

# THE CERTIFIED UNIFIED PROGRAM AGENCIES OF LOS ANGELES COUNTY

## UNIFIED PROGRAM (UP) FORM



**CITY OF EL SEGUNDO  
FIRE DEPARTMENT**



**COUNTY OF LOS ANGELES  
FIRE DEPARTMENT**



**CITY OF GLENDALE  
FIRE DEPARTMENT**



**CITY OF SANTA FE SPRINGS  
FIRE DEPARTMENT**



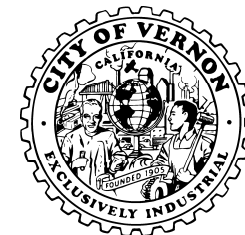
**CITY OF LONG BEACH**



**CITY OF SANTA MONICA  
FIRE DEPARTMENT**



**CITY OF LOS ANGELES  
FIRE DEPARTMENT**



**HEALTH DEPARTMENT  
CITY OF VERNON**

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**Note:** The UP Form was developed by the CUPAs of Los Angeles County as an alternative version of the Unified Program Consolidated Form (UPCF). Businesses have the option to use it or the UPCF adopted in state regulations. The CUPA or Participating Agency (PA) must accept the state UPCF and cannot require a business to use the alternative version developed by the CUPA. The CUPA and PA can require businesses to provide additional information on either the UPCF or a supplemental page to that document. (Reference: 27 CCR 15400.3 (d))

## WHAT IS A CUPA?

Senate Bill 1082, introduced by Senator Charles Calderon (D-Whittier) and passed in 1993, created the Unified Hazardous Waste and Hazardous Materials Management Regulatory Program (Unified Program), which requires the administrative consolidation of six hazardous materials and waste programs (Program Elements) under one agency, a Certified Unified Program Agency (CUPA). The Program Elements consolidated under the Unified Program are:

- ❖ Hazardous Waste Generator and Onsite Hazardous Waste Treatment Programs (a.k.a. Tiered Permitting);
- ❖ Aboveground Petroleum Storage Tank Spill Prevention Control and Countermeasure Plan (SPCC);
- ❖ Hazardous Materials Release Response Plans and Inventory Program (a.k.a. Hazardous Materials Disclosure or "Community-Right-To-Know");
- ❖ California Accidental Release Prevention Program (Cal ARP);
- ❖ Underground Storage Tank Program (UST); and,
- ❖ Uniform Fire Code Plans and Inventory Requirements.

The goal of the Unified Program is to create a more cohesive, effective and efficient program. Under the Unified Program, application and required submission forms are standardized and consolidated, inspections are combined where possible, annual fees for each program element are merged into a single fee system, and enforcement procedures are made more consistent.

Local agencies administering one or more of the six Program Elements had the option to either apply for CUPA status with the California Environmental Protection Agency (Cal EPA) or retain their programs by becoming a Participating Agency (PA) under another CUPA's jurisdiction. Counties were required to apply for CUPA designation. Eight CUPAs in Los Angeles County received certification from Cal EPA to implement the CUPA program effective July 1, 1997 including the Cities of El Segundo, Glendale, Long Beach, Los Angeles, Santa Fe Springs, Santa Monica, and Vernon, and the County of Los Angeles (LA Co CUPA). The LA Co CUPA implements the Unified Program in all unincorporated and incorporated areas of the County **not** within the jurisdiction of the other seven CUPAs.

(Note: The Los Angeles County Fire Department administers Hazardous Waste Programs in the cities of Los Angeles and Santa Monica as a Participating Agency.)

Ten cities and two County agencies entered into agreements and/or Memorandum of Understanding with the Los Angeles County Fire Department to administer one or more of the Program Elements as Participating Agencies (PAs) to the LACoCUPA. The ten City agencies include the Fire Departments of Alhambra, Burbank, Compton, Culver City, Downey, Monrovia, Pasadena, Redondo Beach, South Pasadena, and Torrance. The two County Departments include the Department of Public Works and the Agricultural Commissioner.

### OFFICES OF CUPAs IN LOS ANGELES COUNTY

<p>El Segundo Fire Department 314 Main Street El Segundo, CA 90245 (310) 524-2242</p>	<p>City of Santa Monica Fire Department 333 Olympic Drive, 2<sup>nd</sup> Floor Santa Monica, CA 90401 (310) 434-2666</p>	<p>North County (818) 364-7120 14425 Olive View Dr. Sylmar, CA 91342</p>
<p>Glendale Fire Department 780 Flower Street Glendale, CA 91201 (818) 548-4030</p>	<p>Vernon Environmental Health 4305 Santa Fe Avenue Vernon, CA 90058 (323) 583-8811</p>	<p>Southwest County (310) 534-6270 24330 Narbonne Ave. Lomita, CA 90717</p>
<p>Long Beach 2525 Grand Avenue Long Beach, CA 90815 (562) 570-4131</p>	<p>Los Angeles County Fire Department Health Haz Mat Division 5825 Rickenbacker Road Commerce, CA 90040 (323) 890-4045</p>	<p>East County (626) 450-7450 5110 North Peck Rd. El Monte, CA 91732</p>
<p>Los Angeles City Fire Department 200 N. Main Street, Room 1780 Los Angeles, CA 90012 (213) 978-3680</p>	<p>LA County Fire Department Offices: 5825 Rickenbacker Road Commerce, CA 90040</p>	<p>Southeast County (562) 654-2620 9155 Telegraph Rd. Pico Rivera, CA 90660</p>
<p>Santa Fe Springs Fire Department 11300 Greenstone Avenue Santa Fe Springs, CA 90670 (562) 944-9713</p>	<p>Central District (323) 890-4107 Data Unit (323) 890-4000 RMP Unit (323) 890-4035</p>	<p>West County (310) 348-1781 6167 Bristol Parkway, Ste 220 Culver City, CA 90230</p>

## LOS ANGELES COUNTY CUPA - PARTICIPATING AGENCIES

### ALHAMBRA FIRE DEPARTMENT

RAYMOND MOSACK Hazardous Materials Program  
301 N. First Street Cal ARP Program  
Alhambra, CA 91801  
(626) 570-5192 / FAX (626) 457-8961  
rmosack@alhambrafire.org

### BURBANK FIRE DEPARTMENT

JORGE MARTINEZ Hazardous Materials Program  
311 E. Orange Grove Ave Cal ARP Program  
Burbank, CA 91502 UST Program  
(818) 238-3384 / FAX (818) 238-3479  
jmartinez@ci.burbank.ca.us

### COMPTON FIRE DEPARTMENT

SHEILA HOPPER Hazardous Materials Program  
201 S. Acacia Cal ARP Program  
Compton, CA 90220  
(310) 605-6294 / FAX (310) 632-8414  
shopper@comptoncity.org

### CULVER CITY FIRE DEPARTMENT

JESSE LUNA Hazardous Materials Program  
9770 Culver Blvd. Cal ARP Program  
Culver City, CA 90232-0507  
(310) 253-5930 / FAX (310) 253-5937  
jesse.luna@culvercity.org

### DOWNEY FIRE DEPARTMENT

LEE KIRBY Hazardous Materials Program  
11111 Brookshire Avenue Cal ARP Program  
Downey, CA 90241  
(562) 904-7348 / FAX (562) 904-7270  
lkirby@downeyca.org

### MONROVIA FIRE DEPARTMENT

CHIEF SCOTT HABERLE Hazardous Materials Program  
141 E. Lemon Avenue Cal ARP Program  
Monrovia, CA 91016  
(626) 256-8110 / FAX (626) 256-8112  
shaberle@ci.monrovia.ca.us

### PASADENA FIRE DEPARTMENT

JAMES WECKERLE Hazardous Materials Program  
199 S. Los Robles Av. #550 Cal ARP Program  
Pasadena, CA 91101 UST Program  
(626) 744-4288 / FAX (626) 585-9164  
jweckerle@ci.pasadena.ca.us

### REDONDO BEACH FIRE DEPARTMENT

RICK KUCIEMBA Hazardous Materials Program  
401 S. Broadway Cal ARP Program  
Redondo Beach, CA 90277  
(310) 318-0663 Ext. 4395 / FAX (310) 376-3407  
richard.kuciemba@redondo.org

### TORRANCE FIRE DEPARTMENT

KEN LEW Hazardous Materials Program  
3031 Torrance Blvd. Cal ARP Program  
Torrance, CA 90503 UST Program  
(310) 618-2973 / FAX (310) 781-7506  
klew@torranceca.gov

### COUNTY OF LOS ANGELES

#### AGRICULTURAL COMMISSIONER/

WEIGHTS & MEASURES Hazardous Materials Program  
ARIEL VERAYO  
12300 Lower Azusa Rd.  
Arcadia, CA 91006  
(626) 459-8894 / FAX (626) 443-6652  
Averayo@acwm.lacounty.gov

### LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS, WASTE MANAGEMENT DIVISION

TIM SMITH UST Program  
900 S. Fremont Avenue  
Alhambra, CA 91803-1331  
(626) 458-3511 / FAX (626) 458-3569  
tsmith@dpw.lacounty.gov

NOTE: The LA Co CUPA implements the Unified Program in all unincorporated and incorporated areas of the County **not** within the jurisdiction of the seven City CUPAs. Each Participating Agency of the LA Co CUPA regulates the program listed in their jurisdictions. The Los Angeles County Department of Public Works administers the UST program in all areas of the LA County CUPA except for the cities of Burbank, Pasadena, and Torrance where the City Fire Department administers the UST program. The County of Los Angeles Agricultural Commissioner administers the Hazardous Materials program for agricultural business (farms and nurseries).

## REPORTING POLICY

1. Please, use the CUPAs Of Los Angeles County Unified Program (UP) Form provided. Only information submitted on the CUPAs of Los Angeles County or State forms will be accepted.

Note: If the State of California UPCF Form is used, we may request your business to provide additional locally collected information. The Full and Short versions of the CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at the Los Angeles County Fire Department's web site: <http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp>

2. All forms may be photocopied if necessary.
3. Appropriate forms must bear an original signature(s).
4. Keep copies of your submitted documents for your records as proof of submission.
5. Please, do not enclose any payments with your forms. The Financial Management Division of your CUPA will bill you.
6. It is recommended that forms be sent via "Certified Mail" to ensure delivery by "Return Receipt."
7. Submit all completed forms to:

Los Angeles County Fire Department  
Health Hazardous Materials Division  
5825 Rickenbacker Road  
Commerce, CA 90040  
Attn: Data Operations Unit

8. If you have any questions or need assistance, contact your City or County CUPA or PA during office hours.
9. Be advised that failure to submit required forms may result in fines, penalties and/or other administrative fees.

## WHAT DO I REPORT?

Enclosed is the **CUPAs of Los Angeles County Unified Program (UP) Form** for hazardous materials programs. This form includes instructions and requirements described in the California Health and Safety Code, Uniform Fire Code, and State regulations. Your business is required to complete and submit the **Business Activities Page** and a **Business Owner/Operator Identification Page**. In addition, your business is required to complete and submit reporting forms for any of the following programs that apply to your facility:

### Hazardous Materials Disclosure

Any business, which handles the minimum amount of 55 gallons or 500 pounds of a hazardous material or 200 cubic feet of a compressed gas, at any one time during the reporting year, is considered a handler of hazardous materials. A Hazardous material handling business is required to submit **Chemical Description** page(s), Section I of the **Consolidated Contingency Plan**, and a **Site Map(s)** to the CUPA.

(Note: Under local ordinances, some agencies have hazardous materials reporting thresholds lower than State reporting thresholds. Contact your local CUPA or PA for additional information.)

### California Accidental Release Prevention Program (Cal ARP)

Any business, which handles Regulated Substances (including Federally listed Extremely Hazardous Substances and State listed Acutely Hazardous Materials), is required to submit a **Regulated Substance Registration** to the CUPA. The list of Regulated Substances is included in this form packet.

### Underground Storage Tank (UST) Program

Any business, which has underground storage tanks to store hazardous materials, including gasoline, is required to complete and submit a **UST Facility** page and **UST Tank** page for each tank to the CUPA. New USTs must complete and submit a **UST Installation - Certificate of Compliance** page. Also, businesses must complete and submit Section II of the **Consolidated Contingency Plan** and a **plot plan (with location of UST system(s))** to the CUPA.

### Aboveground Petroleum Storage Tanks (APST)

Any business, which stores petroleum oil in aboveground storage tanks with a total capacity for the facility greater than 1320 gallons, is required to complete a **Spill Prevention Countermeasure Control (SPCC) Plan** and to include the following information in the business plan: (1) facility name, address, and owner or operator; (2) total storage capacity, and (3) the location, size, age, and contents of each storage tank that exceeds 10,000 gallons of petroleum oil.

### Hazardous Waste Generator

Any business, which generates any quantity of a hazardous waste, is a hazardous waste generator. Hazardous wastes are any chemical wastes which are toxic, corrosive, reactive, or ignitable, as defined in State law, including waste oil, waste coolant, waste parts cleaner, waste photo developer, waste printing inks, waste dry cleaning solvent, waste paint and spray booth filters. Generators are required to submit a **Waste Generator** Form to the CUPA.

Hazardous waste generating businesses, which conduct onsite hazardous waste treatments authorized under Permit-By-Rule (PBR), Conditional Authorization (CA) and Conditional Exemption (CE) tiers, are required to complete and submit **Onsite Hazardous Waste Treatment Notification - Facility, Onsite Hazardous Waste Treatment Notification - Unit, Certificate of Financial Assurance** pages, and other attachments to the CUPA.

Businesses, which claim a recycling exclusion or exemption (per Health and Safety Code Section 25143.2) for a material or process from the hazardous waste generator or tiered permitting programs, must complete and submit the **Recyclable Materials Biennial Report** to the CUPA.

Hazardous waste generators, which collect non-RCRA hazardous waste or conduct hazardous waste activities exempt from RCRA at remote sites, and subsequently transport the hazardous waste to consolidation sites operated by the generator, must complete and submit a **Remote Waste Consolidation Site Annual Report** page to the CUPA.

Businesses closing Hazardous Waste tanks must complete and submit a **Hazardous Waste Tank Closure Certification** page to the CUPA.

## BASIC INSTRUCTIONS

Your business is required to complete and submit to your local CUPA only the forms which are applicable to your facility's activities. First, complete the Business Activities Page to determine which forms that you are required to complete and submit to the CUPA. If you answer yes to any question on the Business Activities Page, complete the Business Owner/Operator Identification Page and all applicable program forms.

Important! We have provided instructions with each form in this package. Please, do not hesitate to contact your CUPA or PA if you have questions about the forms and program reporting requirements. It is only necessary to send the CUPA one copy of this form package. Forms for programs under a Participating Agency jurisdiction, such as the UST program or Hazardous Waste Generator program, will be forwarded by the CUPA to the PA.

## FORM ORGANIZATION

**The Unified Program Form (UP FORM) is organized as follows:**

### I. FACILITY INFORMATION SECTION

- a. Business Activities Page
- b. Business Owner/Operator Identification Page
- c. Consolidated Contingency Plan

### II. HAZARDOUS MATERIALS

- a. Hazardous Materials Inventory- Chemical Description
- b. Cal ARP- Regulated Substance Registration

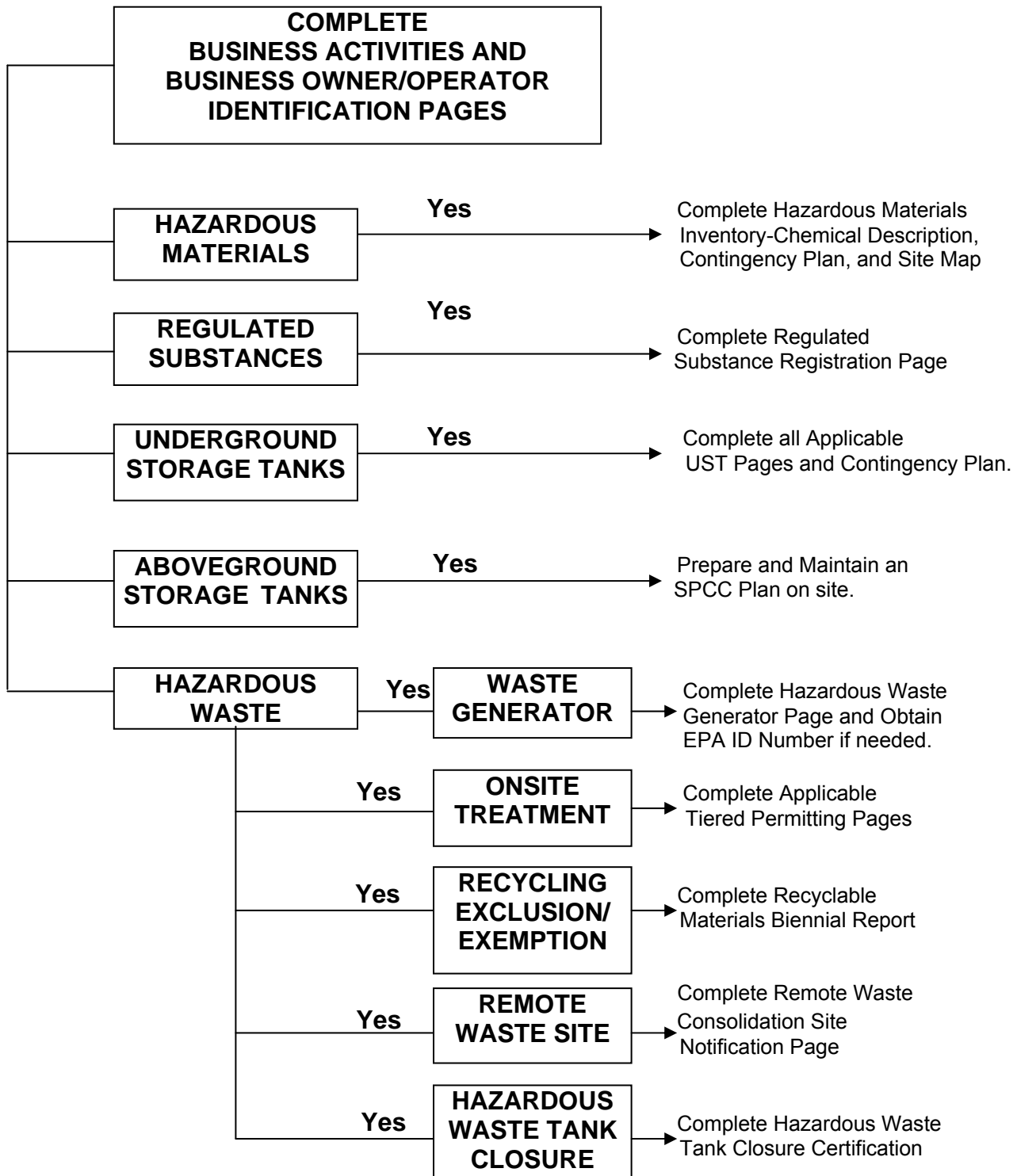
### III. UNDERGROUND STORAGE TANKS (UST)

- a. UST Facility
- b. UST Tank
- c. UST Installation- Certificate of Compliance

### IV. HAZARDOUS WASTE

- a. Recyclable Materials Report
- b. Onsite Hazardous Waste Treatment Notification- Facility
- c. Onsite Hazardous Waste Treatment Notification- Unit
  - (1) CESQT - Waste and Treatment Process Combination
  - (2) CESW - Waste and Treatment Process Combination
  - (3) CEL - Waste and Treatment Process Combination
  - (4) CA - Waste and Treatment Process Combination
  - (5) PBR - Waste and Treatment Process Combination
- d. Certification of Financial Assurance
- e. Remote Waste Consolidation Site Annual Notification
- f. Hazardous Waste Tank Closure Certification
- g. Hazardous Waste Generator Form

# UNIFIED PROGRAM FORM FLOW CHART



# I. FACILITY INFORMATION SECTION

*To be completed by all businesses, regardless of program type.*

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Be advised that appropriate signatures must be provided on forms.

This section includes:

- o BUSINESS ACTIVITIES PAGE

Please complete this form first. This will help you to determine which other forms you are required to complete.

- o BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE

All sections must be completed, including primary and secondary emergency contacts.

- o CONSOLIDATED CONTINGENCY PLAN

All regulated businesses must complete the Cover Page, Section I (Business Plan and Contingency Plan), and a Site Map.

Facilities with Underground Storage Tanks must also complete Section II (UST Emergency Response and Monitoring Plan).

**INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM  
Business Activities**

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials Inventory - Chemical Description pages (Form 2731) for all submissions. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) and identifies your facility.
2. EPA ID NUMBER If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you need a CA EPA number, complete and submit DTSC Form 1358 located at [http://www.dtsc.ca.gov/IDManifest/ID\\_Numbers.cfm](http://www.dtsc.ca.gov/IDManifest/ID_Numbers.cfm) to the Department of Toxic Substances Control (DTSC), or if you need a federal EPA number, call (415) 495-8895 <http://www.epa.gov/region09/waste/epanums.html#rcranum>
3. BUSINESS NAME Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA - Doing Business As".
- 3a. BUSINESS SITE ADDRESS- Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
4. HAZARDOUS MATERIALS ONSITE Check the box to indicate whether you have hazardous materials onsite. You have a hazardous material if:
  - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure),
  - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
  - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have hazardous materials onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as an Emergency Response Plan (i.e. Consolidated Contingency Plan) and Training Plan. Do not answer "YES" to this question if you exceed only a local threshold, but do not exceed the state threshold.

5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", then you must complete one UST Facility page and UST Tank pages for each tank. **You must also submit a plot plan and a monitoring program plan.**
6. UPGRADE/INSTALL UST Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC §25316. If "YES", then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.
7. UST CLOSURE Check the appropriate box if you are closing a UST and complete the closure portion of the UST Tank pages for each tank.
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (APST) To calculate the storage capacity of petroleum oil, add the volume capacities of all containers and tanks that store 55 gallons or more of petroleum oil in your calculation. Do not include underground storage tanks. In the H&SC, Section 25270.2 (g) defines petroleum oil and Section 25270.2 (a)(4) lists the types of petroleum oil that are exempt. Until the CUPA provides a tank facility statement, document your consolidated contingency plan with the following tank information: (1) facility name, address, and owner or operator; (2) total storage capacity, and (3) the location, size, age, and contents of each storage tank that exceeds 10,000 gallons of petroleum oil. If you have 1,320 gallons or more of petroleum oil, prepare a spill prevention control and countermeasure plan.
9. HAZARDOUS WASTE GENERATOR Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler; you do not need to report.
11. ONSITE HAZARDOUS WASTE TREATMENT Check the appropriate box to indicate whether your facility treats hazardous waste onsite. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC §25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC §25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility treats hazardous waste onsite, complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages for each unit.
12. FINANCIAL ASSURANCE Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §67450.13 (b) and HSC §25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. REMOTE WASTE CONSOLIDATION SITE Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste at remote sites and transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC §25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. HAZARDOUS WASTE TANK CLOSURE Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on your knowledge of the tank and its contents, the mixture rule, testing of the tank, the listed wastes in 40 CFR 261.31 or 40 CFR 261.32, or inability to remove hazardous materials stored in the tank. If the closed tank would be classified as hazardous waste, then complete the Hazardous Waste Tank Closure Certification page.
- 14a. RCRA LQG- Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must obtain a US EPA ID Number.
- 14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION- Check the appropriate box to indicate whether your facility is a HHW Collection Site.
15. LOCAL REQUIREMENTS- Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF.
- 15a. LOCAL REQUIRED INFORMATION: REGULATED SUBSTANCES (RS) Check the box to indicate whether Regulated Substances (RS) are stored onsite. An RS is any substance, listed in CCR, Title 19, Section 2770.5. See attached Regulated Substance list. If you handle an RS at greater than the threshold planning quantities then complete the Regulated Substance Registration in addition to forms required under item number 4.
- 15b. LOCAL HAZARDOUS MATERIALS THRESHOLD Check the appropriate box to indicate if you are subject to reporting hazardous materials at a level established by your local CUPA or PA. Check with your local CUPA or PA for details.

# UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

## I. FACILITY IDENTIFICATION

FACILITY ID #	1	EPA ID # (Hazardous Waste Only)	2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)			3
BUSINESS SITE ADDRESS			3a

## II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page.**

Does your facility...	If Yes, please complete these pages of the UP FORM....
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<p><b>A. HAZARDOUS MATERIALS</b></p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   4</p> <p>HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) TRAINING PLAN</p>	
<p><b>B. UNDERGROUND STORAGE TANKS (USTs)</b></p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intend to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   5</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   6</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   7</p> <p>UST FACILITY UST TANK (one page per tank)</p> <p>UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)</p> <p>UST TANK (closure portion –one page per tank)</p>	
<p><b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (APSTs)</b></p> <p>Petroleum oil is stored in any container or tank that has a storage capacity of 55 gallons or more. The aggregate capacity of petroleum oil in all tanks and containers is greater than 1,320 gallons.</p>	<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   8</p> <p>CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s))</p>	
<p><b>D. HAZARDOUS WASTE</b></p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remote site?</p> <p>6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p> <p>7. Generate in any single calendar month 1,000 kilograms (kg) (2,000 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.</p> <p>8. Household Hazardous Waste (HHW) Collection site</p>	<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   9</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   10</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   11</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   12</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   13</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   14</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   14a</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   14b</p> <p>EPA ID NUMBER – provide at the top of this page. As a generator, answer YES to Item E2 and complete Waste Generator Form.</p> <p>RECYCLABLE MATERIALS REPORT ONSITE HAZARDOUS WASTE TREATMENT – FACILITY ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) CERTIFICATION OF FINANCIAL ASSURANCE REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION HAZARDOUS WASTE TANK CLOSURE CERTIFICATION</p> <p>Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B) and satisfy requirements for RCRA Large Quantity Generator.</p> <p>See CUPA for required forms.</p>	
<p><b>E. LOCAL REQUIREMENTS</b></p> <p>1. REGULATED SUBSTANCES</p> <p>Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?</p>		<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   15a</p> <p>In addition to Hazardous Materials requirements, complete: Regulated Substance Registration Risk Management Plan (when required)</p>
<p>2. Have hazardous materials on site at or above threshold amount established by CUPA or PA local ordinance?</p>		<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   15b</p> <p>Consult local CUPA or PA for added reporting requirements</p>

## Business Owner/Operator Identification (LACoCUPA Form 2730)

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials - Chemical Description pages (Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME Enter the full legal name of the business.
100. BEGINNING DATE Enter the beginning year and date of the report. (YYYY/MM/DD, ex. 1999/07/01)
101. ENDING DATE Enter the ending year and date of the report. (YYYY/MM/DD, ex. 2000/06/30)
102. BUSINESS PHONE Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS Enter the street address where the facility is located. No post office box numbers are allowed.
104. CITY Enter the city or unincorporated area in which the business site is located.
105. ZIP CODE - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. DUN & BRADSTREET Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at [www.dnb.com](http://www.dnb.com).
107. SIC CODE Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
108. COUNTY Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE Enter business operator's phone number including any extension, if different from the business phone.
111. OWNER NAME Enter name of the business owner, if different from the business operator.
112. OWNER PHONE Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS Enter the owner's mailing address if different from the business site address.
114. OWNER CITY Enter the name of the city for the owner's mailing address.
115. OWNER STATE Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
117. ENVIRONMENTAL CONTACT NAME Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE Enter the phone number at which the environmental contact can be contacted including any extension.
119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
120. CITY Enter the name of the city for the environmental contact's mailing address.
121. STATE Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE Enter the zip code for the environmental contact's mailing address. The extra 4 digits in the zip code may also be added.
123. PRIMARY EMERGENCY CONTACT NAME Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE Enter the title of the primary emergency contact.
125. BUSINESS PHONE Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE Enter the title of the secondary emergency contact.
130. BUSINESS PHONE Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER Enter the pager number for the secondary emergency contact, if available.
- 133a. UNINCORPORATED AREA Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
- 133b. E-MAIL ADDRESS Enter the e-mail address of the corresponding primary or secondary emergency contact if an e-mail address exists.
- 133c. LOCALLY COLLECTED INFORMATION Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS). Also, include the business owner's/president's name, position in the business, date of birth and driver's license number with the State issued in abbreviation.
- 133d. Number of Employees for facility: For Retail and service type businesses; the number of employees is determined by the actual number of employees directly related to the hazardous waste generating activity (s). For manufacturing type businesses; the total number of employees in the business shall be used for determining the hazardous waste licensing fee.
- 133e. Businesses will be identified by the following twelve codes: 01)-Corporation, 02)-Individual Owner, 03)-Partnership, 04)-Local Government Agency, 05)-County Government Agency, 06)-State Government Agency, 07)-Federal Government Agency, 08)-LA County Fire Department Facilities, 09)-Unknown Classification (Other), 10)-City Fire Facilities, 11)-LA County Sheriff Facilities, 12)-Other Police Facilities.
- 133f. MAILING/BILLING ADDRESS Enter the address that all correspondence and bills should be sent.
- 133g. MAILING/BILLING CITY Enter the city for the mailing/billing address.
- 133h. MAILING/BILLING STATE Enter the 2 character state abbreviation for the mailing/billing address.
- 133i. MAILING/BILLING ZIP CODE Enter the zip code for the mailing/billing address. The extra 4 digits in the zip code may also be added.
134. DATE Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
135. NAME OF DOCUMENT PREPARER Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER Enter the full printed name of the person signing the page.  
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
137. TITLE OF SIGNER Enter the title of the person signing the page.



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**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**COVER PAGE**

FACILITY IDENTIFICATION			
BUSINESS NAME		3	FACILITY ID # 1
SITE ADDRESS	103	CITY	104 ZIP CODE 105

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ⊖ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ⊖ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ⊖ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

**A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

--

PLAN CERTIFICATION	
<i>I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.</i>	
Printed Name of Owner/ Operator	Title of Owner/Operator
Signature of Owner/ Operator	Date

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY		DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**ADVISORY**

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ⊗ the plan fails in an emergency,
- ⊗ the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ⊗ the list of emergency coordinators changes, or
- ⊗ the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

*UST owners/operators must notify the local UPA within 30 days for any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.*

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

<b>I. FACILITY IDENTIFICATION</b>			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
			ZIP CODE 105
<b>II. EMERGENCY CONTACTS</b>			
<b>PRIMARY</b>		<b>SECONDARY</b>	
NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132
<b>III. EMERGENCY RESPONSE PLANS AND PROCEDURES</b>			
<b>A. Notifications</b>			
Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the California Emergency Management Agency (Cal-EMA). If you have a release or threatened release of hazardous materials, immediately call:			
FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911			
<b>AFTER</b> the local emergency response personnel are notified, you shall then notify this Unified Program Agency and Cal-EMA.			
Local Unified Program Agency:	(323) 890-4317		
Cal-EMA:	(800) 852-7550		
National Response Center:	(800) 424-8802		
Information to be provided during Notification:			
<input type="checkbox"/>	Your Name and the Telephone Number from where you are calling.		
<input type="checkbox"/>	Exact address of the release or threatened release.		
<input type="checkbox"/>	Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)		
<input type="checkbox"/>	Material and quantity of the release, to the extent known.		
<input type="checkbox"/>	Current condition of the facility.		
<input type="checkbox"/>	Extent of injuries, if any.		
<input type="checkbox"/>	Possible hazards to public health and/ or the environment outside of the facility.		
<b>B. Emergency Medical Facility</b>			
List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material			
HOSPITAL/CLINIC:		PHONE NO:	
		- -	
ADDRESS:			
CITY:		ZIP CODE:	

<b>OFFICIAL USE ONLY</b>		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

<b>C. Private Emergency Response</b>	
<b>DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.	
<b>CLEANUP/DISPOSAL CONTRACTOR</b>	
List the contractor that will provide cleanup services in the event of a release.	
NAME OF CONTRACTOR:	PHONE NO: - -
ADDRESS:	
CITY:	ZIP CODE:
<b>D. Arrangements With Emergency Responders</b>	
If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:	
<b>E. Evacuation Plan</b>	
1. The following alarm signal(s) will be used to begin evacuation of the facility ( <i>check all which apply</i> ):	
<input type="checkbox"/> Verbal <input type="checkbox"/> Telephone ( <i>including cellular</i> ) <input type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input type="checkbox"/> Portable Radio <input type="checkbox"/> Other ( <i>specify</i> ):	
2. <input type="checkbox"/> Evacuation map is prominently displayed throughout the facility.	
3. <input type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:	
<b>F. Earthquake Vulnerability</b>	
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input type="checkbox"/> Bench/ Lab	<input type="checkbox"/> Production Floor <input type="checkbox"/> Process Lines <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other:
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input type="checkbox"/> Utilities <input type="checkbox"/> Racks <input type="checkbox"/> Process Piping	<input type="checkbox"/> Sprinkler Systems <input type="checkbox"/> Cabinets <input type="checkbox"/> Shelves <input type="checkbox"/> Pressure Vessels <input type="checkbox"/> Gas Cylinders <input type="checkbox"/> Tanks <input type="checkbox"/> Shutoff Valves <input type="checkbox"/> Other:



**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

**IV. Emergency Equipment**

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

**EMERGENCY EQUIPMENT INVENTORY TABLE**

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits ( <i>describe</i> )		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations ( <i>describe</i> )		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits ( <i>i.e. bottle type</i> )		
	<input type="checkbox"/> Respirator Cartridges ( <i>describe</i> )		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
Fire Extinguishing Systems	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input type="checkbox"/> Other ( <i>describe</i> )		
	<input type="checkbox"/> Automatic Fire Sptinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Fire Extinguisher Systems ( <i>describe</i> )		
	<input type="checkbox"/> Other ( <i>describe</i> )		
	<input type="checkbox"/> Absorbents ( <i>describe</i> )		
	<input type="checkbox"/> Berms/Dikes ( <i>describe</i> )		
	<input type="checkbox"/> Decontamination Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Emergency Tanks ( <i>describe</i> )		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits ( <i>describe</i> )		
	<input type="checkbox"/> Neutralizers ( <i>describe</i> )		
	<input type="checkbox"/> Overpack Drums		
Communications and Alarm Systems	<input type="checkbox"/> Sumps ( <i>describe</i> )		
	<input type="checkbox"/> Other ( <i>describe</i> )		
	<input type="checkbox"/> Chemical Alarms ( <i>describe</i> )		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input type="checkbox"/> Other ( <i>describe</i> )		

\* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

**V. EMPLOYEE TRAINING**

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

- ⊞ Familiarity with all plans and procedures specified in the Contingency Plan.
- ⊞ Methods for Safe Handling of Hazardous Materials.
- ⊞ Safety procedures in the event of a release or threatened release of a hazardous material.
- ⊞ Use of Emergency Response equipment and supplies under the control of the business.
- ⊞ Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- ⊞ Initially for all new employees.
- ⊞ Annually, including refresher courses, for all employees.

*Note: These training programs may take into consideration the position of each employee.*

Additional training should include:

- ⊞ Internal alarm/notification procedures.
- ⊞ Evacuation/re-entry procedures and assembly point locations.
- ⊞ Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (*i.e. inhalation, ingestion, absorption*).

**VI. HAZARDOUS WASTE GENERATOR TRAINING**

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

<b>EMPLOYEE TRAINING</b>	
⊞	Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
⊞	Employees will not handle hazardous wastes without supervision until trained.
<b>TRAINING DOCUMENTATION</b>	
The owner or operator must maintain the following documents and records at the facility:	
⊞	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
⊞	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
⊞	Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee.
⊞	Records that document that the requirements for training or job experience have been met.
⊞	Current employees' training records (to be retained until closure of the facility).
⊞	Former employees' training records (to be retained at least three years after termination of employment).

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# Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

## SITE MAP

BUSINESS NAME			3
SITE ADDRESS	103	CITY	104
		ZIP CODE	105
DATE MAP DRAWN	MAP #	FACILITY ID #	1
- -			

	A	B	C	D	E	F	G	H	I	J	
1											For Site Map <ul style="list-style-type: none"> <li>Scale of Map</li> <li>Loading Areas</li> <li>Parking Lots</li> <li>Internal Roads</li> <li>Storm and Sewer Drains</li> <li>Adjacent Property Use</li> <li>Locations and Names of Adjacent Streets and Alleys</li> <li>Access and Egress Points and Roads</li> <li>Primary and Alternate Evacuation Routes</li> </ul>
2											
3											
4											
5											
6											For Sub-Site Map <ul style="list-style-type: none"> <li>Scale of Map</li> <li>Location of Each Storage Area</li> <li>Location of Each Hazardous Material Handling Area</li> <li>Location of Emergency Response Equipment</li> </ul>
7											
8											
9											Scale: 1" = _____ Ft.
10											North 
11											
12											

<b>OFFICIAL USE ONLY</b>			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

## II. HAZARDOUS MATERIALS SECTION

*To be completed by all businesses that handle hazardous materials and/or regulated substances (including extremely hazardous substances)*

---

Be advised that appropriate signatures must be provided on forms.

This section includes:

- **HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION**

One chemical per page. Make photocopies as necessary.

CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS#, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstracts Service at (614) 447-3600.

Facilities reporting chemicals subject to EPCRA (Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical. For more information on EPCRA, contact US EPA at (800) 424-9346, or visit US EPA's EPCRA website at: <http://www.epa.gov/lawsregs/laws/epcra.html>

- **REGULATED SUBSTANCE REGISTRATION FORM**

One chemical per page. Make photocopies as necessary.

- **REGULATED SUBSTANCE LIST**

### Hazardous Materials Inventory – Chemical Description (LACoCUPA Form 2731)

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME Enter the full legal name of the business.
199. SUB LOCATION Enter the sub-location where applicable such as basement, emergency generator, chiller unit, pump room. If chemicals are stored in different suites within a building, the suite may also be entered in the sub location field.
200. ADD/DELETE/ REVISE Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".
203. MAP NUMBER If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
205. CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.  
**State requirement** : If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. **Federal requirement** : If yes, and the business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207. COMMON NAME Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one hazard class, include all. Contact CUPA or PA for guidance.
211. HAZARDOUS MATERIAL TYPE Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.
212. RADIOACTIVE Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES If the material is radioactive, report the activity in curies; use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES Check all categories that describe the physical and health hazards associated with the hazardous material. **Fire**: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers.  
**Pressure Release**: Explosives, Compressed Gases, and Blasting Agents.  
**Acute Health (Immediate)**: Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short term exposure.  
**Reactive**: Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive.  
**Chronic Health (Delayed)**: Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.
217. AVERAGE DAILY AMOUNT Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of the material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
221. UNITS Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons.  
NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER Check all boxes that describe the type of storage containers in which the hazardous material is stored.  
NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 - 5 in boxes 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 - 5 in boxes 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355. (Report components 2 - 5 in boxes 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION Contact your local agency about if they require additional hazardous materials inventory information.

# UNIFIED PROGRAM (UP) FORM

## HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

ADD     
  DELETE     
  REVISE     
 REPORTING YEAR 200 Page of

### I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3	
CHEMICAL LOCATION <span style="float: right;">201</span>					SUB LOCATION <span style="float: right;">199</span>			CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="float: right;">202</span>			
FACILITY ID #										204	
MAP# (optional) <span style="float: right;">203</span>							GRID# (optional)				

### II. CHEMICAL INFORMATION

CHEMICAL NAME <span style="float: right;">205</span>					TRADE SECRET <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">206</span>				
If Subject to EPCRA, refer to instructions									
COMMON NAME <span style="float: right;">207</span>					EHS* <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">208</span>			RS* <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">246a</span>	
CAS# <span style="float: right;">209</span>					*If EHS or RS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <span style="float: right;">210</span>									
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE <span style="float: right;">211</span>					RADIOACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">212</span>			CURIES <span style="float: right;">213</span>	
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS <span style="float: right;">214</span>					LARGEST CONTAINER <span style="float: right;">215</span>				
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH <span style="float: right;">216</span>									
AVERAGE DAILY AMOUNT <span style="float: right;">217</span>			MAXIMUM DAILY AMOUNT <span style="float: right;">218</span>			ANNUAL WASTE AMOUNT <span style="float: right;">219</span>		STATE WASTE CODE <span style="float: right;">220</span>	
UNITS* (Check one item only) <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <span style="float: right;">221</span>							DAYS ON SITE: <span style="float: right;">222</span>		
* If EHS, amount must be in pounds.									
STORAGE CONTAINER									
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		<input type="checkbox"/> q. RAIL CAR	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		<input type="checkbox"/> r. OTHER	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN			
<input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <span style="float: right;">224</span>									
STORAGE TEMPERATURE <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC <span style="float: right;">225</span>									

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS <span style="font-size: small;">246b</span>	CAS #
1	<span style="float: right;">226</span>	<span style="float: right;">227</span>	<input type="checkbox"/> Yes <span style="float: right;">228</span>	<input type="checkbox"/> Yes	<span style="float: right;">229</span>
2	<span style="float: right;">230</span>	<span style="float: right;">231</span>	<input type="checkbox"/> Yes <span style="float: right;">232</span>	<input type="checkbox"/> Yes	<span style="float: right;">233</span>
3	<span style="float: right;">234</span>	<span style="float: right;">235</span>	<input type="checkbox"/> Yes <span style="float: right;">236</span>	<input type="checkbox"/> Yes	<span style="float: right;">237</span>
4	<span style="float: right;">238</span>	<span style="float: right;">239</span>	<input type="checkbox"/> Yes <span style="float: right;">240</span>	<input type="checkbox"/> Yes	<span style="float: right;">241</span>
5	<span style="float: right;">242</span>	<span style="float: right;">243</span>	<input type="checkbox"/> Yes <span style="float: right;">244</span>	<input type="checkbox"/> Yes	<span style="float: right;">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here  
 (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

<b>OFFICIAL USE ONLY</b>				DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

**UNIFIED PROGRAM (UP) FORM**  
**CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION**

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED REGULATED SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

REASON FORM IS BEING SUBMITTED: <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/> DE-REGISTRATION <input type="checkbox"/> WITHDRAWAL					247
BUSINESS NAME					3
FACILITY ID#    1		USEPA FACILITY ID #    2		PROGRAM LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
NAME OF CORPORATE PARENT COMPANY    246d				DUN & BRADSTREET    106	
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)			TITLE		E-MAIL ADDRESS (Optional)    246e
PARENT COMPANY E-MAIL ADDRESS (Optional)    246f			COMPANY HOMEPAGE ADDRESS (Optional)    246g		
NAME OF RMP PREPARER				PHONE NUMBER    246h	
RMP PREPARER MAILING ADDRESS    246i				PHONE NUMBER FOR PUBLIC INQUIRIES (Optional)    246j	
LATITUDE    246k		LONGITUDE    246l		METHOD USED TO OBTAIN LATITUDE AND LONGITUDE    246m	
LOCATION DESCRIPTION    246n			NUMBER OF EMPLOYEES    246o		PROCESS NAICS    107a
LEPC COMMITTEE (Optional)    246p			OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional)		246q
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? YES <input type="checkbox"/> NO <input type="checkbox"/> 208			DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO    246r		PERMIT NO.    246s
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ? <input type="checkbox"/> YES <input type="checkbox"/> NO    246t			LAST SAFETY INSPECTION DATE		AGENCY    246u
CHEMICAL NAME				CAS#    205	
MAXIMUM DAILY AMOUNT				UNITS IN POUNDS    218a	
PROCESS DESCRIPTION					246v
PRINCIPAL EQUIPMENT					246w
<b>CERTIFICATION</b>					
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.					
OWNER/OPERATOR NAME    246x				OWNER/OPERATOR TITLE    246y	
OWNER/OPERATOR SIGNATURE				DATE    246z	

**UNIFIED PROGRAM (UP) FORM**  
**CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION**

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED REGULATED SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

REASON FORM IS BEING SUBMITTED: <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/> DE-REGISTRATION <input type="checkbox"/> WITHDRAWAL					247
BUSINESS NAME					3
FACILITY ID#      1		USEPA FACILITY ID #      2		PROGRAM LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
NAME OF CORPORATE PARENT COMPANY      246d				DUN & BRADSTREET      106	
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)			TITLE		E-MAIL ADDRESS (Optional)
PARENT COMPANY E-MAIL ADDRESS (Optional)      246f			COMPANY HOMEPAGE ADDRESS (Optional)      246g		
NAME OF RMP PREPARER			PHONE NUMBER      246h		
RMP PREPARER MAILING ADDRESS      246i			PHONE NUMBER FOR PUBLIC INQUIRIES (Optional)      246j		
LATITUDE      246k		LONGITUDE      246l		METHOD USED TO OBTAIN LATITUDE AND LONGITUDE      246m	
LOCATION DESCRIPTION      246n			NUMBER OF EMPLOYEES      246o		PROCESS NAICS      107a
LEPC COMMITTEE (Optional)      246p			OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional)      246q		
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? <input type="checkbox"/> YES <input type="checkbox"/> NO      208			DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO      246r		PERMIT NO.      246s
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ? <input type="checkbox"/> YES <input type="checkbox"/> NO      246t			LAST SAFETY INSPECTION DATE      AGENCY      246u		
CHEMICAL NAME      205				CAS#      209	
MAXIMUM DAILY AMOUNT      218a				UNITS IN POUNDS      221	
PROCESS DESCRIPTION      246v					
PRINCIPAL EQUIPMENT      246w					

**CERTIFICATION**

**I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.**

OWNER/OPERATOR NAME      246x			OWNER/OPERATOR TITLE      246y		
OWNER/OPERATOR SIGNATURE			DATE		246z
<b>OFFICIAL USE ONLY</b>		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA
PA					

## CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

This page is to be completed for a Stationary Source that handles a Regulated Substance (RS) in a process at or above the threshold quantity. Regulated Substances (including Federal and State Listed Regulated Substances) must be registered for the purpose of complying with the California Accidental Release Prevention (Cal ARP) program. The owner or operator shall complete a Hazardous Materials Inventory – Chemical Description page and a Regulated Substance Registration for each Regulated Substance per process. Contact your local agency (CUPA or PA) for any additional assistance.

**Note: A list of Federal and State Regulated Substances is attached for your reference.**

1. FACILITY ID NUMBER This number is assigned by the CUPA. This unique number identifies your facility.
2. EPA ID NUMBER Enter your facility's 12-character EPA identification number issued by the USEPA.
3. BUSINESS NAME Enter the full legal name of the business.
106. DUN & BRADSTREET Enter the Dun and Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun and Bradstreet number allows your business to be cross-referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact Dun and Bradstreet at (610) 882-7748 or via the internet at www.dnb.com.
- 107a. PROCESS NAICS CODE Enter the specific *North American Industry Classification System Code* for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.
205. **CHEMICAL NAME** Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).
208. EPCRA SECTION 355 Check "Yes" if the stationary source is subject to Part 355 of Title 40 of CFR.
209. CAS # Enter the Chemical Abstract Service number for the hazardous material.
- 218a. MAXIMUM DAILY AMOUNT Enter the maximum amount of hazardous material or mixture containing a hazardous material which is handled in the process at any one time over the course of the year.
221. UNITS IN POUNDS Leave this box blank. Note: All Regulated Substances must be reported in pounds to two significant digits.
- 246c. PROGRAM LEVEL Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies.
- 246d. NAME OF CORPORATE PARENT COMPANY Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.
- 246e. PERSON RESPONSIBLE FOR RMP Enter name, title and (optional) e-mail address of the person designated as responsible for the RMP.
- 246f. PARENT COMPANY E-MAIL ADDRESS (Optional) Enter the e-mail address of the parent company (optional information).
- 246g. COMPANY HOMEPAGE ADDRESS (Optional) Enter the web address of the company (optional information).
- 246h. NAME / PHONE NUMBER OF RMP PREPARER Enter the contractor's name and phone number who prepared the RMP (if any).
- 246i. RMP PREPARER MAILING ADDRESS Enter the mailing address of the contractor that prepared the RMP (if any).
- 246j. PHONE NUMBER FOR PUBLIC INQUIRIES (Optional) Enter a phone number that the public may call if they have questions about your facility or your RMP (optional information).
- 246k. LATITUDE Enter the degrees of latitude where the chemical process is located. The latitude of your facility can be determined in several ways, including through the use of U.S. Geological Survey (USGS), global positioning system (GPS) receivers, and web-based siting tools. Latitude is the degrees north or south of the equator. Latitude is measured in degrees, minutes, and seconds. We recommend the use of USGS topographical quadrangle maps to make this determination. When using USGS, the valid latitudes for LA County range from 33°17'53N to 34°49'14N. Be sure the latitude fits this range.
- 246l. LONGITUDE Enter the degrees of longitude where the chemical process is located. The longitude of your facility can be determined in several ways, including through the use of USGS, GPS receivers, and web-based siting tools. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of USGS topographical quadrangle maps to make this determination. When using USGS, the valid longitudes for LA County range from 117°38'39W to 118°56'39W. Be sure the longitude fits this range.
- 246m. METHOD USED TO OBTAIN LATITUDE AND LONGITUDE Source of latitude and longitude information.
- 246n. LOCATION DESCRIPTION A description of location that latitude and longitude represent.
- 246o. NUMBER OF EMPLOYEES The number of full time employees at the stationary source.
- 246p. LEPC COMMITTEE (Optional) Enter the Local Emergency Planning Committee to which the facility belongs (optional information).
- 246q. OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional) Enter whether you participate in this OSHA program and the status of your facility (optional information). Program levels are Star, Merit, or Star Demonstration.
- 246r. CAA TITLE V State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, "yes" or "no."
- 246s. PERMIT NUMBER If you have a Title V operating permit, enter the permit number.
- 246t. OSHA PSM The OSHA Process Safety Management Standard, codified at 29 CFR 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental releases of hazardous substances. *Note:* This question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a Regulated Substance. Answer the question either "yes" or "no."
- 246u. LAST SAFETY INSPECTION Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Dept., etc..) that performed the inspection.
- 246v. PROCESS DESCRIPTION Describe the *process* and/or operations involved in the use, treatment, storage, production, disposal or otherwise handling of the regulated substances (include process pressures and temperature, and whether it is a raw material or an intermediate). *Note:* Any group of interconnected vessels or separate vessels, located such that a regulated substance could be involved in a potential release, is considered a single process.
- 246w. PRINCIPAL EQUIPMENT List the equipment and/or components used in the process involving the Regulated Substance.
- 246x. NAME OF OWNER / OPERATOR The full name of the owner/operator who signed the registration page.
- 246y. TITLE Enter the title of the person signing the page.
- 246z. DATE Enter the date the page was signed.
247. REASON FORM IS BEING SUBMITTED Check "Update" box if the RMP is submitted for 5-year update, process change that requires a revised PHA or hazard review or any reasons discussed in 19 CCR 2745.10; check "Correction" box if there is change or error in administrative information, a new accident history information, or change in emergency contact information; check "De-registration" box if the facility is no longer subject to the CalARP Program; check "Withdrawal" box if the facility was erroneously considered subject to the CalARP Program.

## CaIARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis	CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Acetaldehyde	75-07-0	10,000	g	Crotonaldehyde (2-Butenal)	4170-30-3	1,000	b
* Acetone Cyanohydrin	75-86-5	1,000		Cyanogen (Ethanedinitrile)	460-19-5	10,000	f
Acetone Thiosemicarbazide	1752-30-3	1,000/10,000 <sup>1</sup>		Cyanogen Bromide	506-68-3	500/10,000 <sup>1</sup>	
Acetylene (Ethyne)	74-86-2	10,000	f	Cyanogen Chloride	506-77-4	10,000	c
Acrolein (2-Propenal)	107-02-8	500	b	Cyanogen Iodide	506-78-5	1,000/10,000 <sup>1</sup>	
Acrylamide	79-06-1	1,000/10,000 <sup>1</sup>		Cyanuric Fluoride	675-14-9	100	
Acrylonitrile (2-Propenenitrile)	107-13-1	10,000	b	Cycloheximide	66-81-9	100/10,000 <sup>1</sup>	
Acrylyl Chloride (2-Propenoyl Chloride)	814-68-6	100	b	Cyclohexylamine (Cyclohexanamine)	108-91-8	10,000	b
Aldicarb	116-06-3	100/10,000 <sup>1</sup>		Cyclopropane	75-19-4	10,000	f
Aldrin	309-00-2	500/10,000 <sup>1</sup>		Decaborane (14)	17702-41-9	500/10,000 <sup>1</sup>	
Allyl Alcohol (2-Propen-1-ol)	107-18-6	1,000	b	Dialfor	10311-84-9	100/10,000 <sup>1</sup>	
Allylamine (2-Propen-1-Amine)	107-11-9	500	b	Diborane	19287-45-7	100	b
Aluminum Phosphide	20859-73-8	500		Dichlorosilane (Silane, Dichloro-)	4109-96-0	10,000	f
Aminopterin	54-62-6	500/10,000 <sup>1</sup>		* Diepoxybutane	1464-53-5	500	
Amiton Oxalate	3734-97-2	100/10,000 <sup>1</sup>		Diffluoroethane (Ethane, 1,1-Difluoro-)	75-37-6	10,000	f
Ammonia, Anhydrous <sup>2</sup>	7664-41-7	500	a,b	Digitoxin	71-63-6	100/10,000 <sup>1</sup>	
Ammonia, Aqueous	7664-41-7	500	a,b	Digoxin	20830-75-5	10/10,000 <sup>1</sup>	
* Aniline	62-53-3	1,000		Dimethoate	60-51-5	500/10,000 <sup>1</sup>	
Antimycin A	1397-94-0	1,000/10,000 <sup>1</sup>		Dimethyl-p-Phenylenediamine	99-98-9	10/10,000 <sup>1</sup>	
ANTU (1-Naphthalenylthiourea)	86-88-4	500/10,000 <sup>1</sup>		* Dimethyl Sulfate	77-78-1	500	
Arsenic Pentoxide	1303-28-2	100/10,000 <sup>1</sup>		Dimethylamine (Methanamine, N-Methyl-)	124-40-3	10,000	f
Arsenous Oxide (Arsenic Trioxide)	1327-53-3	100/10,000 <sup>1</sup>		Dimethyldichlorosilane	75-78-5	500	b
Arsenous Trichloride	7784-34-1	500	b	Dimethylhydrazine (1,1-Dimethylhydrazine)	57-14-7	1,000	b
Arsine (Arsenic Hydride)	7784-42-1	100	b	2,2-Dimethylpropane (Propane, 2,2-Dimethyl-)	463-82-1	10,000	f
Azinphos-Ethyl	2642-71-9	100/10,000 <sup>1</sup>		Dimetilan	644-64-4	500/10,000 <sup>1</sup>	
Azinphos-Methyl [Guthion]	86-50-0	10/10,000 <sup>1</sup>		Dinitrocresol (4,6-Dinitro-o-Cresol)	534-52-1	10/10,000 <sup>1</sup>	
Benzene, 1-(Chloromethyl)-4-Nitro-	100-14-1	500/10,000 <sup>1</sup>		Dinoseb	88-85-7	100/10,000 <sup>1</sup>	
Benzenearsonic Acid	98-05-5	10/10,000 <sup>1</sup>		Dinoterb	1420-07-1	500/10,000 <sup>1</sup>	
Benzimidazole, 4,5-Dichloro-2-(Trifluoromethyl)	3615-21-2	500/10,000 <sup>1</sup>		Diphacinone	82-66-6	10/10,000 <sup>1</sup>	
* Benzotrichloride (Benzoictrichloride)	98-07-7	100		* Disulfoton	298-04-4	500	
Bicyclo(2.2.1) Heptane-2-Carbonitrile, 5-Chloro-6-(((Methylamino)Carbonyl)Oxy)Imino-, (1s-(1-alpha, 2-beta, 4-alpha, 5-alpha, 6E))-	15271-41-7	500/10,000 <sup>1</sup>		Dithiazanine Iodide	514-73-8	500/10,000 <sup>1</sup>	
Bis(Chloromethyl) Ketone	534-07-6	10/10,000 <sup>1</sup>		Dithiobiuret	541-53-7	100/10,000 <sup>1</sup>	
Bitoscanate	4044-65-9	500/10,000 <sup>1</sup>		Emetite, Dihydrochloride	316-42-7	1/10,000 <sup>1</sup>	
Boron Trichloride (Trichloroborane)	10294-34-5	500	b	Endosulfan	115-29-7	10/10,000 <sup>1</sup>	
Boron Trifluoride (Trifluoroborane)	7637-07-2	500	b	Endothion	2778-04-3	500/10,000 <sup>1</sup>	
Boron Trifluoride Compound w/Methyl Ether(1:1) (Boron, Trifluoro (Oxybis (Metane))),T-4-	353-42-4	1,000	b	Endrin	72-20-8	500/10,000 <sup>1</sup>	
Bromadiolone	28772-56-7	100/10,000 <sup>1</sup>		Epichlorohydrin ((Chloromethyl) Oxirane)	106-89-8	1,000	b
Bromine	7726-95-6	500	a,b	EPN (Phenylphosphonothioic Acid o-Ethyl-(4-Nitrophenyl) Ester)	2104-64-5	100/10,000 <sup>1</sup>	
Bromotrifluoroethylene (Ethene, Bromotrifluoro-)	598-73-2	10,000	f	Ergocalciferol	50-14-6	1,000/10,000 <sup>1</sup>	
1,3-Butadiene	106-99-0	10,000	f	Ergotamine Tartrate	379-79-3	500/10,000 <sup>1</sup>	
Butane	106-97-8	10,000	f	Ethane	74-84-0	10,000	f
Butene	25167-67-3	10,000	f	Ethyl Acetylene (1-Butyne)	107-00-6	10,000	f
1-Butene	106-98-9	10,000	f	Ethyl Chloride (Ethane, Chloro-)	75-00-3	10,000	f
2-Butene	107-01-7	10,000	f	Ethyl Ether (Ethane, 1,1'-Oxybis-)	60-29-7	10,000	g
2-Butene-cis	590-18-1	10,000	f	Ethyl Mercaptan (Ethanethiol)	75-08-1	10,000	g
2-Butene-trans (2-Butene, (E))	624-64-6	10,000	f	Ethyl Nitrite (Nitrous Acid, Ethyl Ester)	109-95-5	10,000	f
Cadmium Oxide	1306-19-0	100/10,000 <sup>1</sup>		Ethylamine (Ethanamine)	75-04-7	10,000	f
Cadmium Stearate	2223-93-0	1,000/10,000 <sup>1</sup>		Ethylene (Ethene)	74-85-1	10,000	f
Calcium Arsenate	7778-44-1	500/10,000 <sup>1</sup>		Ethylene Fluorohydrin	371-62-0	10	
Camphechlor	8001-35-2	500/10,000 <sup>1</sup>		Ethylene Oxide (Oxirane)	75-21-8	1,000	a,b
Cantharidin	56-25-7	100/10,000 <sup>1</sup>		Ethylenediamine (1,2-Ethanediamine)	107-15-3	10,000	b
Carbachol Chloride	51-83-2	500/10,000 <sup>1</sup>		Ethylenimine (Aziridine)	151-56-4	500	b
Carbamic Acid, Methyl-,o-(((2,4-Dimethyl-1,3-Dithiolan-2-YL) Methylene)Amino)-	26419-73-8	100/10,000 <sup>1</sup>		Fenamiphos	22224-92-6	10/10,000 <sup>1</sup>	
Carbofuran	1563-66-2	10/10,000 <sup>1</sup>		Fluonitil	4301-50-2	100/10,000 <sup>1</sup>	
Carbon Disulfide	75-15-0	10,000	b	Fluorine	7782-41-4	500	b
Carbon Oxy sulfide (Carbon Oxide Sulfide (COS))	463-58-1	10,000	f	Fluoroacetamide	640-19-7	100/10,000 <sup>1</sup>	
Chlorine	7782-50-5	100	a,b	Fluoroacetic Acid	144-49-0	10/10,000 <sup>1</sup>	
Chlorine Dioxide (Chlorine Oxide (ClO2))	10049-04-4	1,000	c	Fluoroacetyl Chloride	359-06-8	10	
Chlorine Monoxide (Chlorine Oxide)	7791-21-1	10,000	f	Fluorouracil	51-21-8	500/10,000 <sup>1</sup>	
Chlormequat Chloride	999-81-5	100/10,000 <sup>1</sup>		Formaldehyde <sup>2</sup>	50-00-0	500	b
Chloroacetic Acid	79-11-8	100/10,000 <sup>1</sup>		Formetate Hydrochloride	23422-53-9	500/10,000 <sup>1</sup>	
Chloroform (Methane, trichloro-)	67-66-3	10,000	b	Formparanate	17702-57-7	100/10,000 <sup>1</sup>	
Chloromethyl Ether (Methane,Oxybis(chloro-)	542-88-1	100	b	Fuberidazole	3878-19-1	100/10,000 <sup>1</sup>	
Chloromethyl Methyl Ether (Chloromethoxymethane)	107-30-2	100	b	Furan	110-00-9	500	b
Chlorophacinone	3691-35-8	100/10,000 <sup>1</sup>		Gallium Trichloride	13450-90-3	500/10,000	
1-Chloropropylene (1-Propene, 1-Chloro-)	590-21-6	10,000	g	Hydrazine	302-01-2	1,000	b
2-Chloropropylene (1-Propene, 2-Chloro-)	557-98-2	10,000	g	Hydrochloric Acid (conc 37% or greater)	7647-01-0	15,000	d
Chloroxuron	1982-47-4	500/10,000 <sup>1</sup>		Hydrocyanic Acid	74-90-8	100	a,b
Chromic Chloride	10025-73-7	1/10,000 <sup>1</sup>		Hydrogen	1333-74-0	10,000	f
Cobalt,((2,2'-(1,2-Ethanediybis(Nitrilomethylidene)))	62207-76-5	100/10,000 <sup>1</sup>		Hydrogen Chloride,(Gas)	7647-01-0	500	a
Bis(6-Fluorophenolato)(2-)-N,N',O,O')-	10210-68-1	10/10,000 <sup>1</sup>		Hydrogen Cyanide (Hydrocyanic Acid), (Gas)	74-90-8	100	
Cobalt Carbonyl	64-86-8	10/10,000 <sup>1</sup>		Hydrogen Fluoride/Hydrofluoric Acid (Hydrofluoric Acid)	7664-39-3	100	a,b
Colchicine	56-72-4	100/10,000 <sup>1</sup>		Hydrogen Selenide	7783-07-5	10	b
Coumaphos	5836-29-3	500/10,000 <sup>1</sup>		Hydrogen Sulfide	7783-06-4	500	a,b
Coumatetralyl	95-48-7	1,000/10,000 <sup>1</sup>		* Hydroquinone <sup>4</sup>	123-31-9	500/10,000 <sup>1</sup>	
o-Cresol	535-89-7	100/10,000 <sup>1</sup>		Iron, Pentacarbonyl-(Iron Carbonyl (Fe(CO)5, (TB-5-11)-)	13463-40-6	100	b
Crimidine	123-73-9	1,000	b	Isobenzan	297-78-9	100/10,000 <sup>1</sup>	
Crotonaldehyde ((E)-(2-Butenal,(E))-)				Isobutane (Propane, 2-Methyl)	75-28-5	10,000	f

# CalARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis	CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Isobutyronitrile (2-Methylpropanenitrile)	78-82-0	1,000	b	Phenylhydrazine Hydrochloride	59-88-1	1,000/10,000 <sup>1</sup>	
Isocyanic Acid,3,4-Dichlorophenyl Ester	102-36-3	500/10,000 <sup>1</sup>		Phenylmercury Acetate	62-38-4	500/10,000 <sup>1</sup>	
Isodrin	465-73-6	100/10,000 <sup>1</sup>		Phenylsilatrane	2097-19-0	100/10,000 <sup>1</sup>	
Isopentane (Butane, 2-Methyl-)	78-78-4	10,000	g	Phenylthiourea	103-85-5	100/10,000 <sup>1</sup>	
Isophorone Diisocyanate	4098-71-9	100		* Phorate	298-02-2	10	
Isoprene (1,3-Butadiene, 2-Methyl-)	78-79-5	10,000	g	Phosacetim	4104-14-7	100/10,000 <sup>1</sup>	
Isopropyl Chloride (Propane, 2-Chloro-)	75-29-6	10,000	g	Phosfolan	947-02-4	100/10,000 <sup>1</sup>	
Isopropyl Chloroformate (Carbonochloridic Acid, 1-Methylethyl Ester)	108-23-6	1,000	b	Phosgene (Carbonyl Chloride)			
Isopropylamine (2-Propanamine)	75-31-0	10,000	g	(Carbonic Dichloride)	75-44-5	10	a,b
Leptophos	21609-90-5	500/10,000 <sup>1</sup>		Phosmet	732-11-6	10/10,000 <sup>1</sup>	
* Lewisite (Chlorovinylarsine Dichloride)	541-25-3	10		Phosphine (Hydrogen Phosphide)	7803-51-2	500	b
Lindane	58-89-9	1,000/10,000 <sup>1</sup>		* Phosphonothioic Acid, Methyl-S-(2-(Bis (1-Methylethyl)Amino)Ethyl) O-Ethyl Ester	50782-69-9	100	
Lithium Hydride	7580-67-8	100		Phosphorus	7723-14-0	100	
Malononitrile	109-77-3	500/10,000 <sup>1</sup>		Phosphorus Oxychloride	10025-87-3	500	b
* Manganese,Tricarbonyl				Phosphorus Pentachloride	10026-13-8	500	
Methylcyclopentadienyl	12108-13-3100			Phosphorus Trichloride	7719-12-2	1,000	b
Mercuric Acetate	1600-27-7	500/10,000 <sup>1</sup>		Physostigmine	57-47-6	100/10,000 <sup>1</sup>	
Mercuric Chloride	7487-94-7	500/10,000 <sup>1</sup>		Physostigmine, Salicylate (1:1)	57-64-7	100/10,000 <sup>1</sup>	
Mercuric Oxide	21908-53-2	500/10,000 <sup>1</sup>		Picrotoxin	124-87-8	500/10,000 <sup>1</sup>	
Methacrylonitrile (Methylacrylonitrile)				Piperidine	110-89-4	1,000	b
(2-Methyl-2-Propenenitrile)	126-98-7	500	b	Potassium Arsenite	10124-50-2	500/10,000 <sup>1</sup>	
Methacryloyl Chloride	920-46-7	100		Potassium Cyanide	151-50-8	100	
Methacryloyloxyethyl Isocyanate	30674-80-7	100		Potassium Silver Cyanide	506-61-6	500	
Methamidophos	10265-92-6	100/10,000 <sup>1</sup>		Promecarb	2631-37-0	500/10,000 <sup>1</sup>	
Methane	74-82-8	10,000	f	Propadiene (1,2-Propadiene)	463-49-0	10,000	f
Methanesulfonyl Fluoride	558-25-8	1,000		Propane	74-98-6	10,000	f
Methidathion	950-37-8	500/10,000 <sup>1</sup>		* Propargyl Bromide (3-Bromopropyne)	106-96-7	10	
Methiocarb (Mercaptodimethur)	2032-65-7	500/10,000 <sup>1</sup>		* beta-Propiolactone	57-57-8	500	
Methylol	16752-77-5	500/10,000 <sup>1</sup>		Propionitrile (Propanenitrile)(Ethyl Cyanide)	107-12-0	500	b
Methoxyethylmercuric Acetate	151-38-2	500/10,000 <sup>1</sup>		Propiophenone, 4'-Amino-	70-69-9	100/10,000 <sup>1</sup>	
2-Methyl-1-Butene	563-46-2	10,000	g	Propyl Chloroformate			
3-Methyl-1-Butene	563-45-1	10,000	f	(Carbonochloridic Acid, Propylester)	109-61-5	500	b
Methyl 2-Chloroacrylate	80-63-7	500		Propylene (1-Propene)	115-07-1	10,000	f
Methyl Bromide (Bromomethane)	74-83-9	1,000		Propylene Oxide (Methyloxirane)	75-56-9	10,000	b
Methyl Chloride (Methane, Chloro-)	74-87-3	10,000	a	Propyleneimine (2-Methylaziridine)	75-55-8	10,000	b
Methyl Chloroformate				Propyne (1-Propyne)	74-99-7	10,000	f
(Carbonochloridic Acid, Methyl Ester)	79-22-1	500		Prothoate	2275-18-5	100/10,000 <sup>1</sup>	
Methyl Ether (Methane, Oxybis-)	115-10-6	10,000	b	Pyrene	129-00-0	1,000/10,000 <sup>1</sup>	
Methyl Formate (Formic Acid, Methyl Ester)	107-31-3	10,000	f	Pyridine, 4-Amino-	504-24-5	500/10,000 <sup>1</sup>	
Methyl Hydrazine	60-34-4	500	g	Pyridine, 4-Nitro-, 1-Oxide	1124-33-0	500/10,000 <sup>1</sup>	
Methyl Isocyanate (Isocyanatomethane)	624-83-9	500	a,b	Pyriminil	53558-25-1	100/10,000 <sup>1</sup>	
Methyl Isothiocyanate	556-61-6	500		Salcomine	14167-18-1	500/10,000 <sup>1</sup>	
Methyl Mercaptan (Methanethiol) (Thiomethanol)	74-93-1	500	b	* Sarin	107-44-8	10	
Methyl Parathion (Parathion Methyl)	298-00-0	100/10,000 <sup>1</sup>		Selenious Acid	7783-00-8	1,000/10,000 <sup>1</sup>	
Methyl Phosphonic Dichloride	676-97-1	100		Semicarbazide Hydrochloride	563-41-7	1,000/10,000 <sup>1</sup>	
Methyl Thiocyanate (Thiocyanic Acid, Methyl Ester)	556-64-9	10,000	b	Silane	7803-62-5	10,000	f
Methyl Vinyl Ketone	78-94-4	10		Sodium Arsenate	7631-89-2	1,000/10,000 <sup>1</sup>	
Methylamine (Methanamine)	74-89-5	10,000	f	Sodium Arsenite	7784-46-5	500/10,000 <sup>1</sup>	
Methylmercuric Dicyanamide	502-39-6	500/10,000 <sup>1</sup>		Sodium Azide (Na (N <sub>3</sub> ))	26628-22-8	500	
2-Methylpropene (1-Propene, 2-Methyl-)	115-11-7	10,000	f	Sodium Cacodylate	124-65-2	100/10,000 <sup>1</sup>	
Methyltrichlorosilane (Trichloromethylsilane)	75-79-6	500	b	Sodium Cyanide (Na (CN))	143-33-9	100	
Metolcarb	1129-41-5	100/10,000 <sup>1</sup>		Sodium Fluoroacetate	62-74-8	10/10,000 <sup>1</sup>	
Mexacarbonate	315-18-4	500/10,000 <sup>1</sup>		Sodium Selenate	13410-01-0	100/10,000 <sup>1</sup>	
Mitomycin C	50-07-7	500/10,000 <sup>1</sup>		Sodium Selenite	10102-18-8	100/10,000 <sup>1</sup>	
Monocrotophos	6923-22-4	10/10,000 <sup>1</sup>		Sodium Tellurite	10102-20-2	500/10,000 <sup>1</sup>	
Muscimol (5-(Aminomethyl)-3-Isoxazolol)	2763-96-4	500/10,000 <sup>1</sup>		Stannane, Acetoxytriphenyl-	900-95-8	500/10,000 <sup>1</sup>	
* Mustard Gas (2,2'- Dichloroethyl Sulfide)	505-60-2	500		Strychnine	57-24-9	100/10,000 <sup>1</sup>	
Nickel Carbonyl (Nickel Tetracarbonyl)	13463-39-3	1	b	Strychnine, Sulfate	60-41-3	100/10,000 <sup>1</sup>	
Nicotine Sulfate	65-30-5	100/10,000 <sup>1</sup>		Sulfur Dioxide (Anhydrous)	7446-09-5	500	a,b
Nitric Acid	7697-37-2	1,000	b	Sulfur Tetrafluoride	7783-60-0	100	b
Nitric Oxide (Nitrogen Monoxide (NO))	10102-43-9	100		* Sulfuric Acid <sup>3</sup>	7664-93-9	1,000	
* Nitrobenzene	98-95-3	10,000		* Tabun	77-81-6	10	
Nitrogen Dioxide	10102-44-0	100		Tellurium Hexafluoride	7783-80-4	100	
* Nitrogen Mustard (Mechlorethamine)	51-75-2	10		Tetrafluoroethylene (Ethene, Tetrafluoro-)	116-14-3	10,000	f
Norbornide	991-42-4	100/10,000 <sup>1</sup>		Tetramethyllead (Tetramethylplumbane)	75-74-1	100	b
Oleum (Fuming Sulfuric Acid) (Sulfuric Acid, mixture with Sulfur Trioxide)	8014-95-7	10,000	e	Tetramethylsilane (Silane, Tetramethyl-)	75-76-3	10,000	g
Organorhodium Complex (PMN-82-147)	MIXTURE	10/10,000 <sup>1</sup>		Tetranitromethane (Methane, Tetranitro-)	509-14-8	500	b
Ouabain	630-60-4	100/10,000 <sup>1</sup>		Thallium Sulfate	10031-59-1	100/10,000 <sup>1</sup>	
Oxamyl	23135-22-0	100/10,000 <sup>1</sup>		Thalious Carbonate (Thallium (1) Carbonate)	6533-73-9	100/10,000 <sup>1</sup>	
Ozone	10028-15-6	100		Thalious Chloride (Thallium Chloride)	7791-12-0	100/10,000 <sup>1</sup>	
Paraquat Methosulfate	2074-50-2	10/10,000 <sup>1</sup>		Thalious Malonate (Thallium Malonate)	2757-18-8	100/10,000 <sup>1</sup>	
Paraquat (Paraquat Dichloride)	1910-42-5	10/10,000 <sup>1</sup>		Thalious Sulfate	7446-18-6	100/10,000 <sup>1</sup>	
Paris Green (Cupric Acetoarsenite)	12002-03-8	500/10,000 <sup>1</sup>		Thiocarbazine	2231-57-4	1,000/10,000 <sup>1</sup>	
Pentaborane	19624-22-7	500		Thiofanox	39196-18-4	100/10,000 <sup>1</sup>	
Pentadecylamine	2570-26-5	100/10,000 <sup>1</sup>		Thiosemicarbazide	79-19-6	100/10,000 <sup>1</sup>	
1,3-Pentadiene	504-60-9	10,000	f	Thiourea, (2-Chlorophenyl)-	5344-82-1	100/10,000 <sup>1</sup>	
Pentane	109-66-0	10,000	g	Thiourea, (2-Methylphenyl)-	614-78-8	500/10,000 <sup>1</sup>	
1-Pentene	109-67-1	10,000	g	Titanium Tetrachloride	7550-45-0	100	b
2-Pentene, (E)-	646-04-8	10,000	g	Toluene-2,6-Diisocyanate			
2-Pentene, (Z)-	627-20-3	10,000	g	(1,3-Diisocyanato-2-Methylbenzene) <sup>5</sup>	91-08-7	100	a
Peracetic Acid				Toluene-2,4-Diisocyanate			
(Ethaneperoxyic Acid) (Peroxyacetic Acid)	79-21-0	500	b	(2,4-Diisocyanato-1-Methylbenzene) <sup>5</sup>	584-84-9	500	a
<b>Perchloromethylmercaptan</b>				Toluene Diisocyanate (unspecified isomer)			
(Trichloromethanesulfonyl Chloride)	594-42-3	500	b	(Benzene,1,3-Diisocyanatomethyl-) <sup>5</sup>	26471-62-5	10,000	a
Phenol	108-95-2	500/10,000 <sup>1</sup>		Triamphos	1031-47-6	500/10,000 <sup>1</sup>	
Phenol, 2,2'-Thiobis(4-Chloro-6-Methyl)	4418-66-0	100/10,000 <sup>1</sup>		Trichloro(Chloromethyl)Silane	1558-25-4	100	
Phenol, 3-(1-Methylethyl)-, Methylcarbamate)	64-00-6	500/10,000 <sup>1</sup>		Trichloro(Dichlorophenyl)Silane	27137-85-5	500	
Phenoxarsine, 10, 10' - Oxydi-	58-36-6	500/10,000 <sup>1</sup>		Trichlorosilane (Silane, Trichloro-)	10025-78-2	10,000	g
* Phenylchloroarsine				Triethoxysilane	998-30-1	500	
(Dichlorophenylarsine) (Lewisite Variant)	696-28-6	500		Trifluorochloroethylene	79-38-9	10,000	f
				Trimethylamine (Methanamine, N,N-dimethyl-)	75-50-3	10,000	f
				Trimethylchlorosilane (Chlorotrimethylsilane)	75-77-4	1,000	b
				Trimethylolpropane Phosphite	824-11-3	100/10,000 <sup>1</sup>	

## CalARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Trimethyltin Chloride	1066-45-1	500/10,000 <sup>1</sup>	
Triphenyltin Chloride	639-58-7	500/10,000 <sup>1</sup>	
* Tris(2-Chloroethyl)Amine	555-77-1	100	
Valinomycin	2001-95-8	1,000/10,000 <sup>1</sup>	
Vanadium Pentoxide	1314-62-1	100/10,000 <sup>1</sup>	
Vinyl Acetate Monomer (Vinyl Acetate) (Acetic Acid, Ethenyl Ester)	108-05-4	1,000	b
Vinyl Acetylene (1-Buten-3-Yne)	689-97-4	10,000	f
Vinyl Chloride (Ethene, Chloro-)	75-01-4	10,000	a,f
Vinyl Ethyl Ether (Ethene, Ethoxy-)	109-92-2	10,000	g
Vinyl Fluoride (Ethene, Fluoro-)	75-02-5	10,000	f
Vinyl Methyl Ether (Ethene, Methoxy-)	107-25-5	10,000	f
Vinylidene Chloride (Ethene, 1,1-Dichloro-)	75-35-4	10,000	g
Vinylidene Fluoride (Ethene, 1,1-Difluoro-)	75-38-7	10,000	f
Warfarin	81-81-2	500/10,000 <sup>1</sup>	
Warfarin Sodium (Coumadin) (Sodium salt)	129-06-6	100/10,000 <sup>1</sup>	
Xylylene Dichloride	28347-13-9	100/10,000 <sup>1</sup>	
Zinc, Dichloro(4,4-Dimethyl-5(((Methylamino) Carbonyl)Oxy)Imino)Pentanenitrile)-, (T-4)-	58270-08-9	100/10,000 <sup>1</sup>	
Zinc Phosphide	1314-84-7	500	

\* Substances delisted failing physical criteria test and relisted pursuant to health impacts.

<sup>1</sup> These extremely hazardous substances are solids. The lesser quantity listed applies only if in powdered form and with a particle size of less than 100 microns; or if handled in solution or in molten form; or the substance has an NFPA rating for reactivity of 2, 3, or 4. Otherwise, a 10,000 pound threshold applies.

<sup>2</sup> Appropriate synonyms or mixtures of regulated substances with the same CAS number are also regulated, e.g., anhydrous ammonia, formalin.

<sup>3</sup> Sulfuric acid is a State Regulated Substance only under the following conditions:

a. If concentrated with greater than 100 pounds of sulfur trioxide or the acid meets the definition of oleum. (The threshold for sulfur trioxide is 100 pounds.) (The threshold for oleum is 10,000 pounds.)

b. If in a container with flammable hydrocarbons (flash point < 73° F).

<sup>4</sup> Hydroquinone is exempt in crystalline form.

<sup>5</sup> The mixture exemption in Section 2770.2(b)(1) does not apply to the Substance.

LEGEND: Basis for Listing:

a. Mandated for listing by Congress.

b. On EHS list, vapor pressure 10 mmHg or greater.

c. Toxic gas.

d. Toxicity of hydrogen chloride, potential to release hydrogen chloride, and history of accidents.

e. Toxicity of sulfur trioxide and sulfuric acid, potential to release sulfur trioxide, and history of accidents.

f. Flammable gas.

g. Volatile flammable liquid.

### III. UNDERGROUND STORAGE TANK SECTION

*To be completed by all persons or businesses that own or operate an underground storage tank*

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**Be advised that appropriate signatures must be provided on forms.**

This section includes:

o OPERATING PERMIT APPLICATION – FACILITY INFORMATION

o OPERATING PERMIT APPLICATION – TANK INFORMATION

One tank per page. Make photocopies as necessary.

o CERTIFICATION OF INSTALLATION / MODIFICATION

o MONITORING PLAN--Complete Section II of the Consolidated Contingency Plan

o EMERGENCY RESPONSE PLAN

*Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.*

# UNIFIED PROGRAM CONSOLIDATED FORM

## UNDERGROUND STORAGE TANK

### OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION (Check one item only)  1. NEW PERMIT  5. CHANGE OF INFORMATION  7. PERMANENT FACILITY CLOSURE 400.  
 3. RENEWAL PERMIT  6. TEMPORARY FACILITY CLOSURE  9. TRANSFER PERMIT

#### I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY <sup>404.</sup> FACILITY ID # 1.  
*(Agency Use Only)*

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103. CITY 104.

FACILITY TYPE  1. MOTOR VEHICLE FUELING  2. FUEL DISTRIBUTION 403. Is the facility located on Indian Reservation 405.  
 3. FARM  4. PROCESSOR  6. OTHER or Trust lands?  Yes  No

#### II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407. PHONE 408.  
 ( )

MAILING ADDRESS 409.

CITY 410. STATE 411. ZIP CODE 412.

#### III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1. PHONE 428-2.  
 ( )

MAILING ADDRESS 428-3.

CITY 428-4. STATE 428-5. ZIP CODE 428-6.

#### IV. TANK OWNER INFORMATION

TANK OWNER NAME 414. PHONE 415.  
 ( )

MAILING ADDRESS 416.

CITY 417. STATE 418. ZIP CODE 419.

OWNER TYPE:  4. LOCAL AGENCY/DISTRICT  5. COUNTY AGENCY  6. STATE AGENCY 420.  
 7. FEDERAL AGENCY  8. NON-GOVERNMENT

#### V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 421.  
 Call the State Board of Equalization, Fuel Tax Division, if there are questions.

#### VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to:  1. FACILITY OWNER  4. TANK OPERATOR 423.  
 3. TANK OWNER  5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406.

#### VII. APPLICANT SIGNATURE

**CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.**

APPLICANT SIGNATURE DATE 424. PHONE 425.  
 ( )

APPLICANT NAME (print)

426.

APPLICANT TITLE

427

# UST Operating Permit Application – Facility Information Page 1 Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwrca)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR 2632, 2634 and 2641; and, for USTs containing petroleum, a certification of financial responsibility pursuant to 23 CCR 2807.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

- Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the address of the physical location of the facility..
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.
407. PROPERTY OWNER NAME – Complete items 407 - 412 for the property owner. Include the area code and any extension number.
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –
- 428-1. TANK OPERATOR NAME – Complete items 428-1 to 428-6 for the UST operator. Include the area code and any extension number.
- 428-2. TANK OPERATOR PHONE –
- 428-3. TANK OPERATOR MAILING ADDRESS –
- 428-4. TANK OPERATOR CITY –
- 428-5. TANK OPERATOR STATE –
- 428-6. TANK OPERATOR ZIP CODE –
414. TANK OWNER NAME – Complete items 414 - 419 for the UST owner. Include the area code and any extension number.
415. TANK OWNER PHONE –
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –
420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
- APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
  - If the UST(s) is/are owned by a corporation, partnership, or public agency:
    - 1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
    - 2.) A general partner or proprietor; or
    - 3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.
424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

# UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

## OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

TYPE OF ACTION (Check one item. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430  
 1. NEW PERMIT  3. RENEWAL PERMIT  5. CHANGE OF INFORMATION  
 6. TEMPORARY UST CLOSURE  7. UST PERMANENT CLOSURE ON SITE  8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

### I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3

BUSINESS SITE ADDRESS 103 | CITY 104

### II. TANK DESCRIPTION

TANK ID # 432 | TANK MANUFACTURER 433 | TANK CONFIGURATION: THIS TANK IS 434  
 1. A STAND-ALONE TANK  
 2. ONE IN A COMPARTMENTED UNIT .  
Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED 435 | TANK CAPACITY IN GALLONS 436 | NUMBER OF COMPARTMENTS IN THE UNIT 437

### III. TANK USE AND CONTENTS

TANK USE 439  
 1a. MOTOR VEHICLE FUELING  1b. MARINA FUELING  1c. AVIATION FUELING  
 3. CHEMICAL PRODUCT STORAGE  4. HAZARDOUS WASTE (Includes Used Oil)  5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]  
 6. OTHER GENERATOR FUEL  95. UNKNOWN  99. OTHER (Specify): 439a

CONTENTS PETROLEUM: 440  
 1a. REGULAR UNLEADED  1c. MIDGRADE UNLEADED  1b. PREMIUM UNLEADED  
 3. DIESEL  5. JET FUEL  6. AVIATION GAS  
 8. PETROLEUM BLEND FUEL  9. OTHER PETROLEUM (Specify): 440a

NON-PETROLEUM: 440b  
 7. USED OIL  10. ETHANOL  
 11. OTHER NON-PETROLEUM (Specify):

### IV. TANK CONSTRUCTION

TYPE OF TANK 443  
 1. SINGLE WALL  2. DOUBLE WALL  95. UNKNOWN

PRIMARY CONTAINMENT 444  
 1. STEEL  3. FIBERGLASS  6. INTERNAL BLADDER  
 7. STEEL + INTERNAL LINING  95. UNKNOWN  99. OTHER (Specify):

SECONDARY CONTAINMENT 445  
 1. STEEL  3. FIBERGLASS  6. EXTERIOR MEMBRANE LINER  7. JACKETED  
 90. NONE  95. UNKNOWN  99. OTHER (Specify):

OVERFILL PREVENTION 452.  
 1. AUDIBLE & VISUAL ALARMS  2. BALL FLOAT  3. FILL TUBE SHUT-OFF VALVE  
 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

### V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460  
 1. SINGLE-WALLED  2. DOUBLE-WALLED  99. OTHER

SYSTEM TYPE 458  
 1. PRESSURE  2. GRAVITY  3. CONVENTIONAL SUCTION  4. SAFE SUCTION [23 CCR §2636(a)(3)]

PRIMARY CONTAINMENT 464  
 1. STEEL  4. FIBERGLASS  8. FLEXIBLE  10. RIGID PLASTIC  
 90. NONE  95. UNKNOWN  99. OTHER(Specify):

SECONDARY CONTAINMENT 464b  
 1. STEEL  4. FIBERGLASS  8. FLEXIBLE  10. RIGID PLASTIC  
 90. NONE  95. UNKNOWN  99. OTHER (Specify):

PIPING/TURBINE CONTAINMENT SUMP TYPE 464d  
 1. SINGLE WALL  2. DOUBLE WALL  90. NONE

### VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT 464e  
 1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify) 464e1

VENT SECONDARY CONTAINMENT 464f  
 1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify)

VR SECONDARY CONTAINMENT 464h  
 1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify) 464h1

VENT PIPING TRANSITION SUMP TYPE 464i.  
 1. SINGLE WALL  2. DOUBLE WALL  90. NONE

RISER PRIMARY CONTAINMENT 464j  
 1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify)

RISER SECONDARY CONTAINMENT 464k  
 1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify) 464k1

FILL COMPONENTS INSTALLED 451a-c  
 1. SPILL BUCKET  3. STRIKER PLATE/BOTTOM PROTECTOR  4. CONTAINMENT SUMP

### VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 469a  
 1. SINGLE WALL  2. DOUBLE WALL  3. NO DISPENSERS  90. NONE

CONSTRUCTION MATERIAL 469b-c  
 1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  99. OTHER (Specify)

### VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 448.  
 2. SACRIFICIAL ANODE(S)  4. IMPRESSED CURRENT  6. ISOLATION

### IX. APPLICANT SIGNATURE

**CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.**

APPLICANT SIGNATURE DATE 470.

APPLICANT NAME (print) 471. | APPLICANT TITLE 472.

**UST Operating Permit Application – Tank Information Instructions**  
(Formerly SWRCB Permit Application Form B and UPCF Form hwfwr-c-b)

Complete a separate form of each UST or compartment for new permits, permit changes, and changes in system information. Submit this form within 30 days of any changes to the permit or system information, unless exempted from your local agency. For a UST permanent closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
- 430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
- 430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address for the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # – The state tank identification number is the unique identifier for the tank.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. TANK CONFIGURATION. Check the appropriate box for a stand-alone tank or one in a compartmented unit.
435. DATE UST SYSTEM INSTALLED – Enter the date of initial tank system installation and approval by the local agency, otherwise leave blank.
436. TANK CAPACITY IN GALLONS: For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF COMPARTMENTS IN THE UNIT: Enter the total number of compartments in the unit.
439. TANK USE – Check the type of tank usage.
- 439a. If you checked "Other" specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
- 440a. If you checked "Other Petroleum" specify the common name written on Form 2371—Hazardous Materials Inventory Chemical Description.
- 440b. If you checked "Other" Non-petroleum, specify the common name written on Form 2371—Hazardous Materials Inventory Chemical Description.
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
- 444a. If you checked "Other" specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).
- 445a. If you checked "Other" specify the type of secondary containment in the space provided.
452. OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overflow protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Visit CCR at [www.calregs.com](http://www.calregs.com).
460. PIPING CONSTRUCTION-Indicate if the piping is single-walled or double-walled, or "other".
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
- 464a. If you checked "Other" specify the type of primary containment in the space provided.
- 464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."
- 464c. If you checked "Other" specify the type of secondary containment in the space provided.
- 464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
- 464e-e1 VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464f-f1 VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464g-g1 VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.
- 464h-h1 VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
- 464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "None" if not present.
- 464j-j1 RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.
- 464k-k1 RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.
- 451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
- 469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None."
- 469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
- 469c. If you checked "Other" specify the construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.
- APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Information Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.
470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.



## UST Certification of Installation / Modification Form Instructions

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. (Note: Numbering of these instructions follows the UPCF data element numbers on the Certification form.)

1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- 482a. NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the name of the contractor who performed the work as registered with the Contractors State License Board (CSLB).
- 482b. CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at [www.cslb.ca.gov](http://www.cslb.ca.gov)).
- 482c. ICC CERTIFICATION # – Enter the International Code Council (ICC) “UST Installation/Retrofitting” certification number possessed by the contractor.
- 483a. TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).
- 483b. WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the local agency, or if no permit number, the date the permit or project approval was issued for the work being certified.
- 483c. DESCRIPTION OF WORK BEING CERTIFIED – In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., “Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.”).

**SIGNATURE OF TANK OWNER OR OWNER’S AGENT** – The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

484. DATE CERTIFIED – Enter the date the form was signed.
485. CERTIFIER’S NAME – Enter the full printed name of the person signing the form.
486. CERTIFIER’S TITLE – Enter the title of the person signing the form.
487. PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.
488. NAME OF CERTIFIER’S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note “N/A” (Not Applicable) in this space.
489. CERTIFIER’S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.

### Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at <http://www.swrcb.ca.gov>.)

# MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

## Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

**A. General Information**

Facility Name: \_\_\_\_\_ Bldg. No.: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Contact Phone No.: (\_\_\_\_) \_\_\_\_\_

Make/Model of Monitoring System: \_\_\_\_\_ Date of Testing/Servicing: \_\_\_\_/\_\_\_\_/\_\_\_\_

**B. Inventory of Equipment Tested/Certified**

**Check the appropriate boxes to indicate specific equipment inspected/serviced:**

<b>Tank ID:</b> _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<b>Tank ID:</b> _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
<b>Tank ID:</b> _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<b>Tank ID:</b> _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):**

- System set-up     Alarm history report

Technician Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Certification No.:** \_\_\_\_\_ **License. No.:** \_\_\_\_\_

Testing Company Name: \_\_\_\_\_ Phone No.:(\_\_\_\_) \_\_\_\_\_

Testing Company Address: \_\_\_\_\_ Date of Testing/Servicing: \_\_\_\_/\_\_\_\_/\_\_\_\_



**F. In-Tank Gauging / SIR Equipment:**

- Check this box if tank gauging is used only for inventory control.
- Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

**Complete the following checklist:**

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**G. Line Leak Detectors (LLD):**

- Check this box if LLDs are not installed.

**Complete the following checklist:**

<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? <i>(Check all that apply)</i> Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h ; <input type="checkbox"/> 0.2 g.p.h.
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**H. Comments:** \_\_\_\_\_

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**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN – (Page 1 of 2)**

TYPE OF ACTION	<input type="checkbox"/> 1. NEW PLAN	<input type="checkbox"/> 2. CHANGE OF INFORMATION	490-1
PLAN TYPE	<input type="checkbox"/> 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY.		490-2
(Check one item only) <input type="checkbox"/> 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____			
<b>I. FACILITY INFORMATION</b>			
FACILITY ID # (Agency Use Only)	_____	_____	1
BUSINESS NAME (Same as FACILITY NAME)	_____		3.
BUSINESS SITE ADDRESS	103. _____	CITY	104.
<b>II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE</b>			
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR §2632, 2634, 2638, 2641)			
<b>MONITORING EQUIPMENT IS SERVICED</b>	<input type="checkbox"/> 1. ANNUALLY	<input type="checkbox"/> 99. OTHER (Specify): _____	490-3a 490-3b
<b>III. MONITORING LOCATIONS</b>			
<input type="checkbox"/> 1. NEW SITE PLAN/MAP SUBMITTED WITH THIS PLAN. <input type="checkbox"/> 2. SITE PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR §2632, 2634) 490-4			
<b>IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):</b>			
<input type="checkbox"/> 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634)			
SECONDARY CONTAINMENT IS: <input type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM			
PANEL MANUFACTURER:	490-7. _____	MODEL #:	490-8
LEAK SENSOR MANUFACTURER:	490-9. _____	MODEL #(S):	490-10
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR <u>SINGLE WALL TANK(S)</u> . (23 CCR §2643)			
PANEL MANUFACTURER:	490-12. _____	MODEL #:	490-13
IN-TANK PROBE MANUFACTURER:	490-14. _____	MODEL #(S):	490-15
LEAK TEST FREQUENCY:	<input type="checkbox"/> a. CONTINUOUS <input type="checkbox"/> b. DAILY/NIGHTLY <input type="checkbox"/> c. WEEKLY		490-16
	<input type="checkbox"/> d. MONTHLY <input type="checkbox"/> e. OTHER (Specify): _____		490-17
PROGRAMMED TESTS:	<input type="checkbox"/> a. 0.1 g.p.h. <input type="checkbox"/> b. 0.2 g.p.h. <input type="checkbox"/> c. OTHER (Specify): _____		490-18 490-19
<input type="checkbox"/> 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1):			
<input type="checkbox"/> 4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645). TESTING PERIOD: <input type="checkbox"/> a. 36 HOURS <input type="checkbox"/> b. 60 HOURS			
<input type="checkbox"/> 5. TANK INTEGRITY TESTING (23 CCR §2643.1):			
TEST FREQUENCY: <input type="checkbox"/> a. ANNUALLY 490-23 <input type="checkbox"/> b. BIENNIALLY 490-24 <input type="checkbox"/> c. OTHER 490-25 (Specify): _____			
<input type="checkbox"/> 99. OTHER (Specify): _____			
<b>V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)</b>			
<input type="checkbox"/> 1. CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636)			
SECONDARY CONTAINMENT IS: <input type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM			
PANEL MANUFACTURER:	490-30. _____	MODEL #:	490-31
LEAK SENSOR MANUFACTURER:	490-32. _____	MODEL #(S):	490-33
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO			
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO			
<input type="checkbox"/> 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636)			
MLLD MANUFACTURER(S):	490-37. _____	MODEL #(S):	490-38
<input type="checkbox"/> 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636)			
ELLD MANUFACTURER(S)	490-40. _____	MODEL #(S):	490-41
PROGRAMMED IN LINE LEAK TEST:	<input type="checkbox"/> 1. MINIMUM MONTHLY 0.2 g.p.h. <input type="checkbox"/> 2. MINIMUM ANNUAL 0.1 g.p.h.		490-42
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN.	<input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		490-43
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN.	<input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		490-44
<input type="checkbox"/> 4. PIPE INTEGRITY TESTING 490-45			
TEST FREQUENCY <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. EVERY 3 YEARS <input type="checkbox"/> c. OTHER (Specify) 490-46 490-47			
<input type="checkbox"/> 5. VISUAL PIPE MONITORING. 490-48			
FREQUENCY <input type="checkbox"/> a. DAILY <input type="checkbox"/> b. WEEKLY <input type="checkbox"/> c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49			
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)			
<input type="checkbox"/> 6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)]. 490-50			
<input type="checkbox"/> 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM 490-51			
<input type="checkbox"/> 99. OTHER (Specify) 490-52 490-53			

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- 490-1. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
- 490-2. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided [e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank Information Form(s)].
1. FACILITY ID NUMBER – This space is for agency use only.
  3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- 490-3a MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
- 490-3b Specify Other frequency for monitoring equipment servicing.
- 490-4 SITE PLAN - Indicate if a site plan/map is submitted with this monitoring plan or if it was submitted previously and is current for the facility. Monitoring plans must include a Site Plot Plan/Map showing the tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, probes, line leak detectors, monitoring system control panel, etc.).
- 490-5 IV-1 CONTINUOUS ELECTRONIC MONITORING-Indicate if this monitoring method is being used to monitor the tanks.
- 490-6 SECONDARY CONTAINMENT- If IV-1 is checked, check the appropriate box to describe the environment inside the tank secondary containment.
- 490-7 PANEL MANUFACTURER – If IV-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-8 MODEL # – If IV-1 is checked, enter the model number for the monitoring system control panel.
- 490-9 LEAK SENSOR MANUFACTURER – If IV-1 is checked, enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section X.
- 490-10 MODEL #(S) – If IV-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- 490-11 IV-2 AUTOMATIC TANK GAUGING-Indicate if this method is used for monitoring the UST's.
- 490-12 PANEL MANUFACTURER – If IV-2 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-13 MODEL # – If IV-2 is checked, enter the model number for the monitoring system control panel.
- 490-14 IN-TANK PROBE MANUFACTURER – If IV-2 is checked, enter the name of the manufacturer of the probe(s).
- 490-15 MODEL #(S) – If IV-2 is checked, enter the model number for each type of in-tank probe installed. If additional space is needed, use Section X.
- 490-16 LEAK TEST FREQUENCY – If IV-2 is checked, check the appropriate box to describe the in-tank leak test frequency.
- 490-17. SPECIFY – If 490-16e is checked, enter the frequency of programmed leak tests.
- 490-18. PROGRAMMED TESTS – If IV-2 is checked, check the appropriate box to describe the tests programmed into the ATG system.
- 490-19. SPECIFY – If 490-18c is checked, enter the frequency of in-tank leak testing.
- 490-20. IV-3 INVENTORY RECONCILIATION – Check the box if statistical inventory reconciliation is performed.
- 490-21. IV-4 WEEKLY MANUAL TANK GAUGING. Indicate if this method is used to monitor the tanks.
- 490-22. TESTING PERIOD – If IV-4 is checked, check the appropriate box to describe the MTG testing period.
- 490-23. IV-5 TANK INTEGRITY TESTING: Indicate if this method is used to monitor the tanks.
- 490-24. TEST FREQUENCY – If IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
- 490-25. OTHER: If 490-24c is checked, specify other test frequency.
- 490-26. IV-99 OTHER: Indicate if monitoring of the tanks occurs that is not indicated in any other category.
- 490-27. If IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section X.
- 490-28. V-1 CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS: Indicate if this is the monitoring method used for the piping.
- 490-29. SECONDARY CONTAINMENT: If V-1 is checked, Check the appropriate box to describe the environment inside piping secondary containment.
- 490-30. PANEL MANUFACTURER – If V-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-31. MODEL # – If V-1 is checked, enter the model number for the monitoring system control panel.
- 490-32. LEAK SENSOR MANUFACTURER – If V-1 is checked, enter the name of the manufacturer of the sensor(s).
- 490-33. MODEL #(S) – If V-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- 490-34. PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-35. FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-36. V-2 PIPE MECHANICAL LINE LEAK DETECTORS PERFORM 3 GPH LEAK TESTS: Indicate if this monitoring method is used to monitor the pipelines.
- 490-37. MLLD MANUFACTURER(S) – If V-2 is checked, enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section X.
- 490-38. MODEL #(s) - If V-2 is checked, Enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section X.
- 490-39. V-3 PIPE ELECTRONIC LINE LEAK DETECTORS: Indicate if this monitoring method is used to monitor the pipelines.
- 490-40. ELLD MANUFACTURER – If V-3 is checked, Enter the name of the manufacturer of the electronic line leak detector(s).
- 490-41. MODEL #(S)n - If V-3 is checked, enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section X.
- 490-42. PROGRAMMED LINE INTEGRITY TESTS –If V-3 is checked, check the appropriate box to describe the type of tests programmed into the monitoring system.
- 490-43. ELLD DETECTION OF A PIPING LEAK ALARM TRIGGERS PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-44. ELLD DETECTION OF A PIPING LEAK FAILURE/DISCONNECTION TRIGGERS PUMP SHUTDOWN. – If V-1 is checked, check Yes or No.
- 490-45. V-4 PIPE INTEGRITY TESTING - Indicate if this monitoring method is used to monitor the pipelines.
- 490-46. TEST FREQUENCY – If V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
- 490-47. SPECIFY – If 490-46-99 is checked, enter the frequency of pipe integrity testing.
- 490-48. V-5 VISUAL PIPE MONITORING - Indicate if this monitoring method is used to monitor the pipelines.
- 490-49. If V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
- 490-50. SUCTION PIPING MEETS EXEMPTION CRITERIA - Indicate if this monitoring method is used to monitor the pipelines.
- 490-51. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM - Check this box if no piping in the tank system is regulated under the UST law, or there is no piping.
- 490-52. V-99 OTHER - Indicate if another method is used for pipeline monitoring.
- 490-53. SPECIFY – Enter a brief description of the other line monitoring method(s) used. If additional space is needed, see Section X. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) that shows all required information, include it with this plan.

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN (Page 2 of 2)**

**VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING**

**1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD**

1. CONTINUOUS ELECTRONIC MONITORING     2. FLOAT AND CHAIN ASSEMBLY     3. ELECTRONIC STAND-ALONE  
 4. NO DISPENSERS     99. OTHER (Specify):

PANEL MANUFACTURER: 490-55    MODEL #: 490-56.

LEAK SENSOR MANUFACTURER: 490-57    MODEL #(S): 490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a. YES     b. NO    490-59

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN     a. YES     b. NO    490-60.

FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN.     a. YES     b. NO    490-61

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.     a. YES     b. NO    490-62

**2. UDC CONSTRUCTION IS**     1. SINGLE-WALLED     2. DOUBLE-WALLED    490-63

**IF DOUBLE WALLED:**  
UDC INTERSTITIAL SPACE IS MONITORED BY:     1. LIQUID     2. PRESSURE     3. VACUUM    490-64a

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a. YES     b. NO    490-64b

**VII. PERIODIC SYSTEM TESTING**

1. **ELD TESTING:** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT **ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1)**    490-65.

2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.**    490-66

3. **SPILL BUCKETS ARE TESTED ANNUALLY.**    490-67

**VIII. RECORDKEEPING**

The following monitoring/maintenance records are kept for this facility:

- Alarm logs 490-68a     Visual Inspection Records 490-68b     Tank integrity testing results 490-68c  
 SIR testing results (and supporting documentation records). 490-68d     Tank gauging results (and supporting documentation records). 490-68e  
 ATG Testing results (and supporting documentation records). 490-68f     Corrosion Protection 60-day logs 490-68g  
 Equipment maintenance and calibration records. 490-68h

**IX. TRAINING**

Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

- THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b  
 OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c  
 CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d  
 CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e  
 STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f  
 SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g  
 OTHER (Specify): M69h, M69i

This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms. 490-70

**X. COMMENTS/ADDITIONAL INFORMATION**

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

**XI. PERSONNEL RESPONSIBILITIES**

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.

The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME 490-72    TITLE 490-73

NAME 490-74    TITLE 490-75

The Designated Operator shall visually inspect the facility, provide a report to the owner/operator about any conditions that need follow-up action.

**XII. OWNER/OPERATOR SIGNATURE**

**CERTIFICATION:** I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE 490-76    DATE: 490-77

REPRESENTING:  1. Tank Owner/Operator     2. Facility Owner/Operator     3. Authorized Representative of Owner

APPLICANT NAME (print): 490-78    APPLICANT TITLE: 490-79

(Agency Use Only) This plan is:     Approved or     Approved with the following conditions

Local Agency Signature:    Date:

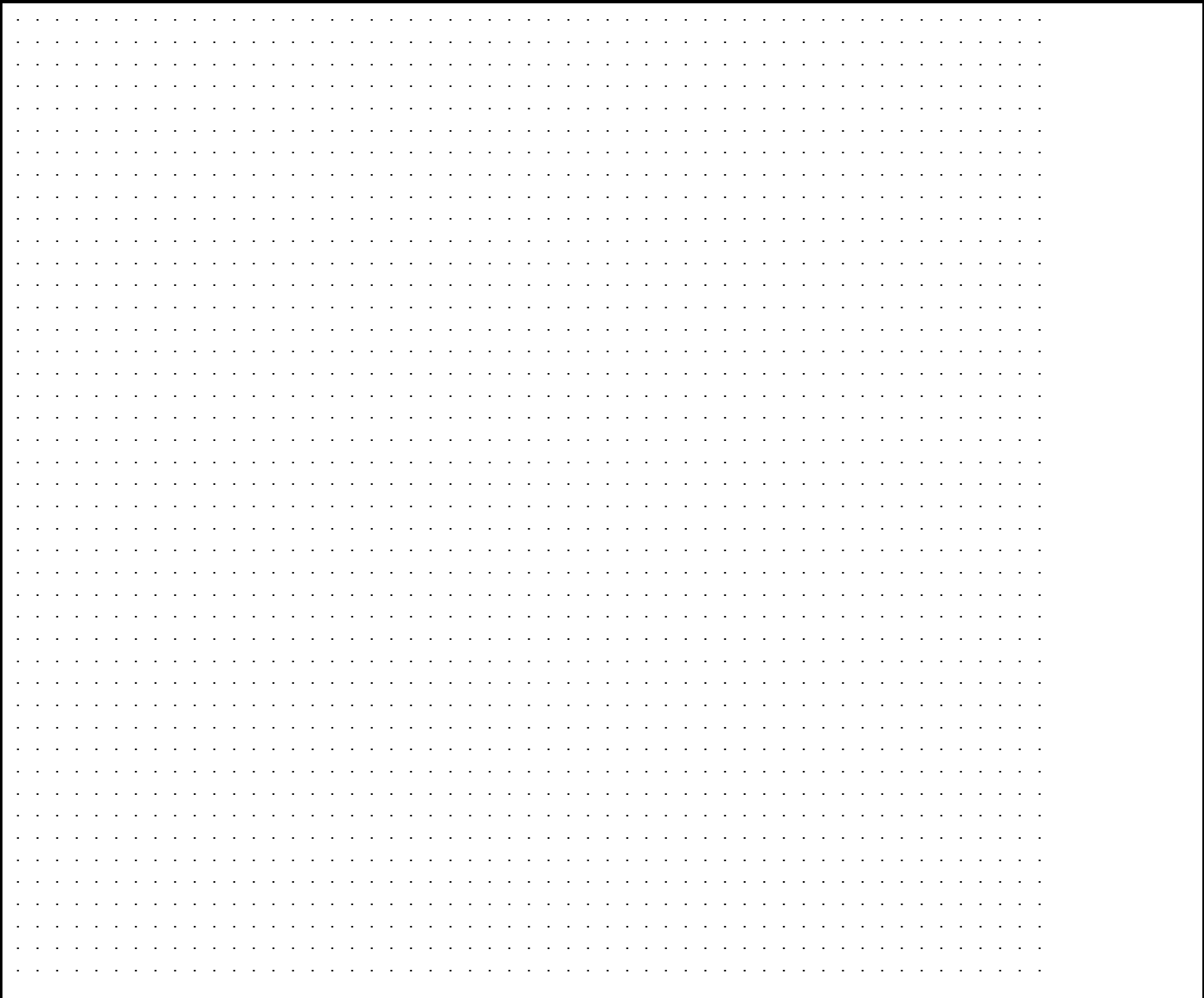
## UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- 490-54a. MONITORING OF THE UNDER DISPENSER CONTAINMENT- Indicate the method used for UDC monitoring.
- 490-54b. SPECIFY-If 99 “Other” is checked, describe other method used.  
If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b.
- 490-55. PANEL MANUFACTURER –Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- 490-56. MODEL # - Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- 490-57. LEAK SENSOR MANUFACTURER – Enter the name of the manufacturer of the sensor(s).
- 490-58. MODEL #(S) – Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.
- 490-59. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No
- 490-60. UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN - Indicate Yes or No
- 490-61. FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN - Indicate Yes or No
- 490-62. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No.
- 490-63. UDC CONSTRUCTION - Indicate if the construction of the UDC is single-walled, or double-walled.
- 490-64a. DOUBLE-WALLED INTERSTITIAL SPACE MONITORING - Indicate what is used to monitor the interstitial space.
- 490-64b. LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No
- 490-65. VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).
- 490-66. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing.
- 490-67. SPILL BUCKET TESTING - Check the box if you have spill buckets.
- 490-68a-h. VIII RECORDKEEPING -Indicate which monitoring and equipment maintenance records are maintained for this facility.
- 490-69a IX TRAINING STATEMENT - Check the box to verify that the statement is true.  
REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility.
- 490-69b. MONITORING PLAN: Indicate that this plan is kept as a reference document.
- 490-69c. OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.
- 490-69d. CA UST REGULATIONS - Indicate that this is kept as a reference document.
- 490-69e. CA UST LAW - Indicate that this is kept as a reference document.
- 490-69f. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION - “HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION - Indicate that this is kept as a reference document.
- 490-69g. SWRCB PUBLICATION: “UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS”: Indicate that this is kept as a reference document.
- 490-69h. OTHER - Indicate that other reference documents are kept.
- 490-69i. SPECIFY-If “OTHER” is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.
- 490-70. DESIGNATED OPERATOR TRAINING - Check this box to verify that this statement is true.
- 490-71. COMMENTS/ADDITIONAL INFORMATION – Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.
- 490-72. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.
- 490-73. TITLE - Enter the title of the person.
- 490-74. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.
- 490-75. TITLE - Enter the title of the second person.  
OWNER/OPERATOR SIGNATURE – The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.
- 490-76. REPRESENTING -- Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.
- 490-77. DATE – Enter the date the plan was signed.
- 490-78. APPLICANT NAME – Print or type the name of the person signing the plan.
- 490-79. APPLICANT TITLE – Enter the title of the person signing the plan.

UST Monitoring Site Plan

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



Date map was drawn: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Instructions**

Use this page to identify the monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas, mechanical or electronic line leak detectors, and in-tank liquid level probes (if used for leak detection). On your site plan, show the general layout of tanks and piping. Note the date this Site Plan was prepared.



EQUIPMENT	LOCATION	AVAILABILITY
R1 0.	R2 0.	R3 0.
R1 1.	R2 1.	R3 1.
R1 2.	R2 2.	R3 2.
R1 3.	R2 3.	R3 3.
R1 4.	R2 4.	R3 4.
R1 5.	R2 5.	R3 5.

**IV. RESPONSIBLE PERSONS**

**THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:**

<b>NAME</b>	R40.	<b>TITLE</b>	R50.
<b>NAME</b>	R41.	<b>TITLE</b>	R51.
<b>NAME</b>	R42.	<b>TITLE</b>	R52.
<b>NAME</b>	R43.	<b>TITLE</b>	R53.

**V. MONITORING INDICATORS**

**IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:**

Additional system testing or data collection     Inspection by qualified persons     Recalibration of equipment

Other:

## UST Response Plan – Instructions

Complete one UST Response Plan for each UST facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. It supplements the Emergency Response Plans and Procedures in the facility's Hazardous Materials Business Plan. (Note: Numbering of these instructions follows the data element numbers on the form.)

- R01. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.  
FACILITY ID NUMBER – This space is for agency use only.
- R02. BUSINESS NAME – Enter the complete Facility Name.
- R03. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
- R04. CITY – Enter the city or unincorporated area in which the facility is located.
- R10. EQUIPMENT – If you have spill control or clean-up equipment kept off-site, list that equipment in sections R10 through R15. If no equipment is kept off-site, leave this section blank.
- R20. LOCATION – If you have spill control or clean-up equipment kept off-site, list the equipment location(s) sections R20 through R25. If no equipment is kept off-site, leave this section blank.
- R30. AVAILABILITY – If you have spill control or clean-up equipment kept off-site, list the equipment availability in sections R30 through R35. If no equipment is kept off-site, leave this section blank.
- R40. NAME – At least one person responsible for authorizing any work necessary under this UST Response Plan must be identified. Use sections R40 through R43 to list the name(s) of the responsible person(s).
- R50. TITLE – At least one person responsible for authorizing any work necessary under this UST Response Plan must be identified. Use sections R50 through R53 to list the job title(s) of the responsible person(s).
- R60. MONITORING INDICATORS – Briefly describe the steps that will be taken to verify the presence or absence of a release if the tank monitoring system indicates the possibility of a release.

OWNER/OPERATOR SIGNATURE – The owner/operator shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete.

- R70. DATE – Enter the date the plan was signed.
- R71. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.
- R72. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.

**UNIFIED PROGRAM CONSOLIDATED FORM**

**UNDERGROUND STORAGE TANK  
RESPONSE PLAN – PAGE 2 of 2**

**VI. REPORTING AND RECORD KEEPING**

➤ We will report/record any overflow, spill, or unauthorized release from a UST system as indicated in this plan.

**Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:**

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

**Reportable Releases: Any overflow, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.**

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- **A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;**
- A description of additional actions taken to prevent future releases.

**We will follow the reporting procedures described above if any of the following conditions occur:**

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

**Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site (or off-site at a readily available location, if approved by the local agency) for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.**

**VII. OWNER/OPERATOR SIGNATURE**

**CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.**

OWNER/OPERATOR SIGNATURE	DATE	R70.
OWNER/OPERATOR NAME (print)	R71.	OWNER/OPERATOR TITLE R72.

(Agency Use Only) This plan has been reviewed and:  Approved  Approved With Conditions  Disapproved

Local Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTENTIONALLY LEFT BLANK**

## IV. HAZARDOUS WASTE SECTION

To be completed by all persons or businesses that generate, treat, store, handle or dispose of hazardous waste.

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Be advised that appropriate signatures must be provided on forms.

This section includes:

### o RECYCLABLE MATERIALS REPORT

This report is submitted every two years to the CUPA or PA by businesses which have recyclable materials excluded from classification as hazardous waste or conduct recycling activities exempted from the State Hazardous Waste Control Law.

### o ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATIONS

**FACILITY INFORMATION (ONE PER FACILITY)**

**UNIT INFORMATION (ONE PER UNIT)**

**CESQT (CONDITIONALLY EXEMPT SMALL QUANTITY TREATER) ATTACHMENT**

**CESW (CONDITIONALLY EXEMPT SPECIFIED WASTE STREAM) ATTACHMENT**

**CEL (CONDITIONALLY EXEMPT LIMITED) ATTACHMENT**

**CA (CONDITIONAL AUTHORIZATION) ATTACHMENT**

**PBR (PERMIT BY RULE) ATTACHMENT**

**CERTIFICATION OF FINANCIAL ASSURANCE**

*Note: These forms may apply to hazardous waste generators who conduct onsite treatments eligible for authorization under California's Tiered Permitted program.*

### o REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION

### o HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

### o HAZARDOUS WASTE GENERATOR FORM (LA County)

To be completed by businesses which generator wastes classified as hazardous under Federal Law (RCRA or the Resource Conservation Recovery Act) and/or State Law (Chapter 6.5 of the Health and Safety Code). *Note: Non-RCRA hazardous wastes (such as waste oil) are wastes regulated only under State law.*

## Recyclable Materials Biennial Report Page 1

Complete this report if you recycle more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion or exemption pursuant to HSC § 25143.2. Facilities that recycle at the same location at which the material was generated (onsite recyclers) and facilities that recycle materials generated at an offsite location (offsite recyclers) must complete a report. Persons who send materials to another location to be recycled, and who do not recycle material onsite under a claim to an exclusion or exemption provided in HSC § 25143.2, need not complete a report.

Offsite recyclers must complete one report for **each** generator from whom they receive recyclable materials. Complete a **separate** Page 2 of the Report for **each** recyclable material. When this report is submitted, provide a copy of the completed report to the generator of the material recycled.

Refer to HSC § 25143.10 for reporting requirements for recyclers.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Leave this blank. This number is assigned by the CUPA. This is the unique number that identifies your facility.
2. **EPA ID NUMBER** - Enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number contact the DTSC Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business.
500. **BEGINNING DATE OF REPORTING PERIOD** - Enter the beginning date of the reporting period for this report. This report is for two calendar years and is due on July 1 of every even-numbered year.
501. **ENDING DATE OF REPORTING PERIOD** - Enter the ending date of the reporting period for this report.
502. **ONSITE RECYCLING** - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material generated onsite under a claim that the material qualifies for an exclusion or exemption pursuant to HSC § 25143.2. Check "No" if the recycling facility does not recycle onsite.
503. **OFFSITE RECYCLING** - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion, or exemption pursuant to HSC § 25143.2, and that material was received from one or more offsite locations. Check "No" if the recycling facility does not recycle material generated offsite.
504. **OFFSITE GENERATOR NAME** - If the generator is different from the recycler, enter the name of the person that generated the recyclable material. Complete a separate report for each generator.
505. **OFFSITE GENERATOR EPA ID NUMBER** - Enter the generator's 12-character U.S. Environmental Protection Agency (EPA) identification number. If the generator needs but does not yet have an identification number, the owner or operator can contact the Telephone Information Center at (916) 324-1781.
506. **OFFSITE GENERATOR STREET ADDRESS** Complete items **506 – 510** for each generator of recyclable material.
507. **OFFSITE GENERATOR PHONE NUMBER**
508. **OFFSITE GENERATOR CITY**
509. **OFFSITE GENERATOR STATE**
510. **OFFSITE GENERATOR ZIP CODE**
511. **OFFSITE GENERATOR MAILING ADDRESS** Complete items **511 – 514** if the mailing address for the offsite generator is different from the street address.
512. **CITY FOR MAILING ADDRESS**
513. **STATE FOR MAILING ADDRESS**
514. **ZIP CODE FOR MAILING ADDRESS**

**SIGNATURE OF CERTIFIER** - The business owner/operator of the recycling facility shall sign in the space provided.

This signature certifies that the signer believes that the information submitted is true, accurate, and complete.

515. **DATE CERTIFIED** - Enter the date that the certification was signed.
516. **NAME OF DOCUMENT PREPARER** - Enter the name of the person who prepared the report.
517. **CERTIFIER NAME** - Enter the full printed name of the certifier.
518. **CERTIFIER TITLE** - Enter the title of the person signing the report.

# UNIFIED PROGRAM (UP) FORM RECYCLABLE MATERIALS REPORT – PAGE 1

(COMPLETE ONLY IF CLAIMING A RECYCLING EXCLUSION OR EXEMPTION PER HSC SECTION 25143.2)

FACILITY ID#		1	EPA ID #		Page of		2
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BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3
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DATES OF REPORTING PERIOD	BEGINNING DATE	500	ENDING DATE	501
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### I. TYPE OF RECYCLING ACTIVITIES

If yes, please follow instructions.

<p>1. Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)?</p> <p style="text-align: right;">502</p> <p style="text-align: center;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>		<p>4 If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V.</p>
<p>2. Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)?</p> <p style="text-align: right;">503</p> <p style="text-align: center;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>		<p>4 If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials.</p>

--Businesses that only send recyclable materials to an offsite recyclers are not required to file this report. --

### V. OFFSITE GENERATOR OF RECYCLABLE MATERIAL

Only complete when the generator is different from the recycler.

OFFSITE GENERATOR OF RECYCLABLE MATERIAL	504	OFFSITE GENERATOR EPA ID#	505		
STREET ADDRESS		506	PHONE	507	
CITY	508	STATE	509	ZIP CODE	510
MAILING ADDRESS (IF DIFFERENT)					511
CITY	512	STATE	513	ZIP CODE	514

### III. CERTIFICATION SECTION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

SIGNATURE OF CERTIFIER	DATE	515	NAME OF DOCUMENT PREPARER	516	
NAME OF SIGNER (print)	517	TITLE OF SIGNER			518

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

**INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM  
Recyclable Materials Biennial Report Page 2**

Complete a **separate** Page 2 of the Report for each recyclable material.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

519. TOTAL NUMBER OF RECYCLABLE MATERIALS - Enter the total number of recyclable materials which will be described in this report. Complete a separate Report Page 2 for each recyclable material and verify that the number of pages is the same as the total number listed here.
520. RECYCLABLE MATERIAL NUMBER - Enter the unique identification number of the recyclable material that is described on this page. The recyclable materials can be numbered sequentially, or by any other system as long as the numbers are not repeated or duplicated.
521. COMMON NAME (RECYCLABLE MATERIAL) - Enter the common name of the material recycled. This is the same as item 207, the Common Name on the Hazardous Materials Inventory - Chemical Description page.
522. QUANTITY DURING TWO YEAR REPORTING PERIOD - Enter the total quantity of this recyclable material recycled during the two-year reporting period. Round to nearest decimal. In this case, 1.4 tons = 1 ton reported.
523. UNITS - Enter the unit of measure for the quantity reported in item 522.
524. RECYCLABLE MATERIAL DESCRIPTION - Describe the recyclable material that was used in the recycling process, if not described in item 521, COMMON NAME.
525. RECYCLABLE MATERIAL PROCESS DESCRIPTION - Describe the recycling process and, if the recyclable material was used to provide a product, or was used as a substitute for a product, describe the beneficial use of the recyclable material.
526. AUTHORIZING PROVISION OF HSC SECTION 25143.2 - Enter the subdivision(s), and subparagraph(s) (if applicable) of HSC § 25143.2 that served as the basis for the claim to exemption or exclusion. For example: HSC § 25143.2(d)(2)(C).
527. BASIS FOR CLAIM TO EXCLUSION OR EXEMPTION - Explain the basis for the claim to an exclusion or exemption.
528. HAZARDOUS CONSTITUENT 1-4 - Describe up to four hazardous constituents of the recyclable material (use common name, if appropriate). If more than four constituents of the recyclable material are recycled, attach additional sheets using the same format as on the UPCF. (Report for constituents 2 through 4 in 534, 540, and 546.)
529. CONCENTRATION RECYCLABLE MATERIAL 1-4 - Enter the concentrations of up to four hazardous constituents of the recyclable material as a decimal number. (Report for constituents 2 through 4 in 535, 541, and 547.)
530. UNITS RECYCLABLE MATERIAL 1-4 - Enter the unit of measure of the concentration that is most appropriate, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 536, 542, and 548.)
531. CONCENTRATION FINAL PRODUCT 1-4 - Enter the concentrations in the final product of up to four hazardous constituents of the recyclable material as a decimal number. (Report for constituents 2 through 4 in 537, 543, and 549.)
532. UNITS FINAL PRODUCT 1-4 - Enter the unit of measure of the concentration in the final product, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 538, 544, and 550.)
533. FINAL PRODUCT/USES FOR CONSTITUENT 1-4 - Describe the final product(s) that resulted from the recycling process and how each product was beneficially used. (Report for constituents 2 through 4 in 539, 545, and 551.)
552. DOCUMENTATION - For offsite recyclers, check the box to indicate that documentation of known market is provided. Documentation is required pursuant to HSC § 25143.10(a)(3)(A) to show that there was a known market for disposition of the recyclable material and any products manufactured from it.

# UNIFIED PROGRAM (UP) FORM RECYCLABLE MATERIALS REPORT – PAGE 2

(COMPLETE ONLY IF CLAIMING A RECYCLING EXCLUSION OR EXEMPTION PER HSC SECTION 25143.2)

(one description per material recycled, attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS 519 Page of

FACILITY ID#	1	BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3
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## IV. RECYCLABLE MATERIAL INFORMATION A. DESCRIPTION

RECYCLABLE MATERIAL NUMBER <span style="float: right;">520</span>	COMMON NAME OF RECYCLABLE MATERIAL <span style="float: right;">521</span>	QUANTITY DURING TWO YEAR REPORTING PERIOD <span style="float: right;">522</span>	UNITS <input type="checkbox"/> a. Gallons <input type="checkbox"/> c. Tons <input type="checkbox"/> b. Pounds <input type="checkbox"/> d. Kilograms <span style="float: right;">523</span>
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RECYCLABLE MATERIAL DESCRIPTION 524

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL 525

AUTHORIZING PROVISION OF HSC SECTION 25143.2 <span style="float: right;">526</span>	BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION <span style="float: right;">527</span>
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## B. PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY

Only complete if recyclable material was used to make or substitute for a product and operating pursuant to HSC Section 25143.2(b) or (d)(5) or (6).

HAZARDOUS CONSTITUENT	HAZARDOUS CONSTITUENT		LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S)
	In Recyclable Material	In Final Product	
528	529	531	533
	UNITS <span style="float: right;">530</span> <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS <span style="float: right;">532</span> <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
534	535	537	539
	UNITS <span style="float: right;">536</span> <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS <span style="float: right;">538</span> <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
540	541	543	545
	UNITS <span style="float: right;">542</span> <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS <span style="float: right;">544</span> <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
546	547	549	551
	UNITS <span style="float: right;">548</span> <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS <span style="float: right;">550</span> <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	

If more than four constituents are recycled, attach additional sheets using this same format.

## V. DOCUMENTATION OF KNOWN MARKET (Offsite recyclers only)

DOCUMENTATION IS ATTACHED: Offsite recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable materials and provide copy of this report to the generator when the report is submitted to the CUPA or PA. (HSC Section 25143.10(a)(3)(A)) 552

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

## INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM Onsite Hazardous Waste Treatment Notification – Facility

There are several treatment activities that, although they would be otherwise regulated, are exempt under the law provided certain conditions are met. Exempt treatment activities are described in Appendix A of these instructions (see below) and if your treatment activities are exempt then no notification is required for these activities.

If your treatment activities do not qualify for an exemption complete this page if your facility is a hazardous waste generator performing treatment of hazardous wastes at the site where the waste is generated, and the facility is eligible under the Conditional Exemption (CE), or Conditional Authorization (CA) tiers, or operates a Fixed Treatment Unit (FTU) under the Permit by Rule (PBR) tier. To determine which tier or tiers apply to your operations, refer to the DTSC Onsite Tiered Permitting Flow Chart, which graphically displays the eligible waste streams and treatment processes by tier.

Submit one facility page (Onsite Hazardous Waste Treatment Notification - Facility) per facility, regardless of the number of treatment units located at the site. Attach a unit specific page (Onsite Hazardous Waste Treatment Notification - Unit) and a Waste and Treatment Process Combinations page for each treatment unit at this location.

For notification requirements for PBR FTUs refer to 22 CCR § 67450.2, for CA refer to HSC § 25200.3(e) and (k), and for CE refer to HSC § 25201.5(d) and (i).

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
600. NOTIFICATION STATUS - Check whether this notification is your initial notification under the Tiered Permitting system, an amended notification, or a renewal (for PBR only).
601. PERMIT STATUS - Check the status of the permit for State issued hazardous waste permits or grants of authorization.
602. NUMBER OF UNITS - For each of the permitting tiers or categories listed, enter the number of units you operate at this facility location. Complete a unit specific notification page and a waste and treatment process page for each unit you list here, except for CE-CL units. Verify that the total number of units (item 602g) is equal to the number of unit specific notification and waste and treatment process pages included in the submittal plus the number of CE-CL units (item 602f).
- SIGNATURE OF OWNER/OPERATOR - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. Original signatures are required. You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. The certifications cover waste minimization, the eligibility of the unit(s) for the indicated tier, the fact that the unit meets all of the operating requirements for that tier, and that the information is accurate. These operating requirements are set forth in the statutes and regulations.
603. DATE CERTIFIED - Enter the date that the page was signed.
604. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.
605. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

REQUESTING A SHORTENED REVIEW PERIOD - Generators operating under CA and CE are legally authorized 60 days after submitting a complete notification. The time period between notification and authorization may be shortened when the owner or operator shows a good cause. Check whether or not you are requesting to be authorized sooner than the standard 60-day period, and state the reason for the request. The authorization will be automatically effective on the date the completed notification page is received by the CUPA. (If necessary, use additional sheets to explain your reasons.) Generators operating under the PBR tier are not authorized until they are notified by the CUPA.

### ATTACHMENTS

*NOTE: Commercial Laundries are not required to provide attachments.*

#### ALL FACILITIES-

1. Complete a unit notification and a waste and treatment process page for EACH unit covered by this notification.
2. Provide a plot plan or map detailing the location or locations of the unit or units at this facility. This document is for use by the inspector. Clearly indicate the facility boundaries and major features. The extent or detail of the plot plan will vary depending on the size of the facility, the extent of the industrial operations, and the number of treatment units. A diagram prepared for the hazardous materials business plan (required by Title 19 CCR) may be used, as long as the unit numbers for the units covered by this notification are indicated.

#### PBR & CA ONLY

1. Complete the Certification of Financial Assurance for Closure and attach here (formerly DTSC Form 1232). Check whether you have Self-Certified (because your closure costs are less than \$10,000) or if you are submitting a financial mechanism.
2. Prior Enforcement History information is required ONLY if this facility was the subject of any convictions, judgments, settlements or final orders resulting from an action by any local, state, or federal environmental, hazardous waste, or public health enforcement agency. If applicable, attach a statement or summary that lists the cases for the last three years and provide a copy of the cover sheet from each document (conviction, settlement, etc.). The summary should include case and docket number, name and address of the agency, date, brief explanation, type of case (criminal, civil, administrative) and final resolution (including fines and penalties).

#### **ADDITIONAL SUBMISSION TO DTSC:**

A PHASE I ENVIRONMENTAL ASSESSMENT IS REQUIRED FROM ALL PBR AND CA FACILITIES AND MUST BE SUBMITTED TO DTSC, NOT TO YOUR CUPA. This assessment was due on January 1, 1997 or within one year from initial notification for newer facilities. Revisions are required if new releases are discovered.

The assessment checklist and instructions are available from [DTSC](http://www.dtsc.ca.gov) (www.dtsc.ca.gov). Call (916) 324-2423 or write to DTSC-Unified Program Section, P.O. Box 806, Sacramento, CA 95812-0806. Completed Phase I Assessments should be submitted to the same address.

#### PBR ONLY

1. Tank and/or containment system certifications are required to be submitted for only PBR units by 22 CCR § 67450.2(b)(3)(G), when applicable. The specific standards are in 22 CCR § 66264.175(c) for containers and 22 CCR § 66265.191(a) and 66265.192(a) for tanks.
2. Notification of local agencies. Attach documentation of the other local agencies notified of your operation, i.e. sewer agency.
3. Notification of property owner. If the property owner is different than the operator, provide documentation that the facility operator has notified the property owner of the operation of this hazardous waste treatment unit under PBR.



## Appendix A - Exempt Treatment Activities

There are several treatment activities which, although they would be otherwise regulated, are exempt under the law provided certain conditions are met. No notification is required if these are the only treatment activities performed at the facility. These activities are:

### 1. Biotechnology Elementary Neutralization Activities - Refer to Health and Safety Code Section 25201.15

Biotechnology elementary neutralization activities are the elementary neutralization of wastes generated by biotechnology manufacturing or biotechnology process development activities. This includes activities conducted in SIC Code Subgroups 283, 2833, 2834, 2835, 2836, 8731, 8732, and 8733, including manufacturing and process development of medicinal chemicals and botanical products, pharmaceutical preparations, in vitro and in vivo diagnostic substances, and biological products, and all associated equipment and vessel cleaning and maintenance operations. These activities are exempt if ALL of the following conditions are met:

- A permit is not required to conduct elementary neutralization under federal law.
- The hazardous wastes are hazardous solely due to acidic or alkaline materials.
- Either of the following applies with regard to the biotechnology elementary neutralization activity:
  - a) The hazardous wastes in the elementary neutralization unit do not contain more than 10 percent by weight acid or alkaline constituents.
  - b) The generator determines the neutralization process will not raise the temperature of the hazardous wastes to within 10 degrees of the boiling point or cause the release of hazardous gaseous emissions.
- The hazardous wastes are not diluted for the sole purpose of meeting the criteria specified in subparagraph (a) above AND after neutralization the wastewaters do not exhibit the characteristic of corrosivity.
- The temperature of any unit 100 gallons or larger is automatically monitored, is fitted with a high temperature alarm system, and for closed systems, the unit automatically controls the adding and mixing of corrosive and neutralizing solutions.

### 2. Neutralization of Acid/ Alkaline Wastes from Regeneration of Ion Exchange Media - Refer to HSC section 25201.13(a)

NO authorization is needed to neutralize acid/alkaline wastes from regeneration of the ion exchange media used to demineralize water, if the waste contains less than or equal to 10 percent acid or base by weight.

### 3. Neutralization of Acid/ Alkaline Wastes from the Food Processing Industry - Refer to HSC section 25201.13(c)

NO authorization is needed to neutralize acid/alkaline wastes from the food processing industry.

### 4. Silver Recovery - Refer to HSC section 25143.13, amended by Senate Bill (SB) 2111 (1998).

NO authorization is needed for the recovery of silver (provided that the solutions and wastewaters are "silver-only" hazardous wastes, and are not hazardous for any other reason or constituent) from photofinishing/photoimaging solutions and photoimaging solution wastewaters. These wastes are regulated only to the extent they are regulated under the federal Resource Conservation and Recovery Act.

### 5. Sieving or Filtering Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(A), amended by Assembly Bill (AB) 966 (1998).

NO authorization is needed for sieving or filtering liquid hazardous waste to remove solid fractions, WITHOUT added heat, chemicals, or pressure, as the waste is added to or removed from a storage or accumulation tank or container, if the activity is conducted onsite. For this exemption, sieving or filtering does not include adsorption, reverse osmosis, or ultrafiltration.

### 5. Phase Separation Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(B), amended by AB 966 (1998).

NO authorization is needed for phase separation of hazardous waste during storage or accumulation in tanks or containers, if the separation is unaided by the addition of heat or chemicals, and the activity is conducted onsite.

### 7. Combination of Wastestreams Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(C), amended by AB 966 (1998).

NO authorization is needed for combining two or more waste streams that are not incompatible into a single tank or container if the activity is conducted onsite and BOTH of the following conditions apply:

a) The waste streams are being combined solely for the purpose of consolidated accumulation or storage or consolidated offsite shipment, and they are NOT being combined to meet a fuel specification or to otherwise be chemically or physically prepared to be treated, burned for energy value, or incinerated.

b) The combined waste stream is managed in compliance with the most stringent of the regulatory requirements applicable to each individual waste stream.

### 8. Evaporation of Water Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(D), amended by AB 966 (1998).

NO authorization is needed for evaporation of water from hazardous wastes in tanks or containers, such as breathing and evaporation through vents and floating roofs, WITHOUT the addition of pressure, chemicals, or heat other than sunlight or ambient room lighting or heating, if the activity is conducted onsite.

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## Onsite Hazardous Waste Treatment Notification – Unit

Complete a unit specific page (Onsite Hazardous Waste Treatment Notification - Unit) and a Waste and Treatment Process Combinations page for each treatment unit operating at this facility. Commercial Laundries are *not* required to complete unit specific pages, provided that laundering is the only hazardous waste treatment activity conducted by the facility.

(Note: the numbering of the instructions follows the data element numbers that are on the UP FORM pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
- 606 UNIT ID NUMBER - Enter a unique number for each unit. The units can be numbered sequentially, or by any other system as long as the numbers are not repeated or duplicated. All unit numbers must be clearly labeled on the plot plan/map.
- 607 UNIT TYPE / TIER - Check the unit type under the Tiered Permitting program.
- 608 NUMBER OF TANKS - Enter the number of tanks used in the unit. Tank means a stationary device, designed to contain an accumulation of hazardous waste, which is constructed primarily of non-earthen materials (e.g., wood, concrete, steel, plastic) which provide structural support (22 CCR § 66260.10).
- 609 NUMBER OF CONTAINERS/ TREATMENT AREAS - Enter the number of containers/ container treatment used in the unit. Container means any device that is open or closed, and portable in which a material can be stored, handled, treated, transported, recycled, or disposed of (22 CCR § 66260.10). Container treatment area is the location set aside and used to treat containers.
- 610 UNIT NAME - Enter the name of the treatment unit. A treatment unit is defined as a tank, a container, or a combination of tanks or tank systems and/or containers located together that are used in sequence to treat or accumulate one or more compatible hazardous waste streams. The devices are either plumbed together or otherwise linked so as to form one system.
- 611 MONTHLY TREATMENT VOLUME - Enter the estimated monthly total volume of hazardous waste treated in each unit. If the volume fluctuates significantly by month, enter the maximum or highest volume treated in any month.
- 612 UNIT OF MEASURE - Check whether the treatment volume unit of measure is pounds or gallons.
- 613 SPECIFIC WASTE TYPE TREATED - Describe the specific waste type(s) treated. For example, if waste qualifies as an aqueous waste with metal or organics, indicate the specific metals or organics.
- 614 TREATMENT PROCESS DESCRIPTION - Describe the treatment process(es) used. Indicate if the activities are seasonal or periodic.
- 615 BASIS FOR NOT NEEDING FEDERAL PERMIT - Check the reason(s) that best describe why your onsite treatment unit does not need a federal hazardous waste permit. You must indicate at least one reason to prove your eligibility for the onsite treatment tiers. If you are unsure how these exemptions apply to your operation, contact your CUPA, the DTSC Regional Office closest to you, the U.S. EPA's Region IX RCRA Information Line at (415) 744-2074, or the U.S. EPA RCRA Hotline at (800) 424-9346. The eight most common reasons for not needing a federal permit are listed on the page. There is also a space to specify another reason and a citation. The following terms used on the page are defined in 40 CFR 260.10:
  - ◆ wastewater treatment unit means a device which (1) is part of a wastewater treatment facility regulated under section 402 or 307(b) of the Clean Water Act, and (2) receives and treats or stores an influent wastewater that is a hazardous waste or that generates and accumulates a wastewater treatment sludge that is a hazardous waste or that treats or stores a wastewater treatment sludge which is a hazardous waste, and (3) meets the definition of tank or tank system.
  - ◆ elementary neutralization unit means a device which (1) is used for neutralizing wastes that are hazardous only because they exhibit the corrosivity characteristic or they are listed only for this reason, and (2) meets the definition of tank, tank system, container, transport vehicle, or vessel.
  - ◆ totally enclosed treatment facility means a facility for the treatment of hazardous waste which is directly connected to an industrial production process and which is constructed and operated in a manner which prevents the release of any hazardous waste or any constituent thereof into the environment during treatment.
  - ◆ NPDES permit: A permit issued by a regional water board allowing discharge of waste to the environment under the National Pollutant Discharge Elimination System (NPDES).
- 616 RESIDUALS MANAGEMENT DESCRIPTION - Check the management of residuals. If appropriate, describe "other" method of handling the residuals.
- 617 SECONDARY CONTAINMENT INSTALLATION DATE - Enter the date the secondary containment was installed.

# UNIFIED PROGRAM (UP) FORM ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE

(one page and attachments per unit)

Page \_\_\_ of \_\_\_

FACILITY ID#	1	BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3
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## I. TREATMENT UNIT

UNIT ID# <span style="float: right;">606</span>	UNIT TYPE/TIER <span style="float: right;">607</span>	NUMBER OF TANKS <span style="float: right;">608</span>	NUMBER OF CONTAINERS /TREATMENT AREAS <span style="float: right;">609</span>
	<input type="checkbox"/> a GESQT <input type="checkbox"/> b CESW <input type="checkbox"/> c CA <input type="checkbox"/> d PBR <input type="checkbox"/> e CEL		
UNIT NAME <span style="float: right;">610</span>		MONTHLY TREATMENT VOLUME <span style="float: right;">611</span>	UNIT OF MEASURE <span style="float: right;">612</span>
			<input type="checkbox"/> a Pounds <input type="checkbox"/> b Gallons

SPECIFIC WASTE TYPE TREATED (narrative)	613

TREATMENT PROCESS DESCRIPTION (narrative)	614

(NOTE: for each treatment unit, complete and attach the appropriate Waste And Treatment Process Combinations page)

## II. BASIS FOR NOT NEEDING FEDERAL PERMIT (Check all that apply)

<input type="checkbox"/> a. The treated waste is not a hazardous waste under federal law (California-only waste). <input type="checkbox"/> b. Treated in waste water treatment units (tanks) and discharged to a Publicly Owned Treatment Works (POTW)/ sewerage agency or under an NPDES permit. <input type="checkbox"/> c. Treatment in elementary neutralization units. <input type="checkbox"/> d. Treatment in a totally enclosed treatment facility. <input type="checkbox"/> e. Federal conditionally exempt small quantity generator (generated 100 kg, approximately 27 gallons, or less of hazardous waste in a calendar month).	<input type="checkbox"/> f. Treatment in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. <input type="checkbox"/> g. Recyclable materials are reclaimed to recover silver or other precious metals. <input type="checkbox"/> h. Empty container rinsing and/or treatment. <input type="checkbox"/> i. Other (specify below) _____	615
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## III. RESIDUALS MANAGEMENT DESCRIPTION (Check all that apply)

<input type="checkbox"/> a. Discharge non-hazardous aqueous waste to POTW or sewer. <input type="checkbox"/> b. Discharge non-hazardous aqueous waste under a NPDES permit. <input type="checkbox"/> c. Dispose of non-hazardous solid waste residues at an offsite location.	Residual hazardous waste hauled offsite by a registered hauler. <input type="checkbox"/> d. Offsite recycling <input type="checkbox"/> e. Thermal treatment <input type="checkbox"/> f. Disposal to land <input type="checkbox"/> g. Further treatment <input type="checkbox"/> h. Other method of disposal (describe below) _____	616
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SECONDARY CONTAINMENT INSTALLATION DATE (If required)	617

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

## Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW	
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA	
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR	
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

### CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041 or at [www.dtsc.ca.gov/](http://www.dtsc.ca.gov/).

**UNIFIED PROGRAM (UP) FORM  
ONSITE HAZARDOUS WASTE TREATMENT: CONDITIONALLY EXEMPT SMALL QUANTITY TREATMENT (CESQT)**

**WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit - check all that apply)**

UNIT ID# \_\_\_\_\_ 606 Facility ID# \_\_\_\_\_ 1 Page \_\_\_\_\_ of \_\_\_\_\_

CESQT = treats < 55 gallons or 500 pounds of hazardous waste in any calendar month in ALL units at this facility (NOT a limit for each wastestream or unit separately). CESQT generators may not hold other state or federal hazardous waste permit or authorization for this facility, including other onsite tiers.

- 627
1. **Aqueous wastes containing hexavalent chromium may be treated by the following process:**  
 a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.
  2. **Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:**  
 a. pH adjustment or neutralization.  g. Plating the metal onto an electrode.  
 b. Precipitation or crystallization.  h. Electrodialysis  
 c. Phase separation by filtration, centrifugation or gravity settling.  i. Electrowinning or electrolytic recovery  
 d. Ion exchange.  j. Chemical stabilization using silicates and/or cementitious types of reactions.  
 e. Reverse osmosis.  k. Evaporation.  
 f. Metallic replacement.  l. Adsorption
  3. **Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies::**  
 a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.  
 b. Adsorption.  
 c. Distillation.  
 d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.  
 e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.  
 f. Air stripping or steam stripping.
  4. **Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:**  
 a. Chemical stabilization using silicates and/or cementitious types of reactions.  
 b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing or compacting.  
 c. Drying to remove water.  
 d. Separation based on differences in physical properties such as size, magnetism or density.
  5. **Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:**  
 a. Chemical stabilization using silicates and/or cementitious types of reactions.  c. Phase separation by filtration, centrifugation or gravity settling.  
 b. Drying to remove water.
  6. **Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.22 may be treated by the following technologies:**  
 a. Chemical stabilization using silicates and/or cementitious types of reactions.  
 b. Drying to remove water.  
 c. Phase separation by filtration, centrifugation or gravity settling.  
 d. Screening to separate components based on size.  
 e. Separation based on differences in physical properties such as size, magnetism or density.
  7. **Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:**  
 a. Chemical stabilization using silicates and/or cementitious types of reactions.  c. Phase separation by filtration, centrifugation or gravity settling.  
 b. Drying to remove water  d. Magnetic separation
  8. **Inorganic acid or alkaline wastes may be treated by the following technology:**  
 a. pH adjustment or neutralization.
  9. **Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:**  
 a. Chemical stabilization using silicates and/or cementitious types of reactions.  c. Magnetic separation.  
 b. Screening to separate components based on size.
  10. **Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:**  
 a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.  
 b. Distillation.  
 c. Neutralization.  
 d. Separation based on differences in physical properties such as size, magnetism or density.  
 e. Reverse osmosis.  
 f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
  11. **Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.**  
 a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.  
 b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.
  12. **Multi-component resins may be treated by the following process:**  
 a. Mixing the resin components in accordance with the manufacturer's instructions.
  13. **A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESQT.**  
 \_\_\_\_\_ Certified Technology Number

## Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW	
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA	
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR	
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

### CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #: 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041 or at [www.dtsc.ca.gov](http://www.dtsc.ca.gov).



## Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

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1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW	
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA	
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR	
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

### CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #: 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
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**UNIFIED PROGRAM (UP) FORM**  
**ONSITE HAZARDOUS WASTE TREATMENT**  
**CONDITIONALLY EXEMPT – LIMITED (CEL) PAGE**  
**WASTE AND TREATMENT PROCESS COMBINATIONS**

(one page per treatment unit – check all that apply))

Unit ID# \_\_\_\_\_

<sup>606</sup> Facility ID# \_\_\_\_\_

1

Page \_\_\_ of \_\_\_

631

1. Puncturing, draining, or crushing of aerosol cans, at ambient temperature, using equipment or technology combination certified by the Department of Toxic Substances control (DTSC) pursuant to section 25200.1.5 of the Health and Safety Code. The equipment must capture gaseous and liquid contents, prevent fire, explosion, and unauthorized

\_\_\_\_\_  
Certified Technology Number

*NOTE: This category is not available until DTSC certifies a manufacturer's equipment.*

2. The separation of used oil from water, provided that the wastestream is hazardous solely due to the oil and the used oil is properly transported to an authorized offsite oil recycler. Treatment using:

- a. Gravity separation.
- b. A centrifuge.
- c. A membrane technology.
- d. Heating of the water containing used oil to a temperature that is not more than 20 degrees Fahrenheit below the flashpoint of the used oil component of the mixture at atmospheric pressure.
- e. The addition of demulsifiers to the water containing used oil.

*NOTE: The authorized separation of used oil from water under this wastestream may not include contaminated groundwater or water containing any measurable amounts of gasoline or more than two percent (2%) diesel fuel (combination of Number 1 or 2 fuel).*

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Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

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Neutralex	SCIGEN
Cert. #: 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041 or at [www.dtsc.ca.gov](http://www.dtsc.ca.gov).

# UNIFIED PROGRAM (UP) FORM

## ONSITE HAZARDOUS WASTE TREATMENT - CONDITIONALLY AUTHORIZED (CA) PAGE

### WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit – check all that apply)

Unit ID# \_\_\_\_\_

606

Facility ID# \_\_\_\_\_

1

Page \_\_\_ of \_\_\_

1. **Aqueous wastes, hazardous solely due to inorganic constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 1,400 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using:** 629
- a. Phase separation, including precipitation, by filtration, centrifugation, or gravity settling, including the use of demulsifiers and flocculants.
  - b. Ion exchange, including metallic replacement
  - c. Reverse osmosis
  - d. Adsorption
  - e. pH adjustment of aqueous waste with a pH of between 2.0 and 12.5
  - f. Electrowinning of solutions, unless those solutions contain hydrochloric acid
  - g. Reduction of solutions hazardous solely due to hexavalent chromium, to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous chloride, ferrous sulfate, ferrous sulfide, or sulfur dioxide. The solution contains less than 750 ppm of hexavalent chromium.
2. **Aqueous wastes, hazardous solely due to organic constituents listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (2)(B) and which contain less than 750 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using:**
- a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction.
  - b. Adsorption
3. **Sludges resulting from wastewater treatment, dusts, solid metal objects, and metal workings which are hazardous solely due to the presence of constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which, for dusts only, contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
- a. Physical processes which constitute treatment only because they change the physical properties of the waste, such as filtration, centrifugation, gravity settling, grinding, shredding, crushing, or compacting.
  - b. Drying to remove water.
  - c. Separation based on differences in physical properties, such a size, magnetism, or density.
4. **Alum, gypsum, lime, sulfur, or phosphate sludges. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
- a. Drying to remove water.
  - b. Phase separation by filtration, centrifugation, or gravity settling.
5. **Special wastes listed in Title 22, CCR, Section 66261.120 that meet the criteria in Title 22, CCR, Section 66261.122 which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
- a. Drying to remove water.
  - b. Phase separation by filtration, centrifugation, or gravity settling.
  - c. Screening to separate components based on size.
  - d. Separation based on differences in physical properties, such as size, magnetism, or density.
6. **Special wastes classified under Title 22, CCR, Section 66261.124 as special wastes, except asbestos, which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
- a. Drying to remove water.
  - b. Phase separation by filtration, centrifugation, or gravity settling.
  - c. Magnetic separation
7. **Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2)(A). The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
- a. Screening to separate components based on size.
  - b. Magnetic separation.
8. **Oil mixed with water and oil/water separation sludges. (There is no volume limit for this wastestream.) Treatment using:** (NOTE: Some used oil/water separation is allowed under the CEL category.)
- a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction, including the use of demulsifiers and flocculants. Heat can be used, but must not exceed 160 degrees Fahrenheit.
  - b. Separation based on differences in physical properties, such a size, magnetism, or density.
  - c. Reverse osmosis.
9. **Neutralization of acidic or alkaline wastes, hazardous solely due to corrosivity, or toxic only from the acid or caustic material, in elementary neutralization units. (There is no volume limit for this wastestream.)**
- a. The waste contains less than 10 percent acid or base constituents by weight. There is no volume limit for this category.
  - b. The waste contains 10 percent or more acid or base constituents by weight and is treated in batches that do not exceed 500 gallons at one time.
10. **Not in use/exempted—formerly recovery of silver from photofinishing.**
11. **Not in use/sunsetted—formerly treatment of spent cleaners and conditioners which are hazardous solely due to copper or copper compounds. Treatment of this wastestream is no longer allowed under Conditional Authorization as of January 1, 1998. Treatment of this wastestream now requires authorization under either Permit by Rule or, if the total volume treated is less than 55 gallons per month, under Conditionally Exempt Small Quantity Treatment.**
12. **A wastestream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Conditional Authorization.**
- Certified Technology Number \_\_\_\_\_

## Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UP FORM pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

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627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.
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631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

### CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #: 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

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**UNIFIED PROGRAM (UP) FORM  
ONSITE HAZARDOUS WASTE TREATMENT  
PERMIT BY RULE (PBR) PAGE**

**WASTE AND TREATMENT PROCESS COMBINATIONS** (one page per treatment unit – check all that apply)

Unit ID# \_\_\_\_\_ 606 Facility ID# \_\_\_\_\_ 1 Page \_\_\_\_\_ of \_\_\_\_\_ 630

1. **Aqueous waste containing hexavalent chromium may be treated by the following process:**
  - a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.
2. **Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:**

<ul style="list-style-type: none"><li><input type="checkbox"/> a. pH adjustment or neutralization</li><li><input type="checkbox"/> b. Precipitation or crystallization</li><li><input type="checkbox"/> c. Phase separation by filtration, centrifugation, or gravity settling</li><li><input type="checkbox"/> d. Ion exchange</li><li><input type="checkbox"/> e. Reverse osmosis</li><li><input type="checkbox"/> f. Metallic replacement</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> g. Plating the metal onto an electrode.</li><li><input type="checkbox"/> h. Electrodialysis.</li><li><input type="checkbox"/> i. Electrowinning or electrolytic recovery.</li><li><input type="checkbox"/> j. Chemical stabilization using silicates and/or cementitious types of reactions.</li><li><input type="checkbox"/> k. Evaporation.</li><li><input type="checkbox"/> l. Adsorption.</li></ul>
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3. **Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:**
  - a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
  - b. Adsorption.
  - c. Distillation.
  - d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
  - e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
  - f. Air stripping or steam stripping.
4. **Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2) and/or fluoride salts may be treated by the following technologies:**
  - a. Chemical stabilization using silicates and/or cementitious types of reactions.
  - b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
  - c. Drying to remove water.
  - d. Separation based on differences in physical properties such as size, magnetism or density.
5. **Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:**

<ul style="list-style-type: none"><li><input type="checkbox"/> a. Chemical stabilization using silicates and/or cementitious types of reactions.</li><li><input type="checkbox"/> b. Drying to remove water</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> c. Phase separation by filtration, centrifugation or gravity settling.</li></ul>
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6. **Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:**
  - a. Chemical stabilization using silicates and/or cementitious types of reactions.
  - b. Drying to remove water.
  - c. Phase separation by filtration, centrifugation or gravity settling.
  - d. Screening to separate components based on size.
  - e. Separation based on differences in physical properties such as size, magnetism or density.
7. **Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:**

<ul style="list-style-type: none"><li><input type="checkbox"/> a. Chemical stabilization using silicates and/or cementitious types of reactions.</li><li><input type="checkbox"/> b. Drying to remove water.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> c. Phase separation by filtration, centrifugation or gravity settling.</li><li><input type="checkbox"/> d. Magnetic separation.</li></ul>
--	--
8. **Inorganic acid or alkaline wastes may be treated by the following technology:**
  - a. pH adjustment or neutralization.
9. **Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:**

<ul style="list-style-type: none"><li><input type="checkbox"/> a. Chemical stabilization using silicates and/or cementitious types of reactions.</li><li><input type="checkbox"/> b. Screening to separate components based on size.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> c. Magnetic separation.</li></ul>
--	--
10. **Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:**
  - a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
  - b. Distillation.
  - c. Neutralization
  - d. Separation based on differences in physical properties such as size, magnetism or density.
  - e. Reverse osmosis.
  - f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
11. **Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, Section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.**
  - a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
  - b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.
12. **Multi-component resins may be treated by the following process:**
  - a. Mixing the resin components in accordance with the manufacturer's instructions.
13. **A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.**

\_\_\_\_\_  
Certified Technology Number

**14. Aqueous wastes generated by rinsing products and fixtures holding products that were processed in cyanide containing solutions may be treated by the following technologies:**

- Oxidation by addition of hypochlorite
- Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- Alkaline chlorination
- Electrochemical oxidation
- Ion exchange
- Reverse osmosis

**15. Aqueous wastes generated by reverse osmosis or the regeneration of demineralizer (ion exchange) columns that were used for recycling of wastewaters at facilities that maintain zero discharge of wastewaters derived from the treatment of cyanide-containing aqueous waste**

- Oxidation by addition of hypochlorite
- Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- Alkaline chlorination
- Electrochemical oxidation
- Ion exchange
- Reverse osmosis

**16. Rinsate from rinsing equipment used to transfer aqueous solutions containing cyanides such as containers, pumps, and hoses may be treated by the following technologies:**

- Oxidation by addition of hypochlorite
- Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- Alkaline chlorination
- Electrochemical oxidation
- Ion exchange
- Reverse osmosis

**17. Aqueous wastes generated by the following onsite recycling activities 1) Rinsing spent anode bags prior to onsite reuse; or 2) Rinsing empty containers prior to onsite reuse may be treated by the following technologies:**

- Oxidation by addition of hypochlorite
- Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- Alkaline chlorination
- Electrochemical oxidation
- Ion exchange
- Reverse osmosis

**18. Aqueous wastes generated by onsite laboratories conducting analyses and testing may be treated by the following technologies:**

- Oxidation by addition of hypochlorite
- Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- Alkaline chlorination
- Electrochemical oxidation
- Ion exchange
- Reverse osmosis

**19. Process solutions containing cyanides with recoverable amounts of metal may be treated by the following technology:**

- Electrowinning to recover metals prior to further treatment, including destruction of incidental amounts of cyanide by electrochemical oxidation resulting from the electrowinning process

**20. Process solutions containing cyanides added slowly to a rinse tank at a level that never exceeds 5000 milligrams per liter cyanide in the rinse tank may be treated by the following technologies:**

- Oxidation by addition of hypochlorite
- Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
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- Electrochemical oxidation
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## Waste and Treatment Process Combinations

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627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.
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Neutralex Cert. #. 97-01-0024	SCIGEN 333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
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## Certification of Financial Assurance

This page is to be completed by the owner or operator of a Fixed Treatment Unit operating under Permit by Rule (PBR), or a generator operating pursuant to a grant of Conditional Authorization (CA). If this is a new facility, this certification should be attached to the Onsite Hazardous Waste Treatment Notification - Facility page. If this is an existing facility and you have previously submitted a Notification, the certification and the financial assurance mechanism may be submitted without another notification.

Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (22 CCR §67450.13(b) and HSC §25245.4). However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000 (22 CCR §67450.13(d)). PBR operations that operated less than thirty (30) days in any calendar year are also eligible for an exemption (22 CCR §67450.13(e)). Complete the page even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See HSC §67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility.

Refer to 22 CCR §67450.13 for financial assurance requirements.

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
  2. EPA ID NUMBER Enter the EPA ID number for the facility.
  3. BUSINESS NAME Enter the full legal name of the business.
  700. CERTIFICATION STATUS Check the reason the certification is being completed.
  701. TYPE OF OPERATION Check the type of operation. If type of operation is not listed, check "other" and indicate type in the space provided.
  702. ESTIMATED CLOSURE COSTS Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs.  
The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. Following is a model closure cost estimate:
- | ACTIVITY   | COST    |
|--|---------|
| 1. Removal, treatment (on-site or off-site), or disposal of waste inventories                              | _____   |
| 2. Removal and disposal of soil  | _____   |
| 3. Decontamination of equipment and structure  | _____   |
| 4. Demolition and removal of containment system components or structure                                    | _____   |
| 5. Transportation  | _____   |
| 6. Sampling and analysis of waste, soil, equipment, and structure  | _____   |
| 7. Certification or other demonstration of closure ("clean" closure or specified level of decontamination) | _____   |
| 8. Other expenses (specify)  | _____   |
| 9. Less Assets (salvage value of waste, equipment or property)   | - _____ |
| TOTAL COST OF CLOSURE  | = _____ |
- NOTE: For PBR only, if you have operated under PBR for less than 30 days in any calendar year, you qualify for an exemption. If eligible for the exemption, enter "EXEMPT" in this space.*
703. EXEMPTION FROM FINANCIAL ASSURANCE Check to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to \$10,000. A model letter using the required certifications must be submitted to claim this exemption.
  704. EXEMPTION FROM FINANCIAL ASSURANCE - OTHER Check to claim "other" reason for exemption from financial assurance requirements. Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.
  705. EXEMPTION FROM FINANCIAL ASSURANCE <30 DAYS PER YEAR - Check to claim the exemption from financial assurance requirements for owner or operator under PBR only and operating no more than thirty days in any calendar year.
  706. REQUIREMENT FOR FINANCIAL ASSURANCE Check to indicate whether the financial assurance mechanism is attached.
  707. DATE OF CLOSURE ASSURANCE MECHANISM Enter the effective date of the closure financial assurance mechanism.
  708. MECHANISM ID NUMBER If applicable, enter the number of the closure assurance mechanism, for example, the insurance policy number.
  709. CLOSURE ASSURANCE MECHANISM Check to indicate the type of financial mechanism established to provide the closure cost assurance.  
Eligible types are contained in 22 CCR §67450.13(a)(5). They are:
    1. A closure trust fund, as provided in 22 CCR §66265.143(a); DTSC Form 1154
    2. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR §66265.143(b); either DTSC Form 1155 or 1156 with DTSC Form 1154
    3. A closure letter of credit, as described in 22 CCR §66265.143(c); DTSC Form 1157
    4. Closure insurance, as described in 22 CCR §66265.143(d); DTSC Form 1158
    5. A financial test and corporate guarantee for closure, as described in 22 CCR §66265.143(e); either DTSC Form 1159 or 1173
    6. An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c); (no form)
    7. Use of multiple financial mechanisms for closure costs, as described in 22 CCR § 66265.143(g); (no form)
    8. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code; (no form) or,
    9. A savings account, as described in section 4-104(a) of the Uniform Commercial Code; (no form).

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from the CUPA or PA or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA or PA, rather than DTSC.
  710. FINANCIAL INSTITUTION OR SURETY NAME For items 710-714, enter the name and address of the financial institution, insurance
  711. FINANCIAL INSTITUTION OR SURETY ADDRESS company, surety company, or other appropriate organization used to establish the closure
  712. FINANCIAL INSTITUTION OR SURETY CITY financial assurance. Indicate your company if you are using a corporate guarantee and
  713. FINANCIAL INSTITUTION OR SURETY STATE financial test.
  714. FINANCIAL INSTITUTION OR SURETY ZIP CODE
  715. SIGNER OF CERTIFICATION - Check to indicate whether the person certifying is the owner or the operator of the facility.  
SIGNATURE The business owner, or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. The authorized signatory must be completed as specified in Title 22, CCR, Section 66270.11. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriate authorized person is signing for the company. Original signatures are required on all documents submitted.
  716. DATE CERTIFIED Enter the date that the document was signed
  717. OWNER/ OPERATOR NAME Enter the full printed name of the person signing the page.
  718. OWNER/ OPERATOR TITLE Enter the title of the person signing the page.



## Remote Waste Consolidation Site Annual Notification

Complete this page if you are a generator:

1. and you collect non-RCRA hazardous waste, and/or,
2. the hazardous waste or its management at the consolidation site is otherwise exempt from, or is not otherwise regulated pursuant to, RCRA (the Federal Resource Conservation Recovery Act), and,
3. subsequently, the hazardous waste is transported to consolidation sites which you also operate.

Complete one Remote Waste Consolidation Site Annual Notification per consolidation site. All generators having the intent to operate under this exemption must notify the CUPA annually.

Refer to HSC §25110.10 for eligibility and notification requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
2. EPA ID NUMBER - Enter the EPA ID number for the facility.
3. BUSINESS NAME - Enter the full legal name of the business.
720. NOTIFICATION STATUS - Check the reason the notification is being completed.
721. ADDRESS - Enter the street address of consolidation site. If no address exists, enter a legal description of the site.
722. CITY - Enter the city or unincorporated area of consolidation site.
723. ZIP CODE - Enter the zip code of the consolidation site.
724. DESCRIPTION OF REMOTE LOCATION(S) - Describe the type of location(s) and source(s) from which the non-RCRA hazardous waste will initially be collected (i.e. power pole).
725. DESCRIPTION OF WASTE(S) COLLECTED - Describe the specific waste type(s) to be consolidated. Attach a continuation sheet showing additional wastes, if necessary.
726. ONSITE HAZARDOUS WASTE TREATMENT - Check "Yes" if hazardous waste is treated at this consolidation site, check "No" if it is not.
727. ESTIMATED MONTHLY VOLUME CONSOLIDATED - Enter the estimated monthly total volume of hazardous waste to be consolidated at this site.
728. UNITS - Check the units for the volume consolidated.
729. BASIS FOR NOT NEEDING A FEDERAL PERMIT - Check the reason for not needing a federal permit for this site.  
If the hazardous waste is RCRA hazardous waste, describe the reason you are not subject to permitting requirements under federal law in the space provided.

**SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. Original signatures are required.**

730. DATE CERTIFIED - Enter the date that the document was signed.
731. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.
732. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.



## Hazardous Waste Tank Closure Certification

Complete and submit this page prior to initiating any cleaning, cutting, dismantling, or excavation of a tank system that meets the conditions below:

- ◆ Any tank system that previously held a hazardous material or a hazardous waste, that is identified as a hazardous waste, and that is destined to be disposed, reclaimed or closed in place.
- ◆ This does not apply to tank systems regulated under a hazardous waste facility permit, other than permit by rule (PBR), or to tank systems regulated under a grant of interim status, nor to a tank system or any portion thereof, that meets the definition of scrap metal in 22 CCR §66260.10 and is excluded from regulation pursuant to 22 CCR §66261.6(a)(3)(B).

Refer to 22 CCR §67383.3 and 23 CCR §2672 for disposal requirements for tank systems.

(Note: the numbering of the instructions follows the data element numbers that are on the UP FORM pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.

740. TANK OWNER NAME - Complete items 740-744, unless all items are the same as the Business Owner  
741. TANK OWNER ADDRESS information (items 111-116) on the Business Owner/Operator Identification page  
742. TANK OWNER CITY (OES Form 2730). If the same, write "SAME AS SITE" across this section  
743. TANK OWNER STATE  
744. TANK OWNER ZIP CODE

745. TANK ID NUMBER 1-3 - Enter up to three owner's tank ID numbers. This is a unique number used by the owner to identify the tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)

746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 - Enter three interior flammable vapor levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 749 and 752.)

747. CONCENTRATION OF OXYGEN 1-3 - Enter three interior oxygen levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 750 and 753).

SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided.

754. CERTIFIER NAME - Enter the full printed name of the person signing the page.

755. CERTIFIER TITLE - Enter the title of the person signing the page.

756. CERTIFIER ADDRESS - Enter the address of the person signing the page.

757. CERTIFIER CITY - Enter the city for the signer's address.

758. CERTIFIER PHONE - Enter the phone number for the person signing the page.

759. DATE CERTIFIED - Enter the date that the document was signed. Enter the time that the readings were taken.

760. CERTIFIER REPRESENTS LOCAL AGENCY - Check "Yes" if the person certifying the tank is a representative of the CUPA or PA, check "No" if not.

761. NAME OF LOCAL AGENCY - Enter the name of the local agency represented by the person certifying the tank.

762. AFFILIATION OF CERTIFYING PERSON - Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA/ PA.

763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank held flammable or combustible materials, check "No" if not.

764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.

# UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page    of

## I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) <sup>3</sup>	FACILITY ID#	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																					1
TANK OWNER NAME				740																			
TANK OWNER ADDRESS				741																			
TANK OWNER CITY		742	STATE	743	ZIP CODE	744																	

## II. TANK CLOSURE INFORMATION

TANK INTERIOR ATMOSPHERE READINGS	Tank ID # <small>(Attach additional copies of this page for more than three tanks)</small>	Concentration of Flammable Vapor			Concentration of Oxygen		
		Top	Center	Bottom	Top	Center	Bottom
1	745	746a	746b	746c	747a	747b	747c
2	748	749a	749b	749c	750a	750b	750c
3	751	752a	752b	752c	753a	753b	753c

## III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER	STATUS OR AFFILIATION OF CERTIFYING PERSON	
	Certifier is a representative of the CUPA or PA:	760
NAME OF CERTIFIER (Print)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of CUPA or PA:	761
TITLE OF CERTIFIER	_____	762
ADDRESS	If certifier is other than CUPA / PA check appropriate box below:	
	<input type="checkbox"/> a. Certified Industrial Hygienist (CIH)	
	<input type="checkbox"/> b. Certified Safety Professional (CSP)	
CITY	<input type="checkbox"/> c. Certified Marine Chemist (CMC)	
	<input type="checkbox"/> d. Registered Environmental Health Specialist (REHS)	
PHONE	<input type="checkbox"/> e. Professional Engineer (PE)	
	<input type="checkbox"/> f. Class II Registered Environmental Assessor	
DATE <sup>759</sup>	<input type="checkbox"/> g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)	
CERTIFICATION TIME		

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS	
<small>(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC:	

A copy of this certificate shall accompany the tank to the recycling / disposal facility. Also, provide copies to the CUPA, applicable Participating Agency (PA), owner / operator of the tank system, removal contractor, and the recycling / disposal facility.

<b>OFFICIAL USE ONLY</b>	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

## HAZARDOUS WASTE GENERATOR PAGE (LA COUNTY)

The waste generator page is used to identify your generator status and all waste streams generated at your facility.

1. FACILITY ID NUMBER Leave this blank. The Certified Unified Program Agency (CUPA) assigns this number that identifies your facility.
2. EPA ID # If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
3. BUSINESS NAME Enter the full legal name of the business.
- 133b. NUMBER OF EMPLOYEES Enter the total number of employees currently working at your facility.
- A. TYPE OF GENERATOR Check the box that most closely apply to your facility. Check no more than one box per column.  
  
RCRA GENERATOR Check the box that best describes the amount of Federal listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate hazardous waste regulated under Subtitle C of RCRA (the Resource Conservation and Recovery Act of 1976).  
  
NON - RCRA GENERATOR Check the box that that best describes the amount of California-only listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate non-RCRA hazardous waste.  
  
Boxes include:
  - ◆ Large Quantity Generator (greater than 1000 kg per Hazardous Waste per month)
  - ◆ Small Quantity Generator (less than 1000 kg per month but greater than 100 kg Hazardous Waste per month)
  - ◆ Conditionally Exempt Small Quantity Generator (less than 100 kg Hazardous Waste per month)Note:
  1. 1 kg = 2.2 lbs.
  2. For Acutely Hazardous Waste or Extremely Hazardous Waste, facilities that generate greater than 1 kg per month are considered Large Quantity Generators and facilities that generate less are considered Conditionally Exempt Small Quantity Generators.
- B. PROCESS Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
- C. WASTE DESCRIPTION Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
- D. WASTE ID List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR § 66261.126.
- E. AMOUNT PER YEAR List the amount of hazardous waste generated from each separate process in kilograms, pounds, gallons, or tons per year.
- F. STORAGE METHOD Enter the letter that corresponds to the type of storage used at your facility for each of the hazardous waste streams listed.
  - A = Drums
  - B = Underground Tank
  - C = Aboveground Tank
  - D = Waste Pile
  - E = In Process Equipment
- G. DISPOSAL METHOD Enter the letter in the space provided to describe the disposal method used at your facility for each of the hazardous waste streams listed.
  - A = Treatment Onsite
  - B = Treatment Offsite
  - C = Recycle Onsite
  - D = Recycle Offsite
- H. OWNER/OPERATOR NAME Indicate the name of the person who signed the form.
- I. OWNER/OPERATOR TITLE Indicate the title of the person who signed the form.
- J. DATE Indicate the date the form was signed.

# UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

PAGE      OF

BUSINESS NAME: 3

FACILITY ID # <span style="float: right;">1</span>	NO. OF EMPLOYEES: <span style="float: right;">133b</span>	EPA ID # <span style="float: right;">2</span>
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## I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY (Check no more than one box per column) A

	RCRA GENERATOR (FEDERAL WASTE)	NON -RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>

## II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS <span style="float: right;">B</span>	WASTE DESCRIPTION <span style="float: right;">C</span>	WASTE ID <span style="float: right;">D</span>	AMOUNT PER YEAR <span style="float: right;">E</span>	STORAGE METHOD <span style="float: right;">F</span>	DISPOSAL METHOD <span style="float: right;">G</span>

*I certify that the information provided herein is true and accurate to the best of my knowledge.*

OWNER/OPERATOR NAME <span style="float: right;">H</span>	OWNER/OPERATOR TITLE <span style="float: right;">I</span>
OWNER/OPERATOR SIGNATURE	DATE <span style="float: right;">J</span>

<b>OFFICIAL USE ONLY</b>	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT      INSPECTOR