

NRO UST CLOSURE REPORT CHECKLIST

Site Name Graham Holdings/Robinson Terminal North Facility ID 3024337 ☐ Facility not in CEDS

Closure Report Received Date 4/27/2016 Closure Report Dated 4/25/2016

☒ Initial review of closure indicated a release has occurred. (Check to see if release previously reported for these tanks.)

PC Case # 2006 - 3131 Case Manager Alex Wardle

☐ Initial review of closure indicated a release has not occurred.

☒ Closure involved regulated tanks.

Closure report routed to S Allen on: 4/27/16

Initial Reviewer S Allen Entry made in CEDs Facility Events screen for Closure Received. ☒

☐ Non-regulated closure letter signed by _____ Date ____/____/____
(Closure report returned and no further action needed)

Closure Compliance Reviewed by S Allen Review Date 5/3/16

☒ 1. Notification form completed properly and signed.

☒ 2. Building permit provided.

☐ 2a. In place closure, was approved by the local building official.

☒ 3. Site map and report reviewed to ensure tank sizes, numbers and other information correspond to Notification form.

☒ 4. Sludge disposal manifest (tank residues).

☒ 5. Tank disposal manifests provided.

☒ 6. Sample analysis reviewed by Remediation Case Manager (Name) Alex Wardle

Review would normally include: Site map checked to ensure sample locations and depths properly identified. Appropriate number of tanks, line, and pump island samples taken. Acceptable analytical methods used at each sample location. Chain of custody and analysis sheets provided, and sample locations on the site map did concur with the chain of custody and analysis sheets. Soil disposal manifests provided, where applicable.

☒ 7. Closure Receipt Letter Date 5/4/16

☒ 8. Comparison of information on the Notification Form with CEDS completed.

Comment/Closure Issues Pending Etc. Incorrect owner name on closure report & 7530-2 received 4-27-16; revised 7530-2 and report received 5-3-16

☒ Closure information has been entered/updated in CEDs Facility Events Screen and Tank Screen.

☒ Closure information electronically filed in the Facility Inspection File ☐ or PC case file ☒.

☒ Original Notification Form electronically filed in Facility file 5/4/16.

Closure Completed by Sharon Allen Date 5/4/16

Notification for Underground Storage Tanks (USTs)

Virginia DEQ Water Form 7530-2

(See reverse for mailing instructions)

Rev. (01/03)

STATE USE ONLY

ID Number

Date Received

Date Entered

Entered By

Comments

owner name incorrect, reused form received 5-31-04 SMA

PART I: PURPOSE OF NOTIFICATION

✓ Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> New (not previously registered) facility | <input type="checkbox"/> Temporary closure | <input type="checkbox"/> Change in tank contents |
| <input type="checkbox"/> New tank(s) at previously registered facility | <input checked="" type="checkbox"/> Tank removal or closure | <input type="checkbox"/> New owner |
| <input type="checkbox"/> Change in tanks (e.g., upgrade) | <input type="checkbox"/> Piping removal or closure | <input type="checkbox"/> Change in owner address |
| <input type="checkbox"/> Change in piping (e.g., upgrade) | <input type="checkbox"/> Other (specify): | |

PART II: OWNERSHIP OF TANKS

A. Owner Name
ALEXANDRIA NORTH TERMINAL LLC

B. Owner Address
2900 K STREET NW

C. City, State, Zip
SUITE # 401

D. Name of Contact Person
RUSS WHEELER

E. Title of Contact Person
DEVELOPMENT MANAGER

F. Phone Number (202) 944-4730
Fax Number (202) 944-4704

G. E-mail Address
RWHEELER@CITYINTERESTS.COM

H. Name of Previous Owner
THE WASHINGTON POST COMPANY

PART III: LOCATION OF TANKS

A. Facility Name
ROBINSON TERMINAL NORTH

B. Facility Street Address (P.O. Box not acceptable)
501 N UNION STREET

C. City, Zip
ALEXANDRIA, VA 22314

D. County or Municipality where Facility is Located
CITY OF ALEXANDRIA

E. Name of Contact Person
RUSS WHEELER

F. Title of Contact Person
DEVELOPMENT MANAGER

G. Phone Number (202) 944-4730
Fax Number (202) 944-4704

H. E-mail Address
RWHEELER@CITYINTERESTS.COM

PART IV: TYPE OF OWNER

- | | |
|---|--|
| <input type="checkbox"/> Federal government | <input checked="" type="checkbox"/> Commercial |
| <input type="checkbox"/> State government | <input type="checkbox"/> Private |
| <input type="checkbox"/> Local government | |

PART V: TYPE OF FACILITY

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Retail gas station | <input type="checkbox"/> Federal non-military | <input checked="" type="checkbox"/> Commercial (non-resale) | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Petroleum distributor | <input type="checkbox"/> Federal military | <input type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Local government | <input type="checkbox"/> State government | <input type="checkbox"/> Other | |

PART VI: FINANCIAL RESPONSIBILITY

The tank owner has met the financial responsibility requirements contained in 9 VAC 25-590-10 et seq. using the following methods/mechanisms

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Insurance | <input type="checkbox"/> Letter of Credit | <input checked="" type="checkbox"/> Virginia Petroleum Storage Tank Fund |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund | |

PART VII: OWNER 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, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that the owner of the underground storage tanks hereby registered is responsible for compliance with the requirements of Virginia Regulations 9 VAC 25-580-10 et seq. and federal regulation 40 CFR Part 280, among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner. I understand that this notification form is sufficient evidence to establish ownership of tanks subject to 9 VAC 25-580-10 et seq.

Peter J. Farrell

Name and Title (Type or Print)

Signature

04/25/2016
Date

PART VIII: INSTALLER CERTIFICATION

I certify that the installation of this tank was performed in accordance with all federal, state and local installation requirements. I warrant and represent that I am the installer or that I have the authority to sign this certification on behalf of the installer.

Name and Title (Type or Print)

Signature

Date

Company Name

Address

Telephone Number

PART IX: TANK DESCRIPTION FOR NEW INSTALLATIONS AND AMENDMENTS

| | | | | | | | | | | |
|---|--|--|--|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Owner Tank Identification Number | 1 | 2 | 3 | | | | | | | |
| DEQ Tank Identification Number | | | | | | | | | | |
| Tank Status | <input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> New Tank <input type="checkbox"/> Amendment | <input type="checkbox"/> New Tank <input type="checkbox"/> Amendment | | | | | |
| Date of Installation (MM/DD/YYYY) | | | | | | | | | | |
| Date of Amendment (MM/DD/YYYY) | | | | | | | | | | |
| Tank Capacity (Gallons) | 8000 | 8000 | 8000 | | | | | | | |
| Substance stored (if hazardous, include CERCLA name and/or CAS number) | diesel | diesel | diesel | | | | | | | |
| Material of Construction (√ all that apply) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Fiberglass Reinforced Plastic | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coated and Cathodically Protected/STI-P3@ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Walled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impressed Current System Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Composite (Steel Clad with Fiberglass)/ACT 100 @ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lined Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyethylene Tank Jacket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation Liner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asphalt Coated or Bare Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyflexible piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Galvanized Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | | | | | | | | | | |
| Has tank/piping been repaired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Piping Type | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Safe Suction (No Check Valve at Tank) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U.S. Suction (Check Valve at Tank) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gravity Fed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Release Detection | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Manual Tank Gauging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tightness Testing | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inventory Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic Tank Gauging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vapor Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Groundwater Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interstitial Monitoring-Double Walled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interstitial Monitoring-Secondary Containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic Line Leak Detectors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Statistical Inventory Reconciliation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | | | | | | | | | | |
| Spill Containment & Overfill Prevention | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Spill Containment/Bucket | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overfill Automatic Shutoff | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overfill Alarm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overfill Ball Float Valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART X: TANK CLOSURE, REMOVAL OR CHANGE IN SERVICE

| | | | | | | | | | | |
|--|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|---|--------------------------|---|--------------------------|
| Owner Tank Identification Number (assigned or used by owner) | 1 | | 2 | | 3 | | | | | |
| DEQ Tank Identification Number (assigned by DEQ) | | | | | | | | | | |
| Tank and Piping Status | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Removal | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Closure in Place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Filled with Inert Material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe Inert Material | | | | | | | | | | |
| Temporary Closure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change in Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Installation (MM/DD/YYYY) | unknown | | unknown | | unknown | | | | | |
| Tank Capacity (Gallons) | 8000 | | 8000 | | 8000 | | | | | |
| Substance Stored (if hazardous, include CERCLA name and/or CAS number) | diesel | | diesel | | diesel | | | | | |
| Material of Construction (√ all that apply) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Fiberglass Reinforced Plastic | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coated and Cathodically Protected/STI-P3® | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Walled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impressed Current System Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Composite (Steel Clad with Fiberglass)/ACT 100® | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lined Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyethylene Tank Jacket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation Liner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asphalt Coated or Bare Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyflexible Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Galvanized Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | | | | | | | | | | |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Last Used (MM/DD/YYYY) | unknown | | unknown | | unknown | | | | | |
| Date Closed (MM/DD/YYYY) | 3/23/16 | | 3/23/16 | | 3/23/16 | | | | | |
| Closure Assessment Completed (Please submit site map, soil sampling results, chain of custody for all samples, copy of building permit, and disposal manifest with this form). | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Evidence of a Leak Detected | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Allen, Sharon (DEQ)

From: Thornhill, James A. <jthornhill@mcguirewoods.com>
Sent: Tuesday, May 03, 2016 1:58 PM
To: Chapman, Randy (DEQ)
Cc: Wardle, Alexander (DEQ); Allen, Sharon (DEQ); Doucette, Richard (DEQ); Maiden, Vince (DEQ)
Subject: RE: Robinson Terminal North UST Removal Report
Attachments: VRP Agency Letter.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Randy:

Sorry for the confusion. RTN East, LLC is the owner of the real property where the USTs were located and that is why the tanks were registered in that entity's name. The other property is owned by RTN West, LLC. Alexandria Terminal North, LLC is the developer and operator of the two sites.. It is also the VRP participant and has authority pursuant to the attached agency letter to participate in the VRP. Alexandria North Terminal, LLC also is the sole member of each of RTN East, LLC and RTN West, LLC.

I will send you (and those copied) a separate share file link with a revised UST closure report and Form 7530 correctly identifying RTN East, LLC as the tank owner. I tried to send by e-mail a short while ago, but it was too large for anyone at DEQ to receive the e-mail.

The assumption of liability letter provides that Alexandria Terminal North, LLC is the "developer" and as noted is operating the two properties. As the SCR covers both properties and Alexandria Terminal North, LLC is the VRP participant we thought that it was the appropriate entity for the assumption of liability.

I hope this clarifies the parties and their roles and again apologize for the confusion. If you have any further questions please let me know.

Thanks, Jim

James A. Thornhill

T: +1 804.775.1163 | M: +1 804.314.1741

From: Chapman, Randy (DEQ) [<mailto:Randy.Chapman@deq.virginia.gov>]
Sent: Tuesday, May 03, 2016 9:35 AM
To: Maiden, Vince (DEQ); Thornhill, James A.
Cc: Wardle, Alexander (DEQ); Allen, Sharon (DEQ); Doucette, Richard (DEQ)
Subject: Robinson Terminal North UST Removal Report

Good Morning,

Sorry, but these are the paperwork issues that make things complicated.

In November 2015, we received a change in ownership UST registration form for the facility. The 7530 form indicated that the new owner of the USTs was RTN East LLC.

The recent UST Closure report has a new 7530 form that indicates that the owner is Alexandria North Terminal, LLC.

Notification for Underground Storage Tanks (USTs)

Virginia DEQ Water Form 7530-2

(See reverse for mailing instructions)

Rev. (01/03)

STATE USE ONLY

ID Number

3024337

Date Received

5-3-16

Date Entered

Entered By

SMA

Comments

PART I: PURPOSE OF NOTIFICATION

✓ Check all that apply:

☐ New (not previously registered) facility

☐ Temporary closure

☐ Change in tank contents

☐ New tank(s) at previously registered facility

☒ Tank removal or closure

☐ New owner

☐ Change in tanks (e.g., upgrade)

☐ Piping removal or closure

☐ Change in owner address

☐ Change in piping (e.g., upgrade)

☐ Other (specify):

PART II: OWNERSHIP OF TANKS

A. Owner Name

RTN EAST LLC

B. Owner Address

2900 K STREET NW

C. City, State, Zip

SUITE # 401

D. Name of Contact Person

RUSS WHEELER

E. Title of Contact Person

DEVELOPMENT MANAGER

F. Phone Number

(202) 944-4730

Fax Number

(202) 944-4704

G. E-mail Address

RWHEELER@CITYINTERESTS.COM

H. Name of Previous Owner

THE WASHINGTON POST COMPANY

PART III: LOCATION OF TANKS

A. Facility Name

ROBINSON TERMINAL NORTH

B. Facility Street Address (P.O. Box not acceptable)

501 N UNION STREET

C. City, Zip

ALEXANDRIA, VA 22314

D. County or Municipality where Facility is Located

CITY OF ALEXANDRIA

E. Name of Contact Person

RUSS WHEELER

F. Title of Contact Person

DEVELOPMENT MANAGER

G. Phone Number

(202) 944-4730

Fax Number

(202) 944-4704

H. E-mail Address

RWHEELER@CITYINTERESTS.COM

PART IV: TYPE OF OWNER

☐ Federal government

☒ Commercial

☐ State government

☐ Private

☐ Local government

PART V: TYPE OF FACILITY

☐ Retail gas station

☐ Federal non-military

☒ Commercial (non-resale)

☐ Residence

☐ Petroleum distributor

☐ Federal military

☐ Industrial

☐ Farm

☐ Local government

☐ State government

☐ Other _____

PART VI: FINANCIAL RESPONSIBILITY

The tank owner has met the financial responsibility requirements contained in 9 VAC 25-590-10 et seq. using the following methods/mechanisms

☐ Self Insurance

☐ Insurance

☐ Letter of Credit

☒ Virginia Petroleum Storage Tank Fund

☐ Guarantee

☐ Surety Bond

☐ Trust Fund

PART VII: OWNER 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, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that the owner of the underground storage tanks hereby registered is responsible for compliance with the requirements of Virginia Regulations 9 VAC 25-580-10 et seq. and federal regulation 40 CFR Part 280, among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner. I understand that this notification form is sufficient evidence to establish ownership of tanks subject to 9 VAC 25-580-10 et seq.

Peter J. Farrell

Name and Title (Type or Print)

Signature

04/25/2016
Date

PART VIII: INSTALLER CERTIFICATION

I certify that the installation of this tank was performed in accordance with all federal, state and local installation requirements. I warrant and represent that I am the installer or that I have the authority to sign this certification on behalf of the installer.

Name and Title (Type or Print)

Signature

Date

Company Name

Address

Telephone Number

PART IX: TANK DESCRIPTION FOR NEW INSTALLATIONS AND AMENDMENTS

| | | | | | | | | | | |
|---|--|--|--|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Owner Tank Identification Number | 1 | 2 | 3 | | | | | | | |
| DEQ Tank Identification Number | | | | | | | | | | |
| Tank Status | <input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> New Tank <input type="checkbox"/> Amendment | <input type="checkbox"/> New Tank <input type="checkbox"/> Amendment | | | | | |
| Date of Installation (MM/DD/YYYY) | | | | | | | | | | |
| Date of Amendment (MM/DD/YYYY) | | | | | | | | | | |
| Tank Capacity (Gallons) | 8000 | 8000 | 8000 | | | | | | | |
| Substance stored (if hazardous, include CERCLA name and/or CAS number) | diesel | diesel | diesel | | | | | | | |
| Material of Construction (√ all that apply) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Fiberglass Reinforced Plastic | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coated and Cathodically Protected/STI-P3® | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Walled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impressed Current System Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Composite (Steel Clad with Fiberglass)/ACT 100 ® | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lined Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyethylene Tank Jacket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation Liner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asphalt Coated or Bare Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyflexible piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Galvanized Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | | | | | | | | | | |
| Has tank/piping been repaired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Piping Type | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Safe Suction (No Check Valve at Tank) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U.S. Suction (Check Valve at Tank) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gravity Fed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Release Detection | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Manual Tank Gauging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tightness Testing | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inventory Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic Tank Gauging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vapor Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Groundwater Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interstitial Monitoring-Double Walled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interstitial Monitoring-Secondary Containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic Line Leak Detectors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Statistical Inventory Reconciliation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | | | | | | | | | | |
| Spill Containment & Overfill Prevention | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Spill Containment/Bucket | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overfill Automatic Shutoff | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overfill Alarm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overfill Ball Float Valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART X: TANK CLOSURE, REMOVAL OR CHANGE IN SERVICE

| | | | | | | | | | | |
|--|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|---|--------------------------|---|--------------------------|
| Owner Tank Identification Number (assigned or used by owner) | 1 | | 2 | | 3 | | | | | |
| DEQ Tank Identification Number (assigned by DEQ) | | | | | | | | | | |
| Tank and Piping Status | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Removal | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Closure in Place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Filled with Inert Material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe Inert Material | | | | | | | | | | |
| Temporary Closure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change in Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Installation (MM/DD/YYYY) | unknown | | unknown | | unknown | | | | | |
| Tank Capacity (Gallons) | 8000 | | 8000 | | 8000 | | | | | |
| Substance Stored (if hazardous, include CERCLA name and/or CAS number) | diesel | | diesel | | diesel | | | | | |
| Material of Construction (√ all that apply) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Fiberglass Reinforced Plastic | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coated and Cathodically Protected/STI-P3® | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Walled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impressed Current System Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Composite (Steel Clad with Fiberglass)/ACT 100® | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lined Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyethylene Tank Jacket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation Liner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asphalt Coated or Bare Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyflexible Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Galvanized Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | | | | | | | | | | |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Last Used (MM/DD/YYYY) | unknown | | unknown | | unknown | | | | | |
| Date Closed (MM/DD/YYYY) | 3/23/16 | | 3/23/16 | | 3/23/16 | | | | | |
| Closure Assessment Completed (Please submit site map, soil sampling results, chain of custody for all samples, copy of building permit, and disposal manifest with this form). | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Evidence of a Leak Detected | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |