

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 66264.75(g) at the Office of Administrative Law 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. 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	_____	___ Gallons	___ Tons per month

Specify Other _____

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

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

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EPA ID Number (include the lettered prefix): _____

Instructions: Please see Appendix F of the California Supplemental Instructions and reference 22 California Code of Regulations 66264.75(k) at the Office of Administrative Law at oal.ca.gov if additional clarification is needed.

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Ceased Operating Permit Rescinded
Converted to Lower Tier Permitting Permit Withdrawn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 Exempt Other
Conditionally Authorized Less than 90 days storage

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

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

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

Comments: List any other closure activities below.