

## Notice of Intent to Close Underground Storage Tanks

**Mail this form to:**  
 Solid and Hazardous Waste Branch  
 Hawai'i Department of Health  
 2827 Waimano Home Road  
 Pearl City, Hawai'i 96782

**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.**

<b>Name / Title</b>	
<b>Company Name</b>	
<b>Mailing Address</b>	
<b>Phone / Fax Numbers</b>	

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

<b>Contact Name / Title</b>	
<b>Company Name</b>	
<b>Mailing Address</b>	
<b>Phone / Fax Numbers</b>	

**Notice Provided By:**

Name	Company	Signature	Date
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