

**INSTRUCTIONS
FOR THE
CONSOLIDATED PERMIT APPLICATION PACKAGE**

**BASIC INSTRUCTIONS
(LONG FORM)**

Your business is only required to complete and return the forms to our Department which you have indicated on the Business Activities Form. If you answer yes to any question on the Business Activities Form, you must complete the Business Owner/Operator identification page and all other applicable program forms.

Instructions are provided for each form. Please do not hesitate to contact our Department if you have any questions. You can contact the Department at 209/525-6700 between 8am and 5pm. Please mail the completed forms to the Department of Environmental Resources at 3800 Cornucopia Way, Suite C, Modesto, CA 95358.



**STANISLAUS COUNTY
CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION										
FACILITY ID #										EPA ID # (Hazardous Waste Only)
BUSINESS NAME (Same as Facility Name of 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....					
A. HAZARDOUS MATERIALS 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?					<input type="checkbox"/> YES <input type="checkbox"/> NO 4		HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)			
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?					<input type="checkbox"/> YES <input type="checkbox"/> NO 5		UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 6		UST FACILITY UST TANK (one per tank)			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 7		UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion –one page per tank)			
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) 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?					<input type="checkbox"/> YES <input type="checkbox"/> NO 8		NO FORM REQUIRED TO CUPAs			
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?					<input type="checkbox"/> YES <input type="checkbox"/> NO 9		EPA ID NUMBER – provide at the top of this page. Also answer yes to section E2 and complete Generator Form			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 10		RECYCLABLE MATERIALS REPORT (one per recycler)			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 11		ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772)			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 12		ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 13		CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 14		REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			
E. LOCAL REQUIREMENTS 1. Generate Medical Waste 2. Hazardous Waste Generator					<input type="checkbox"/> YES <input type="checkbox"/> NO 15		MEDICAL WASTE QUESTIONNAIRE			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 16		GENERATOR FORM			

FOR OFFICE USE ONLY

DATE REC'D	HW	HM	ARP	AST	UST	TP	MW	DIST
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Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials Inventory - Chemical Description pages (OES Form 2731) for all submissions. (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 AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by Stanislaus County. This is the unique number which 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 do not have a number, contact the Department of Toxic Substances Control (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. This is the same as the terms ?Facility Name? or ?DBA - Doing Business As? that might have been used in the past.
4. HAZARDOUS MATERIALS ONSITE - Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:
 - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed 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 a hazardous material 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 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 an UST and complete the closure portion of the UST Tank pages for each tank. (CUPAs may require additional information.)
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST) - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC ?25270.2 (g)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT Subject to the Act (exemptions):

An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC ?25270.2 (k)) is not subject to this act and is exempt:

 - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
 - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
 - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
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, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE - Check the appropriate box to indicate whether you recycle 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 engages in onsite treatment of hazardous waste. "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 engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information 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 initially at remote sites and subsequently 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
 - Testing of the tank
 - Inability to remove hazardous materials stored in the tank.
 - The mixture rule
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
15. & 16. LOCAL REQUIREMENTS. Check the appropriate box to indicate whether your facility generates medical waste. Medical waste includes sharps and biohazardous materials. Farmers and home generators are exempt.

STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ___ of ___

I. IDENTIFICATION

FACILITY ID#															1	BEGINNING DATE	100	ENDING DATE	101	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)																3	BUSINESS PHONE		102	
BUSINESS SITE ADDRESS																			103	
CITY													104	CA	ZIP CODE			105		
DUN & BRADSTREET													106	NAICS CODE			107			
COUNTY																			108	
Stanislaus																				
BUSINESS OPERATOR NAME																109	BUSINESS OPERATOR PHONE			110

II. BUSINESS OWNER

OWNER NAME																111	OWNER PHONE			112
OWNER MAILING ADDRESS																			113	
CITY													114	STATE	115	ZIP CODE	116			

III. ENVIRONMENTAL CONTACT

CONTACT NAME																117	CONTACT PHONE			118
CONTACT MAILING ADDRESS																			119	
CITY													120	STATE	121	ZIP CODE	122			

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

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

V. ADDITIONAL LOCALLY COLLECTED INFORMATION:

133

MAILING ADDRESS										CITY					STATE					ZIP CODE				
BILLING ADDRESS										CITY					STATE					ZIP CODE				

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE													DATE					134	NAME OF DOCUMENT PREPARER						135
NAME OF SIGNER (print)													136	TITLE OF SIGNER						137					

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.

(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 the Department of Toxic Substances Control (DTSC) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – Leave this blank. This number is assigned by Stanislaus County. 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. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
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. This information must provide a means to geographically locate the facility.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107. NAICS CODE - Enter the National Code number for primary business activity. NOTE: If code is more than 4 digits, report only the first four.
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 phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address if different from 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 digit zip 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, if different from Owner or Operator, at which the environmental contact can be contacted, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the 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 zip code for the environmental contact's mailing address. The extra 4 digit zip 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 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.
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.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION – Enter the mailing and billing address for this facility.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
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. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
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.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

**Stanislaus County Certified Unified Program Agency
HAZARDOUS MATERIALS INVENTORY
CHEMICAL DESCRIPTION**

ADD DELETE REVISE 200 REPORTING YEAR: _____ Page _____ of _____

I. FACILITY INFORMATION

BUSINESS NAME		3
CHEMICAL LOCATION	201	CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input type="checkbox"/> NO
MAP# (Optional)	203	GRID# (Optional)
	204	FACILITY ID#
		205

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET	<input type="checkbox"/> Yes <input type="checkbox"/> No	206																				
COMMON NAME	207	EXTREMELY HAZARDOUS SUBSTANCE EHS*	<input type="checkbox"/> Yes <input type="checkbox"/> No	208																				
CAS#	209	*If EHS is "Yes", all amounts below must be in lbs.																						
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)																								
210																								
TYPE	<input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	211	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
			212	CURIES																				
				213																				
PHYSICAL STATE	<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS	214	LARGEST CONTAINER																					
				215																				
FED HAZARD CATEGORIES <input type="checkbox"/> FIRE <input type="checkbox"/> REACTIVE <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH																								
216																								
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT																				
				219																				
				STATE WASTE CODE																				
				220																				
UNITS*	<input type="checkbox"/> GALLONS <input type="checkbox"/> CUBIC FEET <input type="checkbox"/> POUNDS <input type="checkbox"/> TONS	221	DAYS ON SITE:																					
* If EHS, amount must be in pounds.																								
STORAGE CONTAINER - CHECK THE APPROPRIATE BOX BELOW <table style="width:100%; border:none;"> <tr> <td style="width:25%;">A. <input type="checkbox"/> ABOVEGROUND TANK</td> <td style="width:25%;">F. <input type="checkbox"/> CAN</td> <td style="width:25%;">K. <input type="checkbox"/> BOX</td> <td style="width:25%;">P. <input type="checkbox"/> TANK WAGON</td> </tr> <tr> <td>B. <input type="checkbox"/> UNDERGROUND TANK</td> <td>G. <input type="checkbox"/> CARBOY</td> <td>L. <input type="checkbox"/> CYLINDER</td> <td>Q. <input type="checkbox"/> RAIL CAR</td> </tr> <tr> <td>C. <input type="checkbox"/> TANK INSIDE BUILDING</td> <td>H. <input type="checkbox"/> SILO</td> <td>M. <input type="checkbox"/> GLASS BOTTLE</td> <td>R. <input type="checkbox"/> OTHER</td> </tr> <tr> <td>D. <input type="checkbox"/> STEEL DRUM</td> <td>I. <input type="checkbox"/> FIBER DRUM</td> <td>N. <input type="checkbox"/> PLASTIC BOTTLE</td> <td></td> </tr> <tr> <td>E. <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM</td> <td>J. <input type="checkbox"/> BAG</td> <td>O. <input type="checkbox"/> TOTE BIN</td> <td></td> </tr> </table>					A. <input type="checkbox"/> ABOVEGROUND TANK	F. <input type="checkbox"/> CAN	K. <input type="checkbox"/> BOX	P. <input type="checkbox"/> TANK WAGON	B. <input type="checkbox"/> UNDERGROUND TANK	G. <input type="checkbox"/> CARBOY	L. <input type="checkbox"/> CYLINDER	Q. <input type="checkbox"/> RAIL CAR	C. <input type="checkbox"/> TANK INSIDE BUILDING	H. <input type="checkbox"/> SILO	M. <input type="checkbox"/> GLASS BOTTLE	R. <input type="checkbox"/> OTHER	D. <input type="checkbox"/> STEEL DRUM	I. <input type="checkbox"/> FIBER DRUM	N. <input type="checkbox"/> PLASTIC BOTTLE		E. <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM	J. <input type="checkbox"/> BAG	O. <input type="checkbox"/> TOTE BIN	
A. <input type="checkbox"/> ABOVEGROUND TANK	F. <input type="checkbox"/> CAN	K. <input type="checkbox"/> BOX	P. <input type="checkbox"/> TANK WAGON																					
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D. <input type="checkbox"/> STEEL DRUM	I. <input type="checkbox"/> FIBER DRUM	N. <input type="checkbox"/> PLASTIC BOTTLE																						
E. <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM	J. <input type="checkbox"/> BAG	O. <input type="checkbox"/> TOTE BIN																						
223																								
STORAGE PRESSURE	<input type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT	224																						
STORAGE TEMPERATURE	<input type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC	225																						

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

226	227	228	229
230	231	232	233
234	235	236	237
238	239	240	241
242	243	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:

NFPA INFORMATION: Health: _____ Fire: _____ Reactive: _____ Special: _____ USE CODE: _____

DOT HAZARD CLASS: _____ DOT GUIDE NUMBER: _____ UN\NA NUMBER: _____

If EPCRA Please sign here _____

OFFICIAL USE ONLY

DATE RECD	REVIEWED BY	
DISTRICT	DATE REVIEWED	DATE IMPUTED

Hazardous Materials Inventory - Chemical Description


You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle 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 to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory 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. (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 AA identify whether the submittal is complete and if any pages are separated.

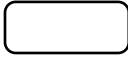
1. FACILITY ID NUMBER - This number is assigned by Stanislaus County. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, 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. If the business does not wish to keep chemical location information confidential 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. If applicable, multiple grid coordinates can be listed.
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; complete the ?COMMON NAME? field instead.
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 business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC ?25511.
Federal requirement: If yes, and 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 USEPA.
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 (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 - Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. A list of the hazard classes and instructions on how to determine which class a material falls under are attached. If a material has more than one applicable hazard class, include all.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
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. You may 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.


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


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 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 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 hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest, or the attached list.
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 for components 2 through 5 in 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a 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, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 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, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION - NFPA INFORMATION- Include the National Fire Protection Association information for the material. This information can usually be found on the MSDS. USE CODE- Enter the code from the attached list that describes how the material is used. DOT HAZARD CLASS-Enter the number corresponding to the DOT class. This information can be found on the MSDS or the product label. DOT GUIDE # - This number can be found in the DOT Emergency Response Guidebook. The guidebook is available at the Stanislaus County Library reference desk, or on the Internet. UN\NA # - This number can be found on the MSDS, shipping label, or in the DOT Emergency Response Guidebook.


Date: _____


() = Underground Storage Tank

 = Aboveground Storage Tank


 DOT Code


 = Haz. Mat Storage Area


 = Fire Extinguisher


 = Spill control Material


A = Access to Building


 = Fire Hydrant


 = Sewer Drain, Dry Well

 = Regrouping Area

 = Emergency Shut-off

 = Electric Shut Off

 = Gas Shut Off

 = Water Shut Off



North	Scale	Business Name:
		Business Address:



**Stanislaus County
Certified Unified Program Agency**

**Emergency Response/Contingency Plan
Hazardous Materials Training Plan**

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.

Facility Information:

Business Name: _____ Business Phone: (_____) _____
 Site Address: _____ City: _____ Zip: _____

Emergency Coordinators:

List personnel qualified to act as the facility's Emergency Coordinator. (*Note: Emergency Coordinator responsibilities are described in Section F, below.*)

Primary Emergency Coordinator	Secondary Emergency Coordinator
Name: _____	Name: _____
Title: _____	Title: _____
Business Phone: (_____) _____	Business Phone: (_____) _____
24 Hour Phone: (_____) _____	24 Hour Phone: (_____) _____
Pager No.: (_____) _____	Pager No.: (_____) _____

(*Check box only if applicable*) Additional Emergency Coordinators are listed on page _____ of this plan.

Evacuation Plan:

- The following alarm signal(s) will be used to begin evacuation of the facility (*check all which apply*):
 - Bells Horns/Sirens Verbal (*i.e. shouting*) Other (*specify*) _____
- Evacuation map is prominently displayed throughout the facility.

Emergency and Mandatory Release Reporting Contacts:

Fire/Police/Ambulance Phone No. **911**
State Office of Emergency Services Phone No. **(800) 852-7550**
Fire/CUPA Department(Business Hours) Phone No. /
 (After Hours) Phone No. **911**

Emergency Resource

Nearest Hospital: Name: _____ Phone No.: (_____) _____
 Address: _____ City: _____

Emergency Response/Contingency Plan

Arrangements With Emergency Responders:

List arrangements made with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services.

• _____

Emergency Procedures:

Emergency Coordinator Responsibilities:

1. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
 - a. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - b. Assess possible hazards to human health or the environment that may result from the explosion, fire, or chemical release. This assessment must consider both direct and indirect effects specific to the properties of the released hazardous material.
 - c. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - d. Notify appropriate local authorities (*i.e. call 911*).
 - e. Notify the State Office of Emergency Services at 1-800-852-7550.
 - f. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - g. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
 - h. Identification of areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake and related ground motion.
2. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - a. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
 - b. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - c. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.

Responsibilities of Other Personnel:

List any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section. Next to each function, list the job title or name of each person responsible for performing the function.

Function

Name/Job Title

Describe activities and response actions personnel will take in the event of a hazardous materials release, fire or explosion.

Emergency Response/Contingency Plan

Emergency Equipment:

EMERGENCY EQUIPMENT INVENTORY TABLE

Equipment Category	Equipment Type	Location and Capabilities *
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Air Purifying 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	
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)	
<input type="checkbox"/> Other (<i>describe</i>)		
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems	
	<input type="checkbox"/> Fire Alarm Boxes/Stations	
	<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)	
	<input type="checkbox"/> Other(<i>describe</i>)	
Spill Control Equipment and Decontamination Equipment	<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 Cylinder Leak Repair Kits (<i>describe</i>)	
	<input type="checkbox"/> Neutralizers (<i>describe</i>)	
	<input type="checkbox"/> Overpack Drums	
	<input type="checkbox"/> Sumps (<i>describe</i>)	
<input type="checkbox"/> Other (<i>describe</i>)		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)	
	<input type="checkbox"/> Intercoms/ P.A. Systems	
	<input type="checkbox"/> Portable Radios	
	<input type="checkbox"/> Telephones	
	<input type="checkbox"/> Underground Tank Leak Detection Monitors	
<input type="checkbox"/> Other (<i>describe</i>)		
Additional Equipment (Use Additional Pages if Needed.)		

* Describe equipment location and its capabilities.

Emergency Response/Contingency Plan

Training:

Check all boxes which apply.

1. **Personnel** are trained in the following procedures:

<input type="checkbox"/> Internal alarm/notification
<input type="checkbox"/> Evacuation/re-entry procedures & assembly point locations
<input type="checkbox"/> Emergency incident reporting
<input type="checkbox"/> External emergency response organization notification
<input type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan

2. **Chemical Handlers** are annually trained in the following:

<input type="checkbox"/> Safe methods for handling and storage of hazardous materials
<input type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input type="checkbox"/> Spill procedures/emergency procedures
<input type="checkbox"/> Proper use of personal protective equipment
<input type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (<i>i.e. inhalation, ingestion, absorption</i>) – refer to MSDS's
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (<i>e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>)

3. **Emergency Response Team Members** are capable of and engaged in the following:

<input type="checkbox"/> Personnel rescue procedures
<input type="checkbox"/> Shutdown of operations
<input type="checkbox"/> Liaison with responding agencies
<input type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/> Refresher training, which is provided at least annually
<input type="checkbox"/> Emergency response drills, which are conducted at least (<i>specify</i>) _____ (<i>e.g. "Quarterly", etc.</i>)

Amendment of Contingency Plan:

This plan must be reviewed, and immediately amended, if necessary, whenever:

- Applicable regulations are revised
- The plan fails in an emergency
- The facility changes 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.
- The list of emergency equipment changes
- A change in chemical inventory which may add new hazards.

Emergency Coordinator Signature

Date

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page ____ of ____

TYPE OF ACTION	<input type="checkbox"/> 1. NEW SITE PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 7. PERMANENTLY CLOSED SITE
(Check one item only)	<input type="checkbox"/> 4. AMENDED PERMIT	specify change local use only _____		<input type="checkbox"/> 8. TANK REMOVED
	<input type="checkbox"/> 6. TEMPORARY SITE CLOSURE			400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		FACILITY ID#														1
NEAREST CROSS STREET 401			FACILITY OWNER TYPE			<input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 5. COUNTY AGENCY* <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 6. STATE AGENCY* <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 7. FEDERAL AGENCY* 402										
BUSINESS TYPE <input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 3. FARM <input type="checkbox"/> 5. COMMERCIAL <input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER 403																
TOTAL NUMBER OF TANKS REMAINING AT SITE 404		Is facility on Indian Reservation or trustlands? <input type="checkbox"/> Yes <input type="checkbox"/> No 405		*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406												

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407			PHONE 408		
MAILING OR STREET ADDRESS 409					
CITY 410		STATE 411		ZIP CODE 412	
PROPERTY OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY 413					

III. TANK OWNER INFORMATION

TANK OWNER NAME 414			PHONE 415		
MAILING OR STREET ADDRESS 416					
CITY 417		STATE 418		ZIP CODE 419	
TANK OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY 420					

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-						Call (916) 322-9669 if questions arise	421
----------------	--	--	--	--	--	--	-----

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S) <input type="checkbox"/> 1. SELF-INSURED <input type="checkbox"/> 4. SURETY BOND <input type="checkbox"/> 7. STATE FUND <input type="checkbox"/> 10. LOCAL GOVT MECHANISM <input type="checkbox"/> 2. GUARANTEE <input type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 8. STATE FUND & CFO LETTER <input type="checkbox"/> 99. OTHER: <input type="checkbox"/> 3. INSURANCE <input type="checkbox"/> 6. EXEMPTION <input type="checkbox"/> 9. STATE FUND & CD 422					
--	--	--	--	--	--

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.			<input type="checkbox"/> 1. FACILITY	<input type="checkbox"/> 2. PROPERTY OWNER	<input type="checkbox"/> 3. TANK OWNER	423
--	--	--	--------------------------------------	--	--	-----

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.					
SIGNATURE OF APPLICANT			DATE 424		PHONE 425
NAME OF APPLICANT (print) 426			TITLE OF APPLICANT 427		
STATE UST FACILITY NUMBER (For local use only) 428			1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429		

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 Stanislaus County. 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 Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
408. PROPERTY OWNER PHONE
409. PROPERTY OWNER MAILING OR STREET ADDRESS
410. PROPERTY OWNER CITY
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 same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
415. TANK OWNER PHONE
416. TANK OWNER MAILING OR STREET 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 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.

STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank)

Page ___ of ___

TYPE OF ACTION 1 NEW SITE PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE
 (Check one item only) _____ 7 PERMANENTLY CLOSED ON SITE
 3 RENEWAL PERMIT (Specify reason – for local use only) (Specify reason – for local use only) 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 FACILITY ID: _____ 1

LOCATION WITHIN SITE (Optional) _____ 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432 TANK MANUFACTURER 433 COMPARTMENTALIZED TANK Yes No 434
 If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) 435 TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS 437

ADDITIONAL DESCRIPTION (For local use only) _____ 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440
 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) 1a. REGULAR UNLEADED 2. LEADED 5. JET FUEL
 2. NON-FUEL PETROLEUM 1b. PREMIUM UNLEADED 3. DIESEL 6. AVIATION FUEL
 3. CHEMICAL PRODUCT 1c. MIDGRADE UNLEADED 4. GASOHOL 99. OTHER
 4. HAZARDOUS WASTE (Includes Used Oil)
 95. UNKNOWN
 COMMON NAME (from Hazardous Materials Inventory page) 441 CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
 2. DOUBLE WALL 4. SINGLE WALL IN VAULT 95. UNKNOWN 99. OTHER

TANK MATERIAL – primary tank (Check one item only) 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 444
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS 8. FRP COMPTIBLE W/100% METHANOL 99. OTHER
 REINFORCED PLASTIC (FRP)

TANK MATERIAL – secondary tank (Check one item only) 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 445
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS 8. FRP COMPTIBLE W/100% METHANOL 99. OTHER
 REINFORCED PLASTIC (FRP) 10. COATED STEEL 5. CONCRETE

TANK INTERIOR LINING (Check one item only) 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN 446 DATE INSTALLED 447
 2. ALKYD LINING 4. PHENOLIC LINING 6 UNLINED 99 OTHER (For local use only)

OTHER CORROSION PROTECTION (Check one item only) 1 MANUFACTURED CATHODIC 3 FIBERGLASS REINFORCED PLASTIC 95 UNKNOWN 448
 2 SACRIFICIAL ANODE 4 IMPRESSED CURRENT 99 OTHER (For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
 1 SPILL CONTAINMENT 1 ALARM 3 FILL TUBE SHUT OFF VALVE
 2 DROP TUBE 2 BALL FLOAT 4 EXEMPT
 3 STRIKER PLATE

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
 1 VISUAL (EXPOSED PORTION ONLY) 5 MANUAL TANK GAUGING (MTG) 1 VISUAL (SINGLE WALL IN VAULT ONLY)
 2 AUTOMATIC TANK GAUGING (ATG) 6 VADOSE ZONE 2 CONTINUOUS INTERSTITIAL MONITORING
 3 CONTINUOUS ATG 7 GROUNDWATER 3 MANUAL MONITORING
 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING 8 TANK TESTING
 99 OTHER

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 TANK FILLED WITH INERT MATERIAL? 457
 _____ gallons Yes No

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

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 Stanislaus County. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
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 - Use this space for additional tank or location description.
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 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
143. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check ?other? and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check ?other? and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check ?other? and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check ?other? and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check ?other? and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check ?other? and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page ___ of ___

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	<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
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN		461	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		463
<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"/> Unknown <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION 464				<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"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION <input type="checkbox"/> 5. STEEL W/COATING <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
SINGLE WALL PIPING 466	SINGLE WALL PIPING 467
PRESSURIZED PIPING (Check all that apply): <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. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) CONVENTIONAL SUCTION SYSTEMS <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH) SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUNDPILING): <input type="checkbox"/> 7. SELF MONITORING GRAVITY FLOW <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	PRESSURIZED PIPING (Check all that apply): <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. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK CONVENTIONAL SUCTION SYSTEMS (Check all that apply) <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM <input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH) SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING): <input type="checkbox"/> 7. SELF MONITORING GRAVITY FLOW (Check all that apply): <input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
SECONDARILY CONTAINED PIPING	SECONDARILY CONTAINED PIPING
PRESSURIZED PIPING (Check all that apply): 10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) SUCTION/GRAVITY SYSTEM <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS EMERGENCY GENERATORS ONLY (Check all that apply) <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	PRESSURIZED PIPING (Check all that apply): 10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) SUCTION/GRAVITY SYSTEM <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS EMERGENCY GENERATORS ONLY (Check all that apply) <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

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

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/OPRATOR (print)	TITLE OF OWNER/OPERATOR 472

Permit Number (For local use only)	473	Permit Approved (For local use only)	Permit Expiration Date (For local use only)	475
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UST - Tank Page 2

Formerly SWRCB Form B

(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.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank's piping system information. CHECK ALL THAT APPLY.
459. PIPING SYSTEM TYPE (ABOVEGROUND)
460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.
461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.
462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.
463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.
464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank's piping material and corrosion protection.
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)
466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.
467. PIPING LEAK DETECTION (ABOVEGROUND)
468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.
469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.
- SIGNATURE OF OWNER/OPERATOR - The owner or 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.
470. DATE CERTIFIED - Enter the date the page was signed.
471. OWNER/ OPERATOR NAME - Print the name of signatory.
472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.
473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.
474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.
475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.

UST Installation - Certificate of Compliance

Formerly SWRCB Form C

Complete this certification upon installation of an UST and piping. One certification is required for each tank system. This page may be completed by either the UST owner or representative.

Refer to 23 CCR 2635 for UST installation and testing 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 Stanislaus County. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
476. ADDRESS - Enter the street address where the tank is located. This is to assist the tank inspector in locating the tank.
477. TANK ID NUMBER - Enter the tank ID number assigned by the owner. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA. This is the same as item 432 as found on the UST Tank Page 1.
478. TRAINED AND CERTIFIED BY TANK AND PIPING MANUFACTURER - Check if the tank installer provided evidence of being trained and certified by the tank and piping manufacturer.
479. REGISTERED ENGINEER INSPECTION - Check if the installation has been inspected and certified by a registered professional engineer, if necessary.
480. UNIFIED PROGRAM AGENCY APPROVAL - Check if the installation has been inspected and approved by the Unified Program agency.
481. COMPLETION OF MANUFACTURER'S CHECKLIST - Check if all work listed on the manufacturer's installation checklist was completed.
482. CONTRACTORS' STATE LICENSE BOARD CERTIFICATION OR LICENSE - Check if the installer has provided proof of CSLB certification or licensing.
483. INSTALLATION DESCRIPTION - Check if the UST system was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions. Describe the installation in the space provided. Clarify the type and the extent of work completed at the facility, such as installation of dispenser containment, replacement of piping, or installation of turbine sumps.

SIGNATURE OF TANK OWNER/AGENT - The tank owner or 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 that the page was signed.
485. TANK OWNER/AGENT NAME - Enter the full printed name of the person signing the page.
486. TANK OWNER/AGENT TITLE - Enter the title of the person signing the page.

UNDERGROUND STORAGE TANK MONITORING PLAN

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Authority Cited: Title 23 CCR, Sections 2632(d)(1), 2634(d)(2), and 2641(h)

TYPE OF ACTION	<input type="checkbox"/> 1. NEW PLAN	<input type="checkbox"/> 2. CHANGE OF INFORMATION	M01.			
PLAN TYPE	<input type="checkbox"/> MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY.		M02.			
(Check one item only)	<input type="checkbox"/> THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____					
I. FACILITY INFORMATION						
FACILITY ID # (Agency Use Only)						
FACILITY NAME				M03.		
FACILITY SITE ADDRESS	M04.	CITY	M05.			
II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE						
State law requires that testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) be performed in accordance with the equipment manufacturers' instructions, or annually, whichever is more frequent. Such work must be performed by qualified personnel.			M06.			
MONITORING EQUIPMENT IS SERVICED	<input type="checkbox"/> 1. ANNUALLY	<input type="checkbox"/> 99. OTHER (Specify): _____	M07.			
III. MONITORING LOCATIONS						
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.) which shows all required information, include it with this plan.						
IV. TANK MONITORING						
MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S): (Check all that apply)			M10.			
<input type="checkbox"/> 1. CONTINUOUS ELECTRONIC MONITORING OF TANK ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S)						
SECONDARY CONTAINMENT IS:	<input type="checkbox"/> a. DRY	<input type="checkbox"/> b. LIQUID FILLED	<input type="checkbox"/> c. UNDER PRESSURE	<input type="checkbox"/> d. UNDER VACUUM	M11.	
PANEL MANUFACTURER: _____	M12.	MODEL #: _____			M13.	
LEAK SENSOR MANUFACTURER: _____	M14.	MODEL #(S): _____			M15.	
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S)						
PANEL MANUFACTURER: _____	M16.	MODEL #: _____			M17.	
IN-TANK PROBE MANUFACTURER: _____	M18.	MODEL #(S): _____			M19.	
LEAK TEST FREQUENCY:	<input type="checkbox"/> a. CONTINUOUS	<input type="checkbox"/> b. DAILY/NIGHTLY	<input type="checkbox"/> c. WEEKLY			M20.
	<input type="checkbox"/> d. MONTHLY	<input type="checkbox"/> e. OTHER (Specify): _____			M21.	
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): _____			M22. M23.
<input type="checkbox"/> 3. INVENTORY RECONCILIATION	<input type="checkbox"/> a. MANUAL PER 23 CCR §2646	<input type="checkbox"/> b. STATISTICAL PER 23 CCR §2646.1			M24.	
<input type="checkbox"/> 4. WEEKLY MANUAL TANK GAUGING (MTG) PER 23 CCR §2645						
TESTING PERIOD:	<input type="checkbox"/> a. 36 HOURS	<input type="checkbox"/> b. 60 HOURS			M25.	
<input type="checkbox"/> 5. INTEGRITY TESTING PER 23 CCR §2643.1						
TEST FREQUENCY:	<input type="checkbox"/> a. ANNUALLY	<input type="checkbox"/> b. BIENNIALLY	<input type="checkbox"/> c. OTHER (Specify): _____			M26. M27.
<input type="checkbox"/> 6. VISUAL MONITORING DONE:	<input type="checkbox"/> a. DAILY	<input type="checkbox"/> b. WEEKLY (Requires agency approval)				
<input type="checkbox"/> 99. OTHER (Specify): _____					M28.	
V. PIPE MONITORING						
MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)			M30.			
<input type="checkbox"/> 1. CONTINUOUS ELECTRONIC MONITORING OF PIPING SUMP(S)/TRENCH(ES) AND OTHER SECONDARY CONTAINMENT						
SECONDARY CONTAINMENT IS:	<input type="checkbox"/> a. DRY	<input type="checkbox"/> b. LIQUID FILLED	<input type="checkbox"/> c. UNDER PRESSURE	<input type="checkbox"/> d. UNDER VACUUM	M31.	
PANEL MANUFACTURER: _____	M32.	MODEL #: _____			M33.	
LEAK SENSOR MANUFACTURER: _____	M34.	MODEL #(S): _____			M35.	
WILL A PIPING LEAK ALARM TRIGGER AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN?			<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO	M36.	
WILL FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGER AUTOMATIC PUMP SHUTDOWN?			<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO	M37.	
<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						
MLLD MANUFACTURER(S): _____	M38.	MODEL #(S): _____			M39.	
<input type="checkbox"/> 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS						
ELLD MANUFACTURER: _____	M40.	MODEL #: _____			M41.	
PROGRAMMED LINE INTEGRITY TESTS:	<input type="checkbox"/> a. MINIMUM MONTHLY 0.2 g.p.h.	<input type="checkbox"/> b. MINIMUM ANNUAL 0.1 g.p.h.			M42.	
WILL ELLD DETECTION OF A PIPING LEAK TRIGGER AUTOMATIC PUMP SHUTDOWN?			<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO	M43.	
WILL ELLD FAILURE/DISCONNECTION TRIGGER AUTOMATIC PUMP SHUTDOWN?			<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO	M44.	
<input type="checkbox"/> 4. INTEGRITY TESTING						
TEST FREQUENCY:	<input type="checkbox"/> a. ANNUALLY	<input type="checkbox"/> b. EVERY 3 YEARS	<input type="checkbox"/> c. OTHER (Specify) _____			M45. M46.
<input type="checkbox"/> 5. VISUAL MONITORING DONE:	<input type="checkbox"/> a. DAILY	<input type="checkbox"/> b. WEEKLY*	<input type="checkbox"/> c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED**			M47.
<small>* Requires agency approval ** Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)</small>						
<input type="checkbox"/> 6. PIPING IS SUCTION PIPING MEETING ALL REQUIREMENTS FOR EXEMPTION FROM MONITORING PER 23 CCR §2636(a)(3)						
<input type="checkbox"/> 7. NO PRODUCT OR REMOTE FILL PIPING IS CONNECTED TO THE UST(S)						
<input type="checkbox"/> 99. OTHER (Specify) _____					M48.	

UST Monitoring Plan – Page 1 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.)

- M01. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
- M02. 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 Form(s)].
FACILITY ID NUMBER – This space is for agency use only.
- M03. FACILITY NAME – Enter the complete Facility Name.
- M04. FACILITY 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.
- M05. CITY – Enter the city or unincorporated area in which the facility is located.
- M06. MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
- M07. SPECIFY – If item II-99 is checked, enter the frequency of monitoring equipment testing/certification.
- M10. TANK MONITORING METHOD(S) – Check the appropriate box(es) in Section IV to identify all required methods used for monitoring UST(s) covered by this plan.
- M11. SECONDARY CONTAINMENT IS – Check the appropriate box to describe the environment inside tank secondary containment.
- M12. PANEL MANUFACTURER – If item IV-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M13. MODEL # – If item IV-1 is checked, enter the model number for the monitoring system control panel.
- M14. LEAK SENSOR MANUFACTURER – If item IV-1 is checked, enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section IX.
- M15. MODEL #(S) – If item IV-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M16. PANEL MANUFACTURER – If item IV-2 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M17. MODEL # – If item IV-2 is checked, enter the model number for the monitoring system control panel.
- M18. IN-TANK PROBE MANUFACTURER – If item IV-2 is checked, enter the name of the manufacturer of the probe(s).
- M19. MODEL #(S) – If item IV-2 is checked, enter the model number for each type of in-tank probe installed. If additional space is needed, use Section IX.
- M20. LEAK TEST FREQUENCY – If item IV-2 is checked, check the appropriate box to describe the in-tank leak test frequency.
- M21. SPECIFY – If item M20-e is checked, enter the frequency of programmed leak tests.
- M22. PROGRAMMED TESTS – If item IV-2 is checked, check the appropriate box to describe the tests programmed into the ATG system.
- M23. SPECIFY – If item M22-c is checked, enter the frequency of in-tank leak testing.
- M24. INVENTORY RECONCILIATION – If item IV-3 is checked, check the appropriate box to describe the type of inventory reconciliation performed (i.e., Manual or Statistical).
- M25. TESTING PERIOD – If item IV-4 is checked, check the appropriate box to describe the MTG testing period.
- M26. TEST FREQUENCY – If item IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
- M27. SPECIFY – If item IV-5-c is checked, enter the frequency of tank integrity testing.
- M28. SPECIFY – If item 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 23 CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section IX.
- M30. PIPE MONITORING METHOD(S) – Check the appropriate box(es) in Section V to identify all required methods used for monitoring piping in the UST system(s) covered by this plan.
- M31. SECONDARY CONTAINMENT IS – Check the appropriate box to describe the environment inside piping secondary containment.
- M32. PANEL MANUFACTURER – If item V-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M33. MODEL # – If item V-1 is checked, enter the model number for the monitoring system control panel.
- M34. LEAK SENSOR MANUFACTURER – If item V-1 is checked, enter the name of the manufacturer of the sensor(s).
- M35. MODEL #(S) – If item V-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M36. WILL PIPING LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M37. WILL FAILURE/DISCONNECTION OF MONITORING SYSTEM TRIGGER SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M38. MLLD MANUFACTURER(S) – If item 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 IX.
- M39. MODEL #(s) – If item V-2 is checked, enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section IX.
- M40. ELLD MANUFACTURER – If item V-3 is checked, enter the name of the manufacturer of the electronic line leak detector(s).
- M41. MODEL #(S) – If item V-3 is checked, enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section IX.
- M42. PROGRAMMED LINE INTEGRITY TESTS – If item V-3 is checked, check the appropriate box to describe the type of tests programmed into the monitoring system.
- M43. WILL ELLD DETECTION OF A PIPING LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item V-3 is checked, check Yes or No.
- M44. WILL ELLD FAILURE/DISCONNECTION TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M45. TEST FREQUENCY – If item V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
- M46. SPECIFY – If item V-4-c is checked, enter the frequency of pipe integrity testing.
- M47. VISUAL MONITORING DONE – If item V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
- M48. SPECIFY – If item V-99 is checked, enter a brief description of the other line monitoring method(s) used. If additional space is needed, use Section IX. 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.) which shows all required information, include it with this plan.

VI. DISPENSER MONITORING

MONITORING OF AREAS BENEATH DISPENSER(S) IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply) M50.

1. CONTINUOUS ELECTRONIC MONITORING OF UNDER DISPENSER CONTAINMENT (UDC) M52.

PANEL MANUFACTURER: _____ M51. MODEL #: _____

LEAK SENSOR MANUFACTURER: _____ M53. MODEL #(S): _____

WILL DETECTION OF A LEAK INTO THE UDC TRIGGER AUDIBLE AND VISUAL ALARMS? a. YES b. NO M55.

WILL A UDC LEAK ALARM TRIGGER AUTOMATIC PUMP SHUTDOWN? a. YES b. NO M56.

WILL FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGER AUTOMATIC PUMP SHUTDOWN? a. YES b. NO M57.

2. MECHANICAL ASSEMBLY (e.g., FLOAT AND CHAIN ASSEMBLY) IN UDC TRIPS SHEAR VALVE IN CASE OF LEAK M59.

ASSEMBLY MANUFACTURER: _____ M58. MODEL #(S): _____

3. VISUAL MONITORING DONE: a. DAILY b. WEEKLY (Requires agency approval) M60.

4. NO DISPENSERS M61.

99. OTHER (Specify) _____

VII. ENHANCED LEAK DETECTION

1. WE HAVE BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT WE MUST IMPLEMENT ENHANCED LEAK DETECTION (ELD) FOR THE UST(S) COVERED BY THIS PLAN. PER 23 CCR §2644.1, ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED M70.

VIII. TRAINING

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply) M80.

1. THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)

2. OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)

3. THE FACILITY'S BEST MANAGEMENT PRACTICES (Required as of January 1, 2005)

4. CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS

5. CALIFORNIA UNDERGROUND STORAGE TANK LAW

6. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION"

7. SWRCB PUBLICATION: "WEEKLY MANUAL TANK GAUGING FOR SMALL UNDERGROUND STORAGE TANKS"

99. OTHER (Specify): _____ M81.

Personnel with UST monitoring responsibilities are familiar with all of the above documents relevant to their job duties and can access those documents when needed. By January 1, 2005, this facility will have a "Designated UST Operator" who has passed the California UST Sytem Operator Exam administered by the International Code Council (ICC). By July 1, 2005, and annually thereafter, the "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems. 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 leak detection equipment.
- The facility employee's role with regard to spills and overfills.
- Whom to contact for emergencies and leak detection alarms.

For facility employees hired on or after July 1, 2005, the initial training will be conducted within 30 days of the date of hire.

IX. COMMENTS/ADDITIONAL INFORMATION

Please use this section to include any additional UST system monitoring-related information (e.g., additional information required by your local agency): M85.

Note regarding Section X. Pending certification of a Designated UST Operator, the following person has authority for performing the monitoring activities and maintaining leak detection equipment covered by this plan. NAME: _____ JOB TITLE: _____

X. PERSONNEL RESPONSIBILITIES

AS OF JANUARY 1, 2005, THE "DESIGNATED UST OPERATOR" IDENTIFIED IN SECTION III OF THE CURRENT UST OPERATING PERMIT APPLICATION – FACILITY FORM WILL HAVE ULTIMATE AUTHORITY FOR PERFORMING THE MONITORING ACTIVITIES AND MAINTAINING LEAK DETECTION EQUIPMENT COVERED BY THIS PLAN, AND WILL PERFORM AND DOCUMENT MINIMUM MONTHLY VISUAL INSPECTIONS OF THE FACILITY'S UST SYSTEMS IN ACCORDANCE WITH 23 CCR § 2715(b).

XI. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE	REPRESENTING <input type="checkbox"/> Owner M90. <input type="checkbox"/> Operator	DATE:	M91.
OWNER/OPERATOR NAME (print): _____	M92.	OWNER/OPERATOR TITLE: _____ M93.	

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

Local Agency Signature: _____ Date: _____

Comments/Special Conditions: _____

UST Monitoring Plan – Page 2 Instructions

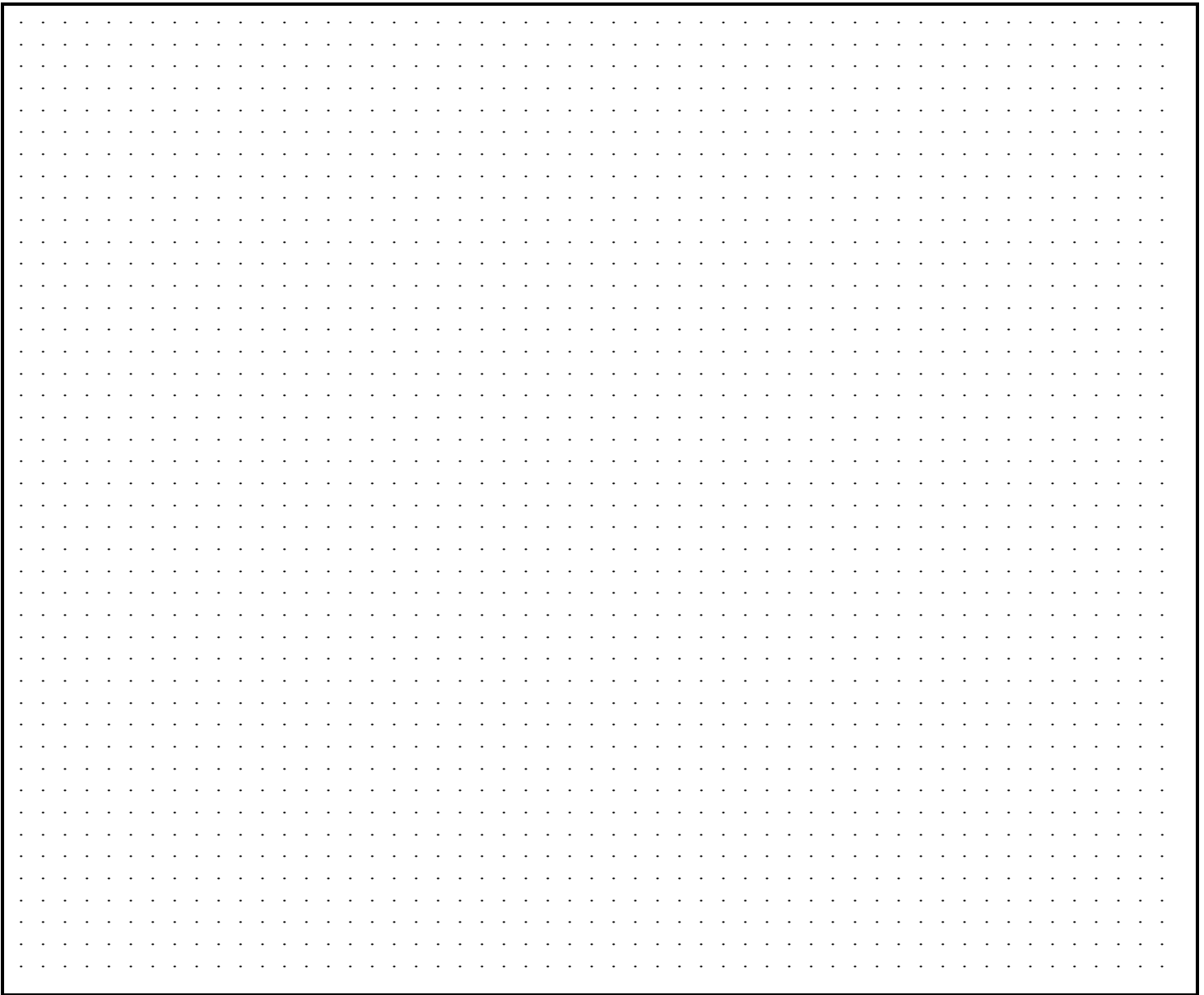
Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior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

- M50. DISPENSER MONITORING METHOD(S) – Check the appropriate box(es) in Section IV to identify all required methods used for monitoring the area(s) beneath the dispenser(s). If no dispensers are installed (e.g., USTs supplying standby generators), check item VI-5.
- M51. PANEL MANUFACTURER – If item VI-1 is checked, 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.
- M52. MODEL # – If item VI-1 is checked, enter the model number for the monitoring system control panel. If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- M53. LEAK SENSOR MANUFACTURER – If item VI-1 is checked, enter the name of the manufacturer of the sensor(s).
- M54. MODEL #(S) – If item VI-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M55. WILL DETECTION OF A LEAK INTO UDC TRIGGER AUDIBLE AND VISUAL ALARMS? – If item VI-1 is checked, check Yes or No.
- M56. WILL A UDC LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item VI-1 is checked, check Yes or No.
- M57. WILL FAILURE/DISCONNECTION OF UDC MONITORING TRIGGER SHUTDOWN? – If item VI-1 is checked, check Yes or No.
- M58. ASSEMBLY MANUFACTURER – If item VI-2 is checked, enter the name of the manufacturer of the mechanical leak detection assembly.
- M59. MODEL #(S) – If item VI-2 is checked, enter the model number for each type of mechanical leak detection assembly installed. If additional space is needed, use Section IX.
- M60. VISUAL MONITORING DONE – If item VI-3 is checked, check the appropriate box to describe the frequency of visual monitoring.
- M61. SPECIFY – If item VI-99 is checked, enter a brief description of the other method(s) used to monitor the UDC. If additional space is needed, use Section IX.
- M70. ENHANCED LEAK DETECTION – 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).
- M80. REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that items 1, 2, and 3 must be kept at the facility.
- M81. SPECIFY – If item VIII-99 is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, use Section IX.
- M85. COMMENTS/ADDITIONAL INFORMATION – You may use this section to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). If using Section IX as additional space for items required elsewhere in this plan, reference the item number (e.g., “Item M35 - Model 2468 and 3579 Leak Sensors”).

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, and that the training program specified in Section VIII has been implemented..

- M90. REPRESENTING – Check the appropriate box to indicate whether the signer is representing the UST owner or UST operator.
- M91. DATE – Enter the date the plan was signed.
- M92. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.
- M93. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.

UST Monitoring Site Plan



Date map was drawn or revised: _____.

Instructions

If you already have a diagram (e.g. your Hazardous Materials Business Plan Site Plan/Storage Map) which shows all required information, you may include it, rather than this page, with this monitoring plan. On your site plan, show the general layout of tanks and piping in relation to nearby buildings or other structures. Clearly identify locations of the following equipment, if installed: monitoring system control panels; mechanical or electronic line leak detectors; sensors monitoring tank annular spaces, sumps, trench systems, under-dispenser containment, or other secondary containment areas; and, if ATG is required, in-tank liquid level probes. In the space provided, note the date the drawing was prepared.

HAZARDOUS MATERIALS MONITORING SYSTEM INSPECTION FORM

The Hazardous Materials Storage Ordinance (HMSO) requires that hazardous materials electronic monitoring systems be tested and inspected monthly, at a minimum, to ensure that they are in working order. In the case of tanks holding hazardous wastes, State law requires that such tests and inspections be performed daily. The HMSO requires that these inspections and tests be documented. This form is used to document inspection and testing of the following monitoring system:

Manufacturer Name and Model No. of System: _____

Location of System Control Panel: _____

Inspection Date (MM/DD/YY)	Inspector's Initials	System Has Power	All Functions Normal	Audible & Visual Alarms Test OK	Comments/Corrective Actions

Explain any problems found and corrective actions taken in the “Comments” section.
This log is part of the facility operating record and must be kept for a minimum of three (3) years.



STANISLAUS COUNTY
Department of Environmental Resources
3800 Cornucopia Way, Suite C
Modesto, CA 95358

(209) 525-6700
FAX (209) 525-6774

RELEASE REPORTING AND INITIAL ABATEMENT REQUIREMENTS

California Code of Regulations, Title 23, Division 3, Chapter 16, Article 5,
Sections 2650, 2651, 2652, 2653, 2654, 2655

All leaks to existing underground storage tank systems utilizing one of the monitoring alternatives in the California Code of Regulations, Title 23, Division 3, Chapter 16, Articles 3 and 4, shall be reported to the Stanislaus County Department of Environmental Resources (209) 525-6700 **within 24 hours** after the release has been detected, or should have been detected. Upon notification, this department will provide technical assistance to the Underground Storage Tank Owner/Operator.



Tank Owner/Operator Declaration

I (Tank Owner or Operator) have read the Release Reporting and Initial Abatement Requirements outlined on this sheet provided by the facility inspector. I understand my responsibilities for investigating and reporting releases when they occur. I further understand that I am to refer to the appropriate sections in the regulations if there is a question regarding the procedures or reporting requirements.

Signature of Tank Owner/Operator

Date

Title

Inspector

Print Name

Name of Facility

NOTE: **Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)**

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for MAKE BELIEVE CO., 123 TANK STREET,
(Business name, business address, and correspondence address of owner or operator)

FUND CITY, CA 90001; P. O. BOX 100, FUND CITY, CA 90001

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ 5,000 per occurrence and \$ 5,000 annual aggregate coverage.
(Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

MAKE BELIEVE CO., STATION #1, 123 TANK ST., FUND CITY, CA 90001 and
(Name and address of each facility for which financial responsibility is being demonstrated.)

MAKE BELIEVE CO., STATION #2, 789 SITE AVE., FUND CITY, CA 90002

- 1. Amount of annual aggregate coverage being assured by this letter..... \$ 5,000
- 2. Total tangible assets..... \$ (Asset Figures)
- 3. Total liabilities..... \$ (Liability Figures)
- 4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... \$ (Net Worth Figures)

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at FUND CITY, CA
(Place of Execution)

On JULY 3, 1995

Rhea Cycle
(Date)
(Signature)

RHEA CYCLE
(Printed Name)

OWNER
(Title)

NOTE: **Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)**

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for _____
(Business name, business address, and correspondence address of owner or operator)

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ _____ per occurrence and \$ _____ annual aggregate coverage.
(Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

(Name and address of each facility for which financial responsibility is being demonstrated.)

- 1. Amount of annual aggregate coverage being assured by this letter..... \$ _____
- 2. Total tangible assets..... \$ _____
- 3. Total liabilities..... \$ _____
- 4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... \$ _____

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at _____
(Place of Execution)

On _____
(Date)

(Signature)

(Printed Name)

(Title)

State of California
 State Water Resources Control Board
 Division of Clean Water Programs
 P.O. Box 944212
 Sacramento, CA 94244-2120

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

500,000 dollars per occurrence 1 million dollars annual aggregate
 or AND or
 1 million dollars per occurrence 2 million dollars annual aggregate

B. _____ hereby certifies that it is in compliance with the requirements of Section 2807, Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.
 (Name of tank Owner or Operator)

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address	
Facility Name	Facility Address	
Facility Name	Facility Address	
Facility Name	Facility Address	
Facility Name	Facility Address	
Facility Name	Facility Address	
Facility Name	Facility Address	
Facility Name	Facility Address	
Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
Signature of Witness or Notary	Date	Name of Witness or Notary

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Reverse)

INSTRUCTIONS FOR CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please type or print information clearly. All underground storage tank (UST) sites owned or operated may be listed on one form, therefore a separate certification is not required for each site. For questions regarding required coverage amounts or approved financial responsibility mechanisms, please refer to the State Water Resources Control Board's publication, "Petroleum Underground Storage Tank Financial Responsibility Guide" or call the UST Cleanup Fund at (800) 813-3863.

- A. Coverage Required** Check one box on the left side of the form to indicate coverage per occurrence (i.e. \$500,000 or \$1,000,000) and one box on the right side of the form to indicate annual aggregate coverage (i.e. \$1,000,000 or \$2,000,000).
- B. Name of Tank Owner or Operator** Provide the full legal name of either the tank owner or the tank operator.
- C. Mechanism Type** Indicate which approved mechanism(s) are being used to show financial responsibility either as contained in the federal regulations (40 CFR, Part 280, Subpart H, Sections 280.93 through 280.107) or Section 2808.1, Chapter 18, Division 3, Title 23, CCR.
- Name of Issuer** List the names and addresses of companies and/or individuals issuing coverage. If you use the State UST Cleanup Fund as a mechanism, use the following information:
Mechanism Type: "State UST Fund"
Name and Address of Issuer: "State UST Cleanup Fund, P.O. Box 944212, Sacramento, CA 94244-2120".
- Mechanism Number** List the identifying number for each mechanism used (e.g. insurance policy number, letter of credit number, etc.). If using the State Cleanup Fund and/or a financial test of self-insurance (e.g. CFO letter), enter "N/A".
- Coverage Amount** Indicate the per occurrence and annual aggregate coverage amount provided by each listed mechanism. If more than one mechanism is indicated, aggregate coverage must equal 100% of required financial responsibility amounts.
- Coverage Period** Indicate the effective date of each mechanism. State Cleanup Fund coverage is continuous as long as you maintain compliance and remain eligible for participation.
- Corrective Action** Does the specified mechanism provide coverage for corrective action? Indicate "Yes" or "No". If using the State Cleanup Fund, indicate "Yes".
- Third Party Compensation** Does the specified mechanism provide coverage for third party compensation? Indicate "Yes" or "No". If using the State Cleanup Fund, indicate "Yes".
- D. Facility Information** List the name and site address of each UST facility covered by this Certification.
- E. Signature Block** The tank owner or operator must sign and date the Certification. Print or type the owner or operator's name and title in the space provided. The owner or operator's signature must be witnessed. The witness or notary must sign and date the Certification. Print or type the witness' name in the space provided. Anybody may sign as witness; however, if a notary signs, please attach documentation.

Note: Per Health and Safety Code §25299.76(a), failure comply with UST Financial Responsibility requirements can result in civil penalties of up to \$10,000 per day, per UST, for each day of violation. Eligibility for reimbursement of claims submitted to the State Cleanup Fund may also be jeopardized.



STANISLAUS COUNTY
DEPARTMENT OF ENVIRONMENTAL RESOURCES
 3800 CORNUCOPIA WAY, SUITE C, MODESTO, CA 95358
 209/525-6700 FAX 209/525-6774

Permit No. _____

Permit Exp. _____

Fee Paid _____

APPLICATION AND PERMIT TO CLOSE UNDERGROUND STORAGE TANK

1. FACILITY INFORMATION

NAME OF FACILITY		TYPE OF BUSINESS	
STREET ADDRESS	CITY	ZIP CODE	TELEPHONE ()
OWNERS NAME (CORPORATION, AGENCY OR INDIVIDUAL)			
STREET ADDRESS (IF DIFFERENT THAN ABOVE)	CITY	ZIP CODE	TELEPHONE ()

2. TANK CLOSURE PLAN

REASON FOR CLOSURE		TANK CLOSURE METHOD <input type="checkbox"/> REMOVAL <input type="checkbox"/> CLOSURE IN PLACE	
CLOSURE TIME SCHEDULE	CONTRACTOR REMOVING TANKS		LICENSE #
SOIL BORING CONTRACTOR	LAB COLLECTING AND ANALYZING SOIL/WATER SAMPLES		
CONTRACTOR REMOVING TANK CONTENTS	CONTENTS AND RINSE DISPOSAL/REUSE LOCATION		
RECIPIENT OF TANK FOR DISPOSAL OR REUSE		PHONE #	
ADDRESS		SIGNATURE	

3. TANK IDENTIFICATION

STATE ID#	CONTENTS (INCLUDE ALL PAST USES)	CAPACITY	AGE

4. APPLICANT INFORMATION

I hereby certify that I have prepared this application and that the work will be done in accordance with the provisions of the laws of the State of California, the Ordinances of the County of Stanislaus and the Rules and Regulations of the Stanislaus County Department of Environmental Resources.

NAME OF APPLICANT/POSITION	SIGNATURE OF APPLICANT	DATE
----------------------------	------------------------	------

FOR DEPARTMENT USE ONLY

SIGNATURES REQUIRED PRIOR TO PERMIT

PERMIT ISSUED BY	DATE	FIRE DEPARTMENT	DATE
INSPECTED BY	DATE	BUILDING DEPARTMENT	DATE
CLOSURE APPROVED BY	DATE	OTHER	DATE
PERMIT DENIED BY	DATE		

ATTENTION TANK OWNER/OPERATOR

Enclosed you will find the underground storage tank closure applications that you requested. A separate application and fee are required for each facility. Please print or type your responses in all the blanks. Include the approximate date on which you intend to close the tank.

REMEMBER TO:

1. Follow the guidelines listed below.
2. Confirm the proposed removal date or any changes within the week prior to that date.
3. Arrange for an inspection by the Department of Environmental Resources (48-hour notice).
4. Arrange for a soil sample to be taken by a California State Certified Laboratory at the time of closure. Samples must be taken from undisturbed soil below the tank(s) and piping.
5. Sign the application in the appropriate box and return immediately with the permit fee.
6. Have your Fire Department and Building Department, for the area of the facility, sign the application. Important: your application for removal cannot be approved without these signatures.
7. Complete the Contractor's Declaration and return all three copies.
8. All underground storage tanks to be moved off site shall be triple rinsed according to Department standards or transported as hazardous waste.

Your permit fee should cover the normal tank removal situation involving initial field work and interpretation by this Department. In cases involving the assessment of tank leakage, or where additional staff time is involved, additional charges will be made.

PROCEDURE FOR CLOSURE OF UNDERGROUND STORAGE TANK(S)

1. Complete the "Application and Permit to Close Underground Storage Tank".
2. Contact the local fire and building departments for their policy regarding closure of underground storage tanks.
3. Tank(s) and all associated plumbing shall be emptied of product and properly disposed of. All non-recyclable product and contaminated soil shall be handled as hazardous waste.
4. Tank(s) shall be purged of all combustible vapors prior to removal by the addition of twenty (20) pounds of dry ice per each 1000 gallons of tank.
5. Arrange for an inspection by the Department of Environmental Resources (48-hour notice).
6. In order to determine the extent of any product loss, soil samples must be taken. The samples must be collected and analyzed by an approved laboratory. A written analysis report must be submitted to this Department within ten (10) working days. This report is subject to review and must be approved in order to be recognized as valid.

If test results demonstrate unacceptable levels of contamination in the soil or ground water, then the Department may take action pursuant to Chapters 6.5 and 6.7 of the California Health and Safety Code, Division 20.

7. In addition to the above-mentioned items, tanks to be closed in place must be partially filled with a sand slurry (tanks proposed for closure in place are considered on a case by case basis). The final 20% of tank volume must be filled with concrete. A notice shall be placed in the deed to the property. The notice shall describe the exact vertical and areal location of the closed underground storage tank, the hazardous substances it contained and closure method.

These are general instructions. Each case will be handled independently. If you have any questions or need assistance, call the Department of Environmental Resources (209) 525-6700.

STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

**RECYCLABLE MATERIALS REPORT – PAGE 1
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

Page ____ of ____

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

I. TYPE OF RECYCLING ACTIVITIES

If yes, please follow instructions.

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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	502	<input checked="" type="checkbox"/> If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V.
2. Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	503	<input checked="" type="checkbox"/> If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials.

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

II. 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	

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 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 Stanislaus County 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 507. OFFSITE GENERATOR PHONE NUMBER 508. OFFSITE GENERATOR CITY 509. OFFSITE GENERATOR STATE 510. OFFSITE GENERATOR ZIP CODE	Complete items 506 – 510 for each generator of recyclable material.
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511. OFFSITE GENERATOR MAILING ADDRESS 512. CITY FOR MAILING ADDRESS 513. STATE FOR MAILING ADDRESS 514. ZIP CODE FOR MAILING ADDRESS	Complete items 511 – 514 if the mailing address for the offsite generator is different from the street address.
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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.

**STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
RECYCLABLE MATERIALS REPORT – PAGE 2
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

(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 520	COMMON NAME OF RECYCLABLE MATERIAL 521	QUANTITY DURING TWO YEAR REPORTING PERIOD 522	UNITS <input type="checkbox"/> a. Gallons <input type="checkbox"/> c. Tons <input type="checkbox"/> b. Pounds <input type="checkbox"/> d. Kilograms 523
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RECYCLABLE MATERIAL DESCRIPTION 524
--

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL 525
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AUTHORIZING PROVISION OF HSC SECTION 25143.2 526	BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION 527
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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 528	HAZARDOUS CONSTITUENT		LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S) 533
	In Recyclable Material 529	In Final Product 531	
	UNITS 530 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 532 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
	UNITS 535 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 537 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
	UNITS 536 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 538 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
	UNITS 541 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 543 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
	UNITS 542 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 544 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
	UNITS 547 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 549 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
	UNITS 548 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 550 <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)

<input type="checkbox"/> 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. (HSC Section 25143.10(a)(3)(A))	552
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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 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 AA 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.

STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

BUSINESS NAME (Same as FACILITY NAME or DBA Doing Business As) ³	FACILITY ID#	Page <u> </u> of <u> </u>
		1

II. STATUS

NOTIFICATION STATUS 600	PERMIT STATUS (Check all that apply)		601
<input type="checkbox"/> a Amended	<input type="checkbox"/> a Facility Permit	<input type="checkbox"/> d Variance	
<input type="checkbox"/> b Initial	<input type="checkbox"/> b Interim Status	<input type="checkbox"/> e Consent Agreement	
<input type="checkbox"/> c Renewal (PBR Only)	<input type="checkbox"/> c Standardized Permit		

III. NUMBER OF UNITS AT FACILITY

(Indicate the number of units you operate in each tier, attach one unit notification page for each unit except CE-CL)

A	Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier)	602
B	Conditionally Exempt Specified Wastestream (CESW)	
C	Conditionally Authorized (CA)	
D	Permit by Rule (PBR)	
E	Conditionally Exempt – Limited (CEL)	
F	Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries)	
G	TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units)	

IV. CERTIFICATION AND SIGNATURE

Waste Minimization I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Tiered Permitting Certification I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. 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.

I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE	603
NAME OF OWNER/OPERATOR	TITLE OF OWNER/OPERATOR	605

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) Yes No

State Reason for Request

V. ATTACHMENTS (Check if attached)

<p>ALL tiers except CE-CL (Laundries) must submit:</p> <p><input type="checkbox"/> 1 One unit specific notification page and one treatment process page per unit</p> <p><input type="checkbox"/> 2 Plot Plan (or other grid/map)</p> <p>PBR & CA ONLY:</p> <p><input type="checkbox"/> 1 Closure Financial Assurance (formerly DTSC form 1232)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Self Certified (< \$10,000) <input type="checkbox"/> Other mechanism</p> <p><input type="checkbox"/> 2 Prior Enforcement History, if applicable</p>	<p>PBR ONLY</p> <p><input type="checkbox"/> 1 Tank and container certifications, if required</p> <p><input type="checkbox"/> 2 Notification of local agency or agencies</p> <p><input type="checkbox"/> 3 Notification of property owner, if different from business owner</p>
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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 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 Stanislaus County. 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. 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 HSC 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, (Chapter 309, Statutes of 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, (Chapter 506, Statutes of 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.

6. Phase Separation Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(B), amended by AB 966, (Chapter 506, Statutes of 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, (Chapter 506, Statutes of 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, (Chapter 506, Statutes of 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.

STANISLAUS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
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# 606	UNIT TYPE/TIER 607	NUMBER OF TANKS 608	NUMBER OF CONTAINERS/ TREATMENT AREAS 609
	<input type="checkbox"/> a CESQT <input type="checkbox"/> b CESW <input type="checkbox"/> c CA <input type="checkbox"/> d PBR <input type="checkbox"/> e CEL		
UNIT NAME 610		MONTHLY TREATMENT VOLUME 611	UNIT OF MEASURE 612 <input type="checkbox"/> a Pounds <input type="checkbox"/> b Gallons

SPECIFIC WASTE TYPE TREATED (narrative)	613
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TREATMENT PROCESS DESCRIPTION (narrative)	614
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(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
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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 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 Stanislaus County. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
- 602 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.
- 603 UNIT TYPE / TIER - Check the unit type under the Tiered Permitting program.
- 604 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).
- 605 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.
- 606 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.
- 607 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.
- 608 UNIT OF MEASURE - Check whether the treatment volume unit of measure is pounds or gallons.
- 609 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.
- 610 TREATMENT PROCESS DESCRIPTION - Describe the treatment process(es) used. Indicate if the activities are seasonal or periodic.
- 611 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).
- 612 RESIDUALS MANAGEMENT DESCRIPTION - Check the management of residuals. If appropriate, describe ?other? method of handling the residuals.
- 613 SECONDARY CONTAINMENT INSTALLATION DATE - Enter the date the secondary containment was installed.
- 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.
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 - < 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.

STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE TIERED PERMITTING
CONDITIONALLY EXEMPT SMALL QUANTITY TREATMENT (CESQT) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS

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

UNIT ID# _____ Facility ID# _____ 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.

- 1. Aqueous wastes containing hexavalent chromium may be treated by the following process:** 618
- 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:**
- | | |
|---|--|
| <input type="checkbox"/> a. pH adjustment or neutralization. | <input type="checkbox"/> g. Plating the metal onto an electrode. |
| <input type="checkbox"/> b. Precipitation or crystallization. | <input type="checkbox"/> h. Electrodialysis |
| <input type="checkbox"/> c. Phase separation by filtration, centrifugation or gravity settling. | <input type="checkbox"/> i. Electrowinning or electrolytic recovery |
| <input type="checkbox"/> d. Ion exchange. | <input type="checkbox"/> j. Chemical stabilization using silicates and/or cementitious types of reactions. |
| <input type="checkbox"/> e. Reverse osmosis. | <input type="checkbox"/> k. Evaporation. |
| <input type="checkbox"/> f. Metallic replacement. | <input type="checkbox"/> 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.
- b. Drying to remove water.
- c. Phase separation by filtration, centrifugation or gravity settling.
- 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.
- b. Drying to remove water
- c. Phase separation by filtration, centrifugation or gravity settling.
- 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.
- b. Screening to separate components based on size.
- c. Magnetic separation.
- 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 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.

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 Stanislaus County. This is the unique number which identifies your facility.

<p>627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 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</p>	<p>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.</p>
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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.

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.

STANISLAUS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
ON-SITE TIERED PERMITTING

CONDITIONALLY EXEMPT – SPECIFIED WASTESTREAMS (CESW) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS

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

UNIT ID#

606

Facility ID#

1

Page ___ of ___
619

- 1. Treating resins mixed or cured in accordance with the manufacturer's instructions (including one-part and pre-impregnated materials).
- 2. Treating a container of 110 gallons or less capacity, which is not constructed of wood, paper, cardboard, fabric or any other similar absorptive materials, for the purposes of emptying the container as specified by Section 66261.7 of Title 22 of the California Code of Regulations, as revised July 1, 1990, or treats the inner liners removed from empty containers that once held hazardous waste or hazardous material. The generator shall treat the container or inner liner by using the following technologies, provided the treated containers and rinseate are managed in compliance with the applicable requirements of this chapter:
 - (A) The generator rinses the container or inner liner with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held, and/or
 - (B) The generator uses physical processes, such as crushing, shredding, grinding, or puncturing, that change only the physical properties of the container or inner liner, if the container or inner liner is first rinsed as provided in subparagraph (A) and the rinseate is removed from the container or inner liner.
- 3. Drying special wastes, as classified by the Department pursuant to Title 22, CCR, Section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.
- 4. Magnetic separation or screening to remove components from special waste, as classified by the Department pursuant to Title 22, CCR, Section 66261.124.
- 5. Not in use/exempted—formerly neutralization and regeneration or ion exchange media used to demineralize water.
- 6. Not in use/exempted—formerly neutralization of food processing waste.
- 7. Not in use/exempted—formerly recovery of silver from photofinishing.
- 8. Gravity separation of the following, including the use of flocculants and demulsifiers if:
 - a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
 - b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel). (Note: some used oil/water separation is eligible for CEL.)
- 9. Neutralizing acidic or alkaline (basic) material by a state certified laboratory, a laboratory operated by an educational institution, or a laboratory which treats less than one gallon of onsite generated hazardous waste in any single batch. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)
- 10. Hazardous waste treatment is carried out in quality control or quality assurance laboratory at a facility that is not an offsite hazardous waste facility.
- 11. A wastestream and treatment technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESW.
Certified Technology Number
- 12. The treatment of formaldehyde or glutaraldehyde by a health care facility using a technology combination certified by the Department pursuant to section 25200.1.5 of the Health and Safety Code.
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 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.

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 Stanislaus County. This is the unique number which identifies your facility.

<p>627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 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</p>	<p>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.</p>
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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.

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:

<p>Neutralex Cert. #. 97-01-0024</p> <p>Effective Date: Description:</p> <p>Tier:</p>	<p>SCIGEN 333 East Gardena Blvd. Gardena, CA 90248</p> <p>June 29, 1997 (expires June 29, 2000)</p> <p>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.</p> <p>Authorized for the CESW tier.</p>
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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.

STANISLAUS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE TIERED PERMITTING
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: 618
- 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 as 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 as 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.

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

<p>627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 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</p>	<p>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.</p>
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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.

CERTIFIED TECHNOLOGIES

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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.

STANISLAUS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

PERMIT BY RULE 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:**
 - a. pH adjustment or neutralization
 - b. Precipitation or crystallization
 - c. Phase separation by filtration, centrifugation, or gravity settling
 - d. Ion exchange
 - e. Reverse osmosis
 - f. Metallic replacement
 - g. Plating the metal onto an electrode.
 - h. Electrodialysis.
 - i. Electrowinning or electrolytic recovery.
 - j. Chemical stabilization using silicates and/or cementitious types of reactions.
 - k. Evaporation.
 - 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.
 - b. Drying to remove water
 - c. Phase separation by filtration, centrifugation or gravity settling.

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:**
 - 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. 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.
 - b. Screening to separate components based on size.
 - c. Magnetic separation.

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

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 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.

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 Stanislaus County. This is the unique number which identifies your facility.

<p>627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 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</p>	<p>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.</p>
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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.

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.

STANISLAUS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE TIERED PERMITTING
CONDITIONALLY EXEMPT – LIMITED (CEL) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS

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

Unit ID#

606 Facility ID#

1

Page ___ of ___

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 releases of hazardous constituents, and prevent worker exposure. The aerosol cans must be recycled as scrap metal.

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).

Waste and Treatment Process Combinations

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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.

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 22 CCR '67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility. If your cost estimate now exceeds \$10,000 for the first time, you must submit this Certification and a closure cost estimate within 30 days to your CUPA or authorized agency. If the cost estimate adjustment results in an increase and requires a change in your financial mechanism, submit this certification and revised mechanism **within 60 days** ('66265.143). Any change in information affecting the closure cost estimate or mechanism must be submitted within 30 days to your CUPA or authorized agency. Refer to 22 CCR '67450.13 for financial assurance 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 the Department of Toxic Substances Control (DTSC) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by Stanislaus County. 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 the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA, rather than DTSC.

710. FINANCIAL INSTITUTION OR SURETY NAME 711. FINANCIAL INSTITUTION OR SURETY ADDRESS 712. FINANCIAL INSTITUTION OR SURETY CITY 713. FINANCIAL INSTITUTION OR SURETY STATE 714. FINANCIAL INSTITUTION OR SURETY ZIP CODE	For items 710 - 714 , enter the name and address of the financial institution, insurance company, surety company, or other appropriate organization used to establish the closure financial assurance. Indicate your company if you are using a corporate guarantee and financial test.
---	--

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

720

Page ___ of ___

a. Initial b. Revised c. Annual

I. GENERAL INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3	FACILITY ID#	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						1

II. CONSOLIDATION SITE INFORMATION

ADDRESS 721	FACILITY EPA ID# 2
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CITY 722	CA ZIP CODE 723
----------	-----------------

DESCRIPTION OF THE TYPE(S) OF REMOTE LOCATION(S) AND SOURCE(S) FROM WHICH THE NON-RCRA HAZARDOUS WASTE WILL BE COLLECTED (i.e. power pole) 724

DESCRIPTION OF THE TYPE OF HAZARDOUS WASTE THAT MAY BE COLLECTED 725

Do you treat your hazardous waste at this consolidation site? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No 726	ESTIMATED MONTHLY VOLUME CONSOLIDATED 727	UNITS <input type="checkbox"/> a. Pounds <input type="checkbox"/> b. Gallons 728
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III. BASIS FOR NOT NEEDING A FEDERAL PERMIT

(Check all that apply) 729

a. The hazardous waste being consolidated is not hazardous waste under federal law although the waste is regulated as hazardous waste under California state law.

b. The hazardous waste is hazardous waste under federal law, but transportation to and accumulation at the consolidation site of the waste is not subject to permitting requirements under federal law for the following other reason(s):

IV. CERTIFICATIONS

I certify under penalty of law that the activities described in these documents meet the applicable eligibility and operating requirements of state statutes and regulations for remote waste and consolidation sites. I further certify 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. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OWNER/OPERATOR	DATE 730
--------------------------	----------

NAME OF OWNER/OPERATOR (Print) 731	TITLE OF OWNER/OPERATOR 732
------------------------------------	-----------------------------

Remote Waste Consolidation Site Annual Notification

Complete this page if you are a generator and you collect non-RCRA or non-RCRA regulated hazardous waste initially at remote sites and subsequently transport the hazardous waste 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 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 Stanislaus County. 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.

STANISLAUS COUNTY UNIFIED PROGRAM HAZARDOUS WASTE GENERATOR

PAGE ____ OF ____

BUSINESS NAME: 3									
FACILITY ID #	1	NO OF EMPLOYEES:	133b	EPA ID #	2				

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY:

- RCRA GENERATOR :
- SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)
 - LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)
- NON RCRA GENERATOR:
- CALIFORNIA WASTE ONLY
 - < 100 KG HAZARDOUS WASTE PER MONTH

II. WASTE STREAM IDENTIFICATION

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

PROCESS	WASTE DESCRIPTION	WASTE ID	AMOUNT/ MONTH	STORAGE METHOD	DISPOSAL/ RECYCLE METHOD

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

NAME (First & Last Name) ____	TITLE ____
SIGNATURE ____	DATE ____

OFFICIAL USE ONLY

DATE REC'D	RECYCLE 50%	DISTRICT	SERVICE CODE	TP
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HAZARDOUS WASTE GENERATOR FORM

The waste generator form is used to document your waste stream status and to categorize all waste streams generated at your facility.

1. **FACILITY ID NUMBER** Enter your facility ID number, if known. Otherwise, leave this blank. This number is assigned by Stanislaus County Department of Environmental Resources. This is the unique number which identifies your facility.
 2. **EPA ID#** If you generate, store, treat or dispose hazardous waste, enter your facility's 12 character EPA ID number issued by the U.S. EPA, Cal EPA/DTSC. (Note: contact Cal EPA/DTSC at 916/324-1781, 800/618-6942 for information on obtaining an EPA ID number).
 3. **BUSINESS NAME** Enter the full legal name of the business.
- 133b **No. OF EMPLOYEES** Enter the total number of employees currently working at your facility.
- RCRA GENERATOR** Check the box that most closely apply to your facility. Small quantity generator (less than 1000kg Hazardous Waste per month, or a large quantity generator (greater than 1000 kg per month). Note: 1 kg = 2.2 lbs.
- NON – RCRA GENERATOR** Check the box that most closely apply to your company's status in California hazardous waste requirements.
- NON – GENERATOR STATUS** Check the box that closely apply to your company's status of the California hazardous waste requirements.
- PROCESS** Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
- WASTE DESCRIPTION** Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
- WASTE ID** List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR part 66261.126.
- AMT/MO** List the amount of hazardous waste generated from each separate process in pounds, gallons, or tons per month
- STORAGE** 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
- DISPOSAL** Enter the letter in the space provided to the type of disposal or recycling used at your facility for each of the hazardous waste streams listed.
- A = Treat Onsite
 - B = Treat Offsite
 - C = Recycle Onsite
 - D = Recycle Offsite
- CERTIFICATION NAME** Indicate the name of the person who signed the form.
- OWNER/OPERATOR TITLE** Indicate the title of the person who signed the form.
- CERTIFICATION DATE** Indicate the date the form was signed.

**Table III Waste Codes
California Waste Codes**

WASTE CODES

Inorganic

- 121. Alkaline solution (pH > 12.5) with metals (antimony, arsenic, barium beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium, and zinc)
- 122. Alkaline solution without metals pH > 12.5
- 123. Unspecified alkaline solution
- 131. Aqueous solution (2 < pH < 12.5) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)
- 132. Aqueous solution with metals (< restricted levels and see 121)
- 133. Aqueous solution with total organic residues 10 percent or more
- 134. Aqueous solution with total organic residues less than 10 percent
- 135. Unspecified aqueous solution
- 141. Off-specification, aged, or surplus inorganics
- 151. Asbestos-containing waste
- 161. FCC waste
- 162. Other spent catalyst
- 171. Metal sludge (see 121)
- 172. Metal dust (see 121) and machining waste
- 181. Other inorganic solid waste

Organics

- 211. Halogenated solvents (Chloroform, methyl chloride, perchloroethylene, etc.)
- 212. Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)
- 213. Hydrocarbon solvents (benzene, hexane, Stoddard, etc.)
- 214. Unspecified solvent mixture
- 221. Waste oil and mixed oil
- 222. Oil / water separation sludge
- 223. Unspecified oil-containing waste
- 231. Pesticide rinse water
- 232. Pesticide and other waste associated with pesticide production
- 241. Tank bottom waste
- 251. Still bottom with halogenated organics
- 252. Other still bottom waste
- 261. Polychlorinated biphenyls and material containing PCBs
- 271. Organic monomer waste (includes unreacted resins)
- 272. Polymeric resin waste
- 281. Adhesives
- 291. Latex waste
- 311. Pharmaceutical waste
- 321. Sewage sludge
- 322. Biological waste other than sewage sludge
- 331. Off-specification, aged or surplus organics
- 341. Organic liquids (non-solvents) with halogens
- 342. Organic liquids with metals (see 121)
- 343. Unspecified organic liquid mixture
- 351. Organic solids with halogens
- 352. Other organic solids

Sludges

- 411. Alum and gypsum sludge
- 421. Lime sludge
- 431. Phosphate sludge
- 441. Sulfur sludge
- 451. Degreasing sludge
- 461. Paint sludge
- 471. Paper sludge / pulp
- 481. Tetraethyl lead sludge
- 491. Unspecified sludge waste

Miscellaneous

- 511. Empty pesticide containers 30 gallons or more
- 512. Other empty containers 30 gallons or more
- 513. Empty containers less than 30 gallons
- 521. Drilling mud
- 531. Chemical toilet waste
- 541. Photochemicals / photoprocessing waste
- 551. Laboratory waste chemicals
- 561. Detergent and soap
- 571. Fly ash, bottom ash, and retort ash
- 581. Gas scrubber waste
- 591. Baghouse waste
- 611. Contaminated soil from site clean-ups
- 612. Household wastes
- 613. Auto shredder waste

California Restricted Wastes

- 711. Liquids with cyanides ≥ 1000 Mg/L
- 721. Liquids with arsenic ≥ 500 Mg/L
- 722. Liquids with cadmium ≥ 100 Mg/L
- 723. Liquids with chromium (VI) ≥ 500 Mg/L
- 724. Liquids with lead ≥ 500 Mg/L
- 725. Liquids with mercury ≥ 20 Mg/L
- 726. Liquids with nickel ≥ 134 Mg/L
- 727. Liquids with selenium ≥ 100 Mg/L
- 728. Liquids with thallium ≥ 130 Mg/L
- 731. Liquids with polychlorinated biphenyls ≥ 50 Mg/L
- 741. Liquids with halogenated organic compounds ≥ 1000 Mg/L
- 751. Solids or sludges with halogenated organic compounds ≥ 1000 Mg/Kg
- 791. Liquid with pH ≤ 2
- 792. Liquids with pH ≤ 2 with metals (antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium and zinc)
- 801. Waste potentially containing dioxins