

## NOTICE PUBLICATION/REGULATION SUBMISSION

STD. 400 (REV. 10/2019)

**EMERGENCY**

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER	EMERGENCY NUMBER <b>2025-0117-02E</b>
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Department of Toxic Substances Control			AGENCY FILE NUMBER (If any) R-2024-11E

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

JAN 27 2025  
2:11 pm  
*[Signature]*

OFFICE OF ADMIN. LAW  
2025 JAN 17 AM 11:20

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)		FIRST SECTION AFFECTED		2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER		FAX NUMBER (Optional)	
OAL USE ONLY		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER		PUBLICATION DATE	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Generation and Handling Fee Requirements		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT see attached	
TITLE(S) 22		AMEND see attached	
3. TYPE OF FILING		REPEAL see attached	
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input checked="" type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	
		<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	
		<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only	
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal			
<input checked="" type="checkbox"/> Other (Specify) <i>see attached</i>			
7. CONTACT PERSON Gabriella Nepomuceno		TELEPHONE NUMBER (916) 251-8328	FAX NUMBER (Optional)
		E-MAIL ADDRESS (Optional) Gabriella.Nepomuceno@dtsc.ca	

1/27/2025  
**PER AGENCY REQUEST TDF**

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE  
*Katherine Butler*  
TYPED NAME AND TITLE OF SIGNATORY  
Katherine Butler, Director, Department of Toxic Substances Control

DATE  
1/02/2025

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

JAN 27 2025

Office of Administrative Law

# FORM STD 400 - SECTION(S) AFFECTED ATTACHMENT

## Generation and Handling Fee Requirements

Department of Toxic Substances Control Reference Number: R-2024-11E

### TITLE

22

### ADOPT

66260.40, 66260.41, 66269.10, 66269.11, 66269.12, 66269.20, 66269.21, 66269.22, 66269.30, 66269.32, 66269.33, 66269.34, 66269.35

### AMEND

66260.10, 66269.1 [renumbered to 66269.40], 66269.2 [renumbered to 66269.47], 66269.3 [renumbered to 66269.41], 66269.4 [renumbered to 66269.42], 66269.5 [renumbered to 66269.43], 66269.6 [renumbered to 66269.44], 66269.7 [renumbered to 66269.45], 66269.8 [renumbered to 66269.46]

### REQUIRED CONSULTATIONS

Board of Environmental Safety, pursuant to Health and Safety Code section 25205.5.4(b); California Department of Tax and Fee Administration, pursuant to Health and Safety Code section 25205.5.3(a)(1).