



County of Sacramento

Hazardous Materials Plan (HMP) Annual Renewal Certification Form

Important note for CalARP requirements	Facilities subject to CalARP requirements are not eligible for routine HMP renewal and, instead, <u>must submit</u> their HMP chemical inventory annually.								
Pursuant to California Health and Safety Code Section 25503.3(c), this Hazardous Materials Plan (HMP) annual renewal certification is being submitted for:									
Facility Name: Facility Address: (Street, City, Zip Code) Facility ID Number: See your original HMP mailing label Example: FA0000000									
Certification: <i>Choose the appropriate option and check the relevant box(es):</i>									
Option 1	<input type="checkbox"/> I have personally reviewed the HMP currently on file with your agency, dated _____, and hereby certify, <i>under penalty of perjury</i> , that: <ul style="list-style-type: none"> the information contained in the most recent HMP submission is complete, accurate and up to date, a copy of the facility's most current HMP Business Activities and Owner / Operator Identification Pages is being submitted with this certification form, there have been no significant changes (100% increase or decrease) in the quantities of any previously reported hazardous materials/hazardous wastes as shown on current Hazardous Materials Inventory Forms, the facility has not begun handling any hazardous materials/hazardous wastes in reportable quantities that are not currently listed in the submitted Hazardous Materials Inventory, and there have been no significant changes in the facility's personnel or operations that would require revision of the current HMP. 								
Option 2	<input type="checkbox"/> HMP revisions, amendments or additions are necessary and are being submitted with this document. The following areas of the HMP are affected: <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Entire HMP revision</td> <td><input type="checkbox"/> Site Map</td> </tr> <tr> <td><input type="checkbox"/> Business Activities Page</td> <td><input type="checkbox"/> Consolidated Contingency Plan</td> </tr> <tr> <td><input type="checkbox"/> Owner / Operator Identification Page</td> <td><input type="checkbox"/> UST Written Monitoring Plan</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Materials Inventory</td> <td><input type="checkbox"/> Other (Specify):</td> </tr> </table>	<input type="checkbox"/> Entire HMP revision	<input type="checkbox"/> Site Map	<input type="checkbox"/> Business Activities Page	<input type="checkbox"/> Consolidated Contingency Plan	<input type="checkbox"/> Owner / Operator Identification Page	<input type="checkbox"/> UST Written Monitoring Plan	<input type="checkbox"/> Hazardous Materials Inventory	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Entire HMP revision	<input type="checkbox"/> Site Map								
<input type="checkbox"/> Business Activities Page	<input type="checkbox"/> Consolidated Contingency Plan								
<input type="checkbox"/> Owner / Operator Identification Page	<input type="checkbox"/> UST Written Monitoring Plan								
<input type="checkbox"/> Hazardous Materials Inventory	<input type="checkbox"/> Other (Specify):								
I understand that whenever there are changes in address, ownership, business name, or operations (closure, addition of undisclosed reportable hazardous materials or hazardous wastes, or significant changes to inventory quantities and/or contingency planning provisions), a notification of such must be made to the Hazardous Materials Division within 30 days of the change.									
Signature of Owner/ Operator Authorized Representative:	Name of Owner/ Operator/Authorized Representative (<i>Print</i>)								
Title:	Phone Number: Date:								

FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID#	F	A	0	0						BEGINNING DATE (date of this report)	ENDING DATE (one yr. after Beginning date)	101	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										BUSINESS PHONE			102
BUSINESS SITE ADDRESS												103	
CITY								104	CA	ZIP CODE			105
DUN & BRADSTREET								106	SIC CODE (4 digit #)			107	
COUNTY												108	
SACRAMENTO													
BUSINESS OPERATOR NAME								109	BUSINESS OPERATOR PHONE				110

II. BUSINESS OWNER

OWNER NAME								111	OWNER PHONE				112
TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Lim. Liability Partnership <input type="checkbox"/> General Partnership													
OWNER MAILING ADDRESS												113	
CITY						114	STATE		115	ZIP CODE		116	

III. ENVIRONMENTAL CONTACT

CONTACT NAME								117	CONTACT PHONE				118
CONTACT MAILING ADDRESS								E-MAIL ADDRESS (OPTIONAL)				119	
CITY						120	STATE		121	ZIP CODE		122	

-PRIMARY-**IV. EMERGENCY CONTACTS****-SECONDARY-**

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

ADDITIONAL LOCALLY COLLECTED INFORMATION:

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	133	DATE	134	NAME OF DOCUMENT PREPARER	135
NAME OF SIGNER (print)	136	TITLE OF SIGNER		137	

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

I. FACILITY IDENTIFICATION

FACILITY ID # **F A 0 0** EPA ID # (Hazardous Waste Only)

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

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility... If yes, please complete these pages of the UPCF....

<p>A. HAZARDOUS MATERIALS</p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO 4</p>	<ul style="list-style-type: none"> HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input type="checkbox"/> NO 6 <input type="checkbox"/> YES <input type="checkbox"/> NO 7</p>	<ul style="list-style-type: none"> UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion –one page per tank)
<p>C. ABOVEGROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>Own or operate ASTs above the following threshold: ---the total capacity for the facility is greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO 8</p>	<ul style="list-style-type: none"> ABOVEGROUND PETROLEUM STORAGE TANK FACILITY STATEMENT
<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on site?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input type="checkbox"/> NO 10 <input type="checkbox"/> YES <input type="checkbox"/> NO 11 <input type="checkbox"/> YES <input type="checkbox"/> NO 12 <input type="checkbox"/> YES <input type="checkbox"/> NO 13 <input type="checkbox"/> YES <input type="checkbox"/> NO 14</p>	<ul style="list-style-type: none"> EPA ID NUMBER – provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

(You may also be required to provide additional information by your CUPA or local agency.)

Caution: If you checked “No” to all the questions above, contact ECD (916-875-8550) before returning this plan.

Our records indicate that your facility falls under the regulatory authority of one or more of the above programs that would require one or more “Yes” responses.

UNIFIED PROGRAM CONSOLIDATED FORM

HMP 3

**HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE NO CHANGE 200

I. FACILITY INFORMATION

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

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL EPCRA 202
 YES NO

FACILITY ID # **F A 0 0** MAP# (optional) 203 GRID# (optional) 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 (From Article 80 of Uniform Fire Code. Choose from common classes provided below; list additional as warranted). 210

<input type="checkbox"/> Explosive	<input type="checkbox"/> Flammable Gas	<input type="checkbox"/> LPG	<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Combustible Liquid	<input type="checkbox"/> Pyrophoric
<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Flammable Solid	<input type="checkbox"/> Toxic Material	<input type="checkbox"/> Highly Toxic Material	<input type="checkbox"/> Irritant	<input type="checkbox"/> Radioactive Material
<input type="checkbox"/> Reactive	<input type="checkbox"/> Flammable Liquid	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Sensitizer	<input type="checkbox"/> Carcinogen	<input type="checkbox"/> Target Organ
<input type="checkbox"/> Toxin	<input type="checkbox"/> Organic Peroxide	<input type="checkbox"/> Other (specify)			

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

PHYSICAL STATE 214 LARGEST CONTAINER 215
 a. SOLID b. LIQUID c. GAS

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

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

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

STORAGE CONTAINER 223

<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

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 #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION:
 Signature is required for:

- Any hazardous material more than 10,000 lbs., or
- Any EHS that meets the threshold planning quantity (TPQ) or 500 lbs. (whichever is less).

 Signature of Owner/Operator