



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
 Division of Environmental Health
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UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION/CLOSURE PLAN

1. Facility Name (Tank Site): _____ Bldg. No.: _____
 Address: _____ City: _____ Zip: _____
 EPA ID No.: _____ Contact Person: _____ Phone No.: (____) _____
2. Tank Owner's Name: _____
 Address: _____ City: _____ Zip: _____
3. Tank Operator's Name: _____
 Address: _____ City: _____ Zip: _____
4. Applicant's Name: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Phone No.: (____) _____
5. Tank Closure Contractor: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Phone No.: (____) _____
 Hazardous Substance Removal Certificate: ___ on file ___ attached
 Worker's Compensation Declaration: ___ on file ___ attached ___ not applicable
 Business License (if required): ___ on file ___ attached ___ not applicable
6. Tank Cleaning Company: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Phone No.: (____) _____
7. Firm that will take soil/water samples: _____ Phone No.: (____) _____
8. State-certified laboratory that will analyze samples: _____ Phone No.: (____) _____

This box is for agency use only

Laboratory analyses shall test for:										
	TPHG	TPHD	BTEX, MTBE TAME, ETBE, DIPE, TBA, EDB, EDC (EPA 8260)	Organic Lead (DHS-LUFT)	O&G	Cl HC	Metals (Cd, Cr, Pb, Ni, Zn (ICAP or AA)	PCB, PCP, PNA, Creosote (EPA 8270)	pH	Other (Specify)
Tank 1										
Tank 2										
Tank 3										
Tank 4										
Tank 5										
Tank 6										

Inspector in field may require additional analyses.

Tank Site Address (from page 1): _____

For Tank Removal, answer questions under #9. For Closure In Place, answer questions under #10. For Temporary Closure see #11.

9. Disposal of Tank/Piping

Will a hazardous waste manifest be used? () Yes () No

Is tank to be used for scrap material? () Yes () No

Is the tank to be reused? () Yes () No

If yes: Name of Future Owner _____

Mailing address _____

Location of reuse _____

Nature of use _____

Name of Licensed Transporter of Tanks: _____

Address: _____

EPA ID No.: _____ Phone No.: (____) _____

Destination: _____

Environmental Health staff must be present to examine the site when tank(s) are removed and to observe the collection of soil/groundwater samples.

10. Closure in Place

Reason why tank(s) cannot be removed from site: _____

What inert material will be used to fill tank(s)? _____

Environmental Health staff must be present when soil/groundwater samples are collected and when last 1/3 of the container is filled.

11. Temporary Closure

For where storage has ceased but will be used again within 12 months

- a) All residuals removed
- b) Tank inerted as often as necessary to preclude explosion
- c) May be filled with a non-corrosive non-hazardous substance. Substance to tested at end of closure period
- d) All openings sealed
- e) Power supply cut
- f) Inspect tank system once every three months. Keep log
 - 1) Visually inspect all locked caps and plugs
 - 2) Remove one caps to determine if fluids have been added or removed
- g) At the end of the closure period tank system must meet new tank requirements of CCR Title 23 Article 3 or Article 6.
- h) Continue to comply with repair and record keeping requirements, release reporting and investigative requirements, release response and corrective action requirements of Health and Safety code Chapter 6.7 and California Code of Regulations Chapter 16.

UST Closure Permit Application / Closure Plan – page 3 of 3

Tank Site Address (from page 1): _____

12. Tank System: <u>Size (gallons)</u>	<u>Substance(s) Previously Contained</u>
Tank 1 _____	_____
Tank 2 _____	_____
Tank 3 _____	_____
Tank 4 _____	_____
Tank 5 _____	_____
Tank 6 _____	_____

If the owner/operator does not have a current Hazardous Materials Business Plan (HMBP) which includes these tanks on file with the local agency, provide an 8-1/2” x 11” plot plan of the tanks to be closed. Indicate the nearest cross street to the facility, buildings immediately adjacent to the tanks, location(s) of tanks to be closed, and location of nearby utilities.

This Underground Tank Closure Permit expires ONE YEAR from the date of application. If tanks have not been closed within ONE YEAR, a new closure permit application and appropriate fees may be required.

Facility closure inspections must be scheduled at least 48 hours in advance. Call Lake County Environmental Health to make necessary arrangements.

DANGER: Improper handling of tanks or piping during closure, removal, closure in place, inerting transportation, cutting, or disposal may result in fire or explosion.

I certify that I have read the tank closure guidelines and declare that the above information is correct to the best of my knowledge. The owner of the tank(s) described above is aware of the pending closure. I agree to comply with all applicable city and county ordinances and state laws relating to hazardous materials/wastes, and hereby authorize representatives of local agencies to enter upon the within mentioned property for inspection purposes.

Applicant/Agent’s Name (Print)
Applicant/Agent’s Signature
Date

These boxes are for Lake County Environmental Health use only

THIS APPROVAL CONSTITUTES A PERMIT FOR REMOVAL OF THE ABOVE LISTED TANKS.

Date: _____ Print Name: _____ Sign Name: _____

THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE. *

Date: _____ Print Name: _____ Sign Name: _____

- If contamination of any detectable concentration is found, contact the Lake County Environmental Health Division for cleanup and/or remediation requirements.

**GUIDELINES FOR PERMANENT CLOSURE OF UNDERGROUND
HAZARDOUS MATERIALS
STORAGE TANK SYSTEMS AND SUMPS**

Authority Cited: California Fire Code; Title 23, Div. 3, Ch. 16 CCR; Ch. 6.7 H&SC;

A. General Information

These guidelines are applicable to hazardous material underground storage tank systems (tanks and piping), and sumps regulated by the California Underground Storage Tank Regulations, and those regulated under California Health and Safety Code Chapter 6.5 as hazardous waste. This includes facilities in both incorporated and unincorporated areas.

1. A Permit for Removal / Closure in place of underground tank systems or sumps will be issued upon approval by the Lake County Environmental Health, of an Underground Storage Tank System Closure Permit Application or Closure Plan.

Submit the following:

- a) A completed application to close underground storage tank(s)
- b) Completed state forms A and B
- c) Submit appropriate application fees (see Fee Schedule)
- d) Site safety / work plan

The site safety plan shall describe how the work will be performed in a safe manner. The plan shall include the following:

- 1) Methods used to clean the tank
- 2) Disposal of Rinsate
- 3) Storage and transportation of hazardous materials
- 4) Methods used to render tanks non-explosive
- 5) Methods used to monitor tank atmosphere
- 6) Procedure taken to prevent source of ignition
- 7) Procedure for crowd control and traffic control
- 8) Steps taken to secure the pit if left open for any period of time
- 9) Any other safety procedures necessary to maintain the health and safety of all interested parties and the environment

2. Upon satisfactory review and approval of the Closure Permit Application/Closure Plan, the owner of the hazardous materials storage tank or sump shall carry out the proposed actions. Tank and sump removal, closure in place, and sampling activities must be witnessed by a representative from the Lake County Environmental Health. Closure inspections must be scheduled at least 48 hours in advance. 707-263-1164

3. Owners/Operators of tank systems or sumps undergoing closure may be required to possess the following:

- a. A hazardous waste EPA Identification Number. Available by telephone from Cal/EPA at (916) 324-1781.
- b. A Generator Hazardous Waste Tax Account Number (for commercial facilities). Available by telephone from the State Board of Equalization at (916) 322-9534.

4. Contractors shall submit or have filed with the local agency information verifying that they Possess a current State Contractor's License (A, B, C-36, C-61/D-40), State Hazardous Substance Removal Certificate, Workmen's Compensation Insurance, and - if required by the local jurisdiction - Business License. Contractor information may be obtained by calling the Contractors State License Board at (800) 321-2752. Submit name, address, telephone number, license number, class, and Workman's Compensation Insurance number.

5. Advise the Lake County Air Management District prior to removal of any underground fuel storage tank. It should be at least 14 days before start of excavation. For further information regarding this requirement, call (707) 263-7000.

6. Underground Service Alert should be contacted at (800) 642-2444 prior to the start of excavation.

7. The contractor shall be responsible for ensuring that conditions at the site provide for workplace safety, protection of the environment, and maintenance of integrity of nearby structures.

8. Cal/OSHA requires that the Site-Specific Health and Safety Plan be maintained on site during closure activities.

9. Soil/groundwater samples shall be analyzed by a laboratory state-certified for the required analyses and handled under a chain-of-custody form. Sample results without a chain-of-custody form shall be considered invalid and re-sampling will be required.
10. When groundwater is encountered, groundwater samples shall be required as described in Central Valley Regional Water Quality Control Board Guidelines.
11. If contamination of any detectable concentration is found, further soil and groundwater investigation may be required. At this point the site will be referred to the State Regional Water Quality Control Board at (916) 255-3000.
12. Backfilling of excavations shall be done in compliance with the Lake County guidance. For further information, contact Lake County Environmental Health at (707) 263-1164.
13. Monitoring wells shall be destroyed as required. The Lake County Environmental Health requires a permit for the destruction of water wells. For further information, call (707) 263-1164.
14. Check with local agencies (e.g. Building, Public Works or Fire Departments) regarding requirements for additional permits (e.g. electrical, plumbing, excavation, compaction and grading, etc.) and any work impacting public streets, walkways, and rights-of-way.
15. The tank owner or authorized representative (applicant or contractor) of the tank owner shall submit a new or revised Hazardous Materials Management Plan/Business Plan, if appropriate.
16. Owners of hazardous materials storage tanks shall submit completed State of California Water Resources Control Board Underground Storage Tank Program information forms - Form 'A' (for site), and Form 'B' (for each tank) - to the local agency along with the Closure Permit Application/Closure Plan. Contact Lake County Environmental Health for forms.

B. Tank Closure (Removal or Close in Place)

1. Once authorized by this office to proceed, have trained and licensed contractor, remove from tanks and piping all liquid, sludge, and flammable vapors prior to tank removal. Manage waste in accordance the state and federal hazardous waste laws. Materials generated, as a result of the rinsing or decontamination of the tanks shall be manifested as hazardous waste. The tank will be inspected to ensure that all contents sludge and debris has been removed. If unable to demonstrate adequate tank cleaning with monitoring devices, treat the tank as hazardous waste, and have a hazardous waste contractor remove and dispose of it.
2. Any storm drains in the area of the excavation must be covered in order to exclude silt and debris from entering the drainage system.
2. All tanks and piping shall be manifested and hauled by a licensed hazardous waste transporter to a permitted hazardous waste facility, whether or not they have been rinsed on site.
3. Tanks shall be removed from the excavation within 24 hours of removal of backfill.
4. Tank removal or relocation may commence only after the local agency inspector has given approval.
5. All tanks shall be transported from the site on the same calendar day as they are removed from the ground or they may be required to be placed back into the excavation. Provide documentation regarding disposal or reuse of removed underground storage tanks within 30 days of tank removal.
6. All electrical service to tank(s)/pumps shall be terminated prior to start of excavation.
7. The pump and all associated piping shall be removed or capped if it is unable to be removed. (Note: Plumbing permits may be required.)
8. For tanks previously containing flammable/combustible materials, the licensed tank closure contractor shall provide, on-site and readily accessible, at least one 40BC rated portable fire extinguisher and a calibrated meter capable of measuring LEL (Lower Explosive Limit) and oxygen levels.
9. Tanks previously containing flammable/combustible materials shall be made safe for removal from the excavation by the addition of dry ice (carbon dioxide) at a rate of 15 pounds per 1000 gallons or other methods approved by the local agency sufficient to achieve an atmosphere of less than 10% Oxygen and less than 20% LEL.

10. All openings other than a pressure relief hole at the top of each tank to allow for venting shall be capped or plugged immediately after removal.

11. The tank closure contractor shall provide tank removal/lifting equipment of a size adequate to safely remove tanks.

12. If an excavation is to remain open after the contractor leaves the site, the excavation perimeter shall be fenced 6' high or posted with a 24-hour guard.

13. All stockpiles of contaminated/suspect soil shall be stored on bermed plastic and covered until disposed. Contact Lake County Environmental Health at (707) 263-1164 and the Central Valley Regional Water Quality Control Board at (916) 255-3000 and the Lake County Air Quality Management District at (707) 263- 7000 regarding treatment and disposal of contaminated soil.

14. Upon removal, the tank will be inspected to determine if there are any visible holes, cracks, corrosion, or other indications of leakage from the tank. It then must be transported under a hazardous waste manifest and disposed of properly.

C. Soil and Groundwater Sampling

1. Licensed and trained personnel must do sampling, at the time of the tank removal or before closure in place to verify that no contamination has occurred in soil or water. Location and manner of sampling and analyses shall be in accordance with the local Regional Water Quality Control Board Guidelines and as directed by the field inspector. (See table #1 and #2)

2. Soil samples shall be required under dispensers and every 20 linear feet along piping runs and as directed by the inspector overseeing closure. Where pipeline samples can not be taken (e.g. under structures), pipeline pressure testing shall be required to determine if leakage has occurred. Additional samples may be required.

3. All samples shall be immediately transported in a chest on ice to the laboratory for analysis. (24 hour turn around time)

4. Samples may not be composited by the laboratory and analyzed together.

5. Submit lab analysis to Lake County Environmental Health for review

D. Sump Closure

All relevant requirements for underground storage tank closure shall apply to sump closure activities. The following are requirements specific to sump closure:

1. All piping and sewer connections shall be removed where applicable. (Note: Plumbing permits may be required.)

2. Sumps shall be sampled to determine proper disposal method, or disposed of as hazardous waste based on generator knowledge of hazardous nature. Specific sample analyses required is dependent upon materials which were or might have been introduced into the sump structure.

3. Concrete shall be cored or jackhammered to permit collection of native soil samples from beneath the structure. Soil samples may be required from beneath any piping run.

4. Sumps may be either removed from the ground and disposed of in an approved manner, or crushed in place and backfilled subject to the approval of the inspector overseeing closure

E. Summary of Requirements to Obtain Final Tank System Closure

The following information shall be submitted to the local agency overseeing closure within 60 days of tank removal:

Two copies of...

- 1) Analytical results from samples within 24 hours
- 2) Sample Chain(s)-of-Custody within 30 days of removal of tank
- 3) Site drawings showing tank location(s), pipeline runs, sampling locations, and sampling depths

One photocopy of the TSDf-signed copy of each hazardous waste manifest used to transport the following items:

Tanks/Piping, Rinsate

Laboratory shall note status of evidence tape and condition of samples at time of sample receipt on chain-of-custody or lab report.

MINIMUM SAMPLING FOR UNDERGROUND TANK CLOSURE

TABLE #1

CASE A: WATER NOT PRESENT IN TANK EXCAVATION

1. Remove a maximum of two feet of native soil before sampling
2. If areas of obvious contamination are observed, they are to be sampled

TANK SIZE	MINIMUM NUMBER OF SOIL SAMPLES	LOCATION OF SOIL SAMPLES
LESS THAN 1000 GALLONS	ONE PER TANK	FILL OR PUMP END OF TANK
1000 – 10,000 GALLONS	TWO PER TANK	ONE AT EACH END OF TANK
GREATER THAN 10,000 GALLONS	THREE OR MORE PER TANK	ENDS AND MIDDLE OR EQUALLY SPACED ALONG THE LENGTH OF THE TANK
PIPING	ONE	EVERY 20 LINEAL FEET

CASE B: WATER PRESENT IN TANK EXCAVATION

1. The tank excavation may be purged and allowed to refill before sampling. The purged water is to be handled correctly.
2. The water sample is to be representative of water in the tank excavation.

TANK SIZE	MINIMUM NUMBER OF SOIL SAMPLES	LOCATION OF SOIL SAMPLES	MINIMUM NUMBER OF WATER SAMPLES
10,000 GALLONS OR LESS (SINGLE TANK)	TWO	FROM WALL NEXT TO TANK ENDS AT THE SOIL/GROUND WATER INTERFACE	ONE
GREATER THAN 10,000 GALLONS OR A TANK CLUSTER	FOUR	FROM WALL NEXT TO TANK ENDS AT THE SOIL/ GROUND WATER INTERFACE	ONE

RECOMMENDED MINIMUM VERIFICATION ANALYSIS FOR UNDERGROUND TANK CLOSURE

TABLE #2

HYDROCARBON LEAK	SOIL ANALYSIS (SW-846 METHOD)	WATER ANALYSIS (WATER / WASTE WATER METHOD)
GASOLINE (LEADED AND UNLEADED)	TPHG 8015M OR 8260 BTEX 8260 EDB & EDC 8260 MTBE, TAME, ETBE, DIPE, AND TBA BY 8260 TOTAL LEAD AA <i>OPTIONAL</i> - ORGANIC LEAD BY DHS-LUFT	8015M OR 524.2/624 (8260) 524.2/624 (8260) 524.2/624 (8260) 524.2/624 (8260) AA DHS-LUFT
UNKNOWN FUEL	TPHG 8015 OR 8260 TPHD 8015 OR 8260 BTEX 8260 EDB & EDC 8260 MTBE, TAME, ETBE, DIPE, AND TBA BY 8260 TOTAL LEAD AA <i>OPTIONAL</i> - ORGANIC LEAD BY DHS-LUFT	8015M OR 524.2/624 (8260) 8015M OR 524.2/624 (8260) 524.2/624 (8260) 524.2/624 (8260) 524.2/624 (8260) AA DHS-LUFT
DIESEL, JET FUEL, KEROSENE, AND FUEL/HEATING OIL	TPHD 8015M OR 8260 BTEX 8260 EDB & EDC 8260 MTB, TAME, ETBE, DIPE, AND TBA BY 8260	8015M OR 524.2/624 (8260) 524.2/624 (8260) 524.2/624 (8260) 524.2/624 (8260)
CHLORINATED SOLVENTS	CL HC 8260 BTEX 8260 OR 8021	524.2/624 (8260) 524.2/624 (8260) OR 502.2/602 (8021)
NON - CHLORINATED SOLVENTS	TPHD 8015M OR 8260 BTEX 8260 OR 8021	8015M OR 524.2/624 (8260) 524.2/624 (8260) OR 502.2/602 (8021)
WASTE, USED, OR UNKNOWN OIL	TPHG 8015M OR 8260 TPHD 8015M OR 8260 OIL & GREASE 9070 BTEX 8260 CL HC 8260 EDB & EDC 8260 MTBE, TAME, ETBE, DIPE, AND TBA BY 8260 METALS (Cd, Cr, Pb, Ni, Zn BY ICAP OR AA PCB, PCP, PNA, CREOSOTE BY 8270 [IF FOUND ANALYZE FOR DIBENSOFURANS (PCBs) OR DIOXINS (PCP)]	8015M OR 524.2/624 (8260) 8015M OR 524.2/624 (8260) 418.1 524.2/624 (8260) 524.2/624 (8260) 524.2/624 (8260) 524.2/624 (8260) ICAP OR AA 524/625 (8270)
NOTES: 1. 8021 REPLACES OLD METHODS 8020 AND 8010	2. 8260 REPLACES OLD METHOD 8240	3. REFERENCE: TABLE B-1 IN APPENDIX B OF "EXPEDITED SITE ASSESSMENT TOOLS FOR UNDERGROUND STORAGE TANK SITES: A GUIDE FOR REGULATORS" (EPA 510 - B - 97 - 001)

Tank Site Name and Address (from page 1): _____

6. Remaining product/waste in the tank(s) was/will be shipped to the following destination:

Facility Name: _____ EPA ID No. (If applicable): _____

Name of Transporter: _____ EPA ID No. (If applicable): _____

Check this box if the tank(s) was/were emptied by drawing down inventory through normal product use. []

7. Intended Disposition and Destination of Tank System(s) [Describe where the tank system(s) will be sent after cleaning and how they will be managed]:

8. Rinsate and any other hazardous wastes will be shipped to the following recycling/disposal facility:

TSDF Name: _____ EPA ID No.: _____

Name of Licensed Waste Transporter: _____ EPA ID No.: _____

Applicant Certification

I certify that I have read the Guidelines for On-Site Cleaning of Hazardous Materials Storage Tank Systems and California Code of Regulations, Title 22, Div. 4.5, Chapter 32, and declare that the above information is correct to the best of my knowledge.

Applicant/Agent's Name (Print) Applicant / Agent's Signature / Date

Tank Operator Certification

[Note: This certification must be completed by the operator of the tank system, not the contractor or agent. If the most recent hazardous contents of the tank(s) are unknown, and residuals remain in the tank(s) in sufficient quantity to be collected and analyzed, a report of chemical analysis may be attached to this application in place of the Operator's certification.]

I am the operator of the tank system(s) covered by this application. I hereby certify that the tank(s) last held the following hazardous material(s)/waste(s):

Identity of Material(s) or Waste(s):

Tank Operator's Name (Print) / Tank Operator's Signature / Date

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1.	EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)				

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...		If Yes, please complete these pages of the UPCF...
<p>A. HAZARDOUS MATERIALS</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>	<input type="checkbox"/> YES <input type="checkbox"/> NO 4.	<p>HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)</p>
<p>B. UNDERGROUND STORAGE TANKS (USTs)</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>	<input type="checkbox"/> YES <input type="checkbox"/> NO 5. <input type="checkbox"/> YES <input type="checkbox"/> NO 6. <input type="checkbox"/> YES <input type="checkbox"/> NO 7.	<p>UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion – one page per tank)</p>
<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO 8.	<p>NO FORM REQUIRED TO CUPAs</p>
<p>D. HAZARDOUS WASTE</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>	<input type="checkbox"/> YES <input type="checkbox"/> NO 9. <input type="checkbox"/> YES <input type="checkbox"/> NO 10. <input type="checkbox"/> YES <input type="checkbox"/> NO 11. <input type="checkbox"/> YES <input type="checkbox"/> NO 12. <input type="checkbox"/> YES <input type="checkbox"/> NO 13. <input type="checkbox"/> YES <input type="checkbox"/> NO 14.	<p>EPA ID NUMBER – provide at the top of this page</p> <p>RECYCLABLE MATERIALS REPORT (one per recycler)</p> <p>ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772)</p> <p>ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)</p> <p>CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)</p> <p>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)</p> <p>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</p>

E. LOCAL REQUIREMENTS

(You may also be required to provide additional information by your CUPA or local agency.)

15.

You must submit the Business Activities page with all submittals. [Note: Numbering of these instructions follows the Unified Program Consolidated Form (UPCF) data element numbers on the Business Activities page. These data element numbers are used for electronic submittal and are the same as the numbering used in 27 CCR, Appendix C, the Unified Program Data Dictionary.] Please number all pages of your submittal.

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
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 do not have an ID number, contact the Department of Toxic Substances Control (DTSC) at 1-800-618-6942 to obtain one.
3. BUSINESS NAME - Enter the complete Facility Name.
4. HAZARDOUS MATERIALS ONSITE - Check the appropriate box to indicate whether you have any hazardous material on site in a quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the above Hazardous Materials Business Plan Information Sheet).
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", and you do not already have on file with your local agency a UST Facility page, UST Tank page for each tank, written UST Monitoring Plan, and UST Response Plan, then you must submit those documents. (There are no UPCF pages for the monitoring and response plans.)
6. UST INSTALLATION/UPGRADE - Check the appropriate box to indicate whether you have installed or upgraded USTs containing hazardous substances as defined in HSC §25316. If "YES," then you must submit to your local agency a UST Installation - Certificate of Compliance page for each tank in addition to the UST Facility and Tank pages.
7. UST CLOSURE - Check the appropriate box if you are closing a UST and complete the closure portion of the UST Tank page for each tank.
8. OWN/OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST) - Check the appropriate box to indicate whether your facility stores petroleum aboveground in any tank greater than 660 gallons capacity or has aggregate aboveground petroleum storage greater than 1,320 gallons. (There is no UPCF page for ASTs.) The following are exempt from this requirement:
 - Pressure vessels or boilers subject to Division 5 of the Labor Code;
 - Tanks containing hazardous waste if a hazardous waste facility permit has been issued by DTSC;
 - Aboveground oil production tanks regulated by the Division of Oil and Gas;
 - Certain oil-filled electrical equipment, including, but not limited to, transformers, circuit breakers, and capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates a waste that meets any of the hazardous waste criteria adopted pursuant to HSC §25141.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. If you check "YES," and you do not already have a current Recyclable Materials Report on file with your Certified Unified Program Agency (CUPA), then you must also submit that report to the CUPA. Check "NO" if you only send recyclable materials to an offsite recycler.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in regulated onsite treatment of hazardous waste. If you check "YES," and you do not already have current Onsite Hazardous Waste Treatment Notification - Facility and Onsite Hazardous Waste Treatment Notification - Unit documents on file with your CUPA, then you must submit those forms to the CUPA.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility has Permit by Rule (PBR) and/or Conditionally Authorized (CA) operations subject to financial assurance requirements for closure of an onsite treatment unit. If you check "YES," and you do not already have current "Certification of Financial Assurance" on file with your CUPA, then you must submit that form to the CUPA.
13. HAZARDOUS WASTE REMOTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. By answering "YES," you are indicating that you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. If you check "YES," and you do not already have current "Remote Waste Consolidation Site Annual Notification" page on file with your CUPA, then you must submit that form to the CUPA.
14. HAZARDOUS WASTE TANK CLEANING - Check the appropriate box if any tank has been cleaned onsite per Title 22, Div. 4.5, Ch. 32, CCR. If you check "YES," then you must submit a Hazardous Waste Tank Closure Certification to your local agency.
15. LOCAL REQUIREMENTS - Check with your local agency before submitting this document to determine if any supplemental information is required.

Business Owner/Operator Identification Page (OES Form 2730) Instructions

Except when using the Hazardous Materials Business Plan Certification Form, you must submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages with all hazardous materials inventory submittals. (Note: Numbering of these instructions follows the UPCF data element numbers on the Owner/Operator page.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
3. BUSINESS NAME - Enter the complete Facility Name.
100. BEGINNING DATE - Enter the beginning year and date of the report.
101. ENDING DATE - Enter the ending year and date of the report.
102. BUSINESS PHONE - Enter the phone number, including area code and any extension.
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.
105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
106. DUN & BRADSTREET - If the business has a D&B number, enter it here.
107. SIC CODE - Enter the 4 digit Standard Industrial Classification Code number for the facility's primary business activity.
108. COUNTY - Enter the name of the county in which the facility is located.
109. BUSINESS OPERATOR NAME - Enter the name of the facility operator.
110. BUSINESS OPERATOR PHONE - Enter the operator's phone number, including area code and any extension.
111. OWNER NAME - Enter the name of the facility owner, if different from the operator.
112. OWNER PHONE - Enter the owner's phone number, including area code and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's street or P.O. box mailing address, if different from the 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 5 or 9 digit zip code for the owner's mailing address.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who will receive all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE - Enter the environmental contact's phone number, including area code and any extension.
119. CONTACT MAILING ADDRESS - Enter the street or P.O. box mailing address where all environmental contact correspondence should be sent, if different from the site address.
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 5 or 9 digit zip code for the environmental contact's mailing address.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative (i.e. Emergency Coordinator) who can be contacted in case of an emergency involving hazardous materials at the facility. This person 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 Coordinator.
125. BUSINESS PHONE - Enter primary Emergency Coordinator's business phone number, including area code and any extension.
126. 24-HOUR PHONE - Enter a phone number that will be answered 24 hours a day. If not the primary Emergency Coordinator's home phone number, then the number of an answering service able to immediately contact the primary Emergency Coordinator must be provided. Please note that this is a public document, so any telephone number provided is available to the general public any time a review of your facility's records is conducted.
127. PAGER NUMBER - Enter the pager number for the primary Emergency Coordinator, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary Emergency Coordinator who can be contacted in the event that the primary Emergency Coordinator 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 Coordinator.
130. BUSINESS PHONE - Enter secondary Emergency Coordinator's business phone number, including area code and any extension.
131. 24-HOUR PHONE - Enter a phone number for the secondary Emergency Coordinator. See instructions for item 123, above.
132. PAGER NUMBER - Enter the pager number for the secondary Emergency Coordinator, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - Enter the name and phone number for the property owner. Enter the complete mailing address to which bills for permit fees should be sent, if different from items 119-122, above.
- 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 that the signer is familiar with the information submitted, and that based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the submitted information is true, accurate, and complete.
134. DATE - Enter the date that the document was signed.
135. NAME OF DOCUMENT PREPARER - Type or print the full name of the person who prepared the Business Plan information.
136. NAME OF SIGNER - Type or print the full name of the person signing this document.
137. TITLE OF SIGNER - Enter the title of the person signing this document.

Hazardous Waste Inventory Statement

Date: ___/___/___

Business Name: (Same as Facility Name or DBA)											Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page ___ of ___ (One page per building or area)			
Chemical Location: (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No				Facility ID # (Agency Use Only)										
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities				7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories		
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.	Storage Pressure			Storage Temp.				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste						<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:							
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste						<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:							
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste						<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:							
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste						<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:							
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste						<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:							

- | | | | | | | |
|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| * Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type |
| A Aboveground Tank | D Steel Drum | G Carboy | J Bag | M Glass Bottle or Jug | P Tank Wagon | |
| B Belowground Tank | E Plastic/Nonmetallic Drum | H Silo | K Box | N Plastic Bottle or Jug | Q Rail Car | |
| C Tank Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other | |

If EPCRA, sign below:

Hazardous Waste Inventory Statement Instructions (Modified UPCF Hazardous Materials Inventory - Chemical Description Page)

All hazardous wastes handled at the facility must be listed on the Hazardous Waste Inventory Statement [or the Unified Program Consolidated Form (UPCF) Hazardous Materials Inventory - Chemical Description form (available on the Internet at www.unidocs.org)]. This form allows you to report up to six wastes on a single page. Do not list non-waste hazardous materials on this form.

You must complete a separate inventory line for each individual hazardous waste that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect **all** hazardous wastes at your facility, reported **separately** for each building or outside storage area, with **separate** inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret wastes must be listed on separate pages. Make additional copies of this form if needed. Your local agency may be capable of accepting electronic reporting of this information. Contact your local agency for details.

1. DATE - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
2. BUSINESS NAME - Enter the complete Facility Name.
3. TYPE OF REPORT ON THIS PAGE - Indicate whether the waste is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
4. PAGE NUMBER - Number each page of the inventory appropriately.
5. CHEMICAL LOCATION - Enter the name of the building or outside area where the hazardous wastes reported on this page are handled. A waste stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
6. EPCRA CONFIDENTIAL LOCATION - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
7. TRADE SECRET INFORMATION- Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
8. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
9. HAZARD CLASS - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the waste being reported on each line.
10. MAP & GRID OR LOCATION CODE - In Column 2, enter the page number of the Storage Map where the location of the hazardous waste is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous waste. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map.
11. WASTE STREAM NAME & MANAGEMENT METHOD - In Column 3, enter the following information:
 - WASTE STREAM NAME - The Common Name of the hazardous waste (e.g. Used Oil, Spent Solvent).
 - MANAGEMENT METHOD - Check the appropriate box(es) to indicate how you manage the waste.
12. HAZARDOUS COMPONENTS - In column 4, enter the following information regarding Hazardous Components that make up the waste listed in Column 3:
 - CHEMICAL NAME - List the chemical name of each hazardous component in the mixture ranked by percent weight. All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - % BY WEIGHT - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - EHS - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A.
 - CAS NUMBER - List the Chemical Abstract Service (CAS) number for each hazardous component.
13. TYPE & PHYSICAL STATE - In column 5, identify the physical state by checking the "solid", "liquid", or "gas" box.
14. QUANTITIES - In the appropriate spaces within column 6, list:
 - MAXIMUM DAILY AMOUNT* - Enter the maximum amount of the hazardous waste handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - AVERAGE DAILY AMOUNT* - Calculate the average daily amount of the hazardous waste or mixture in this building or outside area. If this is a waste that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - LARGEST CONTAINER* - Enter the volume of the largest container in which the waste is handled at the location.
 - CURIES - If the waste is radioactive, use the space provided to report the activity in curies.
 - DAYS ON SITE - Enter the total number of days (e.g. 365) during the year that the waste is on site. (Note: This does not refer to the accumulation time limit for individual waste containers.)
 - STORAGE CONTAINER - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the waste is stored/handled.

* Except for Curies, units of measure must be the same as that indicated in Column 8.
15. ANNUAL WASTE AMOUNT - Enter the total quantity of this waste generated annually. Use the same unit of measure as that indicated in Column 8.
16. UNITS - In column 8, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the waste is a federally defined EHS and is not a mixture, all amounts must be reported in pounds.
17. STORAGE CODES - In the appropriate spaces within Column 9, list:
 - STORAGE PRESSURE - Check the box that best describes the pressure at which the waste is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - STORAGE TEMPERATURE - Check the box that best describes the temperature at which the waste is stored.
18. HAZARD CATEGORIES - In column 10, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous waste.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200. Page ____ of ____

I. FACILITY INFORMATION

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

CHEMICAL LOCATION 201. CHEMICAL LOCATION CONFIDENTIAL EPCRA 202.
 YES NO

FACILITY ID # (Agency Use Only) 1. MAP # 203. GRID # 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME 205. TRADE SECRET Yes No 206.
If Subject to EPCRA, refer to instructions

COMMON NAME 207. EHS* Yes No 208.

CAS# 209. *If EHS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211. RADIOACTIVE Yes No 212. CURIES 213.

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214. LARGEST CONTAINER 215.

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216.

AVERAGE DAILY AMOUNT 217. MAXIMUM DAILY AMOUNT 218. ANNUAL WASTE AMOUNT 219. STATE WASTE CODE 220.

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221. DAYS ON SITE 222.
* If EHS, amount must be in pounds.

STORAGE CONTAINER a. ABOVEGROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223.

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224.

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225.

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1. 226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2. 230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3. 234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4. 238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5. 242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.
DOT Hazard Class: _____

If EPCRA, Please Sign Here.

Hazardous Materials Inventory - Chemical Description Page (OES Form 2731) Instructions

You must complete a separate inventory page for each individual hazardous material or hazardous waste that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the above Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect all hazardous materials at your facility, reported **separately** for each building or outside storage area, with **separate** pages for unique occurrences of physical state, storage temperature, or storage pressure. Where the aggregate quantities of some hazardous materials are below the Business Plan threshold reporting quantity, report the general hazard class of the materials (e.g. "Misc. Flammable Liquids"), rather than the Common Name, and the aggregate quantity of all hazardous materials having this hazard class which individually are below the threshold reporting quantity. (Note: Numbering of these instructions follows the UPCF data element numbers on the Inventory page.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
3. BUSINESS NAME - Enter the complete Facility Name.
200. ADD/DELETE/REVISE - Indicate whether the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
201. CHEMICAL LOCATION - Enter the building or outside area where the hazardous material is handled. A chemical stored at the same pressure and temperature in multiple locations in one building can be reported on a single page.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No."
203. MAP NUMBER - Enter the page number of the Storage Map where the location of the hazardous material is shown.
204. GRID NUMBER - Enter the grid coordinates from your Storage Map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME - Enter the proper chemical name of the hazardous material. If the chemical is a mixture or waste, do not complete this field; complete the "Common Name" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture (e.g. gasoline).
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 (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section, below.
210. FIRE CODE HAZARD CLASSES - Provide this information if required by your local agency. A list of hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact your local agency for guidance.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the material is a waste, check only the "Waste" box.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the physical state of the hazardous material.
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.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, 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 in this building or outside area. If this is a material that is new to this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount must be consistent with the units reported in box 221 and must not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year. This amount must be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the material is a hazardous waste, enter the estimated annual amount handled.
220. STATE WASTE CODE - If the material is a hazardous waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure most appropriate for the material. [Note: If the material is a federally defined Extremely Hazardous Substance (EHS) and is not a mixture, all amounts must be reported in pounds.]
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check the boxes that describe the types of containers in which the material is stored.
224. STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored.
225. STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.
226. HAZARDOUS COMPONENT (% BY WEIGHT) - If the material is a mixture, enter the percentage weight of the hazardous component(s). If a range of percentages is available, report the highest percentage in that range. (Repeat for components 2-5.)
227. HAZARDOUS COMPONENTS 1-5 NAME - If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information. When reporting wastes, mineral and chemical composition must be listed. (Repeat for components 2-5.)
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, or "No" if it is not. (Repeat for components 2-5.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for components 2-5.)
246. LOCALLY COLLECTED INFORMATION - Provide the primary U.S. Department of Transportation numerical Hazard Class if required by your local agency. Contact your local agency for guidance.

Facility Site Plan/Storage Map
(Hazardous Materials Business Plan Module)

Site Address: _____

Date Map Drawn: ____/____/____.

Map Scale: _____

Page ____ of ____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1																										
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Instructions are printed on the following page.

Facility Site Plan and Storage Map Instructions

(Hazardous Materials Business Plan Module)

A Site Plan (public document) and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. However, if combined, the combined Site Plan/Storage Map will become a public document. If you are concerned about displaying the storage locations of hazardous materials to the public, you must provide a separate facility Storage Map. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Plan/Storage Map sheet has been provided on the previous page. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

1. Site Plan (public document): This drawing shall contain, at a minimum, the following information:

- a. An indication of North Direction;
- b. Approximate scale (*e.g. "1 inch = 10 feet"*);
- c. Date the map was drawn;
- d. All streets bordering the facility;
- e. Locations of all buildings and other structures;
- f. Parking lots and internal roads;
- g. Hazardous materials loading/unloading areas;
- h. Outside hazardous materials storage or use areas;
- i. Storm drain and sanitary sewer drain inlets;
- j. Wells for monitoring of underground tank systems;
- k. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.

2. Storage Map (confidential): The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (*e.g. "Office Area", "Manufacturing Area", etc.*);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identifiable by a Grid Number, to be used in item 204 on the Hazardous Materials Inventory - Chemical Description pages of the Business Plan.
- c. For tanks, the capacity limit in gallons and common name of the hazardous material contained in each tank.
- d. Entrances to and exits from each building and hazardous material/waste room/area;
- e. Location of each utility emergency shut-off point (*i.e. gas, water, electric.*);
- f. Location of each monitoring system control panel (*e.g. underground tank monitoring, toxic gas monitoring, etc.*).

UST - Facility

Formerly SWRCB Form A.

Complete the UST - Facility page for all new permits, permit changes or any facility information changes. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes.

Submit one UST - Facility page per facility, regardless of the number of tanks located at the site. This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR 2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR 2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR 2711 (a)(11)].

Refer to 23 CCR 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF 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.
400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the site of the tank.
402. FACILITY OWNER TYPE - Check the type of business ownership.
403. BUSINESS TYPE - Check the type of business.
404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.
405. INDIAN OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.
406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.
407. PROPERTY OWNER NAME - Complete items 407- 412 for the property owner, unless all items are the same as the Owner Information (items 111-116) on the Business
408. PROPERTY OWNER PHONE - the same as the Owner Information (items 111-116) on the Business
409. PROPERTY OWNER MAILING OR STREET ADDRESS - Owner/Operator Identification page (OES Form 2730). If the same,
410. PROPERTY OWNER CITY - write "SAME AS SITE" in this section.
411. PROPERTY OWNER STATE
412. PROPERTY OWNER ZIP CODE
413. PROPERTY OWNER TYPE - Check the type of property ownership.
414. TANK OWNER NAME - Complete items 414- 419 for the tank owner,, unless all items are the
415. TANK OWNER PHONE - same as the Owner Information (items 111-116) on the Business
416. TANK OWNER MAILING OR STREET ADDRESS - Owner/Operator Identification page (OES Form 2730). If the same,
417. TANK OWNER CITY - write "SAME AS SITE" in this section.
418. TANK OWNER STATE
419. TANK OWNER ZIP CODE
420. TANK OWNER TYPE - Check the type of tank ownership.
421. BOE NUMBER - Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.
422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE - Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "other" and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.
423. LEGAL NOTIFICATION AND MAILING ADDRESS - Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.
SIGNATURE OF APPLICANT - The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.
424. DATE CERTIFIED - Enter the date that the page was signed.
425. APPLICANT PHONE - Enter the phone number of the applicant (person certifying).
426. APPLICANT NAME - Enter the full printed name of the person signing the page.
427. APPLICANT TITLE - Enter the title of the person signing the page.
428. STATE UST FACILITY NUMBER - Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three digit jurisdiction number, and a six digit facility number. The facility number must be the same as shown in item 1.
429. 1998 UPGRADE CERTIFICATE NUMBER - Leave this blank. This number is assigned by the CUPA.

UST - Tank Form Page 1 Instructions

(Formerly SWRCB Permit Application Form B)

Complete a separate form for each tank for all new permits, permit changes, or any 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 changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of a separate tank form. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

1. FACILITY ID NUMBER - This space is for agency use only.
3. BUSINESS NAME - Enter the complete Facility Name.
430. TYPE OF ACTION - Check the reason why this form is being submitted. For amended permits and changes of information, include a brief statement summarizing the amendment or change.
431. LOCATION WITHIN SITE - You may use this space to describe the location of the tank within the facility.
432. TANK ID NUMBER - If the UST owner has assigned an in-house tank ID number to this tank, enter that number in this space.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check the appropriate box to indicate whether or not the tank is compartmentalized. Each compartment is considered a separate tank.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - You may use this space to provide additional tank or location information.
439. TANK USE - Check the substance stored. If motor vehicle fuel, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 in item 439 is checked, indicate the specific type/grade of fuel stored.
441. COMMON NAME - For substances other than motor vehicle fuels, enter the common name of the substance stored.
442. CAS # - For substances other than motor vehicle fuels, enter the CAS (Chemical Abstract Service) number.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and specify type in the space provided.
444. TANK MATERIAL (PRIMARY TANK) - Check the material of construction of the inner tank (i.e. inner tank wall nearest the hazardous substance stored). If the tank is lined, describe the lining material in item 446, not in this section. If the tank material is not listed, check "other" and specify the material in the space provided.
445. TANK MATERIAL (SECONDARY TANK) - Check material of construction of the tank that provides containment external to, and separate from, the primary containment described above. If the tank material is not listed, check "other" and specify the material in the space provided. If the tank is a single-wall tank, skip item 445.
446. TANK INTERIOR LINING OR COATING - Check the material of construction of any interior lining or coating in the tank. If unlined, check "unlined." If the type of interior lining or coating is not listed, check "other" and specify the lining material in the space provided.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed.
448. OTHER TANK CORROSION PROTECTION - If any other tank corrosion protection methods are used, check the appropriate boxes to describe them. If methods used are not listed, check "other" and describe in the space provided.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date tank corrosion protection was installed.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate boxes to indicate whether drop tube(s), spill containment, and striker plate(s) are installed. In the spaces provided, specify the year each type of equipment was installed.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and striker plate installed.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box(es) to describe the type(s) of overfill protection equipment installed. In the space provided, specify the year this equipment was installed.
453. TANK LEAK DETECTION (SINGLE WALL TANKS ONLY) - Check the leak detection system(s) used to comply with monitoring requirements for the tank itself. CHECK ALL THAT APPLY. If you use a leak detection system that is not listed, check "other" and describe the system in the space provided.
454. TANK LEAK DETECTION (DOUBLE WALL TANKS) - For double wall tanks, tanks in vaults, or tanks with a bladder, check the leak detection system(s) used to monitor the tank secondary containment system. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - Complete this section only if the tank was closed in place. Enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - Complete this section only if the tank was closed in place. Enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - Complete this section only if the tank was closed in place. Check whether or not the tank was filled with an inert material prior to closure.

UNIFIED PROGRAM CONSOLIDATED FORM

UNDERGROUND STORAGE TANKS – TANK PAGE 2

Page ____ of ____

VI. PIPING CONSTRUCTION (Check all that apply)

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458.	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459.	
CONSTRUCTION/ MANUFACTURER	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460.	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462.	
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
MANUFACTURER				461.	MANUFACTURER				463.
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL		<input type="checkbox"/> 1. BARE STEEL		<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL				
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		<input type="checkbox"/> 2. STAINLESS STEEL		<input type="checkbox"/> 7. GALVANIZED STEEL				
<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95. UNKNOWN		<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS		<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER			
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 4. FIBERGLASS		<input type="checkbox"/> 9. CATHODIC PROTECTION				
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION		<input type="checkbox"/> 5. STEEL W/COATING	464.	<input type="checkbox"/> 95. UNKNOWN			465.	

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
<p>SINGLE WALL PIPING 466.</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT-OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>CONVENTIONAL SUCTION SYSTEMS</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p>SINGLE WALL PIPING 467.</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW (Check all that apply):</p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
DATE INSTALLED		<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
_____		<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE	

IX. OWNER/OPERATOR SIGNATURE

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

SIGNATURE OF OWNER/OPERATOR	DATE:	470.			
NAME OF OWNER/OPERATOR (print):	TITLE OF OWNER/OPERATOR:	472.			
Permit Number (Agency use only)	473.	Permit Approved By (Agency use only)	474.	Permit Expiration Date (Agency use only)	475.

UST - Tank Form Page 2 Instructions

(Formerly SWRCB Permit Application Form B)

Please number all pages of your submittal.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the appropriate boxes to describe the type of product/waste piping installed in this tank system. Describe underground and aboveground (if any) piping separately in the columns provided.
459. PIPING SYSTEM TYPE (ABOVEGROUND) -
460. PIPING CONSTRUCTION (UNDERGROUND) - Check the appropriate box(es) to describe the type(s) of containment provided for the underground product/waste piping.
461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.
462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the appropriate box(es) to describe the type(s) of containment provided for any aboveground portions of the product/waste piping.
463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.
464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - Check the appropriate boxes to describe the material(s) of construction of the primary (i.e. inner) underground product/waste piping and indicate whether any cathodic (i.e. corrosion) protection systems are installed.
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND) - Check the appropriate boxes to describe the material(s) of construction of any primary (i.e. inner) aboveground product/waste piping and indicate whether any cathodic (i.e. corrosion) protection systems are installed.
466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the appropriate boxes to describe all leak detection method(s) used to comply with the monitoring requirements for regulated piping.
467. PIPING LEAK DETECTION (ABOVEGROUND)-
468. DATE DISPENSER CONTAINMENT INSTALLED - If the tank system is equipped with dispenser secondary containment (i.e. dispenser sumps or pans) equipment, enter the date that equipment was installed. If the tank system has a dispenser that is not secondarily contained, specify "None" in the space provided for the date. If the system does not include dispensers (e.g. standby generator tank system), enter "N/A."
469. DISPENSER CONTAINMENT TYPE - Check the appropriate box to describe how dispenser secondary containment is monitored for leaks.
- SIGNATURE OF OWNER/OPERATOR - The owner or an authorized agent 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.
470. DATE CERTIFIED - Enter the date the form was signed.
471. OWNER/ OPERATOR NAME - Print or type the name of the person signing the form.
472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the form.
473. PERMIT NUMBER - This space is for agency use only.
474. PERMIT APPROVED BY - This space is for agency use only.
475. PERMIT EXPIRATION DATE - This space is for agency use only.