



DEPARTMENT OF ENVIRONMENTAL RESOURCES

3800 Cornucopia Way, Suite C Modesto, CA 95358-9492
Phone: 209.525.6700 Fax: 209.525.6774

NON-RCRA and/or RCRA EXEMPT HAZARDOUS WASTE STORAGE
EXTENSION NOTIFICATION

Please type the following information:

Generator Name EPA ID #

Site Address City State Zip Code

Mailing Address City State Zip Code

Email Address Title Telephone Number

Signature Date

By signing you certify the eligibility requirements and the conditions for the extension per 22 CCR § 66262.35 are met

A. DESCRIPTION OF WASTE:

(Note: A separate notification must be used for wastes with different accumulation start dates)

Table with 4 columns: Waste Component(s), Waste Code, Concentration, (Gal/Drum). Rows 1-4.

**B. DESCRIPTION OF WASTE STORAGE:**

Drums    Type: \_\_\_\_\_

Tank    Type: \_\_\_\_\_

Bins    Type: \_\_\_\_\_

Other    Type: \_\_\_\_\_  
(specify)

**C. BRIEF DESCRIPTION OF STORAGE AREA:**

(i.e., containment system, berms, warning signs, overfill prevention, etc.):

**D. WASTE ACCUMULATION START DATE:** \_\_\_\_\_

**E. DATE ACCUMULATION TIME WILL BE REACHED (90 days or 180 days):** \_\_\_\_\_

**F. START DATE FOR 90-DAY EXTENSION PERIOD:** \_\_\_\_\_

**G. END DATE FOR 90-DAY EXTENSION PERIOD:** \_\_\_\_\_

**H. REASON FOR STORAGE EXTENSION:**

Upon request by the CUPA or authorized officer or agency, the generator must provide all documents, operating logs, reports, or any other information that supports the claim of the necessity for the extension or relates to the management of the hazardous waste for which the extension is requested.

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If you have any questions or concerns regarding this NON-RCRA and/or RCRA-EXEMPT HAZARDOUS WASTE STORAGE EXTENSION NOTIFICATION, contact the Stanislaus County Hazardous Materials Division (SCHMD) at (209) 525-6700. Submit the signed NOTIFICATION via certified mail with return receipt requested to the address below:

Stanislaus County Department of Environmental Resources  
Hazardous Materials Division  
3800 Cornucopia Way Suite C  
Modesto, CA 95358

**FOR OFFICE USE ONLY**

**FACILITY ID:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_