



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

14949 62<sup>nd</sup> Street North, PO Box 6

Stillwater MN 55082-0006

Telephone 651-430-6655/ Fax 651-430-6730/ TTY 651-430-6246

**License to Operate a Hazardous Waste Facility**  
**CLOSURE COST WORKSHEET**

**FACILITY NAME:** \_\_\_\_\_

**Facility Address, City:** \_\_\_\_\_

**FACILITY TYPE:** \_\_\_\_\_

**A. WASTE ON SITE**

Indicate the wastes which will be managed on site, the maximum volume stored at any time, the cost for disposal of that volume and how this cost was determined (name of vendor which quoted this price).

| <b>Waste Name*</b>           | <b>Maximum Volume</b> | <b>Removal and Disposal Cost</b> | <b>Cost Determination</b> |
|------------------------------|-----------------------|----------------------------------|---------------------------|
| <i>Ex. Fluorescent Lamps</i> | <i>1200 6' lamps</i>  | <i>\$708</i>                     | <i>ABC Recycling Inc.</i> |
| 1. _____                     | _____                 | _____                            | _____                     |
| 2. _____                     | _____                 | _____                            | _____                     |
| 3. _____                     | _____                 | _____                            | _____                     |
| 4. _____                     | _____                 | _____                            | _____                     |
| 5. _____                     | _____                 | _____                            | _____                     |
| 6. _____                     | _____                 | _____                            | _____                     |
| 7. _____                     | _____                 | _____                            | _____                     |
| 8. _____                     | _____                 | _____                            | _____                     |
| 9. _____                     | _____                 | _____                            | _____                     |
| 10. _____                    | _____                 | _____                            | _____                     |
| 11. _____                    | _____                 | _____                            | _____                     |
| 12. _____                    | _____                 | _____                            | _____                     |
| 13. _____                    | _____                 | _____                            | _____                     |
| 14. _____                    | _____                 | _____                            | _____                     |
| 15. _____                    | _____                 | _____                            | _____                     |
| Total.....                   | _____                 | _____                            | _____                     |

**B. CLEAN UP COSTS**

Indicate how the storage area will be decontaminated and what tests will be used to verify the decontamination.

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Decontamination Costs:

Disposal of cleaning debris: \_\_\_\_\_

Labor costs: \_\_\_\_\_

Sampling and Testing: \_\_\_\_\_

Other: \_\_\_\_\_

Describe: \_\_\_\_\_

Total Decontamination Costs: \_\_\_\_\_

Contractor providing cost quote: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Contractor contact person and phone number: \_\_\_\_\_

**C. CLOSURE COST**

Waste removal cost from A above: \_\_\_\_\_

Decontamination cost from B above: \_\_\_\_\_

Total cost for closure activity: \_\_\_\_\_ Plus 30%: \_\_\_\_\_

This is the amount for which financial assurance is required.

**APPLICATION CERTIFICATION**

I, the undersigned, am a duly elected, qualified and acting officer of the above named company or corporation. As such officer, I have the authority to certify the following:

I certify under penalty of law that I have personally examined and am familiar with the information in this and all attached documents submitted as a hazardous waste facility license application for the listed recycling, treatment, storage, disposal or transfer facility and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I hereby apply for a Ramsey County Hazardous Waste Facility License subject to all conditions and provisions of Minnesota Rules, Chapter 7045 and the Ramsey County Hazardous Waste Management Ordinance.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_