MFASC
Metal Finishing Association of Southern California, Inc.

MFANC
Metal Finishing Association of Northern California, Inc.

Mark your calendar for May 21, 2025
CONTINUING EDUCATION
WEBINAR VIA ZOOM OR CALL IN

ANNUAL REFRESHER TRAINING
ON-SITE WASTE WATER TREATMENT TIERED PERMITTING

Trainer: Philip Moore, Moore Compliance & Training

Tiered Permitting. Tiered Permitting, a California regulation, is triggered by any hazardous waste treatment that is not subject to Federal EPA treatment permitting. Included is wastewater pretreatment prior to discharge to a Publicly Owned Treatment Works (POTW).

Permit Tiers

- Conditionally Exempt - Small Quantity Generator (CESQG).
- Conditionally Exempt - Specified Waste Streams (CESW).
- Conditionally Authorized (CA).
- Permit By Rule (PBR).

TOPICS TO BE COVERED

- Compliance with all hazardous waste generator requirements (all tiers).
- Proper treatment residual management (all tiers).
- Written operating instructions (all tiers).
- Maintenance of an operating log (all tiers).
- Proper closure of the treatment unit (all tiers).
- Modified disclosure of environmental violations and convictions (CA or PBR).
- An environmental assessment of the entire facility (CA or PBR).
- Closure plans (CA or PBR).
- Corrective action requirements (CA or PBR).
- Tank and container certification of integrity and secondary containment (CA or PBR).
- Generator Training Requirements

Please include e-mail addresses of each attendee below, we will e-mail you the Zoom Webinar and call-in info.
*** certificates will be mailed to attendees**

MONTHLY SEMINAR
Wednesday, May 21, 2025

TIME: 2:00 pm - 4:00 pm
TOPIC: **ON-SITE WASTE WATER TREATMENT TIERED PERMITTING**
WEBINAR: **VIA ZOOM OR CALL IN - Info will be e-mailed to you, provide e-mail for each person below**
FEE: **$175 PER MEMBER COMPANY / $375 PER NON-MEMBER COMPANY**

ACT NOW! Return this form to: admin@mfaca.org Or phone (818) 238-9590 or pay online at mfaca.org

Company: _____ ☐ Member $175.00
Telephone (_____)_____ ☐ Non-Member $375.00

Representative Name:	Representative E-mail:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Payment by: ☐ Check ☐ Credit Card (please fill out info below)
Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Diner's Club ☐ Discover
Credit Card #:_____ Expiration Date:_____ Payment Amount:$_____
Signature:_____ Date:_____ E-mail:_____
Name on card:_____ Phone number:_____