



Colorado Department of Labor and Employment
Division of Oil and Public Safety – Compliance Section
633 17th Street, Suite 500
Denver, CO 80202-3610

Phone: 303-318-8525
Fax: 303-318-8518
Email: cdle_oil_inspection@state.co.us
Web: www.colorado.gov/ops

Permanent Closure or Change-in-Service

Notify the Division of Oil and Public Safety (OPS) in writing at least 10 days before beginning either permanent closure or change-in-service of an aboveground (AST) or underground (UST) storage tank. The closure notice can be sent via email, postal mail or by fax using the information listed above. Local fire departments also require advance notice of tank closure.

Permanent closure of a UST can be accomplished by either removing the tank or by filling it with an inert substance. Permanent closure of an AST can be accomplished by removing the tank or by safeguarding it pursuant to the regulations. Change-in-service for a UST or AST means continued use of the tank to store a non-regulated substance. If changing from one regulated product to another, the **Change in Product Form** is used instead of this form. All fuel system components must be compatible with the product to be stored with a change in service or product.

Permanent closure or change-in-service of a UST or AST requires that the tank be emptied and cleaned and that a site assessment be conducted. If a release or suspected release (contaminated soil, contaminated groundwater, free product or vapors) is discovered, it must be reported to OPS within 24 hours by calling 303-318-8547.

If the proposed date for closure or change in service needs to be changed, allow at least 72 hours notice for OPS scheduling.

Submission of the **Storage Tank Closure Inspection Form** is required on all closures and changes in service within 30 days following the activity. If no contamination is discovered, you are also required to include a narrative explaining the closure activities and the results of sample analysis, a site figure to scale (depicting all fuel system components, sample locations and depths) and corresponding laboratory analytical documents. If you are requesting a **No Further Action Letter** from OPS, please do so in the narrative.

Please refer to Colorado's [Petroleum Storage Tank regulations](#) for more details on tank closure or change-in-service, site assessment, release reporting, release investigation, remediation and record keeping requirements.

To report a suspected or confirmed release discovered at closure or change-in-service, call the OPS Technical Assistance line within 24 hours of discovery at 303-318-8547.

To obtain copies of report formats, you may either call the Technical Assistance line or download them from [our website](#).



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Notice of Intent to Permanently Close Storage Tanks or Change-in-Service

(Revised 11/2013)

Complete this notice and submit it such that it will be received at least 10 days, but no more than 30 days, before closure activities begin. Please contact us at 303-318-8531 or 303-318-8507 if you have any questions.

Check one of the following options.

Permanent Closure – by Removal Permanent Closure – In Place Change-in-Service to Non-regulated Product

Site Assessment Information

You are required to conduct a site assessment in conjunction with permanent closure or change-in-service and submit either the site assessment completed with laboratory analytical data and a figure depicting **all** fuel system components and sample locations; or the proposed sampling plan, which describes when a site assessment will be completed.

Site assessment has been performed. Site assessment will be performed.

Fire Department Notification Information

Contact your local fire department prior to closure or change-in-service to ensure you comply with their requirements.

Local Fire Department:

Local fire department has been notified. Local fire department will be notified.

Facility Information

Facility Name:

Facility ID#:

Facility Address:

City/County/ZIP:

Owner Information*

Name:

Company Name:

Owner ID#:

Address:

City/State/ZIP:

Phone Number:

Email Address:

Contractor Information*

Name:

Company Name:

Address:

City/State/ZIP:

Phone Number:

Email Address:

Tank Information

Date tanks were emptied to less than 1 inch:

Date of tank removal/closure or change-in-service**:

of USTs:

of ASTs:

UST	AST	Install Date (year)	Capacity (gallons)	Product Stored in Tank	Proposed Product***
<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"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

*Please provide information for the person who should receive the OPS Acknowledgement Letter.

**If this date changes, please notify the Division of Oil and Public Safety immediately.

***Complete this item for change-in-service only.

For OPS use only	Date Received:	ACK #:	
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