



VERMONT

**HAZARDOUS WASTE GENERATOR
PRE-CLOSURE NOTIFICATION FORM**

Please return completed form to:

Waste Management & Prevention Division
One National Life Drive, Davis 1
Montpelier, Vermont 05620-3704
(802)828-1138
www.anr.state.vt.us/dec/wastediv/rcra/rcrahome.htm

Shaded box for VT DEC Office Use Only

Date Received:

Date Complete:

- ___ Updated RCRA Info
- ___ Reviewed Enforcer DB
- ___ Reviewed Spills DB
- ___ Reviewed Sites DB
- ___ Reviewed Manifests
- ___ Recommend Closure Inspection

Note: If more than one site is closing in Vermont, complete a form for each location.

1. Reason for Submittal:	<input type="checkbox"/> To provide notification of anticipated facility closure. <input type="checkbox"/> To provide notification of <u>partial</u> facility closure. <input type="checkbox"/> To request Agency Pre-Closure Inspection <input type="checkbox"/> Other: _____		
2. Site EPA ID:			
3. Site Name:			
4. Site Location Information:	Physical Address (not P.O. Box)		
	City or Town	Vermont	Zip Code
5. Reason for Closure:			
6. Plans for future use of site:			
7. Type of Business: (Describe waste generation operations in detail):			
8. Site Mailing Address: <input type="checkbox"/> Address Same as 4, above or:	Number and Street or P. O. Box:		
	City or Town:		
	State:	Zip Code:	

9. Site Contact Person: <input type="checkbox"/> Address same as 4, above or:	First Name:	Last Name:	Title:
	Street or P.O. Box:		City:
	State:	Zip Code:	
	Phone Number w/ extension:	Email address:	
10. Current Legal Owner of the Business (at the time of this notification): <input type="checkbox"/> Address same as 4, above or:	Name of Business's Legal Owner:		
	Street or P.O. Box:	City:	State:
	Zip Code:	Contact:	Phone:
11. Current Legal Owner of the Site (at the time of this notification): <input type="checkbox"/> Same as 9, above or:	Name of Property Legal Owner:		
	Street or P.O. Box:	City:	State:
	Zip Code:	Contact:	Phone:

12. Site Conditions (check all that apply):

<input type="checkbox"/> Hazardous waste is currently in storage or accumulating on-site. (if checked, please complete #13 <input type="checkbox"/> Floor drains currently exist on-site. <input type="checkbox"/> Floor drains existed, but were sealed. <input type="checkbox"/> The property has (or had) septic tank/system. <input type="checkbox"/> Lagoons or retention ponds exist (or previously existed) on-site. <input type="checkbox"/> French drains are installed at the property. <input type="checkbox"/> Visible cracks in floors where hazardous waste and/or hazardous material is/was generated, managed or stored.	<input type="checkbox"/> Sealant was used on the floors where hazardous waste and/or material is/was stored. <input type="checkbox"/> There are containers of unidentified material (of any size), on-site. <input type="checkbox"/> Drip pads or pans were used on-site. <input type="checkbox"/> Visible stains on floors or building surfaces that are not typical to normal wear and tear. <input type="checkbox"/> Known or suspected soil contamination (i.e. staining, odors) on the site.
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Provide additional information about each item checked above.

13. Wastes in storage (Include: hazardous wastes, universal wastes, used oil)

Type (Hazardous Waste Codes)	# of containers or tanks	Size of containers or tanks (gallons)	Plans for disposal:

14. Spill Information (Please detail all known spills or releases of hazardous materials or waste below)

Spill Number (if reported)	Date of release	Approx. Quantity (Gallons)	Type (material or waste)

15. Tanks (Underground, Aboveground)

Number of tanks	Size (gallons)	Materials stored (past/present)	Tank construction (e.g. steel, plastic)	Secondary Containment	Condition of tank