

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P Street, 4th Floor
P.O. Box 806
Sacramento, CA 95812-0806



(916) 323-5871

01/10/94

EPA ID: CA0210490405

DEPT OF ARMY CAMP PARKS
JESSIE CRAWFORD
BUILDING 790
DUBLIN, CA 94568

For facility located at:

BUILDING 790
DUBLIN, CA 94568

Authorization Date: 01/10/94

Dear Conditionally Authorized and/or Conditionally Exempt Facility:

**ACKNOWLEDGEMENT OF UNITS OPERATING UNDER CONDITIONAL AUTHORIZATION AND/OR
CONDITIONAL EXEMPTION**

The Department of Toxic Substances Control (DTSC) has received your facility specific notification (form DTSC 1772) and forms for Conditional Authorization and/or Conditional Exemption for Specified Wastestreams (form DTSC 1772B and/or 1772C). Your notifications are administratively complete, but have not been reviewed for technical adequacy. A technical review of your notifications will be conducted when an inspection is performed. At any time, you may be inspected and will be subject to penalty if violations of laws or regulations are found.

The Department acknowledges receipt of your completed notification for the treatment unit(s) listed on the last page of this letter. These units operating under Conditional Authorization or Conditional Exemption are authorized by California law without additional Department action, pursuant to Health and Safety Code sections 25200.3 and 25201.5. Your authorization to operate continues until you notify DTSC that you have stopped treating waste and have fully closed the unit(s). You will be charged annual fees calculated on a calendar year basis for each year you operate and have not notified DTSC that the units have been closed.

You must notify the DTSC 60 days before first treating hazardous wastes in any new unit. You must also notify the DTSC whenever any of the information you provided in these notifications changes. To revise information, mail a cover letter to the above address explaining the changes, attach only the pages of your notification package that have changed, and re-sign and date at the signature space on page 3 of form 1772.

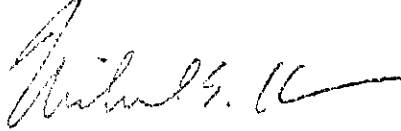
Your status to operate under Conditional Authorization and/or Conditional Exemption is contingent upon the accuracy of information submitted by you in the notifications mentioned above, and your compliance with all applicable requirements in the Health and Safety Code. Any misrepresentation or any failure to fully disclose all relevant facts shall render your authorization to operate null and void.

You are also required to properly close any treatment unit. Additional guidance on closure will be issued and distributed to all authorized onsite facilities later this year.



If you have any questions regarding this letter, or have questions on operating requirements for your facility, please contact the nearest DTSC regional office, or this office at the letterhead address or phone number.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael S. Horner". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael S. Horner, Chief
Onsite Hazardous Waste Treatment Unit
Permit Streamlining Branch
Hazardous Waste Management Program

Enclosure

cc: RICK ROBISON
DTSC REGION 2
SURVEILLANCE & ENFORCEMENT BR.
700 HEINZ AVE., BLDG. F, 2ND FL.
BERKELEY, CA 94710

RAFAT A. SHAHID
ALAMEDA COUNTY
DEPT. OF ENVIRONMENTAL HEALTH
80 SWAN WAY, ROOM 210
OAKLAND, CA 94621

ENCLOSURE 1

Units authorized to operate at this location:

UNDER CONDITIONAL AUTHORIZATION:

UNDER CONDITIONAL EXEMPTION:

1 2

Check Number
621166

cid#
93 0015 TTU OP.

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION FORM FACILITY SPECIFIC NOTIFICATION

For Use by Hazardous Waste Generators Performing Treatment
Under Conditional Exemption and Conditional Authorization,
and by Permit By Rule Facilities

Initial
 Revised

Please refer to the attached Instructions before completing this form. You may notify for more than one permitting tier by using this notification form, DTSC 1772. You must attach a separate unit specific notification form for each unit at this location. There are different unit specific notification forms for each of the four categories and an additional notification form for transportable treatment units (TTU's). You only have to submit forms for the tier(s) that cover your unit(s). Discard or recycle the other unused forms. Number each page of your completed notification package and indicate the total number of pages at the top of each page at the 'Page ___ of ___'. Put your EPA ID Number on each page. Please provide all of the information requested; all fields must be completed except those that state 'if different' or 'if available'. Please type the information provided on this form and any attachments.

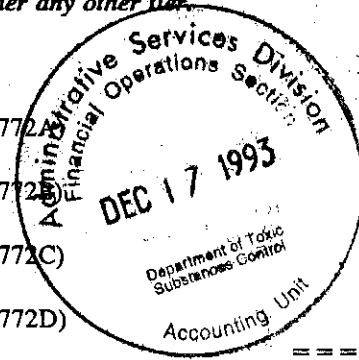
The notification will not be considered complete without payment of the appropriate fee for each tier under which you are operating. (Please note that the fee is per TIER not per UNIT. For example, if you operate 5 units but they are all Conditionally Authorized, you only owe \$1,140, NOT 5 times \$1,140. If you operate any Permit by Rule units and any units under Conditional Authorization you owe \$2,280.) Checks should be made payable to the Department of Toxic Substances Control and be stapled to the top of this form. Please write your EPA ID Number on the check. Fill in the check number in the box above.

I. NOTIFICATION CATEGORIES

Indicate the number of units you operate in each tier. This will also be the number of unit specific notification forms you must attach. Conditionally Exempt Small Quantity Treatment operations may not operate units under any other tier.

Number of units and attached unit specific notifications

			Fee per Tier (not per unit)
A.	<u>0</u> Conditionally Exempt-Small Quantity Treatment	(Form DTSC 1772A)	\$ 100
B.	<u>2</u> Conditionally Exempt-Specified Wastestream	(Form DTSC 1772B)	\$ 100
C.	<u>0</u> Conditionally Authorized	(Form DTSC 1772C)	\$1,140
D.	<u>0</u> Permit by Rule	(Form DTSC 1772D)	\$1,140
	<u>2</u> Total Number of Units		Total Fee Attached \$ <u>100</u>



II. GENERATOR IDENTIFICATION

EPA ID NUMBER CA 0210490405 BOE NUMBER (if available) H HQ

NAME (Company or Facility) Department of the Army Camp Parks
(DBA-Doing Business As)
PHYSICAL LOCATION Building 790

CITY Dublin CA ZIP 94568

COUNTY Alameda

CONTACT PERSON Jessie Crawford PHONE NUMBER (510) 829-8098
(First Name) (Last Name)

For DTSC Use Only
Region 2

Staple Check Here

MAILING ADDRESS, IF DIFFERENT:

COMPANY NAME (DBA) _____

STREET _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____
(only complete if not USA)

CONTACT PERSON _____ PHONE NUMBER(____)____-_____
(First Name) (Last Name)

III. TYPE OF COMPANY: STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE:

Use either one or two SIC codes (a four digit number) that best describe your company's products, services, or industrial activity.

Example: 7384 Photofinishing lab 3672 Printed circuit boards

First: 9711 National security Second: _____

IV. PRIOR PERMIT STATUS: Check yes or no to each question:

- | YES | NO | |
|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Did you file a PBR Notice of Intent to Operate (DTSC Form 8462) in 1992 for this location? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you now have or have you ever held a state or federal hazardous waste facility full permit or interim status for any of these treatment units? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Do you now have or have you ever held a state or federal full permit or interim status for any other hazardous waste activities at this location? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever held a variance issued by the Department of Toxic Substances Control for the treatment you are now notifying for at this location? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Has this location ever been inspected by the state or any local agency as a hazardous waste generator? |

V. PRIOR ENFORCEMENT HISTORY: Not required from generators only notifying as conditionally exempt.

YES NO
Within the last three years, has this facility been the subject of any convictions, judgments, settlements, or final orders resulting from an action by any local, state, or federal environmental, hazardous waste, or public health enforcement agency?

(For the purposes of this form, a notice of violation does not constitute an order and need not be reported unless it was not corrected and became a final order.)

If you answered Yes, check this box and attach a listing of convictions, judgments, settlements, or orders and a copy of the cover sheet from each document. (See the Instructions for more information)

VI. ATTACHMENTS:

1. A plot plan/map detailing the location(s) of the covered unit(s) in relation to the facility boundaries.
2. A unit specific notification form for each unit to be covered at this location.

VII. CERTIFICATIONS: *This form must be signed by an authorized corporate officer or any other person in the company who has operational control and performs decision-making functions that govern operation of the facility (per title 22, California Code of Regulations (CCR) section 66270.11). All three copies must have original signatures.*

Waste Minimization I certify that I have a program in place to reduce the volume, quantity, and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Tiered Permitting Certification I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I understand that if any of the units operate under Permit by Rule or Conditional Authorization, I will also be required to provide required financial assurances by January 1, 1994, and conduct a Phase I environmental assessment by January 1, 1995.

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 substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

JESSIE CRAWFORD
Name (Print or Type)

Jessie Crawford
Signature

MAINT FOREMAN
Title

Aug 11 1993
Date Signed

OPERATING REQUIREMENTS:

Please note that generators treating hazardous waste onsite are required to comply with a number of operating requirements which differ depending on the tier(s) under which one operates. These operating requirements are set forth in the statutes and regulations, some of which are referenced in the Tier-Specific Factsheets.

SUBMISSION PROCEDURES:

You must submit two copies of this completed notification by certified mail, return receipt requested, to:

Department of Toxic Substances Control
Form 1772
Onsite Hazardous Waste Treatment Unit
400 P Street, 4th Floor (walk in only)
P.O. Box 806
Sacramento, CA 95812-0806.

You must also submit one copy of the notification and attachments to the local regulatory agency in your jurisdiction as listed in the instruction materials. You must also retain a copy as part of your operating record.

All three forms must have original signatures, not photocopies.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS

UNIT SPECIFIC NOTIFICATION

(pursuant to Health and Safety Code Section 25201.5(c))

UNIT NAME Crusher 1 UNIT ID NUMBER 1

NUMBER OF TREATMENT DEVICES: _____ Tank(s) 1 Container(s)

Each unit must be clearly identified and labeled on the plot plan attached to Form 1772. Assign your own unique number to each unit. The number can be sequential (1, 2, 3) or using any system you choose.

Enter the estimated monthly total volume of hazardous waste treated by this unit. This should be the maximum or highest amount treated in any month. Indicate in the narrative (Section II) if your operations have seasonal variations.

I. WASTESTREAMS AND TREATMENT PROCESSES:

Estimated Monthly Total Volume Treated: 1000 pounds and/or _____ gallons drums

The following are the eligible wastestreams and treatment processes. Please check all applicable boxes:

- 1. Treats resins mixed in accordance with the manufacturer's instructions.
- 2. Treat containers of 110 gallons or less capacity that contained hazardous waste by rinsing or physical processes, such as crushing, shredding, grinding, or puncturing.
- 3. Drying special wastes, as classified by the department pursuant to title 22, CCR, section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.
- 4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to title 22, CCR, section 66261.124.
- 5. Neutralize acidic or alkaline (base) wastes from the regeneration of ion exchange media used to demineralize water. (This waste cannot contain more than 10 percent acid or base by weight to be eligible for conditional exemption.)
- 6. Neutralize acidic or alkaline (base) wastes from the food processing industry.
- 7. Recovery of silver from photofinishing. The volume limit for conditional exemption is 500 gallons per generator (at the same location) in any calendar month.
- 8. Gravity separation of the following, including the use of flocculants and demulsifiers if
 - a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
 - b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel).
- 9. Neutralizing acidic or alkaline (base) material by a state certified laboratory or a laboratory operated by an educational institution. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

II. NARRATIVE DESCRIPTIONS: *Provide a brief description of the specific waste treated and the treatment process used.*

- 1. SPECIFIC WASTE TYPES TREATED: Empty drums

- 2. TREATMENT PROCESS(ES) USED: Crushing

III. RESIDUAL MANAGEMENT: *Check Yes or No to each question as it applies to all residuals from this treatment unit.*

- | YES | NO | |
|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Do you discharge non-hazardous aqueous waste to a publicly owned treatment works (POTW)/sewer? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you discharge non-hazardous aqueous waste under an NPDES permit? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Do you have your residual hazardous waste hauled offsite by a registered hazardous waste hauler?
If you do, where is the waste sent? <i>Check all that apply.</i> |
| | | <input type="checkbox"/> a. Offsite recycling |
| | | <input checked="" type="checkbox"/> b. Thermal treatment |
| | | <input checked="" type="checkbox"/> c. Disposal to land |
| | | <input checked="" type="checkbox"/> d. Further treatment |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Do you dispose of non-hazardous solid waste residues at an offsite location? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Other method of disposal. Specify: _____ |

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT:

In order to demonstrate eligibility for one of the onsite treatment tiers, facilities are required to provide the basis for determining that a hazardous waste permit is not required under the federal Resource Conservation and Recovery Act (RCRA) and the federal regulations adopted under RCRA (Title 40, Code of Federal Regulations (CFR)).

Choose the reason(s) that describe the operation of your onsite treatment units:

- 1. The hazardous waste being treated is not a hazardous waste under federal law although it is regulated as a hazardous waste under California state law.
- 2. The waste is treated in wastewater treatment units (tanks), as defined in 40 CFR Part 260.10, and discharged to a publicly owned treatment works (POTW)/sewerage agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT: (continued)

- 3. The waste is treated in elementary neutralization units, as defined in 40 CFR Part 260.10, and discharged to a POTW/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.
- 4. The waste is treated in a totally enclosed treatment facility as defined in 40 CFR Part 260.10; 40 CFR 264.1(g)(5).
- 5. The company generates no more than 100 kg (approximately 27 gallons) of hazardous waste in a calendar month and is eligible as a federal conditionally exempt small quantity generator. 40 CFR 260.10 and 40 CFR 261.5.
- 6. The waste is treated in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 40 CFR 262.34, 40 CFR 270.1(c)(2)(i), and the Preamble to the March 24, 1986 Federal Register.
- 7. Recyclable materials are reclaimed to recover economically significant amounts of silver or other precious metals. 40 CFR 261.6(a)(2)(iv), 40 CFR 264.1(g)(2), and 40 CFR 266.70.
- 8. Empty container rinsing and/or treatment. 40 CFR 261.7.
- 9. Other: Specify: _____

V. TRANSPORTABLE TREATMENT UNIT: Check Yes or No. Please refer to the Instructions for more information.

YES **NO**

Is this unit a Transportable Treatment Unit?

If you answered yes, you must also complete and attach Form 1772E to this page.

The Tier-Specific Factsheets contain a summary of the operating requirements for this category. Please review those requirements carefully before completing or submitting this notification package.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS

UNIT SPECIFIC NOTIFICATION
(pursuant to Health and Safety Code Section 25201.5(c))

UNIT NAME Crusher 2

UNIT ID NUMBER 2

NUMBER OF TREATMENT DEVICES: _____ Tank(s)

1 Container(s)

Each unit must be clearly identified and labeled on the plot plan attached to Form 1772. Assign your own unique number to each unit. The number can be sequential (1, 2, 3) or using any system you choose.

Enter the estimated monthly total volume of hazardous waste treated by this unit. This should be the maximum or highest amount treated in any month. Indicate in the narrative (Section II) if your operations have seasonal variations.

I. WASTESTREAMS AND TREATMENT PROCESSES:

Estimated Monthly Total Volume Treated: 1000 pounds and/or _____ gallons

The following are the eligible wastestreams and treatment processes. Please check all applicable boxes:

- 1. Treats resins mixed in accordance with the manufacturer's instructions.
- 2. Treat containers of 110 gallons or less capacity that contained hazardous waste by rinsing or physical processes, such as crushing, shredding, grinding, or puncturing.
- 3. Drying special wastes, as classified by the department pursuant to title 22, CCR, section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.
- 4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to title 22, CCR, section 66261.124.
- 5. Neutralize acidic or alkaline (base) wastes from the regeneration of ion exchange media used to demineralize water. (This waste cannot contain more than 10 percent acid or base by weight to be eligible for conditional exemption.)
- 6. Neutralize acidic or alkaline (base) wastes from the food processing industry.
- 7. Recovery of silver from photofinishing. The volume limit for conditional exemption is 500 gallons per generator (at the same location) in any calendar month.
- 8. Gravity separation of the following, including the use of flocculants and demulsifiers if
 - a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
 - b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel).
- 9. Neutralizing acidic or alkaline (base) material by a state certified laboratory or a laboratory operated by an educational institution. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION
(pursuant to Health and Safety Code Section 25201.5(c))

II. NARRATIVE DESCRIPTIONS: *Provide a brief description of the specific waste treated and the treatment process used.*

- 1. SPECIFIC WASTE TYPES TREATED: Empty drums

- 2. TREATMENT PROCESS(ES) USED: Crushing

III. RESIDUAL MANAGEMENT: *Check Yes or No to each question as it applies to all residuals from this treatment unit.*

- | YES | NO | |
|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Do you discharge non-hazardous aqueous waste to a publicly owned treatment works (POTW)/sewer? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you discharge non-hazardous aqueous waste under an NPDES permit? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Do you have your residual hazardous waste hauled offsite by a registered hazardous waste hauler?
If you do, where is the waste sent? <i>Check all that apply.</i> |
| | | <input type="checkbox"/> a. Offsite recycling |
| | | <input checked="" type="checkbox"/> b. Thermal treatment |
| | | <input checked="" type="checkbox"/> c. Disposal to land |
| | | <input checked="" type="checkbox"/> d. Further treatment |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Do you dispose of non-hazardous solid waste residues at an offsite location? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Other method of disposal. Specify: _____ |

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT:

In order to demonstrate eligibility for one of the onsite treatment tiers, facilities are required to provide the basis for determining that a hazardous waste permit is not required under the federal Resource Conservation and Recovery Act (RCRA) and the federal regulations adopted under RCRA (Title 40, Code of Federal Regulations (CFR)).

Choose the reason(s) that describe the operation of your onsite treatment units:

- 1. The hazardous waste being treated is not a hazardous waste under federal law although it is regulated as a hazardous waste under California state law.
- 2. The waste is treated in wastewater treatment units (tanks), as defined in 40 CFR Part 260.10, and discharged to a publicly owned treatment works (POTW)/sewerage agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION
(pursuant to Health and Safety Code Section 25201.5(c))

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT: (continued)

- 3. The waste is treated in elementary neutralization units, as defined in 40 CFR Part 260.10, and discharged to a POTW/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.
- 4. The waste is treated in a totally enclosed treatment facility as defined in 40 CFR Part 260.10; 40 CFR 264.1(g)(5).
- 5. The company generates no more than 100 kg (approximately 27 gallons) of hazardous waste in a calendar month and is eligible as a federal conditionally exempt small quantity generator. 40 CFR 260.10 and 40 CFR 261.5.
- 6. The waste is treated in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 40 CFR 262.34, 40 CFR 270.1(c)(2)(i), and the Preamble to the March 24, 1986 Federal Register.
- 7. Recyclable materials are reclaimed to recover economically significant amounts of silver or other precious metals. 40 CFR 261.6(a)(2)(iv), 40 CFR 264.1(g)(2), and 40 CFR 266.70.
- 8. Empty container rinsing and/or treatment. 40 CFR 261.7.
- 9. Other: Specify: _____

V. TRANSPORTABLE TREATMENT UNIT: Check Yes or No. Please refer to the Instructions for more information.

- | | | |
|-------------------------------------|--------------------------|----------------------------------------------|
| YES | NO | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is this unit a Transportable Treatment Unit? |

If you answered yes, you must also complete and attach Form 1772E to this page.

The Tier-Specific Factsheets contain a summary of the operating requirements for this category. Please review those requirements carefully before completing or submitting this notification package.

NOTIFICATION FORM FOR
TRANSPORTABLE TREATMENT UNITS OPERATING AT
CONDITIONALLY EXEMPT OR CONDITIONALLY AUTHORIZED GENERATORS

GENERATOR EPA ID NUMBER CA0210490405 GENERATOR UNIT ID NUMBER 1

I. TTU INFORMATION:

TTU EPA ID NUMBER CA000083121 TTU SERIAL NUMBER _____

BUSINESS NAME Laidlaw Environmental Services

TTU OWNER Laidlaw Environmental Services

TTU OWNER'S ADDRESS 4501 Pacheco Boulevard

CITY Martinez STATE CA ZIP 94553 COUNTRY USA

TTU OPERATOR (if different from Owner) Laidlaw Environmental Services

TTU OPERATOR'S ADDRESS 2381 Mariner Square Drive Suite #175

CITY Alameda STATE CA ZIP 94501 COUNTRY USA

TTU CONTACT PERSON Neri Johnson PHONE NUMBER (510) 521-6577
(first name) (last name)

II. PROJECTED WORK SCHEDULE:

Indicate the normal weekday working hours and the dates during this calendar year.

- Normal Hours of Work - From 7 a.m. to 4:30 p.m.
- Dates on Site - From December 1, 1993 to January 1, 1994
- Dates on Site - From Additional dates to will be needed.
- Dates on Site - From Will notify your to office prior to
- Dates on Site - From operation to _____
- Dates on Site - From _____ to _____
- Dates on Site - From _____ to _____
- Dates on Site - From _____ to _____
- Dates on Site - From _____ to _____

If you plan on more dates, attach a separate piece of paper showing the additional dates in the same format and check this box.

NOTIFICATION FORM FOR TRANSPORTABLE TREATMENT UNITS OPERATING AT CONDITIONALLY EXEMPT OR CONDITIONALLY AUTHORIZED GENERATORS

GENERATOR EPA ID NUMBER CA0210490405 GENERATOR UNIT ID NUMBER 2

I. TTU INFORMATION:

TTU EPA ID NUMBER CA000083121 TTU SERIAL NUMBER _____

BUSINESS NAME Lairdlaw Environmental Services

TTU OWNER Lairdlaw Environmental Services

TTU OWNER'S ADDRESS 4501 Pacheco Boulevard

CITY Martinez STATE CA ZIP 94501 COUNTRY USA

TTU OPERATOR (if different from Owner) Lairdlaw Environmental Services

TTU OPERATOR'S ADDRESS 2381 Mariner Square Drive Suite #175

CITY Alameda STATE CA ZIP 94501 COUNTRY USA

TTU CONTACT PERSON Neil Johnson PHONE NUMBER (510) 521-6877
(first name) (last name)

II. PROJECTED WORK SCHEDULE:

Indicate the normal weekday working hours and the dates during this calendar year.

Normal Hours of Work - From 7am to 4:30pm

Dates on Site - From December 1, 1993 to January 1, 1994

Dates on Site - From Additional dates to will be needed.

Dates on Site - From Will notify your to office prior to

Dates on Site - From operation to _____

Dates on Site - From _____ to _____

Dates on Site - From _____ to _____

Dates on Site - From _____ to _____

Dates on Site - From _____ to _____

If you plan on more dates, attach a separate piece of paper showing the additional dates in the same format and check this box.

Camp Parks

