



COUNTY OF LOS ANGELES

FIRE DEPARTMENT

DARYL L. OSBY
FIRE CHIEF
FORESTER & FIRE WARDEN

Refer reply to
Health Hazardous Materials Division
5825 Rickenbacker Rd.
Commerce CA 90040-302

May 8, 2014

VOLUNTARY OVERSIGHT OF HAZARDOUS MATERIALS RELEASE

The Site Mitigation Unit (SMU) of the Health Hazardous Materials Division, Los Angeles County Fire Department (LACoFD) 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 AND REMEDIATION OVERSIGHT AUTHORITY

California Health and Safety Code (HSC), §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). Furthermore, in May 2008, the Department of Toxic Substances Control (DTSC) delegated corrective action authority (CAA) to LACoFD pursuant to HSC § 25200.3(c)(3), 25187, 25187.1, 25200.10 and 25200.14. A consent Agreement is required for sites mitigated under CAA.

SITE MITIGATION OVERSIGHT FEES

An initial oversight fee of \$1,974.00 is to recover staff cost to review and analyze the site, submitted reports and site history to determine site regulatory requirements. An hourly rate of \$158.27 is charged to the RP to recover the SMU staff time for review of 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. The Health Risk Assessment prepared for the site, will be reviewed by the State Office of Environmental Health Hazard Assessment (OEHHA). Sites with groundwater contamination will require involvement of a professional geologist (PG) or an engineer (PE) under contract with SMU. The RP is required to reimburse the SMU for the cost incurred by OEHHA and/or PG/PE. Furthermore, if the assessment or mitigation activities of the site can significantly impact the neighboring community, the RP will be required to send notification of activities under this Department's directive.

DOCUMENTATION/REPORTS

Reports 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 **Application** (Request for Voluntary Oversight or Consent Agreement).

Please mail the check and the Application to:

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

Mail a copy of the check & Application plus the environmental reports in hard copy and in pdf format on a CD to:

**Los Angeles County Fire Department
5825 Rickenbacker Road
Commerce, 90040
Shahin Nourishad
(323) 890-4106**

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/E-mail: _____

Consultant: _____

Company Name: _____

Mailing Address: _____
Street City State Zip Code

Phone/E-mail: _____