

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:

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**CALIFORNIA DEPARTMENT
OF TOXIC SUBSTANCES
CONTROL**

2015 Annual Facility Report

FORM

CO

**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 if additional clarification is needed.

Sec. I

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

<p>A. Prior Authorization <input type="checkbox"/> Permit <input type="checkbox"/> Interim Status</p>	<p>B. Date of Permit Month Day Year</p>	<p>C. Date of Interim Status Month Day Year</p>
<p>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 Permit Rescinded 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 Permit Withdrawn</p>	<p>E. Date Ceased Operating all permitted units Month. Day Year</p>	<p>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 _____</p>
	<p>F. Date all units were converted to tier permitting Month. Day Year</p>	
<p>H. Date facility notified DTSC of closure Month. Day Year</p>	<p>I. Is facility applying for Post-Closure Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>J. Date of facility Closure Certification/verification Month. Day Year</p>

Comments: List any other closure activity below