



# REDMOND FIRE DEPARTMENT



## UNDERGROUND/ABOVEGROUND STORAGE TANK CLOSURE CHECKLIST

Site Owner / Operator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Inspecting Agency: \_\_\_\_\_ **City of Redmond Natural Resources**  
**Pre-approval (initials/Date):** \_\_\_\_\_

Date Notified of Closure: \_\_\_\_\_ Expected Closure Date: \_\_\_\_\_

Type of Closure (circle):      Temporary                      In-Place                      Removal

Reason for Closure: \_\_\_\_\_

Tank No.								
Under/Aboveground	UST	AST	UST	AST	UST	AST	UST	AST
Material Stored								
Manufacturer								
Serial No.								
Capacity (gallons)								
Diameter (feet)								
Length (feet)								
Tank Material <sup>a</sup>	S	F	C	J	S	F	C	J
Tank Type <sup>b</sup> <small>Circle all that apply</small>	SW	DW	PR	SW	DW	PR	SW	DW

<sup>a</sup> Material: S = Steel    F = Fiberglass    C = Composite    J = Jacketed

<sup>b</sup> Type:    SW = Single Wall    DW = Double Wall    PR = Protected (**Aboveground Tanks only**)

### Temporary Closure

Tank Drained	Yes	No	Yes	No	Yes	No	Yes	No
Corrosion Protection	Yes	No	Yes	No	Yes	No	Yes	No
Vent Lines Open	Yes	No	Yes	No	Yes	No	Yes	No
Other Lines Secured	Yes	No	Yes	No	Yes	No	Yes	No
Planned Closure Time	Months		Months		Months		Months	



**REDMOND FIRE DEPARTMENT ~ PREVENTION DIVISION  
UNDERGROUND/ABOVEGROUND STORAGE TANK CLOSURE CHECKLIST**



**In-Place Closure or Closure by Removal of Tanks**

Piping Drained	Yes	No	Yes	No	Yes	No	Yes	No
Tanks Emptied	Yes	No	Yes	No	Yes	No	Yes	No
Vapors Purged	Yes	No	Yes	No	Yes	No	Yes	No
Sludge Removed	Yes	No	Yes	No	Yes	No	Yes	No
Lines Removed	Yes	No	Yes	No	Yes	No	Yes	No
Visual Inspection	Yes	No	Yes	No	Yes	No	Yes	No
Soils Sampled	Yes	No	Yes	No	Yes	No	Yes	No
Ground Water Sampled	Yes	No	Yes	No	Yes	No	Yes	No

Type of inert material used to fill tanks (for in-place closure only): \_\_\_\_\_

Leaks/corrosion noted during visual inspections - other remarks: \_\_\_\_\_ (Notify City of Redmond, Natural Resources Division: 425-556-2701)

Tank Excavation/Site Removal Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Tank Disposal Site: \_\_\_\_\_

Liquid/Sludge Removal Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Test Report of Contents: \_\_\_\_\_

Liquid/Sludge Disposal Site: \_\_\_\_\_

Soil/Ground Water Sampling Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Analytical Laboratory: \_\_\_\_\_

Attach sketch showing location of tanks, piping, and soil/ground water samples.

Inspecting Agency: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Submittal Dates: Natural Resources: \_\_\_\_\_ Fire Department: Initial: \_\_\_\_\_ Final: \_\_\_\_\_

**Reminder: A copy of the final completed checklist must be copied to the Natural Resources Division**