



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
DRYCLEANING ENVIRONMENTAL RESPONSE TRUST (DERT) FUND
NOTICE OF CLOSURE OF A DRY CLEANING FACILITY

This form should be filled out and returned to the address listed below 60 days prior to closure of the dry cleaning facility. This form should be typed or printed.

I. FACILITY INFORMATION

| | | | | | |
|--|-------|-----------------------|-----------|---------------------|-------------|
| FACILITY NAME | | COUNTY | PLANT NO. | CLOSURE DATE | YRS OF OPER |
| SITE ADDRESS | | CITY | | STATE | ZIP CODE |
| FACILITY MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | | CITY | | STATE | ZIP CODE |
| FACILITY CONTACT PERSON | TITLE | FACILITY PHONE NUMBER | | FACILITY FAX NUMBER | |

II. PROPERTY OWNER INFORMATION

| | |
|------------------|------------|
| NAME | |
| ADDRESS | |
| TELEPHONE NUMBER | FAX NUMBER |

Section 260.905, RSMo and 10 CSR 25-17.070, requires that all active dry cleaning facilities properly remove all dry cleaning wastes and unused solvents in order to prevent further releases. The removal of these wastes and unused solvents must be accomplished within 90 days of permanent closure of the facility.

PLEASE COMPLETE THIS FORM, SIGN IN THE APPROPRIATE SPACE AND RETURN TO:

**ATTN: Drycleaning Environmental Response Trust (DERT) Fund
Missouri Department of Natural Resources
Brownfields/Voluntary Cleanup Section
P.O. Box 176
Jefferson City, MO 65102-0176**

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|-------------------|------------------|
| SIGNATURE | TELEPHONE NUMBER |
| PLEASE PRINT NAME | DATE |