

**TEMPORARY HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY
PERMIT BY RULE NOTIFICATION**

For use by public agencies operating a Temporary Household Hazardous Waste Collection Facility (THHWCF) under Permit By Rule. Each location requires a separate form.

INITIAL NOTIFICATION

REVISED NOTIFICATION Put an asterisk in the left margin next to the revised information

I. GENERAL INFORMATION

A. FACILITY ID NUMBER _____

B. FACILITY NAME _____

C. FACILITY ADDRESS OR LEGAL DESCRIPTION OF FACILITY LOCATION

ADDRESS _____

CITY _____ STATE ____ ZIP _____

COUNTY _____

D. OPERATOR (PUBLIC AGENCY)

AGENCY NAME _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP _____

COUNTY _____

E. OPERATOR/AGENCY CONTACT PERSON INFORMATION

CONTACT PERSON _____
(LAST NAME) (FIRST NAME)

PHONE NUMBER _____

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F. CONTRACTOR INFORMATION (if applicable)

NAME _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP _____

G. CONTRACTOR CONTACT PERSON INFORMATION (if applicable)

CONTACT PERSON _____
(LAST NAME) (FIRST NAME)

PHONE NUMBER _____

H. ACCEPTANCE OF CESQG WASTES

YES NO

Will your facility accept wastes from conditionally exempt small quantity generators?

I. THE FOLLOWING LOCAL AUTHORITIES HAVE BEEN NOTIFIED OF THE INTENDED OPERATION OF THE THHWCF:

Environmental Management

Fire Department

Law Enforcement

Traffic

Air Quality

J. THE FOLLOWING LOCAL PERMITS HAVE BEEN OBTAINED FOR OPERATION OF THE THHWCF:

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III. OPERATOR CERTIFICATION (PUBLIC AGENCY)

“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 significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Operator Name (Print or Type)

Title

Signature (Principal executive officer or ranking elected
Official), Title 22, Cal. Code Regs., section 66270.11 (a) (3)

Date Signed

Submit original notification to your Certified Unified Program Agency (CUPA)

Mail copy to DTSC:

**Department of Toxic Substances Control, Regulatory and Program Development
Division – HHW Unit, P.O. Box 806, 11th floor, Sacramento, California 95812-0806**