



# UST REMOVAL / ABANDONMENT NOTIFICATION

Department of Natural Resources and Environmental Control  
Division of Air and Waste Management  
Underground Storage Tank Branch  
391 Lukens Drive  
New Castle, DE 19720-2774  
(302) 395-2500

Facility ID # \_\_\_ - \_\_\_\_\_

File Code: 03

1. **Print** or **type** all information.
2. Please fill out all applicable sections; submit information on up to six tanks on this form.
3. If the tank(s) is (are) registered, you **must** provide the **facility ID number** above.
4. \* Classify each tank according to its use — more than one classification may apply.  
(F) Farm/Agricultural (R) Residential (C) Business/Commercial  
(H) Heating (building) (P) Heating (commercial process) OTHER – Specify
5. Mail original (white copy) to UST Branch to arrive **TEN DAYS** prior to scheduled removal or abandonment  
Yellow copy to tank owner – Pink copy to contractor

### Facility Information

Facility Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

### Tank Owner Information

Tank Owner Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_

### Company performing tank removal/abandonment:

Delaware Business Certification ID # **B** \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

### Facility Contact Person

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

### Complete if company responsible for sampling is other than DE certified contractor that is performing removal or abandonment:

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Removal:

Abandonment:

Scheduled Date of Removal: \_\_\_\_\_

Scheduled Date of Abandonment: \_\_\_\_\_

Type of fill to be used: \_\_\_\_\_

Tank ID Number	1	2	3	4	5	6
* Classification (see #4)						
Year Installed						
Capacity of Tank						
Substance Stored						
Date last used (mo/yr)						
Gallons Remaining						
Tank - Material of Constr.						
Piping - Material of Constr.						

CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate and complete.

Tank Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or type Name and Title: \_\_\_\_\_