

CLOSE OUT FORM

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)]

A. PECFA Number: _____ - _____ - _____ - _____

DNR BRRTS Number: _____ - _____ - _____ - _____

B. Site Information (property deed required for sites with residual contamination)

Name: _____

Address: _____

City: _____

Date Received
(office use only)

C. Responsible Party (RP) Information

Contact Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

D. Property Owner Information (if different from RP)

Contact Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

E. Consulting Firm Information

Contact Name: _____

Firm Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

Electronic Mail Address: _____

Proposed Public Notification and Fee Payment Confirmation
(Check all that apply)
 None
 DNR Soil GIS Registry
Registry fee sent to DNR? Yes
 DNR GW GIS Registry
Registry fee sent to DNR? Yes
 DNR GW GIS Registry - improperly abandoned monitoring well(s)
Registry fee sent to DNR? Yes
(Only one GW Registry fee per site.)

I certify by my signature that I am the environmental consultant on this site, that I have reviewed all the environmental information relating to the remediation at this site, that the information contained in this form and following correspondence is true and accurate, and that it is my professional opinion that this site meets all regulatory requirements for closure. (Must be signed by a professional listed below that is currently licensed by the Department of Regulation and Licensing).

Consultant Signature: _____ Date: _____

Check One:

Professional Engineer _____ License # _____

Professional Geologist _____ License # _____

Hydrologist _____ License # _____

Soil Scientist _____ License # _____

Seal

F. Other Interested Party(s) (attach additional sheets if necessary)

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

Reason for interest: _____