



**CUPA**  
**San Bernardino County Fire Department • Hazardous Materials Division**  
**620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460**

**ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE**

Page \_\_\_\_ of \_\_\_\_

**I. FACILITY IDENTIFICATION**

FACILITY ID #	<b>F</b>	<b>A</b>							1	BUSINESS NAME (Same as FACILITY NAME or DBA)	3
FACILITY ADDRESS								CITY		ZIP CODE	

**II. STATUS**

NOTIFICATION STATUS	600	PERMIT STATUS <i>(Check all that apply)</i>	601
<input type="checkbox"/> a. Amended		<input type="checkbox"/> a. Facility Permit	<input type="checkbox"/> d. Variance
<input type="checkbox"/> b. Initial		<input type="checkbox"/> b. Interim Status	<input type="checkbox"/> e. Consent Agreement
<input type="checkbox"/> c. Renewal (PBR Only)		<input type="checkbox"/> c. Standardized Permit	

**III. NUMBER OF UNITS AT FACILITY**

*(Indicate the number of units you operate in each tier, attach one unit notification page for each unit except CE-CL)*

a. \_\_\_\_ Conditionally Exempt - Small Quantity Treatment (CESQT) *(May not function under any other tier)*  
602

b. \_\_\_\_ Conditionally Exempt - Specified Wastestream (CESW)

c. \_\_\_\_ Conditionally Authorized (CA)

d. \_\_\_\_ Permit by Rule (PBR)

e. \_\_\_\_ Conditionally Exempt - Limited (CEL)

f. \_\_\_\_ Conditionally Exempt - Commercial Laundry (CE-CL) *(No unit page is required for laundries)*

g. \_\_\_\_ TOTAL UNITS *(Must equal the number of unit notification pages attached plus the number of CE-CL units)*

**IV. CERTIFICATION AND SIGNATURE**

**Waste Minimization** I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

**Tiered Permitting Certification** I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. 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 directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete.

I am aware that there are substantial penalties for submitting false information, including the possibilities of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE	603
NAME OF OWNER/OPERATOR	TITLE OF OWNER/OPERATOR	605

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only)  Yes  No

State Reason for Request:

**V. ATTACHMENTS *(Check if attached)***

<p>ALL tiers except CE-CL (Laundries) must submit:</p> <p><input type="checkbox"/> 1. One unit specific notification page and one treatment process page per unit</p> <p><input type="checkbox"/> 2. Plot Plan (or other grid/map)</p> <p>PBR &amp; CA ONLY:</p> <p><input type="checkbox"/> 1. Closure Financial Assurance (formerly DTSC Form 1232)  <input type="checkbox"/> Self Certified (&lt;\$10,000) <input type="checkbox"/> Other mechanism</p> <p><input type="checkbox"/> 2. Phase I Assessment (DTSC Form 1151) <input type="checkbox"/> Previously submitted</p> <p><input type="checkbox"/> 3. Prior Enforcement History, if applicable</p>	<p>PBR ONLY</p> <p><input type="checkbox"/> 1. Tank and container certifications, if required</p> <p><input type="checkbox"/> 2. Notification of local agency or agencies</p> <p><input type="checkbox"/> 3. Notification of property owner, if different from business owner</p>
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# Instructions for Completing the Onsite Hazardous Waste Treatment Notification - Facility Form

## GENERAL INFORMATION

This form is to be used by generators performing treatment of hazardous wastes at the site where the waste is generated. It is limited to use by generators that are eligible under Conditional Exemption or Conditional Authorization and facilities operating Fixed Treatment Units (FTUs) under Permit by Rule (PBR). This form was previously known as DTSC Form 1772.

You must complete one facility form for each facility and attach one unit specific form for each treatment unit at this location

If you do not know which treatment tier applies to your operation, contact your district inspector..

## DEFINITIONS

*Treatment Unit:* a combination of tanks or tank systems and/or containers located together that are used in sequence to treat one or more compatible hazardous waste streams. The devices are either plumbed together or otherwise linked to form one treatment system.

## INSTRUCTIONS

### **I. Facility Identification**

1. Enter your Facility ID Number, if known. Otherwise, leave blank. This number is assigned by the CUPA and is the seven digits following the letters "FA" (which appears on the CUPA permit.)
3. Enter the name of the business, as it appears on the Business Activities Form.
- . Enter the physical address (no PO Boxes) for the site as it appears on the Business Activities Form. It should be the same address as the location address on business emergency/contingency plan.

### **II. Status**

600. Check the box that indicates whether this notification is your initial notification under the Tiered Permitting system, an amendment to an existing notification or a renewal for PBR treatment.
601. Check all the boxes that indicate your permit status.

### **III. Number of Units at Facility**

602. Indicate the number of treatment units you operate in each listed tier. The number of unit specific notifications you attach to this form must equal the number of units you indicate here.

### **IV. Certification and Signature**

Read the certification statements and provide the owner/operator information, date and signature when the form is completed.

**Requesting a Shortened Review Period:** Generators operating under CE and CE are authorized 60 days after submitting a completed notification. The time period between notification and authorization may be shortened if the owner or operator can show good cause. If you require authorization in less than the standard 60-day period, check the "YES" box in this section and state your reason for the request. Upon receipt of your completed notification, you will be automatically authorized. Please use additional sheets to explain your reason, if necessary.

### **V. Attachments**

NOTE: Commercial laundries are not required to provide these attachments.

#### ALL TIERS:

1. You must attach a unit specific notification for each unit covered by this notification.
2. A plot plan or map detailing the location(s) of the treatment unit(s). This diagram will aid the inspector and will help streamline your inspections. You may use the plot plan / map that you submitted with your Business Emergency/Contingency Plan if it clearly identifies each unit.

#### PBR & CA ONLY:

1. Check the box that best describes the mechanism you use for Financial Assurance. This must be the same mechanism indicated on the Certificate of Financial Assurance, Item 709.
2. Check the box that indicates if you are submitting a Phase I Assessment or if one has already been submitted.
3. Check this box if you are submitting Prior Enforcement History information. You must submit this information if you have had any prior enforcement actions against you.

#### PBR ONLY:

1. Attach any required tank and container certification.
2. Attach any additional local agency notifications.
3. If you are not the property owner, attach a copy of your notification to the property owner that you are treating hazardous waste onsite.

**IF YOU HAVE ANY QUESTIONS CONTACT YOUR DISTRICT INSPECTOR AT (909) 386-8401**