

CALIFORNIA ENVIRONMENTAL QUALITY ACT
ENVIRONMENTAL INFORMATION FORM

The following information is requested pursuant California Code of Regulations, Title 14, Section 15063(e) and Title 22, Section 66270.14(f). This information will be used by the Department of Toxic Substances Control (DTSC) to prepare an Initial Study or other appropriate environmental documentation pursuant the California Environmental Quality Act (CEQA).¹

Instructions:

Provide the information requested below and within each of the environmental resource categories (use additional sheets, if necessary). If the item is not applicable to the project, include a brief explanation as to why it would not be applicable. Include the name, title and page numbers for all reference documents used in support of the information provided. If an individual is used as a reference, please include name, title, employer, and date of the interview. Attach copies of all references.

Application Information:

Application Type: (Select One)

- Class 1* Permit Modification
- Class 2 Permit Modification
- Class 3 Permit Modification
- Emergency Permit
- New Hazardous Waste Facility Permit
- Hazardous Waste Facility Permit Renewal
- New Post-Closure Permit
- Post-Closure Permit Renewal
- Temporary Authorization
- Variance
- Other (specify):

Facility Information (Fill out information below)

EPA ID:

Project Name:

Site Address:

City:

State:

Zip:

County:

Assessor's Parcel Number (s):

Facility Size (sq. ft/acre):

Previous Permit Issue Date:

Contact Information (Fill out information below)

Preparer's Information:

Contact Name:

Phone:

Email:

Mailing Address:

City:

State:

Zip:

¹ Pub. Resources Code, div. 13, § 21000 et seq

Project Information: (Fill out information below)

BACKGROUND: (TO BE FILLED IN)

- HISTORY OF THE SITE:
- PERMITTING HISTORY (CLASS 1*, 2 & 3):
- CEQA HISTORY (LIST ALL PREVIOUS CEQA DOCUMENTS ALONG WITH THE DATE, PROJECT ACTION/PERMIT TYPE AND STATE CLEARINGHOUSE (SCH) NUMBER)

(To be filled in, add lines as needed)

CEQA Document Type	Date	Project Action/Permit Type	SCH Number

- **ATTACHMENTS (ALL CEQA DOCUMENTS RELATED TO THE PROJECT)**

LIST AND DETAIL CURRENT PERMIT ACTIVITIES: (TO BE FILLED IN)

- FACILITY OVERVIEW:
- HAZARDOUS WASTE UNITS:
- TREATMENT ACTIVITIES:
- STORAGE & TRANSFER ACTIVITIES:
- DISPOSAL ACTIVITIES:
- MONITORING ACTIVITIES:

PROPOSED CHANGES TO CURRENT PERMIT: (CHECK ALL THAT APPLY AND PROVIDE A DESCRIPTION OF PROPOSED CHANGES)

- HAZARDOUS WASTE UNITS
- TREATMENT ACTIVITIES
- STORAGE & TRANSFER ACTIVITIES (FACILITIES, FREQUENCY, MILEAGE)
- DISPOSAL ACTIVITIES
- CONSTRUCTION ACTIVITIES (SQ. FOOTAGE)
- EXCAVATION ACTIVITIES (SQ. FOOTAGE, DEPTH, C.Y. OR TONS TRANSPORTED OFFSITE)
- CLOSURE PLAN & ACTIVITIES
- MONITORING ACTIVITIES & FREQUENCY
- ANTICIPATED EFFECTED ENVIRONMENTAL RESOURCES FROM PROJECT CHANGES

Facility Operations:

Itemize all buildings, warehouses, and structures used for permitted activities and provide the square footage individually. Provide specific accounts for square footage of other paved surfaces such as parking lot size and size of other asphalt surfaces (e.g. driveways, outdoor storage, etc.).

Facility Element (Non-Construction Related)	Operational Activities	<i>Square Footage</i>
<input type="checkbox"/> General Office Building	Itemize All Office Building(s) Describe use of the office(s):	
<input type="checkbox"/> Other Air-Conditioned Building	Itemize All Other Air-Conditioned Building(s) Describe use of the building(s):	
<input type="checkbox"/> Other Non-Air-Conditioned Building/Structure (tank/tank farm)	Itemize All Other Non-Air-Conditioned Building(s) Describe use of the building(s):	
<input type="checkbox"/> Refrigerated Warehouse	Itemize all Refrigerated Warehouse(s) Describe use of the warehouse(s):	
<input type="checkbox"/> Unrefrigerated Warehouse	Itemize All Unrefrigerated Warehouse(s) Describe use of the warehouse(s):	
<input type="checkbox"/> Parking Lot (number of painted parking spaces)	Itemize Each Parking Lot Describe the Parking Lots here:	
<input type="checkbox"/> Other Asphalt Surfaces (e.g. paved driveways)	Itemize All Other Asphalt Surfaces: Describe the Asphalt Surfaces:	
<input type="checkbox"/> Other Paved Surfaces (e.g. concrete paved areas)	Itemize All Other Paved Surfaces: Describe the Paved Surfaces:	
<input type="checkbox"/> Other Non-Paved Surfaces (e.g. graveled areas)	Itemize All Other Non-Paved Surfaces Describe the Non-Paved Surfaces:	

Answer the following questions related to Facility Operations:

1. List all off-road equipment used (e.g. backhoes, forklifts) including quantity of equipment and hours per day operated.
2. List all emergency generators and emergency pumps used including horsepower, and fuel type. Include frequency and duration of any testing and use.
3. For process boilers provide the boiler rating, daily heat input, annual heat input, and fuel type.
4. List other stationary sources with emissions profile related to the Air Quality Management District (AQMD) permit to operate.
5. Provide the facilities operating schedule, both days and hours (e.g. Monday through Friday, 8 am to 7pm).

Proposed Construction:

In reference to proposed construction itemize all buildings, warehouses, and structures used for permitted activities and provide the square footage individually. Provide specific accounts for square footage of other paved surfaces such as parking lot size and size of other asphalt surfaces (e.g. driveways, outdoor storage, etc.) that are proposed for construction.

Construction Activities**Facility Element (Construction Related)****Square Footage**

- General Office Building
Itemize All Office Building(s)
Describe use of the office(s):
- Other Air-Conditioned Building
Itemize All Other Air-Conditioned Building(s)
Describe use of the building(s):
- Other Non-Air-Conditioned Building/Structure (tank/tank farm)
Itemize All Other Non-Air-Conditioned Building(s)
Describe use of the building(s):
- Refrigerated Warehouse
Itemize all Refrigerated Warehouse(s)
Describe use of the warehouse(s):
- Unrefrigerated Warehouse
Itemize All Unrefrigerated Warehouse(s)
Describe use of the warehouse(s):
- Parking Lot (number of painted parking spaces)
Itemize Each Parking Lot
Describe the Parking Lots:
- Other Asphalt Surfaces (e.g. paved driveways)
Itemize All Other Asphalt Surfaces:
Describe the Asphalt Surfaces:
- Other Paved Surfaces (e.g. concrete paved areas)
Itemize All Other Paved Surfaces:
Describe the Paved Surfaces:
- Other Non-Paved Surfaces (e.g. graveled areas)
Itemize All Other Non-Paved Surfaces
Describe the Non-Paved Surfaces:

Answer the following questions related to proposed construction:

1. List all heavy equipment used (e.g. backhoes, forklifts) and the estimated construction duration. What is the quantity of equipment and estimated hours per day utilized for construction?
2. Explain and quantify any construction activities (square footage) (include all construction to support any new, altered, or replaced portions of facility proposed).
3. Explain and quantify any excavation activities (square footage and depth).
4. Quantify the amount of fill imported/exported to the site in either tons or cubic yards.

Environmental Resource Sections:

Answer the questions below

Aesthetics

- a) Will the project provide changes or new sources of exterior lighting or glare? Yes No
If yes, describe:

References Used: (Detail any references used)

Agricultural Resources

- a) Will the project remove or alter agricultural or grazing lands? Yes No
If yes, describe:
- b) Will the project result in the loss of forest land or conversion of forest land to non-forest use? Yes No
If yes, describe:

References Used: (Detail any references used)

Air Quality

- a) Is there naturally occurring asbestos present onsite that may be affected by proposed ground-disturbing activities, construction, and/or demolition? Yes No
If yes, describe:
- b) What are the nearest sensitive receptors (e.g. hospitals, day care centers, schools, residences) to the facility?
List the address and provide the distance to the sensitive receptors from the facility:
- c) Is the facility subject to any air quality plans? Yes No
If yes, provide the name of the air quality plan and describe facility compliance with the plan requirements:
- d) Has any air quality modeling been performed for the facility operations (e.g. CalEEMod)? Yes No
If yes, provide the data:
- e) Is this Facility subject to any air quality permits?
- f) Identify the air quality management district.
- g) Are there any thresholds for toxic air contaminants?
- h) Are there mitigations measures or permit conditions required to lessen air quality impacts?
- i) Identify any dust, ash, smoke, fumes, emissions, or odors on site or in vicinity which affect a substantial number of people.

References Used: (Detail any references used)

Biological Resources

- a) Identify proposed ground-disturbing activities, construction, and/or demolition that may cause substantial adverse effects either directly or through habitat modification, on:
- i. any candidate, sensitive, or special status species;
 - ii. riparian habitat;
 - iii. or other sensitive natural community as identified in local or regional plans, policies, regulations or by the California Department of Fish and Game or US Fish and Wildlife Service.
- b) Is there any Habitat Conservation Plans applicable to the project area? Yes No
If yes, describe:

References Used: (Detail any references used)

Cultural Resources

- a) Identify any historical resources, pursuant to Section 15064.5 of Title 14 of the California Code of Regulations (CEQA Guidelines or Guidelines) that may be present at or near the site.
- b) Identify any archeological resources, pursuant to Section 15064.5 of the Guidelines that may be present at or near the site.
- c) Identify any human remains, including those interred outside of formal cemeteries that may be present at or near the site.
- d) Provide the results of any [California Historical Resources Information System \(CHRIS\)](#) inventory search that was *previously* conducted by the appropriate [Office of Historic Preservation](#) (OHP) [Information Center](#).

References Used: (Detail any references used)

Energy

- a) Will the proposed facility operations result in potentially significant environmental impact due to wasteful, inefficient, or unnecessary consumption of energy resources during project construction or operation? Yes No
If yes, describe mitigation measures to reduce energy impacts:
- b) Will the proposed facility operations conflict with or obstruct a state or local plan for renewable energy or energy efficiency? Yes No
If yes, describe:
- c) Identify any installation/removal of any buildings, equipment, or processes that would change energy consumption rates.
- d) Identify the utility provider(s) for the facility:
- e) Identify any anticipated increase in energy consumption (electricity, natural gas, oil, etc.) and provide current annual utility usage.
- f) Are there any renewable energy generation conducted on site (e.g. solar, wind, geothermal)? Yes No
If yes, describe:
- g) Does the Facility take part in any energy efficiency or green energy programs or possess any energy efficiency certifications? Yes No
If yes, describe:

References Used: (Detail any references used)

Geology and Soils

- a) Does the facility require retrofitting as a result of geotechnical/seismic analysis? Yes No

If yes, describe:

- b) Identify any unique paleontological resources or unique geologic features that may be affected by project changes.
- c) Identify, itemize and describe the geological units that may be affected by the proposed project.

References Used: (Detail any references used)

Greenhouse Gas Emissions

- a) Does the facility generate greenhouse gas (GHG) emissions? Yes No

If yes, please provide an estimate of the amounts of GHG emissions those activities would generate:

- b) Is there an approved-qualified climate action plan that has been adopted by the local government for the project location?

Yes No

If yes, describe:

- c) Provide the Air District Thresholds for greenhouse gas emissions.

- d) Are there any mitigation measures currently required of the Facility for the reduction of greenhouse gas emissions? Yes

No

If yes, describe:

References Used: (Detail any references used)

Hazards and Hazardous Materials

- a) Were there studies that examined any hazards to the public or the environment through reasonably foreseeable upset and accident conditions at the site that involved the release of hazardous materials into the environment? Yes No

If yes, describe:

- b) Are there any aspects of the project that may emit hazardous emissions or handle hazardous or acutely hazardous materials, substances or waste within one-quarter mile of an existing or proposed sensitive receptors (e.g. hospitals, day care centers, schools, residences)? Yes No

If yes, describe:

- c) Is the site included on a list of hazardous materials sites compiled pursuant to Government Code Section 65962.5 (Cortese List)? Yes No

If yes, describe:

- d) Is the project subject to the conditions of any adopted emergency response plan or emergency evacuation plan that would be required during proposed project implementation? Yes No

If yes, describe:

References Used: (Detail any references used)

Hydrology and Water Quality

- a) Are there any water quality standards or waste discharge requirements that may apply to the proposed project?

Yes No

If yes, include the name of the applicable Regional Water Quality Control Board responsible for project oversight:

- b) Are there any changes to water quality standards or waste discharge requirements that apply to the proposed project?

Yes No

If yes, describe:

- c) Will the proposed project cause any changes to water quality discharged from the Facility? Yes No

If yes, describe:

- d) Are there any monitoring or extraction wells proposed? Yes No

If yes, describe:

- e) Describe any site drainage features, including streams or rivers, and the capacity of existing or planned storm water drainage or addition of impervious surfaces.

- f) Is the site located on 100-year flood hazard area? Yes No

If yes, was it included in the last CEQA evaluation?

- g) Is the facility located in an area subject to inundation by seiche (resonant oscillation of water), tsunami or mudflow?

Yes No

If yes, describe:

References Used: (Detail any references used)

Land Use and Planning

- a) Provide the zoning and land use designation. Describe any changes or limitations of the zoning land use.

- b) Is the facility is located within 500 feet of an applicable conservation plan? Yes No

If yes, describe:

References Used:

Mineral Resources

- a) Are there any mineral resources present onsite that may be affected by proposed ground-disturbing activities, construction, and/or demolition? Yes No

If yes, describe:

References Used: (Detail any references used)

Noise

- a) Does the Facility generate noise or vibration in excess of standards established in the local general plan or noise ordinance, or applicable standards of other agencies and were there any changes since the permit was last issued? Yes No

If yes, describe:

- b) Are there any proposed changes in ambient noise levels at or near the site since the permit was last issued? Yes No

If yes, describe:

References Used:

Population and Housing

- a) Will the proposed project cause any ground-disturbing activities, construction, and/or demolition will result in the relocation of people? Would the proposed project result in an increase of jobs at the facility? Yes No
If yes, describe:

References Used: (Detail any references used)

Public Services

- a) Will the proposed project cause any impacts by the facility to any of the following services: Fire Protection; Police Protection; Schools? Yes No
If yes, describe:

References Used: (Detail any references used)

Recreation

- a) Will the proposed project cause any impacts by the facility to any of the following: Parks; Current parking capacity (structures); Other Public or Neighborhood Facilities? Yes No
If yes, describe:

References Used: (Detail any references used)

Transportation

- a) Will the proposed project be subject to any adopted policies, plans, or programs addressing the circulation system, including transit, roadways, bicycle lanes and pedestrian paths that may exist at or in the vicinity of the site? Yes No
If yes, describe:

Vehicle Miles Travelled Analysis (TO BE FILLED IN)

- i. Employees:
 1. Number of Facility employees
 2. If other major activities occur at the facility (e.g. manufacturing), number of Facility employees directly involved in hazardous waste permit operations
 3. Number of parking spaces at the Facility
 4. Average employee commute mileage
- ii. Customer Deliveries
 1. Number of customer truck deliveries to the Facility per day
 2. Customer truck capacity (weight)
 3. Customer truck mileage round trip per day
 4. Primary road(s) or routes for customer truck deliveries to the Facility
- Facility Deliveries/Pickup (e.g. trucks/employee trips leave and return to this Facility to collect waste or product)
 - iii.
 1. Number of Facility truck deliveries/pickups per day
 2. Facility truck capacity (weight)
 3. Facility truck mileage per day
 4. Primary routes for facility truck deliveries/pickups

- iv. Internal facility operations (for large facilities with internal circulation only)
 1. Number of facility vehicles used for on-site operations
 2. Facility vehicle types and capacities (weight or tank volumes)
 3. Mileage of each vehicle used on-site per day
 4. Percentage of facility roads paved)
 5. Speed limits of unpaved roads (if any)
- v. Deliveries to Treatment/Storage/Disposal Facility (TSDF)
 1. Number of Facility/vendor truck deliveries from the facility to a recycling or hazardous waste disposal facility per week
 2. Facility/vendor truck capacity (weight or tank volumes)
 3. Facility/vendor truck one-way mileage to TSDF
 4. Does Facility to TSDF shipping use facility owned vehicles or vendor shipping services?
 5. Primary road(s) or routes for Facility/vendor truck deliveries from the facility to a recycling or hazardous waste disposal facility

References Used: (Detail any references used)

Tribal Cultural Resources

- a) Is the Facility located on or near a site that is listed or eligible for listing in the California Register of Historical Resources, or in a local register of historical resources as defined in Public Resources Code section 5020.1(k)?
- b) Has a resource been determined to occur on or near this site by an agency to be significant pursuant to criteria set forth in subdivision (c) of Public Resources Code Section 5024.1?
- c) Provide the results of any Registry of Sacred Sites search conducted by the [Native American Heritage Commission](#) (NAHC) and summary of any follow-up contacts with tribal representatives.

References Used: (Detail any references used)

Utilities and Service Systems

- a) Is a wastewater treatment permitted from the applicable Regional Water Quality Control Board? If so, provide permit number.
- b) Would the project require relocation or construction of new or expanded water, wastewater treatment, storm water drainage, electric power, natural gas, or telecommunications facilities? If so, describe.
- c) Identify the wastewater treatment provider; indicate if it has adequate capacity to serve the projected demand in addition to the providers existing commitments.
- d) Describe those aspects of the project that would require disposal of materials at a landfill, identify the landfill to be utilized, and indicate if the landfill has sufficient permitted capacity to accommodate the projects solid waste disposal needs.
- e) Identify which utility companies serve the facility including, but not limited to, electric, natural gas, propane etc.

References Used: (Detail any references used)

Wildfire

- a) Is the Facility located in or near lands classified as very high fire hazard severity zones designated by a local agency or CAL FIRE?
- b) Does this project require the installation or maintenance of associated infrastructure (such as roads, fuel breaks, emergency water sources, power lines or other utilities) that may exacerbate fire risk or that may result in temporary or ongoing impacts to the environment? If so, describe.

References Used: (Detail any references used)

Certification:

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Preparer’s Signature

Date

Preparer’s Name

Preparer’s Title

Phone #