

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 <i>(Indicate Sample Locations on Site Plan.)</i>			

- | | | |
|---|--|---|
| Piping: <input type="checkbox"/> Rinsed/Tested/Capped; | Rinsate: <input type="checkbox"/> Shipped on Manifest. | |
| Tank & Piping Transport: <input type="checkbox"/> Shipped on Manifest; | <input type="checkbox"/> Transporter Name Same as on Application; | |
| Sampling: <input type="checkbox"/> Evidence Tape; <input type="checkbox"/> Chain of Custody; | <input type="checkbox"/> Samples Refrigerated; | |
| <input type="checkbox"/> Soil Returned to Excavation; | <input type="checkbox"/> Yes, <input type="checkbox"/> No <i>(If no, explain why in Comments.)</i> | <input type="checkbox"/> Soil Stored on Bermed Plastic & Covered. |

Disposition of Tank Contents: _____

Comments/Special Conditions: _____

_____ **Site Plan:** Attached.

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

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