



VERMONT

**HAZARDOUS WASTE GENERATOR
CERTIFICATION OF FACILITY CLOSURE**

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 Completed: _____

____ Pre-closure notification form filed

____ RCRA Info Completed

Check One:	<input type="checkbox"/> Complete Closure:
	<input type="checkbox"/> Continued Use Closure:

Site EPA ID: _____ Site Name: _____

Business Owner/Operator:	Legal Property Owner:	
Physical Address (not P.O. Box):	Street or P.O. Box:	
City or Town/ Zip Code:	City:	State/ Zip Code:

Listing of Contaminants of Concern:			
Hazardous Materials Used	MSDS Available Y/N	Hazardous Waste Produced	Conditional Exemption Used? Y/N:

Cleanout Activities Completed: (Check all applicable items)

- Hazardous materials removed
- Hazardous waste removed

- Sweep
- Power Wash
- Copy of test results attached
- The property has (or had) septic tank/system
- Other

Date of Final Hazardous Waste Shipment: _____

Manifest No: _____

Certification:

I certify that the site identified above has been closed in accordance with the provisions of Vermont Hazardous Waste Management Regulations 7-309(c)(1).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there may be significant penalties of submitting false information, including the possibility for fine and imprisonment for knowing violations.

Signature: _____

Date: _____

Name: _____

Title: _____