



Connecticut Department of  
 Energy & Environmental Protection  
 Bureau of Materials Management & Compliance Assurance  
 Emergency Response & Spill Prevention Division

## Notification of Scheduled Permanent Closure of Underground Storage Tanks

**Submit one notification form per site. This notification must be submitted at least 30 days before beginning permanent closure of a commercial underground storage tank (UST) pursuant to the UST Regulations; section 22a-449(d)-107 of the Regulations of State Agencies.**

**Important Information:**

- 1) **At least 30 days before beginning permanent closure, please submit this completed form to: [DEEP.30DayUST@ct.gov](mailto:DEEP.30DayUST@ct.gov). A separate notification is required and submitted through [ezFile](#) when the tank is completely closed.**
- 2) **Please review DEEP Guidance on Sampling and Analytical Methods for UST Closure: [www.ct.gov/deep/cwp/view.asp?a=2692&q=322592&deepNav\\_GID=1652](http://www.ct.gov/deep/cwp/view.asp?a=2692&q=322592&deepNav_GID=1652).**
- 3) **If a release is discovered during a pre-tank removal assessment or during the tank removal the release must be reported to DEEP pursuant to Connecticut General Statutes section 22a-450 (please call 860-424-3338 or toll free at 1-866-337-7745).**
- 4) **DEEP may be onsite to inspect the removal activities, but whether an inspection is performed or not, please proceed on your submitted schedule.**
- 5) **If the submitted schedule changes please e-mail details of the schedule change to: [DEEP.30DayUST@ct.gov](mailto:DEEP.30DayUST@ct.gov). Enter "Schedule Change" on the email subject line.**

**Part I: Site Information**

<b>1. LOCATION of UST(s)</b>	Name of site: <u>American Distillation, Inc.</u>		
	Street Address or Location Description: <u>31 East High Street</u>		
	City/Town: <u>East Hampton</u>	State: <u>CT</u>	Zip Code: <u>06424-1021</u>
<b>2. Site ID Number:</b>	<u>42-446</u>		

**Part II: Owner/Operator Information**

<b>1. UST Owner Name:</b>	<u>American Distilling Inc.</u>		
Mailing Address:	<u>31 EAST HIGH STREET</u>		
City/Town:	<u>EAST HAMPTON</u>	State:	<u>CT</u> Zip Code: <u>06424</u>
Business Phone:	<u>(860) 267-4444</u>	ext.:	<u>109</u>
Contact Person:	<u>Edward Jackowitz</u>	Phone:	<u>860-267-4444 ext. 109</u>
*E-mail:	<u>eej@americandistilling.com</u>		
*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.			

**Part II: Owner/Operator Information (continued)**

**2. UST Operator, if different than UST owner**

Name: *American Distilling, Inc.*

Mailing Address: *31 EAST HIGH STREET*

City/Town: *EAST HAMPTON*

State: *CT* Zip Code: *06424*

Business Phone: *(800) 267-4444*

ext.: *109*

Contact Person: *Edward Jackowitz*

Phone: *(800) 267-4444 ext. 109*

\*E-mail: *ecj@americandistilling.com*

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

**3. Contractor or person responsible for removing the UST System:**

Name: *Rand Construction, Inc.*

Mailing Address: *244 Middletown Avenue*

City/Town: *East Hampton*

State: *CT*

Zip Code: *06424*

Business Phone: *(800) 267-6623* ext.:

Contact Person: *Wayne Rand*

Phone: *(800) 267-6623 ext.*

E-mail: *wayne.rand@comcast.net*

**4. Contractor or environmental consultant responsible for conducting sampling:**

Name: *CONECO ENGINEERS & SCIENTISTS, INC.*

Mailing Address: *90 National Drive*

City/Town: *Glastonbury*

State: *CT*

Zip Code: *06033*

Business Phone: *860-659-8558* ext.:

Contact Person: *MICHAEL FELDMAN* Phone: *860 659-8558 ext.*

E-mail: *mfeldman@coneco.com*

### Part III: Underground Storage Tank Information

Complete for all tanks being permanently closed at the subject location.

Tank Identification Number	Tank No.: <u>E5</u>	Tank No.: <u>F6</u>	Tank No.: <u>G7</u>	Tank No.:	Tank No.:
1. Estimated Date Tank will be Closed (month/day/year)	<u>2/12/19</u>	<u>2/13/19</u>	<u>2/14/19</u>		
2. Estimated Total Capacity (gallons)	<u>3,000</u>	<u>10,000</u>	<u>10,000</u>		
3a. Will a pre- tank removal assessment be undertaken (or was it already undertaken)?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
3b. If yes, was a release discovered and reported?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
4. Is this a piping only removal?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
5. Substance Currently Stored (or last stored) <i>check one per compartment/tank</i>					
Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene (for resale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene (on-site consumption)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil (on-site consumption)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil (for resale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other, please specify here					
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA name					
CAS Number					

If you have any questions, please contact the Site Assessment and Support Unit at 860-424-3376 or by e-mail: ([DEEP.30DayUST@ct.gov](mailto:DEEP.30DayUST@ct.gov)).