

Colorado Department of Labor and Employment Division of Oil and Public Safety – Compliance Section 633 17th Street, Suite 500 Denver, CO 80202-3610 Phone: 303-318-8525

Email: cdle_oil_inspection@state.co.us

Web: www.colorado.gov/ops

Permanent Closure or Change-in-Service

(Updated 2/24/2023)

Notify the Division of Oil and Public Safety (OPS) in writing at least 10 days before beginning either permanent closure or change-in-service of an aboveground (AST) or underground (UST) storage tank and underground piping. The closure notice can be sent via email by using the information listed above. **Local fire departments also require advance notice of tank closure**.

Permanent closure of a UST can be accomplished by either removing the tank or by filling it with an inert substance. Permanent closure of an AST can be accomplished by removing the tank or by safeguarding it pursuant to the regulations. Change-in-service for a UST or AST means continued use of the tank to store a non-regulated substance. If changing from one regulated product to another, the **Change in Product Form** is used instead of this form. All fuel system components must be compatible with the product to be stored with a change in service or product.

Permanent closure or change-in-service of a UST or AST requires that the tank be emptied and cleaned and that a site assessment be conducted. If a release or suspected release (contaminated soil, contaminated groundwater, free product or vapors) is discovered, it must be reported to OPS within 24 hours by calling 303-318-8547.

If the proposed date for closure or change in service needs to be changed, allow at least 72 hours notice for OPS scheduling.

Submission of an Environmental Site Assessment Closure Report is required on all closures and changes in service within **30 days** following the activity. If no contamination is discovered, you are also required to include a narrative explaining the closure activities and the results of sample analysis, a site figure to scale (depicting all fuel system components, sample locations and depths) and corresponding laboratory analytical documents. If you are requesting a **No Further Action Letter** from OPS, please do so in the narrative.

Please refer to Colorado's <u>Petroleum Storage Tank regulations</u> for more details on tank closure or change-in-service, site assessment, release reporting, release investigation, remediation and record keeping requirements.

UPDATE 2/24/2023: Add the Tank Name to the NOI Form. Information including Facility ID, Tank Name, and Tank Tag can be accessed by searching for the facility in the <u>COSTIS-IA database</u>.

To report a suspected or confirmed release discovered at closure or change-in-service, call the OPS Technical Assistance line within 24 hours of discovery at 303-318-8547.

To obtain copies of report formats, you may download them from our website.



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Notice of Intent to Permanently Close Storage Tank Systems or Change-in-Service

Complete this notice and submit it such that it will be received at least 10 days, but no more than 30 days, before closure activities begin. Please contact us at 303-318-8531 or 303-318-8507 if you have any questions.										
Date of Closure						<u> </u>				
Check one option in each row.										
☐ Tank and Piping ☐ Tank Only ☐ Piping Only										
□ Permanent Closure – by Removal □ Permanent Closure – In Place □ Change-in-Service to Non-regulated Produ										
Site Assessment Information										
You are required to conduct a site assessment with laboratory analytical data and a figure depicting all fuel system components										
and sample locations; or the proposed sampling plan, which describes when a site assessment will be completed.										
☐ Site assessment has been performed. ☐ Site assessment will be performed.										
Fire Department Notification Information										
		e department pric	or to closure or cha	ange-in-service to e	ensure you	ı comply with their req	uirements.			
Local Fire Depart	tment:				1					
		□ Local fire	department has b		□ Local	fire department will b	e notified.			
	·		Facil	ity Information						
Facility Name:										
Facility ID#:										
Facility Address:										
City/County/ZIP:										
Nama			Owne	r Information**						
Name:										
Company Name:										
Owner ID#:										
Address: City/State/ZIP:										
Phone Number:										
Email Address:										
			Contrac	tor Information**						
Name:	-		Contract							
Company Name:										
Address:										
City/State/ZIP:	$\overline{}$									
Phone Number:										
Email Address:										
Tank Information										
Date tanks were emptied to less than 1 inch:										
# of USTs:			# of ASTs:							
UST	AST	Tank Name	Tank Tag #	Install Date	(year)	Capacity (gallons)	Product Stored in Tank			
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**Please provide information for the person who should receive the OPS Acknowledgement Letter.

	For OPS use only	Date Received:		CLO #:	
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^{*} If this date changes, please notify the Division of Oil and Public Safety immediately.