[Date]

[Owner/Operator Name]

[Street Address]

[City], [State], [Zip]

RE: UNDERGROUND STORAGE TANK (UST) PERMANENT CLOSURE LOCATED AT [FACILITY NAME], [SITE ADDRESS], [CITY], [STATE], [ZIP]

Dear [Owner/Operator Name],

The [CUPA] has received the UST closure documentation and finds the following UST(s) have been properly closed in accordance with Health and Safety Code, Chapter 6.7, Section 25298(c) and California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2681:

CERS Tank ID	Tank Contents	Tank Capacity	Closure Date	Closure Type

Please be advised that you are required to maintain UST closure soil and groundwater analytical results for at least 36 months from the permanent closure date listed in the table above. The [Regional Water Quality Control Board or Local Oversight Agency] may also require additional investigation and/or remediation.

If you have any questions, please contact [CUPA Authorized Representative] at [Phone Number].

Sincerely,

[CUPA Authorized Representative]