PMMIC INSURANCE

2894 – 106th Street, PO Box 7628
Urbandale, IA 50323
800-942-1000, 515-334-3001 (phone)
515-334-3013 (fax)

UST Notification of Temporary Closure

UST FACILITY		
Name:		Facility No:
Address:		
City:	ZIP:	Phone:

OWNER		
Name:		Phone:
Address:		
City:	State:	ZIP:

Tank #	CAPACITY	CONTENTS	DATE CLOSED

Reason for Temporary Closure:	

I certify that the regulated underground storage tanks listed above and located at the site referenced above have been temporarily closed according to regulatory guidelines by completing the following:

- ☐ All product has been emptied from the tanks such that no more than 2.5 centimeters (one inch) of residue, or 0.3 percent by weight of the total capacity of the UST system remains in the tank
- ☐ All lines, pumps, accesses and ancillary equipment have been properly capped and secured.
- ☐ All fill and access locations have been properly secured and capped with locking caps and plugs.
- ☐ Vent lines remain open and functioning.

Signed: _____ Date: _____
(Owner/Operator of USTs)

_____
(Licensed Individual – PLEASE PRINT) (License #) (Licensed Company – PLEASE PRINT)

_____
(Licensed Individual - SIGNATURE) (State)