



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

CERTIFICATION OF SITE CONDITION-CONTAMINATED SITE

AFFIDAVIT TO BE COMPLETED AND RETURNED BY THE OWNER OF A CONTAMINATED UST SITE ON WHICH A UST IS TO BE ABANDONED IN PLACE. THIS FORM MUST BE RETURNED BY THE TANK OWNER BEFORE THE ABANDONMENT PROCEDURES CAN BE ACCOMPLISHED.

I certify that the UST(s) abandoned in place has/have soil and/or groundwater contamination. I have reported this to the IEMA and have an incident number. I agreed to remediate the site to the satisfaction of Illinois EPA and to follow all applicable State of Illinois laws and regulations.

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

2) Facility: Name and address where 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

IEMA Incident Number

Date Obtained

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

Notary Public