STANISLAUS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION

												720					rage_	01	
a. Init	tial	□ b.	Revised	I CI	enited.		c. Annu		т										
DUCINECC	NAME (C. D. CHARLE)				INER 3		FORM	ATION	N		1 1							1 1	1
DUSINESS	NAME (Same as FACILITY	NAME or I	JBA – Doing Bi	usiness As)	3	FACIL	ITY ID#												
			II. C	ONSOL	LIDA	TION :	SITE IN	IFORM	1AT	ION	1						<u> </u>		
ADDRESS								72	21	FACIL	ITY I	EPA I	D#						2
CITY									22	CA		ZIP C	ODE						723
DESCRIPTIO power pole)	DESCRIPTION OF THE TIPE(S) OF REMOTE LOCATION(S) AND SOURCE(S) FROM WHICH THE NON-RCRA HAZARDOUS WASTE WILL BE COLLECTED (I.E.															724			
DESCRIPTION OF THE TYPE OF HAZARDOUS WASTE THAT MAY BE COLLECTED 725														725					
Do you treat yo	our hazardous waste at this co	onsolidatio	on site?	726			MONTHLY NSOLIDAT		72	7 UN	NITS [□ a. 1	Pounds		b. G	allons			728
(optional)	☐ Yes ☐	No			VOL	OME CO	NSOLIDITI	LD											
	III. BASIS FOR NOT NEEDING A FEDERAL PERMIT																		
(Check all that ap	pply)		-																729
 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. 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																			
for remote w system desig the system, o	er penalty of law that the a raste and consolidation situ ned to assure that qualifie or those directly responsib here are substantial penalt	tes. I furt ed person ble for gat	ther certify the nel properly hering the ir	hat this do gather and nformation	cument d evalua , the in	t and all ate the ir formatio	attachmen formation on is, to the	ts were pr submitted best of n	repare d. Ba ny kn	ed und ased on owledg	er my n my i ge and	direct nquiry I belief	ion or of the f, true,	supe pers accu	ervision son or arate, a	n in ac person and co	ccordano	ce wit	th a ge
SIGNATURE OWNER/OPERATOR							DATE								730				
NAME OF C		731	TITLE OF OWNER/OPERATOR										732						

Remote Waste Consolidation Site Annual Notification

Complete this page if you are a generator and you collect non-RCRA or non-RCRA regulated hazardous waste initially at remote sites and subsequently transport the hazardous waste to consolidation sites which you also operate.

Complete one Remote Waste Consolidation Site Annual Notification per consolidation site. All generators having the intent to operate under this exemption must notify the CUPA annually.

Refer to HSC? 25110.10 for eligibility and notification requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

- FACILITY ID NUMBER Leave this blank. This number is assigned by Stanislaus County. This is the unique number which identifies your facility.
- 2. EPA ID NUMBER Enter the EPA ID number for the facility.
- 3. BUSINESS NAME Enter the full legal name of the business.
- 720. NOTIFICATION STATUS Check the reason the notification is being completed.
- 721. ADDRESS Enter the street address of consolidation site. If no address exists, enter a legal description of the site.
- 722. CITY Enter the city or unincorporated area of consolidation site.
- 723. ZIP CODE Enter the zip code of the consolidation site.
- 724. DESCRIPTION OF REMOTE LOCATION(S) Describe the type of location(s) and source(s) from which the non-RCRA hazardous waste will initially be collected (i.e. power pole).
- 725. DESCRIPTION OF WASTE(S) COLLECTED Describe the specific waste type(s) to be consolidated. Attach a continuation sheet showing additional wastes, if necessary.
- 726. ONSITE HAZARDOUS WASTE TREATMENT Check "Yes" if hazardous waste is treated at this consolidation site, check "No" if it is
- 727. ESTIMATED MONTHLY VOLUME CONSOLIDATED Enter the estimated monthly total volume of hazardous waste to be consolidated at this site.
- 728. UNITS Check the units for the volume consolidated.
- 729. BASIS FOR NOT NEEDING A FEDERAL PERMIT Check the reason for not needing a federal permit for this site.

 If the hazardous waste is RCRA hazardous waste, describe the reason you are not subject to permitting requirements under federal law in the space provided.
 - SIGNATURE 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.
- 730. DATE CERTIFIED Enter the date that the document was signed.
- 731. OWNER/ OPERATOR NAME Enter the full printed name of the person signing the page.
- 732. OWNER/ OPERATOR TITLE Enter the title of the person signing the page.