

UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Facility Name: _____ Bldg. No.: _____

Address: _____ City: _____ Zip: _____

Project Contact: _____ Phone No.: (_____) _____

Tank ID No.						
Size						
Construction Material						
Single/Double Wall						
Backfill Type						
Oxygen <10%						
LEL <20%						
Tank Condition						
Soil/Groundwater Condition						
Soil Sample Depth						
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)						

Disposition of Tank Contents: _____ Piping: Rinsed/Tested/Capped. Rinsate: Shipped on Manifest.
 Tank & Piping Transport: Shipped on Manifest; Transporter Name Same as on Application.
 Sampling: Evidence Tape; Chain of Custody; Samples Refrigerated; Pipeline Samples Taken Yes, No (If no, explain why in Comments.)
 Soil: Soil Stored on Bermed Plastic & Covered; Soil Returned to Excavation. Site Plan: Attached.
 Comments/Special Conditions: _____

Inspector: _____ Agency: _____ Date: _____ Start Time: _____ Stop Time: _____

Signature of Contractor/Authorized Agent: _____ Date: _____ Page _____ of _____