

**Riverside County Department of Environmental Health
Hazardous Materials Management Branch
Universal Waste
Aerosol Can Processing Notification**

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|
| FACILITY ID# | | EPA ID # |
| BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) | | BUSINESS PHONE |
| SITE ADDRESS | | BUSINESS FAX |
| SITE CITY | CA | ZIP CODE |
| I. PROCESSING ACTIVITIES | | |
| TYPE OF AEROSOL CANS | | |
| ESTIMATED MONTHLY VOLUME | | |
| TREATMENT PROCESS DESCRIPTION | | |
| EQUIPMENT DESCRIPTION | | |
| EQUIPMENT DESIGN CAPACITIES | | |
| II. HAZARDOUS WASTE TREATMENT RESIDUALS | | |
| DESCRIPTION OF THE CHARACTERISTICS OF HAZARDOUS TREATMENT RESIDUALS | | |
| DESCRIPTION OF MANAGEMENT OF HAZARDOUS TREATMENT RESIDUALS | | |
| III. CERTIFICATION | | |
| <p>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.</p> | | |
| SIGNATURE OF CERTIFIER | DATE | NAME OF DOCUMENT PREPARER |
| NAME OF SIGNER (print) | TITLE OF SIGNER | |