State of California CalRecycle 675 (Revised 01/15) Department of Resources Recycling and Recovery

## **45-DAY OWNER OR OPERATOR CHANGE NOTICE**

| Owner Change: | Operator Change:   |  |
|---------------|--------------------|--|
| •             | (mark one or both) |  |

Information Required on Notification for a Change of Owner or Operator at a Solid Waste Facility (PRC, Section 44005)

| FACULTY/OLTS INFORMATION  |                           |       |                  |  |  |  |  |
|---|---------------------------|-------|------------------|--|--|--|--|
|   | FACILITY/SITE INFORMATION |       |                  |  |  |  |  |
| Facility Name   | :                         |       | SWIS #:          |  |  |  |  |
|   | Address/Location:         |       |                  |  |  |  |  |
|   | Phone Number:             |       |                  |  |  |  |  |
| OWNER/OPERATOR INFORMATION  |                           |       |                  |  |  |  |  |
| New Operator  | :                         | New L | Land Owner:      |  |  |  |  |
| Mailing Address:  |                           |       | Mailing Address: |  |  |  |  |
|   |                           |       |                  |  |  |  |  |
| Divon Number  |                           | Dha   | Nb               |  |  |  |  |
| Phone Number  | :                         | Pno   | one Number:      |  |  |  |  |
| Date of Anticipated Transfer:   |                           |       |                  |  |  |  |  |
| OPERATION INFORMATION (Complete if facility is a solid waste landfill)  |                           |       |                  |  |  |  |  |
| 1. Submitted Closure & Postclosure Maintenance Plan (C & PMP): Preliminary Final  |                           |       |                  |  |  |  |  |
| Approval Date for Revised C & PMP (per Title 27, CCR, Section 21890):   |                           |       |                  |  |  |  |  |
| Approval Date of Amended Financial Assurances Demonstration:  |                           |       |                  |  |  |  |  |
| Financial Assurances (per Title 27, CCR, Articles 1 & 2):   |                           |       |                  |  |  |  |  |
| Operating Liability (per Title 27, CCR, Article 3):   |                           |       |                  |  |  |  |  |
| Report of Facility Information (RFI) Governing Current Design & Operation:  |                           |       | Date             |  |  |  |  |
| Certification:  I hereby certify under the penalty of perjury that the information provided is true and correct to the best of my knowledge and belief. Furthermore, I hereby certify that I assume entirely, the facility design and operations described in the current RFI; that there will be no physical changes above and beyond what is described in the RFI; and that the facility will be operated in compliance with the terms and conditions of the approved permit and all other applicable requirements. |                           |       |                  |  |  |  |  |
| Signature of Land Owner:  |                           |       | Date:            |  |  |  |  |
| Signature of Operator:  |                           |       | Date:            |  |  |  |  |

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## 7-DAY OWNER OR OPERATOR ADDRESS CHANGE NOTICE

| Owner Address Change:  | Operator Address Change: (mark one or both)  |  |  |  |  |
|--|--|--|--|--|--|
|  | ACILITY SITE INFORMATIONSWIS #:  |  |  |  |  |
| OWNER/OPERATOR INFORMATION   |  |  |  |  |  |
| Owner Current Address:   | Operator Current Address:  |  |  |  |  |
|  |  |  |  |  |  |
| Owner New Address:   | Operator New Address:  |  |  |  |  |
|  |  |  |  |  |  |
| Contification  |  |  |  |  |  |
| Certification:  I hereby certify under the penalty of perjury that | t the information provided is true and correct to the best of my knowledge and belief. |  |  |  |  |
| Signature of Owner:<br>Signature of Operator:                      |  |  |  |  |  |