

INACTIVE SOLID WASTE MANAGEMENT FACILITY OR ACTIVITY NOTIFICATION FORM

FACILITY NAME:				
FACILITY ADDRESS:				
FACILITY CITY:	STATE:	ZIP CODE:		
TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> C&D processing – permit <input type="checkbox"/> C&D processing – registration <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris <input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____ </td> </tr> </table>			<input type="checkbox"/> C&D processing – permit <input type="checkbox"/> C&D processing – registration <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris <input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy	<input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____
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DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S):	FACILITY COUNTY:	NYSDEC REGION #:		

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity. It is recognized that in order to resume operation, a new permit application or registration form must be submitted to the Department for processing and approval. This notification does not excuse the facility from any closure, post-closure, or other requirements identified in 6 NYCRR Part 360.

I hereby affirm under penalty of perjury that information provided on this form was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Name (Print or Type)	Title (Print or Type)	(____) ____-____ Phone Number
Address	City	State and Zip
Signature	Date	