

**CALAVERAS COUNTY
CERTIFIED UNIFIED PROGRAM AGENCY**

CONSOLIDATED PERMIT APPLICATION PACKAGE



**CALAVERAS COUNTY
Department of Environmental Health
Government Center
891 Mountain Ranch Rd.
San Andreas, CA 95249
(209) 754-6399**

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WHAT IS A CUPA?

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

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

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

Local agencies currently administering one or more of the six Program Elements had the option to either apply for CUPA status from the California Environmental Protection Agency (Cal EPA) or retain their programs by becoming a Participating Agency (PA) under another CUPA's jurisdiction. The Board of Supervisors designated the Calaveras County Environmental Health Department to seek designation as the CUPA for Calaveras County. The Calaveras County Environmental Health Department made application and received certification from Cal EPA to implement the CUPA program effective June 1, 2002.

REPORTING POLICY

1. Please use the Calaveras County CUPA forms provided. This Department will only accept information submitted on Calaveras County CUPA forms or the Unified Program Consolidated Forms (UPCF).
2. All forms may be photocopied if necessary.
3. All forms must bear an original signature and be appropriate signature(s).
4. Keep copies of your submitted documents for your records as proof of submission.
5. Please **do not** enclose any payments with your forms unless directly requested to do so.
6. It is suggested that forms be sent via “Certified Mail” to ensure delivery by “Return Receipt.”
7. Submit all completed forms to:
Calaveras County
Environmental Health Department
Government Center
891 Mountain Ranch Rd.
San Andreas, CA 95249
8. If you have any questions or need assistance, do not hesitate to contact us at (209) 754-6399 between the hours of 8:00 a.m. and 5:00 pm. The Department is closed for lunch between 12:00 p.m. and 1:00 p.m.
9. **Be advised that failure to submit required forms may result fines, penalties and/or other administrative fees.**

BASIC INSTRUCTIONS

Your business is only required to complete and submit forms to the Calaveras County Environmental Health Department applicable to your facility’s program activities. First, complete the **Activity Declaration Form** to determine which forms that you are required to complete and submit to the Department. If you answer **yes** to any questions in the **Activity Declaration Form**, complete the **Facility Information Form** and all applicable program forms.

Important! We have provided instructions with each form in this package. Please, do not hesitate to contact this Department if you have any questions about the forms and program reporting requirements. It is only necessary to send one copy of the application to this Department.

WHAT DO I REPORT?

Enclosed is the Calaveras County Certified Unified Program Agency's (CUPA) Consolidated Permit Application for hazardous materials programs. These forms include instructions and requirements described in the California Health and Safety Code (HSC), Uniform Fire Code, and State regulations. Your business is required to complete and submit the *Activity Declaration* form and a *Facility Information* form. In addition, your business is required to complete and submit reporting forms for any of the following programs which apply to your facility:

Hazardous Materials Disclosure

Any business, which handles the minimum amount of 55 gallons or 500 pounds of a hazardous material or 200 cubic feet of a compressed gas, at any one time during the reporting year, is considered a handler of hazardous materials and is required to submit *Chemical Description* forms to the CUPA.

California Accidental Release Prevention Program (Cal ARP)

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

Underground Storage Tank (UST) Program

Any business which has underground storage tanks to store hazardous materials, including gasoline, is required to complete and submit a *UST Facility* Form and *UST Tank* Form for each tank to the CUPA. New USTs must complete and submit a *UST Installation - Certificate of Compliance* Form. Closed USTs must complete and submit a *UST Closure Certification* Form.

Aboveground Petroleum Storage Tanks

Any business which stores petroleum products (gasoline, oil, etc.) in a single aboveground storage tank with a capacity greater than 1320 gallons or in multiple storage tanks with a cumulative storage capacity greater than 1,320 gallons is required to complete a *Spill Prevention Countermeasure Control (SPCC) Plan*.

Hazardous Waste Generator

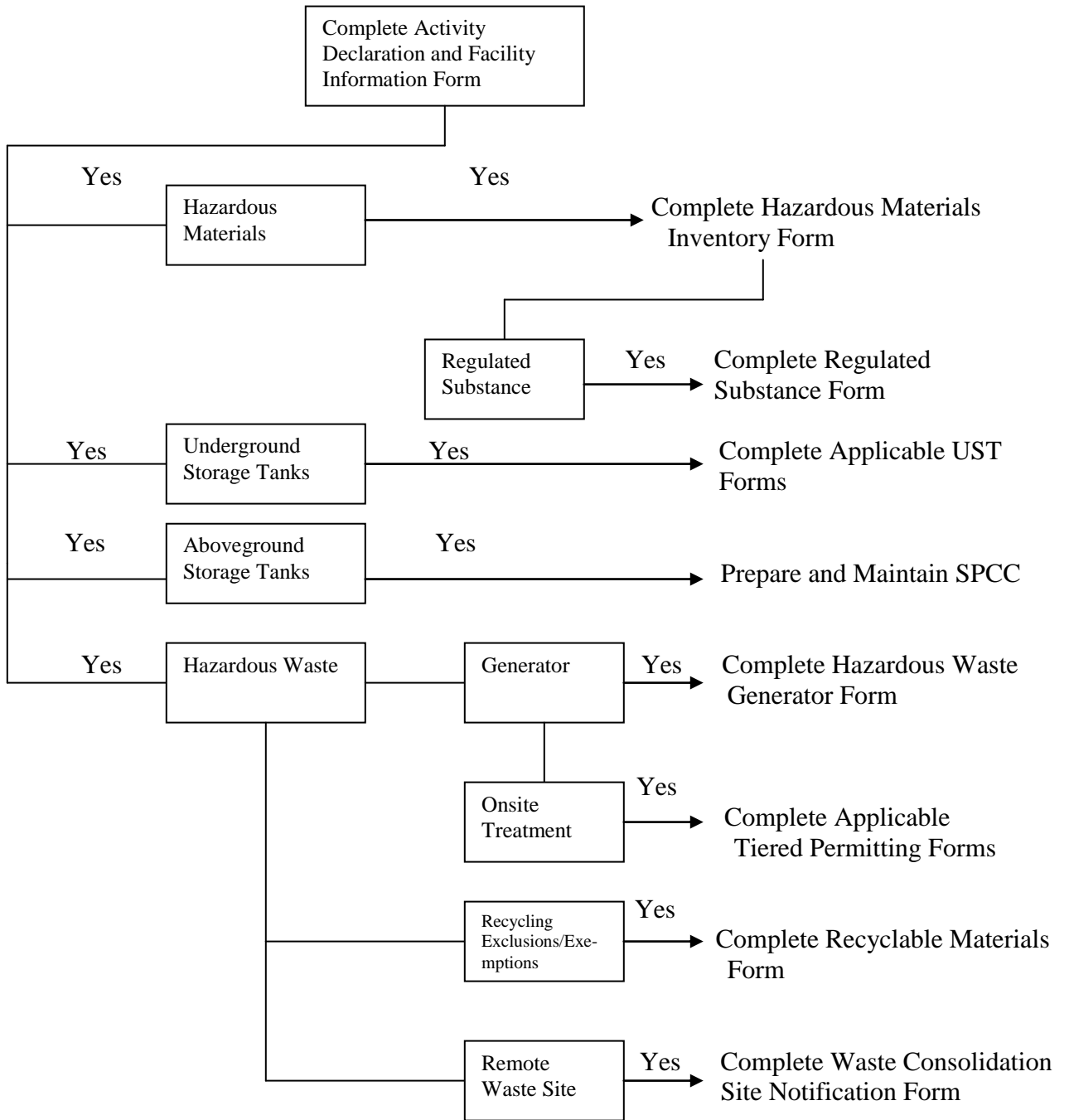
Any business, which generates any quantity of a hazardous waste, is a hazardous waste generator. Hazardous wastes are any chemical wastes which are toxic, corrosive, reactive, or ignitable, as defined in State law, including waste oil, waste coolant, waste parts cleaner, waste photo developer, waste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

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

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

Hazardous waste generators that collect RCRA and non-RCRA regulated hazardous waste initially at remote sites and subsequently transport the hazardous waste to consolidation sites operated by the generator must complete and submit a *Remote Waste Consolidation Site Annual Report* Form to the CUPA.

CALAVERAS COUNTY CONSOLIDATED PERMIT APPLICATION PACKAGE FORMS FLOW CHART



FACILITY IDENTIFICATION AND HAZARDOUS MATERIAL BUSINESS PLAN SECTION

This section includes:

- **HAZARDOUS MATERIAL BUSINESS PLAN INFORMATION SHEET**
- **ACTIVITY DECLARATION FORM**
- **FACILITY INFORMATION FORM**
- **CHEMICAL DESCRIPTION FORM**
- **FACILITY SITE PLAN/STORAGE MAP**
- **EMERGENCY RESPONSE/CONTINGENCY PLAN**
- **EMPLOYEE TRAINING PLAN**
- **REGULATED SUBSTANCE REGISTRATION FORM**
- **REGULATED SUBSTANCE LIST**

HAZARDOUS MATERIALS BUSINESS PLAN INFORMATION SHEET

Authority Cited: Ch. 6.95 H&SC; Title 22, Div. 4.5, CCR

All facilities that use or store hazardous materials (*defined as either virgin or waste materials*) in any quantity are required to report such use or storage to the appropriate local agency (Calaveras County Environmental Health Department). The amount of detail required to be reported depends on whether or not a facility is subject to state Hazardous Materials Business Plan (HMBP) reporting requirements. Facilities subject to HMBP reporting requirements must complete and submit to their local agency a HMBP. All other facilities handling hazardous materials, unless specifically exempted by their local agency, must complete and submit a Hazardous Materials/Waste Registration Form.

The attached **One-Chemical-Per-Page Inventory Format Hazardous Materials Business Plan** shall be used for HMBP reporting. If you wish to use forms other than those included in this document, or the Unidocs Matrix Inventory Format Hazardous Materials Business Plan, please contact Calaveras County Environmental Health Department for guidance. Depending upon the nature of storage/handling of hazardous materials at the facility, additional information may be required to be submitted as Appendices to the HMBP. Examples of such Appendices could include:

- For underground storage tanks, Unified Program Consolidated Forms (UPCF) UST - Facility and UST - Tank;
- California Accidental Release Prevention (CalARP) Program Registration Form;
- Toxic Gas Registration Form;
- UPCF Onsite Hazardous Waste Treatment Forms;
- Aboveground Storage Tank Spill Prevention Control and Countermeasure Plan;
- Storm Water Pollution Prevention Plan; etc.

What is a Hazardous Materials Business Plan?

A HMBP is a document containing detailed information on the storage of hazardous materials at a facility. Chapter 6.95 of the California Health and Safety Code (H&SC) requires that facilities, which use or store such materials at or above reporting thresholds (*see below*) submit this information.

What is the purpose of the Hazardous Materials Business Plan?

The intent of the Business Plan is to satisfy federal and state Community Right-To-Know laws and provide detailed information for use by emergency responders. All persons at the facility qualified to serve as emergency coordinators must be thoroughly familiar with the contents and use of the HMBP, with the operations and activities of the facility, and with the locations of all hazardous materials records maintained by the facility.

This Hazardous Materials Business Plan has been developed to assist you in complying with the State requirements and to provide the fire department adequate information about the type, quantity of—and management practices regarding—hazardous materials that are stored at your facility. Along with applicable modules and appendices, it is intended to additionally satisfy some or all of the reporting requirements for the following programs: Hazardous Materials Storage; CalARP Program Registration; Underground Storage Tank; Hazardous Waste Generator Registration; Hazardous Waste Contingency Plan; Hazardous Waste Tiered Permitting; and aboveground storage tank Spill Prevention Control and Countermeasure Plan.

Who must complete a Hazardous Materials Business Plan?

The owner of a facility must complete a HMBP and submit a copy to Calaveras County Environmental Health Department for each site that handles any individual hazardous material or mixture containing a hazardous material which has a quantity at any time during the reporting year equal to or greater than:

1. 500 pounds for **solid hazardous materials**. [H&SC §25503.5(a)]
2. The following amounts for **liquid hazardous materials**:
 - a. Lubricating oil as defined by H&SC §25503.5(b)(2)(B): 55 gallons of any type or 275 gallons aggregate quantity on site. [H&SC §25503.5(b)(2)(A)]
 - b. All others, including waste oil: 55 gallons. [H&SC §25503.5(a)]
3. The following amounts of **hazardous material gases**:
 - a. Oxygen, Nitrogen, or Nitrous Oxide stored/handled at a physician, dentist, podiatrist, veterinarian, or pharmacist's place of business: 1,000 cubic feet of each material on site. [H&SC §25503.5(b)(1)]
 - b. All others: 200 cubic feet. [H&SC §25503.5(a)]
4. Amounts of **radioactive materials** requiring an emergency plan under Parts 30, 40, or 70 of Title 10 Code of Federal Regulations or equal to or greater than applicable amounts specified in items 1, 2, or 3, above, whichever amount is smaller. [H&SC §25503.5(a)]
5. Applicable federal threshold planning quantities for **extremely hazardous substances** listed in 40 CFR Part 355, Appendix A.

Hazardous Materials Business Plan Information Sheet (continued)

Note: **Retail (Consumer) Products** packaged for direct distribution to, and use by, the general public are exempt from HMBP requirements except where the local agency determines otherwise pursuant to H&SC §25503.5(c)(1). *[Local agency interpretation is that materials qualify for this exemption only if the following requirements are met: (1) The product is not dispensed from containers at the storage facility; (2) The product is stored in a “retail display area” as defined by the 1994 California Fire Code (e.g. Quarts of oil sitting in a display area for sale at a service station are exempt, but oil used by a mechanic in the service bay is not exempt.); (3) containers are no larger than 5 gallons (liquids) or 100 pounds (solids); and (4) Handling of the product does not present unacceptable risk to public health, safety, or the environment.]*

What if I don’t handle any hazardous materials in amounts requiring a HMBP?

Facilities that are not required to complete a HMBP are still required to register their hazardous materials with the local agency using the Hazardous Materials/Waste Registration Form. The local agency will then evaluate the storage or use and notify you of any permits or storage/use fees that may apply.

What information is required to be submitted with the Hazardous Materials Business Plan?

The HMBP must contain the following elements:

- Business Activities (*Form and instructions attached*)
- Business Owner/Operator Identification (*Form and instructions attached*)
- Hazardous Materials Inventory (*Form and instructions attached*)
- Facility Map(s) (*Sample form and instructions attached*)
- Emergency Response/Contingency Plan (*Sample forms and instructions attached*)
- Employee Training Plan (*Sample form and instructions attached*)
- Recordkeeping (*Sample form and instructions attached*)

How often do I have to update or recertify my Hazardous Materials Business Plan?

Within 30 days of the occurrence of any of the following events, the HMBP shall be revised and the revisions submitted to the local agency: (1) There is a 100% or more increase in the quantity of a previously disclosed material; (2) The facility begins handling a previously undisclosed material at or above the aforementioned HMBP amounts; (3) The facility changes address; (4) Ownership of the facility changes; or (5) There is a change of business name. [H&SC §25510]

Additionally, if the local agency determines that the HMBP is deficient in any way, the plan shall be revised and the revisions submitted to the local agency within 30 days of the notice to submit a corrected plan. [H&SC §25505(a)(2)]

Without regard to the above events, the owner, operator, or officially designated representative of the facility must complete and submit to the local agency a Hazardous Materials Business Plan Certification Form [or a copy of your current HMBP with an updated certification signature and date at the bottom of OES Form 2730, the Business Owner/Operator Identification form annually. [H&SC §25503.3(c)] Hazardous Materials Business Plan Certification Forms are available from Calaveras County Environmental Health Department or on the Internet at www.unidocs.org.

Who is my local agency?

Calaveras County
Environmental Health Department
Government Center
891 Mountain Ranch Rd.
San Andreas, CA 95249-9709

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

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)			3.

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...
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)
UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? Intend to upgrade existing or install new USTs? Need to report closing a UST?	<input type="checkbox"/> YES <input type="checkbox"/> NO 5. <input type="checkbox"/> YES <input type="checkbox"/> NO 6. <input type="checkbox"/> YES <input type="checkbox"/> NO 7.	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion – one page per tank)
ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 1320 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
HAZARDOUS WASTE Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? Treat hazardous waste on site? Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? Consolidate hazardous waste generated at a remote site? 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. <input type="checkbox"/> YES <input type="checkbox"/> NO 10. <input type="checkbox"/> YES <input type="checkbox"/> NO 11. <input type="checkbox"/> YES <input type="checkbox"/> NO 12. <input type="checkbox"/> YES <input type="checkbox"/> NO 13. <input type="checkbox"/> YES <input type="checkbox"/> NO 14.	EPA ID NUMBER – provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
REGULATED SUBSTANCE Have Extremely Hazardous Substances stored onsite at greater than the threshold planning quantities established by the California Accidental Release Prevention program? (If yes complete a chemical description form OES 2731 and Regulated Substance registration form OES 2735.6)		15.

Business Activities Page Instructions

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

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA." If you do not have an ID number, contact the Department of Toxic Substances Control (DTSC) at 1-800- 618-6942 to obtain one.
3. BUSINESS NAME - Enter the complete Facility Name.
4. HAZARDOUS MATERIALS ONSITE - Check the appropriate box to indicate whether you have any hazardous material on site in a quantity subject to Hazardous Materials Business Plan reporting requirements (please to the Hazardous Materials Business Plan Information Sheet available on the Internet at <http://www.unidocs.org>).
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 (H&SC) §25316. If "YES", and you do not already have on file with your local agency a UST Facility page, UST Tank page for each tank, written UST Monitoring Plan, and UST Response Plan, then you must submit those documents. (There are no UPCF pages for the monitoring and response plans.)
6. UST INSTALLATION/UPGRADE - Check the appropriate box to indicate whether you have installed or upgraded USTs containing hazardous substances as defined in H&SC §25316. If "YES," then you must submit to your local agency a UST Installation - Certificate of Compliance page for each tank in addition to the UST Facility and Tank pages.
7. UST CLOSURE - Check the appropriate box if you are closing a UST and complete the closure portion of the UST Tank page for each tank.
8. OWN/OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST) - Check the appropriate box to indicate whether your facility stores petroleum aboveground in any tank greater than 1320 gallons capacity or has aggregate aboveground petroleum storage greater than 1,320 gallons. (There is no UPCF page for ASTs.) The following are exempt from this requirement:
 - Pressure vessels or boilers subject to Division 5 of the Labor Code;
 - Tanks containing hazardous waste if a hazardous waste facility permit has been issued by DTSC;
 - Aboveground oil production tanks regulated by the Division of Oil and Gas;
 - Certain oil-filled electrical equipment, including, but not limited to, transformers, circuit breakers, and capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates a waste that meets any of the hazardous waste criteria adopted pursuant to H&SC §25141.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material is excluded or exempt per H&SC §25143.2. If you check "YES," and you do not already have a current Recyclable Materials Report on file with your Certified Unified Program Agency (CUPA), then you must also submit that report to the CUPA. Check "NO" if you only send recyclable materials to an offsite recycler.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in regulated onsite treatment of hazardous waste. If you check "YES," and you do not already have current Onsite Hazardous Waste Treatment Notification - Facility and Onsite Hazardous Waste Treatment Notification - Unit documents on file with your CUPA, then you must submit those forms to the CUPA.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility has Permit by Rule (PBR) and/or Conditionally Authorized (CA) operations subject to financial assurance requirements for closure of an onsite treatment unit. If you check "YES," and you do not already have current "Certification of Financial Assurance" on file with your CUPA, then you must submit that form to the CUPA.
13. HAZARDOUS WASTE REMOTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. By answering "YES," you are indicating that you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. If you check "YES," and you do not already have current "Remote Waste Consolidation Site Annual Notification" page on file with your CUPA, then you must submit that form to the CUPA.
14. HAZARDOUS WASTE TANK CLEANING - Check the appropriate box if any tank has been cleaned onsite per Title 22, Div. 4.5, Ch. 32, CCR. If you check "YES," then you must submit a Hazardous Waste Tank Closure Certification to your local agency.
15. LOCAL REQUIREMENTS - Check with your local agency before submitting this document to determine if any supplemental information is required.

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page _____ of _____

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1.	BEGINNING DATE	100.	ENDING DATE	101.	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3.	BUSINESS PHONE			102.
BUSINESS SITE ADDRESS							103.
CITY	104.	CA	ZIP CODE		105.		
DUN & BRADSTREET			106.	SIC CODE (4 digit #)		107.	
COUNTY							108.
BUSINESS OPERATOR NAME				109.	BUSINESS OPERATOR PHONE		110.

II. BUSINESS OWNER

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

III. ENVIRONMENTAL CONTACT

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

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123.	NAME	128.
TITLE	124.	TITLE	129.
BUSINESS PHONE	125.	BUSINESS PHONE	130.
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
PAGER #	127.	PAGER #	132.

ADDITIONAL LOCALLY COLLECTED INFORMATION:		133.
Property Owner:	Phone No.:	_____
Billing Address: _____		

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

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

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

You must include this Business Owner/Operator Identification page and the Business Activities page with all Unified Program Consolidated Form (UPCF) submittals. (Note: Numbering of these instructions follows the UPCF data element numbers on the Owner/Operator page.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
 3. BUSINESS NAME - Enter the complete Facility Name.
 100. BEGINNING DATE - Enter the beginning year and date of the report.
 101. ENDING DATE - Enter the ending year and date of the report.
 102. BUSINESS PHONE - Enter the phone number, including area code and any extension.
 103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
 104. CITY - Enter the city or unincorporated area in which the facility is located.
 105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
 106. DUN & BRADSTREET - If the business has a D&B number, enter it here.
 107. SIC CODE - Enter the 4-digit Standard Industrial Classification Code number for the facility's primary business activity.
 108. COUNTY - Enter the name of the county in which the facility is located.
 109. BUSINESS OPERATOR NAME - Enter the name of the facility operator.
 110. BUSINESS OPERATOR PHONE - Enter the operator's phone number, including area code and any extension.
 111. OWNER NAME - Enter the name of the facility owner, if different from the operator.
 112. OWNER PHONE - Enter the owner's phone number, including area code and any extension.
 113. OWNER MAILING ADDRESS - Enter the owner's street or P.O. box mailing address, if different from the site address.
 114. OWNER CITY - Enter the name of the city for the owner's mailing address.
 115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
 116. OWNER ZIP CODE - Enter the 5 or 9 digit zip code for the owner's mailing address.
 117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who will receive all environmental correspondence and will respond to enforcement activity.
 118. CONTACT PHONE - Enter the environmental contact's phone number, including area code and any extension.
 119. CONTACT MAILING ADDRESS - Enter the street or P.O. box mailing address where all environmental contact correspondence should be sent, if different from the site address.
 120. CITY - Enter the name of the city for the environmental contact's mailing address.
 121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
 122. ZIP CODE - Enter the 5 or 9 digit zip code for the environmental contact's mailing address.
 123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative (i.e. Emergency Coordinator) who can be contacted in case of an emergency involving hazardous materials at the facility. This person shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
 124. TITLE - Enter the title of the primary Emergency Coordinator.
 125. BUSINESS PHONE - Enter primary Emergency Coordinator's business phone number, including area code and any extension.
 126. 24-HOUR PHONE - Enter a phone number that will be answered 24 hours a day. If not the primary Emergency Coordinator's home phone number, then the number of an answering service able to immediately contact the primary Emergency Coordinator must be provided. Please note that this is a public document, so any telephone number provided is available to the general public any time a review of your facility's records is conducted.
 127. PAGER NUMBER - Enter the pager number for the primary Emergency Coordinator, if available.
 128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary Emergency Coordinator who can be contacted in the event that the primary Emergency Coordinator is not available. The contact shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
 129. TITLE - Enter the title of the secondary Emergency Coordinator.
 130. BUSINESS PHONE - Enter secondary Emergency Coordinator's business phone number, including area code and any extension.
 131. 24-HOUR PHONE - Enter a phone number for the secondary Emergency Coordinator. See instructions for item 126, above.
 132. PAGER NUMBER - Enter the pager number for the secondary Emergency Coordinator, if available.
 133. ADDITIONAL LOCALLY COLLECTED INFORMATION - Enter the name and phone number for the property owner. Enter the complete mailing address to which bills for permit fees should be sent, if different from items 119-122, above.
- SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE** - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted, and that based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the submitted information is true, accurate, and complete.
134. DATE - Enter the date that the document was signed.
 135. NAME OF DOCUMENT PREPARER - Type or print the full name of the person who prepared the Business Plan information.
 136. NAME OF SIGNER - Type or print the full name of the person signing this document.
 137. TITLE OF SIGNER - Enter the title of the person signing this document.

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200. Page ___ of ___

I. FACILITY INFORMATION

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

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

FACILITY ID # 1. MAP # 203. GRID # 204.

II. CHEMICAL INFORMATION

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

COMMON NAME 207. EHS* Yes No 208.

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

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

HAZARDOUS a. PURE b. MIXTURE c. WASTE 211. RADIOACTIVE Yes No 212. CURIES 213.

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

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

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

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

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

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

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

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

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

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.
DOT Hazard Class: _____

If EPCRA, Please Sign Here.

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

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

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
3. BUSINESS NAME - Enter the complete Facility Name.
200. ADD/DELETE/REVISE - Indicate whether the material is being added to the inventory, deleted from the inventory, or if information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
201. CHEMICAL LOCATION - Enter the building or outside area where the hazardous material is handled. A chemical stored at the same pressure and temperature in multiple locations in one building may be reported on a single page.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No."
203. MAP NUMBER - Enter the page number of the Business Plan Storage Map where the location of the hazardous material is shown.
204. GRID NUMBER - Enter the grid coordinates from your Business Plan Storage Map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME - Enter the proper chemical name of the hazardous material. If the chemical is a mixture or waste, do not complete this field; complete the "Common Name" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture (e.g. gasoline).
208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS) as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components, below.
209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section, below.
210. FIRE CODE HAZARD CLASSES - Provide this information if required by your local agency. A list of hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact your local agency for guidance.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the material is a waste, check only the "Waste" box.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the physical state of the hazardous material.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

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

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount must be consistent with the units reported in box 221 and must not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year. This amount must be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the material is a hazardous waste, enter the estimated annual amount handled.
220. STATE WASTE CODE - If the material is a hazardous waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure most appropriate for the material. [Note: If the material is a federally defined Extremely Hazardous Substance (EHS) and is not a mixture, all amounts must be reported in pounds.]
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check the boxes that describe the types of containers in which the material is stored.
224. STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored.
225. STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.
226. HAZARDOUS COMPONENT (% BY WEIGHT) - If the material is a mixture, enter the percentage weight of the hazardous component(s). If a range of percentages is available, report the highest percentage in that range. (Repeat for components 2-5.)
227. HAZARDOUS COMPONENTS 1-5 NAME - If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information. When reporting wastes, mineral and chemical composition must be listed. (Repeat for components 2-5.)
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Repeat for components 2-5.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for components 2-5.)
246. LOCALLY COLLECTED INFORMATION - Provide the primary U.S. Department of Transportation numerical Hazard Class if required by your local agency. Contact your local agency for guidance.

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

Site Address: _____

Date Map Drawn: ____/____/____.

Map Scale: _____

Page ____ of ____

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

Facility Site Plan and Storage Map Instructions

(Hazardous Materials Business Plan Module)

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

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

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

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

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

You may use the legend below:

	-Propane Tank		-Aboveground Storage Tank
	-Water Shutoff		
	-Electrical Shutoff		
	-Storm Drain		
	-Underground Storage Tank		

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page ___ of ___

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **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.** A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (*see section 3, below*).

1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (*check all that apply*):

Bells; Horns/Sirens; Verbal (*i.e. shouting*); Other (*specify*) _____

b. Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contacts*:

Fire/Police/AmbulancePhone No. **911**

State Office of Emergency ServicesPhone No. **(800) 852-7550**

Calaveras County Environmental Health DepartmentPhone No. **(209) 754-6399**

Calaveras County Office of Emergency ServicesPhone No. **(209) 754-6303**

b. Post-Incident Contacts*:

California EPA Department of Toxic Substances ControlPhone No. **(510) 540-3739**

Cal-OSHA Division of Occupational Safety and HealthPhone No. **(408) 452-7288**

Air Quality Management DistrictPhone No. **(209) 754-6588**

Regional Water Quality Control BoardPhone No. **(916) 255-3000**

** These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.*

c. Emergency Resources:

Poison Control CenterPhone No. **(800) 876-4766**

Nearest Hospital: Name: _____ Phone No.: (____) _____

Address: _____ City: _____

3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

4. Emergency Procedures:

Emergency Coordinator Responsibilities:

- a. **Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:**
 - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - iv. Notify appropriate local authorities (**Call 911 and Calaveras County Environmental Health Department**).
 - v. Notify the State Office of Emergency Services at 1-800-852-7550.
 - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - vii. 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.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
 - ii. 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.
 - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - iv. Notify the California Environmental Protection Agency’s Department of Toxic Substances Control and Calaveras County Environmental Health Department.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the “Emergency Coordinator Responsibilities” section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility’s operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility’s response to the incident, must be submitted to the California Environmental Protection Agency’s Department of Toxic Substances Control and Calaveras County Environmental Health Department. The report shall include:

- a. Name, address, and telephone number of the facility’s owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g. fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: [19 CCR §2731(e)]

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion:

7. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (<i>describe</i>)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e. bottle type</i>)		
	<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<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/ PA 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.)	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

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

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page ___ of ___

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (*) are required.]:

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
<input type="checkbox"/> Facility evacuation drills, that are conducted at least (<i>specify</i>) _____ (<i>e.g. "Quarterly", etc.</i>)

2. Chemical Handlers are additionally 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>)

Record Keeping
(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (*) are required.]:

<input type="checkbox"/> Current employees' training records <i>(to be retained until closure of the facility) *</i>
<input type="checkbox"/> Former employees' training records <i>(to be retained at least three years after termination of employment) *</i>
<input type="checkbox"/> Training Program(s) <i>(i.e. written description of introductory and continuing training) *</i>
<input type="checkbox"/> Current copy of this Emergency Response/Contingency Plan *
<input type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input type="checkbox"/> Record of hazardous waste tank daily inspections *
<input type="checkbox"/> Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. (Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)

Check the appropriate box:

<input type="checkbox"/> We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/> We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)

CalARP Program Combined¹ List of Chemicals and Threshold Quantities (TQ)

Chemical Name	CAS Number	Table 1 TQs in (lbs)	Table 2² TQs in (lbs)	Table 3 TQs in (lbs)
Acetaldehyde	75-07-0		10,000	
Acetone cyanohydrin ³	75-86-5			1,000
Acetone thiosemicarbazide	1752-30-3			1,000/10,000 ⁴
Acetylene [Ethyne]	74-86-2		10,000	
Acrolein [2-Propenal]	107-02-8	5,000		500
Acrylamide	79-06-1			1,000/10,000 ⁴
Acrylonitrile [2-Propenenitrile]	107-13-1	20,000		10,000
Acrylyl chloride [2-Propenoyl chloride]	814-68-6	5,000		100
Aldicarb	116-06-3			100/10,000 ⁴
Aldrin	309-00-2			500/10,000 ⁴
Allyl alcohol [2-Propen-1-ol]	107-18-6	15,000		1,000
Allylamine [2-Propen-1-amine]	107-11-9	10,000		500
Aluminum phosphide ⁵	20859-73-8			500
Aminopterin	54-62-6			500/10,000 ⁴
Amiton oxalate	3734-97-2			100/10,000 ⁴
Ammonia (conc 1% or greater) ⁶	7664-41-7			500
Ammonia (anhydrous) ⁶	7664-41-7	10,000		500
Ammonia (conc 20% or greater) ⁶	7664-41-7	20,000		
Ammonium hydroxide (ammonia conc 1% or greater) ⁶	1336-21-6			500
Ammonium hydroxide (ammonia conc 20% or greater) ⁶	1336-21-6	20,000		
Aniline ³	62-53-3			1,000
Antimycin A	1397-94-0			1,000/10,000 ⁴
ANTU	86-88-4			500/10,000 ⁴
Arsenic pentoxide	1303-28-2			100/10,000 ⁴
Arsenous oxide	1327-53-3			100/10,000 ⁴
Arsenous trichloride	7784-34-1	15,000		500
Arsine	7784-42-1	1,000		100
Azinphos-ethyl	2642-71-9			100/10,000 ⁴
Azinphos-methyl	86-50-0			10/10,000 ⁴
Benzene, 1-(chloromethyl)-4-nitro-	100-14-1			500/10,000 ⁴
Benzeneearsonic acid	98-05-5			10/10,000 ⁴
Benzimidazole, 4,5-dichloro-2-(trifluoromethyl)-	3615-21-2			500/10,000 ⁴
Benzotrithloride ³	98-07-7			100
Bicyclo[2.2.1] heptane-2-carbonitrile, 5-chloro- 6- (((methylamino) carbonyl)oxy)Imino)-, (1s-(1-alpha, 2- beta, 4-alpha, 5-alpha, 6E))-.	15271-41-7			500/10,000 ⁴
Bis(Chloromethyl) ketone	534-07-6			10/10,000 ⁴
Bitoscanate	4044-65-9			500/10,000 ⁴
Boron trichloride [Borane, trichloro-]	10294-34-5	5,000		500
Boron trifluoride [Borane, trifluoro-]	7637-07-2	5,000		500
Boron trifluoride compound with methyl ether (1:1) [Boron, trifluoro [oxybis[metane]]]-, T-4-	353-42-4	15,000		1,000
Bromadiolone	28772-56-7			100/10,000 ⁴
Bromine	7726-95-6	10,000		500
Bromotrifluorethylene [Ethene, bromotrifluoro-]	598-73-2		10,000	
1,3-Butadiene	106-99-0		10,000	
Butane	106-97-8		10,000	
1-Butene	106-98-9		10,000	
2-Butene	107-01-7		10,000	
Butene	25167-67-3		10,000	
2-Butene-cis	590-18-1		10,000	
2-Butene-trans [2-Butene, (E)]	624-64-6		10,000	
Cadmium oxide	1306-19-0			100/10,000 ⁴
Cadmium stearate	2223-93-0			1,000/10,000 ⁴
Calcium arsenate	7778-44-1			500/10,000 ⁴
Campechlor	8001-35-2			500/10,000 ⁴
Cantharidin	56-25-7			100/10,000 ⁴
Carbachol chloride	51-83-2			500/10,000 ⁴
Carbamic acid, methyl-,o-(((2,4-dimethyl-1, 3-dithiolan-2-	26419-73-8			100/10,000 ⁴

Chemical Name	CAS Number	Table 1 TQs in (lbs)	Table 2 ² TQs in (lbs)	Table 3 TQs in (lbs)
yl)methylene amino)-.				
Carbofuran	1563-66-2			10/10,000 ⁴
Carbon disulfide	75-15-0	20,000		10,000
Carbon oxysulfide [Carbon oxide sulfide (COS)]	463-58-1		10,000	
Chlorine	7782-50-5	2,500		100
Chlorine dioxide [Chlorine oxide (ClO ₂)]	10049-04-4	1,000		
Chlorine monoxide [Chlorine oxide]	7791-21-1		10,000	
Chlormequat chloride	999-81-5			100/10,000 ⁴
Chloroacetic acid	79-11-8			100/10,000 ⁴
Chloroform [Methane, trichloro-]	67-66-3	20,000		10,000
Chloromethyl ether [Methane, oxybis[chloro-]]	542-88-1	1,000		100
Chloromethyl methyl ether [Methane, chloromethoxy-]	107-30-2	5,000		100
Chlorophacinone	3691-35-8			100/10,000 ⁴
1-Chloropropylene [1-Propene, 1-chloro-]	590-21-6		10,000	
2-Chloropropylene [1-Propene, 2-chloro-]	557-98-2		10,000	
Chloroxuron	1982-47-4			500/10,000 ⁴
Chromic chloride	10025-73-7			1/10,000 ⁴
Cobalt carbonyl	10210-68-1			10/10,000 ⁴
Cobalt, ((2,2'-(1,2-ethanediylbis (nitrilomethylidyne)) bis(6-fluorophenolato))(2-)-N,N',O,O')-	62207-76-5			100/10,000 ⁴
Colchicine	64-86-8			10/10,000 ⁴
Coumaphos	56-72-4			100/10,000 ⁴
Coumatetralyl	5836-29-3			500/10,000 ⁴
Cresol, o-	95-48-7			1,000/10,000 ⁴
Crimidine	535-89-7			100/10,000 ⁴
Crotonaldehyde [2-Butenal]	4170-30-3	20,000		1,000
Crotonaldehyde, (E)- [2-Butenal, (E)-]	123-73-9	20,000		1,000
Cyanogen bromide	506-68-3			500/10,000 ⁴
Cyanogen iodide	506-78-5			1,000/10,000 ⁴
Cyanogen [Ethanedinitrile]	460-19-5		10,000	
Cyanogen chloride	506-77-4	10,000		
Cyanuric fluoride	675-14-9			100
Cycloheximide	66-81-9			100/10,000 ⁴
Cyclohexylamine [Cyclohexanamine]	108-91-8	15,000		10,000
Cyclopropane	75-19-4		10,000	
Decaborane(14)	17702-41-9			500/10,000 ⁴
Dialifor	10311-84-9			100/10,000 ⁴
Diborane	19287-45-7	2,500		100
Dichlorosilane [Silane, dichloro-]	4109-96-0		10,000	
Diepoxybutane ³	1464-53-5			500
Difluoroethane [Ethane, 1,1-difluoro-]	75-37-6		10,000	
Digitoxin	71-63-6			100/10,000 ⁴
Digoxin	20830-75-5			10/10,000 ⁴
Dimethoate	60-51-5			500/10,000 ⁴
Dimethylamine [Methanamine, N-methyl-]	124-40-3		10,000	
Dimethyldichlorosilane [Silane, dichlorodimethyl-]	75-78-5	5,000		500
1,1-Dimethylhydrazine [Hydrazine,1,1-dimethyl-]	57-14-7	15,000		1,000
Dimethyl-p-phenylenediamine	99-98-9			10/10,000 ⁴
Dimethyl sulfate ³	77-78-1			500
2,2-Dimethylpropane [Propane, 2,2-dimethyl-]	463-82-1		10,000	
Dimetilan	644-64-4			500/10,000 ⁴
Dinitroresol	534-52-1			10/10,000 ⁴
Dinoseb	88-85-7			100/10,000 ⁴
Dinoterb	1420-07-1			500/10,000 ⁴
Diphacinone	82-66-6			10/10,000 ⁴
Disulfoton ³	298-04-4			500
Dithiazanine iodide	514-73-8			500/10,000 ⁴
Dithiobiuret	541-53-7			100/10,000 ⁴
Emetine, dihydrochloride	316-42-7			1/10,000 ⁴
Endosulfan	115-29-7			10/10,000 ⁴
Endothion	2778-04-3			500/10,000 ⁴
Endrin	72-20-8			500/10,000 ⁴

Chemical Name	CAS Number	Table 1 TQs in (lbs)	Table 2 ² TQs in (lbs)	Table 3 TQs in (lbs)
Epichlorohydrin [Oxirane, (chloromethyl)-]	106-89-8	20,000		1,000
EPN	2104-64-5			100/10,000 ⁴
Ergocalciferol	50-14-6			1,000/10,000 ⁴
Ergotamine tartrate	379-79-3			500/10,000 ⁴
Ethane	74-84-0		10,000	
Ethyl acetylene [1-Butyne]	107-00-6		10,000	
Ethylamine [Ethanamine]	75-04-7		10,000	
Ethyl chloride [Ethane, chloro-]	75-00-3		10,000	
Ethylene [Ethene]	74-85-1		10,000	
Ethylenediamine [1,2-Ethanediamine]	107-15-3	20,000		10,000
Ethylene fluorohydrin	371-62-0			10
Ethyleneimine [Aziridine]	151-56-4	10,000		500
Ethylene oxide [Oxirane]	75-21-8	10,000		1,000
Ethyl ether [Ethane, 1,1'-oxybis-]	60-29-7		10,000	
Ethyl mercaptan [Ethanethiol]	75-08-1		10,000	
Ethyl nitrite [Nitrous acid, ethyl ester]	109-95-5		10,000	
Fenamiphos	22224-92-6			10/10,000 ⁴
Fluenetil	4301-50-2			100/10,000 ⁴
Fluorine	7782-41-4	1,000		500
Fluoroacetamide	640-19-7			100/10,000 ⁴
Fluoroacetic acid	144-49-0			10/10,000 ⁴
Fluoroacetyl chloride	359-06-8			10
Fluorouracil	51-21-8			500/10,000 ⁴
Formaldehyde (including solutions) ⁶	50-00-0	15,000		500
Formetanate hydrochloride	23422-53-9			500/10,000 ⁴
Formparanate	17702-57-7			100/10,000 ⁴
Fuberidazole	3878-19-1			100/10,000 ⁴
Furan	110-00-9	5,000		500
Gallium trichloride	13450-90-3			500/10,000 ⁴
Hydrazine	302-01-2	15,000		1,000
Hydrochloric acid (conc 37% or greater)	7647-01-0	15,000		
Hydrocyanic acid	74-90-8	2,500		100
Hydrogen chloride (gas / anhydrous)	7647-01-0	5,000		500
Hydrogen fluoride	7664-39-3	1,000		100
Hydrofluoric acid (conc 1% or greater) ⁶	7664-39-3			100
Hydrofluoric acid (conc 50% or greater)	7664-39-3	1,000		
Hydrogen selenide	7783-07-5	500		10
Hydrogen	1333-74-0		10,000	
Hydrogen sulfide	7783-06-4	10,000		500
Hydroquinone ⁷	123-31-9			500/10,000 ⁴
Iron, pentacarbonyl- [Iron carbonyl (Fe(CO) ₅), (TB-5-11)-]	13463-40-6	2,500		100
Isobenzan	297-78-9			100/10,000 ⁴
Isobutane [Propane, 2-methyl]	75-28-5		10,000	
Isobutyronitrile [Propanenitrile, 2-methyl-]	78-82-0	20,000		1,000
Isocyanic acid, 3,4-dichlorophenyl ester	102-36-3			500/10,000 ⁴
Isodrin	465-73-6			100/10,000 ⁴
Isopentane [Butane, 2-methyl-]	78-78-4		10,000	
Isophorone diisocyanate	4098-71-9			100
Isoprene [1,3-Butadiene, 2-methyl-]	78-79-5		10,000	
Isopropylamine [2-Propanamine]	75-31-0		10,000	
Isopropyl chloride [Propane, 2-chloro-]	75-29-6		10,000	
Isopropyl chloroformate [Carbonochloridic acid, 1-methylethyl ester]	108-23-6	15,000		1,000
Leptophos	21609-90-5			500/10,000 ⁴
Lewisite ³	541-25-3			10
Lindane	58-89-9			1,000/10,000 ⁴
Lithium hydride ⁵	7580-67-8			100
Malononitrile	109-77-3			500/10,000 ⁴
Manganese, tricarbonyl methylcyclopentadienyl ³	12108-13-3			100
Mechlorethamine ³	51-75-2			10
Mercuric acetate	1600-27-7			500/10,000 ⁴
Mercuric chloride	7487-94-7			500/10,000 ⁴

Chemical Name	CAS Number	Table 1 TQs in (lbs)	Table 2 ² TQs in (lbs)	Table 3 TQs in (lbs)
Mercuric oxide	21908-53-2			500/10,000 ⁴
Methacrylonitrile [2-Propenenitrile, 2-methyl-]	126-98-7	10,000		500
Methacryloyl chloride	920-46-7			100
Methacryloyloxyethyl isocyanate	30674-80-7			100
Methamidophos	10265-92-6			100/10,000 ⁴
Methane	74-82-8		10,000	
Methanesulfonyl fluoride	558-25-8			1,000
Methidathion	950-37-8			500/10,000 ⁴
Methiocarb	2032-65-7			500/10,000 ⁴
Methomyl	16752-77-5			500/10,000 ⁴
Methoxyethylmercuric acetate	151-38-2			500/10,000 ⁴
Methylamine [Methanamine]	74-89-5		10,000	
Methyl bromide	74-83-9			1,000
2-Methyl-1-butene	563-46-2		10,000	
3-Methyl-1-butene	563-45-1		10,000	
Methyl chloride [Methane, chloro-]	74-87-3	10,000		
Methyl 2-chloroacrylate	80-63-7			500
Methyl chloroformate [Carbonochloridic acid, methylester]	79-22-1	5,000		500
Methyl ether [Methane, oxybis-]	115-10-6		10,000	
Methyl formate [Formic acid, methyl ester]	107-31-3		10,000	
Methyl hydrazine [Hydrazine, methyl-]	60-34-4	15,000		500
Methyl isocyanate [Methane, isocyanato-]	624-83-9	10,000		500
Methyl isothiocyanate ⁵	556-61-6			500
Methyl mercaptan [Methanethiol]	74-93-1	10,000		500
Methylmercuric Dicyanamide	502-39-6			500/10,000 ⁴
Methyl phosphonic dichloride ⁵	676-97-1			100
2-Methylpropene [1-Propene, 2-methyl-]	115-11-7		10,000	
Methyl thiocyanate [Thiocyanic acid, methyl ester]	556-64-9	20,000		10,000
Methyltrichlorosilane [Silane, trichloromethyl-]	75-79-6	5,000		500
Methyl vinyl ketone	78-94-4			10
Metolcarb	1129-41-5			100/10,000 ⁴
Mexacarbate	315-18-4			500/10,000 ⁴
Mitomycin C	50-07-7			500/10,000 ⁴
Monocrotophos	6923-22-4			10/10,000 ⁴
Muscimol	2763-96-4			500/10,000 ⁴
Mustard gas ³	505-60-2			500
Nickel carbonyl	13463-39-3	1,000		1
Nicotine sulfate	65-30-5			100/10,000 ⁴
Nitric acid ¹ (conc 1% or greater)	7697-37-2			1,000
Nitric acid (conc 80% or greater)	7697-37-2	15,000		
Nitric oxide [Nitrogen oxide (NO)]	10102-43-9	10,000		100
Nitrobenzene ³	98-95-3			10,000
Nitrogen dioxide	10102-44-0			100
Norbormide	991-42-4			100/10,000 ⁴
Oleum (Fuming H ₂ SO ₄) [Sulfuric acid, mixture with SO ₃] ³	8014-95-7	10,000		
Organorhodium complex (PMN-82-147)	MIXTURE			10/10,000 ⁴
Ouabain	630-60-4			100/10,000 ⁴
Oxamyl	23135-22-0			100/10,000 ⁴
Ozone	10028-15-6			100
Paraquat dichloride	1910-42-5			10/10,000 ⁴
Paraquat methosulfate	2074-50-2			10/10,000 ⁴
Parathion-methyl	298-00-0			100/10,000 ⁴
Paris Green	12002-03-8			500/10,000 ⁴
Pentaborane	19624-22-7			500
Pentadecylamine	2570-26-5			100/10,000 ⁴
1,3-Pentadinene	504-60-9		10,000	
Pentane	109-66-0		10,000	
1-Pentene	109-67-1		10,000	
2-Pentene, (E)-	646-04-8		10,000	
2-Pentene, (Z)-	627-20-3		10,000	
Peracetic acid [Ethaneperoxoic acid]	79-21-0	10,000		500
Perchloromethylmercaptan [Methanesulfenyl chloride, trichloro-]	594-42-3	10,000		500

Chemical Name	CAS Number	Table 1 TQs in (lbs)	Table 2 ² TQs in (lbs)	Table 3 TQs in (lbs)
Phenol	108-95-2			500/10,000 ⁴
Phenol, 2,2'-thiobis(4-chloro-6-methyl)-	4418-66-0			100/10,000 ⁴
Phenol, 3-(1-methylethyl)-, methylcarbamate	64-00-6			500/10,000 ⁴
Phenoxarsine, 10, 10' - oxydi-	58-36-6			500/10,000 ⁴
Phenyl dichloroarsine ³	696-28-6			500
Phenylhydrazine hydrochloride	59-88-1			1,000/10,000 ⁴
Phenylmercury acetate	62-38-4			500/10,000 ⁴
Phenylsilatrane	2097-19-0			100/10,000 ⁴
Phenylthiourea	103-85-5			100/10,000 ⁴
Phorate ³	298-02-2			10
Phosacetim	4104-14-7			100/10,000 ⁴
Phosfolan	947-02-4			100/10,000 ⁴
Phosgene [Carbonic dichloride]	75-44-5	500		10
Phosmet	732-11-6			10/10,000 ⁴
Phosphine	7803-51-2	5,000		500
Phosphonothioic acid, methyl-, S-(2-(bis(1-methylethyl)amino)ethyl) O-ethyl ester. ³	50782-69-9			100
Phosphorus ⁵	7723-14-0			100
Phosphorus oxychloride [Phosphoryl chloride]	10025-87-3	5,000		500
Phosphorus pentachloride ⁵	10026-13-8			500
Phosphorus trichloride [Phosphorous trichloride]	7719-12-2	15,000		1,000
Physostigmine	57-47-6			100/10,000 ⁴
Physostigmine, salicylate (1:1)	57-64-7			100/10,000 ⁴
Picrotoxin	124-87-8			500/10,000 ⁴
Piperidine	110-89-4	15,000		1,000
Potassium arsenite	10124-50-2			500/10,000 ⁴
Potassium cyanide ⁵	151-50-8			100
Potassium silver cyanide ⁵	506-61-6			500
Promecarb	2631-37-0			500/10,000 ⁴
Propadiene [1,2-Propadiene]	463-49-0		10,000	
Propane	74-98-6		10,000	
Propargyl bromide	106-96-7			10
Propiolactone, beta- ³	57-57-8			500
Propionitrile [Propanenitrile]	107-12-0	10,000		500
Propiophenone, 4-amino-	70-69-9			100/10,000 ⁴
Propyl chloroformate [Carbonochloridic acid, propylester]	109-61-5	15,000		500
Propylene [1-Propene]	115-07-1		10,000	
Propylene oxide [Oxirane, methyl-]	75-56-9	10,000		10,000
Propyleneimine [Aziridine, 2-methyl-]	75-55-8	10,000		10,000
Propyne [1-Propyne]	74-99-7		10,000	
Prothoate	2275-18-5			100/10,000 ⁴
Pyrene	129-00-0			1,000/10,000 ⁴
Pyridine, 4-amino-	504-24-5			500/10,000 ⁴
Pyridine, 4-nitro-, 1-oxide	1124-33-0			500/10,000 ⁴
Pyriminil	53558-25-1			100/10,000 ⁴
Salcomine	14167-18-1			500/10,000 ⁴
Sarin ³	107-44-8			10
Selenious acid	7783-00-8			1,000/10,000 ⁴
Semicarbazide hydrochloride	563-41-7			1,000/10,000 ⁴
Silane	7803-62-5		10,000	
Sodium arsenate	7631-89-2			1,000/10,000 ⁴
Sodium arsenite	7784-46-5			500/10,000 ⁴
Sodium azide (Na (N ₃)) ⁵	26628-22-8			500
Sodium cacodylate	124-65-2			100/10,000 ⁴
Sodium cyanide (Na (CN)) ⁵	143-33-9			100
Sodium fluoroacetate	62-74-8			10/10,000 ⁴
Sodium selenate	13410-01-0			100/10,000 ⁴
Sodium selenite	10102-18-8			100/10,000 ⁴
Sodium tellurite	10102-20-2			500/10,000 ⁴
Stannane, acetoxytriphenyl-	900-95-8			500/10,000 ⁴
Strychnine	57-24-9			100/10,000 ⁴
Strychnine sulfate	60-41-3			100/10,000 ⁴

Chemical Name	CAS Number	Table 1 TQs in (lbs)	Table 2 ² TQs in (lbs)	Table 3 TQs in (lbs)
Sulfur dioxide	7446-09-5			500
Sulfur dioxide (anhydrous)	7446-09-5	5,000		
Sulfuric acid ⁸	7664-93-9			1,000
Sulfur tetrafluoride [Sulfur fluoride (SF4), (T-4)-]	7783-60-0	2,500		100
Sulfur trioxide ⁵	7446-11-9	10,000		100
Tabun ³	77-81-6			10
Tellurium hexafluoride	7783-80-4			100
Tetrafluoroethylene [Ethene, tetrafluoro-]	116-14-3		10,000	
Tetramethyllead [Plumbane, tetramethyl-]	75-74-1	10,000		100
Tetramethylsilane [Silane, tetramethyl-]	75-76-3		10,000	
Tetranitromethane [Methane, tetranitro-]	509-14-8	10,000		500
Thallium sulfate	10031-59-1			100/10,000 ⁴
Thallos carbonate	6533-73-9			100/10,000 ⁴
Thallos chloride	7791-12-0			100/10,000 ⁴
Thallos malonate	2757-18-8			100/10,000 ⁴
Thallos sulfate	7446-18-6			100/10,000 ⁴
Thiocarbazide	2231-57-4			1,000/10,000 ⁴
Thiofanox	39196-18-4			100/10,000 ⁴
Thiosemicarbazide	79-19-6			100/10,000 ⁴
Thiourea, (2-Chlorophenyl)-	5344-82-1			100/10,000 ⁴
Thiourea, (2-Methylphenyl)-	614-78-8			500/10,000 ⁴
Titanium tetrachloride [Titanium chloride (TiCl4) (T-4)-]	7550-45-0	2,500		100
Toluene 2,4-diisocyanate [Benzene, 2,4-diisocyanato-1-methyl-] ³	584-84-9	10,000		500
Toluene 2,6-diisocyanate [Benzene, 1,3-diisocyanato-2-methyl-] ³	91-08-7	10,000		100
Toluene diisocyanate (unspecified isomer) [Benzene, 1,3-diisocyanatomethyl-] ³	26471-62-5	10,000		
Triamiphos	1031-47-6			500/10,000 ⁴
Trichloro(chloromethyl)silane	1558-25-4			100
Trichloro(dichlorophenyl)silane	27137-85-5			500
Trichlorosilane [Silane, trichloro-]	10025-78-2		10,000	
Triethoxysilane	998-30-1			500
Trifluorochloroethylene [Ethene, chlorotrifluoro-]	79-38-9		10,000	
Trimethylamine [Methanamine, N,N-dimethyl-]	75-50-3		10,000	
Trimethylchlorosilane [Silane, chlorotrimethyl-]	75-77-4	10,000		1,000
Trimethylolpropane phosphite	824-11-3			100/10,000 ⁴
Trimethyltin chloride	1066-45-1			500/10,000 ⁴
Triphenyltin chloride	639-58-7			500/10,000 ⁴
Tris(2-chloroethyl)amine ³	555-77-1			100
Valinomycin	2001-95-8			1,000/10,000 ⁴
Vanadium pentoxide	1314-62-1			100/10,000 ⁴
Vinyl acetate monomer [Acetic acid ethenyl ester]	108-05-4	15,000		1,000
Vinyl acetylene [1-Buten-3-yne]	689-97-4		10,000	
Vinyl chloride [Ethene, chloro-]	75-01-4		10,000	
Vinyl ethyl ether [Ethene, ethoxy-]	109-92-2		10,000	
Vinyl fluoride [Ethene, fluoro-]	75-02-5		10,000	
Vinylidene chloride [Ethene, 1,1-dichloro-]	75-35-4		10,000	
Vinylidene fluoride [Ethene, 1,1-difluoro-]	75-38-7		10,000	
Vinyl methyl ether [Ethene, methoxy-]	107-25-5		10,000	
Warfarin	81-81-2			500/10,000 ⁴
Warfarin sodium	129-06-6			100/10,000 ⁴
Xylylene dichloride	28347-13-9			100/10,000 ⁴
Zinc, dichloro(4,4-dimethyl-5(((methylamino)carbonyl)oxy)lmino) pentanenitrile-, (T-4)-.	58270-08-9			100/10,000 ⁴
Zinc phosphide ⁵	1314-84-7			500

- 1 Consult Section 2770.5 of the CalARP Program regulations (Tables 1, 2, and 3) for the official chemical listings. Consult Sections 2770.2, 2770.4, and 2770.4.1, for specific exemptions and exclusions.
- 2 Flammable substances when used as a fuel or held for sale as a fuel at a retail facility are excluded from the CalARP Program (Section 2770.4.1).
- 3 Substances that failed the evaluation pursuant to Section 25532(g)(2) of the HSC but remain listed pursuant to potential health impacts. The exemption in Section 2770.2(b)(1)(B) regarding portions of a process where these regulated substances are handled at partial pressures below 10 mm Hg does not apply to these substances.
- 4 These extremely hazardous substances are solids. These substances are regulated at the lower listed threshold if: 1) the chemical is in powdered form with a particle size of less than 100 microns; or 2) if handled in solution or in molten form; or 3) the substance has an NFPA rating for reactivity of 2, 3, or 4. If the above 3 conditions do not apply, the threshold for each of these substances is 10,000 pounds. (Note: The 10,000 pound threshold for these substances reflects the former RMPP program. OES will consider initiating a regulatory change to remove the 10,000 pound thresholds, in accordance with HSC 25532(g)(2)(A)(iii).) In addition, the exemption in Section 2770.2(b)(1)(B) regarding portions of a process where these regulated substances are handled at partial pressures below 10 mm Hg does not apply to these substances.
- 5 These extremely hazardous substances are reactive solids. The exemption in Section 2770.2(b)(1)(B) regarding portions of a process where these regulated substances are handled at partial pressures below 10 mm Hg does not apply to these substances.
- 6 Appropriate synonyms or mixtures of extremely hazardous substances with the same CAS number are also regulated, e.g., formalin. In addition, the listing of ammonia includes anhydrous and aqueous forms of ammonia pursuant to Section 25532(g)(2). Consult USEPA's "CAA Section 112(r) Frequently Asked Questions," March 2003, Questions II. 20 (List Rule Response to Comments, page 50, Docket A 91-74), II. 22, II. 36, and II. 37 for further discussion on ammonium hydroxide and formaldehyde.
- 7 Hydroquinone is exempt in crystalline form.
- 8 Sulfuric acid fails the evaluation pursuant to Section 25532(g)(2) of the HSC but remains listed as a Regulated Substance only under the following conditions:
 - If concentrated with greater than 100 pounds of sulfur trioxide or the acid meets the definition of oleum. (The Table 3 threshold for sulfur trioxide is 100 pounds.) (The Table 1 threshold for oleum is 10,000 pounds.)
 - If in a container with flammable hydrocarbons (flash point < 73⁰ F).

HAZARDOUS WASTE GENERATOR SECTION

This section includes:

- HAZARDOUS WASTE GENERATOR REGISTRATION
- ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION (FACILITY)
- ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION (UNIT INFO.)
- ONSITE HAZARDOUS WASTE TREATMENT ATTACHMENTS
 1. CONDITIONALLY AUTHORIZED (CA)
 2. CONDITIONALLY EXEMPT-LIMITED (CEL)
 3. CONDITIONALLY EXEMPT SMALL QUANTITY TREATMENT (CESQT)
 4. CONDITIONALLY EXEMPT-SPECIFIED WASTESTREAMS (CESW)
 5. PERMIT BY RULE (PBR)
- CERTIFICATION OF FINANCIAL ASSURANCE
- RECYCLABLE MATERIALS REPORT
- REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION
- HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

**Calaveras County • Certified Unified Program Agency
HAZARDOUS WASTE GENERATOR**

PAGE ___ OF ___

BUSINESS NAME: 3		CAL EPA ID #:
FACILITY ID # 1	NO OF EMPLOYEES: 901	FED EPA ID #: 900

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY:

RCRA GENERATOR : 902
 SMALL QUANTITY GENERATOR (> 100 KG BUT < 1000 KG HAZARDOUS WASTE PER MONTH)
 LARGE QUANTITY GENERATOR (> 1000 KG HAZARDOUS WASTE PER MONTH)

NON RCRA GENERATOR: 903
 CALIFORNIA WASTE ONLY < 100 KG HAZARDOUS WASTE PER MONTH

NON-GENERATOR STATUS: 904
 ONE TIME GENERATOR NO HAZARDOUS WASTE CONDITIONALLY EXEMPT

II. WASTE STREAM IDENTIFICATION

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

905 PROCESS	906 WASTE DESCRIPTION	907 WASTE ID	908 AMT/Y R	909 STORAGE METHOD	910 DISPOSAL METHOD

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

NAME (First Name, Last Name) _____ TITLE _____ 912
 911

SIGNATURE _____ DATE _____ 913

DATE REC' D	DISTRICT	DTSC	CUPA	PA
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HAZARDOUS WASTE GENERATOR FORM

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

1. **FACILITY ID NUMBER** Enter your Facility ID number, if known. Otherwise, leave this blank. This number is assigned by Tuolumne County Environmental Health. This is the unique number which identifies your facility.
2. **Cal EPA ID #** If you generate, store, treat or dispose hazardous waste, enter your facility's 12 character *CALIFORNIA* 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.
900. **FEDERAL EPA ID #** If you generate, store, treat or dispose hazardous waste, enter your facility's 12 character *FEDERAL* 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).
901. **No. OF EMPLOYEES** Enter the total number of employees currently working at your facility.
902. **RCRA GENERATOR** Check the box that most closely apply to your facility. Small quantity generator (less than 1000 kg Hazardous waste per month, or a large quantity generator (greater than 1000 kg per month). Note: 1 kg = 2.2 lbs.
903. **NON - RCRA GENERATOR** Check the box that closely apply to your company's status of the California hazardous waste requirements.
904. **NON - GENERATOR STATUS** Check the box that closely apply to your company's status of the California hazardous waste requirements.
905. **PROCESS** Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
906. **WASTE DESCRIPTION** Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
907. **WASTE ID** List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR § 66261.126.
908. **AMT/YR** List the amount of hazardous waste generated from each separate process in pounds, gallons, or tons per year.
909. **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
910. **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
911. **CERTIFICATION NAME** Indicate the name of the person who signed the form.
912. **OWNER/OPERATOR TITLE** Indicate the title of the person who signed the form.
913. **CERTIFICATION DATE** Indicate the date the form was signed.

Onsite Hazardous Waste Treatment Notification – Facility Form Instructions (Formerly DTSC Form 1772)

Complete this form if your facility performs onsite treatment of hazardous waste(s) generated onsite and the facility is eligible under the Conditional Exemption (CE), Conditional Authorization (CA), or Fixed Treatment Unit (FTU) Permit by Rule (PBR) tiers.

Submit one Onsite Hazardous Waste Treatment Notification - Facility page per facility, regardless of the number of treatment units located at the site. Attach separate Onsite Hazardous Waste Treatment Notification - Unit and Waste and Treatment Process Combinations pages for each treatment unit at the facility. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

1. FACILITY ID NUMBER - This space is for agency use only.
3. BUSINESS NAME - Enter the complete Facility Name.
600. NOTIFICATION STATUS - Check whether this notification is your initial notification under the Tiered Permitting system; an amended notification; or, for PBR only, a renewal notification.
601. PERMIT STATUS - If this facility has a state-issued hazardous waste permit or grant of authorization, check the appropriate box to indicate the permit status.
602. NUMBER OF UNITS - Enter the number of units you operate at this facility in each permit tier or category.
SIGNATURE OF OWNER/OPERATOR - The business owner, or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. Original signatures are required.
603. DATE CERTIFIED - Enter the date the form was signed.
604. OWNER/ OPERATOR NAME - Print or type the full name of the person signing the page.
605. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

REQUEST FOR SHORTENED REVIEW PERIOD - Generators operating under the PBR tier are not authorized until they are notified by their Certified Unified Program Agency (CUPA). Generators operating under CA and CE are legally authorized 60 days after submitting a complete notification. The time period between notification and authorization may be shortened if the owner or operator shows good cause. Check the appropriate box to indicate whether or not you are requesting to be authorized sooner than the standard 60-day period. If you check "Yes," state the reason(s) for your request (attach additional sheets if needed). Authorization will be automatically effective on the date the completed notification is received by your CUPA.

ATTACHMENTS - Check the appropriate boxes to indicate that all required document submittals are attached to this form. (*Note: Commercial Laundries are not required to provide attachments.*)

ALL FACILITIES:

1. Complete an Onsite Hazardous Waste Treatment Notification - Unit form and Waste and a Treatment Process Combinations form for each unit covered by this notification.
2. Provide a plot plan or map detailing the location(s) of the unit(s) at this facility. Clearly indicate the facility boundaries and major features. The Storage Map prepared for your Hazardous Materials Business Plan may be used as long as the unit numbers for the units covered by this notification are shown.

PBR and CA ONLY:*

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

PBR ONLY:

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

* For PBR and CA, a Phase I environmental assessment must be submitted to DTSC, not to your CUPA. The assessment checklist and instructions are available from DTSC. Call (916) 324-2423 or write to the DTSC-Unified Program Section at 400 P Street, 4th Floor, P.O. Box 806, Sacramento, CA 95182-0806. Completed Phase I assessments should be submitted to the same address.

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE**

(One page and attachments per unit)

Page ___ of ___

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

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

SPECIFIC WASTE TYPE TREATED (narrative)	613.
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TREATMENT PROCESS DESCRIPTION (narrative)	614.
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(NOTE: For each treatment unit, complete and attach the appropriate Waste and Treatment Process Combinations page.)

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

<input type="checkbox"/> a. The treated waste is not a hazardous waste under federal law (California-only waste). <input type="checkbox"/> b. Treated in waste water treatment units (tanks) and discharged to a publicly owned treatment works (POTW)/sewering agency or under an NPDES permit. <input type="checkbox"/> c. Treatment in elementary neutralization units. <input type="checkbox"/> d. Treatment in a totally enclosed treatment facility. <input type="checkbox"/> e. Federal conditionally exempt small quantity generator (generated 100 kg., approximately 27 gallons, or less of hazardous waste in a calendar month).	<input type="checkbox"/> f. Treatment in an accumulation tank or container within 90 days for over 1,000 kg./month generators and 180 or 270 days for generators of 100 to 1,000 kg./month. <input type="checkbox"/> g. Recyclable materials are reclaimed to recover silver or other precious metals. <input type="checkbox"/> h. Empty container rinsing and/or treatment. <input type="checkbox"/> i. Other (specify below)	615.
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III. RESIDUALS MANAGEMENT DESCRIPTION (Check all that apply)

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

SECONDARY CONTAINMENT INSTALLATION DATE (If required)	617.
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Onsite Hazardous Waste Treatment Notification – Unit [(Formerly DTSC Form 1772A,B,C,D,L)]

Complete an Onsite Hazardous Waste Treatment Notification - Unit page and a Waste and Treatment Process Combinations page for each treatment unit operating at this facility. Commercial Laundries are not required to complete unit specific pages, provided that laundering is the only hazardous waste treatment activity conducted by the facility. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

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

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
 ONSITE TIERED PERMITTING
 CONDITIONALLY AUTHORIZED (CA) PAGE
 WASTE AND TREATMENT PROCESS COMBINATIONS**

(One page per treatment unit. Check all that apply)

UNIT ID#	606.	Facility ID#	1.	Page ____ of ____
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629.

1. **Aqueous wastes, hazardous solely due to inorganic constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 1,400 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using:**
 - a. Phase separation, including precipitation, by filtration, centrifugation, or gravity settling, including the use of demulsifiers and flocculants.
 - b. Ion exchange, including metallic replacement.
 - c. Reverse osmosis.
 - d. Adsorption.
 - e. pH adjustment of aqueous waste with a pH of between 2.0 and 12.5.
 - f. Electrowinning of solutions, unless those solutions contain hydrochloric acid.
 - g. Reduction of solutions hazardous solely due to hexavalent chromium, to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous chloride, ferrous sulfate, ferrous sulfide, or sulfur dioxide. The solution contains less than 750 ppm of hexavalent chromium.

2. **Aqueous wastes, hazardous solely due to organic constituents listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (2)(B) and which contain less than 750 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using:**
 - a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction.
 - b. Adsorption.

3. **Sludges resulting from wastewater treatment, dusts, solid metal objects, and metal workings which are hazardous solely due to the presence of constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which, for dusts only, contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
 - a. Physical processes which constitute treatment only because they change the physical properties of the waste, such as filtration, centrifugation, gravity settling, grinding, shredding, crushing, or compacting.
 - b. Drying to remove water.
 - c. Separation based on differences in physical properties, such a size, magnetism, or density.

4. **Alum, gypsum, lime, sulfur, or phosphate sludges. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
 - a. Drying to remove water.
 - b. Phase separation by filtration, centrifugation, or gravity settling.

5. **Special wastes listed in Title 22, CCR, Section 66261.120 that meet the criteria in Title 22, CCR, Section 66261.122 which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
 - a. Drying to remove water.
 - b. Phase separation by filtration, centrifugation, or gravity settling.
 - c. Screening to separate components based on size.
 - d. Separation based on differences in physical properties, such as size, magnetism, or density.

6. **Special wastes classified under Title 22, CCR, Section 66261.124 as special wastes, except asbestos, which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
 - a. Drying to remove water.
 - b. Phase separation by filtration, centrifugation, or gravity settling.
 - c. Magnetic separation.

7. **Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2)(A). The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:**
 - a. Screening to separate components based on size.
 - b. Magnetic separation.

8. **Oil mixed with water and oil/water separation sludges. (There is no volume limit for this wastestream.) Treatment using:** (NOTE: Some used oil/water separation is allowed under the CEL category.)
 - a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction, including the use of demulsifiers and flocculants. Heat can be used, but must not exceed 160 degrees Fahrenheit.
 - b. Separation based on differences in physical properties, such a size, magnetism, or density.
 - c. Reverse osmosis.

9. **Neutralization of acidic or alkaline wastes, hazardous solely due to corrosivity, or toxic only from the acid or caustic material, in elementary neutralization units. (There is no volume limit for this wastestream.)**
 - a. The waste contains less than 10 percent acid or base constituents by weight. There is no volume limit for this category.
 - b. The waste contains 10 percent or more acid or base constituents by weight and is treated in batches that do not exceed 500 gallons at one time.

10. **Not in use/exempted —formerly recovery of silver from photofinishing.**

11. **Not in use/sunsetted —formerly treatment of spent cleaners and conditioners which are hazardous solely due to copper or copper compounds. Treatment of this wastestream is no longer allowed under Conditional Authorization as of January 1, 1998. Treatment of this wastestream now requires authorization under either Permit by Rule or, if the total volume treated is less than 55 gallons per month, under Conditionally Exempt Small Quantity Treatment.**

12. **A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Conditional Authorization.**
 - Certified Technology Number: _____

**Waste and Treatment Process Combinations Form CA Instructions
(Formerly DTSC Form 1772C)**

This Waste and Treatment Process Combinations page lists those waste and treatment combinations certified by the Department of Toxic Substances Control (DTSC) pursuant to Health and Safety Code (H&SC) §25200.1.5 for authorization under the Conditionally Authorized (CA) tier. [Note: 1.) Reactive and extremely hazardous wastes are not allowed to be treated under this tier; 2.) Except for dilute aqueous waste and oily waste, volume of hazardous waste treated must not exceed 5,000 gallons (45,000 pounds) per month.]

Complete a separate Waste and Treatment Process Combinations page for each unit. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

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

1. FACILITY ID NUMBER - This space is for agency use only.

629. WASTE AND TREATMENT PROCESS COMBINATIONS (CA) - Use this page only for a CA unit. Check the appropriate boxes to indicate the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

CERTIFIED TECHNOLOGIES

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

Technology	Vendor	Cert. #	Effective Date	Tier	Description
Neutralex	Scigen 333 East Gardena Blvd. Gardena, CA 90248	97-01-0024	6/29/97 (expires 6/29/00)	CESW	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.

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

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

(One page per treatment unit. Check all that apply)

UNIT ID#	606.	Facility ID#	1.	Page ____ of ____
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631.

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

Certified Technology Number: _____

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

2. The separation of used oil from water, provided that the wastestream is hazardous solely due to the oil and the used oil is properly transported to an authorized offsite oil recycler. Treatment using:
- a. Gravity separation.
 - b. A centrifuge.
 - c. A membrane technology.
 - d. Heating of the water containing used oil to a temperature that is not more than 20 degrees Fahrenheit below the flashpoint of the used oil component of the mixture at atmospheric pressure.
 - e. The addition of demulsifiers to the water containing used oil.

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

Waste and Treatment Process Combinations Form CEL Instructions (Formerly DTSC Form 1772D)

This Waste and Treatment Process Combinations page lists those waste and treatment combinations certified by the Department of Toxic Substances Control (DTSC) pursuant to Health and Safety Code (H&SC) §25200.1.5 for authorization under the Conditionally Exempt - Limited (CEL) tier. (Note: Reactive and extremely hazardous wastes are not allowed to be treated under this tier.)

Complete a separate Waste and Treatment Process Combinations page for each unit. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

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

1. FACILITY ID NUMBER - This space is for agency use only.

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

CERTIFIED TECHNOLOGIES

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

Technology	Vendor	Cert. #	Effective Date	Tier	Description
Neutralex	Scigen 333 East Gardena Blvd. Gardena, CA 90248	97-01-0024	6/29/97 (expires 6/29/00)	CESW	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.

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

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

(One page per treatment unit. Check all that apply)

UNIT ID# _____	606.	Facility ID# _____	1.	Page ____ of ____
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CESQT = Treats < 55 gallons or 500 pounds of hazardous waste in any calendar month in ALL units at this facility (NOT a limit for each wastestream or unit separately). CESQT generators may not hold other state or federal hazardous waste permit or authorization for this facility, including other onsite tiers.

1. **Aqueous wastes containing hexavalent chromium may be treated by the following process:** 627.
 a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. **Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:**

<input type="checkbox"/> a. pH adjustment or neutralization. <input type="checkbox"/> b. Precipitation or crystallization. <input type="checkbox"/> c. Phase separation by filtration, centrifugation or gravity settling. <input type="checkbox"/> d. Ion exchange. <input type="checkbox"/> e. Reverse osmosis. <input type="checkbox"/> f. Metallic replacement.	<input type="checkbox"/> g. Plating the metal onto an electrode. <input type="checkbox"/> h. Electrodialysis <input type="checkbox"/> i. Electrowinning or electrolytic recovery <input type="checkbox"/> j. Chemical stabilization using silicates and/or cementitious types of reactions. <input type="checkbox"/> k. Evaporation. <input type="checkbox"/> l. Adsorption
--	--

3. **Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies::**
 a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 b. Adsorption.
 c. Distillation.
 d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
 e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
 f. Air stripping or steam stripping.

4. **Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing or compacting.
 c. Drying to remove water.
 d. Separation based on differences in physical properties such as size, magnetism or density.

5. **Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Drying to remove water.
 c. Phase separation by filtration, centrifugation or gravity settling.

6. **Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Drying to remove water.
 c. Phase separation by filtration, centrifugation or gravity settling.
 d. Screening to separate components based on size.
 e. Separation based on differences in physical properties such as size, magnetism or density.

7. **Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Drying to remove water.
 c. Phase separation by filtration, centrifugation or gravity settling.
 d. Magnetic separation.

8. **Inorganic acid or alkaline wastes may be treated by the following technology:**
 a. pH adjustment or neutralization.

9. **Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Screening to separate components based on size.
 c. Magnetic separation.

10. **Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:**
 a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 b. Distillation.
 c. Neutralization.
 d. Separation based on differences in physical properties such as size, magnetism or density.
 e. Reverse osmosis.
 f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. **Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.**
 a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
 b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. **Multi-component resins may be treated by the following process:**
 a. Mixing the resin components in accordance with the manufacturer's instructions.

13. **A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESQT.**
 Certified Technology Number: _____

Waste and Treatment Process Combinations Form CESQT Instructions (Formerly DTSC Form 1772A)

This Waste and Treatment Process Combinations page lists those waste and treatment combinations certified by the Department of Toxic Substances Control (DTSC) pursuant to Health and Safety Code (H&SC) §25200.1.5 for authorization under the Conditionally Exempt Small Quantity Treatment (CESQT) tier. (Note: Reactive and extremely hazardous wastes are not allowed to be treated under this tier.)

Complete a separate Waste and Treatment Process Combinations page for each unit. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

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

1. FACILITY ID NUMBER - This space is for agency use only.

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

CERTIFIED TECHNOLOGIES

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

Technology	Vendor	Cert. #	Effective Date	Tier	Description
Neutralex	Scigen 333 East Gardena Blvd. Gardena, CA 90248	97-01-0024	6/29/97 (expires 6/29/00)	CESW	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.

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

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
 ONSITE TIERED PERMITTING
 CONDITIONALLY EXEMPT – SPECIFIED WASTESTREAMS (CESW) PAGE
 WASTE AND TREATMENT PROCESS COMBINATIONS**

(One page per treatment unit. Check all that apply)

UNIT ID#	606. Facility ID#	1. Page ___ of ___
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628.

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

Waste and Treatment Process Combinations Form CESW Instructions (Formerly DTSC Form 1772B)

This Waste and Treatment Process Combinations page lists those waste and treatment combinations certified by the Department of Toxic Substances Control (DTSC) pursuant to Health and Safety Code (H&SC) §25200.1.5 for authorization under the Conditionally Exempt - Specified Wastestream (CESW) tier.

Complete a separate Waste and Treatment Process Combinations page for each unit. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

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

1. FACILITY ID NUMBER - This space is for agency use only.

628. WASTE AND TREATMENT PROCESS COMBINATIONS (CESW) - Use this page only for a CESW unit. Check the appropriate boxes to indicate the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

CERTIFIED TECHNOLOGIES

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

Technology	Vendor	Cert. #	Effective Date	Tier	Description
Neutralex	Scigen 333 East Gardena Blvd. Gardena, CA 90248	97-01-0024	629/97 (expires 6/29/00)	CESW	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.

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

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE TIERED PERMITTING
PERMIT BY RULE (PBR) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS**

(One page per treatment unit. Check all that apply)

UNIT ID#	606.	Facility ID#	1.	Page ___ of ___
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- 630.
1. **Aqueous wastes containing hexavalent chromium may be treated by the following process:**
 Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide
 a. provided both pH and addition of the reducing agent are automatically controlled.
 2. **Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:**

<input type="checkbox"/> a. pH adjustment or neutralization. <input type="checkbox"/> b. Precipitation or crystallization. <input type="checkbox"/> c. Phase separation by filtration, centrifugation or gravity settling. <input type="checkbox"/> d. Ion exchange. <input type="checkbox"/> e. Reverse osmosis. <input type="checkbox"/> f. Metallic replacement.	<input type="checkbox"/> g. Plating the metal onto an electrode. <input type="checkbox"/> h. Electrodialysis <input type="checkbox"/> i. Electrowinning or electrolytic recovery <input type="checkbox"/> j. Chemical stabilization using silicates and/or cementitious types of reactions. <input type="checkbox"/> k. Evaporation. <input type="checkbox"/> l. Adsorption
--	--
 3. **Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies::**
 a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 b. Adsorption.
 c. Distillation.
 d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
 e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
 f. Air stripping or steam stripping.
 4. **Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing or compacting.
 c. Drying to remove water.
 d. Separation based on differences in physical properties such as size, magnetism or density.
 5. **Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Drying to remove water.
 c. Phase separation by filtration, centrifugation or gravity settling.
 6. **Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Drying to remove water.
 c. Phase separation by filtration, centrifugation or gravity settling.
 d. Screening to separate components based on size.
 e. Separation based on differences in physical properties such as size, magnetism or density.
 7. **Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Drying to remove water.
 c. Phase separation by filtration, centrifugation or gravity settling.
 d. Magnetic separation.
 8. **Inorganic acid or alkaline wastes may be treated by the following technology:**
 a. pH adjustment or neutralization.
 9. **Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:**
 a. Chemical stabilization using silicates and/or cementitious types of reactions.
 b. Screening to separate components based on size.
 c. Magnetic separation.
 10. **Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:**
 a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 b. Distillation.
 c. Neutralization.
 d. Separation based on differences in physical properties such as size, magnetism or density.
 e. Reverse osmosis.
 f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
 11. **Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.**
 a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
 b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.
 12. **Multi-component resins may be treated by the following process:**
 a. Mixing the resin components in accordance with the manufacturer's instructions.
 13. **A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.**
 Certified Technology Number: _____

**Waste and Treatment Process Combinations Form PBR Instructions
(Formerly DTSC Form 1772D)**

This Waste and Treatment Process Combinations page lists those waste and treatment combinations certified by the Department of Toxic Substances Control (DTSC) pursuant to Health and Safety Code (H&SC) §25200.1.5 for authorization under the Permit by Rule (PBR) tier. (Note: Reactive and extremely hazardous wastes are not allowed to be treated under this tier.)

Complete a separate Waste and Treatment Process Combinations page for each unit. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

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

1. FACILITY ID NUMBER - This space is for agency use only.

630. WASTE AND TREATMENT PROCESS COMBINATIONS (PBR) - Use this page only for a PBR unit. Check the appropriate boxes to indicate the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

CERTIFIED TECHNOLOGIES

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

Technology	Vendor	Cert. #	Effective Date	Tier	Description
Neutralex	Scigen 333 East Gardena Blvd. Gardena, CA 90248	97-01-0024	629/97 (expires 6/29/00)	CESW	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.

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

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
CERTIFICATION OF FINANCIAL ASSURANCE
FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS**

<input type="checkbox"/> a. Initial Certification	<input type="checkbox"/> b. Amended Certification	<input type="checkbox"/> c. Annual Certification	700.	Page ____ of ____
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I. FACILITY IDENTIFICATION

(Put an asterisk in the left margin next to the amended information)

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3.
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FACILITY ID#	1.	FACILITY EP ID#	2.
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TYPE OF OPERATION	<input type="checkbox"/> a. PBR-FTU	<input type="checkbox"/> b. CA	<input type="checkbox"/> c. Other:	701.
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II. ESTIMATED CLOSURE COSTS

NOTE: In addition to the dollar figure below, a written estimate of closure costs must be attached when you submit this section of this page.

ESTIMATED CLOSURE COSTS: \$

702.

III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS

I am not required to provide a mechanism because:

<input type="checkbox"/> a. I certify that my closure cost estimate is less than or equal to \$10,000, or	703.
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<input type="checkbox"/> b. Specify other reasons: _____	704.
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<input type="checkbox"/> c. As a PBR owner or operator, I have not operated more than thirty days in a calendar year. (Does not apply to Conditional Authorization)	705.
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IV. CLOSURE FINANCIAL ASSURANCE MECHANISM

<input type="checkbox"/> I am required to provide a mechanism and it is attached to this page.	706.	MECHANISM ID NUMBER(S):	708.
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EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: _____	707.
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MECHANISM TYPE	<input type="checkbox"/> a. Closure Trust Fund	<input type="checkbox"/> d. Closure Insurance	<input type="checkbox"/> g. Multiple Financial Mechanisms	709.
(Check one item only)	<input type="checkbox"/> b. Surety Bond	<input type="checkbox"/> e. Financial test and Corporate Guarantee	<input type="checkbox"/> h. Certificate of Deposit	
	<input type="checkbox"/> c. Closure Letter of Credit	<input type="checkbox"/> f. Alternative Mechanism	<input type="checkbox"/> i. Savings Account	

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION	710.
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ADDRESS	711.
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CITY	712.	STATE	713.	ZIP CODE	714.
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V. OWNER OR OPERATOR CERTIFICATION

SIGNER OF THIS CERTIFICATION	<input type="checkbox"/> a. Owner	<input type="checkbox"/> b. Operator	715.
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. (22 CCR Section 66270.11)

SIGNATURE OF OWNER/OPERATOR	DATE	716.
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NAME OF OWNER/OPERATOR (Print)	717.	TITLE OF OWNER/OPERATOR	718.
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Instructions for Completing the Certification Of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters (Formerly DTSC Form 1232)

This form must be completed by the owner or operator of a Fixed Treatment Unit (FTU) operating under Permit by Rule (PBR), or a hazardous waste generator operating pursuant to a grant of Conditional Authorization (CA). If this is a new facility, this certification should be attached to the Onsite Hazardous Waste Treatment Notification - Facility page. If this is an existing facility and you have previously submitted a Notification, this certification and your financial assurance mechanism may be submitted without another Notification. Refer to 22 CCR §67450.13 for financial assurance requirements.

PBR and CA operations must provide evidence of financial assurance to cover closure costs. However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000. You must complete this form even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See H&SC §67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - Enter the EPA ID Number for the facility.
3. BUSINESS NAME - Enter the complete Facility Name.
700. CERTIFICATION STATUS - Check the appropriate box to identify the type of certification.
701. TYPE OF OPERATION - Check the type of operation. If type of operation is not listed, check "Other" and indicate type in the space provided.
702. ESTIMATED CLOSURE COSTS - Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs. The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. The following is a model closure cost estimate (NOTE: For PBR only, if you have operated under PBR for less than 30 days in any calendar year, you qualify for an exemption. If eligible for this exemption, enter "EXEMPT" on the form in place of a dollar amount):

ACTIVITY

ACTIVITY	COST
a. Removal, treatment (on-site or off-site), or disposal of waste inventories	\$ _____
b. Removal and disposal of soil	\$ _____
c. Decontamination of equipment and structure	\$ _____
d. Demolition and removal of containment system components or structure	\$ _____
e. Transportation	\$ _____
f. Sampling and analysis of waste, soil, equipment, and structure	\$ _____
g. Certification or other demonstration of closure ("clean" closure or specified level of decontamination)	\$ _____
h. Other expenses (specify)	\$ _____
i. Less Assets (salvage value of waste, equipment or property)	\$ _____
TOTAL COST OF CLOSURE	\$ _____

703. EXEMPTION FROM FINANCIAL ASSURANCE - Check this box to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to \$10,000. A model letter using the required certifications must be submitted to claim this exemption.
704. EXEMPTION FROM FINANCIAL ASSURANCE - OTHER - Check to claim "Other" reason for exemption from financial assurance requirements. Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.
705. EXEMPTION FROM FINANCIAL ASSURANCE - <30 DAYS PER YEAR - Check to claim the exemption from financial assurance requirements if owner or operator under PBR only and operating no more than thirty days in any calendar year.
706. REQUIREMENT FOR FINANCIAL ASSURANCE - Check to indicate that the financial assurance mechanism is attached.
707. DATE OF CLOSURE ASSURANCE MECHANISM - Enter the effective date of the financial assurance mechanism.
708. MECHANISM ID NUMBER - If applicable, enter an identifying number for the closure assurance mechanism (e.g. insurance policy number).
709. CLOSURE ASSURANCE MECHANISM - Check to indicate the type of financial mechanism used to provide the closure cost assurance. Eligible types are:
 - a. A closure trust fund, as provided in 22 CCR §66265.143(a) [NOTE: You must also complete DTSC Form 1154];
 - b. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR §66265.143(b) [NOTE: You must also complete either DTSC Form 1155 or 1156 with DTSC Form 1154];
 - c. A closure letter of credit, as described in 22 CCR §66265.143(c) [NOTE: Also complete DTSC Form 1157];
 - d. Closure insurance, as described in 22 CCR §66265.143(d) [NOTE: Also complete DTSC Form 1158];
 - e. A financial test and corporate guarantee for closure, as described in 22 CCR §66265.143(e) [NOTE: Also complete either DTSC Form 1159 or 1173];
 - f. An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c);
 - g. Use of multiple financial mechanisms for closure costs, as described in 22 CCR §66265.143(g);
 - h. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code;
 - i. A savings account, as described in section 4-104(a) of the Uniform Commercial Code.

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from your Certified Unified Program Agency (CUPA) or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA, rather than DTSC.

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

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
RECYCLABLE MATERIALS REPORT – PAGE 1
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

Page ____ of ____

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

If yes, please follow instructions.

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

--Businesses that only send recyclable materials to off-site recyclers are not required to file this report--

II. OFF-SITE GENERATOR OF RECYCLABLE MATERIAL

Complete only when the generator is different from the recycler.

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

III. CERTIFICATION SECTION

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

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

Recyclable Materials Biennial Report - Page 1 Instructions

Complete this form if you recycle more than 100 kilograms (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material qualifies for an exclusion or exemption pursuant to H&SC §25143.2. Facilities that recycle at the same location where the material is generated (on-site recyclers), and facilities that recycle materials generated at an off-site location (off-site recyclers), must complete this report. Persons who send materials to another location to be recycled, and who do not recycle material on-site under a claim to an exclusion or exemption provided in H&SC §25143.2, do not need to complete this report.

Complete a separate Page 2 of this report for each individual recyclable material. Off-site recyclers must complete one report for each generator from whom they receive recyclable materials and provide a copy of the completed report to the generator of the material recycled.

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

1. FACILITY ID NUMBER - This space is for agency use only.
2. EPA ID NUMBER - Enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California identification number. For facilities in California, the number usually starts with the letters "CA." If you do not have a number, contact the DTSC Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 618-6942, to obtain one.
3. BUSINESS NAME - Enter the complete Facility Name.
500. BEGINNING DATE OF REPORTING PERIOD - Enter the beginning date of the reporting period for this report. This report is for two calendar years and is due on July 1 of every even-numbered year.
501. ENDING DATE OF REPORTING PERIOD - Enter the ending date of the reporting period for this report.
502. ON-SITE RECYCLING - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material generated on-site under a claim that the material qualifies for an exclusion or exemption pursuant to H&SC §25143.2. Check "No" if the recycling facility does not recycle on-site.
503. OFF-SITE RECYCLING - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion, or exemption pursuant to H&SC §25143.2, and that material was received from one or more off-site locations. Check "No" if the recycling facility does not recycle material generated off-site.
504. OFF-SITE GENERATOR NAME - If the generator is different from the recycler, enter the name of the person or facility that generated the recyclable material. Complete a separate report for each generator.
505. OFF-SITE GENERATOR EPA ID NUMBER - Enter the generator's 12-character U.S. Environmental Protection Agency (EPA) identification number.
506. OFF-SITE GENERATOR STREET ADDRESS - Complete items 506-510 for each generator of recyclable material.
507. OFF-SITE GENERATOR PHONE NUMBER
508. OFF-SITE GENERATOR CITY
509. OFF-SITE GENERATOR STATE
510. OFF-SITE GENERATOR ZIP CODE
511. OFF-SITE GENERATOR MAILING ADDRESS - Complete items 511-514 if the mailing address for the off-site generator is different from the street address.
512. CITY FOR MAILING ADDRESS
513. STATE FOR MAILING ADDRESS
514. ZIP CODE FOR MAILING ADDRESS
- SIGNATURE OF CERTIFIER - The business owner/operator of the recycling facility shall sign in the space provided. This signature certifies that the signer believes that the information submitted is true, accurate, and complete.
515. DATE CERTIFIED - Enter the date that the certification was signed.
516. NAME OF DOCUMENT PREPARER - Enter the name of the person who prepared the report.
517. CERTIFIER NAME - Enter the full printed name of the certifier.
518. CERTIFIER TITLE - Enter the title of the person signing the report.

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE**

**RECYCLABLE MATERIALS REPORT – PAGE 2
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

(One description per material recycled. Attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS _____ 519. Page ____ of ____

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

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

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL 525.

AUTHORIZING PROVISION OF H&SC SECTION 25143.2	526.	BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION	527.
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B. PRODUCT AND CONSTITUENT INFORMATION: OFF-SITE ONLY

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

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

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

V. DOCUMENTATION OF KNOWN MARKET (Off-site recyclers only)

DOCUMENTATION IS ATTACHED: Off-site recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable materials and provide a copy of this report to the generator when the report is submitted to the CUPA. [H&SC Section 25143.10(a)(3)(A)]

Recyclable Materials Biennial Report - Page 2 Instructions

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

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

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

**Remote Waste Consolidation Site Annual Notification
(Formerly DTSC Form 1196)**

A remote consolidation site is a site to which Non-RCRA hazardous waste initially collected at a remote site is transported. A remote site is defined by Health and Safety Code (H&SC) §25121.3 to be a site operated by the generator where hazardous waste is initially collected, at which the generator's staff, other than security staff, is not routinely located. If you operate a remote consolidation site, you must complete and submit this form to your Certified Unified Program Agency (CUPA) annually.

Complete one Remote Waste Consolidation Site Annual Notification per consolidation site. Please number each page of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the Inventory page.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - Enter the EPA ID number for the consolidation site.
3. BUSINESS NAME - Enter the consolidation site's complete Facility Name.
720. NOTIFICATION STATUS - Check the appropriate box to describe the type of notification being submitted.
721. ADDRESS - Enter the consolidation site's street address.
722. CITY - Enter the city or unincorporated area where the consolidation site is located.
723. ZIP CODE - Enter the consolidation site's zip code.
724. DESCRIPTION OF REMOTE LOCATION(S) - Describe the types of locations and sources from which the non-RCRA hazardous waste will initially be collected (e.g. power pole).
725. DESCRIPTION OF WASTE(S) COLLECTED - Describe the specific types of wastes to be consolidated. All wastes must be listed. Attach additional pages if needed.
726. ONSITE HAZARDOUS WASTE TREATMENT - Check "Yes" if hazardous waste is treated at this consolidation site. Check "No" if it is not.
727. ESTIMATED MONTHLY VOLUME CONSOLIDATED - Using the unit of measure specified in item 728, below, enter the estimated monthly total volume of hazardous waste to be consolidated at this site.
728. UNITS - Check the appropriate box to indicate the unit of measure for the volume amount reported in item 727, above. You must report in pounds or gallons.
729. BASIS FOR NOT NEEDING A FEDERAL PERMIT - Check the appropriate box(es) to indicate the reason(s) why a federal hazardous waste permit is not needed for this site. If the hazardous waste is RCRA hazardous waste, describe the reason you are not subject to permitting requirements under federal law in the space provided.

SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. Original signatures are required.
730. DATE CERTIFIED - Enter the date that the form was signed.
731. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the form.
732. OWNER/ OPERATOR TITLE - Enter the title of the person signing the form.

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
HAZARDOUS WASTE TANK CLOSURE CERTIFICATION**

Page ____ of ____

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.	FACILITY 1.
---	-------------

TANK OWNER NAME 740.

TANK OWNER ADDRESS 741.

TANK OWNER CITY 742.	STATE 743.	ZIP CODE 744.
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II. TANK CLOSURE INFORMATION

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

III. CERTIFICATION

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

SIGNATURE OF CERTIFIER	STATUS OR AFFILIATION OF CERTIFYING PERSON Certifier is a representative of the CUPA, authorized agency, or LIA: 760.
NAME OF CERTIFIER (Print) 754.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of CUPA, authorized agency, or LIA: 761.
TITLE OF CERTIFIER 755.	N/A If certifier is other than CUPA / LIA check appropriate box below: 762.
ADDRESS 756.	<input type="checkbox"/> a. Certified Industrial Hygienist (CIH)
CITY 757.	<input type="checkbox"/> b. Certified Safety Professional (CSP)
PHONE 758.	<input type="checkbox"/> c. Certified Marine Chemist (CMC)
DATE 759.	<input type="checkbox"/> d. Registered Environmental Health Specialist (REHS)
CERTIFICATION TIME	<input type="checkbox"/> e. Professional Engineer (PE)
	<input type="checkbox"/> f. Class II Registered Environmental Assessor
	<input type="checkbox"/> g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

CERTIFIER' S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764.
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A copy of this certificate shall accompany the tank to the recycling/disposal facility and be provided to the agency overseeing tank closure (i.e. CUPA or other authorized local agency); the owner and/or operator of the tank system; and the tank removal contractor.

Hazardous Waste Tank Closure Certification Instructions

Complete and submit this page after cleaning any underground or aboveground tank system subject to Title 22, Division 4.5, Chapter 32, California Code of Regulations. Refer to 22 CCR §67383.3 and 23 CCR §2672 for disposal requirements for tank systems.

Completed Unified Program Consolidated Form (UPCF) Business Activities and Business Owner/Operator Identification (OES Form 2730) pages must be submitted with this form. Please number all pages of your submittal. (Note: Numbering of the following instructions follows the UPCF data element numbers on this form.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
 3. BUSINESS NAME - Enter the complete Facility Name.
 740. TANK OWNER NAME - Complete items 740-744 unless all items are the same as the Business Owner information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" across this section.
 741. TANK OWNER ADDRESS -
 742. TANK OWNER CITY -
 743. TANK OWNER STATE -
 744. TANK OWNER ZIP CODE -
 745. TANK ID NUMBER 1-3 - Enter up to three owner tank ID numbers. These are unique numbers used by the owner to identify each tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)
 746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 - Enter interior flammable vapor concentration readings taken at the top, center, and bottom of the tank. (If more than one tank, enter additional tank readings in 749 and 752.)
 747. CONCENTRATION OF OXYGEN 1-3 - Enter interior oxygen readings taken at the top, center, and bottom of the tank. (If more than one tank, enter additional tank readings in 750 and 753).
- SIGNATURE - A qualified professional meeting the requirements of 22 CCR §67383.3(f) shall sign in the space provided to certify that the cleaned tank(s) meet all standards specified in 22 CCR §67383.3(e)(1) and (2).
754. CERTIFIER NAME - Print or type the full name of the person signing the Certification.
 755. CERTIFIER TITLE - Enter the title of the person signing the Certification.
 756. CERTIFIER ADDRESS - Enter the address of the person signing the Certification.
 757. CERTIFIER CITY - Enter the city for the signer's address.
 758. CERTIFIER PHONE - Enter the phone number for the person signing the Certification.
 759. DATE CERTIFIED - Enter the date that the Certification was signed. Enter the time that the readings were taken.
 760. CERTIFIER REPRESENTS LOCAL AGENCY - Check "Yes" if the person certifying the tank is a representative of a CUPA or authorized local agency, otherwise, check "No."
 761. NAME OF LOCAL AGENCY - If certified by a CUPA or other local agency, enter the name of the agency.
 762. AFFILIATION OF CERTIFYING PERSON - Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA or other local agency.
 763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank(s) previously held flammable or combustible materials, otherwise check "No."
 764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc. in this space.

UNDERGROUND STORAGE TANK SECTION

This section includes:

- **UNDERGROUND STORAGE TANK FACILITY FORM**
- **UNDERGROUND STORAGE TANK FORM (ONE PER TANK)**
- **UNDERGROUND STORAGE TANK INSTALLATION FORM**

UST - Facility Form Instructions
(Formerly SWRCB UST Permit Application Form A)

Complete this form for all new permits, permit changes, or any facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making changes.

Submit one UST - Facility form per facility, regardless of the number of tanks located at the site. If not already on file with the local agency, the tank owner must submit, with this permit application, a current UPCF UST - Tank form for each tank; written UST Monitoring Plan; UST Response Plan; and, for tanks containing petroleum, UST Certification of Financial Responsibility. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

1. FACILITY ID NUMBER - This space is for agency use only.
3. BUSINESS NAME - Enter the complete Facility Name.
400. TYPE OF ACTION - Check the reason why this form is being submitted. CHECK ONE ITEM ONLY.
401. NEAREST CROSS STREET - Enter the name of the cross street nearest the tank location.
402. FACILITY OWNER TYPE - Check the type of business ownership.
403. BUSINESS TYPE - Check the type of business.
404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks that will remain on the site after the requested action.
405. INDIAN OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.
406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor of the division, section, or office that operates the UST. This person must have access to the tank records.
407. PROPERTY OWNER NAME - Complete items 407- 412 for the property owner, unless all items are the same as the Owner Information (items 111-116) on the Business
408. PROPERTY OWNER PHONE - same as the Owner Information (items 111-116) on the Business
409. PROPERTY OWNER MAILING OR STREET OWNER/Operator Identification page (OES Form 2730) in the facility's
- ADDRESS - Hazardous Materials Business Plan. If the same, write "SAME AS
410. PROPERTY OWNER CITY - SITE" in this section. For phone numbers, include the area code and any
411. PROPERTY OWNER STATE - extension number.
412. PROPERTY OWNER ZIP CODE -
413. PROPERTY OWNER TYPE - Check the type of property ownership.
414. TANK OWNER NAME - Complete items 414-419 for the tank owner unless all items are the same
415. TANK OWNER PHONE - as the Owner Information (items 111-116) on the Business
416. TANK OWNER MAILING OR STREET OWNER/Operator Identification page (OES Form 2730) in the facility's
- ADDRESS - Hazardous Materials Business Plan. If the same, write "SAME AS
417. TANK OWNER CITY - SITE" in this section. For phone numbers, include the area code and any
418. TANK OWNER STATE - extension number.
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. This is required before your permit application can be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.
422. PETROLEUM UST FINANCIAL RESPONSIBILITY - Check the method(s) used by the UST owner/operator to meet Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If a method you use is not listed, check "Other" and specify the method(s) used. Non-petroleum USTs and all USTs owned by Federal and State agencies are exempt from this requirement.
423. LEGAL NOTIFICATION AND MAILING ADDRESS - Indicate the address to which legal notifications and mailings should be sent.
SIGNATURE OF APPLICANT - The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.
424. DATE CERTIFIED - Enter the date the form was signed.
425. APPLICANT PHONE - Enter the phone number of the applicant (i.e. person certifying). Include the area code and any extension number.
426. APPLICANT NAME - Print or type the full name of the person signing the page.
427. APPLICANT TITLE - Enter the title of the person signing the page.
428. STATE UST FACILITY NUMBER - This space is for agency use only.
429. 1998 UPGRADE CERTIFICATE NUMBER - This space is for agency use only.

(Formerly SWRCB Permit Application Form B)

Complete a separate form for each tank for all new permits, permit changes, or any facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of a separate tank form. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

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

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

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

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

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

VIII. DISPENSER CONTAINMENT

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

IX. OWNER/OPERATOR SIGNATURE

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

SIGNATURE OF OWNER/OPERATOR	DATE:	470.
NAME OF OWNER/OPERATOR (print):	TITLE OF OWNER/OPERATOR:	472.

Permit Number (Agency use only)	473.	Permit Approved By (Agency use only)	474.	Permit Expiration Date (Agency use only)	475.
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(Formerly SWRCB Permit Application Form B)

Please number all pages of your submittal.

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

**CALAVERAS COUNTY UNIFIED PROGRAM CONSOLIDATED FORM
TANKS
UNDERGROUND STORAGE TANKS – INSTALLATION
CERTIFICATE OF COMPLIANCE**

(One page per tank)

Page ____ of ____

I. FACILITY IDENTIFICATION

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

ADDRESS (For local use only) 476.

FACILITY ID#	1.	TANK ID #	477.
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II. INSTALLATION

(Check all that apply)

- The installer has been trained and certified by the tank and piping manufacturers. 478.
- The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations. 479.
- The installation has been inspected and approved by the Unified Program Agency. 480.
- All work listed on the manufacturer’s installation checklist has been completed. 481.
- The installer has been certified or licensed by the Contractors’ State License Board. 482.
- The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer’s installation procedures. 483.

Description of work being certified:

III. TANK OWNER/AGENT SIGNATURE

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

SIGNATURE OF TANK OWNER/AGENT	DATE	484.
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NAME OF TANK OWNER/AGENT (print)	485.	TITLE OF TANK OWNER/AGENT	486.
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UST Installation - Certificate of Compliance Form Instructions
(Formerly SWRCB Form C)

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. A separate form is required for each tank or, in the case of compartmentalized tanks, tank compartment. This form must be completed by the UST owner or an authorized representative of the owner. Please number all pages of your submittal. (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.
476. ADDRESS - Enter the street address where the tank is located.
477. TANK ID NUMBER - If the UST owner has assigned an in-house tank ID number to this tank, enter that number in this space. This is the same as item 432 on the UPCF UST - Tank Page 1.
478. TRAINED AND CERTIFIED BY TANK AND PIPING MANUFACTURER - Check this box to certify that the installer of this tank system has been trained and certified by the tank and piping equipment manufacturer(s).
479. REGISTERED ENGINEER INSPECTION - Check this box if the installation was inspected and certified by a registered professional engineer (PE).
480. UNIFIED PROGRAM AGENCY INSPECTION - Check this box if the installation was inspected and approved by the Certified Unified Program Agency (CUPA) or authorized Participating Agency (PA).
481. COMPLETION OF MANUFACTURER'S CHECKLIST - Check this box to certify that all work listed on equipment manufacturers' installation checklists was completed.
482. CONTRACTORS' STATE LICENSE BOARD CERTIFICATION OR LICENSE - Check this box to certify that the installer possesses all certifications and/or licenses the CSLB requires for installation/upgrading of UST systems.
483. APPLICABLE STANDARDS AND PROCEDURES - Check this box to certify that the UST system was installed according to all applicable voluntary consensus standards and manufacturer's written installation instructions.

DESCRIPTION OF WORK - In the space provided, describe the work performed. Specify the type and the extent of work completed on this tank system (e.g. installation of complete tank system, installation of dispenser secondary containment, replacement of product piping, installation of turbine sumps, etc.).

SIGNATURE OF TANK OWNER/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 Certification was signed.
485. TANK OWNER/AGENT NAME - Enter the full printed name of the person signing the Certification.
486. TANK OWNER/AGENT TITLE - Enter the title of the person signing the Certification.

(Note: It is mandatory that items 478, 481, 482, and 483 be certified. In addition, you must certify that the inspections in either item 479 or item 480 have been performed.)