

Division of Materials Management New York State Department of Environmental Conservation

INACTIVE SOLID WASTE MANAGEMENT FACILITY OR ACTIVITY NOTIFICATION FORM

| FACILITY NAME: | | | | |
|--|--|--|--|---|
| FACILITY ADDRESS: | | | | |
| FACILITY CITY: | ; | STATE: | ZIP CO | DE: |
| TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check a | l applicable box | (es) | | |
| □ Anaerobic Digestion – permit □ C&D Processing – permit □ C&D Processing – registration □ Composting – Source Separated Organic Waste – permit □ Composting – Source Separated Organic Waste – registration □ Composting – Yard Waste – permit □ Composting – Yard Waste – registration □ Composting/other Processing – Biosolids/other □ Household Hazardous Waste □ Land Application – Biosolids/Septage/other – permit □ Land Application – Nonrecognizable Food Processing Waste – registration □ Land Application – Septage - registration □ Land Application – Septage - registration □ Landfill – Construction & Demolition Debris □ Landfill – Land Clearing Debris | □ Landfill – Long Island □ Landfill – Municipal Solid Waste □ Mobile Vehicle Crushers □ Municipal Waste Combustor □ Recyclable Handling & Recovery □ Regulated Medical Waste – Radiopharmacy □ Regulated Medical Waste – Onsite Treatment □ Regulated Medical Waste – Commercial Treatme □ Regulated Medical Waste – Transfer Station □ Storage – Biosolids/Septage – permit □ Storage – Nonrecognizable Food Processing Waste □ Storage – Septage – registration □ Transfer Station – permit □ Transfer Station – registration □ Vehicle Dismantling Facility □ Waste Tire Storage – Dealer □ Waste Tire Storage – New Product Manufacturing □ Waste Tire Storage – Permitted □ Waste Tire Storage – Retreader □ Other | | | |
| DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): | FACILITY C | OUNTY: | | NYSDEC REGION #: |
| This document certifies that the type of facility or activity operator relinquishes their NYSDEC permit/registration are elated to the identified activity. It is recognized that in degistration form must be submitted to the Department for excuse the facility from any closure, post-closure, or other hereby affirm under penalty of perjury that information supervision and direction and is true to the best of my kinds form pursuant to 6 NYCRR Part 360. I am aware that class A misdemeanor pursuant to Section 210.45 of the | and retains no o order to resume or processing and er requirements provided on this nowledge and b any false stater | ther permit, ro operation, a ind approval. s identified in s form was protelief, and that | egistration new permit This notific 6 NYCRR I repared by t I have the | is, or licenses t application or cation does not Part 360. me or under my a authority to sign |
| Name (Print or Type) Title (Print or Ty | pe) | () Phone N | lumber | |
| Address City | | State an | d Zip Cod | de |
| Signature Date | | | | |