

# CLOSURE APPLICATION FOR ABOVEGROUND HAZARDOUS MATERIALS STORAGE FACILITIES

*For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction*

Please complete and submit this form prior to the closure of any aboveground hazardous materials storage system or facility. Based on the information submitted below, and the complexity of the closure, a written Closure Plan may be required (see guidelines).

**1. Facility Information:** *(Note: Print or type all information.)*

Facility Name: _____	Facility	Phone: ( _____ )	Site
Address: _____			
City: _____	State: <u>CA</u>	Zip: _____	
Contact Name: _____	Contact	Phone: ( _____ )	Forwarding
Address: _____			
City: _____	State: _____	Zip: _____	Phone No.: ( _____ ) Property
Owner Name: _____			
Property Owner Mailing Address: _____			
<small>If different from site address</small>			
City: _____	State: _____	Zip: _____	Phone No.: ( _____ )

**2. Closure Information:**

<input type="checkbox"/> Full Facility Closure	<input type="checkbox"/> Partial Facility Closure/Remodel	Proposed Date of Closure: ____/____/____.
<p>Briefly describe the proposed closure activity. Indicate the previous use(s) of the area(s) intended to be closed and the types of chemicals used or stored in the area(s) (i.e. by submitting a copy of the Inventory Statements from your Hazardous Materials Business Plan, etc.). Include equipment, tanks, piping, exhaust and treatment systems, and the proposed final disposition of any hazardous materials and/or wastes. Attach additional pages if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Applicant/Agent's Name *(Print)*: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

*Agency Use Only*

Application: <input type="checkbox"/> approved <input type="checkbox"/> disapproved	Closure Plan: <input type="checkbox"/> required <input type="checkbox"/> not required	Inspection: <input type="checkbox"/> required <input type="checkbox"/> not required
--	--	--

Fee Received: \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Comments: \_\_\_\_\_

\_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

