

Closure and Post-Closure Cost Estimate & Environmental Monitoring Data

Before copying form, attach site identification label or enter the information below:

Site Name: _____

EPA ID Number (include the lettered prefix): _____

Instructions: Please see Appendix F of the California Supplemental Instructions and reference 22 California Code of Regulations 66264.7(g) at the [Office of Administrative Law](https://oal.ca.gov) at oal.ca.gov if additional clarification is needed.

SECTION 1. Closure and Post-Closure Cost Estimates

Full Permit, Interim Status Facilities, or Standardized Permit Facilities: _____

A. Type of Estimate. Check one. ☐ Closure Cost ☐ Post-Closure Cost

B. Total Cost Estimate: _____

C. Type and capacity of units. Please check type and unit of measurement.

<input type="checkbox"/> Storage	_____	Gallons _____ Tons
<input type="checkbox"/> Treatment	_____	Gallons Tons per month
<input type="checkbox"/> Disposal	_____	Gallons Tons per month
<input type="checkbox"/> Incineration	_____	Gallons Tons per month
<input type="checkbox"/> Open Burn/Detonation	_____	Gallons Tons per month
<input type="checkbox"/> Other.	Specify: _____	Gallons Tons per month

Section 2. Environmental Monitoring Data. Please do not submit monthly data. Describe the type and form of monitoring data that is maintained on-site for inspection.

Comments:

Ceased Operating as a Permitted or Interim Status Hazardous Waste Facility

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EPA ID Number (include the lettered prefix): _____

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SECTION 1. Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Prior Authorization. Check one. ☐ Permit ☐ Interim Status

B. Date of Permit: _____ C. Date of Interim Status: _____
Month Day Year Month Day Year

D. Current Permit Status. Check one. ☐ Ceased Operating ☐ Permit Rescinded

☐ Converted to Lower Tier Permitting ☐ Permit Withdrawn

E. Date ceased operating all permitted units: _____
Month Day Year

F. Date all units were converted to tier permitting: _____
Month Day Year

G. Converted all units to:
☐ Permit by Rule ☐ Conditionally Authorized ☐ Conditionally Exempt

☐ Less than 90 days storage ☐ Other _____

H. Date facility notified DTSC of closure: _____
Month Day Year

I. Is facility applying for a post-closure permit? ☐ Yes ☐ No

J. Date of facility closure certification/verification: _____
Month Day Year

Comments. List any other closure activities below.