**EXAMPLE**

(Letters to assist with making Arrangements with the local Emergency Authorities (for SQG and LQG) For Hospital)

**(Insert Company Letterhead)**

(Date)

(Name of Hospital)

Attn: (Hospital Contact)

Street

City, State, Zip code

Dear (Hospital Contact):

This letter is written as a requirement of the Hazardous Waste Rules adopted by the State of North Carolina. The purpose of this letter is to document arrangements to familiarize (Name of Hospital) with the layout of the facility, types, quantities, and properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, possible evacuation routes, and the types of injuries or illnesses which could result from fires, explosions, or releases at the facility.

(Name of Facility) is located at (Address of Facility). (Name of the Facility) (include a description of the activities/processes that occur at the site). Hazardous waste is generated as a result of (describe the process generating hazardous waste), and is accumulated at this facility. In accordance with (**select which applies:** 40 CFR 262.16(b)(8)(vi) **[for SQGs]** or 40 CFR 262.256 **[for LQGs]**), we are providing your facility with the following information:

1. A layout of the facility showing areas where hazardous waste is generated and accumulated, places where facility personnel would normally be working, entrances to roads inside the facility and possible evacuation routes. (**Attach information)**
2. A description of the types, quantities, and properties of hazardous waste handled at the facility and the associated hazards. (**Attach information or describe here**)
3. A description of the types of injuries or illnesses which could result from fires, explosions, or releases at the facility. (**Attach information or describe here**).

We are requesting that your facility provide the following services in the event of an emergency regarding hazardous waste generation and accumulation at the facility:

* **(Describe/Specify the requested Services)**

If you do not agree with the arrangements, have questions, or need additional information please call me at (Phone Number of Facility).

Sincerely,

(Facility Contact Signature)

(Facility Contact Name)

**EXAMPLE**

(Letters to assist with making Arrangements with the local Emergency Authorities (for SQG and LQG) For Fire Department)

**(Insert Company Letterhead)**

(Date)

(Name of Fire Department)

Attn: (Fire Department Contact)

Street

City, State, Zip code

Dear (Fire Department Contact):

This letter is written as a requirement of the Hazardous Waste Rules adopted by the State of North Carolina. The purpose of this letter is to document arrangements to familiarize the fire department with the layout of the facility, types, quantities, and properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, possible evacuation routes, and the types of injuries or illnesses which could result from fires, explosions, or releases at the facility.

(Name of Facility) is located at (Address of Facility). (Name of the Facility) (include a description of the activities/processes that occur at the site). Hazardous waste is generated as a result of (describe the process generating hazardous waste), and is accumulated at this facility. In accordance with (**select which applies:** 40 CFR 262.16(b)(8)(vi) **[for SQGs]** **or** 40 CFR 262.256 **[for LQGs]**), we are providing your agency with the following information:

1. A layout of the facility showing areas where hazardous waste is generated and accumulated, places where facility personnel would normally be working, entrances to roads inside the facility and possible evacuation routes. (**Attach information)**
2. A description of the types, quantities, and properties of hazardous waste handled at the facility and the associated hazards. (**Attach information or describe here**)
3. A description of the types of injuries or illnesses which could result from fires, explosions, or releases at the facility. (**Attach information or describe here**).

We are requesting that your agency provide the following services in the event of an emergency regarding hazardous waste generation and accumulation at the facility:

* **(Describe/Specify the requested Fire Fighting Services)** *(Where more than one fire department might respond, facility must have agreements designating primary emergency authority to a specific fire department, and agreements with any others to provide support to the primary emergency authority)*

If you do not agree with the arrangements, have questions, or need additional information please call me at (Phone Number of Facility).

Sincerely,

(Facility Contact Signature)

(Facility Contact Name)

**EXAMPLE**

(Letters to assist with making Arrangements with the local Emergency Authorities (for SQG and LQG) For Police Department)

**(Insert Company Letterhead)**

(Date)

(Name of Police Department)

Attn: (Police Department Contact)

Street

City, State, Zip code

Dear (Police Department Contact):

This letter is written as a requirement of the Hazardous Waste Rules adopted by the State of North Carolina. The purpose of this letter is to document arrangements to familiarize the police department with the layout of the facility, types, quantities, and properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, possible evacuation routes, and the types of injuries or illnesses which could result from fires, explosions, or releases at the facility.

(Name of Facility) is located at (Address of Facility). (Name of the Facility) (include a description of the activities/processes that occur at the site). Hazardous waste is generated as a result of (describe the process generating hazardous waste), and is accumulated at this facility. In accordance with (**select which applies:** 40 CFR 262.16(b)(8)(vi) **[for SQGs]** or 40 CFR 262.256 **[for LQGs]**), we are providing your agency with the following information:

1. A layout of the facility showing areas where hazardous waste is generated and accumulated, places where facility personnel would normally be working, entrances to roads inside the facility and possible evacuation routes. (**Attach information)**
2. A description of the types, quantities, and properties of hazardous waste handled at the facility and the associated hazards. (**Attach information or describe here**)
3. A description of the types of injuries or illnesses which could result from fires, explosions, or releases at the facility. (**Attach information or describe here**).

We are requesting that your agency provide the following services in the event of an emergency regarding hazardous waste generation and accumulation at the facility:

* **(Describe/Specify the requested Law Enforcement Services)** *(Where more than one police department might respond, facility must have agreements designating primary emergency authority to a specific police department, and agreements with any others to provide support to the primary emergency authority)*

If you do not agree with the arrangements, have questions, or need additional information please call me at (Phone Number of Facility).

Sincerely,

(Facility Contact Signature)

(Facility Contact Name)

**EXAMPLE**

(Letters to assist with making Arrangements with the local Emergency Authorities (for SQG and LQG)

For Emergency Response Contractor / Other Emergency Response Teams / Equipment Suppliers)

**(Insert Company Letterhead)**

(Date)

(Name of Emergency Response Contractor, Other Emergency Response Teams and/or Equipment Suppliers)

Attn: Name of Contact

Street

City, State, Zip code

Dear (Name of Contact):

This letter is written as a requirement of the Hazardous Waste Rules adopted by the State of North Carolina. The purpose of this letter is to document arrangements to familiarize your (Name of Company/Agency/Organization) with the layout of the facility, types, quantities, and properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, possible evacuation routes, and the types of injuries or illnesses which could result from fires, explosions, or releases at the facility.

(Name of Facility) is located at (Address of Facility). (Name of the Facility) (include a description of the activities/processes that occur at the site). Hazardous waste is generated as a result of (describe the process generating hazardous waste), and is accumulated at this facility. In accordance with (**select which applies:** 40 CFR 262.16(b)(8)(vi) **[for SQGs]** or 40 CFR 262.256 **[for LQGs]**), we are providing your (company/agency/organization) with the following information:

1. A layout of the facility showing areas where hazardous waste is generated and accumulated, places where facility personnel would normally be working, entrances to roads inside the facility and possible evacuation routes. (**Attach information)**
2. A description of the types, quantities, and properties of hazardous waste handled at the facility and the associated hazards. (**Attach information or describe here**)
3. A description of the types of injuries or illnesses which could result from fires, explosions, or releases at the facility. (**Attach information or describe here**).

We are requesting that your (company/agency/organization) provide the following services in the event of an emergency regarding hazardous waste generation and accumulation at the facility:

* **(Describe/Specify the requested Services)**

If you do not agree with the arrangements, have questions, or need additional information please call me at (Phone Number of Facility).

Sincerely,

(Facility Contact Signature)

(Facility Contact Name)

**EXAMPLE**

(Letters to assist with making Arrangements with the local Emergency Authorities (for SQG and LQG)

Response Letter from Emergency Authority to Facility)

(Facility Name)

(Attn: Facility Contact Name)

(Address of the Facility)

Subject: Emergency Arrangements Response

Dear (Facility Contact Name):

I have received the information submitted by (Name of the Facility) to this office concerning hazardous waste generated and accumulated at your facility. Our agency is capable of providing the services indicated in the submitted information. I am also aware of the types, quantities, and properties of hazardous wastes generated and accumulated at the facility and the possible hazards associated with such materials, as described in the information that was submitted to this agency.

Sincerely,

Emergency Authority Contact (e.g. Fire Department, Police Department or Local Hospital)

Date Reviewed:(by Emergency Authority Contact)