

## PBS Tank Closure Plan

<b>Building ID</b>	Click or tap here to enter text.
<b>School Name</b>	Click or tap here to enter text.
<b>Address</b>	Click or tap here to enter text.
<b>SCA Project ID</b>	Click or tap here to enter text.
<b>Date</b>	Click or tap to enter a date.
<b>Version</b>	Click or tap here to enter text.
<b>General Contractor</b>	Click or tap here to enter text.
<b>Tank Closure Contractor</b>	Click or tap here to enter text.
<b>FDNY Certified Supervisor</b>	Click or tap here to enter text.

### Tank System Description

	<b>Type (UST/AST)</b>	<b>Fuel Oil Type (2, 4, or 6), Diesel, Gasoline, or other (specify)</b>	<b>Capacity (gallons)</b>	<b>Measured Volume (gallons)</b>	<b>Measurement Method/Date</b>
<b>Tank 1</b>					
<b>Tank 2</b>					
<b>Tank 3</b>					
<b>Tank 4</b>					

### Project Description

<b>Tank Closure Type (circle one):</b> REMOVAL/CLOSURE IN-PLACE/CONVERSION
<b>Underground Piping Closure (circle one):</b> REMOVAL/CLOSURE IN-PLACE
<b>Narrative:</b> (Describe procedures for tank system pump-out/cleaning, inerting, and tank dismantling/removal or in-place closure)
<b>Project Schedule:</b> (Pending Tank Closure Plan approval, provide approximate schedule for tank system pump-out/cleaning, tank dismantling/removal or in-place closure, and fill port removal or closure in place)
<b>Will any reusable oil be transferred to another NYCDOE facility? (YES/NO):</b>
<b>If YES, list the Facility ID and Address:</b>

**Waste Disposal Details\***

Waste Stream	Transfer Facility	Transporter to Transfer Facility	Final Disposal/ Recycling Facility	Transporter to Final Facility
Recyclable Fuel Oil				
Wastewater/Oily Water				
Solids/Debris				
Other (specify)				

\*List the facility or transporter name for each waste stream.

**Contractor Certifications**

The Contractor confirms the following:	Initials
A site specific Safety Plan has been approved by the SCA Safety Division which includes all procedures required to complete the activities described in this Tank Closure Plan.	
A site-specific health and safety plan (HASp) has been prepared in accordance with Occupational Safety and Health Administration (OSHA) requirements and will be in effect during all work activities described in this Tank Closure Plan.	
An excavated materials disposal plan (EMDP) has been prepared and submitted in accordance with Section 02200.	

**Signature of Preparer**

I certify that this document and all attachments were prepared under my direction or supervision and the information is true, accurate, and complete.	
Printed Name	
Signature	
Date	

## Attachments

The following attachments should be included:

- A. A copy of the license for the FDNY-certified individual who will supervise the tank closure activities
- B. Copies of Permits for all proposed waste disposal facilities
- C. Copies of Part 364 Permits for proposed waste transporters
- D. Facility Pre-Acceptance Letter(s)
  - A pre-acceptance letter from the disposal facility stating that it can accept the wastes/materials to be disposed
- E. Safety Data Sheets/Product Data for all cleaning products (Cleaning Products, Mortar Mix, etc.)
- F. Spill Response Procedures

**ATTACHMENT A – FDNY LICENSE COPY**

**ATTACHMENT B – DISPOSAL FACILITY PERMITS**

**ATTACHMENT C – TRANSPORTER PERMITS**

**ATTACHMENT D – FACILITY PRE-ACCEPTANCE LETTER(S)**

**ATTACHMENT E – SAFETY DATA SHEETS/PRODUCT DATA**



**ATTACHMENT F – SPILL RESPONSE PROCEDURES**

