Notice of Intent to Close Underground Storage Tanks

PART II: 7-Day Notification

Instructions:
1) Complete this form for a scheduled permanent UST or UST system closure and/or change-in-service.
2) The UST information should be consistent with the permit issued by the DOH.
3) Print, sign, and submit this form to the DOH at least 7 days prior to the date of scheduled permanent UST closure and/or change-in-service.

Facility ID:

Facility Name:

Facility Address:

Mail this form to:
Underground Storage Tank Section
Solid and Hazardous Waste Branch
Hawai'i Department of Health
2827 Waimano Home Road #100
Pearl City, Hawai'i 96782

Or fax to:
(808) 586-7509

For any questions or inquiries call:
(808) 586-4226

Permanent UST Closure (PC) or Change in Service (CS)

A permanent UST closure (PC) includes removing of an UST from the ground, filling of an UST with inert solid material, or closure via another manner as approved by the department. A change-in-service (CS) is the continued use of an UST system to store a non-regulated substance. Check the appropriate box to indicate either PC or CS, then complete the description section for the UST(s) to undergo a PC or CS. Ensure all information is consistent with the permit issued by the department. Use additional sheets as needed.

PC	CS	Tank ID and Capacity (gallons)	Substance Currently or Last Stored	Material of Tank Construction	Scheduled Date (7-Day notification)
☐	☐				
☐	☐				
☐	☐				
☐	☐				

Contractor and Consultant Information

Provide information on the contractors and consultants who will perform a permanent closure or change-in-service to the UST or UST system. Use additional sheets as needed.

Contractor Name / Title:	**Consultant Name / Title:**
Company Name:	**Company Name:**
Mailing Address:	**Mailing Address:**
Phone Number: **Fax:**	**Phone Number:** **Fax:**
Email Address:	**Email Address:**

Landowner Information

Contact information for the current landowner if different from the person legally responsible for the UST(s). Use additional sheets as needed.

Landowner Name / Title:	**Company Name:**
Mailing Address:	**Phone Number:** **Fax:**

7-Day Notice Provided by:

Name Company Signature Date