

INSTRUCTIONS FOR COMPLETING STANDARDIZED PERMIT NOTIFICATION FORM DTSC 1093 A FOR EXISTING OR PROPOSED HAZARDOUS WASTE FACILITIES

Activities conducted under a standardized permit are limited to treatment and storage activities that do not require a permit from the United States Environmental Protection Agency pursuant to the Resource Conservation Recovery Act (RCRA).

Unless otherwise specified in the instructions to the form, each item must be answered. To indicate that each item has been considered, enter "NA" for "not applicable" if a particular item does not fit the circumstances or characteristics of your facility or activity.

SERIES DETERMINATION:

- A. Indicate the total maximum volume and/or weight of hazardous waste that is or will be treated in any calendar month under the standardized permit at this facility. This is the maximum monthly throughput.
- B. Indicate the total storage capacity of the units that are or will be authorized to store hazardous wastes under the standardized permit at this facility. This storage capacity is the maximum that the storage units will hold **at any one time**; it is not the maximum monthly throughput.

INITIAL NOTIFICATION / REVISED NOTIFICATION:

Indicate whether this is an initial, revised or permit renewal notification. A revised notification is required whenever there is a change to the information required on the form. When completing a revised notification, please place an asterisk (*) in the left margin next to the revised information.

I. FACILITY INFORMATION

ID NUMBER:

Enter your facility Identification Number. This number should begin with the letters "CAL" or "CAD", or "CAR" etc. If you don't know your identification number or do not have an identification number, please contact the Department of Toxic Substances (DTSC) Generator Information Services Section (GISS) at (800) 618-6942. GISS will provide you with your number or send you an application form (Notification of Regulated Waste Activity (EPA Form 8700-12)).

BOE NUMBER:

Enter your facility's Board of Equalization number. This number should begin with the letters "HF". If you do not have a BOE number, please contact the Board of Equalization Excise Tax Unit at (916) 323-9555.

NAME:

Enter the facility's legal or "Doing Business As" (DBA) name. Do not use a colloquial name.

ADDRESS:

Give the address or location of the proposed or existing facility identified in Item I. of this form. Please note that the address must be a physical address, not a post office box or route number. If the facility lacks a street name, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records, or, for example, "at intersection Routes 425 and 22").

LOCATION:

Enter the major cross streets, or any land mark buildings/structures. For larger facilities or facilities in rural area, enter the latitude and longitude at the approximate mid-point of the facility. Enter the latitude and longitude of the facility in degrees, minutes, and seconds.

CONTACT:

Give the name (last name first), title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and the facts reported in this application and whom can be contacted by the reviewing

DTSC office if necessary.

II. MAILING ADDRESS:

Please enter the Facility Mailing Address. If the Mailing Address and the Facility Location listed in Item I. are or will be the same, you may print "same" in the space for Item II.

III. FACILITY OPERATOR INFORMATION

NAME:

Give the legal name of the person, firm, public organization, or any other entity that operates or will operate the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity that controls the facility's operation; it may or may not be the plant or site manager. Do not use a colloquial name.

ADDRESS:

Enter the address where the operator can be contacted.

TELEPHONE:

Enter the telephone number, including area code, where the operator can be contacted.

IV. FACILITY OWNER

NAME:

Enter the name of the legal owner of the hazardous waste management facility. This may be a person or a company.

ADDRESS:

Enter the address where this individual or a knowledgeable person within the company can be reached. If the owner is located outside the United States, please complete the blank labeled "country".

TELEPHONE:

Enter the telephone number, including area code, where the owner can be contacted.

OWNERSHIP STATUS:

Indicate the legal status of the operator of the facility.

V. LAND OWNER INFORMATION

NAME:

Enter the name of the legal owner of the property on which the facility is or will be located. If the land owner is the same as the facility owner, write "same as facility owner". If the land owner is the same as the operator, write "same as facility operator".

ADDRESS:

Enter the address of the land owner. If the land owner is located outside of the United States, please complete the blank labeled "Country".

TELEPHONE NUMBER:

Enter the telephone number of the land owner.

VI. DESCRIPTION OF BUSINESS ACTIVITIES

SIC CODES:

List, in descending order of significance, up to four Standard Industrial Classification (SIC) codes that will best describe your facility in terms of the principal products or services you produce or provide, or will produce or provide. Please do not use the SIC code for the hazardous waste treated or stored unless the treatment/storage of hazardous waste will be your primary business. SIC code numbers are descriptions that

may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management Budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual.

DESCRIPTION:

Briefly describe the nature of the business to be operated at the facility (e.g. "recycle used circuit boards to reclaim gold").

VII. FACILITY STATUS**A. EXISTING ENVIRONMENTAL PERMITS:**

Indicate all other environmental permits that the facility has, or for which the facility has filed or will file an application, even if the permit has not yet been received.

- NPDES = National Pollutant Discharge Elimination System, Clean Water Act; 42 U.S.C. 7401 et.seq.
- Land use permit from the local land use or zoning agency
- Local Industrial Sanitation District, wastewater pretreatment permit
- TSCA (Toxic Substance Control Act) USEPA permits storing PCBs, pursuant to 40 CFR Part 761.
- Permit by rule, pursuant to California Code of Regulations (22CCR) Section 66270.60.
- Conditional authorization, pursuant to Health and Safety Code Section 25201.3.
- Conditional exemption, pursuant to Health and Safety Code Section 25201.5(c). Note: facilities with a standardized permit are not eligible for the small quantity conditional exemption pursuant to Section 25201.5(a).
- Hazardous waste transporter registration; 22 CCR Chapter 13.
- Other = any other relevant federal, state or local environmental permits or applications. Identify these.

B. INDIAN LANDS:

Indicate whether the facility will be located on land owned by a designated Indian tribal authority.

VIII. HAZARDOUS WASTE INFORMATION FOR ENTIRE SITE

A. Indicate the total number of hazardous waste storage units that are or will be at the facility. An example of one storage unit would be multiple tanks holding compatible waste within one bermed area, or one bermed area holding several 55-gallon drums. Identify how many, if any, of these units/areas will be authorized under a full facility permit and how many will be under the standardized permit.

B. Indicate the total number of hazardous waste treatment units/processes that are or will be at the facility. Indicate which of the total number of units will be authorized to operate under a full permit, under the standardized permit, under permit by rule, under conditional authorization or under conditional exemption. A "unit" is a combination of tanks or tank systems and/or containers located together that are used in sequence to treat one or more compatible wastestreams. The devices are either plumbed together or otherwise linked so as to form one treatment system.

For guidance on the appropriate applicability of the permit by rule, conditional authorization, and conditional exemption requirements, see the Tiered Permitting Factsheet. You may obtain a copy of this document from the DTSC website.

C. **Briefly** describe all the hazardous waste treatment and storage activities that are or will be conducted at the facility. Include a basic description of the activities and the purpose of the activities (e.g. "An aqueous cyanide solution produced from electroplating is oxidized with hydrogen peroxide so that the waste may be discharged directly into the county sewage system under the facility's permit from the sewage district"). Include treatment under a full facility 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 or 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 manages wastes generated offsite are required attachments to this notification.

IX. REQUIRED ATTACHMENTS

A/B/C DRAWING AND/OR BLUEPRINTS:

Each facility must include a facility location map and scaled drawings showing the general layout of the existing or proposed facility. This drawing should be to scale and fit on an 8 1/2" by 11" sheet of paper. This drawing should show the following:

1. The property boundaries of the existing or proposed facility
2. The areas to be occupied by all storage and treatment units. Annotate each area with the Unit Name from the Unit-Specific Information Sheet(s);
3. The approximate dimensions of each storage and treatment area; and
4. Security provisions (i.e. fences, gates, etc.)

D. UNIT-SPECIFIC INFORMATION SHEETS

See Page 6 for instructions

X. FACILITY OWNER CERTIFICATION:

All facility owners must sign Item X. Each copy of the notification form must have an original signature. If the facility is or will be operated by someone other than the owner, then the operator must sign Item XI. State regulations require the certification to be signed as follows:

- A. For a corporation, by a principal executive officer at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

The California Health and Safety Code provides for severe penalties for submitting false information on this application form. Section 25191 of the Health and Safety Code states that any person who knowingly makes a false statement or representation on an application or other document shall, upon conviction, be punished by a fine of not less than \$2,000 per day or more than \$25,000 per day for each day of violation, or by imprisonment, or both.

XI. FACILITY OPERATOR CERTIFICATION:

All facility operators must sign Item XI. All copies must have original signatures. State regulations require the certification to be signed as follows:

- A. For a corporation, by a principal executive officer at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

The California Health and Safety Code provides for severe penalties for submitting false information on this application form. Section 25191 of the Health and Safety Code states that any person who knowingly makes a false statement or representation on an application or other document shall, upon conviction, be punished by a fine of not less than \$2,000 per day or more than \$25,000 per day for each day of violation, or by imprisonment, or both.

XII. LAND OWNER CERTIFICATION:

The legal owner of the land on which the facility is located must sign Item XII. All copies must have original signatures.

NOTIFICATION SUBMITTAL INSTRUCTIONS

Save one copy of the notification form for your files. Submit two copies of the notification form, each with original signatures, and the required attachments via registered mail or other method which provides proof of the date of mailing and receipt to the following address:

Department of Toxic Substances Control
Standardized Permitting and Corrective Action Branch
700 Heinz Avenue
Berkeley, California 94710
(510) 540-2122

UNIT-SPECIFIC INFORMATION SHEETS

NOTE: Copy the blank form as needed so that a separate unit-specific information form may be completed for each hazardous waste management storage or treatment unit. A storage "unit" may be containers or tanks that are located together within a containment structure. A treatment "unit" is a combination of tanks or tank systems, reactors, furnaces, ball mills, screeners, filter presses, and/or containers located together that are used in sequence to treat one or more compatible waste streams. The devices are either plumbed together or otherwise linked so as to form one treatment system.

Assign a number to each hazardous waste treatment and/or storage unit to be included in the standardized permit and indicate that number at the top of the form. Annotate the facility drawing with these same numbers.

For Storage:

UNIT NAME:

Enter the name how the Facility identifies the area/unit

I. STORAGE AREA

DIMENSIONS:

Provide the dimensions of the storage area (or tank farm) by providing length and width in feet and inches

PROCESS CODE:

S1 – storage in containers

S2 – storage in tanks

NUMBER OF CONTAINERS OR TANKS:

List the number of containers, tanks, vats, or other storage devices to be used in the storage area.

TOTAL STORAGE VOLUME:

List the volume in storage in the storage area

UNIT OF MEASURE:

Gallons (g), pounds (lb), pieces (for lamps only)

II. WASTE STORED

WASTE CODE:

Indicate the waste codes of the wastes to be managed in that unit. List of RCRA waste codes and California waste codes, as described in Chapter 11 of Title 22. Regulations are currently under development that will amend many of the existing waste codes. DTSC will post any changes to the waste codes on the DTSC website.

WASTE DESCRIPTION:

Provide the appropriate description of the waste from the waste code list, e.g., used oil, antifreeze, used fluorescent lamps.

PROCESS CODE:

S1 - storage in containers

S2 - storage in tanks

MAXIMUM CONCENTRATION:

Enter the maximum numerical figure and the unit of measure for that figure of the maximum concentration of that waste code that is or will be stored, e.g. milligrams per liter (mg/l) for liquids, milligram per kilogram (mg/kg) for solids

ESTIMATED QUANTITY/ UNIT OF MEASURE:

For each waste code, indicate the estimated quantity of waste to be stored at any one time; gallons (G) or pounds (lb)

III. DESCRIPTION AND LOCATION OF STORAGE UNIT

For each storage area, include a narrative description of the unit location, total number of containers/tanks in the unit, and container/tank size range.

For Treatment:

UNIT NAME:

Enter the name how the Facility identifies or calls the process, e.g. Lamp Machine, Digestion, etc.

I. TREATMENT PROCESS

PROCESS DESCRIPTION:

Describe briefly the treatment process, e.g. crushing spent fluorescent lamps, acid digestion, cyanide destruction

PROCESS CODE:

- T1 - Treatment in containers, drums,
- T2 - Treatment in tanks, reactors, furnaces, etc.

NUMBER OF EQUIPMENT:

Enter the total number of equipment used for this process, including all containers, tanks, reactors, filter presses, etc.

PROCESS DESIGN CAPACITY/UNIT OF MEASURE

Enter the process rate. Treatment calculations are monthly throughput; i.e., what is the maximum amount of waste that can be treated in that unit during any one calendar month; pounds/month, gallons/month, pieces/month (for lamp only)

II. WASTE TREATED

WASTE CODE:

Indicate the waste codes of the wastes to be managed in the unit/process. List of RCRA waste codes and California waste codes, as described in Chapter 11 of Title 22. Regulations are currently under development that will amend many of the existing waste codes. DTSC will post any changes to the waste codes on the DTSC website.

WASTE DESCRIPTION:

Provide the appropriate description of the waste from the waste code list, e.g., used oil, antifreeze, used fluorescent lamps.

PROCESS CODE:

- T1 – treatment in containers
- T2 – treatment in tanks

MAXIMUM CONCENTRATION:

Enter the maximum numerical figure and the unit of measure for that figure of the maximum concentration of that waste code that is or will be treated any one calendar month, e.g. milligrams per liter (mg/l) for liquids, milligram per kilogram (mg/kg) for solids

ESTIMATED QUANTITY/ UNIT OF MEASURE:

For each waste code, indicate the estimated quantity of waste to be treated per month; gallons per month (G/month) or pounds per month (lb/month)

III. NARRATIVE DESCRIPTION OF TREATMENT UNIT/PROCESS

For each treatment process, include a brief narrative description of the process (including information of influent, chemicals needed).