THE CERTIFIED UNIFIED PROGRAM AGENCIES (CUPA’S) of LOS ANGELES COUNTY

BUSINESS APPLICATION PACKAGE

CITY OF EL SEGUNDO
FIRE DEPARTMENT

COUNTY OF LOS ANGELES
FIRE DEPARTMENT

CITY OF GLENDALE
FIRE DEPARTMENT

CITY OF SANTA FE SPRINGS
FIRE DEPARTMENT

CITIES OF LONG BEACH

CITY OF SANTA MONICA
ENVIRONMENTAL PROGRAMS

CITY OF LOS ANGELES
FIRE DEPARTMENT

CITY OF VERNON
HEALTH DEPARTMENT
# TABLE OF CONTENTS

## INTRODUCTION:

A. What is a CUPA? ................................ ................................ ................................ .............................. -2-
B. Offices of CUPAs in Los Angeles County .................................................................................. -3-
C. Participating Agencies of the LA County CUPA .................................................................. -4-
D. Reporting Policy ....................................................................................................................... -5-
E. What Do I Report? ...................................................................................................................... 6-
F. Basic Instructions ....................................................................................................................... 7-
G. Form Organization ..................................................................................................................... 7-
H. Flow Chart ................................................................................................................................. 8-

## FACILITY INFORMATION SECTION:

A. Business Activities Page .......................................................................................................... -10-
B. Business Owner/Operator Identification Page (FORMERLY OES FORM 2730) ...................... -12-
C. Consolidated Contingency Plan + Site Map ........................................................................... -15-

## HAZARDOUS MATERIALS SECTION:

A. Hazardous Materials Inventory - Chemical Description Page (FORMERLY OES FORM 2731) -28-
B. Regulated Substance Registration (Cal ARP) (FORMERLY OES FORM 2735.6) ............... -35-

## UNDERGROUND STORAGE TANK (UST) SECTION:

A. UST Facility Page (FORMERLY SWRCB FORM A) .............................................................. -42-
B. UST Tank Page 1 and 2 (FORMERLY SWRCB FORM B) ...................................................... -44-
C. UST Installation - Certificate of Compliance Page (FORMERLY SWRCB FORM C) .......... -48-
D. Certification of Financial Responsibility .................................................................................. -51-

## HAZARDOUS WASTE SECTION:

A. Hazardous Waste Generator Form ......................................................................................... -54-
B. Recyclable Materials Biennial Report Pages (per H&SC Section 25143.10) ......................... -56-
C. Onsite Hazardous Waste Treatment Notification - Facility (FORMERLY DTSC FORM 1772) -60-
D. Onsite Hazardous Waste Treatment Notification - Unit (FORMERLY DTSC FORM 1772) -63-
   (1) CESQT - Waste and Treatment Process Combination .................................................. -65-
   (2) CESW - Waste and Treatment Process Combination .................................................... -67-
   (3) CEL - Waste and Treatment Process Combination ....................................................... -69-
   (4) CA - Waste and Treatment Process Combination ....................................................... -71-
   (5) PBR - Waste and Treatment Process Combination ....................................................... -73-
E. Certification Of Financial Assurance for Permit By Rule and Conditionally Authorized Onsite Treaters (FORMERLY DTSC FORM 1232) -75-
F. Remote Waste Consolidation Site Annual Notification (FORMERLY DTSC FORM 1196) .... -77-
G. Hazardous Waste Tank Closure Certification (FORMERLY DTSC FORM 1249) ............... -79-

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

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

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

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

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

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

OFFICES OF CUPA’s IN LOS ANGELES COUNTY

**El Segundo Fire Department**
314 Main Street
El Segundo, CA 90245
(310) 327-4311

**Glendale Fire Department**
780 Flower Street
Glendale, CA 91201
(818) 548-4030

**Long Beach/Signal Hill JPA**
2525 Grand Avenue
Long Beach, CA 90815
(562) 570-4128

**Los Angeles City Fire Department**
200 N. Main Street, Room 970
Los Angeles, CA 90012
(213) 485-8080

**Santa Fe Springs Fire Department**
11300 Greenstone Avenue
Santa Fe Springs, CA 90670
(562) 944-9713

**City of Santa Monica Environmental Programs**
200 Santa Monica Pier
Santa Monica, CA 90401
(310) 458-8916 Ext. 2

**Vernon Environmental Health**
4305 Santa Fe Avenue
Vernon, CA 90058
(323) 583-8811

**Los Angeles County Fire Department**
Health Haz Mat Division
5825 Rickenbacker Road
Commerce, CA 90040
(323) 890-4045

**LA County Fire Department Offices**
5825 Rickenbacker Road
Commerce, CA 90040

**Central District**
(323) 890-4107

**West District**
(323) 890-4023

**Data Unit**
(323) 890-4000

**RMP Unit**
(323) 890-4035

**North County**
(818) 364-7120
14425 Olive View Dr.
Sylmar, CA 91342

**South Bay**
(310) 534-6270
24300-A Narbonne Ave.
Lomita, CA 90717

**San Gabriel Valley**
(626) 450-7450
5110 North Peck Rd.
El Monte, CA 91732

**Southeast County**
(562) 790-1810
7300 Alondra Blvd.
Paramount, CA 90723
NOTE: The LA Co CUPA implements the Unified Program in all unincorporated and incorporated areas of the County not within the jurisdiction of the seven City CUPAs. Each Participating Agency of the LA Co CUPA regulates the program listed in their jurisdictions. The Los Angeles County Department of Public Works administers the UST program in all areas of the LA County CUPA except for the cities of Burbank, Pasadena, and Torrance where the City Fire Department administers the UST program. The County of Los Angeles Agricultural Commissioner administers the Hazardous Materials program for agricultural business (farms and nurseries).
REPORTING POLICY

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

   Note: If the State of California UPCF Form is used, we may request your business provide additional locally collected information.

2. All forms may be photocopied if necessary.

3. Appropriate forms must bear an original signature(s).

4. Keep copies of your submitted documents for your records as proof of submission.

5. Please, do not enclose any payments with your forms. The Financial Management Division of your CUPA will bill you.

6. It is recommended that forms be sent via “Certified Mail” to ensure delivery by “Return Receipt.”

7. Submit all completed forms to:

   Certified Unified Program Agency (CUPA)
   City of Santa Monica – Environmental Programs Division
   200 Santa Monica Pier
   Santa Monica, CA  90401

8. If you have any questions or need assistance, contact your City or County CUPA or PA during office hours.

9. Be advised that failure to submit required forms may result in fines, penalties and/or other administrative fees.
WHAT DO I REPORT?

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

Hazardous Materials Disclosure:

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

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

California Accidental Release Prevention Program (Cal ARP):

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

Underground Storage Tank (UST) Program:

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

Aboveground Petroleum Storage Tanks:

Any business, which stores petroleum products (gasoline, oil, etc.) in aboveground storage tanks with a capacity greater than 660 gallons or the total capacity for the facility greater than 1320 gallons, is required to complete a Spill Prevention Countermeasure Control (SPCC) Plan. The plan is approved by the Regional Water Quality Control Board and is maintained at the tank location.

Hazardous Waste Generator:

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

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

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

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

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

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

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

FORM ORGANIZATION

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

I. FACILITY INFORMATION SECTION;
   a. Business Activities Page
   b. Business Owner/Operator Identification Page
   c. Consolidated Contingency Plan + Site Map

II. HAZARDOUS MATERIALS;
   a. Hazardous Materials Inventory - Chemical Description
   b. Cal ARP - Regulated Substance Registration

III. UNDERGROUND STORAGE TANKS (UST);
   a. UST Facility
   b. UST Tank
   c. UST Installation - Certificate of Compliance
   d. Certification of Financial Responsibility

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

COMPLETE BUSINESS ACTIVITIES AND BUSINESS OWNER/OPERATOR IDENTIFICATION PAGES

HAZARDOUS MATERIALS

Yes

Complete Hazardous Materials Inventory-Chemical Description, Contingency Plan, and Site Map

REGULATED SUBSTANCES

Yes

Complete Regulated Substance Registration Page

UNDERGROUND STORAGE TANKS

Yes

Complete all Applicable UST Pages and Contingency Plan.

ABOVEGROUND STORAGE TANKS

Yes

Prepare and Maintain an SPCC Plan on site.

HAZARDOUS WASTE

Yes

WASTE GENERATOR

Complete Hazardous Waste Generator Page and Obtain EPA ID Number if needed.

Yes

ONSITE TREATMENT

Complete Applicable Tiered Permitting Pages

Yes

RECYCLING EXCLUSION/EXEMPTION

Complete Recyclable Materials Biennial Report

Yes

REMOTE WASTE SITE

Complete Remote Waste Consolidation Site Notification Page

Yes

HAZARDOUS WASTE TANK CLOSURE

Complete Hazardous Waste Tank Closure Certification
I. FACILITY INFORMATION SECTION

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

Be advised that appropriate signatures must be provided on forms.

THIS SECTION INCLUDES:

- **BUSINESS ACTIVITIES PAGE**
  Please complete this form first. This will help you to determine which other forms you are required to complete.

- **BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE**
  All sections must be completed, including primary and secondary emergency contacts.

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

  Facilities with Underground Storage Tanks must also complete Section II (UST Emergency Response and Monitoring Plan).
**City of Santa Monica – Unified Program (CUPA) Agency**  
200 Santa Monica Pier, Santa Monica, CA 90401  
**BUSINESS ACTIVITIES FORM**

### I. FACILITY IDENTIFICATION

<table>
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<td>EPA ID # (Hazardous Waste Only)</td>
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</table>

**BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)**

### II. ACTIVITIES DECLARATION

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

#### A. HAZARDOUS MATERIALS

- Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?

- **Hazardous Materials Inventory**
- **Consolidated Contingency Plan** (Section I and Site Map(s))
- **Training Plan**

#### B. UNDERGROUND STORAGE TANKS (USTs)

1. Own or operate underground storage tanks?
   - **UST Facility**
   - **UST Tank** (one page per tank)
2. Intend to upgrade existing or install new USTs?
   - **UST Installation - Certificate of Compliance** (one page per tank)
3. Need to report closing a UST?
   - **UST Tank** (closure portion – one page per tank)

#### C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

- Aboveground storage of 1320 or more gallons of petroleum related products.

- **No Form Required to CUPAs**

#### D. HAZARDOUS WASTE

1. Generate hazardous waste?
   - **EPA ID Number** – provide at the top of this page.
   - As a generator, answer YES to Item E2b and complete Waste Generator Form.
   - **Recyclable Materials Report**
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?
3. Treat hazardous waste on site?
   - **Onsite Hazardous Waste Treatment – Facility**
   - **Onsite Hazardous Waste Treatment – Unit** (one page per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?
5. Consolidate hazardous waste generated at a remote site?
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?

#### E. LOCAL REQUIREMENTS

1. REGULATED SUBSTANCES
   - Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP)?

2. OTHER REQUIREMENTS
   - Have hazardous materials stored on site at or above Uniform Fire Code permit amounts?

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Santa Monica CUPA: Application Package  
F:\EPDWORK\CUPA\Forms\City_Permit_Packet\New Business 01-02 Version  
Last Updated: 12/2001
1. **FACILITY ID NUMBER** Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) and identifies your facility.

2. **EPA ID NUMBER** If you generate, recycle, or treat hazardous waste, enter your facility’s 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters “CA.” If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.

3. **BUSINESS NAME** Enter the full legal name of the business. This is the same as the terms “Facility Name” or “DBA - Doing Business As.”

4. **HAZARDOUS MATERIALS ONSITE** Check the box to indicate whether you have hazardous materials onsite. You have a hazardous material if:
   - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure),
   - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
   - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

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

5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If “YES,” then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.

6. **UPGRADE/INSTALL UST** Check the appropriate box to indicate whether you intend to install or upgrade UST’s containing hazardous substances as defined in HSC §25316. If “YES,” then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.

7. **UST CLOSURE** Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank.

8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (APST)** Check the appropriate box to indicate whether there are APSTs onsite which exceed the regulatory thresholds. (There is no UPCF page for APSTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC §25270.2 (g)). Aboveground storage of 1320 or more gallons of petroleum related products. An aboveground petroleum storage tank (APST) facility with one or more of the following (see HSC §25270.2 (k)), is not subject to this act and is exempt:
   - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
   - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
   - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
   - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.

9. **HAZARDOUS WASTE GENERATOR** Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141.1. “Hazardous waste” includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, “hazardous waste” also includes extremely hazardous waste and acutely hazardous waste.

10. **RECYCLE** Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. Check “YES” and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check “NO” if you only send recyclable materials to an offsite recycler; you do not need to report.

11. **ONSITE HAZARDOUS WASTE TREATMENT** Check the appropriate box to indicate whether your facility treats hazardous waste onsite. “Treatment” means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. “Treatment” does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of “treatment” for certain processes under specific, limited conditions. Refer to HSC §25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes does not require authorization. Refer to HSC §25200.3.1 for specific information.

Please contact your CUPA to determine if any exemptions apply to your facility. If your facility treats hazardous waste onsite, complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages for each unit.

12. **FINANCIAL ASSURANCE** Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §7450.13 (b) and HSC §25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.

13. **REMOTE WASTE CONSOLIDATION SITE** Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer “YES” if you are a hazardous waste generator that collects hazardous waste at remote sites and transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC §25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.

14. **HAZARDOUS WASTE TANK CLOSURE** Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on your knowledge of the tank and its contents, the mixture rule, testing of the tank, the listed wastes in 40 CFR 261.31 or 40 CFR 261.32, or inability to remove hazardous materials stored in the tank. If the closed tank would be classified as hazardous waste, then complete the Hazardous Waste Tank Closure Certification page.

15a. **LOCAL REQUIRED INFORMATION: REGULATED SUBSTANCES (RS)** Check the box to indicate whether Regulated Substances (RS) are stored onsite. An RS is any substance, listed in CCR, Title 19, Section 2770.5. See attached Regulated Substance list. If you handle an RS at greater than the threshold planning quantities then complete the Regulated Substance Registration in addition to forms required under item number 4.

15b. **LOCAL HAZARDOUS MATERIALS THRESHOLD** Check the appropriate box to indicate if you are subject to reporting hazardous materials at or above Uniform Fire Code permit amount.
# Business Application Package

**City of Santa Monica – Unified Program (CUPA) Agency**  
200 Santa Monica Pier, Santa Monica, CA 90401

**BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730)**

## I. IDENTIFICATION

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

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**BUSINESS SITE ADDRESS**

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**BUSINESS OPERATOR NAME**

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## II. BUSINESS OWNER

**OWNER NAME**

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**OWNER MAILING ADDRESS**

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## III. ENVIRONMENTAL CONTACT

**CONTACT NAME**

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<table>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

## IV. EMERGENCY CONTACTS

**NAME**

<table>
<thead>
<tr>
<th>TITLE</th>
<th>BUSINESS PHONE</th>
<th>24-HOUR PHONE</th>
<th>PAGER #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**ADDRESS**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## V. ADDITIONAL LOCALLY COLLECTED INFORMATION

**NUMBER OF EMPLOYEES**

<table>
<thead>
<tr>
<th>SIZE OF FACILITY (SQ. FT.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Fax Number: ( ) - Email Address: 

**Mailing/ Billing Information**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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**

X

**NAME OF SIGNER** *(print)*

<table>
<thead>
<tr>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**DATE**

<table>
<thead>
<tr>
<th>NAME OF DOCUMENT PREPARE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**NAME OF SIGNER** *(print)*

<table>
<thead>
<tr>
<th>TITLE OF SIGNER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730) - INSTRUCTIONS

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

1. **FACILITY ID NUMBER** Enter this number assigned by the CUPA. This is the unique number which identifies your facility.

2. **BUSINESS NAME** Enter the full legal name of the business.

3. **BUSINESS OPERATOR PHONE** Enter business operator’s phone number including any extension, if different from the business phone.

4. **OWNER NAME** Enter name of the business owner, if different from the business operator.

5. **OWNER PHONE** Enter the business owner's phone number if different from the business phone, area code first, and any extension.

6. **OWNER MAILING ADDRESS** Enter the owner's mailing address if different from the business address.

7. **OWNER CITY** Enter the name of the city for the owner's mailing address.

8. **OWNER STATE** Enter the 2 character state abbreviation for the owner's mailing address.

9. **OWNER ZIP CODE** Enter the zip code for the owner’s address. The extra 4 digits in the zip code may also be added.

10. **ENVIRONMENTAL CONTACT NAME** Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.

11. **CONTACT PHONE** Enter the phone number at which the environmental contact can be contacted including any extension.

12. **CONTACT MAILING ADDRESS** Enter the mailing address where all environmental contact correspondence should be sent.

13. **CITY** Enter the name of the city for the environmental contact’s mailing address.

14. **STATE** Enter the 2 character state abbreviation for the environmental contact’s mailing address.

15. **ZIP CODE** Enter the zip code for the environmental contact’s mailing address. The extra 4 digits in the zip code may also be added.

16. **PRIMARY EMERGENCY CONTACT NAME** Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.

17. **TITLE** Enter the title of the primary emergency contact.

18. **SECONDARY EMERGENCY CONTACT NAME** Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.

19. **TITLE** Enter the title of the secondary emergency contact.

20. **BUSINESS PHONE** Enter the business phone number for the secondary emergency contact, area code first, and any extensions.

21. **24-HOUR PHONE** Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.

22. **PAGER NUMBER** Enter the pager number for the primary emergency contact, if available.

23. **SECONDARY EMERGENCY CONTACT PHONE** Enter the pager number for the secondary emergency contact, if available.

24. **NUMBER OF EMPLOYEES** Enter the number of employees working at your facility.

25. **SIC CODE** Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.

26. **BUSINESS SITE ADDRESS** Enter the street address where the facility is located. No post office box numbers are allowed.

27. **MAILING/BILLING ADDRESS** Enter the address that all correspondence and bills should be sent.

28. **MAILING/BILLING CITY** Enter the city for the mailing/billing address.

29. **MAILING/BILLING STATE** Enter the 2 character state abbreviation for the mailing/billing address.

30. **MAILING/BILLING ZIP CODE** Enter the zip code for the mailing/billing address. The extra 4 digit s in the zip code may also be added.

31. **DATE** Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)

32. **NAME OF DOCUMENT PREPARER** Enter the full name of the person who prepared the inventory submittal information.

33. **NAME OF SIGNER** Enter the full printed name of the person signing the page.

34. **SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE** The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer’s inquiry of those individuals responsible for obtaining the information, it is the signer’s belief that the information is true, accurate and complete.

35. **TITLE OF SIGNER** Enter the title of the person signing the page.
The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

? Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),

? Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,

? Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

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

<table>
<thead>
<tr>
<th>PROGRAMS</th>
<th>SECTION(S) TO BE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous Materials Business Plan (HMBP)</td>
<td>Cover Page, Section I, and Site Map(s)</td>
</tr>
<tr>
<td>Hazardous Waste Generator (HWG)</td>
<td>Cover Page, Section I, and Site Map(s)</td>
</tr>
<tr>
<td>Underground Storage Tank (UST)</td>
<td>Cover Page, Sections I and II, and Site Map(s)</td>
</tr>
<tr>
<td>HMBP, HWG, UST</td>
<td>Cover Page, Sections I and II, and Site Map(s)</td>
</tr>
</tbody>
</table>

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

**PLAN CERTIFICATION**

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/Operator: [Name]
Title of Owner/Operator: [Title]
Signature of Owner/Operator: [Signature]
Date: [Date]

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact the City of Santa Monica Environmental Programs.
ADVISORY

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

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

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

UST owners/operators be advised that the City of Santa Monica Environmental Programs, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.
# CONSOLIDATED CONTINGENCY PLAN

## SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

### I. FACILITY IDENTIFICATION

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>FACILITY ID # 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SITE ADDRESS</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>103</td>
<td>104</td>
<td>105</td>
</tr>
</tbody>
</table>

### II. EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>123</td>
</tr>
<tr>
<td>TITLE</td>
<td>124</td>
</tr>
<tr>
<td>BUSINESS PHONE</td>
<td>125</td>
</tr>
<tr>
<td>24-HOUR PHONE</td>
<td>126</td>
</tr>
<tr>
<td>PAGER #</td>
<td>127</td>
</tr>
</tbody>
</table>

### III. EMERGENCY RESPONSE PLANS AND PROCEDURES

#### A. Notifications

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, **immediately call:**

- FIRE/PARAMEDICS/POLICE/SHERIFF:
  - PHONE: 911

**AFTER** the local emergency response personnel are notified, you shall then notify the Santa Monica Unified Program Agency (CUPA) and the Office of Emergency Services.

**City of Santa Monica CUPA:** (310) 458-8916, Ext.2

**State Office of Emergency Service:** (800) 852-7550 or (916) 262-1621

**National Response Center:** (800) 424-8802

Information to be provided during Notification:

- Your Name and the Telephone Number from where you are calling.
- Exact address of the release or threatened release.
- Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- Material and quantity of the release, to the extent known.
- Current condition of the facility.
- Extent of injuries, if any.
- Possible hazards to public health and/or the environment outside of the facility.

#### B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material.

<table>
<thead>
<tr>
<th>HOSPITAL/CLINIC:</th>
<th>PHONE NO:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS:</th>
<th>ZIP CODE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
City of Santa Monica – Unified Program (CUPA) Agency  
200 Santa Monica Pier, Santa Monica, CA  90401  
CONSOLIDATED CONTINGENCY PLAN  
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN

### C. Private Emergency Response

<table>
<thead>
<tr>
<th>DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM?</th>
<th>9 Yes</th>
<th>9 No</th>
</tr>
</thead>
</table>

If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

#### CLEANUP/DISPOSAL CONTRACTOR

List the contractor that will provide cleanup services in the event of a release.

<table>
<thead>
<tr>
<th>NAME OF CONTRACTOR:</th>
<th>PHONE NO:</th>
<th>(   ) -</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>CITY:</td>
<td>ZIP CODE:</td>
</tr>
</tbody>
</table>

### D. 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 on the lines below:

### E. Evacuation Plan

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

   - 9 Verbal
   - Telephone *(including cellular)*
   - Alarm System
   - Public Address System
   - Intercom
   - Pagers
   - Portable Radio
   - Other *(specify)*:

2. Evacuation map is prominently displayed throughout the facility.

3. Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:

### F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

| ~ Hazardous Waste/ Hazardous Materials Storage Areas ~ Production Floor ~ Process Lines |
|---|---|---|
| ~ Bench/ Lab ~ Waste Treatment ~ Other: |

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

| ~ Utilities ~ Sprinkler Systems ~ Cabinets ~ Shelves |
|---|---|---|---|
| ~ Racks ~ Pressure Vessels ~ Gas Cylinders ~ Tanks |
| ~ Process Piping ~ Shutoff Valves ~ Other: |
### Emergency Procedures

Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PREVENTION</strong> (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.</td>
<td></td>
</tr>
<tr>
<td><strong>2. MITIGATION</strong> (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?</td>
<td></td>
</tr>
<tr>
<td><strong>3. ABATEMENT</strong> (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?</td>
<td></td>
</tr>
</tbody>
</table>
IV. Emergency Equipment

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

### EMERGENCY EQUIPMENT INVENTORY TABLE

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

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

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

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

Facility personnel are trained as follows:

1. Familiarity with all plans and procedures specified in the Contingency Plan.
3. Safety procedures in the event of a release or threatened release of a hazardous material.
4. Use of Emergency Response equipment and supplies under the control of the business.
5. Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

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

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

Additional training should include:

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

VI. HAZARDOUS WASTE GENERATOR TRAINING

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

EMPLOYEE TRAINING

1. Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
2. Employees will not handle hazardous wastes without supervision until trained.

TRAINING DOCUMENTATION

1. The owner or operator must maintain the following documents and records at the facility:
2. Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
3. Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
4. Description of type and amount of both introductory and continuing training given to each employee.
5. Records that document that the requirements for training or job experience have been met.
6. Current employees’ training records (to be retained until closure of the facility).
7. Former employees’ training records (to be retained at least three years after termination of employment).
## SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

### I. FACILITY IDENTIFICATION

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>3</th>
<th>FACILITY ID # 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE ADDRESS</td>
<td>103</td>
<td>CITY</td>
</tr>
</tbody>
</table>

### II. MONITORING PLAN AND PROCEDURES

1. **The frequency of monitoring is as follows:**
   - **Tank:**
   - **Piping:**

2. **The methods and equipment (name and model) used for monitoring include:**
   - **Tank:**
   - **Piping:**

3. **The location(s) where monitoring will be performed include:**

   Attach one page plot plan showing:
   1. Location of underground storage tanks, buildings, and property lines.
   2. Location of monitoring points and the monitoring system is located.

4. **The name(s) of responsible person(s) performing the monitoring and/or maintaining the equipment include:**

5. **The reporting format for all monitoring performed is as follows:**
   - **Tank:**
   - **Piping:**

6. **The preventative maintenance schedule for the monitoring equipment is:**

7. **The training necessary for the operation of UST systems, including piping and monitoring equipment includes:**

   Note: Training is scheduled and provided on __________ basis and training records for personnel are kept at the facility.

---

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

1. If an unauthorized release occurs, hazardous substances will be cleaned up by:

2. Agency notifications will be made as detailed in Section I of the Contingency Plan, and the local agency responsible for Underground Storage Tanks (USTs) shall be notified as required by state and local laws and regulations.

<table>
<thead>
<tr>
<th>Local UST Agency</th>
<th>Phone (__) -</th>
</tr>
</thead>
</table>

3. The following persons are responsible for authorizing work necessary under the response plan:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. The proposed methods and equipment to be used for removing and properly disposing of hazardous substances and cleanup wastes are the following:

5. The location and availability of the required cleanup equipment listed in item #4 is as follows:

6. The maintenance schedule for the cleanup equipment is as follows:

7. Additional information:
A site plan and storage map must be included with your Contingency Plan. 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 Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. **Site Plan:** This drawing shall contain, at a minimum, the following information:
   
   a. Site Orientation (north, south, etc.);
   b. Approximate scale (e.g. “1 inch = 10 feet”);
   c. Date the map was drawn;
   d. Locations of all buildings and other structures;
   e. Parking lots and internal roads;
   f. Hazardous materials loading/unloading areas;
   g. Outside hazardous materials storage or use areas;
   h. Storm drain and sanitary sewer drain inlets;
   i. Wells for monitoring of underground tank systems;
   j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
   k. Adjacent property use;
   l. Locations and names of adjacent streets and alleys;
   m. Access and egress points and roads.

2. **Storage Map(s):** 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 identified by a unique location code number, letter, or name (e.g. “1”, “2”, “3”; “A”, “B”, “C”; etc.);
   c. Entrances to and exits from each building and hazardous material/waste room/area;
   d. Location of each utility emergency shut-off point (i.e. gas, water, electric);
   e. Location of each monitoring system control panel (e.g. underground tank monitoring, toxic gas monitoring, etc.).

3. **Map Legend**

<table>
<thead>
<tr>
<th>Item and/or Description</th>
<th>Location Code (LC)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
BUSINESS NAME 3

SITE ADDRESS 103 CITY 104 ZIP CODE 105

DATE MAP DRAWN MAP # FACILITY ID #

1

For Site Map
- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map
- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Scale:
1” = ________Ft.

North

Y

X
### STANDARD SITE MAP SYMBOLS

- **BUILDING ACCESS**
- **FENCE**
- **SAFE REFUGE AREA (EVACUATION)**
- **SEWER DRAIN**
- **STORM DRAIN**
- **FIRE HYDRANT**
- **COMBINED STANDPIPE**
- **SPRINKLER CONNECTION**
- **COMBINATION STANDPIPE CONNECTION**
- **DRY STANDPIPE CONNECTION**
- **DRY STANDPIPE OUTLET**
- **WET STANDPIPE OUTLET**
- **SPRINKLER CONNECTION**
- **STAIRWAY—RANGE OF FLOORS (I.E. 1 THRU ROOF)**
- **UST—5000 Gal**
- **AST—500 Gal**
- **ELEVATOR—RANGE OF FLOORS (I.E. 1 THRU 5)**
- **KNOX BOX (F.D. KEY BOX)**
- **FIRE ALARM ANNUNCIATOR PANEL**
- **ELECTRIC MAIN SHUTOFF**
- **GAS MAIN SHUTOFF**
- **WATER MAIN SHUTOFF**

### HAZARDOUS MATERIALS MAP SYMBOLS

- **FLAMMABLE / COMBUSTIBLE LIQUIDS (L) & SOLIDS (S)**
- **CORROSIVE LIQUIDS (L) & SOLIDS (S)**
- **OXIDIZERS LIQUIDS (L) & SOLIDS (S)**
- **ORGANIC PEROXIDES & UNSTABLE LIQUIDS (L) & SOLIDS (S)**
- **WATER REACTIVE AIR REACTIVE**
- **TOXIC / POISON LIQUIDS (L) & SOLIDS (S)**
- **RADIOACTIVE LIQUIDS (L) & SOLIDS (S)**
- **COMPRESSED GASES / LIQUIDS INERT (I), CORROSIVE (C), FLAMMABLE (F), OXIDIZING (O), TOXIC (T), CRYOGENIC (Y)**
II. HAZARDOUS MATERIALS SECTION

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

Be advised that appropriate signatures must be provided on forms.

THIS SECTION INCLUDES:

- HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION
  One chemical per page. Make photocopies as necessary.

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

  Facilities reporting chemicals subject to EPCRA (the Federal Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical. For more information on EPCRA, contact US EPA at (800) 535-0202 or visit US EPA’s EPCRA website at www.epa.gov/opptintr/tri.

- REGULATED SUBSTANCE REGISTRATION FORM
  One chemical per page. Make photocopies as necessary.

- REGULATED SUBSTANCE LIST
## I. FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>CHEMICAL LOCATION</th>
<th>201</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMICAL LOCATION CONFIDENTIAL (EPCRA)</td>
<td>YES</td>
</tr>
<tr>
<td><strong>FACILITY ID #</strong></td>
<td>1</td>
</tr>
<tr>
<td>MAP #</td>
<td>202</td>
</tr>
<tr>
<td>GRID #</td>
<td>204</td>
</tr>
</tbody>
</table>

## II. CHEMICAL INFORMATION

**CHEMICAL NAME**

<table>
<thead>
<tr>
<th>TRADE SECRET</th>
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<tbody>
<tr>
<td>Yes</td>
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</table>

**COMMON NAME**

| EHS* | 207 |
| Yes | No |

| CAS# | 209 |
|-------|

**HAZARDOUS MATERIAL TYPE**

<table>
<thead>
<tr>
<th>FIRE CODE HAZARD CLASSES</th>
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<tbody>
<tr>
<td>a. PURE</td>
<td>b. MIXTURE</td>
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<tr>
<td>RADIOACTIVE</td>
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**PHYSICAL STATE**

<table>
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<tr>
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<tbody>
<tr>
<td>a. SOLID</td>
<td>b. LIQUID</td>
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<tr>
<td>LARGEST CONTAINER</td>
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**FED HAZARD CATEGORIES**

<table>
<thead>
<tr>
<th>FED HAZARD CATEGORIES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>a. FIRE</td>
<td>b. REACTIVE</td>
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**AVERAGE DAILY AMOUNT**

<table>
<thead>
<tr>
<th>UNITS*</th>
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<tr>
<td>a. GALLONS</td>
<td>b. CUBIC FEET</td>
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<tr>
<td>DAYS ON SITE</td>
<td>222</td>
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**STORAGE CONTAINER**

<table>
<thead>
<tr>
<th>STORAGE CONTAINER</th>
<th>223</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ABOVE GROUND TANK</td>
<td>b. UNDERGROUND TANK</td>
</tr>
</tbody>
</table>

**STORAGE PRESSURE**

<table>
<thead>
<tr>
<th>STORAGE PRESSURE</th>
<th>224</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. AMBIENT</td>
<td>b. ABOVE AMBIENT</td>
</tr>
</tbody>
</table>

**STORAGE TEMPERATURE**

<table>
<thead>
<tr>
<th>STORAGE TEMPERATURE</th>
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</thead>
<tbody>
<tr>
<td>a. AMBIENT</td>
<td>b. ABOVE AMBIENT</td>
</tr>
</tbody>
</table>

**%WT**

<table>
<thead>
<tr>
<th>HAZARDOUS COMPONENT (For mixture or waste only)</th>
<th>EHS</th>
<th>CAS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>226</td>
<td>227</td>
</tr>
<tr>
<td>2</td>
<td>230</td>
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<td>239</td>
</tr>
<tr>
<td>5</td>
<td>242</td>
<td>243</td>
</tr>
</tbody>
</table>

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**

If EPCRA, Please Sign Here _X_  
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731) - INSTRUCTIONS

1. **FACILITY ID NUMBER** This number is assigned by the CUPA. This is the unique number which identifies your facility.

3. **BUSINESS NAME** Enter the full legal name of the business.

200. **ADD/DELETE/ REVISE** Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.

201. **CHEMICAL LOCATION** Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25506.

202. **CHEMICAL LOCATION CONFIDENTIAL – EPCRA** All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check “Yes” to keep chemical location information confidential; otherwise, check “No”.

203. **MAP NUMBER** If a map is included, enter the number of the map on which the location of the hazardous material is shown.

204. **GRID NUMBER** If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.

205. **CHEMICAL NAME** Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the “COMMON NAME” field.

206. **TRADE SECRET** - Check “Yes” if the information in this section is declared a trade secret, or “No” if it is not. **State requirement:** If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. **Federal requirement:** If yes, and the business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a “Substantiation to Accompany Claims of Trade Secrecy” form (40 CFR 350.27) to U.S. EPA.

207. **COMMON NAME** Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.

208. **EHS** Check “Yes” if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.

209. **CAS #:** Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.

Please refer to the following sources to obtain the CAS#:

1. Chemical Abstract Service
   2540 Olentangy River Road
   Columbus, Ohio 43210 USA
   Ph: (614) 447-3600
   www.cas.org

2. www.chemfinder.com

3. Chemical MSDS (Materials Safety Data Sheet) form.

4. The chemical manufacturer.

210. **FIRE CODE HAZARD CLASSES** This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of “Uniform Fire Code Hazard Classes”, and instructions on how to determine which class a material falls under are found on page 14. If a material has more than one hazard class, include all. The following list of “Hazard Classes for Common Chemicals” is intended to assist you in completing this section.

“Hazard Classes for Common Chemicals”

**Automotive Fluids**

1. Motor Oil, Brake Fluid, Hydraulic Oil
   Federal Hazard Categories—Fire and Chronic Health
   Fire Code Hazard Class—Combustible Liquid Class III-B and Irritant

2. Antifreeze
   Federal Hazard Categories—Acute Health
   Fire Code Hazard Class—Combustible Liquid Class III-B and Irritant

3. Gasoline
   Federal Hazard Categories—Fire and Acute Health
   Fire Code Hazard Class—Flammable Liquid Class I-B, Carcinogenic, and Irritant

4. Diesel Fuel
   Federal Hazard Categories—Fire and Chronic Health
   Fire Code Hazard Class—Combustible Liquid Class II and Irritant

**Gases**

1. Acetylene
   Federal Hazard Categories—Fire, Reaction and Pressure Release
   Fire Code Hazard Class—Liquefied Flammable Gas and Unstable Reactive Class II

2. Propane
   Federal Hazard Categories—Fire and Pressure Release
   Fire Code Hazard Class—Liquefied Flammable Gas

3. Oxygen
   Federal Hazard Categories—Reaction and Pressure Release
   Fire Code Hazard Class—Oxidizing Gas

4. Nitrous Oxide
   Federal Hazard Categories—Pressure Release and Acute Health
   Fire Code Hazard Class—Oxidizing Gas-Liquefied

**Commercial Related Products**

1. Solvent-Based Paint
   Federal Hazard Categories—Fire and Chronic Health
   Fire Code Hazard Class—Flammable Liquid Class I-B and Irritant

2. Lacquer Thinner, Paint Thinner, Brush Cleaner, Acetone, Methyl Ethyl Ketone (MEK)
   Federal Hazard Categories—Fire and Chronic Health
   Fire Code Hazard Class—Flammable Liquid Class I-B and Irritant

3. Dry Cleaning Solvent, Perchloroethylene, Tetrachloroethylene
   Federal Hazard Categories—Chronic Health
   Fire Code Hazard Class—Carcinogenic and Irritant
211. **HAZARDOUS MATERIAL TYPE** Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.

212. **RADIOACTIVE** Check "Yes" if the hazardous material is radioactive or "No" if it is not.

213. **CURIES** If the material is radioactive, report the activity in curies; use up to nine digits with a floating decimal point to report activity in curies.

214. **PHYSICAL STATE** Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.

215. **LARGEST CONTAINER** Enter the total capacity of the largest container in which the material is stored.


217. **AVERAGE DAILY AMOUNT** Calculate the average daily amount of the hazardous material or mixture containing a hazardous material that you project to be on hand during the course of the year. Since most businesses tend to order materials, and only reorder their materials when they are nearly gone, their Average Daily Amount (ADA) tends to be equivalent to half of the largest shipment of a hazardous material delivered in the prior calendar year plus the residual material that always remains. For example, if I had a machine that always has 50 gallons of solvent, and my largest order in the calendar year is 500 gallons of solvent, my ADA will be 300 gallons (1/2 of the 500 gallons received is 250 gallons, plus the 50 gallons in my machine). Assuming you use your hazardous materials at a fairly consistent rate, half the time you would have more than this amount, and half the time you would have less than this quantity. This amount should be consistent with the units reported.

218. **MAXIMUM DAILY AMOUNT** Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.

219. **ANNUAL WASTE AMOUNT** If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.

220. **STATE WASTE CODE** If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.

221. **UNITS** Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).

222. **DAYS ON SITE** List the total number of days during the year that the material is on site.

223. **STORAGE CONTAINER** Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.

224. **STORAGE PRESSURE** Check the one box that best describes the pressure at which the hazardous material is stored.

225. **STORAGE TEMPERATURE** Check the one box that best describes the temperature at which the hazardous material is stored.

226. **HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT)** Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 - 5 in boxes 230, 234, 238, and 242.)

227. **HAZARDOUS COMPONENTS 1-5 NAME** When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 - 5 in boxes 231, 235, 239, and 243.)

228. **HAZARDOUS COMPONENTS 1-5 EHS** Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report components 2 - 5 in boxes 232, 236, 240, and 244.)

229. **HAZARDOUS COMPONENTS 1-5 CAS** List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.)

230. **LOCALLY COLLECTED INFORMATION** Contact your local agency concerning any requirements for additional hazardous materials inventory information.
Uniform Fire Code Hazard Classes

Division 1.1, 1.2, 1.3 Explosive: An explosive that has a Division 1.1, 1.2, or 1.3 classification as defined by the Department of Transportation (DOT) found in 49 Code of Federal Regulations, Section 173.50.

Combustible Dust: Dust with pulverized particles which, if mixed with air in the proper proportions, becomes explosive and may be ignited by a flame, a spark, or other source of ignition.

Compressed Gas: A material or mixture of materials which is a gas at 68°F (20°C) or less at 14.7 psia (101.3 kPa) of pressure and has a boiling point of 68°F (20°C) or less at 14.7 psia (101.3 kPa) which is either liquefied, nonliquefied or in solution, except those gases which have no other health or physical hazard properties are not considered to be compressed until the pressure in the packaging exceeds 41 psia (292.5 kPa) at 68°F (20°C). The states of a compressed gas are categorized as follows: (a) Nonliquefied compressed gases are gases, other than those in solution, which are in a packaging under the charged pressure and are entirely gaseous at a temperature of 68°F (20°C). (b) Liquefied compressed gases are gases which in a packaging under the charged pressure are partially liquid at a temperature of 68°F (20°C). (c) Compressed gases in solution are nonliquefied gases which are dissolved in a solvent. (d) Compressed gas mixtures consist of a mixture of two or more compressed gases contained in a packaging, the hazard properties of which are represented by the properties of the mixture as a whole.

- Corrosive Compressed Gas: A compressed gas that also meets the criteria for a corrosive material.
- Flammable Compressed Gas: A material which is a gas at 68°F (20°C) or less at 14.7 psia (101.3 kPa) of pressure [a material has a boiling point of 68°F (20°C) or less at 14.7 psia (101.3 kPa)] which is (a) ignitable at 14.7 psia (101.3 kPa) when in a mixture of 13 percent or less by volume with air or (b) has a flammable range at 14.7 psia (101.3 kPa) with air of at least 12 percent, regardless of the lower limit. The limits specified shall be determined at 14.7 psia (101.3 kPa) of pressure and a temperature of 68°F (20°C) in accordance with nationally recognized standards.
- Highly Toxic Compressed Gas: A compressed gas that also meets the criteria for highly toxic material.
- Inert Compressed Gas: A compressed gas that exhibits no chemical activity, will not react with any other chemical, and is harmless to persons, animals, and the environment.
- Oxidizing Compressed Gas: A compressed gas that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases (including oxygen).
- Toxic Compressed Gas: A compressed gas that also meets the criteria for toxic material.

Corrosive: A chemical that causes visible destruction of, or irreversible alterations in, living tissue by chemical action at the site of contact. A chemical is considered to be corrosive if, when tested on the intact skin of albino rabbits by the method described in Appendix A of C.F.R. 49 Part 173, it destroys or changes irreversibly the structure of the tissue at the site of contact following an exposure period of four hours. This term does not refer to action on inanimate surfaces. General “rule of thumb”, pH ≤ 3 and ≥ 12. DOT Class 8 materials.

Cryogen: A fluid that has a normal boiling point of below 150°F. They can also be: flammable, oxidizer, corrosive, highly toxic, or nonflammable.

Explosive: A chemical that causes a sudden, almost instantaneous release of pressure, gas and heat when subjected to sudden shock, pressure, or high temperatures or a material or chemical, other than blasting agent, that is commonly used or intended to be used for the purpose of producing an explosive effect.

Flammable Liquid: A liquid having a flash point below 100°F and having a vapor pressure not exceeding 40 psia at 100°F. DOT Class 3 materials.

- Class I— Liquids having flash points below 100°F.
- Class I-A Liquids having flash points below 73°F and having a boiling point below 100°F.
- Class I-B Liquids having flash points below 73°F and having a boiling point at or above 100°F.
- Class I-C Liquids having flash points at or above 73°F and below 100°F.
**Combustible Liquid**: A liquid having a flash point at or above 100°F. DOT Type 3 materials. Combustible liquids are subdivided as follows:
- **Class II** -- Liquids having flash points at or above 100°F and below 140°F.
- **Class III-A** Liquids having flash points at or above 140°F and below 200°F.
- **Class III-B** Liquids having flash points at or above 200°F.

**Flammable Solid**: A solid substance, other than one which is defined as a blasting agent or explosive, that is liable to cause fire through friction or as a result of retained heat from manufacture, which has an ignition temperature below 212 degrees F., or which burns so vigorously or persistently when ignited that it creates a serious hazard. Flammable solids include solid materials which when dispersed in air as a cloud may be ignited and cause an explosion. DOT Class 4.1 materials

**Hazardous Production Material (HPM)**: A solid, liquid, or gas associated with semiconductor manufacturing that has a degree-of-hazard rating in health, flammability or reactivity of Class 3 or 4 as ranked by U.F.C. Standard 79-3 and which is used directly in research, laboratory or production processes which have as their end product materials which are not hazardous.

**Highly Toxic Materials**: A material, DOT Class 6.1, which produces a lethal dose or lethal concentration which falls within any of the following categories:
(a) A chemical that has a median lethal dose (LD50) of 50 mg/kg or less of body weight when administered orally to albino rats weighing between 200 and 300 grams.
(b) A chemical that has a median lethal dose (LD50) of 200 mg/kg or less of body weight when administered by continuous contact for 24 hours, or less if death occurs within 24 hours, with the bare skin of albino rabbits weighing between 2 and 3 kg each.
(c) A chemical that has a median lethal concentration (LC50) in air of 200 ppm by volume or less of gas or vapor, or 2 mg/liter of mist, fume or dust, when administered by continuous inhalation for one hour, to albino rats weighing between 200 and 300 grams each. NOTE: If a material meets criterion (c), it also meets the definition of highly toxic material (by inhalation) and must additionally be given a hazard class code of 2 as found on page 19.

**Irritant**: A chemical that is not corrosive, but which causes a reversible inflammatory effect on living tissue by chemical action at the site of contact. A chemical is a skin irritant if, when tested on the skin of albino rabbits by the methods of 16 C.F.R. 1500.41 for four hours’ exposure or by other appropriate techniques, it results in an empirical score of 5 or more. A chemical is an eye irritant if so determined under the procedure listed in 16 C.F.R. 1500.42 or other approved techniques.

**Liquefied Petroleum Gas (LPG)**: A material which is composed predominantly of the following hydrocarbons or mixtures of them: propane, propylene, butane (normal butane or isobutane) and butylenes.

**Organic Coating**: A liquid mixture of binders, such as alkyd, nitrocellulose, acrylic or oil and flammable and combustible solvents such as hydrocarbon, ester, ketone or alcohol, which when spread in a thin film converts to a durable protective and decorative finish.

**Organic Peroxide**: An organic compound that contains the bivalent -O-O- structure and which may be considered to be a structural derivative of hydrogen peroxide where one or both of the hydrogen atoms have been replaced by an organic radical. Organic peroxides may present an explosive hazard (detonation or deflagration) or they may be shock sensitive. They may also decompose into various unstable compounds over an extended period of time. DOT Class 5.3 materials.
- **Class I**: Class I peroxides are capable of deflagration, but not detonation. These peroxides present a high explosion hazard through rapid decomposition. DOT Type B
- **Class II**: Class II peroxides burn very rapidly and present a severe reactivity hazard. DOT Type C
- **Class III**: Class III peroxides burn rapidly and present a moderate reactivity hazard. DOT Type D
- **Class IV**: Class IV peroxides burn in the same manner as ordinary combustibles and present a minimum reactivity hazard. DOT Types E & F
• **Class V**: Class V peroxides do not burn or present a decomposition hazard. DOT Type G

**Other Health Hazard Material (Target Organ Toxins):** A material which affects target organs of the body, including, but not limited to, those materials which produce liver damage, kidney damage, damage to the nervous system, act on the blood to decrease hemoglobin function, deprive the body tissue of oxygen, or affect reproductive capabilities, including mutations (chromosomal damage) or teratogens (effects on fetuses).

**Oxidizer:** A chemical other than a blasting agent or explosive that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases. DOT Class 5.1 materials.

• **Class 4**: An oxidizer that can undergo an explosive reaction due to contamination or exposure to thermal or physical shock. In addition, the oxidizer will enhance the burning rate and may cause spontaneous ignition of combustibles. DOT Packing Group I

• **Class 3**: An oxidizer that can cause a severe increase in the burning rate of combustible material with which it comes in contact or that will undergo vigorous self-sustained decomposition due to contamination or exposure to heat. DOT Packing Group II

• **Class 2**: An oxidizer that will cause a moderate increase in the burning rate or that may cause spontaneous ignition of combustible materials with which it comes in contact. DOT Packing Group III

• **Class 1**: An oxidizer whose primary hazard is that it slightly increases the burning rate but does not cause spontaneous ignition when it comes in contact with combustible materials.

**Pyrophoric:** A chemical that will spontaneously ignite in air at or below a temperature of 130°F.

**Radioactive Material:** A material or combination of materials that spontaneously emits ionizing radiation.

Unsealed Source: Any radioactive material that allows alpha, beta, or gamma emitters to be released into the atmosphere.

Sealed Source: Any radioactive material that is encased in equipment, instruments, or calibration devices, that does not allow the user to be exposed to the radioactive material.

**Sensitizer:** A chemical that causes a substantial proportion of exposed people or animals to develop an allergic reaction in normal tissue after repeated exposure to the chemical.

**Toxic Material:** A material, DOT Class 6.1, which produces a lethal dose or a lethal concentration within any of the following categories:

(a) A chemical or substance that has a median lethal dose (LD50) of more than 50 mg/kg but not more than 500 mg/kg of body weight when administered orally to albino rats weighing between 200 and 300 grams each.

(b) A chemical or substance that has a median lethal dose (LD50) of more than 200 mg/kg but not more than 1,000 mg/kg of body weight when administered by continuous contact for 24 hours, or less if death occurs within 24 hrs., with bare skin of albino rabbits weighing between 2 and 3 kilograms each.

(c) A chemical or substance that has a median lethal concentration (LC50) in air more than 200 ppm but not more than 2,000 ppm by volume of gas or vapor, or more than 2 mg/L but not more than 20 mg/L of mist, fume or dust, when administered by continuous inhalation for one hour, or less if death occurs within one hour, to albino rats weighing between 200 and 300 grams each.

**Unstable (reactive) Materials:** A material, other than an explosive, which in the pure state or as commercially produced will vigorously polymerize, decompose, condense or become self-reactive and undergo other violent chemical changes, including explosion, when exposed to heat, friction or shock, or in the absence of an inhibitor or in the presence of contaminants or in contact with incompatible materials.

• **Class 4**: Materials which in themselves are readily capable of detonation or of explosive decomposition or explosive reaction at normal temperatures and pressures. This class should include materials which are sensitive to mechanical or localized thermal shock at normal temperatures and pressures.
• **Class 3:** Materials which in themselves are capable of detonation or of explosive decomposition or explosive reaction but which require a strong initiating source or which must be heated under confinement before initiation. This degree should include materials which are sensitive to thermal or mechanical shock at elevated temperatures and pressures.

• **Class 2:** Materials which in themselves are normally unstable and readily undergo violent chemical change but do not detonate. This degree should include materials which can undergo chemical change with rapid release of energy at normal temperatures and pressures and which can undergo violent chemical change at elevated temperatures and pressures.

• **Class 1:** Materials which in themselves are normally stable but which can become unstable at elevated temperatures and pressures.

**Water-Reactive Material:** A material which explodes; violently reacts; produces flammable, toxic or other hazardous gases; or evolves enough heat to cause self-ignition of nearby combustibles upon exposure to water or moisture. DOT Class 4.3 materials.

• **Class 3:** Materials which react explosively with water without requiring heat or confinement. DOT Packing Group I

• **Class 2:** Materials which may form potentially explosive mixtures with water. DOT Packing Group II

• **Class 1:** Materials which may react with water with some release of energy but not violently. DOT Packing Group III
REGULATED SUBSTANCE REGISTRATION

This page is to be completed for a stationary source that handles a regulated substance (RS) in a process at or above the threshold quantity. Regulated substances (including federal listed and state listed extremely hazardous substances) must be registered for the purpose of complying with the Cal ARP (California Accident Release Prevention) program. The owner or operator shall complete a hazardous materials inventory form and a registration for each regulated substance per each process.

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>FACILITY ID#</th>
<th>EPA ID #</th>
<th>PROGRAM LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF CORPORATE PARENT COMPANY</th>
<th>DUN &amp; BRADSTREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON RESPONSIBLE FOR RMP (First Name, Last Name)</td>
<td>TITLE</td>
</tr>
<tr>
<td>LATITUDE</td>
<td>LONGITUDE</td>
</tr>
<tr>
<td>PROCESS SIC</td>
<td></td>
</tr>
</tbody>
</table>

DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)?

| YES | NO |

DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT?

| YES | NO |

IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM)?

| YES | NO |

CHEMICAL NAME | CAS# |

MAXIMUM DAILY AMOUNT | UNITS IN POUNDS |

PROCESS DESCRIPTION:

PRINCIPAL EQUIPMENT:

CERTIFICATION

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

OWNER/OPERATOR NAME | OWNER/OPERATOR TITLE |

OWNER/OPERATOR SIGNATURE

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

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

<table>
<thead>
<tr>
<th>1. FACILITY ID NUMBER</th>
<th>This number is assigned by the CUPA. This unique number identifies your facility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. EPA ID NUMBER</td>
<td>Enter your facility’s 12-character EPA identification number.</td>
</tr>
<tr>
<td>3. BUSINESS NAME</td>
<td>Enter the full legal name of the business.</td>
</tr>
<tr>
<td>106. DUN &amp; BRADSTREET</td>
<td>Enter the Dun and Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun and Bradstreet number allows your business to be cross referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact Dun and Bradstreet at (810) 892-7748 or via the internet at <a href="http://www.dnb.com">www.dnb.com</a>.</td>
</tr>
<tr>
<td>107a PROCESS SIC CODE</td>
<td>Enter the specific Standard Industrial Classification Code for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.</td>
</tr>
<tr>
<td>205. CHEMICAL NAME</td>
<td>Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).</td>
</tr>
<tr>
<td>208. EPCRA SECTION 302</td>
<td>The Emergency Planning and Community Right-to-Know Act requires notification of local authorities of the presence of certain Extremely Hazardous Substances listed in 40 CFR 302. 209. If you have a toxic regulated substance above the threshold quantity in a process, you must check the box marked &quot;yes.&quot;</td>
</tr>
<tr>
<td>209. CAS #</td>
<td>Enter the Chemical Abstract Service number for the hazardous material.</td>
</tr>
<tr>
<td>218a MAXIMUM DAILY AMOUNT</td>
<td>Enter the maximum amount of hazardous material or mixture containing a hazardous material which is handled in the process over the course of the year.</td>
</tr>
<tr>
<td>221. UNITS IN POUNDS</td>
<td>Leave this box blank. Note: All Regulated Substances must be reported in pounds.</td>
</tr>
<tr>
<td>246a PROGRAM LEVEL</td>
<td>Indicate the proper Program Level this process falls under. Mark either Program 1, 2, or 3 to identify which program the process complies.</td>
</tr>
<tr>
<td>246b NAME OF CORPORATE PARENT COMPANY</td>
<td>Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.</td>
</tr>
<tr>
<td>246c PERSON RESPONSIBLE FOR RMP</td>
<td>Enter the name of the person designated as responsible for the RMP.</td>
</tr>
<tr>
<td>246d PERSON RESPONSIBLE FOR RMP - TITLE</td>
<td>Enter the title of the person designated as responsible for the RMP.</td>
</tr>
<tr>
<td>246e LATITUDE</td>
<td>Enter the degrees of latitude for the business location. Latitude is the degrees north or south of the equator. Latitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps to make this determination. Valid latitudes for LA County range from 33°17'53N to 34°49'14N. Be sure the latitude fits this range.</td>
</tr>
<tr>
<td>246f LONGITUDE</td>
<td>Enter the degrees of longitude for the business location. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps to make this determination. Valid longitudes for LA County range from 117°38'39W to 118°56'39W. Be sure the latitude fits this range.</td>
</tr>
<tr>
<td>246g CAA TITLE V</td>
<td>State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, &quot;yes&quot; or &quot;no.&quot;</td>
</tr>
<tr>
<td>246h OSHA PSM</td>
<td>The OSHA Process Safety Management Standard, codified at 29 CFR 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental releases of hazardous substances. <strong>Note</strong>: This question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a Regulated Substance. Answer the question either &quot;yes&quot; or &quot;no.&quot;</td>
</tr>
<tr>
<td>246i LAST SAFETY INSPECTION</td>
<td>Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Dept., etc..) that performed the inspection.</td>
</tr>
<tr>
<td>246j PROCESS DESCRIPTION</td>
<td>Describe the process and/or operations involved in the use, treatment, storage, production, disposal or otherwise handling of the regulated substances (include process pressures and temperature, and whether it is a raw material or an intermediate). <strong>Note</strong>: Any group of interconnected vessels or separate vessels, located such that a regulated substance could be involved in a potential release, is considered a single process.</td>
</tr>
<tr>
<td>246k PRINCIPAL EQUIPMENT</td>
<td>List the equipment and/or components used in the process involving the Regulated Substance.</td>
</tr>
<tr>
<td>246l NAME OF OWNER / OPERATOR</td>
<td>The full name of the owner/operator who signed the registration page.</td>
</tr>
<tr>
<td>246m TITLE</td>
<td>Enter the title of the person signing the page.</td>
</tr>
<tr>
<td>246n DATE</td>
<td>Enter the date the page was signed.</td>
</tr>
</tbody>
</table>

City of Santa Monica – Unified Program (CUPA) Agency  
200 Santa Monica Pier, Santa Monica, CA 90401

REGULATED SUBSTANCE REGISTRATION - INSTRUCTIONS

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

1. FACILITY ID NUMBER: This number is assigned by the CUPA. This unique number identifies your facility.
2. EPA ID NUMBER: Enter your facility’s 12-character EPA identification number.
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**Note:** A list of Federal and State Regulated Substances is attached for your reference.
<table>
<thead>
<tr>
<th>CHEMICAL NAME</th>
<th>CAS #</th>
<th>TQ</th>
<th>Listing Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaldehyde</td>
<td>75-07-0</td>
<td>1,000</td>
<td>g</td>
</tr>
<tr>
<td>* Acetone Cyano hydroxide</td>
<td>75-86-5</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>Acetone Thionoicarbazide</td>
<td>1752-30-3</td>
<td>1,000/10,000</td>
<td></td>
</tr>
<tr>
<td>Acetylene (Ethylene)</td>
<td>74-86-2</td>
<td>10,000</td>
<td>f</td>
</tr>
<tr>
<td>Acrolein (2-Propenal)</td>
<td>107-02-8</td>
<td>500</td>
<td>b</td>
</tr>
<tr>
<td>Acrylamide</td>
<td>79-06-1</td>
<td>1,000/10,000</td>
<td></td>
</tr>
<tr>
<td>Acryl Chloride (2-Propanenitrile)</td>
<td>107-13-1</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Acrylic Chloride (2-Propenyl Chloride)</td>
<td>814-66-6</td>
<td>100</td>
<td>b</td>
</tr>
<tr>
<td>Aldicarb</td>
<td>116-06-3</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Aldrin</td>
<td>309-02-2</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Allyl Alcohol (2-Propan-1-ol)</td>
<td>107-18-6</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Allylamine (2-Propan-1-Amine)</td>
<td>107-11-5</td>
<td>500</td>
<td>ab</td>
</tr>
<tr>
<td>Aluminum Phosphate</td>
<td>20859-73-8</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Aminopentirin</td>
<td>54-62-5</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Ammonium Oxalate</td>
<td>3774-97-2</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Ammonia, Anhydrous</td>
<td>7664-41-7</td>
<td>500</td>
<td>ab</td>
</tr>
<tr>
<td>Ammonia, Aqueous (acon 20% or greater)</td>
<td>7664-41-7</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>* Aniline</td>
<td>62-53-3</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>Antimycin A</td>
<td>1397-94-0</td>
<td>1,000/10,000</td>
<td></td>
</tr>
<tr>
<td>ANTU (1-Naphthalenethiolurea)</td>
<td>86-88-4</td>
<td>500/10,000</td>
<td></td>
</tr>
<tr>
<td>Arsenic Pentoxide</td>
<td>1303-28-2</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Arsenous Oxide (Arsenic Trioxide)</td>
<td>1327-53-3</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Arsin (Arsenic Hydride)</td>
<td>7784-42-1</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Azaphos (Ethyl)</td>
<td>2642-71-9</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Azaphos-Glycol</td>
<td>76-50-0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Benzen, 1-(Chloroethyl)-4-Nitro</td>
<td>500/10,000</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Benzenesulphonic Acid</td>
<td>98-05-5</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Benzidimazol-4,5-Dichloro-2-Trifluoromethyl)</td>
<td>615-21-2</td>
<td>500/10,000</td>
<td></td>
</tr>
<tr>
<td>* Benzotrichloride (Benzotrichloride)</td>
<td>98-07-7</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Bicyclo(2.2.1) Heptane-2-Carbonitrile</td>
<td>6204-07-1</td>
<td>500/10,000</td>
<td></td>
</tr>
<tr>
<td>Bis(2-Hexanoyl)-N,N',O,O')</td>
<td>15271-41-7</td>
<td>500/10,000</td>
<td></td>
</tr>
<tr>
<td>Bio-Chloromethyl Ketone</td>
<td>534-07-6</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Bitoscanate</td>
<td>4044-65-9</td>
<td>500/10,000</td>
<td></td>
</tr>
<tr>
<td>Boron Trichloride (Trichloroborane)</td>
<td>10294-35-5</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Boron Trifluoride (Trifluoroborane)</td>
<td>7637-07-2</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Bromine</td>
<td>7727-95-6</td>
<td>500</td>
<td>ab</td>
</tr>
<tr>
<td>Bromotrimethylfluorobenzene (Ethen, Bromotrifluorobenzene)</td>
<td>598-73-2</td>
<td>10,000</td>
<td>f</td>
</tr>
<tr>
<td>1,3-Butadiene</td>
<td>106-99-0</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Butane</td>
<td>106-97-8</td>
<td>100/10,000</td>
<td></td>
</tr>
<tr>
<td>Butene</td>
<td>25167-67-3</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>1-Butene</td>
<td>106-98-9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2-Butene</td>
<td>107-01-7</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2-Butene-cis</td>
<td>590-18-1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2-Butene-trans (2-Butene, E)</td>
<td>624-66-4</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Camdium Oxide</td>
<td>306-19-0</td>
<td>10/10,000</td>
<td></td>
</tr>
<tr>
<td>Camdium Stearate</td>
<td>2223-93-0</td>
<td>10/10,000</td>
<td></td>
</tr>
<tr>
<td>Calcium Arsenate</td>
<td>7778-44-1</td>
<td>500/10,000</td>
<td></td>
</tr>
<tr>
<td>Camphechlor</td>
<td>8001-35-2</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Cantharidin</td>
<td>56-25-7</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Carboxichloride</td>
<td>51-83-2</td>
<td>500/10,000</td>
<td></td>
</tr>
<tr>
<td>Carbamic Acid, Methyl-((2,4-Dimethyl)-1,3-Dithiolan-2-Yl) Methylene(Amino)</td>
<td>26419-73-8</td>
<td>500/10,000</td>
<td></td>
</tr>
<tr>
<td>Carbosilane</td>
<td>1563-66-2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Carbon Disulfide</td>
<td>75-15-0</td>
<td>100</td>
<td>b</td>
</tr>
<tr>
<td>Carbon Oxysulfide (Carbon Oxide Sulfide(COS))</td>
<td>463-58-1</td>
<td>1000/10000</td>
<td></td>
</tr>
<tr>
<td>Chlorine</td>
<td>7782-50-5</td>
<td>100</td>
<td>ab</td>
</tr>
<tr>
<td>Chlorine Dioxide (Chlorine Oxide (ClO2))</td>
<td>10049-04-4</td>
<td>1000</td>
<td></td>
</tr>
<tr>
<td>Chlorine Monoxide (Chlorine Oxide)</td>
<td>7791-21-1</td>
<td>100</td>
<td>f</td>
</tr>
<tr>
<td>Chloromethane</td>
<td>999-81-5</td>
<td>10/10,000</td>
<td></td>
</tr>
<tr>
<td>Chloroacetic Acid</td>
<td>79-11-8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Chloroform</td>
<td>67-66-3</td>
<td>100</td>
<td>b</td>
</tr>
<tr>
<td>Chloromethyl Ether (Methane, Oxys (chloro))</td>
<td>542-88-1</td>
<td>100</td>
<td>b</td>
</tr>
<tr>
<td>Chloromethyl Ether (Chloromethoxy methine)</td>
<td>107-30-2</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Chloroprophazone</td>
<td>3691-35-8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>1-Chloropropylene (1-Propane, 1-Chloro)</td>
<td>590-21-0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>2-Chloropropylene (1-Propane, 2-Chloro)</td>
<td>558-97-8</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Chlorovur</td>
<td>1982-47-4</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Chlorine Arsenate</td>
<td>10025-73-7</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Cobalt(II)-([2,2']-1,2-Ethanedithiol)(Nitrilimethylene) ]</td>
<td>62207-76-5</td>
<td>100/100000</td>
<td></td>
</tr>
<tr>
<td>Bis(6-Fluorophenolato)(2,2'-N,N'-O,O')</td>
<td>1070-63-1</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Cobalt Carbonyl</td>
<td>64-86-8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Colchicine</td>
<td>56-27-4</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Comphos</td>
<td>5836-29-3</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Comstrateyl</td>
<td>95-48-7</td>
<td>100/10,000</td>
<td></td>
</tr>
</tbody>
</table>

*EPD/WEPCOMPU/FormsCity_PermitPacket/New Business 01-02
<table>
<thead>
<tr>
<th>CHEMICAL NAME</th>
<th>CAS #</th>
<th>TQ</th>
<th>Listing Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron, Pentacarbonyl</td>
<td>13460-4-7</td>
<td>100</td>
<td>b</td>
</tr>
<tr>
<td>(Iron Carbonyl (Fe(CO)5, (TB-5-11-))</td>
<td>13460-4-7</td>
<td>100</td>
<td>b</td>
</tr>
<tr>
<td>Isobenzan</td>
<td>297-78-9</td>
<td>100/10,000</td>
<td>b</td>
</tr>
<tr>
<td>Isobutane (Propane, 2-Methyl)</td>
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<td>Isobutynitrile (2-Methylpropenitrile)</td>
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<td>Isocyanic Acid, 3,4-Dichlorophenyl Ester</td>
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<td>Isodrin</td>
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<td>Isophorone Diisocyanate</td>
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<td>Leptophos</td>
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<td>* Lewisite (Chlorovinylisine Dichloride)</td>
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<td>Lindane (Hexachlorocyclohexane (Gamma Isomer))</td>
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<td>Malononitrile</td>
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<tr>
<td>Methio carbalin Mercaptodimethin</td>
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<td>Methionol</td>
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<td>Methoxybenzyperacetic Acid</td>
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<td>2-Methyl-1-Butene</td>
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<td>3-Methyl-1-Butene</td>
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<td>Methyl 2-Chloroacetate</td>
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<td>Methyl Chloride (Methane, Chloro-) 74-83-7</td>
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<td>Methyl Chlorofluoride</td>
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<td>Methyl Glycine</td>
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<td>Methyl Isothiocyanate</td>
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<td>Methylmercuriccyanidinate</td>
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<tr>
<td>2-Methylpropene (1 Propene, 2-Methyl)</td>
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<tr>
<td>Methyltrichlorosilane (Trichlorosilane)</td>
<td>75-79-6</td>
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<td>Me tolcar</td>
<td>1129-41-4</td>
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<tr>
<td>Mexarcate</td>
<td>315-18-4</td>
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<tr>
<td>Mitomycin</td>
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<td>Monocroton</td>
<td>69203-22-4</td>
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<td>Muscincol (5-Aminomethyl)-3-Izojizole</td>
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<td>* Mustard Gas (2,2-Dichloroethyl Sulphide)</td>
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<td>Nickel Carbonyl (Nickel tetracarbonyl)</td>
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<td>* Nitrobenzene</td>
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<td>* Nitrogen Mustard (Methoxylamine)</td>
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<td>Norborndine</td>
<td>991-42-4</td>
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<td>Oleum (Fuming Sulfuric Acid) (Sulfuric Acid, mixture with Sulfur Trioxide)</td>
<td>8014-95-7</td>
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<td>Organochondrop Comp lex (PMN-82-147)</td>
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<td>Osamyl</td>
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<td>Paraglacial Methane</td>
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<td>Paris Green (Capric Acetarsanil)</td>
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<td>Pentaborane</td>
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<td>1-Pentene</td>
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<td>2-Pentene, (E-)</td>
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<td>2-Pentene, (Z-)</td>
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<tr>
<td>Peracetic Acid</td>
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<td>Ethanoperoxid Acid (Peracetic Acid)</td>
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<tr>
<td>Persilhydroxymethylcaprate</td>
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<tr>
<td>(Trichloromethylsulfonyl Chloride)</td>
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### REGULATED SUBSTANCE LIST

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<th>CAS #</th>
<th>TQ</th>
<th>Listing</th>
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<tr>
<td>Trichloro(Dichlorophenyl)Silane</td>
<td>27137-85-5</td>
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<td>Trichloronate</td>
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<tr>
<td>Trichlorosilane (Silane, Trichloro-)</td>
<td>10025-78-2</td>
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<td>g</td>
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<tr>
<td>Triethoxysilane</td>
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<tr>
<td>Trifluorochloroethylene (Ethene, Chlorotrifluoro-)</td>
<td>79-38-9</td>
<td>10,000</td>
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<td>Trimethylamine (Methanamine, N,N-dimethyl-)</td>
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<td>10,000</td>
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<tr>
<td>Trimethylchlorosilane (Chlorotrimethylsilane)</td>
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<td>1,000</td>
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<td>Trimethylolpropane Phosphite</td>
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<td>Trimethyltin Chloride</td>
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<td>Triphenyltin Chloride</td>
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<td>* Tris(2-Chloroethyl)Amine</td>
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<td>Valinomycin</td>
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<td>Vanadium Pentoxide</td>
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<td>Vinyl Acetate Monomer (Vinyl Acetate) (Acetic Acid, Ethenyl Ester)</td>
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<td>Vinyl Acetylene (1-Buten-3-Yne)</td>
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<tr>
<td>Vinyl Chloride (Ethene, Chloro-)</td>
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<td>Vinyl Ethyl Ether (Ethene, Ethoxy-)</td>
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<td>Vinyl Fluoride (Ethene, Fluoro-)</td>
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<td>f</td>
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<tr>
<td>Vinyl Methyl Ether (Ethene, Methoxy-)</td>
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<td>Warfarin</td>
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<tr>
<td>Warfarin Sodium (Coumadin) (Sodium salt)</td>
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<tr>
<td>Xylylene Dichloride</td>
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<td>Zinc, Dichloro(4,4'-Dimethyl-5-((Methylamino)Carbonyl)Oxy)Imino)Pentanenitrile), (T-4)-</td>
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<td>Zinc Phosphide</td>
<td>1314-84-7</td>
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</table>

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

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

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

3 Sulfuric acid is a State Regulated Substance only under the following conditions:
   a. If concentrated with greater than 100 pounds of sulfur trioxide or the acid meets the definition of oleum. (The threshold for sulfur trioxide is 100 pounds.) (The threshold for oleum is 10,000 pounds.)
   b. In a container with flammable hydrocarbons (flash point < 73 °F).

4 Hydroquinone is exempt in crystalline form.

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

**LEGEND:** Basis for Listing:

- a. Mandated for listing by Congress.
- b. On EHS list, vapor pressure 10 mmHg or greater.
- c. Toxic gas.
- d. Toxicity of hydrogen chloride, potential to release hydrogen chloride, and history of accidents.
- e. Toxicity of sulfur trioxide and sulfuric acid, potential to release sulfur trioxide, and history of accidents.
- f. Flammable gas.
- g. Volatile flammable liquid.
III. UNDERGROUND STORAGE TANK SECTION

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

Be advised that appropriate signatures must be provided on forms.

THIS SECTION INCLUDES:

- UNDERGROUND STORAGE TANK FACILITY PAGE
- UNDERGROUND STORAGE TANK PAGE (ONE PER TANK)
  One tank per page. Make photocopies as necessary.
- UNDERGROUND STORAGE TANK INSTALLATION PAGE
- UST EMERGENCY RESPONSE AND MONITORING PLAN
  Complete Section II of the Consolidated Contingency Plan and include a one page plot plan showing:
  1. Location of underground storage tanks, buildings, and property lines.
  2. Location of monitoring points and where the monitoring system is located.
- CERTIFICATION OF FINANCIAL RESPONSIBILITY
### I. FACILITY / SITE INFORMATION

- **BUSINESS NAME**: (Same as FACILITY NAME or DBA)
- **FACILITY ID#**
- **NEAREST CROSS STREET**
- **FACILITY OWNER TYPE**
  - 1. CORPORATION
  - 2. INDIVIDUAL
  - 3. PARTNERSHIP
  - 4. LOCAL AGENCY/DISTRICT*
  - 5. COUNTY AGENCY*
  - 6. STATE AGENCY*
  - 7. FEDERAL AGENCY*
- **TOTAL NUMBER OF TANKS REMAINING AT SITE**
- **Is facility on Indian Reservation or trustlands?**
- **PROPERTY OWNER NAME**
- **PROPERTY OWNER TYPE**
  - 1. CORPORATION
  - 2. INDIVIDUAL
  - 3. PARTNERSHIP
  - 4. LOCAL AGENCY / DISTRICT
  - 5. COUNTY AGENCY
  - 6. STATE AGENCY
  - 7. FEDERAL AGENCY
- **TANK OWNER NAME**
- **TANK OWNER TYPE**
  - 1. CORPORATION
  - 2. INDIVIDUAL
  - 3. PARTNERSHIP
  - 4. LOCAL AGENCY / DISTRICT
  - 5. COUNTY AGENCY
  - 6. STATE AGENCY
  - 7. FEDERAL AGENCY

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

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

### V. PETROLEUM UST FINANCIAL RESPONSIBILITY

- **INDICATE METHOD**
  - 1. SELF-INSURED
  - 2. GUARANTEE
  - 3. INSURANCE
  - 4. SURETY BOND
  - 5. LETTER OF CREDIT
  - 6. EXEMPTION
  - 7. STATE FUND
  - 8. STATE FUND & CFO LETTER
  - 9. STATE FUND & CD
  - 10. LOCAL GOVT MECHANISM
  - 99. OTHER:

### VI. LEGAL NOTIFICATION AND MAILING ADDRESS

- **LEGAL NOTIFICATION AND MAILING ADDRESS**
- **VISITOR ADDRESS**

### VII. APPLICANT SIGNATURE

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

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

Refer to 23 CCR §2711 for state UST information and permit application requirements.
(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. FACILITY ID NUMBER</td>
<td>Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.</td>
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<tr>
<td>3. BUSINESS NAME</td>
<td>Enter the full legal name of the business.</td>
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<tr>
<td>4.00. TYPE OF ACTION</td>
<td>Check the reason the page is being completed. CHECK ONE ITEM ONLY.</td>
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<tr>
<td>401. NEAREST CROSS STREET</td>
<td>Enter the name of the cross street nearest to the tank’s site.</td>
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<td>402. FACILITY OWNER TYPE</td>
<td>Check the type of business ownership.</td>
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<tr>
<td>403. BUSINESS TYPE</td>
<td>Check the type of business.</td>
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<tr>
<td>404. TOTAL NUMBER OF TANKS REMAINING AT SITE</td>
<td>Indicate the number of tanks remaining on the site after the requested action.</td>
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<tr>
<td>405. INDIAN OR TRUST LAND</td>
<td>Check whether or not the facility is located on an Indian reservation or other trust lands.</td>
</tr>
<tr>
<td>406. PUBLIC AGENCY SUPERVISOR NAME</td>
<td>If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.</td>
</tr>
<tr>
<td>407. PROPERTY OWNER NAME</td>
<td>Complete items 407-412 for the property owner, unless all items are the same, Owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.</td>
</tr>
<tr>
<td>408. PROPERTY OWNER PHONE</td>
<td>The same as the Owner Information (items 111-116) on the Business.</td>
</tr>
<tr>
<td>409. PROPERTY OWNER MAILING OR STREET ADDRESS</td>
<td>Owner/Operator Identification page (GES Form 2730). If the same,</td>
</tr>
<tr>
<td>410. PROPERTY OWNER CITY</td>
<td>Write “SAME AS SITE” in this section.</td>
</tr>
<tr>
<td>411. PROPERTY OWNER STATE</td>
<td></td>
</tr>
<tr>
<td>412. PROPERTY OWNER ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>413. PROPERTY OWNER TYPE</td>
<td>Check the type of property ownership.</td>
</tr>
<tr>
<td>414. TANK OWNER NAME</td>
<td>Complete items 414-419 for the tank owner, unless all items are the same as the Owner Information (items 111-116) on the Business.</td>
</tr>
<tr>
<td>415. TANK OWNER PHONE</td>
<td>The same as the Owner Information (items 111-116) on the Business.</td>
</tr>
<tr>
<td>416. TANK OWNER MAILING OR STREET ADDRESS</td>
<td>Owner/Operator Identification page (GES Form 2730). If the same,</td>
</tr>
<tr>
<td>417. TANK OWNER CITY</td>
<td>Write “SAME AS SITE” in this section.</td>
</tr>
<tr>
<td>418. TANK OWNER STATE</td>
<td></td>
</tr>
<tr>
<td>419. TANK OWNER ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>420. TANK OWNER TYPE</td>
<td>Check the type of tank ownership.</td>
</tr>
<tr>
<td>421. BOE NUMBER</td>
<td>Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.</td>
</tr>
<tr>
<td>422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE</td>
<td>Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check “other” and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.</td>
</tr>
<tr>
<td>423. LEGAL NOTIFICATION AND MAILING ADDRESS</td>
<td>Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.</td>
</tr>
<tr>
<td>424. DATE CERTIFIED</td>
<td>Enter the date that the page was signed.</td>
</tr>
<tr>
<td>425. APPLICANT PHONE</td>
<td>Enter the phone number of the applicant (person certifying).</td>
</tr>
<tr>
<td>426. APPLICANT NAME</td>
<td>Enter the full printed name of the person signing the page.</td>
</tr>
<tr>
<td>427. APPLICANT TITLE</td>
<td>Enter the title of the person signing the page.</td>
</tr>
<tr>
<td>428. STATE UST FACILITY NUMBER</td>
<td>Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three digit jurisdiction number, and a six digit facility number. The facility number must be the same as shown in item 1.</td>
</tr>
<tr>
<td>429. 1998 UPGRADE CERTIFICATE NUMBER</td>
<td>Leave this blank. This number is assigned by the CUPA or PA.</td>
</tr>
</tbody>
</table>
# CUPA'S of Los Angeles County

## City of Santa Monica – Unified Program (CUPA) Agency

**200 Santa Monica Pier, Santa Monica, CA 90401**

**UNDERGROUND STORAGE TANKS – TANK PAGE 1 (Form B)**

### BUSINESS NAME
(Same as FACILITY NAME or DBA )

### FACILITY ID:

### LOCATION WITHIN SITE
(Optional)

#### I. TANK DESCRIPTION

**TANK ID #**

**TANK MANUFACTURER**

**COMPARTMENTALIZED TANK**

If "Yes", complete one page for each compartment.

**DATE INSTALLED (YEAR/MO)**

**TANK CAPACITY IN GALLONS**

**NUMBER OF COMPARTMENTS**

### ADDITIONAL DESCRIPTION
(For local use only)

#### II. TANK CONTENTS

**PETROLEUM TYPE**

- 1. MOTOR VEHICLE FUEL
  - 1a. REGULAR UNLEADED
  - 1b. PREMIUM UNLEADED
  - 1c. MIDGRADE UNLEADED
- 2. NON-FUEL PETROLEUM
  - 2a. MIDGRADE UNLEADED
  - 2b. PREMIUM UNLEADED
  - 2c. REGULAR UNLEADED
- 3. CHEMICAL PRODUCT
- 4. HAZARDOUS WASTE (Includes Used Oil)
- 95. UNKNOWN

**COMMON NAME**

(from Hazardous Materials Inventory page)

**CAS#**

(from Hazardous Materials Inventory page)

#### III. TANK CONSTRUCTION

**TYPE OF TANK**

- 1. SINGLE WALL
- 2. DOUBLE WALL
- 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER
- 4. SINGLE WALL IN VAULT
- 5. SINGLE WALL WITH INTERNAL BLADDER

**TANK MATERIAL – primary tank**

- 1. BARE STEEL
- 2. STAINLESS STEEL
- 3. FIBERGLASS / PLASTIC
- 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)
- 5. CONCRETE
- 6. AVIATION FUEL

**TANK MATERIAL – secondary tank**

- 1. BARE STEEL
- 2. STAINLESS STEEL
- 3. FIBERGLASS / PLASTIC
- 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)
- 5. CONCRETE
- 6. GRAVEL
- 7. OTHER

**TANK INTERIOR LINING**

- 1. RUBBER LINED
- 2. ALKYD LINING
- 3. EPOXY LINING
- 4. PHENOLIC LINING
- 5. GLASS LINING
- 6. UNLINED
- 95. UNKNOWN

**OR COATING**

- 2 ALKYD LINING
- 4 PHENOLIC LINING
- 6 UNLINED
- 95 OTHER

**DATE INSTALLED**

(For local use only)

#### IV. TANK LEAK DETECTION

**DATE INSTALLED**

(For local use only)

#### V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

**ESTIMATED QUANTITY OF SUBSTANCE REMAINING**

**TANK FILLED WITH INERT MATERIAL?**

- Yes
- No

---

Santa Monica CUPA: Application Package

F:\E cwd\WORK\CUPA\Forms\City_Permit_Packet\New Business 01-02 Version

Last Updated: 12/2001
Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages. Refer to 23 CCR § 2711 for State UST information and permit application requirements.

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

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

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

3. BUSINESS NAME – Enter the full legal name of the business.

430. TYPE OF ACTION – Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.

431. LOCATION WITHIN SITE – Enter the location of the tank within the site.

432. TANK ID NUMBER - Enter the owner’s tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA or PA.

433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.

434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.

435. DATE TANK INSTALLED - Enter the year and month the tank was installed.

436. TANK CAPACITY - Enter the tank capacity in gallons.

437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.

438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.

439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.

440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.

441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.

442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.

443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check “other” and enter type.

444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check “other” and enter material.

445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check “other” and enter material.

446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check “other” and enter type.

447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA’s or PA’s development of an inspection schedule.

448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check “other” and enter method.

449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.

450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.

451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.

452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.

453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check “other” and enter the type of system.

454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.

455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.

456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).

457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

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

ATTACHMENTS.
City of Santa Monica – Unified Program (CUPA) Agency
200 Santa Monica Pier, Santa Monica, CA 90401
UNDERGROUND STORAGE TANKS – TANK PAGE 2 (Form B)

VI. PIPING CONSTRUCTION (Check all that apply)

<table>
<thead>
<tr>
<th>UNDERGROUND PIPING</th>
<th>ABOVEGROUND PIPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYSTEM TYPE</td>
<td>SYSTEM TYPE</td>
</tr>
<tr>
<td>☐ 1. PRESSURE</td>
<td>☐ 1. PRESSURE</td>
</tr>
<tr>
<td>☐ 2. SUCTION</td>
<td>☐ 2. SUCTION</td>
</tr>
<tr>
<td>☐ 3. GRAVITY</td>
<td>☐ 3. GRAVITY</td>
</tr>
<tr>
<td>CONTRIBUTION:</td>
<td>CONTRIBUTION:</td>
</tr>
<tr>
<td>☐ 1. SINGLE WALL</td>
<td>☐ 1. SINGLE WALL</td>
</tr>
<tr>
<td>☐ 2. DOUBLE WALL</td>
<td>☐ 95. UNKNOWN</td>
</tr>
<tr>
<td>☐ 99. OTHER</td>
<td>☐ 99. OTHER</td>
</tr>
<tr>
<td>MANUFACTURER:</td>
<td>MANUFACTURER:</td>
</tr>
<tr>
<td>☐ 460</td>
<td>☐ 462</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATERIALS AND CORROSION PROTECTION</th>
<th>MATERIALS AND CORROSION PROTECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1. BARE STEEL</td>
<td>☐ 1. BARE STEEL</td>
</tr>
<tr>
<td>☐ 2. STAINLESS STEEL</td>
<td>☐ 2. STAINLESS STEEL</td>
</tr>
<tr>
<td>☐ 3. PLASTIC COMPATIBLE W/ CONTENTS</td>
<td>☐ 3. PLASTIC COMPATIBLE W/ CONTENTS</td>
</tr>
<tr>
<td>☐ 4. FIBERGLASS</td>
<td>☐ 4. FIBERGLASS</td>
</tr>
<tr>
<td>☐ 5. STEEL W/COATING</td>
<td>☐ 5. STEEL W/COATING</td>
</tr>
<tr>
<td>☐ 99. OTHER</td>
<td>☐ 99. OTHER</td>
</tr>
<tr>
<td>☐ 464</td>
<td>☐ 465</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>UNDERGROUND PIPING</th>
<th>ABOVEGROUND PIPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGLE WALL PIPING</td>
<td>SINGLE WALL PIPING</td>
</tr>
<tr>
<td>PRESSURIZED PIPING</td>
<td>PRESSURIZED PIPING</td>
</tr>
<tr>
<td>(Check all that apply):</td>
<td>(Check all that apply):</td>
</tr>
<tr>
<td>☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</td>
<td>☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</td>
</tr>
<tr>
<td>☐ 2. MONTHLY 0.2 GPH TEST</td>
<td>☐ 2. MONTHLY 0.2 GPH TEST</td>
</tr>
<tr>
<td>☐ 3. ANNUAL INTEGRITY TEST (0.1 GPH)</td>
<td>☐ 3. ANNUAL INTEGRITY TEST (0.1 GPH)</td>
</tr>
</tbody>
</table>

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

<table>
<thead>
<tr>
<th>UNDERGROUND PIPING</th>
<th>ABOVEGROUND PIPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</td>
<td>5. DAILY VISUAL MONITORING</td>
</tr>
</tbody>
</table>

SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):

<table>
<thead>
<tr>
<th>UNDERGROUND PIPING</th>
<th>ABOVEGROUND PIPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. SELF MONITORING</td>
<td>7. SELF MONITORING</td>
</tr>
</tbody>
</table>

GRAVITY FLOW

<table>
<thead>
<tr>
<th>UNDERGROUND PIPING</th>
<th>ABOVEGROUND PIPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. BIENNIAL INTEGRITY TEST (0.1 GPH)</td>
<td>8. DAILY VISUAL MONITORING</td>
</tr>
<tr>
<td>(SECONDARILY CONTAINED PIPING)</td>
<td>9. BIENNIAL INTEGRITY TEST (0.1 GPH)</td>
</tr>
</tbody>
</table>

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one):
   a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
   b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
   c. NO AUTO PUMP SHUT OFF

11. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF

12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

<table>
<thead>
<tr>
<th>UNDERGROUND PIPING</th>
<th>ABOVEGROUND PIPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</td>
<td>13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</td>
</tr>
<tr>
<td>EMERGENCY GENERATORS ONLY (Check all that apply)</td>
<td>EMERGENCY GENERATORS ONLY (Check all that apply)</td>
</tr>
<tr>
<td>☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS</td>
<td>☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS</td>
</tr>
<tr>
<td>☐ 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITHOUT FLOW SHUT OFF</td>
<td>☐ 15. AUTOMATIC LEAK DETECTOR (3.0 GPH)</td>
</tr>
<tr>
<td>☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)</td>
<td>☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)</td>
</tr>
<tr>
<td>☐ 17. DAILY VISUAL CHECK</td>
<td>☐ 17. DAILY VISUAL CHECK</td>
</tr>
</tbody>
</table>

VIII. DISPENSER CONTAINMENT

<table>
<thead>
<tr>
<th>UNDERGROUND PIPING</th>
<th>ABOVEGROUND PIPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPENSER CONTAINMENT DATE INSTALLED</td>
<td>DISPENSER CONTAINMENT DATE INSTALLED</td>
</tr>
<tr>
<td>☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE</td>
<td>☐ 4. DAILY VISUAL CHECK</td>
</tr>
<tr>
<td>☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS</td>
<td>☐ 5. TRENCH LINER / MONITORING</td>
</tr>
<tr>
<td>☐ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS</td>
<td>☐ 6. NONE</td>
</tr>
<tr>
<td>☐ 468</td>
<td>☐ 469</td>
</tr>
</tbody>
</table>

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

Last Updated: 12/2001
Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank’s piping system
459. PIPING SYSTEM TYPE (ABOVEGROUND) information. CHECK ALL THAT APPLY.

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank’s piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank’s piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND) tank’s piping material and corrosion protection.

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used
467. PIPING LEAK DETECTION (ABOVEGROUND) to comply with the monitoring requirements for the piping.

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/OPERATOR NAME - Print the name of signatory.

472. OWNER/OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA or PA.
# UNDERGROUND STORAGE TANKS – INSTALLATION CERTIFICATE OF COMPLIANCE (Form C)

## I. FACILITY IDENTIFICATION

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>ADDRESS</th>
<th>FACILITY ID#</th>
<th>TANK ID #</th>
</tr>
</thead>
</table>

## II. INSTALLATION

(Check all that apply)

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

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.

<table>
<thead>
<tr>
<th>SIGNATURE OF TANK OWNER/AGENT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TANK OWNER/AGENT (print)</th>
<th>TITLE OF TANK OWNER/AGENT</th>
</tr>
</thead>
</table>
Complete this certification upon installation of an UST and piping. One certification is required for each tank system. This page may be completed by either the UST owner or representative.

Refer to 23 CCR § 2635 for UST installation and testing requirements.

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

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

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

3. **BUSINESS NAME** - Enter the full legal name of the business.

476. **ADDRESS** - Enter the street address where the tank is located. This is to assist the tank inspector in locating the tank.

477. **TANK ID NUMBER** - Enter the tank ID number assigned by the owner. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA. This is the same as item 432 as found on the UST Tank Page 1.

478. **TRAINED AND CERTIFIED BY TANK AND PIPING MANUFACTURER** - Check if the tank installer provided evidence of being trained and certified by the tank and piping manufacturer.

479. **REGISTERED ENGINEER INSPECTION** - Check if the installation has been inspected and certified by a registered professional engineer, if necessary.

480. **UNIFIED PROGRAM AGENCY APPROVAL** - Check if the installation has been inspected and approved by the Unified Program agency.

481. **COMPLETION OF MANUFACTURER’S CHECKLIST** - Check if all work listed on the manufacturer’s installation checklist was completed.

482. **CONTRACTORS’ STATE LICENSE BOARD CERTIFICATION OR LICENSE** - Check if the installer has provided proof of CSLB certification or licensing.

483. **INSTALLATION DESCRIPTION** - Check if the UST system was installed according to applicable voluntary consensus standards and any manufacturer’s written installation instructions. Describe the installation in the space provided. Clarify the type and the extent of work completed at the facility, such as installation of dispenser containment, replacement of piping, or installation of turbine sumps.

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

484. **DATE CERTIFIED** - Enter the date that the page was signed.

485. **TANK OWNER/AGENT NAME** - Enter the full printed name of the person signing the page.

486. **TANK OWNER/AGENT TITLE** - Enter the title of the person signing the page.
CERTIFICATION OF FINANCIAL RESPONSIBILITY
FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the Required amounts as specified in Section 2807, Chapter 11, Div. 3, Title 23, CCR:

- [ ] 500,000 dollars per occurrence
- [ ] 1 million dollars annual aggregate
- [x] 1 million dollars annual aggregate
- [ ] 2 million dollars annual aggregate

B. Make Believe Co. hereby certifies that it is in compliance with the requirements of Section 2807.

<table>
<thead>
<tr>
<th>Mechanism Type</th>
<th>Name and Address of Issuer</th>
<th>Mechanism Number</th>
<th>Coverage Amount</th>
<th>Coverage Period</th>
<th>Corrective Action</th>
<th>Third Party Comp</th>
</tr>
</thead>
<tbody>
<tr>
<td>State UST Fund</td>
<td>State UST Cleanup Fund</td>
<td>N/A for UST Cleanup Fund</td>
<td>$955,000 per Occurrence and Annual Aggregate</td>
<td>State UST Cleanup Fund Continuous</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Chief Financial Officer Letter</td>
<td>Make Believe Co.</td>
<td>123 Tank Street Fund City, CA 90001</td>
<td>$5,000 per Occurrence and Annual Aggregate</td>
<td>Annual</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

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

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

D. Facility Name
- Make Believe Co.
- Facility Address
  - Station #1 123 Tank Street Fund City, CA 90002
  - Station #2 200 Site Avenue Fund City, CA 90002

E. Signature of Tank Owner or Operator
- Rhea Cycle 7-3-95
- Name and Title of Tank Owner or Operator
  - Rhea Cycle - Owner
- Name of Witness or Notary
  - Tom Storage 7-3-95

FILE: Original - Local Agency
Copies - Facility/Site(s)
### CERTIFICATION OF FINANCIAL RESPONSIBILITY

**FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM**

A. I am required to demonstrate Financial Responsibility in the Required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:
   - [ ] $500,000 dollars per occurrence
   - [ ] 1 million dollars per occurrence
   - [ ] 1 million dollars annual aggregate
   - [ ] 2 million dollars annual aggregate

B. ________ hereby certifies that it is in compliance with the requirements of Section 2807, Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

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

<table>
<thead>
<tr>
<th>C. Mechanism Type</th>
<th>Name and Address of Issuer</th>
<th>Mechanism Number</th>
<th>Coverage Amount</th>
<th>Coverage Period</th>
<th>Corrective Action</th>
<th>Third Party Comp</th>
</tr>
</thead>
</table>

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

D. Facility Name
   - Facility Address
   - Facility Name
   - Facility Address
   - Facility Name
   - Facility Address

E. Signature of Tank Owner or Operator
   - Date
   - Name and Title of Tank Owner or Operator

Signature of Witness or Notary
   - Date
   - Name of Witness or Notary

CFR (Revised 04/95)  
FILE: Original - Local Agency  
Copies - Facility/Site(s)
INSTRUCTIONS
CERTIFICATION OF FINANCIAL RESPONSIBILITY

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

DOCUMENT INFORMATION

A. Coverage Required
   Check the appropriate boxes.

B. Name of Tank Owner or Operator
   Full name of either the tank owner or the operator

C. Mechanism Type
   Indicate which approved mechanism(s) are being used to show financial responsibility either as contained in the federal regulations, 40 CFR Part 280 Subpart H, Sections 280.93 through 280.107, or Section 2808.1 Chapter 18, Div. 3, Title 23, CCR (see Financial Responsibility Guide for more information).

   Name of Issuer
   List all names and addresses of companies and/or individuals issuing coverage.

   Mechanism Number
   List identifying number for each mechanism used. Example: insurance policy number, Letter of Credit number, etc., etc. If using the State Cleanup Fund, leave blank.

   Coverage Amount
   Indicate amount of coverage for each listed mechanism. If more than one mechanism is indicated, total must equal 100% of financial responsibility for each site.

   Coverage Period
   Indicate the effective date(s) of all mechanisms. State Cleanup Fund coverage is continuous as long as you maintain compliance and remain eligible to participate in the Fund.

   Corrective Action
   Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? If it is a required coverage. If using the State Cleanup Fund, indicate “yes.”

   Third Party Compensation
   Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? If it is a required coverage. If using the State Cleanup Fund, indicate “yes.”

D. Facility Information
   Provide all facility and or site names and addresses.

E. Signature Block
   Provide signature and date signed by tank owner or operator; printed or typed name and title of tank owner or operator; signature of witness or notary and date signed; and printed or typed name of witness or notary. (If notary signs please attach documentation.)

Where to Mail certification:
Please send original to your local agency(ies) [agency(ies) that issues the UST permits]. Keep a copy of the certification at each listed site.

Questions:
If you have questions about financial responsibility requirements or about the Certification of Financial Responsibility form, please contact the State Water Resources Control Board, Underground Storage Tank Cleanup Fund at (916) 227-4307.

Note: Penalties for Failure to Comply with Financial Responsibility Requirements:
Failure to comply may result in: 1) jeopardizing claimant eligibility for the State Cleanup Fund, and 2) liability for civil penalties of up to $10,000 per day, per underground storage tank, for each day of violation as stated in Article 7, Section 25299.76(a) of the California Health and Safety Code.
IV. HAZARDOUS WASTE SECTION

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

Be advised that appropriate signatures must be provided on forms.

THIS SECTION INCLUDES:

- **HAZARDOUS WASTE GENERATOR FORM (LA County)**
- **RECYCLABLE MATERIALS REPORT**
  This report is submitted every two years to the CUPA or PA by businesses which have recyclable materials excluded from classification as hazardous waste or conduct recycling activities exempted from the State Hazardous Waste Control Law.
- **ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATIONS**
  - Facility Information (one per facility);
  - Unit Information (one per unit);
  - CESQT (Conditionally Exempt Small Quantity Treater) Attachment;
  - CESW (Conditionally Exempt Specified Waste Stream) Attachment;
  - CEL (Conditionally Exempt Limited) Attachment;
  - CA (Conditional Authorization) Attachment;
  - PBR (Permit By Rule) Attachment;
  - Certification Of Financial Assurance.

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

- **REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION**

- **HAZARDOUS WASTE TANK CLOSURE CERTIFICATION**
  To be completed by businesses which generator wastes classified as hazardous under Federal Law (RCRA or the Resource Conservation Recovery Act) and/or State Law (Chapter 6.5 of the Health and Safety Code).
City of Santa Monica -- UNIFIED PROGRAM (UP) FORM  
200 Santa Monica Pier, Santa Monica, CA 90401  
HAZARDOUS WASTE GENERATOR

| BUSINESS NAME: |  
| FACILITY ID # | 1 |
| NUMBER OF EMPLOYEES: | 133b |
| EPA ID # | 2 |

**I. TYPE OF GENERATOR**

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

<table>
<thead>
<tr>
<th></th>
<th>RCRA GENERATOR (FEDERAL WASTE)</th>
<th>NON RCRA GENERATOR (CALIFORNIA WASTE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LARGE QUANTITY GENERATOR (&gt;1000 KG HAZARDOUS WASTE PER MONTH)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>SMALL QUANTITY GENERATOR (&gt;100 KG BUT &lt;1000 KG HAZARDOUS WASTE PER MONTH)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (&lt; 100 KG HAZARDOUS WASTE PER MONTH)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**II. WASTE STREAM IDENTIFICATION**

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

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>WASTE DESCRIPTION</th>
<th>WASTE ID</th>
<th>AMOUNT PER YEAR</th>
<th>STORAGE METHOD</th>
<th>DISPOSAL METHOD</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

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

OWNER/OPERATOR NAME | H
OWNER/OPERATOR TITLE | I

OWNER/OPERATOR SIGNATURE | X
DATE | J

OFFICIAL USE ONLY
CUPA | PA
DATE RECEIVED
REVIEWED BY
DISTRICT INSPECTOR
The waste generator page is used to identify your generator status and all waste streams generated at your facility.

1. **FACILITY ID NUMBER** Leave this blank. The Certified Unified Program Agency (CUPA) assigns this number that identifies your facility.

2. **EPA ID #** If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters “CA”. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.

3. **BUSINESS NAME** Enter the full legal name of the business.

133b. **NUMBER OF EMPLOYEES** Enter the total number of employees currently working at your facility.

A. **TYPE OF GENERATOR** Check the box that most closely applies to your facility. Check no more than one box per column.

   - **RCRA GENERATOR** Check the box that best describes the amount of Federal listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn’t generate hazardous waste regulated under Subtitle C of RCRA (the Resource Conservation and Recovery Act of 1976).

   - **NON - RCRA GENERATOR** Check the box that best describes the amount of California-only listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn’t generate non-RCRA hazardous waste.

Boxes include:

- Large Quantity Generator (greater than 1000 kg per Hazardous Waste per month)
- Small Quantity Generator (less than 1000 kg per month but greater than 100 kg Hazardous Waste per month)
- Conditionally Exempt Small Quantity Generator (less than 100 kg Hazardous Waste per month)

   **Note:**
   1. 1 kg = 2.2 lbs.
   2. For Acutely Hazardous Waste or Extremely Hazardous Waste, facilities that generate greater than 1 kg per month are considered Large Quantity Generators and facilities that generate less are considered Conditionally Exempt Small Quantity Generators.

B. **PROCESS** Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.

C. **WASTE DESCRIPTION** Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.

D. **WASTE ID** List the Waste ID #’s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR § 66261.126.

E. **AMOUNT PER YEAR** List the amount of hazardous waste generated from each separate process in kilograms, pounds, gallons, or tons per year.

F. **STORAGE METHOD** Enter the letter that corresponds to the type of storage used at your facility for each of the hazardous waste streams listed.
   - A = Drums
   - B = Underground Tank
   - C = Aboveground Tank
   - D = Waste Pile
   - E = In Process Equipment

G. **DISPOSAL METHOD** Enter the letter in the space provided to describe the disposal method used at your facility for each of the hazardous waste streams listed.
   - A = Treatment Onsite
   - B = Treatment Offsite
   - C = Recycle Onsite
   - D = Recycle Offsite

H. **OWNER/OPERATOR NAME** Indicate the name of the person who signed the form.

I. **OWNER/OPERATOR TITLE** Indicate the title of the person who signed the form.

J. **DATE** Indicate the date the form was signed.
City of Santa Monica -- UNIFIED PROGRAM (UP) FORM  
200 Santa Monica Pier, Santa Monica, CA  90401  
RECYCLABLE MATERIALS REPORT – PAGE 1  
(COMplete only If Claiming a recycling exclusion or exemption per HSC Section 25143.2)  

| BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) |
| DATES OF REPORTING PERIOD |

| I. TYPE OF RECYCLING ACTIVITIES |
| If yes, please follow instructions. |

1. Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)? |

   □ YES □ NO  

   4 If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V.  

2. Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)? |

   □ YES □ NO  

   4 If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials.  

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

| II. OFFSITE GENERATOR OF RECYCLABLE MATERIAL |
| Only complete when the generator is different from the recycler. |

| 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 |
| NAME OF SIGNER (print) |
| NAME OF DOCUMENT PREPARER |
| TITLE OF SIGNER |

| OFFICIAL USE ONLY |
| DATE RECEIVED |
| REVIEWED BY |

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

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

Refer to HSC § 25143.10 for reporting requirements for recyclers.

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

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

1. **FACILITY ID NUMBER** - Leave this blank. This number is assigned by the CUPA. This is the unique number that identifies your facility.
2. **EPA ID NUMBER** - Enter the facility’s 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters “CA”. If you do not have a number contact the DTSC Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business.

500. **BEGINNING DATE OF REPORTING PERIOD** - Enter the beginning date of the reporting period for this report. This report is for two calendar years and is due on July 1 of every even-numbered year.

501. **ENDING DATE OF REPORTING PERIOD** - Enter the ending date of the reporting period for this report.

502. **ONSITE RECYCLING** - Check “Yes” if the recycling facility recycles more than 100 kilograms per month of recyclable material generated onsite under a claim that the material qualifies for an exclusion or exemption pursuant to HSC § 25143.2. Check “No” if the recycling facility does not recycle onsite.

503. **OFFSITE RECYCLING** - Check “Yes” if the recycling facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion, or exemption pursuant to HSC § 25143.2, and that material was received from one or more offsite locations. Check “No” if the recycling facility does not recycle material generated offsite.

504. **OFFSITE GENERATOR NAME** - If the generator is different from the recycler, enter the name of the person that generated the recyclable material. Complete a separate report for each generator.

505. **OFFSITE GENERATOR EPA ID NUMBER** - Enter the generator’s 12-character U.S. Environmental Protection Agency (EPA) identification number. If the generator needs but does not yet have an identification number, the owner or operator can contact the Telephone Information Center at (916) 324-1781.

506. **OFFSITE GENERATOR STREET ADDRESS** - Complete items 506 – 510 for each generator of recyclable material.

507. **OFFSITE GENERATOR PHONE NUMBER**

508. **OFFSITE GENERATOR CITY**

509. **OFFSITE GENERATOR STATE**

510. **OFFSITE GENERATOR ZIP CODE**

511. **OFFSITE GENERATOR MAILING ADDRESS** - Complete items 511 – 514 if the mailing address for the offsite generator is different from the street address.

512. **CITY FOR MAILING ADDRESS**

513. **STATE FOR MAILING ADDRESS**

514. **ZIP CODE FOR MAILING ADDRESS**

**SIGNATURE OF CERTIFIER** - The business owner/operator of the recycling facility shall sign in the space provided. This signature certifies that the signer believes that the information submitted is true, accurate, and complete.

515. **DATE CERTIFIED** - Enter the date that the certification was signed.

516. **NAME OF DOCUMENT PREPARER** - Enter the name of the person who prepared the report.

517. **CERTIFIER NAME** - Enter the full printed name of the certifier.

518. **CERTIFIER TITLE** - Enter the title of the person signing the report.
### IV. RECYCLABLE MATERIAL INFORMATION
#### A. DESCRIPTION

<table>
<thead>
<tr>
<th>RECYCLABLE MATERIAL NUMBER</th>
<th>COMMON NAME OF RECYCLABLE MATERIAL</th>
<th>QUANTITY DURING TWO YEAR REPORTING PERIOD</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gallons</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b.</td>
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<td></td>
<td></td>
<td></td>
<td>Pounds</td>
</tr>
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<td>c.</td>
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<td>Tons</td>
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<td></td>
<td></td>
<td></td>
<td>d.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kilograms</td>
</tr>
</tbody>
</table>

RECYCLABLE MATERIAL DESCRIPTION

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL

AUTHORIZING PROVISION OF HSC SECTION 25143.2

B. PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY

<table>
<thead>
<tr>
<th>HAZARDOUS CONSTITUENT</th>
<th>HAZARDOUS CONSTITUENT</th>
<th>LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Recyclable Material</td>
<td>In Final Product</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| UNITS                  |                       |                                                                                                   |
| a percent              |                       |                                                                                                   |
| ppm                    |                       |                                                                                                   |

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

V. DOCUMENTATION OF KNOWN MARKET (Offsite recyclers only)

□ DOCUMENTATION IS ATTACHED: Offsite recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable materials and provide copy of this report to the generator when the report is submitted to the CUPA or PA. (HSC Section 25143.10(a)(3)(A))
Complete a separate Page 2 of the Report for each recyclable material.

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

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

519. TOTAL NUMBER OF RECYCLABLE MATERIALS - Enter the total number of recyclable materials which will be described in this report. Complete a separate Report Page 2 for each recyclable material and verify that the number of pages is the same as the total number listed here.

520. RECYCLABLE MATERIAL NUMBER - Enter the unique identification number of the recyclable material that is described on this page. The recyclable materials can be numbered sequentially, or by any other system as long as the numbers are not repeated or duplicated.

521. COMMON NAME (RECYCLABLE MATERIAL) - Enter the common name of the material recycled. This is the same as item 207, the Common Name on the Hazardous Materials Inventory - Chemical Description page.

522. QUANTITY DURING TWO YEAR REPORTING PERIOD - Enter the total quantity of this recyclable material recycled during the two-year reporting period. Round to nearest decimal. In this case, 1.4 tons = 1 ton reported.

523. UNITS - Enter the unit of measure for the quantity reported in item 522.

524. RECYCLABLE MATERIAL DESCRIPTION - Describe the recyclable material that was used in the recycling process, if not described in item 521, COMMON NAME.

525. RECYCLABLE MATERIAL PROCESS DESCRIPTION - Describe the recycling process and, if the recyclable material was used to provide a product, or was used as a substitute for a product, describe the beneficial use of the recyclable material.

526. AUTHORIZING PROVISION OF HSC SECTION 25143.2 - Enter the subdivision(s), and subparagraph(s) (if applicable) of HSC § 25143.2 that served as the basis for the claim to exemption or exclusion. For example: HSC § 25143.2(d)(2)(C).

527. BASIS FOR CLAIM TO EXCLUSION OR EXEMPTION - Explain the basis for the claim to an exclusion or exemption.

528. HAZARDOUS CONSTITUENT 1-4 - Describe up to four hazardous constituents of the recyclable material (use common name, if appropriate). If more than four constituents of the recyclable material are recycled, attach additional sheets using the same format as on the UPCF. (Report for constituents 2 through 4 in 534, 540, and 546.)

529. CONCENTRATION RECYCLABLE MATERIAL 1-4 - Enter the concentrations of up to four hazardous constituents of the recyclable material as a decimal number. (Report for constituents 2 through 4 in 535, 541, and 547.)

530. UNITS RECYCLABLE MATERIAL 1-4 - Enter the unit of measure of the concentration that is most appropriate, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 536, 542, and 548.)

531. CONCENTRATION FINAL PRODUCT 1-4 - Enter the concentrations in the final product of up to four hazardous constituents of the recyclable material as a decimal number. (Report for constituents 2 through 4 in 537, 543, and 549.)

532. UNITS FINAL PRODUCT 1-4 - Enter the unit of measure of the concentration in the final product, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 538, 544, and 550.)

533. FINAL PRODUCT/USES FOR CONSTITUENT 1-4 - Describe the final product(s) that resulted from the recycling process and how each product was beneficially used. (Report for constituents 2 through 4 in 539, 545, and 551.)

552. DOCUMENTATION - For offsite recyclers, check the box to indicate that documentation of known market is provided. Documentation is required pursuant to HSC § 25143.10(a)(3)(A) to show that there was a known market for disposition of the recyclable material and any products manufactured from it.
# City of Santa Monica -- UNIFIED PROGRAM (UP) FORM

## ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

### I. STATUS

<table>
<thead>
<tr>
<th>Notification Status</th>
<th>Permit Status (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Amended</td>
<td>a Facility Permit</td>
</tr>
<tr>
<td>b Initial</td>
<td>b Interim Status</td>
</tr>
<tr>
<td>c Renewal (PBR Only)</td>
<td>c Standardized Permit</td>
</tr>
<tr>
<td>d Variance</td>
<td>e Consent Agreement</td>
</tr>
</tbody>
</table>

### II. NUMBER OF UNITS AT FACILITY

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

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

### III. CERTIFICATION AND SIGNATURE

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

- Tiered Permitting Certification: I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

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

### IV. ATTACHMENTS (Check if attached)

- ALL tiers except CE-CL (Laundries) must submit:
  - 1 One unit specific notification page and one treatment process page per unit
  - 2 Plot Plan (or other grid/map)

- PBR ONLY
  - 1 Tank and container certifications, if required
  - 2 Notification of local agency or agencies
  - 3 Notification of property owner, if different from business owner

- PBR & CA ONLY:
  - 1 Closure Financial Assurance (formerly DTSC form 1232)
    - Self Certified (< $10,000)
    - Other mechanism
  - 2 Prior Enforcement History, if applicable

---

Santa Monica CUPA: Application Package 60  
F:\EPDWORK\CUPA\Forms\City_Permit_Packet\New Business 01-02 Version  
Last Updated: 12/2001
There are several treatment activities that, although they would be otherwise regulated, are exempt under the law provided certain conditions are met. Exempt treatment activities are described in Appendix A of these instructions (see below) and if your treatment activities are exempt then no notification is required for these activities. If your treatment activities do not qualify for an exemption complete this page if your facility is a hazardous waste generator performing treatment of hazardous wastes at the site where the waste is generated, and the facility is eligible under the Conditional Exemption (CE), or Conditional Authorization (CA) tiers, or operates a Fixed Treatment Unit (FTU) under the Permit by Rule (PBR) tier. To determine which tier or tiers apply to your operations, refer to the DTSC Onsite Tiered Permitting Flow Chart, which graphically displays the eligible waste streams and treatment processes by tier. Submit one facility page (Onsite Hazardous Waste Treatment Notification - Facility) per facility, regardless of the number of treatment units located at the site. Attach a unit specific page (Onsite Hazardous Waste Treatment Notification - Unit) and a Waste and Treatment Process Combinations page for each treatment unit at this location. For notification requirements for PBR FTUs refer to 22 CCR § 67450.2, for CA refer to HSC § 25200.3(e) and (k), and for CE refer to HSC § 25201.5(d) and (i).

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

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

2. **BUSINESS NAME**: Enter the full legal name of the business.

3. **NOTIFICATION STATUS**: Check whether this notification is your initial notification under the Tiered Permitting system, an amended notification, or a renewal (for PBR only).

4. **NUMBER OF UNITS**: For each of the permitting tiers or categories listed, enter the number of units you operate at this facility location. Complete a unit specific notification page and a waste and treatment process page for each unit you list here, except for CE-CL units. Verify that the total number of units (item 602g) is equal to the number of unit specific notification and waste and treatment process pages included in the submittal plus the number of CE-CL units (item 602f).

5. **SIGNATURE OF OWNER/OPERATOR**: The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. Original signatures are required.

6. **DATE CERTIFIED**: Enter the date that the page was signed.

7. **OWNER/OPERATOR NAME**: Enter the full printed name of the person signing the page.

8. **OWNER/OPERATOR TITLE**: Enter the title of the person signing the page.

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

ATTACHMENTS

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

**ALL FACILITIES**

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

**PBR & CA ONLY**

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

**ADDITIONAL SUBMISSION TO DTSC:**

A PHASE I ENVIRONMENTAL ASSESSMENT IS REQUIRED FROM ALL PBR AND CA FACILITIES AND MUST BE SUBMITTED TO DTSC, NOT TO YOUR CUPA. This assessment was due on January 1, 1997 or within one year from initial notification for newer facilities. Revisions are required if new releases are discovered. The assessment checklist and instructions are available from DTSC. Call (916) 324-2423 or write to DTSC-Unified Program Section, P.O. Box 806, Sacramento, CA 95812-0806. Completed Phase I Assessments should be submitted to the same address.

**PBR ONLY**

1. Tank and/or containment system certifications are required to be submitted for only PBR units by 22 CCR § 67450.2(b)(3)(G), when applicable. The specific standards are in 22 CCR § 66264.175(c) for containers and 22 CCR § 66265.191(a) and 66265.192(a) for tanks.
2. Notification of local agencies. Attach documentation of the other local agencies notified of your operation, i.e. sewer agency.
3. Notification of property owner. If the property owner is different than the operator, provide documentation that the facility operator has notified the property owner of the operation of this hazardous waste treatment unit under PBR.
There are several treatment activities which, although they would be otherwise regulated, are exempt under the law provided certain conditions are met. No notification is required if these are the only treatment activities performed at the facility. These activities are:

1. **Biotechnology Elementary Neutralization Activities** - Refer to HSC section 25201.15
   Biotechnology elementary neutralization activities are the elementary neutralization of wastes generated by biotechnology manufacturing or biotechnology process development activities. This includes activities conducted in SIC Code Subgroups 283, 2833, 2834, 2835, 2836, 8731, 8732, and 8733, including manufacturing and process development of medicinal chemicals and botanical products, pharmaceutical preparations, in vitro and in vivo diagnostic substances, and biological products, and all associated equipment and vessel cleaning and maintenance operations. These activities are exempt if ALL of the following conditions are met:
   
   a) The hazardous wastes in the elementary neutralization unit do not contain more than 10 percent by weight acid or alkaline constituents.
   
   b) The generator determines the neutralization process will not raise the temperature of the hazardous wastes to within 10 degrees of the boiling point or cause the release of hazardous gaseous emissions.
   
   • A permit is not required to conduct elementary neutralization under federal law.
   
   • The hazardous wastes are hazardous solely due to acidic or alkaline materials.
   
   • Either of the following applies with regard to the biotechnology elementary neutralization activity:

2. **Neutralization of Acid/Alkaline Wastes from Regeneration of Ion Exchange Media** - Refer to HSC section 25201.13(a)
   NO authorization is needed to neutralize acid/alkaline wastes from regeneration of the ion exchange media used to demineralize water, if the waste contains less than or equal to 10 percent acid or base by weight.

3. **Neutralization of Acid/Alkaline Wastes from the Food Processing Industry** - Refer to HSC section 25201.13(c)
   NO authorization is needed to neutralize acid/alkaline wastes from the food processing industry.

4. **Silver Recovery** - Refer to HSC section 25143.13, amended by Senate Bill (SB) 2111, (Chapter 309, Statutes of 1998)
   NO authorization is needed for the recovery of silver (provided that the solutions and wastewaters are “silver-only” hazardous wastes, and are not hazardous for any other reason or constituent) from photofinishing/photoimaging solutions and photoimaging solution wastewaters. These wastes are regulated only to the extent they are regulated under the federal Resource Conservation and Recovery Act.

5. **Sieving or Filtering Under Limited Conditions** - Refer to HSC section 25123.5(b)(2)(A), amended by Assembly Bill (AB) 966, (Chapter 506, Statutes of 1998) NO authorization is needed for sieving or filtering liquid hazardous waste to remove solid fractions, WITHOUT added heat, chemicals, or pressure, as the waste is added to or removed from a storage or accumulation tank or container, if the activity is conducted onsite. For this exemption, sieving or filtering does not include adsorption, reverse osmosis, or ultrafiltration.

6. **Phase Separation Under Limited Conditions** - Refer to HSC section 25123.5(b)(2)(B), amended by AB 966, (Chapter 506, Statutes of 1998) NO authorization is needed for phase separation of hazardous waste during storage or accumulation in tanks or containers, if the separation is unaided by the addition of heat or chemicals, and the activity is conducted onsite.

7. **Combination of Wastestreams Under Limited Conditions** - Refer to HSC section 25123.5(b)(2)(C), amended by AB 966, (Chapter 506, Statutes of 1998) NO authorization is needed for combining two or more waste streams that are not incompatible into a single tank or container if the activity is conducted onsite and BOTH of the following conditions apply:

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

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

8. **Evaporation of Water Under Limited Conditions** - Refer to HSC section 25123.5(b)(2)(D), amended by AB 966, (Chapter 506, Statutes of 1998) NO authorization is needed for evaporation of water from hazardous wastes in tanks or containers, such as breathing and evaporation through vents and floating roofs, WITHOUT the addition of pressure, chemicals, or heat other than sunlight or ambient room lighting or heating, if the activity is conducted onsite.
City of Santa Monica -- UNIFIED PROGRAM (UP) FORM
200 Santa Monica Pier, Santa Monica, CA 90401
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE

### I. TREATMENT UNIT

<table>
<thead>
<tr>
<th>UNIT ID#</th>
<th>UNIT TYPE/TIER</th>
<th>NUMBER OF TANKS</th>
<th>NUMBER OF CONTAINERS /TREATMENT AREAS</th>
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<tbody>
<tr>
<td>606</td>
<td>a CESQT</td>
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<tr>
<td></td>
<td>b CESW</td>
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<td>c CA</td>
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<td>d PBR</td>
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<td></td>
<td>e CEL</td>
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<table>
<thead>
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<th>UNIT NAME</th>
<th>MONTHLY TREATMENT VOLUME</th>
<th>UNIT OF MEASURE</th>
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<tbody>
<tr>
<td>610</td>
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<td>a Pounds</td>
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<tr>
<td></td>
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<td>b Gallons</td>
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<table>
<thead>
<tr>
<th>TREATMENT PROCESS DESCRIPTION (narrative)</th>
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</tbody>
</table>

(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)

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

### III. RESIDUALS MANAGEMENT DESCRIPTION (Check all that apply)

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

<table>
<thead>
<tr>
<th>SECONDARY CONTAINMENT INSTALLATION DATE (If required)</th>
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</table>

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

CUPA

PA

DISTRICT

INSPECTOR

Official Use Only

Last Updated: 12/2001
Complete a unit specific page (Onsite Hazardous Waste Treatment Notification - Unit) and a Waste and Treatment Process Combinations page for each treatment unit operating at this facility. Commercial Laundries are not required to complete unit specific pages, provided that laundering is the only hazardous waste treatment activity conducted by the facility.

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

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

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

3. **BUSINESS NAME** - Enter the full legal name of the business.

606 **UNIT ID NUMBER** - Enter a unique number for each unit. The units can be numbered sequentially, or by any other system as long as the numbers are not repeated or duplicated. All unit numbers must be clearly labeled on the plot plan/map.

607 **UNIT TYPE / TIER** - Check the unit type under the Tiered Permitting program.

608 **NUMBER OF TANKS** - Enter the number of tanks used in the unit. Tank means a stationary device, designed to contain an accumulation of hazardous waste, which is constructed primarily of non-earthen materials (e.g., wood, concrete, steel, plastic) which provide structural support (22 CCR § 66260.10).

609 **NUMBER OF CONTAINERS/ TREATMENT AREAS** - Enter the number of containers/ container treatment used in the unit. Container means any device that is open or closed, and portable in which a material can be stored, handled, treated, transported, recycled, or disposed of (22 CCR § 66260.10). Container treatment area is the location set aside and used to treat containers.

610 **UNIT NAME** - Enter the name of the treatment unit. A treatment unit is defined as a tank, a container, or a combination of tanks or tank systems and/or containers located together that are used in sequence to treat or accumulate one or more compatible hazardous waste streams. The devices are either plumbed together or otherwise linked so as to form one system.

611 **MONTHLY TREATMENT VOLUME** - Enter the estimated monthly total volume of hazardous waste treated in each unit. If the volume fluctuates significantly by month, enter the maximum or highest volume treated in any month.

612 **UNIT OF MEASURE** - Check whether the treatment volume unit of measure is pounds or gallons.

613 **SPECIFIC WASTE TYPE TREATED** - Describe the specific waste type(s) treated. For example, if waste qualifies as an aqueous waste with metal or organics, indicate the specific metals or organics.

614 **TREATMENT PROCESS DESCRIPTION** - Describe the treatment process(es) used. Indicate if the activities are seasonal or periodic.

615 **BASIS FOR NOT NEEDING FEDERAL PERMIT** - Check the reason(s) that best describe why your onsite treatment unit does not need a federal hazardous waste permit. You must indicate at least one reason to prove your eligibility for the onsite treatment tiers. If you are unsure how these exemptions apply to your operation, contact your CUPA, the DTSC Regional Office closest to you, the U.S. EPA's Region IX RCRA Information Line at (415) 744-2074, or the U.S. EPA RCRA Hotline at (800) 424-9346. The eight most common reasons for not needing a federal permit are listed on the page. There is also a space to specify another reason and a citation. The following terms used on the page are defined in 40 CFR 260.10:

- **wastewater treatment unit** means a device which (1) is part of a wastewater treatment facility regulated under section 402 or 307(b) of the Clean Water Act, and (2) receives and treats or stores an influent wastewater that is a hazardous waste or that generates and accumulates a wastewater treatment sludge that is a hazardous waste or that treats or stores a wastewater treatment sludge which is a hazardous waste, and (3) meets the definition of tank or tank system.

- **elementary neutralization unit** means a device which (1) is used for neutralizing wastes that are hazardous only because they exhibit the corrosivity characteristic or they are listed only for this reason, and (2) meets the definition of tank, tank system, container, transport vehicle, or vessel.

- **totally enclosed treatment facility** means a facility for the treatment of hazardous waste which is directly connected to an industrial production process and which is constructed and operated in a manner which prevents the release of any hazardous waste or any constituent thereof into the environment during treatment.

- **NPDES permit** A permit issued by a regional water board allowing discharge of waste to the environment under the National Pollutant Discharge Elimination System (NPDES).

616 **RESIDUALS MANAGEMENT DESCRIPTION** - Check the management of residuals. If appropriate, describe “other” method of handling the residuals.

617 **SECONDARY CONTAINMENT INSTALLATION DATE** - Enter the date the secondary containment was installed.
## WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit - check all that apply)

<table>
<thead>
<tr>
<th>UNIT ID</th>
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<td>668</td>
<td>1</td>
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</table>

**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 processes:
   - 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:
   - pH adjustment or neutralization.
   - Precipitation or crystallization.
   - Phase separation by filtration, centrifugation or gravity settling.
   - Ion exchange.
   - Reverse osmosis.
   - Metallic replacement.

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 6240 may be treated by the following technologies:
   - Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
   - Adsorption.
   - Distillation.
   - Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
   - Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
   - Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain are 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:
   - Chemical stabilization using silicates and/or cementitious types of reactions.
   - Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing or compacting.
   - Drying to remove water.
   - 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:
   - Chemical stabilization using silicates and/or cementitious types of reactions.
   - Drying to remove water.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.22 may be treated by the following technologies:
   - Chemical stabilization using silicates and/or cementitious types of reactions.
   - Phase separation by filtration, centrifugation or gravity settling.
   - 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:
   - Chemical stabilization using silicates and/or cementitious types of reactions.
   - Drying to remove water.
   - Phase separation by filtration, centrifugation or gravity settling.
   - Separation based on differences in physical properties such as size, magnetism or density.

8. Inorganic acid or alkaline wastes may be treated by the following technology:
   - 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:
   - Chemical stabilization using silicates and/or cementitious types of reactions.
   - 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:
    - Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
    - Distillation.
    - Neutralization.
    - Separation based on differences in physical properties such as size, magnetism or density.
    - Reverse osmosis.
    - 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:
    - Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
    - 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:
    - 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
The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

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

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

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

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

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

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

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

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

**CERTIFIED TECHNOLOGIES**

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

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

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.
<table>
<thead>
<tr>
<th>UNIT ID#</th>
<th>606</th>
<th>Facility ID#</th>
<th>1</th>
<th>Page</th>
<th>of</th>
</tr>
</thead>
</table>

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.


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

8. Gravity separation of the following, including the use of flocculants and demulsifiers if:
   a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
   b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel). (Note: some used oil/water separation is eligible for CEL.)

9. Neutralizing acidic or alkaline (basic) material by a state certified laboratory, a laboratory operated by an educational institution, or a laboratory which treats less than one gallon of onsite generated hazardous waste in any single batch. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

10. Hazardous waste treatment is carried out in quality control or quality assurance laboratory at a facility that is not an offsite hazardous waste facility.

11. A wastestream and treatment technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESW.

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

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

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

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

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

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

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

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

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

**CERTIFIED TECHNOLOGIES**

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

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

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.
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).
The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

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

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

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

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

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

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

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

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

CERTIFIED TECHNOLOGIES

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

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

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.
WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit - check all that apply)

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 supercritical fluid extraction.
   b. Adsorption

3. Sludges resulting from wastewater treatment, dusts, solid waste stream, 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 (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, grinding, shredding, crushing, or compacting.
   b. Drying to remove water.
   c. Separation based on differences in physical properties, such as size, magnetism, or density.

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

5. Special wastes listed in Title 22, CCR, Section 66261.120 that meet the criteria in Title 22, CCR, Section 66261.122 which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (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 (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 supercritical fluid extraction, including the use of demulsifiers and flocculants. Heat can be used, but must not exceed 160 degrees Fahrenheit.
   b. Separation based on differences in physical properties, such as size, magnetism, or density.
   c. Reverse osmosis

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

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

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

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

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

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

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

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

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT  
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW  
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA  
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR  
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

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

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

CERTIFIED TECHNOLOGIES

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

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

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.
1. Aqueous waste containing hexavalent chromium may be treated by the following process:
   a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:
   a. pH adjustment or neutralization
   b. Precipitation or crystallization
   c. Phase separation by filtration, centrifugation, or gravity settling
   d. Ion exchange
   e. Reverse osmosis
   f. Metallic replacement
   g. Plating the metal onto an electrode.
   h. Electrodialysis.
   i. Electrowinning or electrolytic recovery.
   j. Chemical stabilization using silicates and/or cementitious types of reactions.
   k. Evaporation.
   l. Adsorption.

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

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

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.

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. 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.

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 25201.15 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

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

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

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

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

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

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

CERTIFIED TECHNOLOGIES

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

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

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.
City of Santa Monica -- UNIFIED PROGRAM (UP) FORM
200 Santa Monica Pier, Santa Monica, CA 90401
CERTIFICATION OF FINANCIAL ASSURANCE
FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

☐ a. Initial Certification ☐ b. Amended Certification ☐ c. Annual Certification Page of

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)

FACILITY ID# 1
FACILITY EPA ID# 2

TYPE OF OPERATION ☐ a. PBR-FTU ☐ b. CA ☐ c. Other ___

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 $ ___

III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS
1. I am not required to provide a mechanism because:
   ☐ a. I certify that my closure cost estimate is less than or equal to $10,000, or
   ☐ b. Specify other reasons ___

2. As a PBR owner or operator, I have not operated more than thirty days in a calendar year. (Does not apply to Conditional Authorization)

IV. CLOSURE FINANCIAL ASSURANCE MECHANISM
☐ I am required to provide a mechanism and it is attached to this page. MECHANISM ID NUMBER(S): ___

EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM ___

MECHANISM TYPE ☐ a. Closure Trust Fund ☐ d. Closure Insurance ☐ g. Multiple Financial Mechanisms
(Check one item only) ☐ b. Surety Bond ☐ e. Financial test and Corporate Guarantee ☐ h. Certificate of Deposit
☐ c. Closure Letter of Credit ☐ f. Alternative Mechanism ☐ i. Saving Account

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION

ADDRESS

CITY 712 STATE 713 ZIP CODE 714

V. OWNER OR OPERATOR CERTIFICATION
SIGNER OF THIS CERTIFICATION ☐ a. Owner ☐ b. Operator

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 716

NAME OF OWNER/OPERATOR (Print) 717

DATE

TITLE OF OWNER/OPERATOR 718

OFFICIAL USE ONLY

CUPA  PA

DATE RECEIVED

REVIEWED BY

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

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

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

Refer to 22 CCR §67450.13 for financial assurance requirements. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

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

**700. CERTIFICATION STATUS** Check the reason the certification is being completed.

**701. TYPE OF OPERATION** Check the type of operation. If type of operation is not listed, check “other” and indicate type in the space provided.

**702. ESTIMATED CLOSURE COSTS** Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs.

The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. Following is a model closure cost estimate:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Removal, treatment (on-site or off-site), or disposal of waste inventories</td>
<td>______</td>
</tr>
<tr>
<td>2. Removal and disposal of soil</td>
<td>______</td>
</tr>
<tr>
<td>3. Decontamination of equipment and structure</td>
<td>______</td>
</tr>
<tr>
<td>4. Demolition and removal of containment system components or structure</td>
<td>______</td>
</tr>
<tr>
<td>5. Transportation</td>
<td>______</td>
</tr>
<tr>
<td>6. Sampling and analysis of waste, soil, equipment, and structure</td>
<td>______</td>
</tr>
<tr>
<td>7. Certification or other demonstration of closure (“clean” closure or specified level of decontamination)</td>
<td>______</td>
</tr>
<tr>
<td>8. Other expenses (specify)</td>
<td>______</td>
</tr>
<tr>
<td>9. Less Assets (salvage value of waste, equipment or property)</td>
<td>______</td>
</tr>
</tbody>
</table>

**TOTAL COST OF CLOSURE** ______

**NOTE:** For PBR only, if you have operated under PBR for less than 30 days in any calendar year, you qualify for an exemption. If eligible for the exemption, enter “EXEMPT” in this space.

**703. EXEMPTION FROM FINANCIAL ASSURANCE** Check to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to $10,000. A model letter using the required certifications must be submitted to claim this exemption.

**704. EXEMPTION FROM FINANCIAL ASSURANCE - OTHER** Check to claim “other” reason for exemption from financial assurance requirements.

**705. EXEMPTION FROM FINANCIAL ASSURANCE - <30 DAYS PER YEAR** Check to claim the exemption from financial assurance requirements for owner or operator under PBR only and operating no more than thirty days in any calendar year.

**706. REQUIREMENT FOR FINANCIAL ASSURANCE** Check to indicate whether the financial assurance mechanism is attached.

**707. DATE OF CLOSURE ASSURANCE MECHANISM** Enter the effective date of the closure financial assurance mechanism.

**708. MECHANISM NUMBER** If applicable, enter the number of the closure assurance mechanism, for example, the insurance policy number.

**709. CLOSURE ASSURANCE MECHANISM** Check to indicate the type of financial mechanism established to provide the closure cost assurance. Eligible types are contained in 22 CCR §67450.13(a)(5). They are:

1. A closure trust fund, as provided in 22 CCR §66265.143(a); DTSC Form 1154
2. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR §66265.143(b); either DTSC Form 1155 or 1156 with DTSC Form 1154
3. A closure letter of credit, as described in 22 CCR §66265.143(c); DTSC Form 1157
4. Closure insurance, as described in 22 CCR §66265.143(d); DTSC Form 1158
5. A financial trust and corporate guarantee for closure, as described in 22 CCR §66265.143(e); either DTSC Form 1159 or 1173
6. An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c); (no form)
7. Use of multiple financial mechanisms for closure costs, as described in 22 CCR §66265.143(g); (no form)
8. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code; (no form) or,
9. A savings account, as described in section 4-104(a) of the Uniform Commercial Code; (no form).

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from the CUPA or PA or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA or PA, rather than DTSC.

**710. FINANCIAL INSTITUTION OR SURETY NAME**

**711. FINANCIAL INSTITUTION OR SURETY ADDRESS** For items 710-714, enter the name and address of the financial institution, insurance company, surety company, or other appropriate organization used to establish the closure assurance mechanism.

**712. FINANCIAL INSTITUTION OR SURETY CITY**

**713. FINANCIAL INSTITUTION OR SURETY STATE**

**714. FINANCIAL INSTITUTION OR SURETY ZIP CODE**

**715. SIGNER OF CERTIFICATION** Check to indicate whether the person certifying is the owner or the operator of the facility.

**SIGNATURE** The business owner, or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. The authorized signatory must be completed as specified in Title 22, CCR, Section 66270.11. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriate authorized person is signing for the company. Original signatures are required on all documents submitted.

**716. DATE CERTIFIED** Enter the date that the document was signed.

**717. OWNER/OPERATOR NAME** Enter the full printed name of the person signing the page.

**718. OWNER/OPERATOR TITLE** Enter the title of the person signing the page.

City of Santa Monica -- UNIFIED PROGRAM (UP) FORM

200 Santa Monica Pier, Santa Monica, CA 90401

CERTIFICATION OF FINANCIAL ASSURANCE FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS - INSTRUCTIONS

CUPA’S of Los Angeles County Business Application Package

Last Updated: 12/2001

F:\EPDWORK\CUPA\Forms\City_Permits\Packet\New Business 01-02 Version
## CITY OF SANTA MONICA UNIFIED PROGRAM (UP) FORM

### REMOTE WASTE CONSOLIDATION

#### SITE ANNUAL NOTIFICATION

<table>
<thead>
<tr>
<th>□ a. Initial</th>
<th>□ b. Revised</th>
<th>□ c. Annual</th>
<th>Page of</th>
</tr>
</thead>
</table>

### I. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>BUSINESS NAME (Same as FACILITY NAME or DBA or – Doing Business As)</th>
<th>FACILITY ID#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>FACILITY EPA ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>CA ZIP CODE</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF THE TYPE(S) OF REMOTE LOCATION(S) AND SOURCE(S) FROM WHICH THE NON-RCRA HAZARDOUS WASTE WILL BE COLLECTED**

(i.e. power pole)

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

Do you treat your hazardous waste at this consolidation site?

| □ Yes | □ No |

**ESTIMATED MONTHLY VOLUME CONSOLIDATED**

| UNITS | a. Pounds | b. Gallons |

### III. BASIS FOR NOT NEEDING A FEDERAL PERMIT

(Check all that apply)

| □ a. The hazardous waste being consolidated is not hazardous waste under federal law although the waste is regulated as hazardous waste under California state law. |
| □ b. The hazardous waste is hazardous waste under federal law, but transportation to and accumulation at the consolidation site of the waste is not subject to permitting requirements under federal law for the following other reason(s): |

### IV. CERTIFICATIONS

I certify under penalty of law that the activities described in these documents meet the applicable eligibility and operating requirements of state statutes and regulations for remote waste and consolidation sites. I further certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

**SIGNATURE OWNER/OPERATOR**

X ________________________________

**NAME OF OWNER/OPERATOR (Print)**

**DATE**

**TITLE OF OWNER/OPERATOR**

---

OFFICIAL USE ONLY

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>REVIEWED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUPA</td>
<td>PA</td>
</tr>
<tr>
<td>DISTRICT</td>
<td>INSPECTOR</td>
</tr>
</tbody>
</table>
Complete this page if you are a generator:
1. you collect non-RCRA hazardous waste, and/or,
2. the hazardous waste or its management at the consolidation site is otherwise exempt from, or is not otherwise regulated pursuant to, RCRA (the Federal Resource Conservation Recovery Act), and,
3. subsequently, the hazardous waste is transported to consolidation sites which you also operate.

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

Refer to HSC §25110.10 for eligibility and notification requirements.

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

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

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

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

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

730. **DATE CERTIFIED** - Enter the date that the document was signed.
731. **OWNER/OPERATOR NAME** - Enter the full printed name of the person signing the page.
732. **OWNER/OPERATOR TITLE** - Enter the title of the person signing the page.
# HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

## I. FACILITY IDENTIFICATION

<table>
<thead>
<tr>
<th>BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)</th>
<th>FACILITY ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

**TANK OWNER NAME**

**TANK OWNER ADDRESS**

**TANK OWNER CITY**

**STATE**

**ZIP CODE**

## II. TANK CLOSURE INFORMATION

<table>
<thead>
<tr>
<th>TANK INTERIOR ATMOSPHERE READINGS</th>
<th>Tank ID #</th>
<th>Concentration of Flammable Vapor</th>
<th>Concentration of Oxygen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Top</td>
<td>Center</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>748</td>
<td>746a</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>748</td>
<td>749a</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>751</td>
<td>752a</td>
</tr>
</tbody>
</table>

## III. CERTIFICATION

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

**SIGNATURE OF CERTIFIER**

**STATUS OR AFFILIATION OF CERTIFYING PERSON**

Certifier is a representative of the CUPA or PA:

- [ ] Yes
- [ ] No

Name of CUPA or PA:

If certifier is other than CUPA / PA check appropriate box below:

- [ ] a. Certified Industrial Hygienist (CIH)
- [ ] b. Certified Safety Professional (CSP)
- [ ] c. Certified Marine Chemist (CMC)
- [ ] d. Registered Environmental Health Specialist (REHS)
- [ ] e. Professional Engineer (PE)
- [ ] f. Class II Registered Environmental Assessor
- [ ] g. Contractors’ State License Board licensed contractor (with hazardous substance removal certification)

**DATE**

**CERTIFICATION TIME**

**TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS**

(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)

- [ ] Yes
- [ ] No

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

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

**OFFICIAL USE ONLY**

<table>
<thead>
<tr>
<th>CUPA</th>
<th>PA</th>
<th>DISTRICT</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HAZARDOUS WASTE TANK CLOSURE CERTIFICATION - INSTRUCTIONS

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

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

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

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

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

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

2. **BUSINESS NAME** - Enter the full legal name of the business.

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

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

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

6. **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.

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

8. **CERTIFIER TITLE** - Enter the title of the person signing the page.

9. **CERTIFIER ADDRESS** - Enter the address of the person signing the page.

10. **CERTIFIER CITY** - Enter the city for the signee’s address.

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

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

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

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

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

16. **TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS** - Check “Yes” if the tank held flammable or combustible materials, check “No” if not.

17. **MANAGEMENT INSTRUCTIONS** - Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.
For your convenience:

Copies of the Full and Short Version of the THE CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at one of the following CUPA or PA web sites:

Los Angeles County Fire Department: http://www.lacofd.org/upforms.htm