

# 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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**K. IS THE PROPERTY ON WHICH THE THHWCF WILL BE HELD OWNED BY THE OPERATOR**

YES NO

If not, a written agreement between the operator and the property owner is required.

PROPERTY OWNER'S NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_  
(LAST NAME) (FIRST NAME)

PHONE NUMBER \_\_\_\_\_

**II. DAYS AND HOURS OF OPERATION**

Show hours using a 24-hour clock. *Example: 1pm should be shown as 1300.*

PLANNED DATES		HOURS		ALTERNATIVE DATES		HOURS	
Month/Day/Year	Open	Close	Month/Day/Year	Open	Close	Month/Day/Year	Close
Example: <u>07/ 31/ 92</u>	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____

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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, 11<sup>th</sup> floor, Sacramento, California 95812-0806**