



Cessation of Regulated Operations Program Permanent/Temporary CRO and Contact Person Form (30/45 Day Form)

Original Update

| | | | | | | |
|---|--|--|-------------------------------------|--|---|--|
| Date: ___/___/___ County where facility is located: _____ | | | | Where to Send the Completed Form: Send Originals to: Ohio EPA-DMWM Reporting, Analysis and Data Management Lazarus Government Center P.O. Box 1049 Columbus, Ohio 43216-1049 Send a Copy to: Local Emergency Planning Committee Local Fire Department Having Jurisdiction of the Facility | | |
| Permanent Cessation of Regulated Operations <input type="checkbox"/> Facility Permanently Ceasing Operations <input type="checkbox"/> New Owner/Operator <input type="checkbox"/> Courtesy CRO Report (Not Regulated Under CRO) | | Temporary Discontinuance of Regulated Operations <input type="checkbox"/> Facility Temporarily Discontinuing Operations Less Than 365 Consecutive Days <input type="checkbox"/> Waiver Application (Discontinuing Operations Greater Than 365 Consecutive Days) | | | | |
| 1.0 Parent Company or Public Entity | | | | | | |
| 1.1 | Name of Parent Company (50 char max) | | | 2.4 RCRA Identification # 2.5 Ohio EPA NPDES Permit # 2.6 Air Permit # 2.7 Storm Water Permit # 2.8 Do You Have a SPCC Plan? 2.9 To Which WWTP does the Facility Discharge? | | |
| 1.2 | Mailing Address (45 char max) | | | | | |
| | City (20 char max) | Zip Code | State | | | |
| 2.0 Facility Identification | | | | | | |
| 2.1 | Facility Name (50 char max) | | | 2.4 RCRA Identification # | | |
| 2.2 | Street Location (45 char max) | | | 2.5 Ohio EPA NPDES Permit # | | |
| | City (20 char max) | Zip Code | State OH | 2.6 Air Permit # | | |
| 2.3 | Latitude | Longitude | Facility Dun & Bradstreet# | NAICS code | 2.7 Storm Water Permit # | |
| | Fire Department (15 char max) | | Telephone # (include area code) | | 2.8 Do You Have a SPCC Plan? | |
| | Check the Appropriate Box for the Contact Person: <input type="checkbox"/> Original <input type="checkbox"/> Revision | | | | 2.9 To Which WWTP does the Facility Discharge? | |
| 3.0 Contact Person or Principle Office Information | | | | | | |
| 3.1 | Owner's or Operator's Principle Office | | Name of Owner or Operator | | Owner or Operator Telephone # | |
| | Mailing Address (45 char max) | | City (20 char max) | | Zip Code State | |
| 3.2 | Name of Contact Person (25 char max) | | Contact Person Telephone # | | Date Contact Person Designated | |
| | Mailing Address (45 char max) | | City (20 char max) | | Zip Code State | |
| 4.0 Temporary Discontinuance of Regulated Operations Information | | | | | | |
| 4.1 | Start Date of Discontinuance of Regulated Operations: ___/___/___ | | | Date When Operations Will Resume: ___/___/___ | | |
| | Reason for Temporary Discontinuance of Regulated Operations (250 char max) | | | | | |
| 5.0 Permanent Cessation of Regulated Operations | | | | (This space for Ohio EPA use only) | | |
| 5.1 | Date of Cessation of Regulated Operations: ___/___/___ | | Start Date of Security: ___/___/___ | | | |
| 6.0 Certification (Read and Sign After Completing all Sections) | | | | | | |
| 6.1 | Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations, I, the undersigned, certify to the best of my knowledge, after making all appropriate inquiries, that the information contained in and accompanying this document is true, accurate and complete. | | | | | |
| 6.2 | Signature of Owner or Operator | | Date Signed | Signature of Contact Person | | |
| | | | | Date Signed | | |