

BENJAMIN J. CAYETANO
GOVERNOR OF HAWAII



LAWRENCE MIIKE
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
ENVIRONMENTAL MANAGEMENT DIVISION
SOLID AND HAZARDOUS WASTE BRANCH
919 ALA MOANA BLVD., #212
HONOLULU, HAWAII 96814

In reply, please refer to:
EMD/SHW

April 14, 1997

POLICY UPDATE
Technical Guidance Manual
for Underground Storage Tank Closure and Release Response

"Notice of Intent to Close Underground Storage Tanks" Form

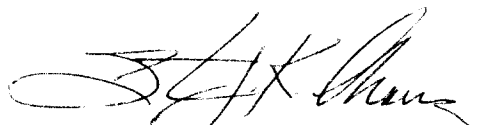
TO ALL INTERESTED PARTIES:

The Hawai'i Department of Health, Solid and Hazardous Waste Branch, Underground Storage Tank Section, is issuing a form to be used to comply with the federal requirement (40 CFR 280.71) that owners and operators of an underground storage tank (UST) must notify the Department of Health at least 30 days before beginning permanent closure of the UST.

We encourage all persons involved with UST closures to start using this form immediately to provide notice to us of upcoming closures. Use of this form will standardize the information provided to us, reducing our need to contact the UST owner or contractor to request clarifications to the initial notice, which in turn will help speed up our processing of such notices.

Please bring this new form to the attention of anyone you know who may have an interest in this matter. Should you have any questions regarding this form, please contact the Underground Storage Tank Section at (808) 586-4226.

Sincerely,



STEVEN Y. K. CHANG, P.E., CHIEF
Solid and Hazardous Waste Branch

Attachment

Notice of Intent to Close Underground Storage Tanks

Mail this form to:

Solid and Hazardous Waste Branch
Hawai'i Department of Health
919 Ala Moana Boulevard #212
Honolulu, Hawai'i 96814

or fax it to: (808) 586-7509

Notice of intent to close a UST must be provided to the Department of Health at least 30 days prior to the actual date of closure. If you have any questions regarding this notice, call our office at (808) 586-4226.

UST Facility Description - Provide a description of the UST facility.

Facility ID	Facility Name	Facility Address

UST System Description - Provide a description of the UST(s) to be closed. Use additional sheets as needed.

Tank ID	Tank Capacity (gallons)	Substance Stored (gasoline, diesel, etc.)	Material of Tank Construction (steel, FRP, etc.)	Projected Date of Closure

Contact Information - Provide information on the UST owner, UST operator or authorized representative; i.e. a person legally responsible for the UST(s). **We will send official correspondence regarding the UST closure to this person.**

Name / Title	
Company Name	
Mailing Address	
Phone / Fax Numbers	

Contractor Information - Provide information on the contractors and consultants who will close the UST(s). Use additional sheets as needed.

Contact Name / Title	
Company Name	
Mailing Address	
Phone / Fax Numbers	

Notice Provided By:

Name

Company

Signature

Date