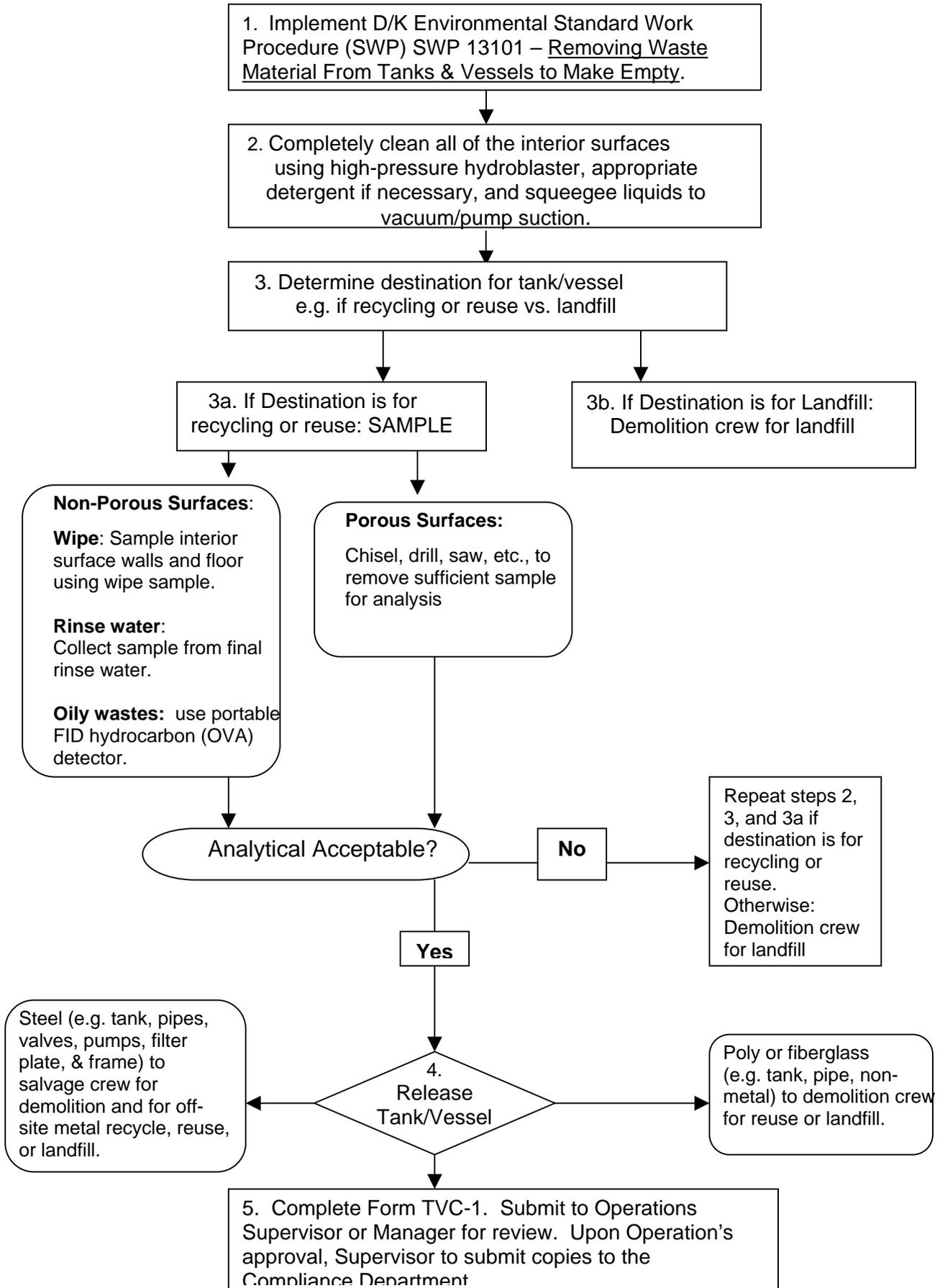


Appendix G

Closure Forms

Tank/Vessel Closure Procedure



M-1

TANK/VESSEL CLOSURE PROCEDURE

DKE Form TVC-1

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ M-1 _____
Diameter (feet): _____ 12 _____
Height (feet): _____ 16 _____
Initial Capacity (gal): _____ 15,175 _____
Primary Service: _____ Acids/Oils _____
Other Service: _____
Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____
Date: _____

Transfer/Disposal Destination:

Date: _____
Tank #: _____
Vessel: _____
Facility: _____

Waste Volume:

Liquid Gallons: _____
To: _____
Solids: _____
To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____
Time: _____
Lab Name: _____
Analytical Date: _____

If Monitoring w/FID:

Date: _____
Time: _____
Record Readings: _____

Tank/Vessel Release:

Date: _____
Off-site Facility Name: _____
Manifest/Bill of Lading: _____
Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: M-1

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Ancillary Equipment Interior Sampling/Monitoring:								
Pumps								
P-100A	3x2x8	250	45	Centrifugal	M-1 Circulation pump			
CP-101	1x1	45	100	Air Diaphragm	Reagent injection (SBS/Acid) pump			
Valves								
	3"			Butterfly	Circulation pump suction/discharge valve			
	3"			Ball	Process line block valve at tank nozzle			
	1"			Ball	Reagent injection pump suction/disch. Valve			
	½"			Ball	Process sample point			
	3"			Swing Check	Circulation pump discharge line			
	3"			Ball Check	Process line			
	2"			Ball Check	Process transfer line			
	1"			Ball Check	Reagent injection line			
Flanges								
	3"				Process Line Connections			
	3"				Circulation Line Connections			
	1"				Reagent injection line connection			

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

M-2

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: M-2

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Ancillary Equipment Interior Sampling/Monitoring:								
Start Date: _____								
Start Time: _____								
Lab Name: _____								
Analytical Date: _____								
<hr/>								
If Monitoring w/FID:								
Start Date: _____								
Start Time: _____								
Record Readings: _____								
<hr/>								
Ancillary Equipment Release:								
Date: _____								
Off-site Facility Name: _____								
Manifest/Bill of Lading: _____								
Shipping Date: _____								

M-11

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ M-11

Diameter (feet): _____ 12

Height (feet): _____ 20

Initial Capacity (gal): _____ 17,756

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:Gallons: _____
Date: _____**Transfer/Disposal Destination:**

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

Chain of Custody:

To: _____

Date: _____

Vessel: _____

Facility: _____

Solids: _____

To: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: M-11

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/Disposal Destination
Pumps								
P-300A	3x2x8	250	45	Centrifugal	M-11 Circulation Pump			
P-300B	2x2	150	100	Air Diaphragm	M-11/M-1 Feed pump			
CP-100	1X1	45	100	Air Diaphragm	Reagent injection			
CP-101	1x1	45	100	Air Diaphragm	Reagent injection			
Valves								
	3"			Butterfly	Circulation pump suction/discharge valve			
	3"			Ball	Process line/transfer line block valves			
	2"			Butterfly	Transfer pump suction/disch. Valve			
	1"			Ball	Reagent injection pump suction/disch. Valve			
	1/2"			Ball	Process sample point			
	3"			Swing Check	Circulation pump discharge line			
	3"			Ball Check	Process line			
	2"			Ball Check	Process transfer line			
	1"			Ball Check	Reagent injection line			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

Ancillary Equipment Closure Procedure - DKE Form TVC-1A

HWMU: M-11

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pipe Line								
	3"			Process	Transfer Line			
	3"			Circulation	Tank Circulation			
	2"			Process	Transfer Line			
	1"			Process	Reagent injection			
Flanges								
	3"				Process line connections			
	3"				Circulation line connections			
	2"				Process transfer line connection			
	1"				Reagent injection line connections			
Hoses								
	2"			Chemical	Load/unload			
	3"			Chemical	Load/unload			
Strainer								
	8x32			Basket	P-300B Suction			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

F-501

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: F-501

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-600A	3x3	235	100	Air Diaphragm	Filter press feed pump F-501 &F-502			
Valves								
	2"			Ball	Sludge feed line			
	2"			Butterfly	Filtrate outlet at filter press			
	3/4"			Ball	Air supply to filter plate chambers			
	1/2"			Ball	Sludge feed pump discharge bleed valve			
Flanges								
	2"				Sludge feed line connections			
	2"				Filtrate transfer line connections			
Pipeline								
	2"			Process	Sludge feed line			
	2"			Process	Filtrate transfer line			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

F-502

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ F-502

Diameter (feet): _____ n/a

Height (feet): _____ n/a

Initial Capacity (gal): _____ 54 cu. Ft.

Primary Service: _____ Filter Press

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:Gallons: _____
Date: _____**Transfer/Disposal Destination:**

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

Chain of Custody:

To: _____

Date: _____

Vessel: _____

Facility: _____

Solids: _____

To: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: F-502

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-600B	3x3	235	100	Air Diaphragm	Filter press feed pump			
Valves								
	3"			Ball	Sludge feed line			
	2"			Ball	Filtrate outlet at filter press			
	¾"			Ball	Air supply to filter plate chambers			
	½"			Ball	Sludge feed pump discharge bleed valve			
Flanges								
	3"				Sludge feed line connections			
	3"				Filtrate transfer line connections			
Pipeline								
	3"			Process	Sludge feed line			
	3"			Process	Filtrate transfer line			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

NON-HAZ TANKS

TANK/VESSEL CLOSURE PROCEDURE

DKE Form TVC-1

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-319

Diameter (feet): _____ 20

Height (feet): _____ 32

Initial Capacity (gal): _____ 72,912

Primary Service: _____ Non-Haz Wastewater

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____
Date: _____

Transfer/Disposal Destination:

Date: _____
Tank #: _____
Vessel: _____
Facility: _____

Waste Volume:

Liquid Gallons: _____
To: _____
Solids: _____
To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____
Time: _____
Lab Name: _____
Analytical Date: _____

If Monitoring w/FID:

Date: _____
Time: _____
Record Readings: _____

Tank/Vessel Release:

Date: _____
Off-site Facility Name: _____
Manifest/Bill of Lading: _____
Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-323

Diameter (feet): _____ 20

Height (feet): _____ 24

Initial Capacity (gal): _____ 47,460

Primary Service: _____ Non-Haz Wastewater

Other Service: _____

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:	Chain of Custody:	Vessel: _____
Liquid Gallons: _____	Date: _____	Facility: _____
To: _____		
Solids: _____		
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Non-Haz Tanks

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/Disposal Destination
Pumps								
P-800A	3x3x5	285	22	Centrifugal	Process transfer pump			
P-801A	3x3x8	300	35	Centrifugal	Truck unloading pump			
P-801B	3x3	250	100	Air Diaphragm	Portable transfer/unload pump			
Valves								
	4"			Gate Valve	Load/unload line block valves			
	3"			Gate Valve	Process transfer block valves			
	4"			Swing check	Unload/load line			
	3"			Swing check	Process transfer pump discharge			
Flanges								
	4"			Schd. 40, 150#	Load/unload line connection			
	3"				Process transfer line connection			
Pipeline								
	4"			ASTM A53	Load/unload lines			
	3"			ASTM A53	Process transfer lines			
	3"				Process transfer line			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

WPS

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ E-430

Diameter (feet): _____ 8x10

Height (feet): _____ 9.33

Initial Capacity (gal): _____ 4,985

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:	Chain of Custody:	Vessel: _____
Liquid Gallons: _____	Date: _____	Facility: _____
To: _____		_____
Solids: _____		_____
To: _____		_____

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ E-400

Diameter (feet): _____ 8x10

Height (feet): _____ 9.33

Initial Capacity (gal): _____ 4,985

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:		Vessel: _____
Liquid Gallons: _____	Chain of Custody:	Facility: _____
To: _____	Date: _____	_____
Solids: _____		_____
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-705

Diameter (feet): _____ 4

Height (feet): _____ 4

Initial Capacity (gal): _____ 350

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

**** Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-728 _____

Diameter (feet): _____ 7 _____

Height (feet): _____ 7 _____

Initial Capacity (gal): _____ 1,870 _____

Primary Service: _____ Wastewater _____

Other Service: _____ _____

Tank Bottom Design: _____ Cone / Flat / Dish _____
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:	Chain of Custody:	Vessel: _____
Liquid Gallons: _____	Date: _____	Facility: _____
To: _____		
Solids: _____		
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Wastewater Physical Separation Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-900	3x3x5	285	22	Centrifugal	PP-010 transfer pump to T-725			
P-901	3x2x5	200	45	Centrifugal	D-705 Effluent transfer pump			
P-902	2x2	150	100	Air Diaphragm	DAF-401 Sludge transfer pump			
P-903	2x2	150	100	Air Diaphragm	D-402 Sludge transfer pump			
P-905	2x2	150	100	Air Diaphragm	CPI 401 Sludge transfer pump			
P-906	3x2x5	200	45	Centrifugal	D-702 Effluent transfer pump			
P-907	2x2	150	100	Air Diaphragm	CPI 402 Sludge transfer pump			
P-908	3x2x5	200	45	Centrifugal	D-404 Effluent transfer pump			
P-909	3x2x5	150	60	Centrifugal	Recycle H ₂ O from D-705 to D-401 pump			
CP 900	¼ x ½	1.5	350	Metering	Reagent injection to T-725 feed			
CP 901	⅝ x ⅝	8 GPH	100	Metering	Reagent injection to D-728 feed			
CP 902	⅝ x ⅝	20 GPH	100	Metering	Reagent injection to CPI-401(E-430)			
CP 903	⅝ x ⅝	20 GPH	100	Metering	Reagent injection to CPI-401(E-430)			
CP 904	⅝ x ⅝	20 GPH	100	Metering	Reagent injection to CPI-401(E-430)			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Wastewater Physical Separation Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Valves								
	4"			Ball	Process transfer block valves			
	4"			Butterfly	Process transfer block valves			
	3"			Ball	Process transfer block valves			
	3"			Butterfly	Process transfer block valves			
	2"			Ball	Process transfer block valves			
	2"			Butterfly	Process transfer block valves			
	1"			Ball	Process transfer block valves			
	¾"			Ball	Reagent and sample points			
	½"			Ball	Reagent and sample points			
	3"			Swing check	Process and transfer pumps discharge			
	3"			Ball check	Process and transfer pumps discharge			
	2"			Swing check	Process and transfer pumps discharge			
	2"			Ball check	Process and transfer pumps discharge			
	1"			Ball check	Process and transfer pumps discharge			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Wastewater Physical Separation Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Valves (cont.)								
	¾"			Ball check	Reagent transfer line block valve			
	½"			Ball check	Reagent transfer line block valve			
Flanges								
	6"				Process transfer line connection			
	4"				Process line & transfer line connection			
	3"				Process line & transfer line connection			
	2"				Process line & transfer line connection			
	1"				Sample point connections			
Pipe line								
	6"				Process line			
	4"				Pump Suction line			
	3"				Process/Transfer line			
	2"				Process/Transfer line			
	1"				Process/Transfer line			
	¾"				Reagent injection/transfer line			
	½"				Reagent injection/transfer line			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

WPU

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ CA-2 _____

Diameter (feet): _____ 4.5 _____

Height (feet): _____ 9.5 _____

Initial Capacity (gal): _____ 178 CU.FT. _____

Primary Service: _____ Wastewater _____

Other Service: _____ _____

Tank Bottom Design: _____ Cone / Flat / Dish _____
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Wastewater Polishing Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Valves								
	3"			Ball	Process line block valve			
	2"			Ball	process line block valve			
	3"			Butterfly	Process line bloc valve			
	¾"			Ball	Sample point Drain valve			
	3"			Ball check	Process line flow			
	2"			Ball check	Process line flow			
Flanges								
	3"				Process line connections			
	2"				Process line connections			
Pipeline								
	3"			Process	Carbon Adsorbers inlet/outlet			
	2"			Process	Backwash water feed			
	½"			Process	Sample point			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

BDT

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-320

Diameter (feet): _____ 20

Height (feet): _____ 28

Initial Capacity (gal): _____ 63,420

Primary Service: _____ Treated Water

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:		Vessel: _____
Liquid Gallons: _____	Chain of Custody:	Facility: _____
To: _____	Date: _____	_____
Solids: _____		_____
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

**Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Batch Discharge Tanks**

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-1101	3x2x5	150	45	Centrifugal	T-101/T-102 Circulation & Discharge			
P-1102	3x2x5	200	35	Centrifugal	T-306/T-307 Circulation & Discharge			
P-1100	6x4x8	800	22	Centrifugal	T-320/T-321 Circulation Pump			
P-1100A	4x3x6	350	26	Centrifugal	T-320/T-321 Discharge Pump			
P-1100B	3x2x5	150	48	Centrifugal	T-320/T-321 Effluent Transfer pump			
Valves								
	6"			Butterfly	Pump suction valve at tanke			
	4"			Butterfly	Pump suction			
	4"			Gate	Pumps discharge manifold			
	4"			Globe	Discharge Regulating valve			
	3"			Butterfly	Pumps Suction and discharge valve			
	3"			Ball	Process line block valve			
	2"			ball	Process line block valve			
	½"			ball	Reagent injection valve			
	3"			Ball check	Process line valve			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Batch Discharge Tanks

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/Disposal Destination	
Valves (cont.)									Ancillary Equipment Interior Sampling/Monitoring:
	3"			Swing check	Pump discharge valve				
	3"			Wafer Swing	Pump discharge valve				Start Date: _____
Flanges									Start Time: _____
	6"				Batch tank pump suction				Lab Name: _____
	4"				Batch tank pump suction				Analytical Date: _____
	3"				Process line connection				If Monitoring w/FID:
	2"				Process line connection				
Pipe line									
	6"			Process	Pump Suction				Start Date: _____
	4"			Process	Process pump suction				Start Time: _____
	3"			Process	Effluent discharge to LACSD				Record Readings: _____
	2"			Process	Transfer pump discharge				Ancillary Equipment Release:
	½"			Process	Reagent injection				
									Date: _____
									Off-site Facility Name: _____
									Manifest/Bill of Lading: _____
									Shipping Date: _____

SWST

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-103

Diameter (feet): _____ 12

Height (feet): _____ 15

Initial Capacity (gal): _____ 11,838

Primary Service: _____ Wastewater/Solvent

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-104

Diameter (feet): _____ 12

Height (feet): _____ 15

Initial Capacity (gal): _____ 11,838

Primary Service: _____ Wastewater/Solvent

Other Service: _____

Tank Bottom Design: _____ Cone Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

**Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Solvent Wastewater Storage & Treatment Unit**

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-1200	3x3	250	100	Air Diaphragm	Portable Transfer pump			
Valves								
	4"			Gate	Tank bottom side block valve			
	3"			Gate	Tank bottom side block valve			
	3"			Butterfly	Transfer line block valve			
	2"			Gate	Tank side draw block valve			
	½"			Ball	Tank sample drain valve			
Flanges								
	4"				Process line at tank			
	3"				Process line connections			
	3"				Process line connections			
	2"				Process line connections			
Pipeline								
	3"			Process	Transfer line			
	3"			Process	Transfer line			
	½"			Process	Sample point			
Hoses								
	3"			Petroleum	Transfer hose			
	2"			Petroleum	Transfer hose			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

STT

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-720

Diameter (feet): _____ 9.83

Height (feet): _____ 11.92

Initial Capacity (gal): _____ 6,000

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: Cone Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-201 _____

Diameter (feet): _____ 12 _____

Height (feet): _____ 15 _____

Initial Capacity (gal): _____ 11,838 _____

Primary Service: _____ Wastewater _____

Other Service: _____ _____

Tank Bottom Design: Cone Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:		Vessel: _____
Liquid Gallons: _____	Chain of Custody:	Facility: _____
To: _____	Date: _____	
Solids: _____		
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE

DKE Form TVC-1

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-204

Diameter (feet): _____ 12

Height (feet): _____ 15

Initial Capacity (gal): _____ 11,838

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: Cone Flat / Dish
(circle one)

Closure: _____ **Rinsate Volume:** _____ **Transfer/Disposal Destination:** _____
Date Emptied: _____ Gallons: _____ Date: _____
Date: _____ Tank #: _____

Waste Volume: _____ **Chain of Custody:** _____ **Vessel:** _____
Liquid Gallons: _____ Date: _____ Facility: _____
To: _____
Solids: _____
To: _____

Tank/Vessel Interior Sampling/Monitoring: _____ **If Monitoring w/FID:** _____
Date: _____ Date: _____
Time: _____ Time: _____
Lab Name: _____ Record Readings: _____
Analytical Date: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-202

Diameter (feet): _____ 20

Height (feet): _____ 15

Initial Capacity (gal): _____ 32,882

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: Cone Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE

DKE Form TVC-1

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-308

Diameter (feet): _____ 12

Height (feet): _____ 20

Initial Capacity (gal): _____ 16,065

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: Cone Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-309

Diameter (feet): _____ 9

Height (feet): _____ 30.5

Initial Capacity (gal): _____ 16,800

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:	Chain of Custody:	Vessel: _____
Liquid Gallons: _____	Date: _____	Facility: _____
To: _____		
Solids: _____		
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-310

Diameter (feet): _____ 9

Height (feet): _____ 30.5

Initial Capacity (gal): _____ 16,800

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-311 _____

Diameter (feet): _____ 8 _____

Height (feet): _____ 8 _____

Initial Capacity (gal): _____ 2,725 _____

Primary Service: _____ Wastewater _____

Other Service: _____ _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-761B

Diameter (feet): _____ 5.33

Height (feet): _____ 7.75

Initial Capacity (gal): _____ 1,000

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:		Vessel: _____
Liquid Gallons: _____	Chain of Custody:	Facility: _____
To: _____	Date: _____	_____
Solids: _____		_____
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-762

Diameter (feet): _____ 6

Height (feet): _____ 7.67

Initial Capacity (gal): _____ 1,450

Primary Service: _____ Wastewater-Empty

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE

DKE Form TVC-1

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-721

Diameter (feet): _____ 9

Height (feet): _____ 16.5

Initial Capacity (gal): _____ 6,409

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____
Date: _____

Transfer/Disposal Destination:

Date: _____
Tank #: _____
Vessel: _____
Facility: _____

Waste Volume:

Liquid Gallons: _____
To: _____
Solids: _____
To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____
Time: _____
Lab Name: _____
Analytical Date: _____

If Monitoring w/FID:

Date: _____
Time: _____
Record Readings: _____

Tank/Vessel Release:

Date: _____
Off-site Facility Name: _____
Manifest/Bill of Lading: _____
Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Employee: _____ (print name) _____ (signature) _____ (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-101 _____

Diameter (feet): _____ 12 _____

Height (feet): _____ 20 _____

Initial Capacity (gal): _____ 16,065 _____

Primary Service: _____ Wastewater/Treated Water _____

Other Service: _____ _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE

DKE Form TVC-1

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-102
Diameter (feet): _____ 12
Height (feet): _____ 20
Initial Capacity (gal): _____ 16,065
Primary Service: _____ Wastewater/Treated Water
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:	Chain of Custody:	Vessel: _____
Liquid Gallons: _____	Date: _____	Facility: _____
To: _____		
Solids: _____		
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

