

**INSTRUCTIONS
FOR THE
CONSOLIDATED PERMIT APPLICATION PACKAGE**

**BASIC INSTRUCTIONS
(HAZARDOUS MATERIALS BUSINESS PLAN & UNDERGROUND
STORAGE TANK FORMS)**

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.

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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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	

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.

**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:

1. 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)* _____
2. 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 a 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>)
<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

Emergency Coordinator Signature

Date

**STANISLAUS COUNTY
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION**

(One form per facility)

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

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY ^{404.} FACILITY ID # ^{1.}
(Agency Use Only)

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

BUSINESS SITE ADDRESS ^{103.} CITY ^{104.}

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

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME ^{407.} PHONE ^{408.}
()

MAILING ADDRESS ^{409.}

CITY ^{410.} STATE ^{411.} ZIP CODE ^{412.}

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME ^{428-1.} PHONE ^{428-2.}
()

MAILING ADDRESS ^{428-3.}

CITY ^{428-4.} STATE ^{428-5.} ZIP CODE ^{428-6.}

IV. TANK OWNER INFORMATION

TANK OWNER NAME ^{414.} PHONE ^{415.}
()

MAILING ADDRESS ^{416.}

CITY ^{417.} STATE ^{418.} ZIP CODE ^{419.}

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

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

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

VI. PERMIT HOLDER INFORMATION

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

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

VII. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE DATE ^{424.} PHONE ^{425.}
()

APPLICANT NAME (print) ^{426.} APPLICANT TITLE ^{427.}

UST Operating Permit Application – Facility Information Page 1 Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hfwfrc-a)

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

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

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

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

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

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

UST Operating Permit Application – Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwfwr-c-b)

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST permanent closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

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

UST Certification of Installation / Modification Form Instructions

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

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

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

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

**STANISLAUS COUNTY
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 1 of 2)**

TYPE OF ACTION	<input type="checkbox"/> 1. NEW PLAN	<input type="checkbox"/> 2. CHANGE OF INFORMATION	490-1
PLAN TYPE	<input type="checkbox"/> 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY.		490-2
(Check one item only)	<input type="checkbox"/> 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____		
I. FACILITY INFORMATION			
FACILITY ID # (Agency Use Only)			1
BUSINESS NAME (Same as FACILITY NAME)			3.
BUSINESS SITE ADDRESS	103.	CITY	104.
II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE			
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR §2632, 2634, 2638, 2641)			
MONITORING EQUIPMENT IS SERVICED	<input type="checkbox"/> 1. ANNUALLY	<input type="checkbox"/> 99. OTHER (Specify): _____	490-3a 490-3b
III. MONITORING LOCATIONS			
<input type="checkbox"/> 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN. <input type="checkbox"/> 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR §2632, 2634) 490-4			
IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):			
<input type="checkbox"/> 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634) 490-5			
SECONDARY CONTAINMENT IS: <input type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM 490-6			
PANEL MANUFACTURER: _____ 490-7.		MODEL #: _____	490-8
LEAK SENSOR MANUFACTURER: _____ 490-9.		MODEL #(S): _____	490-10
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR §2643) 490-11			
PANEL MANUFACTURER: _____ 490-12.		MODEL #: _____	490-13
IN-TANK PROBE MANUFACTURER: _____ 490-14.		MODEL #(S): _____	490-15
LEAK TEST FREQUENCY: <input type="checkbox"/> a. CONTINUOUS <input type="checkbox"/> b. DAILY/NIGHTLY <input type="checkbox"/> c. WEEKLY 490-16			
<input type="checkbox"/> d. MONTHLY <input type="checkbox"/> e. OTHER (Specify): _____ 490-17			
PROGRAMMED TESTS: <input type="checkbox"/> a. 0.1 g.p.h. <input type="checkbox"/> b. 0.2 g.p.h. <input type="checkbox"/> c. OTHER (Specify): _____			490-18 490-19
<input type="checkbox"/> 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1): 490-20			
<input type="checkbox"/> 4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645). TESTING PERIOD: <input type="checkbox"/> a. 36 HOURS <input type="checkbox"/> b. 60 HOURS 490-21 490-22			
<input type="checkbox"/> 5. TANK INTEGRITY TESTING (23 CCR §2643.1): 490-23			
TEST FREQUENCY: <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. BIENNIALY <input type="checkbox"/> c. OTHER (Specify): _____ 490-24 490-25			
<input type="checkbox"/> 99. OTHER (Specify): _____ 490-26 490-27			
V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)			
<input type="checkbox"/> 1. CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636) 490-28			
SECONDARY CONTAINMENT IS: <input type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM 490-29			
PANEL MANUFACTURER: _____ 490-30.		MODEL #: _____	490-31
LEAK SENSOR MANUFACTURER: _____ 490-32.		MODEL #(S): _____	490-33
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO 490-34			
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO 490-35			
<input type="checkbox"/> 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636) 490-36			
MLLD MANUFACTURER(S): _____ 490-37.		MODEL #(S): _____	490-38
<input type="checkbox"/> 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636) 490-39			
ELLD MANUFACTURER(S) _____ 490-40.		MODEL #(S): _____	490-41
PROGRAMMED IN LINE LEAK TEST: <input type="checkbox"/> 1. MINIMUM MONTHLY 0.2 g.p.h. <input type="checkbox"/> 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42			
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO 490-43			
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO 490-44			
<input type="checkbox"/> 4. PIPE INTEGRITY TESTING 490-45			
TEST FREQUENCY <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. EVERY 3 YEARS <input type="checkbox"/> c. OTHER (Specify) _____ 490-46 490-47			
<input type="checkbox"/> 5. VISUAL PIPE MONITORING. 490-48			
FREQUENCY <input type="checkbox"/> a. DAILY <input type="checkbox"/> b. WEEKLY <input type="checkbox"/> c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49			
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)			
<input type="checkbox"/> 6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)]. 490-50			
<input type="checkbox"/> 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM 490-51			
<input type="checkbox"/> 99. OTHER (Specify) _____ 490-52 490-53			

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.)

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

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

**STANISLAUS COUNTY
UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 2 of 2)**

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD

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

490-54a
490-54b

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

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

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

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

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

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

2. UDC CONSTRUCTION IS 1. SINGLE-WALLED 2. DOUBLE-WALLED

490-63

IF DOUBLE WALLED:

490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY: 1. LIQUID 2. PRESSURE 3. VACUUM

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

VII. PERIODIC SYSTEM TESTING

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

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

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

VIII. RECORDKEEPING

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

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

IX. TRAINING

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

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

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

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

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

X. COMMENTS/ADDITIONAL INFORMATION

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

XI. PERSONNEL RESPONSIBILITIES

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

NAME 490-72 TITLE 490-73

NAME 490-74 TITLE 490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE 490-76 DATE: 490-77

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

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

(Agency Use Only)

This plan has been reviewed and:

Approved

Approved With Conditions

Local Agency Signature: _____ Date: _____

Comments or 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.)

490-54a. MONITORING OF THE UNDER DISPENSER CONTAINMENT- Indicate the method used for UDC monitoring.

490-54b. SPECIFY-If 99 "Other" is checked, describe other method used.

If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b.

490-55. PANEL MANUFACTURER –Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.

490-56. MODEL # - Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.

490-57. LEAK SENSOR MANUFACTURER – Enter the name of the manufacturer of the sensor(s).

490-58. MODEL #(S) – Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.

490-59. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No

490-60. UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN - Indicate Yes or No

490-61. FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN - Indicate Yes or No

490-62. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No.

490-63. UDC CONSTRUCTION - Indicate if the construction of the UDC is single-walled, or double-walled.

490-64a. DOUBLE-WALLED INTERSTITIAL SPACE MONITORING - Indicate what is used to monitor the interstitial space.

490-64b. LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No

490-65. VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).

490-66. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing.

490-67. SPILL BUCKET TESTING - Check the box if you have spill buckets.

490-68a-h. VIII RECORDKEEPING -Indicate which monitoring and equipment maintenance records are maintained for this facility.

490-69a IX TRAINING STATEMENT - Check the box to verify that the statement is true.

REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility.

490-69b. MONITORING PLAN: Indicate that this plan is kept as a reference document.

490-69c. OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.

490-69d. CA UST REGULATIONS - Indicate that this is kept as a reference document.

490-69e. CA UST LAW - Indicate that this is kept as a reference document.

490-69f. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION - "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION - Indicate that this is kept as a reference document.

490-69g. SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS": Indicate that this is kept as a reference document.

490-69h. OTHER - Indicate that other reference documents are kept.

490-69i. SPECIFY-If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.

490-70. DESIGNATED OPERATOR TRAINING - Check this box to verify that this statement is true.

490-71. COMMENTS/ADDITIONAL INFORMATION – Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.

490-72. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.

490-73. TITLE - Enter the title of the person.

490-74. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.

490-75. TITLE - Enter the title of the second person.

OWNER/OPERATOR SIGNATURE – The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.

490-76. REPRESENTING -- Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.

490-77. DATE – Enter the date the plan was signed.

490-78. APPLICANT NAME – Print or type the name of the person signing the plan.

490-79. APPLICANT TITLE – Enter the title of the person signing the plan.

UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION 1. NEW PLAN 2. CHANGE OF INFORMATION R01.

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* R02.

BUSINESS NAME (Same as FACILITY NAME) R03.

BUSINESS SITE ADDRESS R03. CITY R04.

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10.	R20.	R30.
R11.	R21.	R31.
R12.	R22.	R32.
R13.	R23.	R33.
R14.	R24.	R34.
R15.	R25.	R35.

IV. RESPONSIBLE PERSONS

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

NAME R40.	TITLE R50.
NAME R41.	TITLE R51.
NAME R42.	TITLE R52.
NAME R43.	TITLE R53.

V. MONITORING INDICATORS

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

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

Other: R60.

UST Response Plan – Instructions

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

R01. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.

FACILITY ID NUMBER – This space is for agency use only.

R02. BUSINESS NAME – Enter the complete Facility Name.

R03. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.

R04. CITY – Enter the city or unincorporated area in which the facility is located.

R10. EQUIPMENT – If you have spill control or clean-up equipment kept off-site, list that equipment in sections R10 through R15. If no equipment is kept off-site, leave this section blank.

R20. LOCATION – If you have spill control or clean-up equipment kept off-site, list the equipment location(s) sections R20 through R25. If no equipment is kept off-site, leave this section blank.

R30. AVAILABILITY – If you have spill control or clean-up equipment kept off-site, list the equipment availability in sections R30 through R35. If no equipment is kept off-site, leave this section blank.

R40. NAME – At least one person responsible for authorizing any work necessary under this UST Response Plan must be identified. Use sections R40 through R43 to list the name(s) of the responsible person(s).

R50. TITLE – At least one person responsible for authorizing any work necessary under this UST Response Plan must be identified. Use sections R50 through R53 to list the job title(s) of the responsible person(s).

R60. MONITORING INDICATORS Briefly describe the steps that will be taken to verify the presence or absence of a release if the tank monitoring system indicates the possibility of a release.

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

R70. DATE – Enter the date the plan was signed.

R71. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.

R72. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.

UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 2

VI. REPORTING AND RECORD KEEPING

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

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

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

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

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

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

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

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

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

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

VII. OWNER/OPERATOR SIGNATURE

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

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

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

Local Agency Signature: _____ Date: _____

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name:	Facility ID #:
Facility Address:	Reason for Submitting this Form <i>(Check One)</i>
Facility Phone #:	<input type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name:	Relation to UST Facility <i>(Check One)</i>
Business Name <i>(If different from above):</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

ALTERNATE 1 (Optional)

Designated Operator's Name:	Relation to UST Facility <i>(Check One)</i>
Business Name <i>(If different from above):</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

ALTERNATE 2 (Optional)

Designated Operator's Name:	Relation to UST Facility <i>(Check One)</i>
Business Name <i>(If different from above):</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER

OR OWNER'S AGENT (Please Print): _____

SIGNATURE OF TANK

OWNER OR OWNER'S AGENT: _____

DATE: _____ **OWNER'S PHONE #:** _____

Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist

Facility Name:	Date:
Facility Address:	
City:	Zip Code:
Designated UST Operator Conducting the Inspection:	
International Code Council Certification #:	Expiration Date: / /
Signature:	Phone: () () ()

Y = Yes, N = No, NA = Not Applicable

Item	MONITORING PANEL / ALARM HISTORY	Y	N	NA
------	----------------------------------	---	---	----

1	Monitoring system is powered on and in proper operating mode.			
2	Monitoring system is not currently showing any alarms or warnings.			
3	Alarm history report/log for the previous month is available, and has been reviewed by the Designated UST Operator. <i>(Attach a copy of the alarm history report/log to this form if available.)</i>			
4	Each alarm for the previous month has been responded to appropriately.			
5	Sensors located in tank-top containment sumps have not alarmed in the past month.			
5a	<p>- List all tank-top sumps where alarms occurred in the past month: _____</p> <p style="margin-left: 20px;"><i>Note: Sumps where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service to this report. If sump inspection is required, record results in item 6, below.</i></p>			

UST SYSTEM INSPECTION

6	Tank-top containment sumps are free of water, debris, and hazardous substance. Sensors are located properly. <i>Note: Visual inspection of sumps is only required in sumps where an alarm has occurred in the past month for which there is no service record.</i>							
		Y	N		Y	N		
	<i>Sump Location:</i>							
	<i>Sump Location:</i>							
	<i>Sump Location:</i>							

7	Spill containment structures are free of water, debris, and hazardous substance.							
		Y	N	NA	Y	N	NA	
	Tank 1 – Contents:							
	Tank 2 – Contents:							
	Tank 3 – Contents:							
	Tank 4 – Contents:							

8	Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.							
		Y	N	NA	Y	N	NA	
	<i>Dispenser 1 / 2</i>							
	<i>Dispenser 3 / 4</i>							
	<i>Dispenser 5 / 6</i>							
	<i>Dispenser 7 / 8</i>							
	<i>Dispenser 9 / 10</i>							
	<i>Dispenser 11 / 12</i>							
	<i>Dispenser 13 / 14</i>							
	<i>Dispenser 15 / 16</i>							

PAPERWORK INSPECTION

		Y	N	NA	DATE DONE
9	Monitoring system certification has been completed within past 12 months.				
10	Secondary containment tests have been completed within the required timeframe.				
11	Spill containment structure (bucket) testing was completed within the past year.				
12	Tank tightness testing was completed within required timeframe.				
13	Line tightness testing was completed within required timeframe.				
14	Other required testing/maintenance was completed within required timeframe. <i>(List test/maintenance items below.)</i>				
	<i>Test/Maintenance:</i>				
	<i>Test/Maintenance:</i>				

	<i>Test/Maintenance:</i>						
FACILITY EMPLOYEE TRAINING					Y	N	NA
15	All facility employees have received the required on-the-job training within the past year.						
16	All facility employees hired within the past 30 days have received the required on-the-job training.						

Note: Any answer of “N” should be explained in the comment section on the following page, and will require follow-up action.

The UST Owner or Operator must maintain a copy of this monthly visual inspection checklist and all attachments for the previous 12 months. The records must be maintained on-site or, if approved by the local agency, off-site at a readily available location.



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

(Instructions on reverse side)

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 CCR, Title 23, Div. 3, Ch. 18, Art. 3, Section 2807:

- | | | |
|--|------------|--|
| <input type="checkbox"/> 500,000 dollars per occurrence
or
<input type="checkbox"/> 1 million dollars per occurrence | AND | <input type="checkbox"/> 1 million dollars annual aggregate
or
<input type="checkbox"/> 2 million dollars annual aggregate |
|--|------------|--|

B. Make Believe Company hereby certifies that it is in compliance with the requirements of
 (Name of Tank Owner or Operator)
 California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.
 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 Comp
State UST Fund	State UST Cleanup Fund P.O. Box 944212 Sacramento, CA 94212	N/A for UST Cleanup Fund	\$995,000 per Occurrence and Annual Aggregate	State UST Cleanup Fund Continuous	Yes	Yes
Chief Financial Officer Letter	Make Believe Co. 123 Tank Street Fund City, CA 90001	N/A for this mechanism	\$5,000 per Occurrence and Annual Aggregate	Annual	Yes	Yes

Note: This is a sample certification of a petroleum UST owner or operator using the State Cleanup Fund as the financial responsibility mechanism, in conjunction with the state alternative mechanism "Letter from Chief Financial Officer." For additional information and requirements refer to Title 23, Division 3, Chapter 18, of the California Code of Regulations and Chapter 6.75 of Division 20 of the California Health and Safety Code.

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 and shall maintain compliance with all conditions for participation in the Fund. See instructions.

D. Facility Name Make Believe Co.	Facility Address 123 Tank Street Fund City, CA 90002
Facility Name Make Believe Co.	Facility Address 200 Site Avenue Fund City, CA 90002
Facility Name	Facility Address
E. Signature of Tank Owner or Operator Date _/_/___	Name and Title of Tank Owner or Operator Rhea Cycle, Owner
Signature of Witness or Notary Date _/_/___	Name of Witness or Notary Tom Storage



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

(Instructions on reverse side)

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:

- | | | |
|--|-----|--|
| <input type="checkbox"/> 500,000 dollars per occurrence
or
<input type="checkbox"/> 1 million dollars per occurrence | AND | <input type="checkbox"/> 1 million dollars annual aggregate
or
<input type="checkbox"/> 2 million dollars annual aggregate |
|--|-----|--|

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

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 and shall maintain compliance with all conditions for participation in the Fund. See instructions.

D. Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address
E. Signature of Tank Owner or Operator	Name and Title of Tank Owner or Operator
<div style="text-align: right;">Date _/_/___</div>	
Signature of Witness or Notary	Name of Witness or Notary
<div style="text-align: right;">Date _/_/___</div>	

INSTRUCTIONS

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please type or print information clearly. All UST sites owned or operated may be listed on one form, therefore, a separate certification is not required for each site.

DOCUMENT INFORMATION (by sections)

- A. **Coverage Required** Check the appropriate boxes.
- B. **Name of Tank Owner or Operator** Full name of either the tank owner or the 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, Div. 3, Title 23, CCR (see the Financial Responsibility Guide for more information at: <http://www.waterboards.ca.gov/cwphome/ustcf/financialresponsibility.htm>).

If using the State Cleanup Fund to demonstrate financial responsibility, you must meet all applicable eligibility requirements contained in California Health and Safety Code, Chapter 6.75, Division 20 and Title 23 of the California Code of Regulations, Division 3, Chapter 18. The payment of UST storage fees imposed pursuant to Article 5 of Chapter 6.75 of Division 20 of the Health and Safety Code does not guarantee funding – persons using the State Cleanup Fund must satisfy all applicable eligibility requirements.

- Name of Issuer** List all names and addresses of companies and/or individuals issuing coverage.
- Mechanism Number** List identifying number for each mechanism used. Example: insurance policy number, Letter of Credit number, etc. If using the State UST Cleanup Fund, leave blank.
- Coverage Amount** Indicate amount of coverage for each listed mechanism. If more than one mechanism is indicated, Total must equal 100% of financial responsibility for each site.
- Coverage Period** Indicate the effective date(s) of all mechanisms. State Cleanup Fund coverage is continuous as long as you maintain compliance and remain eligible to participate in the Fund.
- Corrective Action** Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? It is a required coverage. If using the State Cleanup Fund, indicate “Yes”.
- Third Party Compensation** Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? It is a required coverage. If using the State Cleanup Fund, indicate “Yes”.
- D. **Facility Information** Provide all facility and/or site names and addresses.
- E. **Signature Block** Provide signature and date signed by tank owner or operator; printed or typed name and title of tank owner or operator; signature of witness or notary and date signed; and printed or typed name of witness or notary. (If a notary signs, please attach documentation.)

Where to Mail Certification:

Please send the original to your local agency(ies) [agency(ies) that issues the UST permits]. Keep a copy of the certification at each listed site. For information for your local agency(ies), refer to <http://www.calcupa.net/cupacontactlist.xls>.

Questions:

If you have questions about financial responsibility requirements or about the Certification of Financial Responsibility form, please contact the State Water Resources Control Board, Underground Storage Tank Cleanup Fund at 1-800-813-FUND (3863) or refer to <http://www.waterboards.ca.gov/cwphome/ustcf/howtocontactus.htm>.

Note:

Penalties for Failure to Comply with Financial Responsibility Requirements:

Failure to comply may result in: 1) Jeopardizing claimant eligibility for the State Cleanup Fund, and 2) Liability for civil penalties of up to \$10,000 per day, per underground storage tank, for each of day of violation as stated in Article 7, Section 25299.76(a) of the California Health and Safety Code.

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)



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

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

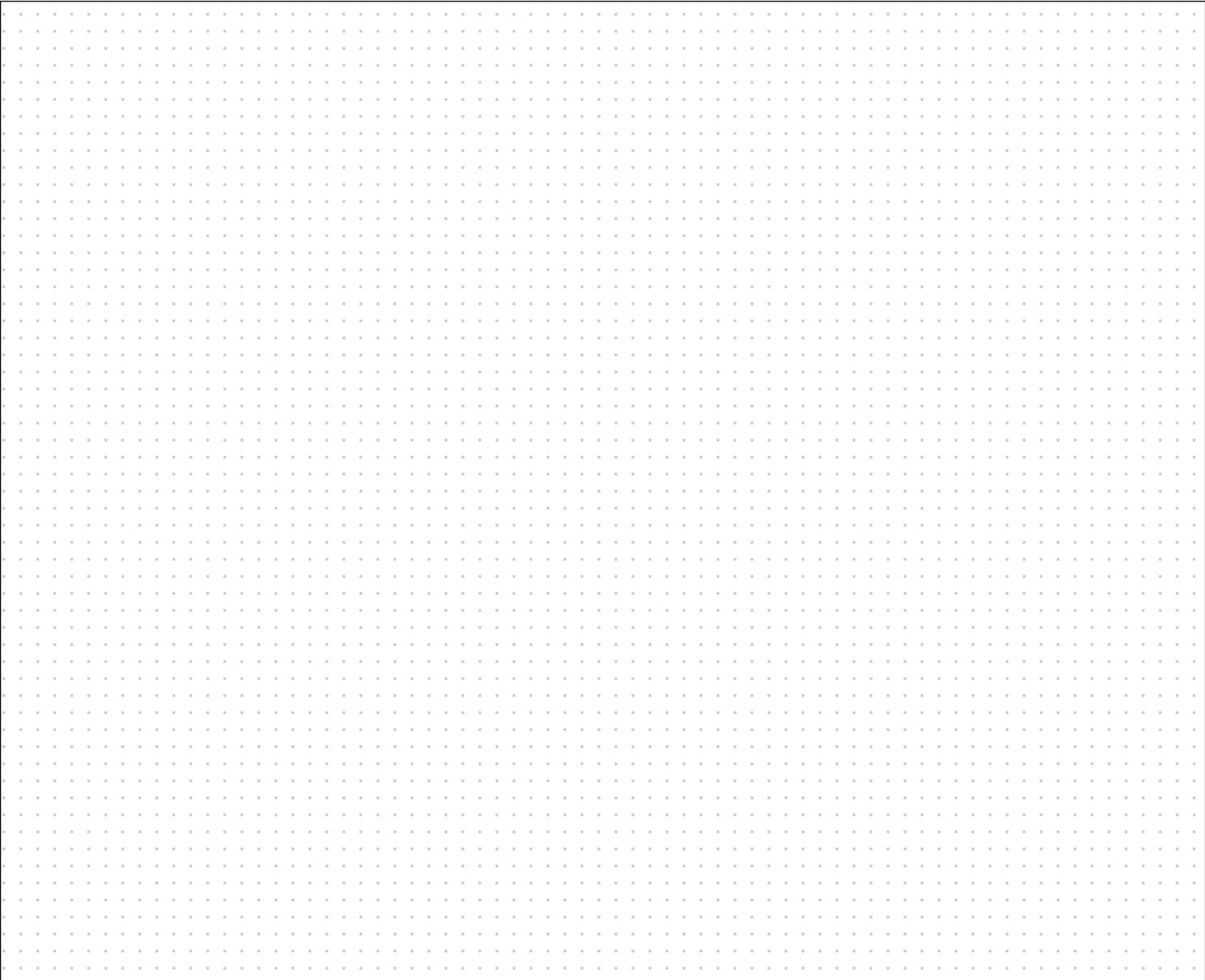
 = Regrouping Area

 = Emergency Shut-off

 = Electric Shut Off

 = Gas Shut Off

 = Water Shut Off



North	Scale	Business Name:
		Business Address:



STANISLAUS COUNTY 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
------------	-------------	----------	--------------	----

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



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

Stanislaus County
Department of Environmental Resources

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.