

**STANDARDIZED PERMIT SERIES DETERMINATION  
A, B, C and SMALL QUANTITY C**

\_\_\_\_\_  
Facility Name/Address

\_\_\_\_\_  
EPA I.D. Number

\_\_\_\_\_  
Date

**Determine the total volume of hazardous waste treated, or that will be treated, per month and/or the total storage design capacity under the Standardized Permit authorization at this facility. Please check the box that indicates the highest volume of hazardous waste managed.**

**A. Total hazardous waste treatment volume and/or weight regulated under the standardized permit:**  
\_\_\_\_\_ gallons/month liquid and/or \_\_\_\_\_ pounds or tons/month solid.

**B. Total hazardous waste storage capacity, at any one time, regulated under the standardized permit:**  
\_\_\_\_\_ gallons liquid and/or \_\_\_\_\_ pounds or tons/solid.

SERIES	TOTAL MONTHLY TREATMENT VOLUME	TOTAL FACILITY STORAGE DESIGN CAPACITY	CHECK ONE
<b>A</b>	Greater than 50,000 gallons. Greater than 100,000 pounds.	Greater than 500,000 gallons. Greater than 500 tons.	
<b>B</b>	Greater than 5,000 gallons and less than 50,000 gallons. Greater than 10,000 pounds and less than 100,000 pounds.	Greater than 50,000 gallons and less than 500,000 gallons. Greater than 100,000 pounds and less than 500 tons.	
<b>C</b>	Less than 5,000 gallons. Less than 10,000 pounds.	Less than 50,000 gallons. Less than 100,000 pounds.	
<b>SMALL QUANTITY C</b>	Less than 1,500 gallons. Less than 3,000 pounds.	Less than 15,000 gallons. Less than 30,000 pounds.	

**GALLONS - LIQUID HAZARDOUS WASTE  
POUNDS/TONS - SOLID HAZARDOUS WASTE**



STANDARDIZED PERMIT NOTIFICATION FOR EXISTING OR PROPOSED HAZARDOUS WASTE FACILITIES

III. FACILITY OPERATOR INFORMATION

NAME \_\_\_\_\_  
(Last Name) (First Name)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE NUMBER(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

IV. FACILITY OWNER INFORMATION

NAME \_\_\_\_\_  
(Last Name) (First Name)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

COUNTRY \_\_\_\_\_  
(Complete only if not USA)

TELEPHONE NUMBER(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OWNERSHIP STATUS: Federal  State  Public  Private

V. LAND OWNER INFORMATION

NAME \_\_\_\_\_  
(Last Name) (First Name)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

COUNTRY \_\_\_\_\_  
(Complete only if not USA)

TELEPHONE NUMBER(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

VI. DESCRIPTION OF BUSINESS ACTIVITIES: SIC CODES \_\_\_\_\_



**VIII. HAZARDOUS WASTE INFORMATION FOR ENTIRE SITE**

**A. \_\_\_\_\_ Total number of hazardous waste storage units**

\_\_\_\_\_ Number of storage units under full HW facility permit

\_\_\_\_\_ Number of storage units under standardized permit

**B. \_\_\_\_\_ Total number of hazardous waste treatment units**

\_\_\_\_\_ Number of treatment units under full HW facility permit

\_\_\_\_\_ Number of treatment units under standardized permit

\_\_\_\_\_ Number of treatment units under HW permit by rule

\_\_\_\_\_ Number of treatment units under HW conditional authorization

\_\_\_\_\_ Number of treatment units under HW conditional exemption

**C. Briefly describe all hazardous waste treatment and/or storage activities to be conducted at the facility. Include treatment under a full permit, Permit by Rule, treatment under Conditional Authorization, treatment under Conditional Exemption, and storage and/or treatment under the Standardized Permit. Annotate the description of each of the storage/treatment activities as Permit By Rule (PBR), Conditional Authorization (CA), Conditional Exemption (CE), or Standardized Permit (SP) as appropriate. Note that detailed unit-specific information forms for each unit that is or will be authorized under the Standardized Permit are required attachments to this notification. (Modify the form if more spaces are needed)**

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**STANDARDIZED PERMIT NOTIFICATION FOR EXISTING OR PROPOSED HAZARDOUS WASTE FACILITIES**

**IX. REQUIRED ATTACHMENTS**

- A. A scaled map to show the facility location including major freeways and cross streets.**
- B. A scaled diagram to show the facility site/plot map indicating the buildings, parking lots, and landscape areas.**
- C. A scaled diagram to show the locations of hazardous waste management units to be permitted under the standardized permit.**
- D. A unit description information sheet for each of the hazardous waste storage and/or treatment units that will be under the Standardized Permit.**

**X. OWNER CERTIFICATION**

**"I certify that the unit or units described in these documents will meet the eligibility and operating requirements of state statutes and regulations for the standardized permit tier. I understand that I am required to provide financial assurance for this facility, and I am required to conduct a corrective action program as part of the standardized permit application to be submitted to the Department of Toxic Substances Control."**

**"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 will 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 known violations."**

<b>Name (Print or Type)</b>	<b>Title</b>
<b>Signature</b>	<b>Date Signed</b>

**XI. OPERATOR CERTIFICATION**

**"I certify that the unit or units described in these documents will meet the eligibility and operating requirements of state statutes and regulations for the standardized permit tier. I understand that I am required to provide financial assurance for this facility, and I am required to conduct a corrective action program as part of the standardized permit application to be submitted to the Department of Toxic Substances Control."**

**"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 will 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 known violations."**

Name (Print or Type)

Title

Signature

Date Signed

**II. LAND OWNER CERTIFICATION**

I [We] certify under penalty of law that I [we] am [are] familiar with the operations conducted by \_\_\_\_\_ [Names of Operators] of \_\_\_\_\_ [Name of Facility] at \_\_\_\_\_ [address] on the property owned by \_\_\_\_\_ [owner's name or his/her designee], that I [we] have reviewed this permit application, and to the best on my [our] knowledge, information, and belief, find it to be true and accurate. I [We] understand this application is being submitted for the purpose of obtaining a Standardized Permit to operate a hazardous waste storage and treatment facility.

I [We] understand fully that I [we], as the land owner, located thereon, am [are] jointly and severally responsible for compliance with applicable provisions of the California Health and Safety Code, its implementing regulations and any permit issued pursuant to the applications of these regulations.

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HAZARDOUS WASTE FACILITY STANDARDIZED PERMIT UNIT-SPECIFIC FORM**

*(NOTE: copy this form, and complete a separate form for each hazardous waste management unit that is or will be regulated under the Standardized Permit)*

UNIT NAME \_\_\_\_\_

**I. STORAGE AREA**

DIMENSIONS OF CONTAINER STORAGE AREA OR TANK FARM (length and width)	PROCESS CODE	# OF CONTAINERS OR TANKS	TOTAL STORAGE VOLUME	UNIT OF MEASURE

**II. WASTE STORED**

WASTE CODE(S)		WASTE DESCRIPTION	PROCESS CODE(S)	MAX. CONCENTRATION	ESTIMATED QUANTITY	UNIT OF MEASURE
RCRA	CA					

(Modify the form if more than 5 waste streams are stored in this unit)

**III. DESCRIPTION AND LOCATION OF STORAGE UNIT**

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**SUMMARY OF EQUIPMENT INFORMATION (EXCLUDING STORAGE DRUMS/CONTAINERS)**

FACILITY EQUIPMENT NAME	PROCESS CODE	CAPACITY	DIMENSION	CONSTRUCTION MATERIAL	YEAR BUILT

(Modify the form and insert additional rows if needed)

**CODES TO BE USED IN THESE TABLES:**

**FACILITY EQUIPMENT NAME:** The name or identification assigned by the Facility, e.g. Tank A, Furnace #1, etc.

**PROCESS CODES:** S1 – Storage in containers  
 S2 - Storage in tanks  
 T1 – Treatment in containers  
 T2 - Treatment in tanks

**CAPACITY:** maximum equipment storage capacity or equipment monthly treatment rate

**DIMENSIONS:**  
 Container or drums for treatment - diameter and height in inches (in), feet (ft),  
 Tanks, reactors, vats, furnaces, filter press, etc. - diameter, length, width, and height in inches (in), feet (ft),  
 Other Types of Units - appropriate units of measure; please clearly define the units.

**CONSTRUCTION MATERIAL:** carbon steel, stainless steel, fiberglass, etc.

**YEAR BUILT:** Enter the year when the equipment was built, if known; otherwise enter “unknown”.