



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

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www.deq.gov.mp and www.crm.gov.mp



ABOVEGROUND STORAGE TANK CLOSURE NOTIFICATION FORM

I. OWNER OF TANK SYSTEM

Name of Company: _____

Mailing Address: _____

Phone No.: _____

Ext.: _____

Fax No.: _____

Email Address: _____

II. LOCATION OF TANK SYSTEM

Facility Name: _____

Contact Person: _____

Email Address: _____

Phone No.: _____

Ext. _____

Fax No.: _____

Street/Intersection of Facility: _____

Village: _____

Island: _____

Month _____

Day _____

Year _____

III. DATE OF PROPOSED CLOSURE:

IV. CONTRACTOR PERFORMING TANK HANDLING ACTIVITIES

Name of Contractor or Individual: _____

Email Address: _____

Phone No. : _____

Ext. _____

Fax No.: _____

V. CONTRACTOR/INDIVIDUAL PERFORMING SITE ASSESSMENT ACTIVITIES

Name of Contractor or Individual: _____

Email Address: _____

Phone No. : _____

Ext. _____

Fax No.: _____

VI. DESCRIPTION OF ABOVEGROUND STORAGE TANK SYSTEM – *complete page 2 of this form.*

VIII. SIGNATURE OF TANK SYSTEM OWNER:

Date:

TANK INFORMATION

Tank 1

Tank 2

Tank 3

Tank 4

Capacity of Tank in Gallons

Material of Construction of Tank

(Indicate Steel, Fiberglass, etc.)

Substance Stored

Gasoline

☐☐☐☐

Kerosene

☐☐☐☐

Diesel

☐☐☐☐

#2 Heating Oil

☐☐☐☐

Lubrication Oil

☐☐☐☐

Asphalt

☐☐☐☐

Aviation Gas

☐☐☐☐

Jet Fuel

☐☐☐☐

Bio-Diesel

☐☐☐☐

#6 Heating Oil

☐☐☐☐

Used Oil

☐☐☐☐

Transformer Oil

☐☐☐☐

Other:

PROPOSED CLOSURE METHOD (mark only one)

Removal

☐☐☐☐

Closure-in-Place

☐☐☐☐

Change-in-Service

☐☐☐☐