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|  | **BENTON** **CLEAN AIR AGENCY** |

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| **Report of Closure** | *For Agency Use Only* |

**Company**

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| Company Name |  |
| Owner Name |  |
| Site Address  |  |
| Owner Phone Number |  |

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| --- | --- |
| Date Source Ceased Operation |  |

**Owner, Operator, or Responsible Agent Signature**

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| As the owner, operator, or responsible official for the above company, I understand that if operations that produce air emissions are reestablished at the above location or established at a new location, Benton Clean Air Authority must be contacted to determine whether a Notice of Construction is required. Signature Date Printed Name Phone Number |  |

*Washington Administrative Code (WAC) 173-400-101(5) requires notification of closure within ninety (90) days after operations permanently cease.*