



# Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## RCRA Interim Status Closure Certification Statement

To meet the requirements of 35 Ill. Adm. Code 725.215, this statement is to be completed by a responsible officer of the owner/operator (as defined in 35 Ill. Adm. Code 702.126) and an independent licensed professional engineer upon completion of interim status closure of a hazardous waste management unit.

Facility Name: \_\_\_\_\_

Illinois EPA Identification Number: \_\_\_\_\_

USEPA Identification Number: \_\_\_\_\_

Illinois EPA Closure Log No.: \_\_\_\_\_

Name of Unit(s) Being Closed: \_\_\_\_\_

The hazardous waste management unit(s) identified above has/have been closed in accordance with the specifications in a plan approved with conditions and modifications by Illinois EPA. A report demonstrating closure was carried out in accordance with the approved plan is attached.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

\_\_\_\_\_  
Signature of Owner/Operator Responsible Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Owner/Operator

\_\_\_\_\_  
Signature of Licensed P.E.

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Licensed P.E. and Ill. License No.

Mailing Address of P.E.:

Licensed P.E.'s Seal:

Mail Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_