



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH | HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
<http://www.sdcdeh.org>



NON-RCRA and/or RCRA-EXEMPT HAZARDOUS WASTE STORAGE EXTENSION NOTIFICATION

Please type the following information:

Generator Name		EPA ID #	
Site Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Email Address			
Name of Business Owner/Operator	Title	Telephone Number ()	
Signature		Date	

By signing you certify that the eligibility requirements and the conditions for the extension per 22 CCR 66262.35 are met.

A. DESCRIPTION OF WASTE:

(Note: A separate notification must be used for wastes with different accumulation start dates)

	<u>Waste Component (s)</u>	<u>Waste Code</u>	<u>Concentration</u>	<u>(Gal/Drum)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

B. DESCRIPTION OF STORAGE:

Drums Type: _____

Tank Type: _____

Bins Type: _____

Others Type: _____
(specify) _____

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C. BRIEF DESCRIPTION OF STORAGE AREA:

(i.e., containment system, berms, warning signs, etc.):

D. WASTE ACCUMULATION START DATE: _____

E. DATE ACCUMULATION TIME WILL BE REACHED (90 days or 180 days): _____

F. START DATE FOR 90-DAY EXTENSION PERIOD: _____

G. END DATE FOR 90-DAY EXTENSION PERIOD: _____

H. REASON FOR STORAGE EXTENSION:

Upon request by the CUPA or authorized officer or agency, the generator must provide all documents, operating logs, reports, or any other information that supports the claim of the necessity for the extension or relates to the management of the hazardous waste for which the extension is requested.

If you have any questions or concerns regarding this NON-RCRA and/or RCRA EXEMPT HAZARDOUS WASTE STORAGE EXTENSION NOTIFICATION, contact our HMD Duty Desk at (858) 505-6880. Submit the signed NOTIFICATION to the address below.

County of San Diego
Department of Environmental Health
Hazardous Materials Division
P.O. Box 129261
San Diego, CA 92131

FOR OFFICE USE ONLY

RECORD ID: _____

RECEIVED BY: _____

DATE: _____