HAYWARD FIRE DEPARTMENT
A Certified Unified Program Agency

FACILITY CLOSURE NOTIFICATION FORM

Facility Name: _____ EPA ID No._____

Facility Address: _____

Mailing Address: _____

Business Phone: _____ Contact Person/Title _____

Date of Business Closure: _____

No hazardous or potentially hazardous items are to be removed from the site until a Closure Notification Form AND/OR a Closure Plan has been submitted and approved.

Check all boxes relating to the facility to be closed:

( )	Hazardous waste generator	( )	Underground tanks
( )	Waste treatment system	( )	Aboveground tanks
( )	Discharges industrial waste to sanitary sewer	( )	Wet floor operation
( )	Vehicle or engine maintenance	( )	Tier II reporting required
( )	Radioactive material	( )	Biohazards
( )	HMBP on file	( )	CFC or HCFC
( )	CalARP-regulated substance	( )	Plating shop
( )	One piece of equipment only	( )	Semiconductor fab
( )	More than one building	( )	Dispensing of flammables
( )	BAAQMD permit	( )	CRC on surfaces
( )	Compressed gas cylinder(s)	( )	Barrel/drum storage
( )	Scrubbers/fume hoods/ducting	( )	Trenches/gas cabinets
( )	Sumps, hoists	( )	Chemical storage cabinets
( )	Structural modifications	( )	Degreaser unit

A closure plan approved by the CUPA is required for any hazardous materials/waste facility or for any storage area that is to be closed. Facility Closure Plans and Notification are to be submitted **no less than 30 days prior to** the intended date of closure.

This Notification must be signed by the Facility Manager, an Officer of the Company, property owner, or other responsible party (not the consultant or contractor).

I hereby certify under penalty of perjury that the information contained in this FACILITY CLOSURE NOTIFICATION is true and correct. I recognize that the CUPA has full right-of-entry to my entire facility for the purpose of investigation and inspection to demonstrate compliance with this application, an approved closure plan, or other applicable state and local regulations.

Authorized Signature/Date: _____

Printed Name/Title: _____