

Business Activities

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

1. FACILITY ID NUMBER - Leave blank. This number is assigned by Yolo County Environmental Health. This unique number identifies your facility for our records.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters CA___. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the Facility Name or DBA - Doing Business As that might have been used in the past.
4. HAZARDOUS MATERIALS ONSITE - Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:
 - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure),
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page as well as an Emergency Response Plan and Training Plan.
5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) 25316. If YES, then you must complete one-UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
6. UPGRADE/INSTALL UST - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC 25316. If YES, then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan. Yolo County will require the submission of additional data.
7. UST CLOSURE - Check the appropriate box if you are closing a UST and complete the closure portion of the UST Tank pages for each tank. (Yolo County will require additional information.)
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST) - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT subject to the Act (exemptions):

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

 - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
 - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
 - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste. Indicate tonnage generated during the previous year in the Local Requirements section.
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 engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of treatment for certain processes under specific, limited conditions. Refer to HSC 25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes does not require authorization. Refer to HSC 25200.3.1 for specific information. Please contact Yolo County Environmental Health to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR 67450.13 (b) and HSC 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. REMOTE WASTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer YES if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. HAZARDOUS WASTE TANK CLOSURE - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Your knowledge of the tank and its contents
 - Testing of the tank
 - Inability to remove hazardous materials stored in the tank.
 - The mixture rule
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
15. LOCAL REQUIREMENTS – Yolo County requires hazardous waste generators indicate the total tonnage of hazardous waste generated be provided in this space. If you indicate that this application is for the installation, removal, or modification of Underground Storage Tanks you will be provided additional forms to complete for these activities.

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page and Hazardous Materials - Chemical Description pages 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 us identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is assigned by the Yolo County. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4-digit zip may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107. SIC CODE - Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more than 4 digits report only the first four.
108. COUNTY - Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address if different from business site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2-character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the zip code for the owner's address. The extra 4-digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent, if different from the site address.
120. CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2-character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4-digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION – Yolo County has no additional requirements. Leave space blank.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

Hazardous Materials Inventory - Chemical Description

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION - Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC 25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check Yes to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check NO
203. MAP NUMBER - If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER - If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME - Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "COMMON NAME" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC 25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a Substantiation to Accompany Claims of Trade Secrecy form (40 CFR 350.27) to USEPA.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES - Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact CUPA or AA for guidance.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or NO if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the physical state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
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Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives,
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive other hazardous chemicals with an adverse effect with short term exposure
Pressure Release: Explosives, Compressed Gases, Blasting Agents Chronic Health (Delayed): Carcinogens, other hazardous chemicals with an
adverse effect with long term exposure
217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain 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 hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE - Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE - Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)

227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION - This space may be used by the CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact the CUPA or AA for guidance.

UST - Facility

Complete the UST - Facility page for all new permits, permit changes or any facility information changes. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. Submit one UST - Facility page per facility, regardless of the number of tanks located at the site. This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR 2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR 2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR 2711 (a)(11)]. Refer to 23 CCR 2711 for state UST information and permit application requirements.

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

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

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

UST - Tank Page 1

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

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

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

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

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by 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.
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 to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check other and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check other and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

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

UST - Tank Page 2

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

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

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

UST Installation - Certificate of Compliance

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

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

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

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

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by 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.
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.

Recyclable Materials Biennial Report Page 1

Complete this report if your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for 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. Facilities that send materials to another location to be recycled, and do not recycle onsite or recycle material generated at another location, need not complete a report.

Offsite recyclers must complete one report for **each** generator from which 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.

All recyclers report the recycling that has taken place during the prior two calendar years, ending with an odd-numbered year. Once completed, recyclers must submit the form to the CUPA by July 1 of the following year (every even-numbered year).

Refer to HSC 25143.10 for reporting requirements for recyclers.

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

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

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
2. EPA ID NUMBER - Enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters CA___. If you do not have a number contact the DTSC Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business.
500. BEGINNING DATE OF REPORTING PERIOD - Enter the beginning date of the reporting period for this report. This report is for two calendar years and is due on July 1 of every even numbered year per HSC 25143.10(a).
501. ENDING DATE OF REPORTING PERIOD - Enter the ending date of the reporting period for this report.
502. ONSITE RECYCLING - Check Yes if the facility recycles onsite more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption pursuant to HSC 25143.2. Check No if the facility does not recycle onsite.
503. OFFSITE RECYCLING - Check Yes if the facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion and that material was received from one or more offsite locations. Check No if the facility does not recycle material generated offsite.
504. OFFSITE GENERATOR NAME - If the generator is different from the recycler, enter the name of the facility 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 hazardous materials.
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.

Recyclable Materials Biennial Report Page 2

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

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

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

- 519 TOTAL NUMBER OF RECYCLABLE MATERIALS - Enter the total number of recyclable materials which will be described in this report. Complete a separate Report Page 2 for each recyclable material and verify that the number of pages is the same as the total number listed here.
- 520 RECYCLABLE MATERIAL NUMBER - Enter the unique identification number of the recyclable material that is described on this page. The recyclable materials can be numbered sequentially, or by any other system as long as the numbers are not repeated or duplicated.
- 521 COMMON NAME (RECYCLABLE MATERIAL) - Enter the common name of the material recycled. This is the same as item 207, the Common Name on the Hazardous Materials Inventory - Chemical Description page.
- 522 QUANTITY DURING TWO YEAR REPORTING PERIOD - Enter the total quantity of this recyclable material recycled during the two year reporting period. Round to nearest whole number.
- 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 it was used to make or 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 which 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 that product is 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.

Onsite Hazardous Waste Treatment Notification - Facility

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, or Conditional Authorization 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.

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 for these activities. Exempt treatment activities are described in Appendix A of these instructions.

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 FTU refer to 22 CCR 67450.2, for CA refer to HSC 25200.3(e) and (k), and for CE refer to HSC 25201.5(d) and (i).

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

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

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
 3. BUSINESS NAME - Enter the full legal name of the business.
 - 600 NOTIFICATION STATUS - Check whether this notification is your initial notification under the Tiered Permitting system, an amended notification, or a renewal (for PBR only).
 - 601 PERMIT STATUS - Check the status of the permit for State issued hazardous waste permits or grants of authorization.
 - 602 NUMBER OF UNITS - For each of the permitting tiers or categories listed, enter the number of units you operate at this facility location. Complete a unit specific notification page and a waste and treatment process page for each unit you list here, except for CE-CL units. Verify that the total number of units (item 602g) is equal to the number of unit specific notification and waste and treatment process pages included in the submittal plus the number of CE-CL units (item 602f).
- SIGNATURE OF OWNER/OPERATOR - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. Original signatures are required on the copy submitted to the CUPA.
- You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. The certifications cover waste minimization, the eligibility of the unit(s) for the indicated tier, the fact that the unit meets all of the operating requirements for that tier, and that the information is accurate. These operating requirements are set forth in the statutes and regulations.
- 603 DATE CERTIFIED - Enter the date that the page was signed.
 - 604 OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.
 - 605 OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

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

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

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.

Onsite Hazardous Waste Treatment Notification - Unit

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

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

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

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by 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.
- 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

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

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

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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	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.
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	

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.

Certification Of Financial Assurance

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

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

Complete the page even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See 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.

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

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

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

2. EPA ID NUMBER - Enter the EPA ID number for the facility.

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

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

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

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

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

ACTIVITY	COST
1. Removal, treatment (on-site or off-site), or disposal of waste inventories	_____
2. Removal and disposal of soil	_____
3. Decontamination of equipment and structure	_____
4. Demolition and removal of containment system components or structure	_____
5. Transportation	_____
6. Sampling and analysis of waste, soil, equipment, and structure	_____
7. Certification or other demonstration of closure (clean closure or specified level of decontamination)	_____
8. Other expenses (specify)	_____
9. Less Assets (salvage value of waste, equipment or property)	_____
TOTAL COST OF CLOSURE	_____

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

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

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

Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.

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

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

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

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

709 CLOSURE ASSURANCE MECHANISM - Check to indicate the type of financial mechanism established to provide the closure cost assurance.

Eligible types are contained in 22 CCR 67450.13(a)(5). They are:

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

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

710 FINANCIAL INSTITUTION OR SURETY NAME -

For items 710-714, enter the name and address of the financial institution, insurance

711 FINANCIAL INSTITUTION OR SURETY ADDRESS

company, surety company, or other appropriate organization used to establish the closure

712 FINANCIAL INSTITUTION OR SURETY CITY

financial assurance. Indicate your company if you are using a corporate guarantee and

713 FINANCIAL INSTITUTION OR SURETY STATE

financial test.

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.

Remote Waste Consolidation Site Annual Notification

Complete this page if you are a generator and you collect non-RCRA or non-RCRA regulated hazardous waste initially at remote sites and subsequently transport the hazardous waste to consolidation sites which you also operate.

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

Refer to HSC 25110.10 for eligibility and notification requirements.

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

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

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by 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

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 UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

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

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

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

740 TANK OWNER NAME - Complete items 740-744, unless all items are the same as the Business Owner
741 TANK OWNER ADDRESS information (items 111-116) on the Business Owner/Operator Identification page
742 TANK OWNER CITY (OES Form 2730). If the same, write "SAME AS SITE" across this section
743 TANK OWNER STATE
744 TANK OWNER ZIP CODE

745. 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.)

746. 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.)

747. 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).

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.

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

755 CERTIFIER TITLE - Enter the title of the person signing the page.

756 CERTIFIER ADDRESS - Enter the address of the person signing the page.

757 CERTIFIER CITY - Enter the city for the signer's address.

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

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

760 CERTIFIER REPRESENTS LOCAL AGENCY - Check Yes if the person certifying the tank is a representative of the CUPA, authorized agency, or LIA, check No if not.

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

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

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

764 MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.

Appendix A - Exempt Treatment Activities

There are several treatment activities which, although they would be otherwise regulated, are exempt under the law provided certain conditions are met. No notification is required if these are the only treatment activities performed at the facility. These activities are:

1. **Biotechnology Elementary Neutralization Activities - Refer to HSC section 25201.15**

Biotechnology elementary neutralization activities are the elementary neutralization of wastes generated by biotechnology manufacturing or biotechnology process development activities. This includes activities conducted in SIC Code Subgroups 283, 2833, 2834, 2835, 2836, 8731, 8732, and 8733, including manufacturing and process development of medicinal chemicals and botanical products, pharmaceutical preparations, in vitro and in vivo diagnostic substances, and biological products, and all associated equipment and vessel cleaning and maintenance operations. These activities are exempt if ALL of the following conditions are met:

 - ? A permit is not required to conduct elementary neutralization under federal law.
 - ? The hazardous wastes are hazardous solely due to acidic or alkaline materials.
 - ? Either of the following applies with regard to the biotechnology elementary neutralization activity:
 - a) The hazardous wastes in the elementary neutralization unit do not contain more than 10 percent by weight acid or alkaline constituents.
 - b) The generator determines the neutralization process will not raise the temperature of the hazardous wastes to within 10 degrees of the boiling point or cause the release of hazardous gaseous emissions.
 - ? The hazardous wastes are not diluted for the sole purpose of meeting the criteria specified in subparagraph (a) above AND after neutralization the wastewaters do not exhibit the characteristic of corrosivity.
 - ? The temperature of any unit 100 gallons or larger is automatically monitored, is fitted with a high temperature alarm system, and for closed systems, the unit automatically controls the adding and mixing of corrosive and neutralizing solutions.
2. **Neutralization of Acid/ Alkaline Wastes from Regeneration of Ion Exchange Media - Refer to HSC section 25201.13(a)**

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

NO authorization is needed to neutralize acid/alkaline wastes from the food processing industry.
4. **Silver Recovery - Refer to HSC section 25143.13, amended by Senate Bill (SB) 2111, (Chapter 309, Statutes of 1998)**

NO authorization is needed for the recovery of silver (provided that the solutions and wastewaters are silver-only hazardous wastes, and are not hazardous for any other reason or constituent) from photofinishing/photoimaging solutions and photoimaging solution wastewaters. These wastes are regulated only to the extent they are regulated under the federal Resource Conservation and Recovery Act.
5. **Sieving or Filtering Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(A), amended by Assembly Bill (AB) 966, (Chapter 506, Statutes of 1998)**

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

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

NO authorization is needed for combining two or more waste streams that are not incompatible into a single tank or container if the activity is conducted onsite and BOTH of the following conditions apply:

 - a) The waste streams are being combined solely for the purpose of consolidated accumulation or storage or consolidated offsite shipment, and they are NOT being combined to meet a fuel specification or to otherwise be chemically or physically prepared to be treated, burned for energy value, or incinerated.
 - b) The combined waste stream is managed in compliance with the most stringent of the regulatory requirements applicable to each individual waste stream.
8. **Evaporation of Water Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(D), amended by AB 966, (Chapter 506, Statutes of 1998)**

NO authorization is needed for evaporation of water from hazardous wastes in tanks or containers, such as breathing and evaporation through vents and floating roofs, WITHOUT the addition of pressure, chemicals, or heat other than sunlight or ambient room lighting or heating, if the activity is conducted onsite.