

CITY OF FREMONT FIRE DEPARTMENT
A Certified Unified Program Agency
FACILITY CLOSURE NOTIFICATION FORM

Facility Name: _____
 Facility Address: _____
 Mailing Address: _____
 Business Phone: _____ Contact Person/Title: _____

No hazardous materials or hazardous waste operations (plating lines, treatment systems, tanks) are to be removed from the site until this Closure Notification Form and/or a Closure Plan has (have) been submitted to and approved by the Fremont Fire Department (FFD). CFC 5001.6 and 5001.6.3

Check Type of Closure:

Limited Closure: (CUPA Program Activity, Tool Removal, Special Operation). Describe:

Full Hazardous Materials Closure: (Owner/Operator Change & Business/Building Remains Open). Describe Change & Disposition of Hazardous Materials & Wastes:

Full Business Closure: Describe Site, Size, Uses, Hazardous Materials and Waste Storage areas:

Select On-Site Activities:

- | | |
|------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Generated Hazardous Waste | <input type="checkbox"/> Tool Removal/Specific Equipment |
| <input type="checkbox"/> Tiered Permit Unit: (PBR, CA, CE) | <input type="checkbox"/> Painting, Spray Booth |
| <input type="checkbox"/> HMBP | <input type="checkbox"/> Vehicle Repair/Maintenance |
| <input type="checkbox"/> Subject to Federal ARP or CALARP | <input type="checkbox"/> Plating Line/Trenches |
| <input type="checkbox"/> Underground tanks # | <input type="checkbox"/> Semiconductor Fab |
| <input type="checkbox"/> AST/TIUGA # | <input type="checkbox"/> Dispensing of Flammable/Combustible Liquids |
| <input type="checkbox"/> Dry Cleaning Operations | <input type="checkbox"/> Sand Blasting or Metals Deposition |
| <input type="checkbox"/> O/W Separator, Sumps, Hoists | <input type="checkbox"/> Chemical Storage Cabinets |
| <input type="checkbox"/> Compressed Gas Storage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> More than one building | |

A closure plan may be required by FFD for facilities that are to be closed or for any specific storage/use/handling/processing area(s). A Facility Closure Plan and Notification need to be submitted no less than 30 days prior to the intended date of closure. This document must be signed by a facility official (Manager, Officer, Property Owner) and not the consultant or contractor.

I hereby certify under penalty of perjury that the information contained in this FACILITY CLOSURE NOTIFICATION is true and correct. I recognize the FFD/CUPA has full right-of-entry to my facility for the purpose of investigation, inspection and to demonstrate compliance with State and Local regulations.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____