



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

REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION

a. Initial b. Revised c. Annual 720 Page 1 of ____

I. FACILITY IDENTIFICATION														
FACILITY ID #	3	6	0	0	1							1	BUSINESS NAME (Same as FACILITY NAME or DBA)	3

II. CONSOLIDATED SITE INFORMATION			
ADDRESS	721	FACILITY EPA ID #	2
CITY	722	CA	ZIP CODE 723

DESCRIPTION OF THE TYPE(S) OF REMOTE LOCATION(S) AND SOURCE(S) FROM WHICH THE NON-RCRA HAZARDOUS WASTE WILL BE COLLECTED (i.e. power pole): 724

DESCRIPTION OF THE TYPE OF HAZARDOUS WASTE THAT MAY BE COLLECTED: 725

Do you treat your hazardous waste at this consolidation site? 726	ESTIMATED MONTHLY VOLUME CONSOLIDATED 727	UNITS 728	
(Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> a. Pounds <input type="checkbox"/> b. Gallons	

III. BASIS FOR NOT NEEDING A FEDERAL PERMIT	
(Check all that apply) 729 <input type="checkbox"/> a. The hazardous waste being consolidated is not hazardous waste under federal law although the waste is regulated as hazardous waste under California state law. <input type="checkbox"/> b. The hazardous waste is hazardous waste under federal law, but transportation to and accumulation at the consolidation site of the waste is not subject to permitting requirements under federal law for the following other reason(s):	

IV. CERTIFICATIONS	
I certify under penalty of law that the activities described in these documents meet the applicable eligibility and operating requirements of state statutes and regulations for remote waste and consolidation sites. I further certify 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 possibility of fines and imprisonment for knowing violations.	
SIGNATURE OF OWNER/OPERATOR	DATE 730
NAME OF OWNER/OPERATOR 731	TITLE OF OWNER/OPERATOR 732

Instructions for Completing the Remote Waste Consolidation Site Annual Notification Form

GENERAL INFORMATION

This form is to be used by generators that collect non-RCRA or non-RCRA regulated hazardous waste initially at remote sites and subsequently transports the hazardous waste to consolidation sites operated by the generator. This form is limited to use by generators that are eligible pursuant to CHSC §25110.10. You must complete one Remote Waste Consolidation Site Annual Notification for EACH generator consolidation site. All generators must notify this Division annually of their intent to operate under this exemption.

GENERAL INSTRUCTIONS

Check the box at the top of the page that indicates whether this is an initial notification, a revision to an existing notification or an annual notification.

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 last 6 digits of the facility's establishment number (which appears on the CUPA permit.)
3. Enter the name of the business, as it appears on the Business Activities Form.

II. Consolidated Site Information

721. Enter the physical address (no PO Boxes) for the consolidation site. It should be the same address as the location address on the business emergency/contingency plan.
2. This is the number issued by Cal EPA for all hazardous waste generators. If you do NOT currently have an EPA ID number assigned, call EPA at (800) 618-6942 and a number will be assigned to you.
722. Enter the city where the consolidation site is located.
723. Enter the Zip Code for the consolidation site.
724. Enter a description of the remote locations from which the non-RCRA hazardous waste will be collected and describe the specific source generating the waste (i.e., power pole).
725. Provide a general description of the hazardous waste(s) to be consolidated. If you cannot limit the description to the space provided, attach a separate sheet of paper with the additional description.
726. Check the box that indicates whether you treat your consolidated waste onsite. If you check the "YES" box, you must also submit the appropriate Onsite Hazardous Waste Treatment Notification forms.
727. Indicate the estimated total monthly volume of hazardous waste to be consolidated at this site.
728. Check the box that best defines the units of measure for the consolidated volume.

III. Basis for Not Needing a Federal Permit

729. Check the box that best indicates the reason you are exempt from requiring a federal permit.

IV. Certifications

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

The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. Original signatures are required.

IF YOU HAVE ANY QUESTIONS CONTACT YOUR DISTRICT INSPECTOR AT (909) 386-8418