



COUNTY OF LOS ANGELES

FIRE DEPARTMENT

P. MICHAEL FREEMAN
FIRE CHIEF
FORESTER & FIRE WARDEN

Refer reply to:
Health Hazardous Materials Division
5825 Rickenbacker Rd.
Commerce CA 90040-3027

July 21, 2009

TO: INTERESTED PARTIES

FROM: SHAHIN NOURISHAD, SITE MITIGATION UNIT SUPERVISOR

VOLUNTARY OVERSIGHT OF HAZARDOUS MATERIALS RELEASE

The Site Mitigation Unit (SMU) of the Health Hazardous Materials Division, Los Angeles County Fire Department provides voluntary oversight in addition to requiring corrective action for remediation of contaminated properties within the jurisdiction of the Los Angeles County Certified Unified Program Agency (CUPA) and the cities of Santa Monica and Los Angeles. The voluntary oversight is provided to ensure protection of public health and the environment and to facilitate completion of site clean-up projects in an expeditious manner.

SITE ASSESSMENT/REMEDiation OVERSIGHT AUTHORITY

California Health and Safety Code, §101480 and the Los Angeles County Code (LACC) Title 12, Chapter 12.60 gives authority to Los Angeles County Fire Department to provide voluntary oversight for the assessment and remediation of hazardous materials releases and to recover related costs from responsible parties (RP).

SITE MITIGATION OVERSIGHT FEES

An initial oversight fee of \$1,974.00 is to recover staff cost to initially review and analyze the site, submitted reports and site history to determine site regulatory requirements, priority and the lead agency status. An hourly rate of \$131.58 is charged to the RP to recover the SMU staff time for review of site assessment and remediation activities, as approved by the County Auditor Controller (LACC§12.60.050). Hourly charges begin upon assignment of the case to an SMU project officer. Sites requiring a health risk assessment (HRA), the HRA will be reviewed by the State Office of Environmental Health Hazard Assessment (OEHHA). Sites with groundwater contamination, not referred to the Los Angeles Regional Water Quality Control Board, will require involvement of a professional geologist (PG) or an engineer (PE) under contract with SMU. The RP will be required to reimburse SMU for the cost incurred by OEHHA and/or PG/PE.

DOCUMENTATION/REPORTS

The documentation necessary for submittals must generally conform to federal, State and local guidelines and requirements. Please refer to our website www.fire.lacounty.gov/HealthHazMat/HHMDSiteMitigation.asp for a list of references.

TO INITIATE SITE MITIGATION OVERSIGHT, PLEASE SUBMIT THE FOLLOWING:

- A check in the amount of **\$1,974.00** payable to Los Angeles County Fire Department.
- A completed "**Request for Voluntary Oversight**" form.

Please mail the check and a copy of the request form to:

Los Angeles County Fire Department
Financial Management Division-RM
Attention: Cashier
P.O. Box 910901
Los Angeles, CA 90091-0901

Please mail a copy of the check, original request form and all existing site investigation reports to the reply address on this letter. Upon completion of site cleanup, the RP will be required to provide a copy of all submitted reports in pdf format and in a chronological order on a CD/DVD. If you have any questions, please contact me at (323) 890-4106. Our Fax number is (323) 890-4046.

REQUEST FOR VOLUNTARY OVERSIGHT

I _____ request to enter into a voluntary oversight agreement with the Los Angeles County Fire Department, Health Hazardous Materials Division, Site Mitigation Unit for the assessment and/or remediation of the property located at _____

I agree to pay costs associated with the oversight.

Signature _____ Date _____

PLEASE TYPE OR PRINT IN CAPITAL LETTERS THE FOLLOWING INFORMATION:

Site (Facility) Name: _____ **Assessor's Parcel Number:** _____

Facility Address: _____
Street City State Zip Code

Property Owner: _____

Mailing Address: _____
Street City State Zip Code

Contact Person: _____ **Telephone:** _____
Cell Phone _____
Facsimile: _____
E-mail: _____

Respondent/Applicant: _____

Contact Person: _____ **Telephone:** _____
Cell Phone _____
Facsimile: _____
E-mail: _____

Company Name: _____

Mailing Address: _____
Street City State Zip Code

Billing Contact: _____

Company Name: _____

Billing Address: _____
Street City State Zip Code

Phone Number _____

Consultant _____

Company Name: _____

Mailing Address: _____
Street City State Zip Code

Phone Number _____