

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

**REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION**

a. Initial       b. Revised       c. Annual

720

**I. GENERAL INFORMATION**

<b>BUSINESS NAME</b> (Same as FACILITY NAME or DBA – Doing Business As) <sup>3</sup>	<b>FACILITY ID#</b>	1
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**II. CONSOLIDATION SITE INFORMATION**

ADDRESS	721	FACILITY EPA ID#	2
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CITY	722	CA    ZIP CODE	723
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DESCRIPTION OF THE TYPE(S) OF REMOTE LOCATION(S) AND SOURCE(S) FROM WHICH THE NON-RCRA HAZARDOUS WASTE WILL BE COLLECTED (i.e. power pole)	724
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DESCRIPTION OF THE TYPE OF HAZARDOUS WASTE THAT MAY BE COLLECTED	725
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Do you treat your hazardous waste at this consolidation site? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	726	ESTIMATED MONTHLY VOLUME CONSOLIDATED	727	UNITS <input type="checkbox"/> a. Pounds <input type="checkbox"/> b. Gallons	728
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**III. BASIS FOR NOT NEEDING A FEDERAL PERMIT**

(Check all that apply) 729

- a. The hazardous waste being consolidated is not hazardous waste under federal law although the waste is regulated as hazardous waste under California state law.
  
- b. The hazardous waste is hazardous waste under federal law, but transportation to and accumulation at the consolidation site of the waste is not subject to permitting requirements under federal law for the following other reason(s):

**IV. CERTIFICATIONS**

I certify under penalty of law that the activities described in these documents meet the applicable eligibility and operating requirements of state statutes and regulations for remote waste and consolidation sites. I further certify 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 substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OWNER/OPERATOR	DATE	730
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NAME OF OWNER/OPERATOR (Print)	731	TITLE OF OWNER/OPERATOR	732
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## Remote Waste Consolidation Site Annual Notification

Complete this page if you are a generator and you collect non-RCRA or non-RCRA regulated hazardous waste initially at remote sites and subsequently transport the hazardous waste to consolidation sites which you also operate.

Complete one Remote Waste Consolidation Site Annual Notification per consolidation site. All generators having the intent to operate under this exemption must notify the CUPA annually.

Refer to HSC, 25110.10 for eligibility and notification requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
2. EPA ID NUMBER - Enter the EPA ID number for the facility.
3. BUSINESS NAME - Enter the full legal name of the business.
720. NOTIFICATION STATUS - Check the reason the notification is being completed.
721. ADDRESS - Enter the street address of consolidation site. If no address exists, enter a legal description of the site.
722. CITY - Enter the city or unincorporated area of consolidation site.
723. ZIP CODE - Enter the zip code of the consolidation site.
724. DESCRIPTION OF REMOTE LOCATION(S) - Describe the type of location(s) and source(s) from which the non-RCRA hazardous waste will initially be collected (i.e. power pole).
725. DESCRIPTION OF WASTE(S) COLLECTED - Describe the specific waste type(s) to be consolidated. Attach a continuation sheet showing additional wastes, if necessary.
726. ONSITE HAZARDOUS WASTE TREATMENT - Check "Yes" if hazardous waste is treated at this consolidation site, check "No" if it is not.
727. ESTIMATED MONTHLY VOLUME CONSOLIDATED - Enter the estimated monthly total volume of hazardous waste to be consolidated at this site.
728. UNITS - Check the units for the volume consolidated.
729. BASIS FOR NOT NEEDING A FEDERAL PERMIT - Check the reason for not needing a federal permit for this site. If the hazardous waste is RCRA hazardous waste, describe the reason you are not subject to permitting requirements under federal law in the space provided.  
  
SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. Original signatures are required.
730. DATE CERTIFIED - Enter the date that the document was signed.
731. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.
732. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.