State of California
CIWMB 678 (New 01/03)

California Integrated Waste
Management Board

5 Year Permit Review Report

Facility Name	Facility Number	Review Date
Enforcement Agency	Reviewer's Name (Type or Print)	Reviewer's Signature

Documents Reviewed

Document Name	Document Code*	Date	Updates

Findings

Document Code	Page Number	Finding

* The Document Code is any symbol you choose to represent the name of a document (e.g. EIR,RDSI, CUP, etc.)

☐ Check here if additional pages have been attached to this form.

Findings (continued)

Document Code	Page Number	Finding

Conclusions Re: Permit Status (Revision/Suspension/Revocation)

Directives Given to Operator

Permit Action Required: (Check One Box)	Documents to be Submitted: (Check all applicable boxes)
☐ Submit Application for Permit Revision	☐ Updated RFI
☐ Permit Suspension	☐ Financial Assurances
☐ Permit Revocation	☐ CEQA Compliance
☐ Submit Application for RFI Amendment	☐ Preliminary Closure Plan
☐ Submit Owner/Operator Change Notification	☐ Final Closure Plan
☐ Other (specify below)	☐ Other (specify below)