



air pollution control district
SANTA BARBARA COUNTY

Soil Excavation: 1,000 yd³ or Less Application Form -07A

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

Use this form to request an exemption from permit requirement for contaminated soil excavation of 1,000 yd³ or less. A permit is required for projects over 1,000 yd³. Based upon review of the submitted data, the APCD will issue a letter of exemption from permit requirement or request the submittal of a permit application. Mail the completed form(s) and appropriate filing fee (see Schedule F.3 of Rule 210 <http://www.ourair.org/wp-content/uploads/cpi-fees.pdf>) at least thirty (30) days before estimated project start-up to the Air Pollution Control District (APCD) at the above address.

Facility Address/Location	
Current APCD Permit # (if any)	
Assessors Parcel No(s)	

Property Owner Info	Use as Billing Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Name					
Doing Business As					
Contact Name		Position/Title			
Mailing Address					
City		State		Zip Code	
Telephone		Cell		Email	

Equipment Owner Info	Use as Billing Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Name					
Doing Business As					
Contact Name		Position/Title			
Mailing Address					
City		State		Zip Code	
Telephone		Cell		Email	

Equipment Operator Info	Use as Billing Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Name					
Doing Business As					
Contact Name		Position/Title			
Mailing Address					
City		State		Zip Code	
Telephone		Cell		Email	

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Authorized Agent Info*		Use as Billing Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name					
Doing Business As					
Contact Name		Position/Title			
Mailing Address					
City		State		Zip Code	
Telephone		Cell		Email	

*Use this section if the application is not submitted by the owner/operator and provide a completed Form -01A. Owner/Operator information above is still required.

Source of Contamination (Check all that apply)

<input type="checkbox"/> Leaking Underground Storage Tank	<input type="checkbox"/> Dry Cleaning Operation
<input type="checkbox"/> Oil & Gas Production	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Other (describe)	

Volume of Soil to be Excavated (cubic yards):	
Operating Schedule (include estimated start date, end date, and daily operating schedule):	

Type of Soil Contaminants (Check all that apply)

<input type="checkbox"/> Gasoline	<input type="checkbox"/> Crude Oil	<input type="checkbox"/> Diesel
<input type="checkbox"/> Dioxins/Furans (list)		
<input type="checkbox"/> Polychlorinated Biphenyls (list)		
<input type="checkbox"/> Polycyclic Aromatic Hydrocarbons (list)		
<input type="checkbox"/> Chlorinated Hydrocarbons (list)		
<input type="checkbox"/> Metals (list)		
<input type="checkbox"/> Other (list)		

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General Information

☐ Yes ☐ No Is the remediation site property boundary line located within 1,000 feet of a school (k-12)? If yes, provide school name and address.

School name	<input style="width: 95%;" type="text"/>	School address	<input style="width: 95%;" type="text"/>
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☐ Yes ☐ No If the remediation site is located within 1,000 feet of a school, can work activities occur outside of school hours (e.g., weekends, summer, holidays)? If yes, submit documentation from the school(s) to show that your operating schedule above conforms accordingly. If no, a permit is required. Submit a completed APCD Form -03 (*School Summary Form*), APCD Form -01, APCD Form -07C, and an *Air Quality Monitoring Plan* in accordance with the guidance document attached to APCD Form-07C.

☐ Yes ☐ No Are you under order by any government agency to remediate the site? If yes, provide a copy of the order.

☐ Yes ☐ No Is the amount of excavated soil greater than 1,000 cubic yards? If yes, submit an APCD permit application.

Diposal Information

Name of State-approved treatment/disposal facility:	<input style="width: 95%;" type="text"/>
Address of treatment/disposal facility:	<input style="width: 95%;" type="text"/>
Distance between treatment/disposal facility and remediation site (miles):	<input style="width: 95%;" type="text"/>
Maximum number of truck trips (loads) per day:	<input style="width: 95%;" type="text"/>

☐ Yes ☐ No Is an approval letter from an appropriate disposal facility for disposal of the waste attached to the application? Application cannot be deemed completed without confirmation from the disposal facility showing acceptance of the pre-profiled waste.

Applicant/Preparer Statement

The person who prepares the application also must sign this form. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an *Authorized Agent Form -01A* is required).

I certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct.	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Completed By	Company <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block; margin-left: 10px;"></div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature	Date <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block; margin-left: 10px;"></div>

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Application Checklist (Have you submitted all the required information? Please check off the boxes)

- ☐ Exemption Filing Fee (Fee = \$862. This fee is COLA adjusted every July 1st. Please ensure you are remitting the current fee. See schedule F.3 of Rule 210 <http://www.ourair.org/wp-content/uploads/cpi-fees.pdf>)
- ☐ Conduct a site assessment of the soil to be excavated (this assessment may be conducted in conjunction with sampling done for the Santa Barbara County Public Health Department, Environmental Health Services Division):
 - Send 1 soil sample for every 100 cubic yards of contaminated soil to an analytical laboratory and have the samples analyzed by EPA test method 8240 (or equivalent). Sampling must be representative of soil to be excavated (if sampling has been performed for a Remedial Action Plan for the Santa Barbara County Public Health Department, Environmental Health Services Division and the data has been provided herein, the above sampling is not required):
 - Prepare a site map with location of sample points and identify corresponding toxic test results.
- ☐ Attached copy of Remedial Action Plan submitted to the Public Health Department and the Public Health approval letter. The APCD will not issue an exemption or permit without the Remedial Action Plan and approval letter.
- ☐ If the amount of contaminated soil is greater than 1,000 cubic yards, STOP. An APCD permit is required.
- ☐ Attached copy of any government agency's order to remediate the site (if applicable).
- ☐ Form -01A (*Authorized Agent Form*) attached if this application was prepared by and/or if correspondence is requested to be sent to an Agent Authorized (e.g., contractor or consultant). This form must accompany each application.
- ☐ Form -03 (*School Summary Form*) attached if the project's property boundary is within 1,000 feet of the outer boundary of a school (k-12) and you want to perform work during school hours.
- ☐ Attached copy of the disposal facility's approval letter for disposal of the pre-profiled waste. Application cannot be deemed complete without prior approval to dispose of the waste.

PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION OR FEES WILL
RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.

NOTICE OF CERTIFICATION:

All applicants must complete the following Notice of Certification. This certification must be signed by the Authorized Company Representative representing the property owner. Signatures by Authorized Agents will not be accepted.

NOTICE of CERTIFICATION

I, , am employed by or represent
Type or Print Name of Authorized Company Representative

Type or Print Name of Business, Corporation, Company, Individual, or Agency

(hereinafter referred to as the applicant), and certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct and the equipment listed herein complies or can be expected to comply with said rules and regulations when operated in the manner and under the circumstances proposed. If the project fees are required to be funded by the cost reimbursement basis, as the responsible person, I agree that I will pay the Santa Barbara County Air Pollution Control District the actual recorded cost, plus administrative cost, incurred by the APCD in the processing of the application within 30 days of the billing date. If I withdraw my application, I further understand that I shall inform the APCD in writing and I will be charged for all costs incurred through closure of the APCD files on the project.

For applications submitted for Authority to Construct, modifications to existing Authority to Construct, and Authority to Construct/Permit to Operate permits, I hereby certify that all major stationary sources in the state and all stationary sources in the air basin which are owned or operated by the applicant, or by an entity controlling, controlled by, or under common control with the applicant, are in compliance, or are on approved schedule for compliance with all applicable emission limitations and standards under the Clean Air Act (42 USC 7401 *et seq.*) and all applicable emission limitations and standards which are part of the State Implementation Plan approved by the Environmental Protection Agency.

I agree that as property owner I am ultimately responsible for all activities related to this project. This includes compliance, operations, and the oversight of authorized agents and equipment owners/operators. It is my responsibility, as the property owner, to notify the APCD using the Form APCD-01T of any change to the equipment operator, equipment owner, or authorized agent. within 30 days of the change.

Completed By:

Title:

Date:

Phone:

Signature of Authorized Company Representative