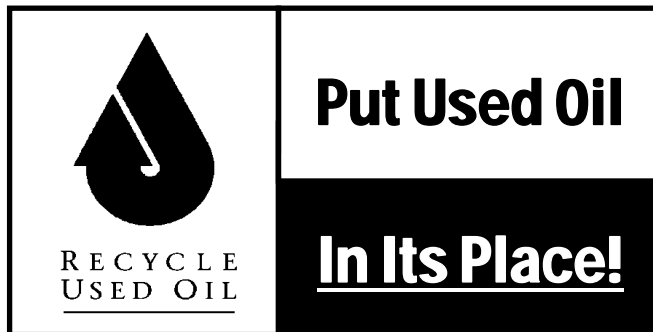


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# SAN MATEO COUNTY USED OIL FILTER RECYCLING PROGRAM

## COLLECTION CENTER GUIDELINES



**1-800-CLEAN-UP**

## **GUIDELINES FOR PARTICIPATING IN THE USED OIL FILTER COLLECTION PROGRAM**

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1. Collection centers must be located within the boundaries of San Mateo County.
2. Accept used oil filters from the public at no charge.
3. No person can deposit more than twenty used oil filters at any one time.
4. Display one or more Used Oil Filter Collection signs provided by the County in a location easily readable from a public street unless posting in a different location has been requested in writing and approved by the County.
5. The County may use your business name, address and telephone number in multimedia advertising unless you indicate otherwise.
6. Operate your center in compliance with all Federal, State and Local laws and regulations.
7. Submit a reimbursement claim, filter hauling receipts, and customer log sheets for the used oil filters collected at the end of each quarter.
8. Retain your records regarding the Used Oil Collection Program for at least three years.
9. Provide access to the County to examine records and operation to determine compliance with County guidelines.
10. Should you choose to cease operation of your collection center, notify the County thirty days prior.

# COMMON QUESTIONS REGARDING USED OIL FILTER COLLECTION CENTER RECORDKEEPING, SCOPE AND APPLICABILITY

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## SCOPE AND APPLICABILITY

### ***Is this arrangement transferable to new operators of an existing Used Oil Filter Collection Center?***

No. The arrangement is not transferable to any other person. It is issued to a specific operator for a Used Oil Filter Collection Center for a specific location. The operator of a Used Oil Filter Collection Center should notify the County within thirty days prior to operator change or closure of the facility operation.

### ***May a person withdraw from taking part as an authorized Used Oil Filter Collection Center?***

Yes. An operator of a Used Oil Filter Collection Center may choose to cease operation at any time; however, the County does request a notice of termination 30 days prior.

### ***What must I do with the Used Oil Filter Collection signs once I have received them?***

The certification signs must be posted in locations easily readable from a public street.

### ***What if local zoning ordinances do not permit posting of the signs provided by the County?***

Where local zoning ordinances do not permit posting of the signs provided by the County, the Used Oil Filter Collection Center operator can submit a request to the County for an alternative location for signage.

## RECORDKEEPING

### ***Can the county examine my records and operations to determine whether I am in compliance with the program requirements?***

Yes. Upon request, an operator of a Used Oil Filter Collection Center must provide the county or persons authorized by the County with documentation for these two purposes:

1. To determine compliance with the program guidelines,
2. To determine the accuracy of any information provided to County



## **REIMBURSEMENT PROCEDURES FOR USED OIL FILTERS**

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Mail copies of claim report, disposal invoices and customer logs for each payment period to the address below. Expect three to four weeks for payment to arrive. Inquiries should be made to: Ana Clayton 650-372-6214

**Mail to:** San Mateo County  
Environmental Health  
Attn: Ana Clayton  
2000 Alameda de las Pulgas, Suite 100  
San Mateo CA 94403

**What:** Required documentation  
1) Used Oil Recycling Incentive Payment/Claim Report  
2) Oil filter invoices/receipts  
3) Copy of customer log sheet

**When:** Submit all required documentation at the end of each quarter:  
Quarter 1: January – March 31  
Quarter 2: April 1 – June 30  
Quarter 3: July 1 – September 30  
Quarter 4: October 1 - December 31

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### **Limits for Reimbursement**

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#### **Used Oil Filters**

The County will reimburse the participant for one 55-gallon drum of oil filters per quarter at up to \$75.00. If customer logs indicate higher/lower quantities, the County will re-evaluate these reimbursement amounts and notify the applicant.

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### **PROGRAM CONTACTS**

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Ana Clayton, Used Oil.....650-372-6214  
Elizabeth Rouan, Household Hazardous Waste..... 650-655-6206  
Environmental Health, General Information .....650-372-6200  
Fax.....650-627-8244



# SAN MATEO COUNTY

## Guidelines and Procedures to Dispose of Abandoned Waste

### Definition of an Abandoned Residential Waste:

Known/labeled Hazardous and/or Universal Waste abandoned by a resident, usually in the public right of way or a large unattended area, such as a parking lot or roadside.

### Abandoned Waste Guidelines:

The County's Household Hazardous Waste Program (HHW) will accept abandoned residential waste from partner agencies, only *after* a drop-off appointment is scheduled. The waste shall be transported to HHW by the agency in their vehicle or by contracting with a registered waste hauler. If the agency is self-transporting, they may not transport more than 27 gallons or 220 lbs. per vehicle. Larger volumes will require a registered waste hauler or contact HHW for other options.

**Note:** Agencies utilizing a registered waste hauler must comply with hazardous waste transport regulations, including manifest requirements.

### Abandoned Waste Drop-off Procedures:

1. To schedule a drop-off appointment, fill out a Drop-off Request form (see next page).
2. Itemize the types of abandoned waste left at your facility that you will be disposing of at the HHW facility and choose a drop-off date on the 1<sup>st</sup> or 3<sup>rd</sup> Wednesday of each month.
3. Fax or email the form to the HHW contact below.
  - Within 72 hours, HHW will contact you by phone or fax to confirm the drop-off date, time, and location
4. Bring the abandoned waste to the HHW facility on the scheduled drop-off date.

**CONTACT:** Wes Won, Hazardous Materials Specialist  
Phone: (650) 655-6217  
Fax Number: (650) 525-9148  
Email: [wwon@co.sanmateo.ca.us](mailto:wwon@co.sanmateo.ca.us)

**DROP-OFF TIME & LOCATION:** The 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month, 10am-2pm  
32 Tower Road, San Mateo 94402

### HHW cannot accept the following wastes:

- Tires
- Asbestos
- Radioactive waste
- Electronic waste & appliances
- Explosives, fireworks, or ammunition
- Prescription medicines, infectious, medical or sharps waste
- Compressed gas cylinders (except propane no larger than 5 gallons)
- Waste in containers greater than 5 gallons (i.e. no drums)



Fax or email to: Wesley Won at (650) 525-9418 or [wwon@co.sanmateo.ca.us](mailto:wwon@co.sanmateo.ca.us)

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

List of Abandoned Waste to drop-off		
Date Abandoned on Site	Volume (lbs. or gallons)	Type of Waste

**Desired Drop-off Date (remember: only the 1<sup>st</sup> or 3<sup>rd</sup> Wednesday of the month):**

\_\_\_\_\_

<p><i>HHW Use Only:</i></p> <p>Received By: _____ Date: _____</p> <p>Date/Location Scheduled: _____ / _____</p> <p>Date Agency Contacted: _____</p>
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**USED OIL FILTER RECYCLING INCENTIVE  
PAYMENT/CLAIM REPORT**

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**Claimant Information**

**Reporting Period**

- |                                    |  |
|------------------------------------|--|
| 1. Name of Collection Center _____ | <input type="checkbox"/> <b>Jan 01 – Mar 31</b>  |
| 2. Mailing Address _____<br>_____  | <input type="checkbox"/> <b>Apr 01 – Jun 30</b><br><input type="checkbox"/> <b>Jul 01 – Sep 30</b> |
| 3. Contact Person _____            | <input type="checkbox"/> <b>Oct 01 – Dec 31</b>  |
| 4. Telephone Number _____          |  |

Email (Optional) \_\_\_\_\_ (for Quarterly Reminder)

**Filter Disposal Information**

5. Number of used oil filter pick-ups this period \_\_\_\_\_
6. Total dollar amount requested for used oil filter recycling \_\_\_\_\_  
(limit 1 drum per quarter, up to \$75)
7. Number of Customer Collection Logs sent in this period \_\_\_\_\_
8. Total reimbursement request this period \$\_\_\_\_\_

**Declarations and Signatures**

9. I certify under penalty of perjury that the information contained in this claim/report including attached copies of invoices, manifests, and modified manifests receipts, is true and correct, and that no other claim has been submitted on this used oil to the best of my knowledge.

\_\_\_\_\_  
*Signature of Authorized Representative*

Date \_\_\_\_\_

\_\_\_\_\_  
*Print name and title of signage authority*