Notice of Intent to Close Underground Storage Tanks PART I: 30-Day Notification Instructions: Facility ID: 1) Complete this form for a planned Mail this form to: permanent UST or UST system closure Underground Storage Tank Section and/or change-in-service. Solid and Hazardous Waste Branch 2) The UST information should be **Facility Name:** Hawai'i Department of Health consistent with the permit issued by the 2827 Waimano Home Road #100 3) Print, sign, and submit this form to Pearl City, Hawai'i 96782 the DOH at least 30 days prior to the date of planned permanent UST Or fax to: **Facility Address:** closure and/or change-in-service. (808) 586-7509 Reminder: The 7-Day Notification form For any questions or inquiries call: must be submitted to the DOH at least (808) 586-4226 7 days prior to a scheduled permanent UST closure and/or change-in-service. 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. **Planned Date Tank ID and Capacity Substance Currently or** PC CS **Material of Tank Construction** (30-Day **Last Stored** (gallons) notification) **Contact Information** Contact information for the person legally responsible for the UST(s). Alternate contact information for day-to-day operations, site visits, etc., We will send official correspondence regarding the UST closure if different from the person legally responsible for the UST(s). to this person. 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