



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**

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.

SIGNATURE OF CERTIFIER	DATE	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)	TITLE OF SIGNER	