



COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848

REMOTE SITE NOTIFICATION

Businesses that are designated as a Remote Site (see conditions on reverse) may submit a remote site notification of hazardous materials inventory to the County of San Diego, Department of Environmental Health & Quality, Hazardous Materials Division (HMD). Businesses that submit this notification will not be subject to a routine site inspection and will pay reduced fees for their annual Unified Program Facility Permit. Remote Sites can, in lieu of submitting a hazardous materials business plan, submit a one-time inventory of the hazardous materials, a site map indicating the storage location of the hazardous materials, and a list of emergency contacts.

TO BE ELIGIBLE:

1. All of the conditions listed on the back of this notification must be met.
2. Complete the information on this notification and submit this notification, the hazardous materials inventory, and a site/map plan to the HMD.
3. If changes occur to the hazardous materials inventory, location of where the hazardous materials are stored, or emergency contact information then the business must re-submit this information along with the remote site notification form.

Instructions for completing this notification are on the reverse.

I. IDENTIFICATION

FACILITY ID#												1				
3	7	0	0	0									BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3	BUSINESS PHONE	102
()																
BUSINESS SITE ADDRESS																103
CITY										104	CA	ZIP CODE				105
BUSINESS OPERATOR NAME										109	BUSINESS OPERATOR PHONE				110	
()																

II. BUSINESS OWNER

OWNER NAME										111	OWNER PHONE				112	
()																
OWNER MAILING ADDRESS																113
CITY						114	STATE			115	ZIP CODE				116	

-PRIMARY-

III. EMERGENCY CONTACTS

-SECONDARY-

NAME										123	NAME				128
TITLE										124	TITLE				129
BUSINESS PHONE										125	BUSINESS PHONE				130
()															
24-HOUR PHONE										126	24-HOUR PHONE				131
()															
PAGER #										127	PAGER #				132
()															

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. This business is required to obtain a Unified Program Facility Permit from the San Diego County Department of Environmental Health & Quality and consent to all necessary inspections allowed by law.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE										DATE			134	NAME OF DOCUMENT PREPARER				135
NAME OF SIGNER (print)										136	TITLE OF SIGNER							137

As of July 1, 2001, The San Diego County Code (SDCC) Section 65.107 established a new Unified Program Facility Permit type for facilities that meet the definition of a remote site. The California Health & Safety Code, Chapter 6.95 allows for the submittal of a one-time notification of hazardous materials inventory by businesses that are designated as a Remote Site by the San Diego County, Department of Environmental Health & Quality, Hazardous Materials Division (HMD). Businesses that submit this notification will not be subject to a routine site inspection. Random inspections may occur, but the permit status will not change if all of the conditions listed below are met. The annual fee for the Remote Site Notification Permit is \$53.00 per year, along with the annual State surcharge. If businesses do not submit a remote site notification or meet all the conditions listed below, they will be subject to the unified program facility permit, including routine inspections and increased annual permit fees.

To be eligible, all of the conditions listed below that define an "unstaffed remote facility located in an isolated sparsely populated area" must be met:

1. The facility is operated, maintained or serviced by employees who visit the site periodically to check its operation and to perform necessary operating and maintenance tasks. No employees are permanently or seasonally stationed at the facility and it is not contiguous to a staffed site operated by the business.
2. The facility is located in an isolated sparsely populated area (i.e., remote mostly mountainous or backcountry area).
3. The facility is secured and not accessible to the public.
4. The facility is not subject to the requirements of Federal law (i.e., SARA Title III reporting; Accidental Release Program requirements; or any other applicable Federal law).
5. Special circumstances do not exist that would require a complete business plan to protect the public health and safety, and the environment.
6. The facility does not have underground storage tanks (USTs).
7. The facility only handles non-RCRA hazardous waste in quantities less than 55 gallons or 500 pounds at any one time. The hazardous waste is transported according to all applicable laws and regulations by:
 - An employee to a consolidation point operated by the generator ; or
 - A contractor hired by the generator.
8. Warning signs are posted and maintained for hazardous materials pursuant to the California Uniform Fire Code.
9. A one-time notification of inventory (including a site map and emergency contact information) is provided to the HMD along with the processing fee.
10. The types and quantities of materials onsite are limited to one or more of the following:
 - i. Five hundred standard cubic feet of compressed inert gases (asphyxiation and pressure hazard only).
 - ii. Five hundred gallons of combustible liquid used as a fuel source
 - iii. Two hundred gallons of corrosive liquid used as electrolyte in closed containers.
 - iv. Five hundred gallons of lubricating and hydraulic fluids,
 - v. Twelve hundred gallons of flammable gas used as a fuel source.

If any changes occur to the hazardous materials inventory, location of where the hazardous materials are stored, or emergency contact information then the facility must re-submit this information along with the remote site notification form.

Instructions for Completing the Remote Site Notification

Note: The numbering of the instructions follows the data element numbers that are on Statewide reporting forms. These data element numbers are used for electronic submission and are the same as the numbering used in Title 27 CCR, Appendix C. The codes that are found in parenthesis are for office use only.

1. FACILITY ID NUMBER - Enter your 6 digit Permit Number on your Unified Program Facility Permit (UPCF). If you do not have a UPCF, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, also complete #113- #116.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE -Enter the zip code of business site. The extra 4-digit zip may also be added.
109. BUSINESS OPERATOR NAME -Enter the name of the business operator, which is the name used for mailing correspondence.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the zip code for the owners address. The extra 4-digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact, area code first. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, area code first, if available.
- 128 thru 132. SECONDARY EMERGENCY CONTACT NAME: The instructions for these sections are the same as the Primary Emergency Contact Name information. Instead of the Primary Emergency Primary Contact enter all information for the Secondary Emergency Contact.
134. DATE - Enter the date that the document was signed,
135. NAME OF DOCUMENT PREPAREIR - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page,