



**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
UNDERGROUND STORAGE TANK UNIT
333 SOUTH STATE STREET, ROOM 200
CHICAGO, ILLINOIS 60604**

CERTIFICATION OF SITE CONDITION-CLEAN SITE

I certify that the UST(s) to be abandoned in place is not currently leaking nor has leaked in the past. The owner/operator has measured for the presence of a release where contamination is most likely to be present at each UST site in accordance with 41 Ill. Adm. Code 170.640. The necessity to meet Illinois clean-up objectives are contained in 41 Ill. Adm. Code 170.600, 610 and are incorporated into the certification through 41 Ill. Adm. Code 170.640. Additionally, 170.670 speaks primarily about waivers.

**1) Owner of Tanks: Corporation, partnership,
or other business entity:**

**2) Facility: Name and address where the
tanks are located:**

Name

Name

Address

Address

City State Zip

City State Zip

Contact Person or Representative

Contact Person or Representative

Title Phone No.

Title Phone No.

Signature

Subscribed and sworn to before me this _____ day of _____ 19 _____

Notary Public