

NH HAZARDOUS WASTE DECLASSIFICATION FORM

NH DES Waste Management Division-RIMS PO Box 3900, Concord NH 03302 (603) 271-2921 Shaded boxes for NH DES office use only

| EPA ID No. | | MTS | | RCRA INFO | | | | |
|---|---------------------|-------------|----|-----------|-------------------------|------------|-----------|--|
| Please save this form and submit it to the department if you discontinue hazardous waste activities. | | | | | | | | |
| 1a. Company Name: | | | | | 1b. Effec | tive Date: | | |
| Physical location of the company to be declassified. | | | | | | | | |
| 2. Site Location Information | Street Address: | | | | | | | |
| | City or Town: | | | | State: | | | |
| | County Name: | | | | Zip Code | • | | |
| Person to contact with questions regarding this declassified site. | | | | | | | | |
| 3. Site Contact Person First and Last Name: | | | | Title: | | | | |
| | Phone Number: | | | | Phone Number Extension: | | | |
| Mailing address where future correspondence regarding this declassified site can be sent. | | | | | | | | |
| 4. Site Mailing Address Street or PO Box: | | | | | | | | |
| | City or Town: | | | | | | | |
| | State: | | | Zip Code: | | | | |
| 5. Have all hazardous waste been removed from this site? Yes \(\text{No} \) \(\text{If no, what wastes remain and what provisions have been made for removal?} \) | | | | | | | | |
| 6. Has the property been sold or leased to another company which will generate hazardous waste? Yes \(\text{No} \) \(\text{No} \) | | | | | | | | |
| 7. Reason for Declassification: Relocation. | | | | | | | | |
| □ Company Closing. New Address | | | | | | | | |
| □ Company ceasing all hazardous | | | | | | | | |
| 8. If the company has moved: Will hazardous waste be generated at the new site? Yes \(\text{No} \) If yes, has a notification packet been submitted? Yes \(\text{No} \) | | | | | | | | |
| 9. Additional Comments: (use this space for any additional information regarding this request; attach additional sheet if necessary): | | | | | | | | |
| | | | | | | | | |
| 10. Certification: The information submitted herein is, to the best of my knowledge and belief, true, accurate and complete. | | | | | | | | |
| | | | | | | | complete. | |
| Signature | | Printed Nan | ie | | Title | | Date | |
| | | | | | | | | |