

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

HAZARDOUS MATERIALS 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**



CITY OF LONG BEACH



**CITY OF SANTA MONICA
ENVIRONMENTAL PROGRAMS**



**CITY OF LOS ANGELES
FIRE DEPARTMENT**



**CITY OF VERNON
HEALTH DEPARTMENT**

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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

Santa Fe Springs Fire Department

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

LA County Fire Department Offices

5825 Rickenbacker Road
Commerce, CA 90040

Glendale Fire Department

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

City of Santa Monica Environmental Programs

200 Santa Monica Pier
Santa Monica, CA 90401
(310) 458-8916 Ext. 2

Central District (323) 890-4107

West District (323) 890-4023

Data Unit (323) 890-4000

RMP Unit (323) 890-4035

Long Beach/ Signal Hill JPA

Long Beach Health Department

2525 Grand Avenue
Long Beach, CA 90815
(562) 570-4128

Vernon Environmental Health

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

North County (818) 364-7120

14425 Olive View Dr.
Sylmar, CA 91342

South Bay (310) 534-6270

24300-A Narbonne Ave.
Lomita, CA 90717

Los Angeles City Fire Department

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

Los Angeles County Fire Department

Health Haz Mat Division
5825 Rickenbacker Road
Commerce, CA 90040
(323) 890-4045

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

LOS ANGELES COUNTY CUPA - PARTICIPATING AGENCIES**ALHAMBRA FIRE DEPARTMENT**

JOHN KABALA Hazardous Materials Program
301 N. First Street Cal ARP Program
Alhambra, CA 91801
(626) 570-3234 / FAX (626) 457-8961

BURBANK FIRE DEPARTMENT

DEVIN BURNS Hazardous Materials Program
311 E. Orange Grove Ave Cal ARP Program
Burbank, CA 91502 UST Program
(818) 238-3473 / FAX (818) 238-3483

COMPTON FIRE DEPARTMENT

MARVIN PORTER Hazardous Materials Program
201 S. Acacia Cal ARP Program
Compton, CA 90220
(310) 605-5670 / FAX (310) 632-8414

CULVER CITY FIRE DEPARTMENT

KIM DOMBROWSKI Hazardous Materials Program
P.O. Box 507 Cal ARP Program
9770 Culver Blvd.
Culver City, CA 90232-0507
(310) 253-5937 / FAX (310) 253-5824

DOWNEY FIRE DEPARTMENT

ROBERT ROWE Hazardous Materials Program
11111 Brookshire Avenue Cal ARP Program
Downey, CA 90241
(562) 904-7348 / FAX (562) 904-7270

GARDENA FIRE DEPARTMENT

ROBERT NOLAN Hazardous Materials Program
1650 W. 162nd Street Cal ARP Program
Gardena, CA 90247
(310) 217-9656 / FAX (310) 715-6070

INGLEWOOD FIRE DEPARTMENT

DAVE COURTNEY Hazardous Materials Program
141 W. Regent St. Cal ARP Program
Inglewood, CA 90301
(310) 412-5350 / FAX (310) 412-5673

MONROVIA FIRE DEPARTMENT

DEREK YOUNG Hazardous Materials Program
141 E. Lemon Avenue Cal ARP Program
Monrovia, CA 91016
(626) 303-3473 Ext. 542 / FAX (626) 358-1275

PASADENA FIRE DEPARTMENT

CALVIN E. WELLS Hazardous Materials Program
199 S. Los Robles Av. #550 Cal ARP Program
Pasadena, CA 91101 UST Program
(626) 405-4657 / FAX (626) 585-9164

REDONDO BEACH FIRE DEPARTMENT

JOEL COSTER Hazardous Materials Program
401 S. Broadway Cal ARP Program
Redondo Beach, CA 90277
(310) 318-0663 Ext. 2495 / FAX (310) 376-3407

SOUTH PASADENA FIRE DEPARTMENT

RICHARD JENKINS Hazardous Materials Program
817 S. Mound Street Cal ARP Program
South Pasadena, CA 91030
(626) 403-7300 / FAX (626) 403-7301

TORRANCE FIRE DEPARTMENT

KEN HALL Hazardous Materials Program
3031 Torrance Blvd. Cal ARP Program
Torrance, CA 90503 UST Program
(310) 618-2973 / FAX (310) 781-7506

COUNTY OF LOS ANGELES**AGRICULTURAL COMMISSIONER/**

WEIGHTS & MEASURES Hazardous Materials Program
BOB DONLEY or CINDY WERNER
12300 Lower Azusa Rd.
Arcadia, CA 91006
(626) 575-5466 / FAX (626) 443-6652

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS, WASTE MANAGEMENT DIVISION

CARL SJOBERG UST Program
900 S. Fremont Avenue
Alhambra, CA 91803-1331
(626) 458-3539 / FAX (626) 458-3569

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)
Environmental Management Center
780 Flower Street
Glendale, CA 91201**

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:

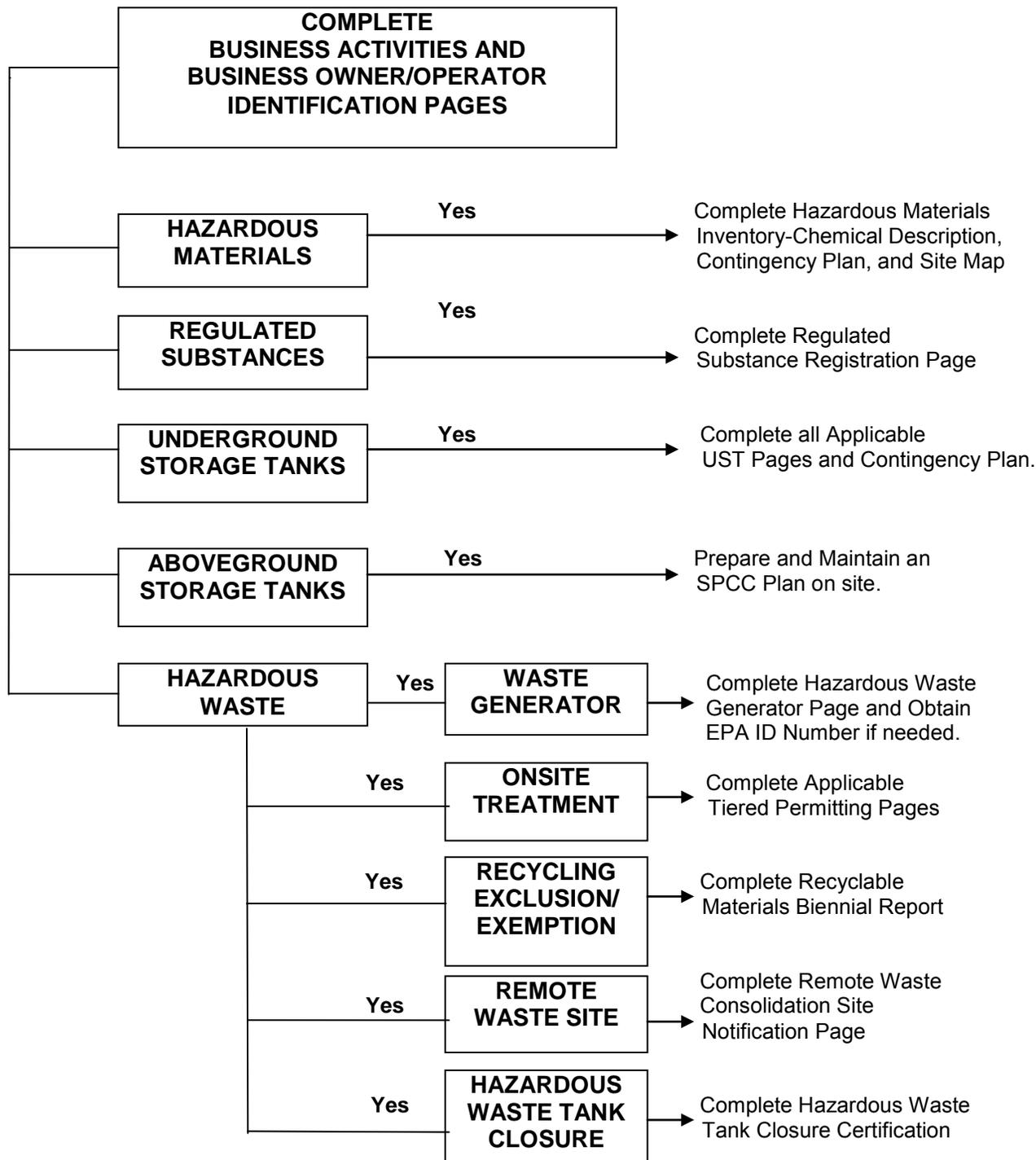
- I. FACILITY INFORMATION SECTION;
 - a. Business Activities Page
 - b. Business Owner/Operator Identification Page
 - c. Consolidated Contingency Plan + Site Map

- 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. Proof 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



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 Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale CA 91201
BUSINESS ACTIVITIES FORM

I. FACILITY IDENTIFICATION		
FACILITY ID #	1	EPA ID # (Hazardous Waste Only)
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)		3
II. ACTIVITIES DECLARATION		
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.		
Does your facility...	If Yes, please complete these pages of the UPCF....	
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 5 gallons for liquids, 50 pounds for solids, or 50 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?	YES NO 4	<ul style="list-style-type: none"> ● HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION ● CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) ● TRAINING PLAN
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	YES NO 5	<ul style="list-style-type: none"> ● UST FACILITY ● UST TANK (one page per tank) ● UST FACILITY ● UST TANK (one per tank) ● UST INSTALLATION - CERTIFICATE - OF COMPLIANCE (one page per tank) ● UST TANK (closure portion –one page per tank)
2. Intend to upgrade existing or install new USTs?	YES NO 6	
3. Need to report closing a UST?	YES NO 7	
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	YES NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	YES NO 9	<ul style="list-style-type: none"> ● 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)?	YES NO 10	
3. Treat hazardous waste on site?	YES NO 11	<ul style="list-style-type: none"> ● 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)?	YES NO 12	
5. Consolidate hazardous waste generated at a remote site?	YES NO 13	<ul style="list-style-type: none"> ● REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION ● HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	YES NO 14	
E. LOCAL REQUIREMENTS		
15		
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) ?	YES NO 15a	In addition to Hazardous Materials requirements, complete: <ul style="list-style-type: none"> ● Regulated Substance Registration ● Risk Management Plan (when required)
2. OTHER REQUIREMENTS		
a. Have hazardous materials stored on site at or above Uniform Fire Code permit amounts?	YES NO 15b	<ul style="list-style-type: none"> ● Consult attached Uniform Fire Code permit amounts

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
BUSINESS ACTIVITIES FORM – INSTRUCTIONS

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials Inventory - Chemical Description pages (Form 2731) for all submissions. 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 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 50 pounds, 5 gallons, or 50 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 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 USTs containing hazardous substances as defined in HSC §25316. If "YES", then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.
7. **UST CLOSURE** Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank.
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, 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 APSTs. 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. "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 do not require authorization. Refer to HSC §25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility 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 §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 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.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730)

I. IDENTIFICATION							
FACILITY ID#	1	BEGINNING DATE	100	ENDING DATE	101		
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3	BUSINESS PHONE		102	
BUSINESS SITE ADDRESS						103	
CITY GLENDALE	104	CA	106	ZIP CODE	105		
			106	SIC CODE (4 digit #)	107		
COUNTY LOS ANGELES	108	TAX ID NUMBER				133a.	
BUSINESS OPERATOR NAME			109	BUSINESS OPERATOR PHONE		110	
II. BUSINESS OWNER							
OWNER NAME			111	OWNER PHONE		112	
OWNER MAILING ADDRESS						113	
CITY	114	STATE	115	ZIP CODE		116	
III. ENVIRONMENTAL CONTACT							
CONTACT NAME			117	CONTACT PHONE		118	
CONTACT MAILING ADDRESS						119	
CITY	120	STATE	121	ZIP CODE		122	
<u>PRIMARY</u>	IV. EMERGENCY CONTACTS				<u>SECONDARY</u>		
NAME	123	NAME		128			
TITLE	124	TITLE		129			
BUSINESS PHONE	125	BUSINESS PHONE		130			
24-HOUR PHONE	126	24-HOUR PHONE		131			
ΌΌŠŠΆΨυβΌ	127	ΌΌŠŠΆΨυβΌ		132			
V. ADDITIONAL LOCALLY COLLECTED INFORMATION							
NUMBER OF EMPLOYEES		133b	SIZE OF FACILITY (SQ. FT.)		133c		
MAILING/ BILLING INFORMATION							
ADDRESS	133d	CITY	133e	STATE	133f	ZIP CODE	133g
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.							
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE			DATE	134	NAME OF DOCUMENT PREPARER		135
X							
NAME OF SIGNER (print)			136	TITLE OF SIGNER		137	

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
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** 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.
100. **BEGINNING DATE** Enter the beginning year and date of the report. (YYYYMMDD, ex. 1999/07/01)
101. **ENDING DATE** Enter the ending year and date of the report. (YYYYMMDD, ex. 2000/06/30)
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.
104. **CITY** Enter the city or unincorporated area in which the business site is located.
105. **ZIP CODE** - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. **DUN & BRADSTREET** Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
107. **SIC CODE** Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
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's phone number including any extension, if different from the business phone.
111. **OWNER NAME** Enter name of the business owner, if different from the business operator.
112. **OWNER PHONE** Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. **OWNER MAILING ADDRESS** Enter the owner's mailing address if different from the 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 digits in the zip code 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 at which the environmental contact can be contacted including any extension.
119. **CONTACT MAILING ADDRESS** Enter the mailing address where all environmental contact correspondence should be sent.
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 s in the zip code 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 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.
- 133a. **TAX IDENTIFICATION NUMBER (TIN)** Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
- 133b. **NUMBER OF EMPLOYEES** Enter the number of employees working at your facility.
- 133c. **SIZE OF FACILITY (SQ. FT.)** Enter the size of your facility in square feet.
- 133d. **MAILING/BILLING ADDRESS** Enter the address that all correspondence and bills should be sent.
- 133e. **MAILING/BILLING CITY** Enter the city for the mailing/billing address.
- 133f. **MAILING/BILLING STATE** Enter the 2 character state abbreviation for the mailing/billing address.
- 133g. **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.
134. **DATE** Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
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.
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.
137. **TITLE OF SIGNER** Enter the title of the person signing the page.

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**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN**

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
			ZIP CODE 105

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.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

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>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.</i>	
Printed Name of Owner/ Operator	Title of Owner/Operator
Signature of Owner/ Operator X	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.

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN**

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 Glendale, Environmental Management Center 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.

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
		ZIP CODE	105
II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
ÖÖSSÄUPUÐÖ	127	ÖÖSSÄUPUÐÖ	132
III. EMERGENCY RESPONSE PLANS AND PROCEDURES			
A. Notifications			
<p>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, <u>immediately</u> call: FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911</p>			
<p>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 Glendale CUPA: (818) 548-4030 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802</p>			
Information to be provided during Notification:			
<ul style="list-style-type: none"> ▶ 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			
HOSPITAL/CLINIC:		PHONE NO:	
ADDRESS:			
CITY:		ZIP CODE:	

City of Glendale– Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN

C. Private Emergency Response

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? Yes No
 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.

NAME OF CONTRACTOR:	PHONE NO:
---------------------	-----------

ADDRESS:

CITY:	ZIP CODE:
-------	-----------

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*):

- | | | | | |
|--------|---|---------------------------|-----------------------|----------|
| Verbal | Telephone (<i>including cellular</i>) | Alarm System | Public Address System | Intercom |
| Pagers | Portable Radio | Other (<i>specify</i>): | | |

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: | |

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN**

G. Emergency Procedures

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

1. **PREVENTION** (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.

2. **MITIGATION** (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?

3. **ABATEMENT** (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?

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN

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

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

* 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.

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN**

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.
▶	2. Methods for Safe Handling of Hazardous Materials.
▶	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 <i>type</i> and <i>amount</i> 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).

**City of Glendale – Unified Program (CUPA) Agency
 780 Flower Street. Glendale, CA 91201
 CONSOLIDATED CONTINGENCY PLAN
 SECTION II: UST EMERGENCY RESPONSE and MONITORING PLAN**

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
		ZIP CODE	105
II. MONITORING PLAN AND PROCEDURES			
1. The frequency of monitoring is as follows:			
a. Tank:			
b. Piping:			
2. The methods and equipment (name and model) used for monitoring include:			
a. Tank:			
b. 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:			
a. Tank:			
b. 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.

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION II: UST EMERGENCY RESPONSE and MONITORING 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.

Local UST Agency	Phone
------------------	-------

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

Name	Title	Phone
Name	Title	Phone
Name	Title	Phone

Additional Persons

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:

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I and SECTION II: SITE MAP

BUSINESS NAME			3
SITE ADDRESS	103	CITY	104 GLENDALE
		ZIP CODE	105
DATE MAP DRAWN	MAP #	FACILITY ID #	1

	A	B	C	D	E	F	G	H	I	J
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

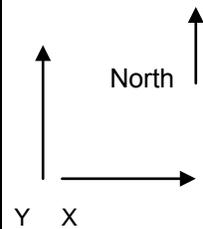
For Site Map

- 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.



STANDARD SITE MAP SYMBOLS

BUILDING ACCESS.....	A						
FENCE.....							
SAFE REFUGE AREA (EVACUATION).....	*						
SEWER DRAIN.....	Σ						
STORM DRAIN.....							
FIRE HYDRANT.....	●						
COMBINED STANDPIPE SPRINKLER CONNECTION.....	CS/SP						
COMBINATION STANDPIPE CONNECTION.....	CS						
DRY STANDPIPE CONNECTION.....	DS						
DRY STANDPIPE OUTLET.....	DP						
WET STANDPIPE OUTLET.....	WP						
SPRINKLER CONNECTION.....	SP						
STAIRWAY—RANGE OF FLOORS (I.E. 1 THRU ROOF)	<table border="1" style="display: inline-table; text-align: center;"><tr><td>1</td><td></td><td></td><td></td><td></td><td>R</td></tr></table>	1					R
1					R		
UST -- <table border="1" style="display: inline-table; text-align: center;"><tr><td>5000 Gal</td></tr></table> AST -- <table border="1" style="display: inline-table; text-align: center;"><tr><td>500 Gal</td></tr></table>	5000 Gal	500 Gal					
5000 Gal							
500 Gal							
ELEVATOR – RANGE OF FLOORS (I.E. 1 THRU 5).....	1 <table border="1" style="display: inline-table; text-align: center;"><tr><td>E</td></tr></table> 5	E					
E							
KNOX BOX (F.D. KEY BOX).....	K						
FIRE ALARM ANNUCIATOR PANEL.....	<table border="1" style="display: inline-table; text-align: center;"><tr><td>AP</td></tr></table>	AP					
AP							
ELECTRIC MAIN SHUTOFF.....	<table border="1" style="display: inline-table; text-align: center;"><tr><td>E</td></tr></table>	E					
E							
GAS MAIN SHUTOFF.....	<table border="1" style="display: inline-table; text-align: center;"><tr><td>G</td></tr></table>	G					
G							
WATER MAIN SHUTOFF.....	<table border="1" style="display: inline-table; text-align: center;"><tr><td>W</td></tr></table>	W					
W							

HAZARDOUS MATERIALS MAP SYMBOLS

FLAMMABLE / COMBUSTIBLE LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table;"><tr><td>FL</td></tr></table>	FL	<table border="1" style="display: inline-table;"><tr><td>FS</td></tr></table>	FS								
FL												
FS												
CORROSIVE LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table;"><tr><td>CL</td></tr></table>	CL	<table border="1" style="display: inline-table;"><tr><td>CS</td></tr></table>	CS								
CL												
CS												
OXIDIZERS LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table;"><tr><td>OL</td></tr></table>	OL	<table border="1" style="display: inline-table;"><tr><td>OS</td></tr></table>	OS								
OL												
OS												
ORGANIC PEROXIDES & UNSTABLE LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table;"><tr><td>UL</td></tr></table>	UL	<table border="1" style="display: inline-table;"><tr><td>US</td></tr></table>	US								
UL												
US												
WATER REACTIVE AIR REACTIVE	<table border="1" style="display: inline-table;"><tr><td>W</td></tr></table>	W	<table border="1" style="display: inline-table;"><tr><td>A</td></tr></table>	A								
W												
A												
TOXIC / POISON LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table;"><tr><td>TS</td></tr></table>	TS	<table border="1" style="display: inline-table;"><tr><td>TS</td></tr></table>	TS								
TS												
TS												
RADIOACTIVE LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table;"><tr><td>RL</td></tr></table>	RL	<table border="1" style="display: inline-table;"><tr><td>RS</td></tr></table>	RS								
RL												
RS												
COMPRESSED GASES / LIQUIDS INERT (I), CORROSIVE (C), FLAMMABLE (F), OXIDIZING (O), TOXIC (T), CRYOGENIC (Y)	<table border="1" style="display: inline-table;"><tr><td>GC</td></tr></table>	GC	<table border="1" style="display: inline-table;"><tr><td>GF</td></tr></table>	GF	<table border="1" style="display: inline-table;"><tr><td>GO</td></tr></table>	GO	<table border="1" style="display: inline-table;"><tr><td>GT</td></tr></table>	GT	<table border="1" style="display: inline-table;"><tr><td>GY</td></tr></table>	GY	<table border="1" style="display: inline-table;"><tr><td>GI</td></tr></table>	GI
GC												
GF												
GO												
GT												
GY												
GI												

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**

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

I. FACILITY INFORMATION															
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)									3						
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202					
					YES		NO								
FACILITY ID #				1	MAP#		203	GRID#		204					
II. CHEMICAL INFORMATION															
CHEMICAL NAME					205	TRADE SECRET			Yes	No	206				
<small>If Subject to EPCRA, refer to instructions</small>															
COMMON NAME					207	EHS*			Yes	No	208				
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.									
FIRE CODE HAZARD CLASSES										210					
HAZARDOUS MATERIAL TYPE (Check one item only)				a. PURE	b. MIXTURE	c. WASTE	211	RADIOACTIVE		Yes	No	212	CURIES		213
PHYSICAL STATE (Check one item only)				a. SOLID	b. LIQUID	c. GAS	214	LARGEST CONTAINER					215		
FED HAZARD CATEGORIES (Check all that apply)				a. FIRE	b. REACTIVE	c. PRESSURE RELEASE	d. ACUTE HEALTH	e. CHRONIC HEALTH			216				
AVERAGE DAILY AMOUNT				217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE			220
UNITS* (Check one item only)				a. GALLONS	b. CUBIC FEET	c. POUNDS	d. TONS	221			DAYS ON SITE:				222
<small>* If EHS, amount must be in pounds.</small>															
STORAGE CONTAINER		a. ABOVE GROUND TANK		e. PLASTIC/NONMETALLIC DRUM		i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR		223			
		b. UNDERGROUND TANK		f. CAN		j. BAG		n. PLASTIC BOTTLE		r. OTHER					
		c. TANK INSIDE BUILDING		g. CARBOY		k. BOX		o. TOTE BIN							
		d. STEEL DRUM		h. SILO		l. CYLINDER		p. TANK WAGON							
STORAGE PRESSURE				a. AMBIENT	b. ABOVE AMBIENT	c. BELOW AMBIENT					224				
STORAGE TEMPERATURE				a. AMBIENT	b. ABOVE AMBIENT	c. BELOW AMBIENT			d. CRYOGENIC			225			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)					EHS			CAS #						
1	226						227	Yes	No	228	229				
2	230						231	Yes	No	232	233				
3	234						235	Yes	No	236	237				
4	238						239	Yes	No	240	241				
5	242						243	Yes	No	244	245				
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.											246				
ADDITIONAL LOCALLY COLLECTED INFORMATION											246				
If EPCRA, Please Sign Here <u> X </u> (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)															

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
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					YES		NO								
FACILITY ID #				1	MAP#		203	GRID#		204					
II. CHEMICAL INFORMATION															
CHEMICAL NAME					205	TRADE SECRET			Yes	No	206				
If Subject to EPCRA, refer to instructions															
COMMON NAME					207	EHS*			Yes	No	208				
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.									
FIRE CODE HAZARD CLASSES										210					
HAZARDOUS MATERIAL TYPE (Check one item only)				a. PURE	b. MIXTURE	c. WASTE	211	RADIOACTIVE		Yes	No	212	CURIES		213
PHYSICAL STATE (Check one item only)				a. SOLID	b. LIQUID	c. GAS	214	LARGEST CONTAINER					215		
FED HAZARD CATEGORIES (Check all that apply)				a. FIRE	b. REACTIVE	c. PRESSURE RELEASE	d. ACUTE HEALTH	e. CHRONIC HEALTH				216			
AVERAGE DAILY AMOUNT				217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE			220
UNITS* (Check one item only)				a. GALLONS	b. CUBIC FEET	c. POUNDS	d. TONS	221			DAYS ON SITE:				222
* If EHS, amount must be in pounds.															
STORAGE CONTAINER		a. ABOVE GROUND TANK			e. PLASTIC/NONMETALLIC DRUM			i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR			
		b. UNDERGROUND TANK			f. CAN			j. BAG		n. PLASTIC BOTTLE		r. OTHER			
		c. TANK INSIDE BUILDING			g. CARBOY			k. BOX		o. TOTE BIN					
		d. STEEL DRUM			h. SILO			l. CYLINDER		p. TANK WAGON					
												223			
STORAGE PRESSURE		a. AMBIENT			b. ABOVE AMBIENT			c. BELOW AMBIENT					224		
STORAGE TEMPERATURE		a. AMBIENT			b. ABOVE AMBIENT			c. BELOW AMBIENT		d. CRYOGENIC				225	
%WT	HAZARDOUS COMPONENT (For mixture or waste only)					EHS			CAS #						
1	226						227	Yes	No	228	229				
2	230						231	Yes	No	232	233				
3	234						235	Yes	No	236	237				
4	238						239	Yes	No	240	241				
5	242						243	Yes	No	244	245				
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ADDITIONAL LOCALLY COLLECTED INFORMATION											246				
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						YES	NO					
FACILITY ID #				1	MAP#		203	GRID#		204		
II. CHEMICAL INFORMATION												
CHEMICAL NAME					205	TRADE SECRET				206		
						Yes	No					
						<small>If Subject to EPCRA, refer to instructions</small>						
COMMON NAME					207	EHS*				208		
						Yes	No					
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.						
FIRE CODE HAZARD CLASSES										210		
HAZARDOUS MATERIAL TYPE (Check one item only)				211	RADIOACTIVE			212	CURIES		213	
a. PURE					Yes			No				
b. MIXTURE												
c. WASTE												
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					215	
a. SOLID												
b. LIQUID												
c. GAS												
FED HAZARD CATEGORIES (Check all that apply)										216		
a. FIRE			b. REACTIVE		c. PRESSURE RELEASE		d. ACUTE HEALTH		e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT		218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE		220
UNITS* (Check one item only)				221	DAYS ON SITE:				222			
a. GALLONS					b. CUBIC FEET							
c. POUNDS					d. TONS							
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	b. UNDERGROUND TANK		f. CAN		j. BAG		n. PLASTIC BOTTLE		r. OTHER			
	c. TANK INSIDE BUILDING		g. CARBOY		k. BOX		o. TOTE BIN					
	d. STEEL DRUM		h. SILO		l. CYLINDER		p. TANK WAGON		223			
STORAGE PRESSURE			224	a. AMBIENT			b. ABOVE AMBIENT		c. BELOW AMBIENT			
STORAGE TEMPERATURE			225	a. AMBIENT			b. ABOVE AMBIENT		c. BELOW AMBIENT			
d. CRYOGENIC												
%WT	HAZARDOUS COMPONENT (For mixture or waste only)				EHS			CAS #				
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2	230					231	Yes	No		232	233	
3	234					235	Yes	No		236	237	
4	238					239	Yes	No		240	241	
5	242					243	Yes	No		244	245	
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a. FIRE			b. REACTIVE			c. PRESSURE RELEASE			d. ACUTE HEALTH		e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT				217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE	220
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STORAGE PRESSURE										224			
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FED HAZARD CATEGORIES (Check all that apply)										216				
a. FIRE			b. REACTIVE			c. PRESSURE RELEASE			d. ACUTE HEALTH		e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE		220	
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FED HAZARD CATEGORIES (Check all that apply)				a. FIRE	b. REACTIVE	c. PRESSURE RELEASE	d. ACUTE HEALTH	e. CHRONIC HEALTH			216				
AVERAGE DAILY AMOUNT				217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE			220
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STORAGE CONTAINER		a. ABOVE GROUND TANK		e. PLASTIC/NONMETALLIC DRUM		i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR					
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STORAGE PRESSURE		a. AMBIENT		b. ABOVE AMBIENT		c. BELOW AMBIENT				224					
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City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731) - INSTRUCTIONS

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 50 pounds, 5 gallons, 50 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less, or Uniform Fire Code permit amounts. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories 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. Please, number all pages of your submittal.

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.
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 the hazard classes and instructions on how to determine which class a material falls under are found in the attachment "Uniform Fire Code Permit Amounts". If a material has more than one hazard class, include all.
211. **HAZARDOUS MATERIAL TYPE** Check the one box that best describes the type of hazardous material: pure, mixture or waste. If 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.
216. **FEDERAL HAZARD CATEGORIES** Check all categories that describe the physical and health hazards associated with the hazardous material. **Fire:** Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers. **Pressure Release:** Explosives, Compressed Gases, and Blasting Agents. **Acute Health (Immediate):** Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short-term exposure. **Reactive:** Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive. **Chronic Health (Delayed):** Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.
217. **AVERAGE DAILY AMOUNT** Calculate the average daily amount of the hazardous material or mixture 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.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731) - INSTRUCTIONS

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.)
246. **LOCALLY COLLECTED INFORMATION** Contact your local agency about if they require additional hazardous materials inventory information.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
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 ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

BUSINESS NAME			3
FACILITY ID#	EPA ID #	PROGRAM LEVEL	246a
NAME OF CORPORATE PARENT COMPANY		246b	106
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)		TITLE	246d
LATITUDE	LONGITUDE	PROCESS SIC	246e
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)?		DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT ?	246g
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ?		LAST SAFETY INSPECTION DATE	246i
CHEMICAL NAME		CAS#	209
MAXIMUM DAILY AMOUNT		UNITS IN POUNDS	221

PROCESS DESCRIPTION: _____

246j

PRINCIPAL EQUIPMENT: _____

246k

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
X _____	

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
REGULATED SUBSTANCE REGISTRATION - INSTRUCTIONS

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.

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.
3. **BUSINESS NAME** Enter the full legal name of the business.
106. **DUN & BRADSTREET** 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 (610) 882-7748 or via the internet at www.dnb.com.
- 107a. **PROCESS SIC CODE** Enter the specific *Standard Industrial Classification Code* for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.
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).
208. **EPCRA SECTION 302** 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 are subject to EPCRA 302 and must check the box marked "yes."
209. **CAS #** Enter the Chemical Abstract Service number for the hazardous material.
- 218a. **MAXIMUM DAILY AMOUNT** Enter the maximum amount of hazardous material or mixture containing a hazardous material which is handled in the process at any one time over the course of the year.
221. **UNITS IN POUNDS** Leave this box blank. Note: All Regulated Substances must be reported in pounds.
- 246a. **PROGRAM LEVEL** Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies.
- 246b. **NAME OF CORPORATE PARENT COMPANY** Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.
- 246c. **PERSON RESPONSIBLE FOR RMP** Enter the name of the person designated as responsible for the RMP.
- 246d. **PERSON RESPONSIBLE FOR RMP - TITLE** Enter the title of the person designated as responsible for the RMP.
- 246e. **LATITUDE** 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.
- 246f. **LONGITUDE** 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.
- 246g. **CAA TITLE V** 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, "yes" or "no."
- 246h. **OSHA PSM** 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. *Note:* 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 "yes" or "no."
- 246i. **LAST SAFETY INSPECTION** 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.
- 246j. **PROCESS DESCRIPTION** 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). *Note:* 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.
- 246k. **PRINCIPAL EQUIPMENT** List the equipment and/or components used in the process involving the Regulated Substance.
- 246l. **NAME OF OWNER / OPERATOR** The full name of the owner/operator who signed the registration page.
- 246m. **TITLE** Enter the title of the person signing the page.
- 246n. **DATE** Enter the date the page was signed.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
REGULATED SUBSTANCE LIST

CHEMICAL NAME	CAS #	TQ	Listing Basis	o-Cresol CHEMICAL NAME	95-48-7 CAS #	1,000/10,000 ¹ TQ	Listing Basis
Acetaldehyde	75-07-0	10,000	g	Crimidine	535-89-7	100/10,000 ¹	
* Acetone Cyanohydrin	75-86-5	1,000		Crotonaldehyde ((E)-(2-Butenal,(E))-)123-73-9	1,000		b
Acetone Thiosemicarbazide	1752-30-3	1,000/10,000 ¹		Crotonaldehyde (2-Butenal)	4170-30-3	1,000	b
Acetylene (Ethyne)	74-86-2	10,000	f	Cyanogen (Ethanedinitrile)	460-19-5	10,000	f
Acrolein (2-Propenal)	107-02-8	500	b	Cyanogen Bromide	506-68-3	500/10,000 ¹	
Acrylamide	79-06-1	1,000/10,000 ¹		Cyanogen Chloride	506-77-4	10,000	c
Acrylonitrile (2- Propenenitrile)	107-13-1	10,000	b	Cyanogen Iodide	506-78-5	1,000/10,000 ¹	
Acrylyl Chloride (2-Propenoyl Chloride)	814-68-6	100	b	Cyanuric Fluoride	675-14-9	100	
Aldicarb	116-06-3	100/10,000 ¹		Cycloheximide	66-81-9	100/10,000 ¹	
Aldrin	309-00-2	500/10,000 ¹		Cyclohexylamine (Cyclohexanamine) 108-91-8	10,000		b
Allyl Alcohol (2-Propen-1-ol)	107-18-6	1,000	b	Cyclopropane	75-19-4	10,000	f
Allylamine (2-Propen-1-Amine)	107-11-9	500	b	Decaborane (14)	17702-41-9	500/10,000 ¹	
Aluminum Phosphide	20859-73-8	500		Dialifor	10311-84-9	100/10,000 ¹	
Aminopterin	54-62-6	500/10,000 ¹		Diborane	19287-45-7	100	b
Amiton Oxalate	3734-97-2	100/10,000 ¹		Dichlorosilane (Silane, Dichloro-)	4109-96-0	10,000	f
Ammonia, Anhydrous ²	7664-41-7	500	a,b	* Diepoxybutane	1464-53-5	500	
Ammonia, Aqueous (conc 20% or greater)	7664-41-7	20,000	a,b	Difluoroethane (Ethane, 1,1-Difluoro-)	75-37-6	10,000	f
* Aniline	62-53-3	1,000		Digitoxin	71-63-6	100/10,000 ¹	
Antimycin A	1397-94-0	1,000/10,000 ¹		Digoxin	20830-75-5	10/10,000 ¹	
ANTU (1-Naphthalenylthiourea)	86-88-4	500/10,000 ¹		Dimethoate	60-51-5	500/10,000 ¹	
Arsenic Pentoxide	1303-28-2	100/10,000 ¹		Dimethyl-p-Phenylenediamine	99-98-9	10/10,000 ¹	
Arsenous Oxide (Arsenic Trioxide)	1327-53-3	100/10,000 ¹		* Dimethyl Sulfate	77-78-1	500	
Arsenous Trichloride	7784-34-1	500	b	Dimethylamine (Methanamine, N-Methyl-)	124-40-3	10,000	f
Arsine (Arsenic Hydride)	7784-42-1	100	b	Dimethyldichlorosilane	75-78-5	500	b
Azinphos-Ethyl	2642-71-9	100/10,000 ¹		Dimethylhydrazine (1,1-Dimethylhydrazine)	57-14-7	1,000	b
Azinphos-Methyl [Guthion]	86-50-0	10/10,000 ¹		2,2-Dimethylpropane (Propane, 2,2-Dimethyl-) 463-82-1	10,000		f
Benzene, 1-(Chloromethyl)-4-Nitro-	100-14-1	500/10,000 ¹		Dimetilan	644-64-4	500/10,000 ¹	
Benzenearsonic Acid	98-05-5	10/10,000 ¹		Dinitrocresol (4,6-Dinitro-o-Cresol)	534-52-1	10/10,000 ¹	
Benzimidazole,4,5-Dichloro-2-(Trifluoromethyl)-	615-21-2	500/10,000 ¹		Dinoseb	88-85-7	100/10,000 ¹	
* Benzotrichloride (Benzoictrichloride)	98-07-7	100		Dinoterb	1420-07-1	500/10,000 ¹	
Bicyclo(2.2.1) Heptane-2-Carbonitrile, 5-Chloro-				Diphacinone	82-66-6	10/10,000 ¹	
6-(((Methylamino)Carbonyl)Oxy)Imino)-, (1s-(1-alpha, 2-beta, 4-alpha, 5-alpha, 6E))-	15271-41-7	500/10,000 ¹		* Disulfoton	298-04-4	500	
Bis(Chloromethyl) Ketone	534-07-6	10/10,000 ¹		Dithiazanine Iodide	514-73-8	500/10,000 ¹	
Bitoscanate	4044-65-9	500/10,000 ¹		Dithiobiuret	541-53-7	100/10,000 ¹	
Boron Trichloride (Trichloroborane)	10294-34-5	500	b	Emetine, Dihydrochloride	316-42-7	1/10,000 ¹	
Boron Trifluoride (Trifluoroborane)	7637-07-2	500	b	Endosulfan	115-29-7	10/10,000 ¹	
Boron Trifluoride Compound w/Methyl Ether(1:1) (Boron, Trifluoro (Oxybis (Metane)))-,T-4-	353-42-4	1,000	b	Endothion	2778-04-3	500/10,000 ¹	
Bromadiolone	28772-56-7	100/10,000 ¹		Endrin	72-20-8	500/10,000 ¹	
Bromine	7726-95-6	500	a,b	Epichlorohydrin ((Chloromethyl) Oxirane)	106-89-8	1,000	b
Bromotrifluoroethylene (Ethene, Bromotrifluoro-)	598-73-2	10,000	f	EPN (Phenylphosphonothioic Acid o-Ethyl- (4-Nitrophenyl) Ester)	2104-64-5	100/10,000 ¹	
1,3-Butadiene	106-99-0	10,000	f	Ergocalciferol	50-14-6	1,000/10,000 ¹	
Butane	106-97-8	10,000	f	Ergotamine Tartrate	379-79-3	500/10,000 ¹	
Butene	25167-67-3	10,000	f	Ethane	74-84-0	10,000	f
1-Butene	106-98-9	10,000	f	Ethyl Acetylene (1-Butyne)	107-00-6	10,000	f
2-Butene	107-01-7	10,000	f	Ethyl Chloride (Ethane, Chloro-)	75-00-3	10,000	f
2-Butene-cis	590-18-1	10,000	f	Ethyl Ether (Ethane, 1,1'-Oxybis-)	60-29-7	10,000	g
2-Butene-trans (2-Butene, (E))	624-64-6	10,000	f	Ethyl Mercaptan (Ethanethiol)	75-08-1	10,000	g
Cadmium Oxide	306-19-0	100/10,000 ¹		Ethyl Nitrite (Nitrous Acid, Ethyl Ester)	109-95-5	10,000	f
Cadmium Stearate	2223-93-0	1,000/10,000 ¹		Ethylamine (Ethanamine)	75-04-7	10,000	f
Calcium Arsenate	7778-44-1	500/10,000 ¹		Ethylene (Ethene)	74-85-1	10,000	f
Camphechlor	8001-35-2	500/10,000 ¹		Ethylene Fluorohydrin	371-62-0	10	
Cantharidin	56-25-7	100/10,000 ¹		Ethylene Oxide (Oxirane)	75-21-8	1,000	a,b
Carbachol Chloride	51-83-2	500/10,000 ¹		Ethylenediamine (1,2-Ethanediamine)	107-15-3	10,000 b	
Carbamic Acid, Methyl-,o-(((2,4-Dimethyl-1,3-Dithiolan-2-yl) Methylene)Amino)-	26419-73-8	100/10,000 ¹		Ethyleneimine (Aziridine)	151-56-4	500	b
Carbofuran	1563-66-2	10/10,000 ¹		Fenamiphos	22224-92-6	10/10,000 ¹	
Carbon Disulfide	75-15-0	10,000	b	Flueneil	4301-50-2	100/10,000 ¹	
Carbon Oxsulfide (Carbon Oxide Sulfide (COS))	463-58-1	10,000	f	Fluorine	7782-41-4	500	b
Chlorine	7782-50-5	100	a,b	Fluoroacetamide	640-19-7	100/10,000 ¹	
Chlorine Dioxide (Chlorine Oxide (ClO2))	10049-04-4	1,000	c	Fluoroacetic Acid	144-49-0	10/10,000 ¹	
Chlorine Monoxide (Chlorine Oxide) 7791-21-1	10,000		f	Fluoroacetyl Chloride	359-06-8	10	
Chloromequat Chloride	999-81-5	100/10,000 ¹		Fluorouracil	51-21-8	500/10,000 ¹	
Chloroacetic Acid	79-11-8	100/10,000 ¹		Formaldehyde ²	50-00-0	500	b
Chloroform	67-66-3	10,000	b	Formetamate Hydrochloride	23422-53-9	500/10,000 ¹	
Chloromethyl Ether (Methane,Oxybis(chloro-)	542-88-1	100	b	Formparanate	17702-57-7	100/10,000 ¹	
Chloromethyl Methyl Ether (Chloromethoxymethane) 107-30-2	100		b	Fuberidazole	3878-19-1	100/10,000 ¹	
Chlorophacinone	3691-35-8	100/10,000 ¹		Furan	110-00-9	500 b	
1-Chloropropylene (1-Propene, 1-Chloro-)	590-21-6	10,000	g	Gallium Trichloride	13450-90-3	500/10,000 ¹	
2-Chloropropylene (1-Propene, 2-Chloro-)	557-98-2	10,000	g	Hydrazine	302-01-2	1,000b	
Chloroxuron	1982-47-4	500/10,000 ¹		Hydrochloric Acid (conc 30% or greater)	7647-01-0	15,000	d
Chromic Chloride	10025-73-7	1/10,000 ¹		Hydrocyanic Acid	74-90-8	2,500	a,b
Cobalt,(2,2'-(1,2-Ethanediybis(Nitrilomethylidene))				Hydrogen	1333-74-0	10,000	f
Bis(6-Fluorophenolato)(2-)-N,N',O,O')-	62207-76-5	100/10,000 ¹		Hydrogen Chloride (Anhydrous Hydrochloric Acid),(Gas) 7647-01-0	500	a	
Cobalt Carbonyl	10210-68-1	10/10,000 ¹		Hydrogen Cyanide (Hydrocyanic Acid),(Gas)	74-90-8	100	
Colchicine	64-86-8	10/10,000 ¹		Hydrogen Fluoride/Hydrofluoric Acid (conc 50% or greater)			
Coumaphos	56-72-4	100/10,000 ¹		(Hydrofluoric Acid)	7664-39-3	1,000	a,b
Coumatetralyl	5836-29-3	500/10,000 ¹		Hydrogen Fluoride (Anhydrous Hydrofluoric Acid),(Gas) 7664-39-3	100		
				Hydrogen Selenide	7783-07-5	10 b	

Hydrogen Sulfide 7783-06-4 500 a,b*
 Hydroquinone 4 123-31-9 500/10,000¹

**City of Glendale – Unified Program (CUPA) Agency
 780 Flower Street, Glendale, CA 91201
 REGULATED SUBSTANCE LIST**

CHEMICAL NAME	CAS #	TQ	Listing Basis	(Trichloromethanesulfonyl Chloride) 594-42-3	500	b
CHEMICAL NAME	CAS #	TQ	Listing Basis			
Iron, Pentacarbonyl- (Iron Carbonyl (Fe(CO) ₅ , (TB-5-11)-)	13463-40-6	100	b			
Isobenzan	297-78-9	100/10,000 ¹		Phenol	108-95-2	500/10,000 ¹
Isobutane (Propane, 2-Methyl)	75-28-5	10,0		Phenol, 2,2'-Thiobis(4-Chloro-6-Methyl)	4418-66-0	100/10,000 ¹
Isobutyronitrile (2-Methylpropanenitrile)	78-82-0	1,000	b	Phenol, 3-(1-Methylethyl)-, Methylcarbamate)	64-00-6	500/10,000 ¹
Isocyanic Acid,3,4-Dichlorophenyl Ester	102-36-3	500/10,000 ¹		Phenoxarsine, 10, 10' - Oxydi- * Phenylchloroarsine	58-36-6	500/10,000 ¹
Isodrin	465-73-6	100/10,000 ¹		(Dichlorophenylarsine) (Lewisite Variant)	696-28-6	500
Isopentane (Butane, 2-Methyl-)	78-78-4	10,000	g	Phenylhydrazine Hydrochloride	59-88-1	1,000/10,000 ¹
Isophorone Diisocyanate 4098-71-9	100			Phenylmercury Acetate (Phenylmercuric Acetate)	62-38-4	500/10,000 ¹
Isoprene (1,3-Butadiene, 2-Methyl-)	78-79-5	10,000	g	Phenylsilatrane	2097-19-0	100/10,000 ¹
Isopropyl Chloride (Propane, 2-Chloro-)	75-29-6	10,000	g	Phenylthiourea	103-85-5	100/10,000 ¹
Isopropyl Chloroformate (Carbonochloridic Acid, 1-Methylethyl Ester)	108-23-6	1,000	b	* Phorate	298-02-2	10
Isopropylamine (2-Propanamine)	75-31-0	10,000	g	Phosacetim	4104-14-7	100/10,000 ¹
Leptophos	21609-90-5	500/10,000 ¹		Phosfolan	947-02-4	100/10,000 ¹
* Lewisite (Chlorovinylarsine Dichloride)	541-25-3	10		Phosgene (Carbonyl Chloride) (Carbonyl Dichloride)	75-44-5	10
Lindane (Hexachlorocyclohexane (Gamma Isomer))	58-89-9	1,000/10,000 ¹		Phosmet	732-11-6	10/10,000 ¹
Lithium Hydride	7580-67-8	100		Phosphine (Hydrogen Phosphide) * Phosphonothioic Acid, Methyl-, S-(2-(Bis (1-Methylethyl)Amino)Ethyl) O-Ethyl Ester	7803-51-2	500
Malononitrile	109-77-3	500/10,000 ¹		Phosphorus	7723-14-0	100
* Manganese,Tricarbonyl Methylcyclopentadienyl	12108-13-3	100		Phosphorus Oxychloride (Phosphoryl Chloride)	10025-87-3	500
Mercuric Acetate	1600-27-7	500/10,000 ¹		Phosphorus Pentachloride	10026-13-8	500
Mercuric Chloride	7487-94-7	500/10,000 ¹		Phosphorus Trichloride	7719-12-2	1,000
Mercuric Oxide	21908-53-2	500/10,000 ¹		Phystostigmine	57-47-6	100/10,000 ¹
Methacrylonitrile (Methylacrylonitrile)	126-98-7	500	b	Phystostigmine, Salicylate (1:1)	57-64-7	100/10,000 ¹
(2-Methyl-2-Propenenitrile)	920-46-7	100		Picrotoxin	124-87-8	500/10,000 ¹
Methacryloyl Chloride	30674-80-7	100		Piperidine	110-89-4	1,000
Methacryloyloxyethyl Isocyanate	10265-92-6	100/10,000 ¹		Potassium Arsenite	10124-50-2	500/10,000 ¹
Methamidophos	74-82-8	10,000	f	Potassium Cyanide	151-50-8	100
Methane	558-25-8	1,000		Potassium Silver Cyanide	506-61-6	500
Methanesulfonyl Fluoride	950-37-8	500/10,000 ¹		Promecarb	2631-37-0	500/10,000 ¹
Methidathion	2032-65-7	500/10,000 ¹		Propadiene (1,2-Propadiene)	463-49-0	10,000
Methiocarb (Mercaptodimethur)	16752-77-5	500/10,000 ¹		Propane	74-98-6	10,000
Methyl	151-38-2	500/10,000 ¹		Propargyl Bromide (3-Bromopropyne) * beta-Propiolactone	106-96-7	10
Methyl 2-Chloroacrylate 80-63-7	563-46-2	10,000	g	Propionitrile (Propanenitrile)(Ethyl Cyanide)	57-57-8	500
Methyl Bromide (Bromomethane)	74-83-9	1,000	a	Propiophenone, 4'-Amino- Propyl Chloroformate	107-12-0	500
Methyl Chloride (Methane, Chloro-) 74-87-3	563-45-1	10,000		(Carbonochloridic Acid, Propylester)	70-69-9	100/10,000 ¹
Methyl Chloroformate	79-22-1	500	b	Propylene (1-Propene)	115-07-1	10,000
(Carbonochloridic Acid, Methyl Ester)	115-10-6	10,000	f	Propylene Oxide (Methyloxirane)	75-56-9	10,000
Methyl Ether (Methane, Oxybis-)	107-31-3	10,000	g	Propyleneimine (2-Methylaziridine)	75-55-8	10,000
Methyl Formate (Formic Acid, Methyl Ester)	60-34-4	500	b	Propyne (1-Propyne)	74-99-7	10,000
Methyl Hydrazine	624-83-9	500	a,b	Prothoate	2275-18-5	100/10,000 ¹
Methyl Isocyanate (Isocyanatomethane)	556-61-6	500		Pyrene	129-00-0	1,000/10,000 ¹
Methyl Isothiocyanate	74-93-1	500	b	Pyridine, 4-Amino- Pyridine, 4-Nitro-, 1-Oxide	504-24-5	500/10,000 ¹
Methyl Mercaptan (Methanethiol) (Thiomethanol)	100/10,000 ¹			Pyriminil	1124-33-0	500/10,000 ¹
Methyl Parathion (Parathion Methyl) 298-00-0	676-97-1	100		Salcomine	53558-25-1	100/10,000 ¹
Methyl Phosphonic Dichloride	556-61-6	500		* Sarin	14167-18-1	500/10,000 ¹
Methyl Thiocyanate (Thiocyanic Acid, Methyl Ester)	78-94-4	10,000	b	Selenious Acid	107-44-8	10
Methyl Vinyl Ketone	74-89-5	10,000	f	Semicarbazide Hydrochloride	7783-00-8	1,000/10,000 ¹
Methylamine (Methanamine)	502-39-6	500/10,000 ¹		Silane	563-41-7	1,000/10,000 ¹
Methylmercuric Dicyanamide	115-11-7	10,000	f	Sodium Arsenate	7803-62-5	10,000
2-Methylpropene (1-Propene, 2-Methyl-)	75-79-6	500	b	Sodium Arsenite	7631-89-2	1,000/10,000 ¹
Methyltrichlorosilane (Trichloromethylsilane)	1129-41-5	100/10,000 ¹		Sodium Azide (Na (N ₃))	7784-46-5	500/10,000 ¹
Metolcarb	315-18-4	500/10,000 ¹		Sodium Cacodylate	124-65-2	100/10,000 ¹
Mexcarbate	50-07-7	500/10,000 ¹		Sodium Cyanide (Na (CN))	143-33-9	100
Mitomycin C	6923-22-4	10/10,000 ¹		Sodium Fluoroacetate (Fluoroacetic Acid, Sodium Salt)	62-74-8	10/10,000 ¹
Monocrotophos	2763-96-4	500/10,000 ¹		Sodium Selenate	13410-01-0	100/10,000 ¹
Muscimol (5-(Aminomethyl)-3-Isoxazolol)	505-60-2	500		Sodium Selenite	10102-18-8	100/10,000 ¹
* Mustard Gas (2,2'- Dichloroethyl Sulfide)	13463-39-3	1	b	Sodium Tellurite	10102-20-2	500/10,000 ¹
Nickel Carbonyl (Nickel Tetracarbonyl)	65-30-5	100/10,000 ¹		Stannane, Acetoxytriphenyl- Strychnine	900-95-8	500/10,000 ¹
Nicotine Sulfate	7697-37-2	1,000	b	Strychnine, Sulfate	57-24-9	100/10,000 ¹
Nitric Acid	98-95-3	10,000	b	Sulfur Dioxide (Anhydrous)	60-41-3	100/10,000 ¹
Nitric Oxide (Nitrogen Monoxide (NO))	10102-43-9	100		Sulfur Tetrafluoride (Sulfur Fluoride (SF ₄), (T-4)-)	7446-09-5	500
* Nitrobenzene	10102-44-0	100		Sulfur Tetrafluoride (Sulfuric Anhydride)	7446-11-9	100
Nitrogen Dioxide	51-75-2	10		* Sulfuric Acid ³	7664-93-9	1,000
* Nitrogen Mustard (Mechlorethamine)	100/10,000 ¹			* Tabun (Ethyl Dimethylamidocyanophosphate)	77-81-6	10
Norbormide	8014-95-7	10,000	e	Tellurium Hexafluoride	7783-80-4	100
Oleum (Fuming Sulfuric Acid) (Sulfuric Acid, mixture with Sulfur Trioxide) ⁷	630-60-4	100/10,000 ¹		Tetrafluoroethylene (Ethene, Tetrafluoro-)	116-14-3	10,000f
Organorhodium Complex (PMN-82-147)	23135-22-0	100/10,000 ¹		Tetramethyllead (Tetramethylplumbane)	75-74-1	100
Ouabain	10028-15-6	100		Tetramethylsilane (Silane, Tetramethyl-)	75-76-3	10,000g
Oxamyl	1910-42-5	10/10,000 ¹		Tetranitromethane (Methane, Tetranitro-)	509-14-8	500
Ozone	12002-03-8	500/10,000 ¹		Thallium Sulfate	10031-59-1	100/10,000 ¹
Paraquat Methosulfate 2074-50-2	500			Thallous Carbonate (Thallium (1) Carbonate)	6533-73-9	100/10,000 ¹
Paraquat (Paraquat Dichloride)	2570-26-5	100/10,000 ¹		Thallous Chloride (Thallium Chloride)	7791-12-0	100/10,000 ¹
Paris Green (Cupric Acetoarsenite)	504-60-9	10,000	f	Thallous Malonate (Thallium Malonate)	2757-18-8	100/10,000 ¹
Pentaborane 19624-22-7	109-66-0	10,000	g	Thallous Sulfate (Thallium (1) Sulfate)	7446-18-6	100/10,000 ¹
Pentadecylamine	109-67-1	10,000	g	Thiocarbazine	2231-57-4	1,000/10,000 ¹
1,3-Pentadiene	646-04-8	10,000	g	Thiofanox	39196-18-4	100/10,000 ¹
Pentane	627-20-3	10,000	g	Thiosemicarbazide	79-19-6	100/10,000 ¹
1-Pentene	79-21-0	500	b	Thiourea, (2-Chlorophenyl)- Thiourea, (2-Methylphenyl)-	5344-82-1	100/10,000 ¹
2-Pentene, (E)-				Titanium Tetrachloride (Titanium Chloride (TiCl ₄) (T-4)	7550-45-0	100 b
2-Pentene, (Z)-				Toluene-2,6-Diisocyanate		
Peracetic Acid				(1,3-Diisocyanato-2-Methylbenzene) ⁵	91-08-7	100 a
(Ethaneperoxyic Acid) (Peroxyacetic Acid)				Toluene-2,4-Diisocyanate		
Perchloromethylmercaptan				(2,4-Diisocyanato-1-Methylbenzene) ⁵	584-84-9	500 a
				Toluene Diisocyanate (unspecified isomer)		

(Benzene,1,3-Diisocyanatomethyl-) ⁵	26471-62-5	10,000	a
Triamphos	1031-47-6	500/10,000 ¹	
Trichloro(Chloromethyl)Silane	1558-25-4	100	

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
REGULATED SUBSTANCE LIST

CHEMICAL NAME (lbs) Basis	CAS #	TQ	Listing
Trichloro(Dichlorophenyl)Silane	27137-85-5	500	
Trichloronate	327-98-0	500	
Trichlorosilane (Silane, Trichloro-)	10025-78-2	10,000 g	
Triethoxysilane	998-30-1	500	
Trifluorochloroethylene (Ethene, Chlorotrifluoro-)	79-38-9	10,000 f	
Trimethylamine (Methanamine, N,N-dimethyl-)	75-50-3	10,000 f	
Trimethylchlorosilane (Chlorotrimethylsilane)	75-77-4	1,000 b	
Trimethylolpropane Phosphite	824-11-3	100/10,000 ¹	
Trimethyltin Chloride	066-45-1	500/10,000 ¹	
Triphenyltin Chloride	639-58-7	500/10,000 ¹	
* Tris(2-Chloroethyl)Amine	555-77-1	100	
Valinomycin	2001-95-8	1,000/10,000 ¹	
Vanadium Pentoxide	1314-62-1	100/10,000 ¹	
Vinyl Acetate Monomer (Vinyl Acetate) (Acetic Acid, Ethenyl Ester)	108-05-4	1,000	b
Vinyl Acetylene (1-Buten-3-Yne)	689-97-4	10,000	f
Vinyl Chloride (Ethene, Chloro-)	75-01-4	10,000	a, f
Vinyl Ethyl Ether (Ethene, Ethoxy-)	109-92-2	10,000	g
Vinyl Fluoride (Ethene, Fluoro-)	75-02-5	10,000	f
Vinyl Methyl Ether (Ethene, Methoxy-)	107-25-5	10,000	f
Vinylidene Chloride (Ethene, 1,1-Dichloro-)	75-35-4	10,000	g
Vinylidene Fluoride (Ethene, 1,1-Difluoro-)	75-38-7	10,000	f
Warfarin	81-81-2	500/10,000 ¹	
Warfarin Sodium (Coumadin) (Sodium salt)	129-06-6	100/10,000 ¹	
Xylylene Dichloride	28347-13-9	100/10,000 ¹	
Zinc, Dichloro(4,4-Dimethyl-5(((Methylamino) Carbonyl)Oxy)Imino)Pentanenitrile)-, (T-4)-	58270-08-9	100/10,000 ¹	
Zinc Phosphide	1314-84-7	500	

* 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. If 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.

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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:

- o **UNDERGROUND STORAGE TANK FACILITY PAGE**
- o **UNDERGROUND STORAGE TANK PAGE (ONE PER TANK)**
One tank per page. Make photocopies as necessary.
- o **UNDERGROUND STORAGE TANK INSTALLATION PAGE**
- o **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.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
UNDERGROUND STORAGE TANKS – FACILITY (Form A)

I. FACILITY / SITE INFORMATION				
BUSINESS NAME (Same as FACILITY NAME or DBA) 3			FACILITY ID# 1	
NEAREST CROSS STREET 401		FACILITY OWNER TYPE		
BUSINESS TYPE		4. LOCAL AGENCY/DISTRICT*		
1. GAS STATION 3. FARM 5. COMMERCIAL		5. COUNTY AGENCY*		
2. DISTRIBUTOR 4. PROCESSOR 6. OTHER 403		6. STATE AGENCY*		
3. PARTNERSHIP		7. FEDERAL AGENCY* 402		
TOTAL NUMBER OF TANKS REMAINING AT SITE 404	Is facility on Indian Reservation or trustlands? Yes No 405		*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406	
II. PROPERTY OWNER INFORMATION				
PROPERTY OWNER NAME 407			PHONE 408	
MAILING OR STREET ADDRESS 409				
CITY 410	STATE 411	ZIP CODE 412		
PROPERTY OWNER TYPE		4. LOCAL AGENCY / DISTRICT		
1. CORPORATION 2. INDIVIDUAL		6. STATE AGENCY		
3. PARTNERSHIP 5. COUNTY AGENCY		7. FEDERAL AGENCY 413		
III. TANK OWNER INFORMATION				
TANK OWNER NAME 414			PHONE 415	
MAILING OR STREET ADDRESS 416				
CITY 417	STATE 418	ZIP CODE 419		
TANK OWNER TYPE		4. LOCAL AGENCY / DISTRICT		
1. CORPORATION 2. INDIVIDUAL		6. STATE AGENCY		
3. PARTNERSHIP 5. COUNTY AGENCY		7. FEDERAL AGENCY		
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER				
TY (TK) HQ 44-			Call (916) 322-9669 if questions arise 421	
V. PETROLEUM UST FINANCIAL RESPONSIBILITY				
INDICATE METHOD(s)	1. SELF-INSURED	4. SURETY BOND	7. STATE FUND	10. LOCAL GOV'T MECHANISM
	2. GUARANTEE	5. LETTER OF CREDIT	8. STATE FUND & CFO LETTER	99. OTHER:
	3. INSURANCE	6. EXEMPTION	9. STATE FUND & CD	422
VI. LEGAL NOTIFICATION AND MAILING ADDRESS				
Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked				
1. FACILITY		2. PROPERTY OWNER		3. TANK OWNER 423
VII. APPLICANT SIGNATURE				
Certification – I certify that the information provided herein is true and accurate to the best of my knowledge.				
SIGNATURE OF APPLICANT X		DATE 424	PHONE 425	
NAME OF APPLICANT (print) 426		TITLE OF APPLICANT 427		

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, Ca 91201
UNDERGROUND STORAGE TANKS – FACILITY (Form A) - INSTRUCTIONS

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>1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.</p> <p>3. BUSINESS NAME - Enter the full legal name of the business.</p> <p>400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.</p> <p>401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the tank 's site.</p> <p>402. FACILITY OWNER TYPE - Check the type of business ownership.</p> <p>403. BUSINESS TYPE - Check the type of business.</p> <p>404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.</p> <p>405. INDIAN OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.</p> <p>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.</p> <p>407. PROPERTY OWNER NAME -Complete items 407- 412 for the property owner, unless all items are</p> <p>408. PROPERTY OWNER PHONE the same as the Owner Information (items 111-116) on the Business</p> <p>409. PROPERTY OWNER MAILING OR STREET ADDRESS Owner/Operator Identification page (OES Form 2730). If the same,</p> <p>410. PROPERTY OWNER CITY write "SAME AS SITE" in this section.</p> <p>411. PROPERTY OWNER STATE</p> <p>412. PROPERTY OWNER ZIP CODE</p> <p>413. PROPERTY OWNER TYPE - Check the type of property ownership.</p> <p>414. TANK OWNER NAME - Complete items 414- 419 for the tank owner,, unless all items are the</p> <p>415. TANK OWNER PHONE same as the Owner Information (items 111-116) on the Business</p> <p>416. TANK OWNER MAILING OR STREET ADDRESS Owner/Operator Identification page (OES Form 2730). If the same,</p> <p>417. TANK OWNER CITY write "SAME AS SITE" in this section.</p> <p>418. TANK OWNER STATE</p> | <p>419. TANK OWNER ZIP CODE</p> <p>420. TANK OWNER TYPE - Check the type of tank ownership.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>424. DATE CERTIFIED - Enter the date that the page was signed.</p> <p>425. APPLICANT PHONE - Enter the phone number of the applicant (person certifying).</p> <p>426. APPLICANT NAME - Enter the full printed name of the person signing the page.</p> <p>427. APPLICANT TITLE - Enter the title of the person signing the page.</p> <p>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.</p> <p>429. 1998 UPGRADE CERTIFICATE NUMBER - Leave this blank. This number is assigned by the CUPA or PA.</p> |
|---|--|

**City of Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
UNDERGROUND STORAGE TANKS – TANK PAGE 1 (Form B)**

BUSINESS NAME (Same as FACILITY NAME or DBA)		3	FACILITY ID:		1
LOCATION WITHIN SITE (Optional)					431
I. TANK DESCRIPTION					
(A scaled plot plan with location(s) of UST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)					
TANK ID #	432	TANK MANUFACTURER	433	COMPARTMENTALIZED TANK	Yes No 434
If "Yes", complete one page for each compartment.					
DATE INSTALLED (YEAR/MO)	435	TANK CAPACITY IN GALLONS	436	NUMBER OF COMPARTMENTS	437
ADDITIONAL DESCRIPTION (For local use only)					438
II. TANK CONTENTS					
TANK USE	439	PETROLEUM TYPE	440		
1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)		1a. REGULAR UNLEADED	2. LEADED	5. JET FUEL	
2. NON-FUEL PETROLEUM		1b. PREMIUM UNLEADED	3. DIESEL	6. AVIATION FUEL	
3. CHEMICAL PRODUCT		1c. MIDGRADE UNLEADED	4. GASOHOL	99. OTHER:	
4. HAZARDOUS WASTE (Includes Used Oil)		COMMON NAME	441	CAS#	442
95. UNKNOWN		(from Hazardous Materials Inventory page)		(from Hazardous Materials Inventory page)	
III. TANK CONSTRUCTION					
TYPE OF TANK (Check one item only)	1. SINGLE WALL	3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	5. SINGLE WALL WITH INTERNAL BLADDER	95. UNKNOWN	443
	2. DOUBLE WALL	4. SINGLE WALL IN VAULT	99. OTHER		
TANK MATERIAL – primary tank (Check one item only)	1. BARE STEEL	3. FIBERGLASS / PLASTIC	5. CONCRETE	95. UNKNOWN	
	2. STAINLESS STEEL	4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	8. FRP COMPTIBLE W/100% METHANOL	99. OTHER	444
TANK MATERIAL – secondary tank (Check one item only)	1. BARE STEEL	3. FIBERGLASS / PLASTIC	5. CONCRETE	95. UNKNOWN	
	2. STAINLESS STEEL	4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	8. FRP COMPTIBLE W/100% METHANOL	99. OTHER	445
TANK INTERIOR LINING OR COATING (Check one item only)	1. RUBBER LINED	3. EPOXY LINING	5. GLASS LINING	95. UNKNOWN	446
	2. ALKYD LINING	4. PHENOLIC LINING	6. UNLINED	99 OTHER	446
OTHER CORROSION PROTECTION (IF APPLICABLE) (Check one item only)	1 MANUFACTURED CATHODIC PROTECTION	3 FIBERGLASS REINFORCED PLASTIC	95 UNKNOWN	DATE INSTALLED	448
	2 SACRIFICIAL ANODE	4 IMPRESSED CURRENT	99 OTHER	(For local use only)	448
SPILL AND OVERFILL					
(Check all that apply)	YEAR INSTALLED	450	TYPE (local use only)	451	OVERFILL PROTECTION EQUIPMENT
1 SPILL CONTAINMENT					1 ALARM
2 DROP TUBE					2 BALL FLOAT
3 STRIKER PLATE					3 FILL TUBE SHUT OFF VALVE
					4 EXEMPT
IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)					
IF SINGLE WALL TANK (Check all that apply)	453	IF DOUBLE WALL TANK OR TANK WITH BLADDER		454	
1 VISUAL (EXPOSED PORTION ONLY)		5 MANUAL TANK GAUGING (MTG)	(Check one item only)		
2 AUTOMATIC TANK GAUGING (ATG)		6 VADOSE ZONE	1 VISUAL (SINGLE WALL IN VAULT ONLY)		
3 CONTINUOUS ATG		7 GROUNDWATER	2 CONTINUOUS INTERSTITIAL MONITORING		
4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING		8 TANK TESTING	3 MANUAL MONITORING		
		99 OTHER			
V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE					
ESTIMATED DATE LAST USED (YR/MO/DAY)	45	ESTIMATED QUANTITY OF SUBSTANCE REMAINING	456	TANK FILLED WITH INERT MATERIAL?	457
_____	5			Yes No	

City of Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
UNDERGROUND STORAGE TANKS – TANK PAGE 1 (Form B) - INSTRUCTIONS

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.

- | | |
|---|--|
| <p>1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.</p> <p>3. BUSINESS NAME - Enter the full legal name of the business.</p> <p>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.</p> <p>431. LOCATION WITHIN SITE - Enter the location of the tank within the site .</p> <p>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.</p> <p>433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.</p> <p>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.</p> <p>435. DATE TANK INSTALLED - Enter the year and month the tank was installed.</p> <p>436. TANK CAPACITY - Enter the tank capacity in gallons.</p> <p>437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.</p> <p>438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.</p> <p>439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.</p> <p>440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.</p> <p>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.</p> <p>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.</p> <p>443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and enter type.</p> <p>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.</p> <p>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.</p> <p>446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or</p> | <p>coating of the tank. If type of interior lining or coating is not listed, check "other" and enter type.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.</p> <p>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).</p> <p>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.</p> <p>ATTACHMENTS:</p> <ol style="list-style-type: none"> 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 <p style="text-align: center;">ATTACHMENTS.</p> |
|---|--|

**City of Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
UNDERGROUND STORAGE TANKS – TANK PAGE 2 (Form B)**

VI. PIPING CONSTRUCTION (Check all that apply)

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

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

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

VIII. DISPENSER CONTAINMENT

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

IX. OWNER/OPERATOR SIGNATURE

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

SIGNATURE OF OWNER/OPERATOR X _____	DATE _____	470
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City of Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
UNDERGROUND STORAGE TANKS – TANK PAGE 2 (Form B) - INSTRUCTIONS

(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.

- 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.

**City of Glendale – Unified Program (CUPA) Agency
 780 Flower, Glendale, CA 91201
 UNDERGROUND STORAGE TANKS – INSTALLATION
 CERTIFICATE OF COMPLIANCE (Form C)**

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3
ADDRESS	476
FACILITY ID# 1 TANK ID #	477

II. INSTALLATION

(Check all that apply)

The installer has been trained and certified by the tank and piping manufacturers. 478

The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations. 479

The installation has been inspected and approved by the Unified Program Agency. 480

All work listed on the manufacturer’s installation checklist has been completed. 481

The installer has been certified or licensed by the Contractors’ State License Board. 482

The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer’s installation procedures. 483

Description of work being certified:

III. TANK OWNER/AGENT SIGNATURE

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

SIGNATURE OF TANK OWNER/AGENT X _____	DATE	484
NAME OF TANK OWNER/AGENT (print) 485	TITLE OF TANK OWNER/AGENT	486

City of Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
UNDERGROUND STORAGE TANKS – INSTALLATION
CERTIFICATE OF COMPLIANCE (Form C) - INSTRUCTIONS

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.



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

(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

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

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

B. _____ hereby certifies that it is in compliance with the requirements of Section 2807, (Name of Tank Owner or Operator) 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:

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

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

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 address 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? It is a required coverage. If using the State Cleanup Fund, indicate "yes." |
| Third Party Compensation | Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? It is a required coverage. If using the State Cleanup Fund, indicate "yes." |
| D. Facility Information | Provide all facility and or site names and addresses. |
| E. Signature Block | Provide signature and date signed by tank owner or operator; printed or typed name and title of tank owner or operator; signature of witness or notary and date signed; and printed or typed name of witness or notary. (If 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 Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
HAZARDOUS WASTE GENERATOR**

PAGE OF

BUSINESS NAME:			3
FACILITY ID #	1	NUMBER OF EMPLOYEES:	133b
EPA ID #			2

I. TYPE OF GENERATOR

A

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

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

II. WASTE STREAM IDENTIFICATION

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

PROCESS	B	WASTE DESCRIPTION	C	WASTE ID	D	AMOUNT PER YEAR	E	STORAGE METHOD	F	DISPOSAL METHOD	G

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		DATE	J

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

City of Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
HAZARDOUS WASTE GENERATOR PAGE - INSTRUCTIONS

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 apply 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 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 Glendale - UNIFIED PROGRAM (UP) FORM**780 Flower Street, Glendale, CA 91201****RECYCLABLE MATERIALS REPORT – PAGE 1**

(COMPLETE ONLY IF CLAIMING A RECYCLING EXCLUSION OR EXEMPTION PER HSC SECTION 25143.2)

FACILITY ID# ¹		EPA ID # ²	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) ³			
DATES OF REPORTING PERIOD		BEGINNING DATE ⁵⁰⁰	ENDING DATE ⁵⁰¹
I. TYPE OF RECYCLING ACTIVITIES If yes, please follow instructions.			
1. Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)?	YES	NO ⁵⁰²	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 ⁵⁰³	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 recyclers are not required to file this report. --			
II. OFFSITE GENERATOR OF RECYCLABLE MATERIAL Only complete when the generator is different from the recycler.			
OFFSITE GENERATOR OF RECYCLABLE MATERIAL ⁵⁰⁴		OFFSITE GENERATOR EPA ID# ⁵⁰⁵	
STREET ADDRESS ⁵⁰⁶		PHONE ⁵⁰⁷	
CITY ⁵⁰⁸	STATE ⁵⁰⁹	ZIP CODE ⁵¹⁰	
MAILING ADDRESS (IF DIFFERENT) ⁵¹¹			
CITY ⁵¹²	STATE ⁵¹³	ZIP CODE ⁵¹⁴	
III. CERTIFICATION SECTION			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.			
SIGNATURE OF CERTIFIER ⁵¹⁶ X		DATE ⁵¹⁵	NAME OF DOCUMENT PREPARER ⁵¹⁶
NAME OF SIGNER (print) ⁵¹⁷		TITLE OF SIGNER ⁵¹⁸	
OFFICIAL USE ONLY		DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT	INSPECTOR

City of Glendale-- UNIFIED PROGRAM (UP) FORM
780 Flower Street, Glendale, CA 91201
RECYCLABLE MATERIALS REPORT – PAGE 1 - INSTRUCTIONS

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 your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number contact the DTSC Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
 3. **BUSINESS NAME** - Enter the full legal name of the business.
 500. **BEGINNING DATE OF REPORTING PERIOD** - Enter the beginning date of the reporting period for this report. This report is for two calendar years and is due on July 1 of every even-numbered year.
 501. **ENDING DATE OF REPORTING PERIOD** - Enter the ending date of the reporting period for this report.
 502. **ONSITE RECYCLING** - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material generated onsite under a claim that the material qualifies for an exclusion or exemption pursuant to HSC § 25143.2. Check "No" if the recycling facility does not recycle onsite.
 503. **OFFSITE RECYCLING** - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion, or exemption pursuant to HSC § 25143.2, and that material was received from one or more offsite locations. Check "No" if the recycling facility does not recycle material generated offsite.
 504. **OFFSITE GENERATOR NAME** - If the generator is different from the recycler, enter the name of the person that generated the recyclable material. Complete a separate report for each generator.
 505. **OFFSITE GENERATOR EPA ID NUMBER** - Enter the generator's 12-character U.S. Environmental Protection Agency (EPA) identification number. If the generator needs but does not yet have an identification number, the owner or operator can contact the Telephone Information Center at (916) 324-1781.
 506. **OFFSITE GENERATOR STREET ADDRESS** Complete items **506 – 510** for each generator of recyclable
 507. **OFFSITE GENERATOR PHONE NUMBER** material.
 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
 512. **CITY FOR MAILING ADDRESS** generator is different from the street 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.

City of Glendale -- UNIFIED PROGRAM (UP) FORM
780 Flower Street, Glendale, CA 91201
RECYCLABLE MATERIALS REPORT – PAGE 2
 (COMPLETE ONLY IF CLAIMING A RECYCLING EXCLUSION OR EXEMPTION PER HSC SECTION 25143.2)
 (one description per material recycled, attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS 519 Page of

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

IV. RECYCLABLE MATERIAL INFORMATION
A. DESCRIPTION

RECYCLABLE MATERIAL NUMBER 520	COMMON NAME OF RECYCLABLE MATERIAL 521	QUANTITY DURING TWO YEAR REPORTING PERIOD 522	UNITS 523
			a. Gallons c. Tons b. Pounds d. Kilograms

RECYCLABLE MATERIAL DESCRIPTION 524

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL 525

AUTHORIZING PROVISION OF HSC SECTION 25143.2 526	BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION 527
---	---

B. PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY
 Only complete if recyclable material was used to make or substitute for a product and operating pursuant to HSC Section 25143.2(b) or (d)(5) or (6).

HAZARDOUS CONSTITUENT	HAZARDOUS CONSTITUENT		LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S)
	In Recyclable Material	In Final Product	
528	529	531	533
	UNITS 530	UNITS 532	
	a percent b ppm	a percent b ppm	
534	535	537	539
	UNITS 536	UNITS 538	
	a percent b ppm	a percent b ppm	
540	541	543	545
	UNITS 542	UNITS 544	
	a percent b ppm	a percent b ppm	
546	547	549	551
	UNITS 548	UNITS 550	
	a percent b ppm	a percent b 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)) 552

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

City of Glendale -- UNIFIED PROGRAM (UP) FORM

780 Flower Street, Glendale, CA 91201

RECYCLABLE MATERIALS REPORT – PAGE 2 - INSTRUCTIONS

(COMPLETE ONLY IF CLAIMING A RECYCLING EXCLUSION OR EXEMPTION PER HSC SECTION 25143.2)

(one description per material recycled, attach additional pages, if needed)

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 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 Glendale -- UNIFIED PROGRAM (UP) FORM
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ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

BUSINESS NAME (Same as FACILITY NAME or DBA Doing Business As) ³		FACILITY ID#	
I. STATUS			
NOTIFICATION STATUS ⁶⁰⁰	PERMIT STATUS (Check all that apply)		601
a Amended	a Facility Permit	d Variance	
b Initial	b Interim Status	e Consent Agreement	
c Renewal (PBR Only)	c Standardized Permit		
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)		602
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			
<u>Waste Minimization</u> 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.			
<u>Tiered Permitting Certification</u> I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.			
I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.			
SIGNATURE OF OWNER/OPERATOR X		DATE	603
NAME OF OWNER/OPERATOR		TITLE OF OWNER/OPERATOR	605
REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only)		Yes	No
State Reason for Request			
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			
_OFFICIAL USE ONLY		DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT	INSPECTOR

City of Glendale -- UNIFIED PROGRAM (UP) FORM
780 Flower Street, Glendale, CA 91201

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE - INSTRUCTIONS

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

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

ATTACHMENTS

NOTE: Commercial Laundries are not required to provide attachments.

ALL FACILITIES-

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

PBR & CA ONLY

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

ADDITIONAL SUBMISSION TO DTSC:

A PHASE I ENVIRONMENTAL ASSESSMENT IS REQUIRED FROM ALL PBR AND CA FACILITIES AND MUST BE SUBMITTED TO DTSC, NOT TO YOUR CUPA. This assessment was due on January 1, 1997 or within one year from initial notification for newer facilities. Revisions are required if new releases are discovered.

The assessment checklist and instructions are available from DTSC. Call (916) 324-2423 or write to DTSC-Unified Program Section, P.O. Box 806, Sacramento, CA 95812-0806. Completed Phase I Assessments should be submitted to the same address.

PBR ONLY

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

City of Glendale -- UNIFIED PROGRAM (UP) FORM
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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.

City of Glendale -- UNIFIED PROGRAM (UP) FORM
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ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE

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

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

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

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

<p>a. The treated waste is not a hazardous waste under federal law (California-only waste).</p> <p>b. Treated in waste water treatment units (tanks) and discharged to a Publicly Owned Treatment Works (POTW)/ sewerage agency or under an NPDES permit.</p> <p>c. Treatment in elementary neutralization units.</p> <p>d. Treatment in a totally enclosed treatment facility.</p> <p>e. Federal conditionally exempt small quantity generator (generated 100 kg, approximately 27 gallons, or less of hazardous waste in a calendar month).</p>	<p>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.</p> <p>g. Recyclable materials are reclaimed to recover silver or other precious metals.</p> <p>h. Empty container rinsing and/or treatment.</p> <p>i. Other (specify below)</p>	615
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III. RESIDUALS MANAGEMENT DESCRIPTION (Check all that apply)

<p>a. Discharge non-hazardous aqueous waste to POTW or sewer.</p> <p>b. Discharge non-hazardous aqueous waste under a NPDES permit.</p> <p>c. Dispose of non-hazardous solid waste residues at an offsite location.</p>	<p>Residual hazardous waste hauled offsite by a registered hauler.</p> <p>d. Offsite recycling</p> <p>e. Thermal treatment</p> <p>f. Disposal to land</p> <p>g. Further treatment</p> <p>h. Other method of disposal (describe below)</p>	616
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SECONDARY CONTAINMENT INSTALLATION DATE (if required)	617
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OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE - INSTRUCTIONS

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.

City of Glendale -- UNIFIED PROGRAM (UP) FORM

780 Flower Street, Glendale, CA 91201

ONSITE HAZARDOUS WASTE TREATMENT

CONDITIONALLY EXEMPT SMALL QUANTITY TREATMENT (CESQT) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit - check all that apply)

UNIT ID#

606

Facility ID#

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

1. **Aqueous wastes containing hexavalent chromium may be treated by the following process:**
 - 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:**

<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 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
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3. **Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies::**
 - a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 - b. Adsorption.
 - c. Distillation.
 - d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
 - e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
 - f. Air stripping or steam stripping.
4. **Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:**
 - a. Chemical stabilization using silicates and/or cementitious types of reactions.
 - b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing or compacting.
 - c. Drying to remove water.
 - d. Separation based on differences in physical properties such as size, magnetism or density.
5. **Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:**

<ol style="list-style-type: none"> a. Chemical stabilization using silicates and/or cementitious types of reactions. b. Drying to remove water. 	<ol style="list-style-type: none"> c. Phase separation by filtration, centrifugation or gravity settling.
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6. **Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.22 may be treated by the following technologies:**
 - a. Chemical stabilization using silicates and/or cementitious types of reactions.
 - b. Drying to remove water.
 - c. Phase separation by filtration, centrifugation or gravity settling.
 - d. Screening to separate components based on size.
 - e. Separation based on differences in physical properties such as size, magnetism or density.
7. **Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:**

<ol style="list-style-type: none"> a. Chemical stabilization using silicates and/or cementitious types of reactions. b. Drying to remove water 	<ol style="list-style-type: none"> c. Phase separation by filtration, centrifugation or gravity settling. d. Magnetic separation
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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:**

<ol style="list-style-type: none"> a. Chemical stabilization using silicates and/or cementitious types of reactions. b. Screening to separate components based on size. 	<ol style="list-style-type: none"> c. Magnetic separation.
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10. **Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:**
 - a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 - b. Distillation.
 - c. Neutralization.
 - d. Separation based on differences in physical properties such as size, magnetism or density.
 - e. Reverse osmosis.
 - f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
11. **Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.**
 - a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
 - b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.
12. **Multi-component resins may be treated by the following process:**
 - a. Mixing the resin components in accordance with the manufacturer's instructions.
13. **A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESQT.**

618

Certified Technology Number

**ONSITE HAZARDOUS WASTE TREATMENT
CONDITIONALLY EXEMPT SMALL QUANTITY TREATMENT (CESQT) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS - INSTRUCTIONS**

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	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 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	SCIGEN 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 Glendale -- UNIFIED PROGRAM (UP) FORM
780 Flower Street, Glendale, CA 91201

**ONSITE HAZARDOUS WASTE TREATMENT
CONDITIONALLY EXEMPT – SPECIFIED WASTESTREAMS (CESW) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit - check all that apply)**

UNIT ID#

606

Facility ID#

1

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

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CUPA	PA	DISTRICT		INSPECTOR	

**ONSITE HAZARDOUS WASTE TREATMENT
CONDITIONALLY EXEMPT – SPECIFIED WASTESTREAMS (CESW) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS - INSTRUCTIONS**

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 | 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.

City of Glendale -- UNIFIED PROGRAM (UP) FORM

780 Flower Street, Glendale, CA 91201

**ONSITE HAZARDOUS WASTE TREATMENT
CONDITIONALLY EXEMPT – LIMITED (CEL) PAGE**

WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit - check all that apply)

Unit ID#

606

Facility ID#

1

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).

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City of Glendale -- UNIFIED PROGRAM (UP) FORM
 780 Flower Street, Glendale, CA 91201
**ONSITE HAZARDOUS WASTE TREATMENT
 CONDITIONALLY EXEMPT – LIMITED (CEL) PAGE
 WASTE AND TREATMENT PROCESS COMBINATIONS - INSTRUCTIONS**

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.

<p>627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW 629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA 630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR 631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL</p>	<p>Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.</p>
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Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

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

<p>Neutralex Cert. #: 97-01-0024 Effective Date: Description: Tier:</p>	<p>SCIGEN 333 East Gardena Blvd. Gardena, CA 90248 June 29, 1997 (expires June 29, 2000) 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. Authorized for the CESW tier.</p>
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A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.

City of Glendale -- UNIFIED PROGRAM (UP) FORM

780 Flower Street, Glendale, CA 91201

**ONSITE HAZARDOUS WASTE TREATMENT -
CONDITIONALLY AUTHORIZED (CA) PAGE**

WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit - check all that apply)

Unit ID# 606 Facility ID# 1 Page 618 of 1

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

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

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

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

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

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

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

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

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

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

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

12. **A wastestream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Conditional Authorization.**

Certified Technology Number

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
CUPA	PA	DISTRICT		INSPECTOR	

**ONSITE HAZARDOUS WASTE TREATMENT -
CONDITIONALLY AUTHORIZED (CA) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS - INSTRUCTIONS**

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.

City of Glendale -- UNIFIED PROGRAM (UP) FORM
780 Flower Street, Glendale, CA 91201
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION
PERMIT BY RULE (PBR) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit – check all that apply)

Unit ID#	606	Facility ID#	1
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630

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

<ol style="list-style-type: none">a. pH adjustment or neutralizationb. Precipitation or crystallizationc. Phase separation by filtration, centrifugation, or gravity settlingd. Ion exchangee. Reverse osmosisf. Metallic replacement	<ol style="list-style-type: none">g. Plating the metal onto an electrode.h. Electrodialysis.i. Electrowinning or electrolytic recovery.j. Chemical stabilization using silicates and/or cementitious types of reactions.k. Evaporation.l. Adsorption.
--	--
3. **Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:**
 - a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 - b. Adsorption.
 - c. Distillation.
 - d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
 - e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
 - f. Air stripping or steam stripping.
4. **Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2) and/or fluoride salts may be treated by the following technologies:**
 - a. Chemical stabilization using silicates and/or cementitious types of reactions.
 - b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
 - c. Drying to remove water.
 - d. Separation based on differences in physical properties such as size, magnetism or density.
5. **Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:**

<ol style="list-style-type: none">a. Chemical stabilization using silicates and/or cementitious types of reactions.b. Drying to remove water	<ol style="list-style-type: none">c. Phase separation by filtration, centrifugation or gravity settling.
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6. **Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:**
 - a. Chemical stabilization using silicates and/or cementitious types of reactions.
 - b. Drying to remove water.
 - c. Phase separation by filtration, centrifugation or gravity settling.
 - d. Screening to separate components based on size.
 - e. Separation based on differences in physical properties such as size, magnetism or density.
7. **Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:**

<ol style="list-style-type: none">a. Chemical stabilization using silicates and/or cementitious types of reactions.b. Drying to remove water.	<ol style="list-style-type: none">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:**

<ol style="list-style-type: none">a. Chemical stabilization using silicates and/or cementitious types of reactions.b. Screening to separate components based on size.	<ol style="list-style-type: none">c. Magnetic separation.
--	---
10. **Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:**
 - a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 - b. Distillation.
 - c. Neutralization
 - d. Separation based on differences in physical properties such as size, magnetism or density.
 - e. Reverse osmosis.
 - f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
11. **Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, Section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.**
 - a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
 - b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.
12. **Multi-component resins may be treated by the following process:**
 - a. Mixing the resin components in accordance with the manufacturer's instructions.
13. **A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.**

Certified Technology Number

City of Glendale -- UNIFIED PROGRAM (UP) FORM
 780 Flower Street, Glendale, CA 91201
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION
PERMIT BY RULE (PBR) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS - INSTRUCTIONS

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	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.

City of Glendale -- UNIFIED PROGRAM (UP) FORM
 780 Flower Street, Glendale, CA 91201
CERTIFICATION OF FINANCIAL ASSURANCE
FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

a. Initial Certification b. Amended Certification c. Annual Certification 700 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)		3
FACILITY ID#	FACILITY EPA ID#	2
TYPE OF OPERATION	a. PBR-FTU b. CA c. Other	701

II. ESTIMATED CLOSURE COSTS

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

ESTIMATED CLOSURE COSTS \$	702
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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 703

b. Specify other reasons 704

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) 705

IV. CLOSURE FINANCIAL ASSURANCE MECHANISM

I am required to provide a mechanism and it is attached to this page.	706	MECHANISM ID NUMBER(S):	708
EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM	707		
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			709
ADDRESS			711
CITY	712	STATE	713
		ZIP CODE	714

V. OWNER OR OPERATOR CERTIFICATION

SIGNER OF THIS CERTIFICATION	a. Owner b. Operator		715
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. (22 CCR Section 66270.11)			
SIGNATURE OF OWNER/OPERATOR	DATE		716
<u>X</u>			
NAME OF OWNER/OPERATOR (Print)	717	TITLE OF OWNER/OPERATOR	718

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

City of Glendale -- UNIFIED PROGRAM (UP) FORM
 780 Flower Street, Glendale, CA 91201
CERTIFICATION OF FINANCIAL ASSURANCE
FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS - INSTRUCTIONS

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:

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 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** 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
711. **FINANCIAL INSTITUTION OR SURETY ADDRESS**
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.

City of Glendale -- UNIFIED PROGRAM (UP) FORM
780 Flower Street, Glendale, CA 91201
**REMOTE WASTE CONSOLIDATION
SITE ANNUAL NOTIFICATION - INSTRUCTIONS**

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.

City of Glendale -- UNIFIED PROGRAM (UP) FORM
780 Flower Street, Glendale, CA 91201
HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) ³	FACILITY ID#	
TANK OWNER NAME		
TANK OWNER ADDRESS		
TANK OWNER CITY	STATE	ZIP CODE

II. TANK CLOSURE INFORMATION

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

III. CERTIFICATION

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

SIGNATURE OF CERTIFIER X	STATUS OR AFFILIATION OF CERTIFYING PERSON Certifier is a representative of the CUPA or PA: 760
NAME OF CERTIFIER (Print) 754	Yes No
TITLE OF CERTIFIER 755	Name of CUPA or PA: 761
ADDRESS 756	If certifier is other than CUPA / PA check appropriate box below: 762
CITY 757	a. Certified Industrial Hygienist (CIH)
PHONE 758	b. Certified Safety Professional (CSP)
DATE ⁷⁵⁹	c. Certified Marine Chemist (CMC)
CERTIFICATION TIME	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)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763
<small>(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)</small>
Yes No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764

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	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

City of Glendale -- UNIFIED PROGRAM (UP) FORM
780 Flower Street, Glendale, CA 91201
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.
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 information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" across this section
741. **TANK OWNER ADDRESS**
742. **TANK OWNER CITY**
743. **TANK OWNER STATE**
744. **TANK OWNER ZIP CODE**

745. **TANK ID NUMBER 1-3** - Enter up to three owner'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 or PA, 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/ PA.
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.