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.)

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Phone: (_____) __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State: CA Zip: __________________________</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Contact Phone: (_____) __________________</td>
</tr>
<tr>
<td>Forwarding Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State: Zip: Phone No.: (_____) __________________</td>
</tr>
</tbody>
</table>

Property Owner Name: __________________________
Property Owner Mailing Address: __________________________

2. Closure Information:

- Full Facility Closure
- Partial Facility Closure/Remodel
- Proposed Date of Closure: _____/_____/_____

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.

Applicant/Agent’s Name (Print): __________________________
Title: __________________________
Signature of Applicant/Agent: __________________________
Date: _____/_____/_____

Agency Use Only

<table>
<thead>
<tr>
<th>Application:</th>
<th>Closure Plan:</th>
<th>Inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>approved</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>disapproved</td>
<td>not required</td>
<td>not required</td>
</tr>
</tbody>
</table>

Fee Received: $__________
Receipt No.: __________________________
Date: _____/_____/_____

Comments: __________________________________________
____________________________________________________
____________________________________________________

Staff: __________________________
Date: _____/_____/_____

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