



Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form: 62-761.900(7)
Form Title: Closure Integrity Report
Effective Date: September 2019
Incorporated in Rule 62-761.405, F.A.C.

Closure Integrity Evaluation Report Form for USTs

This form is required to be completed for facilities performing an underground storage tank (UST) closure in accordance with Rule subsection 62-761.800(2), F.A.C. The Closure Integrity Evaluation must be performed not more than 45 days prior to closure, replacement, or change in service from a regulated substance to a non-regulated substance. A copy of this Closure Integrity Report shall be provided to the County* via email or mail with notification of closure, in accordance with paragraph 62-761.405(2)(c), F.A.C., and also as an attachment to the Closure Report or Limited Closure Report Form for USTs 62-761.900(8) along with any additional attachments.

Complete All Applicable Blanks

Print or Type

DEP Facility ID Number:

Proposed Date of Closure:

Facility Address:

Owner Name:

Owner Phone Number:

Owner Mail or Email Address:

I. Storage Tank System Closure Information

The following are to be closed: *(Fill in ID of the component being closed and check appropriate box)*

Tank Registration Identification number(s):

Removed

Closed In-Place

Piping associated with tank number(s):

Removed

Closed In-Place

Piping Sumps associated with tank number(s):

Removed

Closed In-Place

Spill Containment Systems associated with tank number(s):

Removed

Closed In-Place

Dispenser Sumps associated with dispenser number(s):

Removed

Closed In-Place

II. Closure Integrity Evaluation Information

A Closure Integrity Evaluation is required prior to the closure of the system components listed above.

Date of Closure Integrity Evaluation:

	Yes	No
<p>Did the Closure Integrity Evaluation demonstrate that the system components being closed passed the evaluation? Attach a summary of the evaluation conducted and the results. Previous annual operability reports, monthly visual/electronic inspection results, or any other supporting documentation to support the summary conclusions may be submitted with this evaluation.</p> <p><i>If Yes, attach a copy of documentation discussed above and proceed to Section III. <u>Closure Integrity Evaluation Methodology and Results.</u></i></p> <p><i>If No, then answer the following questions.</i></p>	(Proceed to Section III.)	(Proceed to II.1.)
<p>1. Was an Incident Notification Form (INF) already submitted to the *County [Form 62-762.900(6)]? <i>If No, complete INF and attach, or attach response as to why INF not being submitted.</i></p>		
<p>2. Was an incident investigation completed PRIOR to closure? <i>If No, then investigation is required in accordance with "Instructions for Conducting Sampling During Underground Storage Tank Closure" at the time of closure.</i> <i>If Yes, attach copy of incident investigation with results and answer the following question:</i></p>		
<p>➤ Did the investigation confirm the discovery of a discharge? <i>If Yes, proceed to Section III., and submit either a Discharge Report Form [Form 62-762.900(1)], or documentation supporting the position that the discovery is thought to be a previously reported discharge.</i> <i>If No, proceed to Section III., below.</i></p>		

III. Closure Integrity Evaluation Methodology and Results:

Include a short narrative of the Closure Integrity Evaluation detailing test methods used, calibration of equipment, summary of results including information about who performed the Closure Integrity Evaluation, and the dates the testing was performed.

This form is required for facilities performing a closure in accordance with Rule subsection 62-761.800(2), F.A.C. Documentation of the Closure Integrity Evaluation shall be reported on this form, along with any attachments. This form shall be submitted to the County* via email or mail along with the notification of closure between 30 and 45 days before initiation of the closure.

Owner or Operator Signature

Signature of Person performing Closure Integrity Evaluation

Print or type Owner or Operator Name

Print or type Name of person performing Integrity Evaluation Name

Date of Owner or Operator Signature

Date of Signature of Person performing Closure Integrity Evaluation

*County means a locally administered governmental program under contract with the Department to perform compliance verification activities at facilities with storage tank systems.