VOLUNTARY OVERSIGHT OF HAZARDOUS MATERIAL IMPACTED SITES

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) 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(y)(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 (initial fee) of $1,974.00 is required to recover initial staff costs in conducting Cal-EPA Notifications (i.e., to the DTSC and LARWQCB) and conducting preliminary screenings of submitted reports pertaining to site history in order to determine potential site regulatory/guidance requirements. The initial fee is held until this Department obtains clearance from the Cal-EPA. If clearance is not obtained or SMU declines oversight, the initial fee is returned to the applicant, and the application is not be processed. If clearance is obtained from the Cal-EPA, the initial fee is deposited, and the application and site case file are processed. In addition to (and separate from) the initial fee, an hourly rate of $158.27 is then charged to the RP and/or applicant to recover the SMU staff time for review of assessment and remediation activities, as approved by the County Auditor Controller (LACoFD $12.60.050). Hourly charges begin upon assignment of the case to an SMU project health officer. The initial fee does not apply towards the hourly charges.

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 significantly 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 site restrictions or restraints which may be contained in other statutes or required by other agencies.

DOCUMENTATION/REPORTS

Reports must generally conform to Federal, State and local guidelines and requirements. Please refer to our website http://www.fire.lacounty.gov/hhmd/site-mitigation-unit-2/ for a list of references.

TO INITIATE SITE MITIGATION OVERSIGHT, PLEASE SUBMIT THE FOLLOWING:

- An initial fee 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 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 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
(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: _____________________________________________________________

Property Owner: ____________________________________________________________

Mailing Address: ____________________________________________________________

Contact Person: ____________________________ Telephone: ____________________________

Cell Phone: ____________________________ Facsimile: ____________________________

E-mail: ____________________________

Respondent/Applicant: ________________________________________________________

Contact Person: ____________________________ Telephone: ____________________________

Cell Phone: ____________________________ Facsimile: ____________________________

E-mail: ____________________________

Company Name: ____________________________________________________________

Mailing Address: ____________________________________________________________

Billing Contact: ____________________________________________________________

Company Name: ____________________________________________________________

Billing Address: ____________________________________________________________

Phone/E-mail: ____________________________________________________________

Consultant: ____________________________________________________________

Company Name: ____________________________________________________________

Mailing Address: ____________________________________________________________

Phone/E-mail: ____________________________________________________________