



Was the Product Piping Removed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the Vent Piping Removed? Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Testing**

A. Was vapour concentration measured in each tank? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Were field head space tests done on soils? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, instrument used \_\_\_\_\_  
calibrated on \_\_\_\_\_

Number of field tests: \_\_\_\_\_

Excavation walls	_____	Highest reading	_____
Excavation base	_____	Highest reading	_____
Excavated fill	_____	Highest reading	_____
Pipe trench(es)	_____	Highest reading	_____
Pump island(s)	_____	Highest reading	_____
Others	_____	Highest reading	_____

C. Were soil samples submitted for lab analysis? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Lab \_\_\_\_\_  
Address \_\_\_\_\_  
Number of samples \_\_\_\_\_  
Type of analysis requested \_\_\_\_\_

D. Were water samples submitted for lab analysis? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Lab \_\_\_\_\_  
Address \_\_\_\_\_  
Number of samples \_\_\_\_\_  
Type of analysis requested \_\_\_\_\_

E. Name of Person who performed vapour analysis \_\_\_\_\_  
Name of Person who performed soil sampling \_\_\_\_\_

**5. Excavation & Sampling Diagram:**

Include a diagram of the location of samples taken/recorded in the excavation. It should be to scale (use graph paper, exact scale not necessary, but should be proportional). This includes relevant sampling points and recorded values (location of vapour level tests and results), where samples were taken.

**6. Disposal:**

- a. Storage tanks and piping
  - i. Underground storage tanks and piping can not be used again for storage of petroleum or allied products.
  - ii. Aboveground storage tanks bearing an Underwriter's Laboratories of Canada (U.L.C.) label may be reused for petroleum products or allied products storage as long as the installation is certified by a Licensed Petroleum Technician.

b. Hazardous waste carrier for liquid disposal: \_\_\_\_\_

Disposal date \_\_\_\_\_

Disposal location \_\_\_\_\_

c. Was any excavated soil removed from site? \_\_\_\_\_

Soil volume removed \_\_\_\_\_

Disposal/treatment site \_\_\_\_\_

**7. Petroleum Technician Certification**

Licensed Petroleum Technician \_\_\_\_\_

License Number \_\_\_\_\_

Date(s) of tank(s) removal \_\_\_\_\_

Date of report completion \_\_\_\_\_

I certify that all the above information contained in this report is true and accurate;

Signature of Licensed Petroleum Technician \_\_\_\_\_