



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

January 2019

VOLUNTARY OVERSIGHT OF HAZARDOUS MATERIAL IMPACTED SITES (Remedial Action Agreement)

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. **Call the SMU Supervisor at (323) 890-4106 to be placed on the SMU case waiting list in order to schedule an in-person meeting at our office before submitting your voluntary oversight application and initial payment. Applications and checks submitted without a meeting or sufficient clearance will be rejected and returned to the sender.**

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) and/or applicants. Furthermore, in May 2008, the Cal-EPA 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 Corrective Action Consent Agreement is required for sites mitigated under CAA.

SITE MITIGATION OVERSIGHT FEES

An initial oversight fee (initial fee) of \$2,677.00 is required to recover initial staff costs in conducting Cal-EPA Notifications to the DTSC and Los Angeles Regional Water Quality Control Board (LARWQCB) and in conducting initial meeting(s) & preliminary screenings of submitted reports pertaining to site history in order to evaluate potential site regulatory/guidance requirements or case referrals to Cal-EPA. The initial fee is not refundable. In addition to (and separate from) the initial fee, an hourly rate of \$165.00 is then charged to the RP, as approved by the County Auditor Controller (LACC§12.60.050). Hourly charges begin upon assignment of an approved case to a SMU project Deputy Health Officer. **The initial fee does not apply towards the hourly charges.** Approved site cases will be uploaded to the Cal-EPA State Water Resources Control Board (SWRCB) GeoTracker Internet-accessible database, when applicable. Health Risk Assessments prepared for the site may have to be reviewed by the Cal-EPA Office of Environmental Health Hazard Assessment (OEHHA). Sites with groundwater contamination will require involvement of a SMU contracted professional geologist (PG) or a professional engineer (PE) if SMU's in-house PE is not available. The RP/applicant is required to reimburse SMU for the cost incurred by OEHHA and/or the contract PG/PE. Furthermore, if the assessment or mitigation activities of the site can potentially impact the neighboring community, the RP/applicant will be required to send notification of cleanup activities to local community residents under SMU's directive. Permits are not issued for SMU oversight activities by the LACoFD. All necessary permits and/or approvals for any work associated with the RP/applicant's environmental assessment/cleanup activities should be obtained from the appropriate agencies. SMU's oversight involvement with environmentally impacted sites leaves unaffected any further site restrictions or restraints which may be contained in other laws and regulations or required by other agencies.

DOCUMENTATION/REPORTS

Environmental site assessment & remediation activities and associated report submittals should generally conform to Federal, State and local guidelines/requirements. Refer to the U.S. EPA and Cal-EPA (DTSC & LARWQCB) Internet websites for guidance/advisory documents.

TO INITIATE SITE MITIGATION OVERSIGHT, PLEASE DO AND SUBMIT THE FOLLOWING:

- Call the SMU Supervisor at (323) 890-4106 to schedule a meeting before application submittal. Applications and checks submitted without a meeting or sufficient clearance will be rejected and returned to the sender.
- An initial fee check in the amount of **\$2,677.00** payable to Los Angeles County Fire Department.
- A completed **Application** (Request for Voluntary Oversight or Consent Agreement).

Please mail (by regular mail only, e.g. no FedEx) the original check and copy of the Application to:

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

Mail (FedEx okay) a copy of the check and the original Application (plus the environmental reports in hard copy and in pdf) to:

**Los Angeles County Fire Department
SMU Supervisor Richard Clark
5825 Rickenbacker Road
Commerce, CA 90040**

**REQUEST FOR VOLUNTARY OVERSIGHT
(Remedial Action Agreement)
HSC § 101480-101490**

I _____ request to enter into a voluntary oversight agreement per HSC§ 101480-90 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: _____

Clearance/Authorization Number: _____ Call SMU Supervisor at (323) 890-4106 to arrange meeting to acquire oversight clearance.

PLEASE TYPE OR PRINT IN CAPITAL LETTERS THE FOLLOWING INFORMATION:

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

Site 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: _____
(Responsible Party)

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: _____