

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

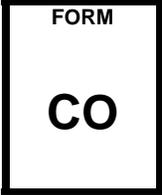
SITE NAME:

EPA ID NO:

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**CALIFORNIA DEPARTMENT  
OF TOXIC SUBSTANCES  
CONTROL**

2014 Annual Facility Report



**CEASED OPERATING AS A  
PERMITTED OR  
INTERIM STATUS  
HAZARDOUS WASTE  
FACILITY**

INSTRUCTIONS: Please see Appendix F of the CA Supplemental Instructions for filing instructions and reference 22 CCR 66264.75(k) at [www.oal.ca.gov](http://www.oal.ca.gov) if additional clarification is needed.

<b>Sec. I</b>	Full Permit, Interim Status Facilities, or Standardized Permit Facilities	
A. Prior Authorization <input type="checkbox"/> Permit <input type="checkbox"/> Interim Status	B. Date of Permit Month Day Year	C. Date of Interim Status Month Day Year
D. Current Permit Status <input type="checkbox"/> Ceased Operating <input type="checkbox"/> Converted to lower tier permitting <input type="checkbox"/> Permit Rescinded <input type="checkbox"/> Permit Withdrawn	E. Date Ceased Operating all permitted units Month. Day Year	G. Converted all Units to <input type="checkbox"/> Permit by Rule <input type="checkbox"/> Conditionally Authorized <input type="checkbox"/> Conditionally Exempt <input type="checkbox"/> Less than 90 days storage <input type="checkbox"/> Other
	F. Date all units were converted to tier permitting Month. Day Year	
H. Date facility notified DTSC of closure Month. Day Year	I. Is facility applying for Post-Closure Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	J. Date of facility Closure Certification/verification Month. Day Year

Comments: List any other closure activity below

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**CALIFORNIA DEPARTMENT OF  
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2014 Annual Facility Report

**FORM**

**CC**

**CLOSURE & POST-CLOSURE  
COST ESTIMATE AND  
ENVIRONMENTAL  
MONITORING DATA**

INSTRUCTIONS: Please see Appendix F of the CA Supplemental Instructions for filing instructions and reference 22 CCR 66264.75(g) at [www.oal.ca.gov](http://www.oal.ca.gov) if additional clarification is needed.

**Sec. I CLOSURE AND POST-CLOSURE COST ESTIMATES**

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Type of Estimate  
 Closure Cost  
 Post-Closure Cost

B. Total Cost Estimate

C. Type and capacity of units (Please check type and unit of measurement)

<input type="checkbox"/> Storage	_____	Gallons _____ Tons
<input type="checkbox"/> Treatment	_____	Gallons _____ Tons per month
<input type="checkbox"/> Disposal	_____	Gallons _____ Tons per month
<input type="checkbox"/> Incineration	_____	Gallons _____ Tons per month
<input type="checkbox"/> Open Burn/Detonation	_____	Gallons _____ Tons per month
<input type="checkbox"/> Other	_____	Gallons _____ Tons per month
Specify Other	_____	

**Sec. II ENVIRONMENTAL MONITORING DATA**

Please do not submit monthly data. Describe the type and form of monitoring data that is maintained on-site for inspection.

Comments: