</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Yes No 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:

Yes No Was a new UST system installed? If Yes, indicate the date, number of tanks and their contents:

Yes No Are there any open excavations at the site? If Yes, state size, location, purpose, and status for each of the excavations: _____

Type(s) of soil remediation and time periods the remediation method was operational (indicate all that apply):

- Excavation _____ to _____ (dates), and
 - Aboveground Bioremediation/Aeration _____ to _____ (dates), or
 - Thermal Treatment _____ to _____ (dates), or
 - Disposal _____ to _____ (dates).
- Soil Vapor Extraction _____ to _____ (dates).
- In-Situ Bioremediation _____ to _____ (dates).
- None

III. RELEASE ABATEMENT/REMEDATION (Continued)

Type(s) of groundwater remediation and time periods the remediation method was operational (indicate all that apply):

- Groundwater Pump and Treat _____ to _____ (dates)
- Air Sparging/SVE _____ to _____ (dates)
- In-Situ Bioremediation _____ to _____ (dates)
- Other: _____ to _____ (dates)
- None

Yes No Were copies of all receipts and manifests to document disposition of all wastes submitted to the TCEQ? If No, attach copies to this form.

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? Yes No Unknown

Type of surface cover over affected surface soil area:

Paved [Asphalt or Concrete] Percent of affected soils covered? _____ Unpaved
 Other: _____

Is there public access to the uncovered affected surface soil area? Yes No

Total number of borings: _____ (including those completed as monitor wells)

Yes No 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?

Yes 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).

Yes No Were all soil sample collection, handling, transport, and analytical procedures conducted in accordance with TCEQ and EPA requirements? If No, provide justification: _____

MAXIMUM SOIL CONCENTRATION LEVELS

Soil Contaminants	Sample Date	Sample Location	Depth (in feet below ground surface)	Analytical Method	Maximum Concentration* (mg/kg)	Target Cleanup Goals** (indicate source of target cleanup goals: Plan A or B)
Benzene						
Toluene						
Ethylbenzene						
Total Xylenes						
Total BTEX						
TPH						
Other _____						
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? Yes No

Did the assessment document that groundwater was not impacted? Yes 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? Yes No If Yes, specify exactly which well(s) 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). 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): _____ to _____.

Total number of groundwater monitoring events: _____.

What type of aquifer is impacted? (unconfined, confined, semi-confined): _____.

Distance from maximum plume concentration point to nearest existing downgradient well location (not monitor well): _____ ft. in _____ direction (Input ">0.5 mile" if there is no well within 0.5 mile downgradient)

Are any water supply wells impacted or immediately threatened? Yes No If Yes, specify type of well: Drinking water Non-drinking water

Are there any existing water wells located within the area of impacted groundwater? Yes No If Yes, specify type of well: Drinking water Non-drinking water

Has surface water been affected? Yes No

Will the groundwater contaminants likely discharge to a surface water body? Yes No

What is the potential impact of affected groundwater discharge on surface water? Current impact Discharges within 500 ft. Discharges within 500 to 0.25 miles No potential impact

Yes No Were groundwater sample collection, handling, transport, and analytical procedures conducted and documented in accordance with TCEQ requirements? If no, provide justification: _____

V. GROUNDWATER DATA VALIDATION (Continued)

- Yes No Is the extent of groundwater contamination defined (to MCL concentrations)? If No, provide justification for not defining the plume: _____
- Yes No Have groundwater impacts from this release been detected on adjacent properties? If No, is off-site migration probable? Yes No Is there documentation that off-site migration has **not** occurred (sample results from off-site sampling point)? Yes No
- Yes 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? If Yes, provide a statement of validity regarding these samples: _____
- Yes No Have groundwater samples from all monitor wells met the target cleanup goals for the last four consecutive sampling events?

MAXIMUM GROUNDWATER CONCENTRATIONS

Groundwater Contaminants	Sample Date	Sample Location	Laboratory Method	Maximum Concentration* (mg/l)	Target Cleanup Goals (indicate source of target cleanup goals: Plan A or B)
Benzene					
Toluene					
Ethylbenzene					
Total Xylenes					
Total BTEX					
TPH					
Other _____					
Other _____					

* Enter maximum groundwater analytical results from the most recent 12 months of monitoring.

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: _____

Address: _____ City: _____ State: _____ 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.

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.