



## UNIVERSAL WASTE AEROSOL CAN PROCESSING NOTIFICATION

This form is to assist facilities to comply with the notification requirements for processing universal waste aerosol cans pursuant the California Health and Safety Code section 25201.16(j)(1).

Submit a copy of this form to your [district inspector](#) with a copy of your facility's written operating procedure detailing the safe processing of universal waste aerosol cans. If there are any operating procedure changes needed to this notification, submit an amended form within 30 days of the change.

### FACILITY INFORMATION

Name: \_\_\_\_\_ EPA ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PROCESS DESCRIPTION

Type of aerosol cans to be processed: \_\_\_\_\_

Estimated volumes or quantities to be processed monthly: \_\_\_\_\_

Description of the treatment process: \_\_\_\_\_

\_\_\_\_\_

Equipment specifications (name, description, and design capacities): \_\_\_\_\_

\_\_\_\_\_

### HAZARDOUS WASTE TREATMENT RESIDUALS

Characteristics:     Ignitable     Corrosive     Toxic     Reactive     Other: \_\_\_\_\_

Material and size of the waste accumulation container: \_\_\_\_\_

Storage location: \_\_\_\_\_

Hazardous waste hauler name: \_\_\_\_\_

### CERTIFICATION

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 persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware of the requirements in the [California Code, Health and Safety Code section § 25201.16](#) and I am in compliance with its provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_