

A.T. Kearney, Inc.
225 Reinekers Lane
P.O. Box 1405
Alexandria, Virginia 22313
703 836 6210

Management
Consultants

RECEIVED

MAR 3 1989

HAZARDOUS WASTE SECTION

ATKEARNEY

March 1, 1989

Mr. Kelly Crossman
New Mexico Health and Environment Department
Harold Rennels Building
1190 St. Francis Drive
Room North 2300
Sante Fe, NM 87503

Dear Mr. Crossman:

Enclosed, per your request, are copies of the closure tracking system data entry forms I prepared for New Mexico land disposal facilities while visiting your offices in January. These forms, along with those for Oklahoma and Louisiana, have also been forwarded to EPA Region VI.

Thank you for your cooperation and hospitality during my visit. The assistance you and your staff provided to me was very helpful in allowing me to complete the data collection task expeditiously. I hope that we will have an opportunity to work together in the future.

Sincerely,



Eric Hillenbrand
Manager

Enclosures



14998

TK

**CLOSURE MANAGEMENT SYSTEM
DATA ENTRY FORM**

Priority No. _____

PART A: FACILITY INFORMATION

1. FACILITY NAME USDOE - Los Alamos National Laboratory (LANL)
2. FACILITY ID NO. NM 0890010515
3. DATE OF MOST RECENT PART A OF PERMIT APPLICATION 11/8/88
4. NUMBER OF LAND DISPOSAL UNITS IDENTIFIED IN PART A OF PERMIT APPLICATION ~~10~~ ~~9~~ 9
5. HAS THE FACILITY APPLIED FOR A RCRA PERMIT? YES NO
6. TYPE OF RCRA PERMIT APPLIED FOR Storage operating; Incinerator
Operating; OB/OD (Subpart X)
(ONE OR MORE OF THE FOLLOWING: LAND DISPOSAL OPERATING, LAND DISPOSAL CLOSURE/POST-CLOSURE, INCINERATOR OPERATING, STORAGE OPERATING, ETC.)
7. RCRA PERMIT ISSUANCE DATE
STATE / / EPA / / N/A
8. IF NOT APPLICABLE, WHY? Pending
(DENIAL, PENDING, CLEAN CLOSURE IN LIEU OF PERMIT)
9. IF APPLICABLE, NUMBER OF LAND DISPOSAL UNITS ADDRESSED IN PERMIT WITH EITHER OPERATING STANDARDS OR CLOSURE/POST-CLOSURE CARE _____
10. COMMENTS OB/OD areas may eventually need to close as land disposal units if clean closure can be demonstrated.

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TA 54, Area G Land fill

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) Area G Land fill

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES _____ NO _____

3. STATUS: ACTIVE ✓ * (RECEIVING WASTES)
 INACTIVE ✓ (NOT RECEIVING WASTES, NOT CLOSED)
 CLOSED _____ (CERTIFIED CLOSED)

4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
 YES _____ NO _____ N/A ✓ *Active portion is non-RCRA regulated.*

5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES _____ NO _____

6. IF YES TO B.5, WHAT TYPE OF WAIVER? _____
 (1 LINER / 1/4 MILE; BIOLOGICAL Treatment; "NO MIGRATION"; CORRECTIVE ACTION)

7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED? (RECEIVED WASTE AFTER JULY 26, 1982) YES ✓ NO _____
 DATE UNIT LAST RECEIVED HAZARDOUS WASTE -1-1/85

8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
 YES _____ NO _____

9. MOST RECENT PROPOSED CLOSURE DATE 1/1
 IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR INITIATING CLOSURE: upon approval of plan

10. PHYSICAL CLOSURE DATE 1/1

11. TYPE OF CLOSURE: CLEAN CLOSURE _____
 LANDFILL ✓
 HYBRID _____
 LAND TREATMENT _____

* Area G Land fill is active for low-level vad waste disposal and trash. Cells used for hazardous waste disposal are pit 29 and shaft 124; they are inactive.

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TAS4, Arca H Landfill

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) TAS4, Arca H Landfill

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES _____ NO _____

3. STATUS: ACTIVE _____ (RECEIVING WASTES)
INACTIVE ✓ (NOT RECEIVING WASTES, NOT CLOSED)
CLOSED _____ (CERTIFIED CLOSED)

4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
YES _____ NO _____ N/A _____

5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES _____ NO _____

6. IF YES TO B.5, WHAT TYPE OF WAIVER?
(1 LINER / 1/4 MILE; BIOLOGICAL Treatment; "NO MIGRATION";
CORRECTIVE ACTION) _____

7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED?
(RECEIVED WASTE AFTER JULY 26, 1982) YES _____ NO ✓
DATE UNIT LAST RECEIVED HAZARDOUS WASTE 12/8/81

8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
YES _____ NO _____

9. MOST RECENT PROPOSED CLOSURE DATE -1-187
IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR
INITIATING CLOSURE: or upon approval of closure plan

10. PHYSICAL CLOSURE DATE 1/1

11. TYPE OF CLOSURE: CLEAN CLOSURE _____
LANDFILL ✓ _____
HYBRID _____
LAND TREATMENT _____

FACILITY NAME LAWL

LAND DISPOSAL UNIT NAME TAS4, Area L Landfill

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) TAS4, Area L Landfill

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES _____ NO _____

3. STATUS: ACTIVE _____ (RECEIVING WASTES)
INACTIVE (NOT RECEIVING WASTES, NOT CLOSED)
CLOSED _____ (CERTIFIED CLOSED)

4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
YES _____ NO _____ N/A _____

5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES _____ NO _____

6. IF YES TO B.5, WHAT TYPE OF WAIVER? _____
(1 LINER / 1/4 MILE; BIOLOGICAL Treatment; "NO MIGRATION";
CORRECTIVE ACTION)

7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED?
(RECEIVED WASTE AFTER JULY 26, 1982) YES NO _____
DATE UNIT LAST RECEIVED HAZARDOUS WASTE 11/1/85

8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
YES _____ NO _____

9. MOST RECENT PROPOSED CLOSURE DATE - / - / 87
IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR
INITIATING CLOSURE: or upon approval of closure plan

10. PHYSICAL CLOSURE DATE / /

11. TYPE OF CLOSURE: CLEAN CLOSURE _____
LANDFILL _____
HYBRID _____
LAND TREATMENT _____

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TAS4, Area L Surface Impoundments B+D

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) TAS4, ~~Area L~~ Area L Surface Imp. B
TAS4, Area L Surface Imp. D

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES _____ NO _____

3. STATUS: ACTIVE _____ (RECEIVING WASTES)
INACTIVE _____ (NOT RECEIVING WASTES, NOT CLOSED)
CLOSED _____ (CERTIFIED CLOSED)

4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
YES _____ NO _____ N/A _____

5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES _____ NO _____

6. IF YES TO B.5, WHAT TYPE OF WAIVER? _____
(1 LINER / 1/4 MILE; BIOLOGICAL Treatment; "NO MIGRATION";
CORRECTIVE ACTION)

7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED?
(RECEIVED WASTE AFTER JULY 26, 1982) YES NO _____
DATE UNIT LAST RECEIVED HAZARDOUS WASTE -1-185

8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
YES _____ NO _____

9. MOST RECENT PROPOSED CLOSURE DATE -1-187
IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR
INITIATING CLOSURE: or upon approval of closure plan

10. PHYSICAL CLOSURE DATE 1/1

11. TYPE OF CLOSURE: CLEAN CLOSURE _____
LANDFILL _____
HYBRID _____
LAND TREATMENT _____

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TA-16 Surface Impoundment

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) TA-16 Surface Impoundment

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES _____ NO _____

3. STATUS: ACTIVE _____ (RECEIVING WASTES)
INACTIVE ✓ (NOT RECEIVING WASTES, NOT CLOSED)
CLOSED _____ (CERTIFIED CLOSED)

4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
YES _____ NO _____ N/A _____

5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES _____ NO _____

6. IF YES TO B.5, WHAT TYPE OF WAIVER?
(1 LINER / 1/4 MILE; BIOLOGICAL TREATMENT; "NO MIGRATION";
CORRECTIVE ACTION) _____

7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED?
(RECEIVED WASTE AFTER JULY 26, 1982) YES ✓ NO _____
DATE UNIT LAST RECEIVED HAZARDOUS WASTE ~~8/85~~ 8/85

8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
YES _____ NO _____

9. MOST RECENT PROPOSED CLOSURE DATE 1 / 1
IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR
INITIATING CLOSURE: upon approval of closure plan C LANL
has started partial closure activities

10. PHYSICAL CLOSURE DATE 1 / 1

11. TYPE OF CLOSURE: CLEAN CLOSURE ✓
LANDFILL _____
HYBRID _____
LAND TREATMENT _____

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TA16, Area P Land fill (Eastern Section)

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) Area P Land fill, Eastern Section

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES _____ NO _____

3. STATUS: ACTIVE _____ (RECEIVING WASTES)
INACTIVE ✓ _____ (NOT RECEIVING WASTES, NOT CLOSED)
CLOSED _____ (CERTIFIED CLOSED)

4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
YES _____ NO _____ N/A _____

5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES _____ NO _____

6. IF YES TO B.5, WHAT TYPE OF WAIVER? _____
(1 LINER / 1/4 MILE; BIOLOGICAL Treatment; "NO MIGRATION";
CORRECTIVE ACTION)

7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED?
(RECEIVED WASTE AFTER JULY 26, 1982) YES ✓ NO _____
DATE UNIT LAST RECEIVED HAZARDOUS WASTE 1-1-84

8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
YES _____ NO _____

9. MOST RECENT PROPOSED CLOSURE DATE 1/1/
IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR
INITIATING CLOSURE: Upon approval of closure plan

10. PHYSICAL CLOSURE DATE 1/1/

11. TYPE OF CLOSURE: CLEAN CLOSURE _____
LANDFILL ✓ _____
HYBRID _____
LAND TREATMENT _____

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TALG, Area P Landfill (Western Section)

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) Area P Landfill, Western Section

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES _____ NO _____

3. STATUS: ACTIVE _____ (RECEIVING WASTES)
INACTIVE ✓ (NOT RECEIVING WASTES, NOT CLOSED)
CLOSED _____ (CERTIFIED CLOSED)

4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
YES _____ NO _____ N/A _____

5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES _____ NO _____

6. IF YES TO B.5, WHAT TYPE OF WAIVER?
(1 LINER / 1/4 MILE; BIOLOGICAL TREATMENT; "NO MIGRATION";
CORRECTIVE ACTION) _____

7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED?
(RECEIVED WASTE AFTER JULY 26, 1982) YES _____ NO ✓
DATE UNIT LAST RECEIVED HAZARDOUS WASTE 1-1-80

8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
YES _____ NO _____

9. MOST RECENT PROPOSED CLOSURE DATE / /
IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR
INITIATING CLOSURE: upon approval of closure plan

10. PHYSICAL CLOSURE DATE / /

11. TYPE OF CLOSURE: CLEAN CLOSURE _____
LANDFILL ✓ *
HYBRID _____
LAND TREATMENT _____

* Proposing closure without additional RCRA cap due to presence of reactive/explosive waste. Concerned that cap emplacement may result in explosion.

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TSL-85 Surface Impoundment

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) TA35, TSL-85 Surface Impoundment

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES NO
3. STATUS: ACTIVE (RECEIVING WASTES)
INACTIVE (NOT RECEIVING WASTES, NOT CLOSED)
CLOSED (CERTIFIED CLOSED)
4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
YES NO N/A
5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES NO
6. IF YES TO B.5, WHAT TYPE OF WAIVER? (1 LINER / 1/4 MILE; BIOLOGICAL Treatment; "NO MIGRATION"; CORRECTIVE ACTION)
7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED? (RECEIVED WASTE AFTER JULY 26, 1982) YES NO
DATE UNIT LAST RECEIVED HAZARDOUS WASTE / /
8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
YES NO
9. MOST RECENT PROPOSED CLOSURE DATE / /
IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR INITIATING CLOSURE: Upon appraisal of closure plan

10. PHYSICAL CLOSURE DATE / /
11. TYPE OF CLOSURE: CLEAN CLOSURE
LANDFILL
HYBRID
LAND TREATMENT

unit inadvertently received hazardous wastes from floor piping - spills of degreasing solvents used for parts cleaning in adjacent building.

FACILITY NAME LAUL

LAND DISPOSAL UNIT NAME ~~LAUL~~ TSL-125 Surface Impoundment

PART B: UNIT INFORMATION
(INCLUDE ALL UNITS LISTED ON PART A OF PERMIT APPLICATION)

1. LAND DISPOSAL UNIT NAME(S) TA 35, TSL-125 Surface Impoundment

2. IF THE FACILITY HAS A RCRA PERMIT (PART A.6), IS THIS UNIT ADDRESSED IN THE PERMIT? YES _____ NO _____
3. STATUS: ACTIVE (RECEIVING WASTES)
INACTIVE _____ (NOT RECEIVING WASTES, NOT CLOSED)
CLOSED _____ (CERTIFIED CLOSED)
4. IF ACTIVE STATUS, DOES THE UNIT MEET MTR?
YES _____ NO N/A _____
5. IF NO TO B.4, DOES THE UNIT HAVE A WAIVER? YES _____ NO
6. IF YES TO B.5, WHAT TYPE OF WAIVER?
(1 LINER / 1/4 MILE; BIOLOGICAL Treatment; "NO MIGRATION";
CORRECTIVE ACTION) _____
7. IF INACTIVE OR CLOSED, IS THE UNIT REGULATED?
(RECEIVED WASTE AFTER JULY 26, 1982) YES _____ NO _____
DATE UNIT LAST RECEIVED HAZARDOUS WASTE / /
8. IF CLOSED, DID THE UNIT CLOSE AFTER JANUARY 26, 1983?
YES _____ NO _____
9. MOST RECENT PROPOSED CLOSURE DATE / /
IF A DATE IS NOT PROVIDED, DESCRIBE OTHER CRITERIA FOR
INITIATING CLOSURE: Upon approval of plan

10. PHYSICAL CLOSURE DATE / /
11. TYPE OF CLOSURE: CLEAN CLOSURE
LANDFILL _____
HYBRID _____
LAND TREATMENT _____

Unit inadvertently received hazardous wastes from floor piping - spills of cleaning/degreasing solvents used for parts cleaning in adjacent building

FACILITY NAME LAUL

LAND DISPOSAL UNIT NAME Area G Land fill

Part C: Closure Plan Processing Information

1. Closure Plan Submittal Date 9/27/85 (initial)
 2. Revised Closure Plan Submittal Date (latest)
 3. Public Notice for Closure
 4. Public Comment Period Close
 5. Public Hearing Date N/A
 6. Post-Public Comment Period Revised Closure Plan Submittal Date N/A
 7. State Approval Date
 8. EPA Comment Date
 9. Closure Certification Date
 10. State Acknowledgement of Closure
-

Part D: Post-Closure Information

1. Is post-closure monitoring required? Yes No
2. Post-closure Permit Issuance Date
3. Post-closure Period Termination Date

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TA 54, Areas H and L Landfills and Surface Impoundments B and D

Part C: Closure Plan Processing Information

1. Closure Plan Submittal Date 5/1/85 (initial)
2. Revised Closure Plan Submittal Date 11/13/86 (latest)
3. Public Notice for Closure / /
4. Public Comment Period Close / /
5. Public Hearing Date / / N/A
6. Post-Public Comment Period Revised Closure Plan Submittal Date / / N/A
7. State Approval Date / /
8. EPA Comment Date / /
9. Closure Certification Date / /
10. State Acknowledgement of Closure / /

Part D: Post-Closure Information

1. Is post-closure monitoring required? Yes No
2. Post-closure Permit Issuance Date / /
3. Post-closure Period Termination Date / /

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TA-16 Surface Impoundment

Part C: Closure Plan Processing Information

1. Closure Plan Submittal Date 11/13/86 (initial)
 2. Revised Closure Plan Submittal Date 12/7/88 (latest)
 3. Public Notice for Closure 10/16/88
 4. Public Comment Period Close 12/9/88
 5. Public Hearing Date / / N/A
 6. Post-Public Comment Period Revised Closure Plan Submittal Date / / N/A
 7. State Approval Date / /
 8. EPA Comment Date / /
 9. Closure Certification Date / /
 10. State Acknowledgement of Closure / /
-

Part D: Post-Closure Information

1. Is post-closure monitoring required? Yes No
2. Post-closure Permit Issuance Date / /
3. Post-closure Period Termination Date / /

FACILITY NAME LANL
LAND DISPOSAL UNIT NAME TA 16, Area P Land Fill (2 sections)

Part C: Closure Plan Processing Information

1. Closure Plan Submittal Date 9/27/85 (initial)
 2. Revised Closure Plan Submittal Date 2/8/88 (latest)
 3. Public Notice for Closure / /
 4. Public Comment Period Close / /
 5. Public Hearing Date / / N/A
 6. Post-Public Comment Period Revised Closure Plan Submittal Date / / N/A
 7. State Approval Date / /
 8. EPA Comment Date / /
 9. Closure Certification Date / /
 10. State Acknowledgement of Closure / /
-

Part D: Post-Closure Information

1. Is post-closure monitoring required? Yes ✓ No
2. Post-closure Permit Issuance Date / /
3. Post-closure Period Termination Date / /

FACILITY NAME LAUL
LAND DISPOSAL UNIT NAME TSL-85 Surface Impairment

Part C: Closure Plan Processing Information

1. Closure Plan Submittal Date 10/17/88 (initial)
 2. Revised Closure Plan Submittal Date / / (latest)
 3. Public Notice for Closure / /
 4. Public Comment Period Close / /
 5. Public Hearing Date / / N/A
 6. Post-Public Comment Period Revised Closure Plan Submittal Date / / N/A
 7. State Approval Date / /
 8. EPA Comment Date / /
 9. Closure Certification Date / /
 10. State Acknowledgement of Closure / /
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Part D: Post-Closure Information

1. Is post-closure monitoring required? Yes No ✓
2. Post-closure Permit Issuance Date / /
3. Post-closure Period Termination Date / /

FACILITY NAME LANL

LAND DISPOSAL UNIT NAME TSL-125 Surface Impairment

Part C: Closure Plan Processing Information

1. Closure Plan Submittal Date 10/17/88 (initial)
 2. Revised Closure Plan Submittal Date / / (latest)
 3. Public Notice for Closure / /
 4. Public Comment Period Close / /
 5. Public Hearing Date / / N/A
 6. Post-Public Comment Period Revised Closure Plan Submittal Date / / N/A
 7. State Approval Date / /
 8. EPA Comment Date / /
 9. Closure Certification Date / /
 10. State Acknowledgement of Closure / /
-

Part D: Post-Closure Information

1. Is post-closure monitoring required? Yes No ✓
2. Post-closure Permit Issuance Date / /
3. Post-closure Period Termination Date / /