



CLOSURE APPLICATION FOR ABOVEGROUND HAZARDOUS MATERIALS STORAGE FACILITIES

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: <u>Mountain View</u>		State: <u>CA</u>	Zip: _____
Contact Name: _____		Contact Phone: _____	
Forwarding Address: _____			
City: _____	State: ____	Zip: _____	Phone No.: _____
Property Owner Name: _____			
Property Owner Mailing Address: _____			
City: _____	State: ____	Zip: _____	Phone: _____

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: ____/____/____.



CLOSURE APPLICATION FOR ABOVEGROUND HAZARDOUS MATERIALS STORAGE FACILITIES APPROVALS

For official use only

THIS CERTIFIES THE CLOSURE PLAN HAS BEEN APPROVED AND CLOSURE ACTIVITES CAN BEGIN		
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
Comments: _____ _____		
Staff: _____ Date: ___/___/___.		

THIS CERTIFIES THAT THE HAZARDOUS MATERIALS STORAGE FACILITY CLOSURE ACTIVITIES ARE COMPLETE		
Comments: _____ _____		
Staff: _____ Date: ___/___/___.		