Notice of Intent to Close Underground Storage Tanks

PART I: 30-Day Notification

Instructions:
1) Complete this form for a planned 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 30 days prior to the date of planned permanent UST closure and/or change-in-service.

Reminder: The 7-Day Notification form must be submitted to the DOH at least 7 days prior to a 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	Planned Date (30-Day notification)
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☐	☐				
☐	☐				
☐	☐				

Contact Information

Contact information for the person legally responsible for the UST(s). **We will send official correspondence regarding the UST closure to this person.**	Alternate contact information for day-to-day operations, site visits, etc., if different from the person legally responsible for the UST(s).
Name / Title:	**Name / Title:**
Company Name:	**Company Name:**
Mailing Address:	**Mailing Address:**
Phone Number: **Fax:**	**Phone Number:** **Fax:**
Email Address:	**Email Address:**

30-Day Notice Provided by:

Name Company Signature Date