

**GROUNDWATER DISCHARGE PERMIT
CLOSURE FORM
GENERAL INSTRUCTIONS**

1. The information requested in the enclosed form is required for Groundwater Permittees wishing to terminate their Groundwater Discharge Permit.
2. Please complete the attached form and return it to the Industrial Waste Group at the address below:

PWD-IWBC
1101 Market Street, 6th Fl
Philadelphia, PA 19107

If you have any questions, please contact Jennifer L. Moore at 215-685-6085 or Jennifer.L.Moore@phila.gov

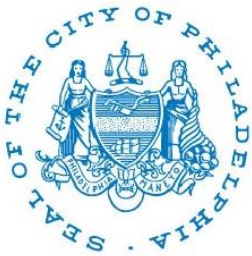
SPECIFIC INSTRUCTIONS

- Item 1. A.-B. Provide all requested information about the permitted discharge location.
- Item 2. A.-D. Provide all requested information about the permittee.
- Item 3. A.-D. Provide all requested information regarding the permit closure as required by PWD's Groundwater Discharge Permit Reporting Requirements. See "Closure Statement" below, for a detailed description of the information required for Permittees to terminate their Groundwater Discharge Permits.
- Item 4. This form must be signed by an authorized representative.

Closure Statement – Groundwater Discharge Permit Reporting Requirements

Upon the expiration of this permit a Closure Statement must be provided to this office. This Closure Statement shall be submitted in writing and shall contain, at a minimum, the following:

- 1) Name and address of permitted discharge;
- 2) Permittee name, mailing address and telephone number;
- 3) Final date(s) of discharge(s);
- 4) List of other discharge(s) that will continue to operating at the same location;
- 5) A certification statement signed and dated by an authorized representative of the permittee.



GROUNDWATER DISCHARGE PERMIT CLOSURE FORM



This form may be used by a Groundwater Discharge Permittee wishing to terminate their Groundwater Discharge Permit. Groundwater Permittees shall submit to the City, this written notice of the intent to terminate their Groundwater Discharge Permit at least thirty (30) days before permit expiration, unless otherwise stated in their permit.

1) Permitted Discharge Location:

- A. Location Name:
B. Location Address:

2) Permittee Information:

- A. Company Name:
B. Contact Name:
C. Contact Address:
D. Contact Phone Number
E. Contact E-mail Address

3) Permit Closure Information:

- A. Final Date of Discharge
B. Reason for Closure
C. List of other discharges that will continue operating at the same locations
D. Final Groundwater Report (Please Attach)

4) Certification Statement:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Authorized Representative

Signature

Title

Date