

**Texas Commission on Environmental Quality
PETROLEUM STORAGE TANK
FINAL SITE CLOSURE REPORT**

Use this form to provide information on LPST site closure activities after site closure has been authorized. To request authorization for site closure, complete and submit the *Site Closure Request* form (TCEQ-0028).

Complete All Applicable Blanks.

Date: _____

GENERAL INFORMATION	
LPST ID No.: _____	Facility ID No: _____
Responsible Party: _____	
RP Address: _____ City: _____ State: _____ Zip: _____	
Facility Name: _____	
Facility Address: _____	
Facility City: _____ County: _____	

CLOSURE ACTIVITY	
Was a remediation system installed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide a description : _____ _____	
Was this system removed? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain why not: _____ _____ _____	
What is the intended future use/disposition and location of the system: _____ _____ _____	
List the components of the remedial system removed: _____ _____ _____	
List any of the remedial system components remaining at the site: _____ _____ _____	
Provide a description of site restoration activities: _____ _____ _____	

Total number of monitoring wells installed at the site (both on and off site): _____ Out of that number, how many monitoring wells have been plugged: _____ .

Are there any remaining monitoring wells that have not been plugged? YES NO

If Yes, were the wells installed under the direction of the TCEQ specifically to address the confirmed release at this site? YES NO

Attach copies of the signed State of Texas Well Plugging Reports for all wells that will no longer be utilized.

For any monitoring wells not plugged, indicate intended use: _____

Have all wastes or other materials been properly disposed of, treated or recycled? YES NO If yes, attach documentation, if no, describe current status. Please note that site closure cannot be issued until all wastes and other materials have been properly disposed: _____

REPORT PREPARATION

Project Manager: _____ CAPM No.: _____ Expiration date: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Signature: _____ Date: _____

Corrective Action Specialist: _____ CAS No.: _____ Expiration date: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Signature: _____ Date: _____

Name of Responsible Party contact: _____

Telephone No.: _____ Fax No.: _____

Signature: _____ Date: _____

ATTACHMENTS:

Documentation of actual closure activities

Documentation of waste disposal, treatment or recycling (if not previously submitted)

State of Texas Plugging Reports