



Protecting People and the Environment

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

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		