



APPLICATION FOR WAIVER OF STATE STATUTES, RULES OR REGULATIONS

RELATED TO THE SOUTHERN CALIFORNIA WILDFIRE

Complete EACH field and attach additional pages if necessary.

APPLICATION IS TO (CHECK ONE): CAL/EPA RESOURCES AGENCY

1a. PERSON, BUSINESS, OR AGENCY RESPONSIBLE FOR EMERGENCY WORK

If the emergency work is being conducted by a business, agency, or utility, please include the name of your designated representative.

Name	Nick Vent		
Business/Agency	San Diego County, Department of Environmental Health		
Street Address	P.O. Box 129261		
City, State, Zip	San Diego, CA 92112-9261		
Telephone	619-778-9500	Fax	619-338-2139
Email	Nick.vent@sdcounty.ca.gov		

1b. LANDOWNER

Name	San Diego County, DPW		
Business/Agency	Olive Street Pit		
Street Address	116 5 th Street		
City, State, Zip	Ramona, CA 92065		
Telephone	619-778-9500	Fax	619-338-2139
Email			

2. LOCATION OF EMERGENCY WORK

Address or description of project location. (Include a map that marks the location of the project with a reference to the nearest city or town, and provide driving directions from a major road or highway.)

HHW to be stored at 116 5th Street, Ramona, CA 92065 during the fire recovery effort. See description of emergency work.

Continued on additional page(s)

Name of any river, stream, or lake affected by the project?

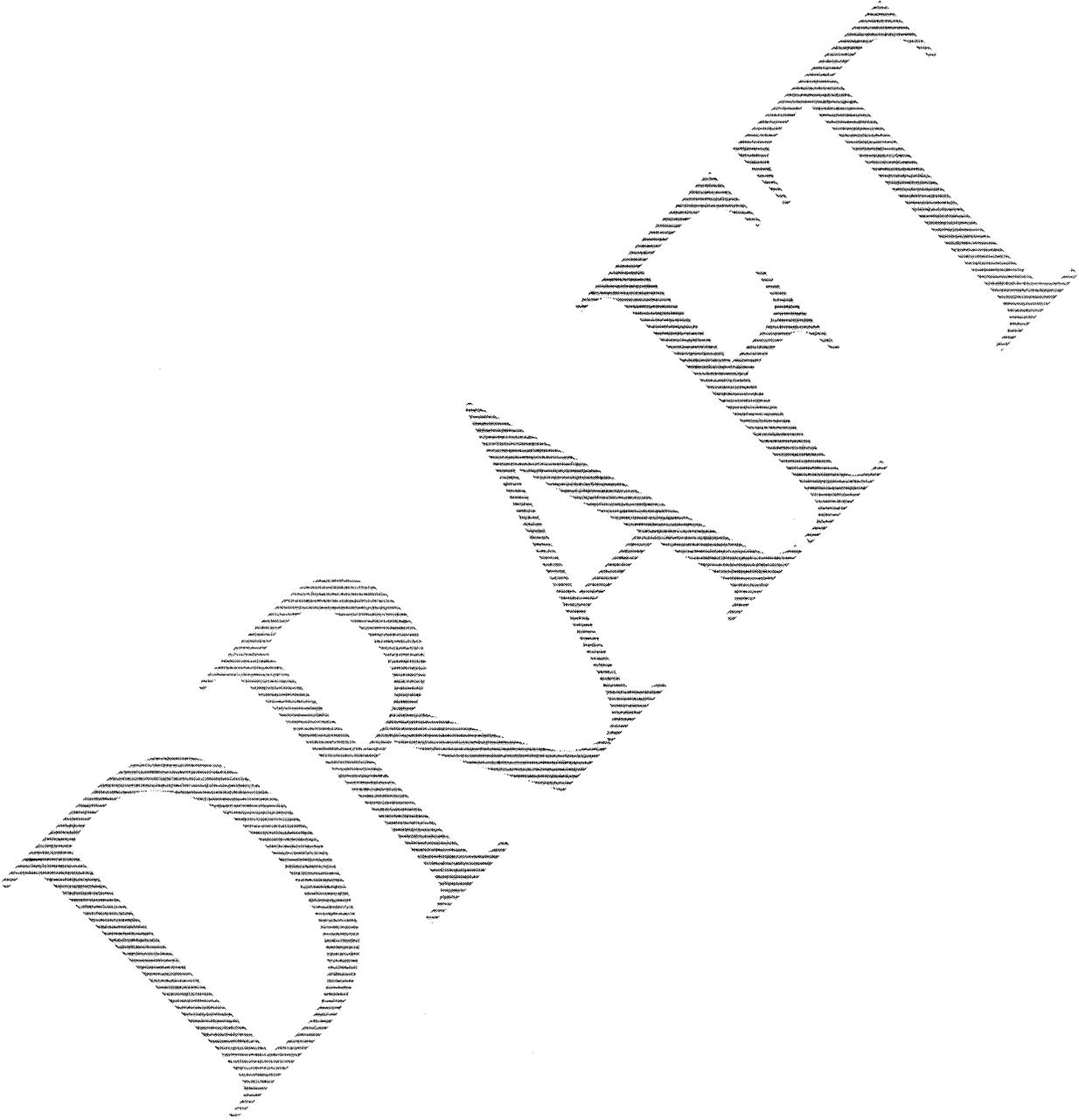
Name of any water body for which the affected river, stream, or lake is a tributary?

3. STATUTES, RULES, OR REGULATIONS TO BE WAIVED

If you know, state what requirements you are requesting a waiver for, and why a waiver is necessary.

California Health and Safety Code, Division 20, Chapter 6.5, Section 25218.2(p)(1)
California Code of Regulations, Title 22, Division 4.5, Section 66260.10 definition THWCF and Section 66270.1(c)

Continued on additional page(s)



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4. NATURE OF EMERGENCY WORK

Estimated date emergency work will begin. 11/13/07

Estimated date emergency work will be completed. 12/26/07

Identify the type of property affected by the emergency by marking the appropriate boxes below.

- Bridge, culvert, or other water crossing Dwelling or other building Levee or other bank protection Road
 Tree/Vegetation Removal Utility Other (describe): Pick up of HHW debris from fire recovery areas.

Describe the emergency work.

U.S. EPA, California Department of Toxic Substances Control (DTSC), County of San Diego, City of San Diego, City of Escondido, the City of Poway and two contractors will participate in this effort. Thanne Cox of U.S. EPA is preparing an Action Request Form (ARF) to submit to FEMA to initiate U.S. EPA participation in this effort.

Local agencies will coordinate and direct HHW removal operations from a local agency operation center.

U.S. EPA will provide technical assistance by overseeing the work of contracted strike teams. Initially the US EPA contractor will deploy one 25-person strike team consisting of three crews and support personnel to the Witch Creek Fire area on November 7. These strike teams will provide direct federal assistance by consolidating and transporting HHW to temporary collection facilities. The contractor will add north and south strike teams as the week progresses. Ultimately there will be a total of 9 six-person crews surveying structures and removing HHW. The 2400 structures damaged or destroyed by the fires (that are safe to enter) will be inspected and all discovered HHW will be removed before Thanksgiving. The County emergency response team will respond to manage "exotic" waste or waste containers larger than a person can normally handle.

DTSC will support temporary household hazardous waste collection facilities on County or municipal property. Clean Harbors operating on a DTSC contract will categorize, containerize, manifest and ship HHW from these sites. The temporary household collection facilities will store hazardous waste until December 26, 2007.

Briefly describe the dimensions (e.g., length and width) of the area or areas affected by the emergency and the work area.

N/A

Continued on additional page(s)

Describe any work you intend to complete after the emergency to restore the affected area.

N/A

Continued on additional page(s)

5. SIGNATURE

I hereby certify that to the best of my knowledge that (i) the emergency work is necessary to remedy damage caused by the Southern California Wildfires Disaster, (ii) the information in this application is true and correct and (iii) I am authorized to sign this Notification as, or on behalf of, the person, business, or agency responsible for the emergency work.

Signature of Applicant or Applicant's Authorized Representative

Date

MICHAEL VIZZIER
Print Name

FOR AGENCY USE ONLY

Date Received

Waiver Application Number

TEMPORARY HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY PERMIT BY RULE NOTIFICATION

For use by public agencies operating a Temporary Household Hazardous Waste Collection Facility (THHWCf) under Permit By Rule. Each location requires a separate form.

INITIAL NOTIFICATION

REVISED NOTIFICATION Put an asterisk in the left margin next to the revised information

I. GENERAL INFORMATION

A. FACILITY ID NUMBER CAS-071-107-037

B. FACILITY NAME County of San Diego/DPW
Olive Street Pit

C. FACILITY ADDRESS OR LEGAL DESCRIPTION OF FACILITY LOCATION

ADDRESS 116 5th Street

CITY Ramona **STATE** CA **ZIP** 92065

COUNTY San Diego

D. OPERATOR (PUBLIC AGENCY)

AGENCY NAME County of San Diego
Department of Environmental Health

MAILING ADDRESS P.O. Box 129261

CITY San Diego **STATE** CA **ZIP** 92112-9261

COUNTY San Diego

E. OPERATOR/AGENCY CONTACT PERSON INFORMATION

CONTACT PERSON Vent Nick
(LAST NAME) **(FIRST NAME)**

PHONE NUMBER 619-778-9500

**TEMPORARY HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY
PERMIT BY RULE NOTIFICATION**

F. CONTRACTOR INFORMATION (if applicable)

NAME Clean Harbors

MAILING ADDRESS 9369 Dowdy Drive, Suite G

CITY San Diego STATE CA ZIP 92126

G. CONTRACTOR CONTACT PERSON INFORMATION (if applicable)

CONTACT PERSON Lee Tim
(LAST NAME) (FIRST NAME)

PHONE NUMBER 858-201-0143

H. ACCEPTANCE OF CESQG WASTES

YES NO

Will your facility accept wastes from conditionally exempt small quantity generators?

I. THE FOLLOWING LOCAL AUTHORITIES HAVE BEEN NOTIFIED OF THE INTENDED OPERATION OF THE THHWCF:

Environmental Management

Fire Department

Law Enforcement

Traffic

Air Quality

J. THE FOLLOWING LOCAL PERMITS HAVE BEEN OBTAINED FOR OPERATION OF THE THHWCF:

**TEMPORARY HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY
PERMIT BY RULE NOTIFICATION**

K. IS THE PROPERTY ON WHICH THE THHWCF WILL BE HELD OWNED BY THE OPERATOR

YES NO

If not, a written agreement between the operator and the property owner is required.

PROPERTY OWNER'S NAME County of San Diego/DPW

CONTACT PERSON Deane Ed
(LAST NAME) (FIRST NAME)

PHONE NUMBER 858-874-4014

II. DAYS AND HOURS OF OPERATION

Show hours using a 24-hour clock. *Example: 1pm should be shown as 1300.*

PLANNED DATES	HOURS		ALTERNATIVE DATES	HOURS	
	Open	Close		Open	Close
Month/Day/Year			Month/Day/Year		
Example: <u>07 / 31 / 92</u>	<u>8:30</u>	<u>16:00</u>	<u>08 / 03 / 92</u>	<u>08:30</u>	<u>16:00</u>
<u>11 / 13 / 07</u>	<u>07:00</u>	<u>19:00</u>	<u> / /</u>	<u> </u>	<u> </u>
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<u>12 / 26 / 07</u>	<u>07:00</u>	<u>19:00</u>	<u> / /</u>	<u> </u>	<u> </u>
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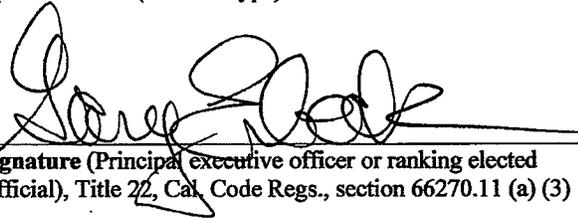
**TEMPORARY HOUSEHOLD HAZARDOUS WASTE
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III. OPERATOR CERTIFICATION (PUBLIC AGENCY)

"I certify under penalty of law 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 significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Gary W. Erbeck
Operator Name (Print or Type)

Director of Environmental Health
Title


Signature (Principal executive officer or ranking elected
Official), Title 22, Cal. Code Regs., section 66270.11 (a) (3)

11/13/07
Date Signed

Submit original notification to your Certified Unified Program Agency (CUPA)

Mail copy to DTSC:

**Department of Toxic Substances Control, Regulatory and Program Development
Division – HHW Unit, P.O. Box 806, 11th floor, Sacramento, California 95812-0806**