

## BENTON CLEAN AIR AGENCY

For Agency Use Only

 Report of Closure

 Company

 Company Name

| Owner Name         |  |
|--------------------|--|
| Site Address       |  |
| Owner Phone Number |  |
|                    |  |

Date Source Ceased Operation

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

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.