**DATE:**

 **UST CERTIFICATE OF DESTRUCTION**

Faculty ID#: Name: Name: Address: Address: City: City: Zip:

Zip: Contact No. ( )

**\*\* Use an additional page of this form if more than four (4) tanks are to be destroyed. \*\***

**Check this box if the tank was destroyed at the removal site.** (*For FRP tanks only*)

**NOTE:** *By signing this document below, I/we affirm that sufficient holes and or openings have been made in the disposed tank(s) to*

*render said tank(s) unfit for further use as required by Oklahoma* Site Name:

*State Petroleum Storage Tank Rules and/or Regulations.* Address:

City: Zip:

(Printed name of tank recipient) (Title of tank recipient)

(Signature of tank recipient) (Date of tank(s) destruction)

**TANK DISPOSAL SITE INFORMATION**

**Tank #:**

**Tank #:**

**Tank #:**

**Tank #:**

Tank Contents:

Tank Capacity (gals.):

Material of Construction:

Observed Tank Integrity:

O2 Reading (before moving tank):

Date of UST Removal:

**TANK INFORMATION**

**REGISTERED TANK OWNER INFORMATION**

**FACILITY INFORMATION**