



Alachua County
Environmental Protection Department
Hazardous Materials Storage Facility Notification Form

As required by the Alachua County Hazardous Materials Management Code, Chapter 353, please fill in, or make appropriate changes to, all applicable information about your business on the form below. When complete, sign and return the form.

Fax To:	(352) 264-6852
Email To:	korozco@alachuacounty.us Attn: Kay Orozco

OR	Mail To:	Alachua County Environmental Protection Department (ACEPD) Attn: Kay Orozco, Hazmat Billing Coordinator 408 W. University Avenue, Suite 106 Gainesville, Florida, 32601
----	----------	--

Direct Questions To: Kay Orozco, Hazmat Billing Coordinator
Phone: (352) 264-6832 E-Mail: korozco@alachuacounty.us
Gus Olmos, Hazardous Materials Program Manager
Phone: (352) 264-6806 E-Mail: gus@alachuacounty.us

✓ **To help us validate your billing information, return this with changes made.**

-- Please check and correct all printed information -- -- Please fill in all blank boxes --

*** Information about the facility and its physical location:**

This is the physical address where our inspectors will visit.

Facility Name & Physical Address:	

ACEPD/File #:	Class:	Parcel Number:

Assigned by inspector	# Tanks:	# Employees:	# Vehicles:

Hazardous Materials Contact:	
Hazmat Contact Phone Number:	
Hazmat Contact Email Address:	

This is the person our inspector will call to schedule an inspection.

*** Billing Information:**

This is where you want invoices, financial notices, and certificates mailed.

Billing Name & Mailing Address:	
Billing Contact Name:	
Billing Contact Phone:	

*** Information about the Corporate Headquarters or Company:**

This information may or may not be the same as the billing (or physical) location information – please indicate if it is the same as above.

Company/Corp. Name:	
Company Contact Name:	
Company Mailing Address:	
City State Zip:	
Company Contact Phone:	
Company Contact Email:	



Alachua County
Environmental Protection Department
Hazardous Materials Storage Facility Notification Form

Important: Certain facilities are exempt from the fee payment requirements of the Hazardous Materials Management Code due to the specific type, quantity, or use of hazardous materials. If you believe that your facility is exempt, please attach a letter of explanation and request an inspection. **HOWEVER, YOU MUST STILL COMPLETE THIS FORM.**

**LEGAL RESPONSIBILITIES IN PROPERLY MANAGING
SMALL QUANTITIES OF HAZARDOUS WASTE**

Florida Statutes Chapter 403.7234 requires that all counties assess and verify the status of all potential generators of hazardous waste under the Small Quantity Generator Notification Program. The purpose of this assessment is to gather information about the types and amounts of wastes generated by businesses and public agencies, and the methods used for waste storage and disposal. Please answer the following survey questions. Failure to disclose all requested information may subject you to a fine of between \$25 and \$100 per day for maximum of 100 days.

Waste	Storage	Annual Quantity	Maximum Monthly Quantity	Units
USED OIL (EXAMPLE)	DRUMS	1200	300	GALLONS

Number of years at this location: _____

Previous use of the property: _____

Water Supply (private, public utility or both): _____

Sewage system (septic system, public utility or both): _____

NOTE: THIS DOCUMENT IS NOT AN INVOICE

Signature:

I attest, under penalty of law, that the corrected information is true & accurate to the best of my knowledge.

Signature of authorized official *Date of Signature*

Name (please type or print clearly) *Title (please type or print clearly)*