YWN	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**NOTICE OF CEASED OPERATION OF A YARD WASTE FACILITY**

PURPOSE: This form is ONLY for facilities that have recently or are planning to close a yard waste facility. Please fill out the requested information below. Upon completion, this form can be signed with an electronic signature. To e-mail, save the completed form and e-mail to **michelle.sclafani@ncdenr.gov** -OR- mail to:

North Carolina Department of Environment and Natural Resources
Solid Waste Section
1646 Mail Service Center
Raleigh, NC 27699

Information Specific to the Facility	
Specific Date the Facility Ceased Operation:	
Facility Name:	Notification #:
Street 1:	
Street 2:	
City:	County:
State: North Carolina	Zip:

Property Owner Contact Information	Site Manager Contact Information
Name:	Name:
Phone: Fax:	Phone: Fax:
Email:	Email:
Street 1:	Street 1:
Street 2:	Street 2:
City:	City:
State: North Carolina Zip:	State: North Carolina Zip:

CERTIFICATION: By signing this I confirm that the site has been formally closed; which includes removing all materials, and if applicable, restoring the site to its original condition. To the best of my knowledge and belief, I certify the information provided in this notice is true, accurate, and complete.

Site Manager Signature: _____ Date: _____

Form Save As Print Form