

**Part VIII.**  
**Request for Termination of Coverage**

*(request coverage termination 30 days prior to permanently removing the remediation system)*

Underground Storage Tank Groundwater Remediation General Permit No. MSG12 \_\_\_\_  
County \_\_\_\_\_  
(Fill in your Certificate of Coverage Number and County)  
(Please Print)

Attach a closure plan that addresses how and when all products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises so that no potential environmental hazards to the State will exist.

Facility Name: \_\_\_\_\_

Physical Site Location:

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Date of planned closure (when discharge will cease): \_\_\_\_\_

Owner Company Name (please print): \_\_\_\_\_

Owner Company Contact Name: \_\_\_\_\_

Mailing Address:

(Street/ P.O. Box) \_\_\_\_\_

(City): \_\_\_\_\_, (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Tel. # \_\_\_\_\_

**Facility Operator Company Name (if different than owner):** \_\_\_\_\_

Facility Operator Contact Name: \_\_\_\_\_

Mailing Address:

(Street/ P.O. Box) \_\_\_\_\_

(City): \_\_\_\_\_, (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Tel. # \_\_\_\_\_

**I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.**

\_\_\_\_\_  
Authorized Name (Print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed