



NON-RCRA AND/OR RCRA-EXEMPT HAZARDOUS WASTE STORAGE 90-DAY EXTENSION NOTIFICATION

Please submit this form electronically to envhealth@smcgov.org

FACILITY INFORMATION

Facility Name: _____ EPA ID: _____

Site Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Facility Contact: _____ Title: _____

Phone Number: _____ Email: _____

Hazardous Waste Generator Status: Small Quantity Generator Large Quantity Generator

EXTENSION

Reason for Storage Extension:

Start Date for 90-day Extension Period: _____

End Date for 90-day Extension Period: _____

CERTIFICATION

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

Name: _____ Title: _____

Signature: _____ Date: _____

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.



HAZARDOUS WASTE STREAMS

Use a separate line for different types of wastes and waste containers with different accumulation start dates.
 Use additional pages if needed.

Composition of the Waste (include concentration of constituents)	Waste Codes	Accumulation Start Date	Max. Qty During Extension Period	Type of Container/Tank	Storage Location	Type of Secondary Containment (if existing)

For additional guidance, contact the CUPA inspector for your jurisdiction. For a complete list of inspectors, visit smchealth.org/cupainspectors.

OFFICE USE ONLY

Received by: _____ Date: _____

FA: _____ PR: _____