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: _____