

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:

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