



# WASTEWATER DISCHARGE PERMIT CLOSURE FORM



Industrial Users seeking modification or termination of their Wastewater Discharge Permit due to ceasing all or part of the process(es) regulated by a Wastewater Discharge Permit must submit a written Closure Statement to the City, thirty (30) days prior to closing. Please complete this form, attaching all documents required to meet the Closure Statement requirements and return it to your permit administrator at the following address: Baxter Water Treatment Plant, 9001 State Road, Philadelphia, PA 19136

Company Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Telephone Number: \_\_\_\_\_

### **Additional Closure Statement Requirements**

The following list details the information required for the submission of a complete closure statement, pursuant to Part IV, Section (5) of your permit. Please check the box next to each piece of information that is included in this submittal.

- List of regulated processes that will cease to operate and closure date(s) of those process(es);
- List of other process(es) that will continue to operate at the same location;
- Indication of whether a water shut-off request has been filed at the same location;
- Reason for closure;
- Ultimate plans and schedule for disposal of building(s), equipment and materials;
- Schedule for disposal of building(s), equipment and materials;
- Receipts and manifests for disposal of hazardous waste/materials, etc.;
- A certification statement signed and dated by an authorized representative of the permittee.

### **Certification Statement**

"I certify under penalty of law that 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