

DATE: _____



Oklahoma Corporation Commission
Petroleum Storage Tank Division
P.O. Box 52000, Oklahoma City, Oklahoma 73152-2000

UST CERTIFICATE OF DESTRUCTION

FACILITY INFORMATION

REGISTERED TANK OWNER INFORMATION

Facility ID#: _____
Name: _____
Address: _____
City: _____
Zip: _____

Name: _____
Address: _____
City: _____
Zip: _____
Contact No. () _____

TANK INFORMATION

	Tank #:	Tank #:	Tank #:	Tank #:
Tank Contents:				
Tank Capacity (gals.):				
Material of Construction:				
Observed Tank Integrity:				
O ₂ Reading (before moving tank):				
Date of UST Removal:				

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

TANK DISPOSAL SITE INFORMATION

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 State Petroleum Storage Tank Rules and/or Regulations.

Site Name: _____
Address: _____
City: _____
Zip: _____

(Printed name of tank recipient)

(Title of tank recipient)

(Signature of tank recipient)

(Date of tank(s) destruction)