

August 30, 2024

Mr. Rick Dean
Deputy Director of Environmental Health
County of Siskiyou Environmental Health Division
806 South Main Street
Yreka, California 96097-3321

Dear Mr. Dean:

During October 2023, through July 2024, CalEPA and the Unified Program state agencies conducted a performance evaluation of the County of Siskiyou Environmental Health Division Certified Unified Program Agency (CUPA). The CUPA evaluation included a remote assessment of administrative documentation, review of regulated facility file documentation, California Environmental Reporting System information, and oversight inspections.

Upon completion of the evaluation, a preliminary Summary of Findings report was developed to identify various findings: program deficiencies with corrective actions, incidental findings with resolutions and program observations and recommendations. The report also includes acknowledgement of accomplishments and challenges, as well as examples of outstanding Unified Program implementation. Enclosed, please find the final Summary of Findings report.

Based upon review and completion of the performance evaluation, CalEPA has rated the CUPA's overall implementation of the Unified Program as satisfactory with improvement needed.

To demonstrate progress towards the correction of program deficiencies and resolution of incidental findings identified in the final Summary of Findings report, the CUPA must submit an Evaluation Progress Report approximately 60 days from the date of this letter. Thereafter, the CUPA will submit each subsequent Evaluation Progress Report to CalEPA in accordance with the specified date provided in the Evaluation Progress Report response, until all deficiencies and incidental findings identified have been acknowledged as corrected or resolved by each issuing state agency. An Evaluation Progress Report template will be provided by the CalEPA Team Lead. Each Evaluation Progress Report must be submitted to the CalEPA Team Lead, Jessica Snow, via email at Jessica.Snow@calepa.ca.gov, or uploaded to the established SharePoint website.

Thank you for your continued commitment to the protection of public health and the environment through the implementation of the Unified Program.

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To ensure the CUPA Performance Evaluation process is as effective and efficient as intended, I kindly request the included evaluation survey to be completed and returned to Melinda Blum, at Melinda.blum@calepa.ca.gov. If you would like to have specific comments remain anonymous, please indicate so on the survey.

If you have any questions or need further assistance, please contact Melinda Blum at Melinda.Blum@calepa.ca.gov.

Sincerely,



Jason Boetzer
Deputy Secretary
Local Program Coordination and Emergency Response

Enclosure

cc sent via email:

Ms. Shannon Vanella
Hazardous Waste Unit Manager
County of Siskiyou Environmental Health Division
806 South Main Street
Yreka, California 96097-3321

Ms. Lisa Flagg
Administrative Services Manager
County of Siskiyou Environmental Health Division
806 South Main Street
Yreka, California 96097-3321

Mr. Tom Henderson
UST Leak Prevention Unit and
Office of Tank Tester Licensing Manager
State Water Resources Control Board

Ms. Julie Pettijohn
Environmental Program Manager
CUPA Enforcement Branch
Department of Toxic Substances Control

Ryan Miya, Ph.D.
Senior Environmental Scientist, Supervisor
Department of Toxic Substances Control

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cc sent via email:

Ms. Jennifer Lorenzo
Senior Environmental Scientist, Supervisor
CAL FIRE - Office of the State Fire Marshal

Ms. Kaitlin Cottrell
Environmental Scientist
State Water Resources Control Board

Ms. Magnolia Busse
Environmental Scientist
State Water Resources Control Board

Ms. Michelle Suh
Environmental Scientist
State Water Resources Control Board

Mr. Pheleep Sidhom
Environmental Scientist
Department of Toxic Substances Control

Ms. Denise Villanueva
Environmental Scientist
CAL FIRE - Office of the State Fire Marshal

Mr. John Paine
Unified Program Manager
California Environmental Protection Agency

Mr. John Elkins
Environmental Program Manager
California Environmental Protection Agency

Ms. Melinda Blum
Senior Environmental Scientist, Supervisor
California Environmental Protection Agency

Ms. Elizabeth Brega
Senior Environmental Scientist, Supervisor
California Environmental Protection Agency

Mr. Garrett Chan
Environmental Scientist
California Environmental Protection Agency

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cc sent via email:

Ms. Jessica Snow
Environmental Scientist
California Environmental Protection Agency

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

CUPA: County of Siskiyou Environmental Health Division

Evaluation Period: October 2023 through July 2024

Evaluation Team Members:

- **CalEPA Team Lead:** Jessica Snow
- **DTSC:** Pheleep Sidhom
- **CalEPA:** Garrett Chan
- **State Water Board:** Kaitlin Cottrell
- **CAL FIRE-OSFM:** Denise Villanueva

This Final Summary of Findings includes:

- Accomplishments, Examples of Outstanding Implementation, and Challenges
- Deficiencies requiring correction
- Incidental findings requiring resolution
- Observations and recommendations

The findings contained within this evaluation report are considered final.

Based upon review and completion of the evaluation, the Unified Program implementation and performance of the CUPA is considered satisfactory with improvement needed.

Questions or comments regarding this evaluation should be directed to the CalEPA Team Lead:

Jessica Snow
CalEPA Unified Program
Phone: (916) 460-2394
E-mail: jessica.snow@calepa.ca.gov

The CUPA is required to submit the first Evaluation Progress Report 60 days from receipt of the Final Summary of Findings Report. Thereafter, the CUPA will submit each subsequent Evaluation Progress Report to CalEPA in accordance with the specified date provided in the Evaluation Progress Report response. For each identified deficiency and incidental finding, the CUPA must complete the corrective action and resolution as indicated to demonstrate sufficient implementation of the Unified Program as required by regulation or statute. The Evaluation Progress Report process will continue until all deficiencies and incidental findings have been acknowledged as corrected or resolved by each issuing Unified Program state agency.

Each Evaluation Progress Report must be submitted to the CalEPA Team Lead via email at Jessica.Snow@calepa.ca.gov, or uploaded to the established SharePoint website. A narrative stating the status of correcting each deficiency and resolving each incidental finding identified in this Final Summary of Findings Report, and any applicable supporting documentation must be included in each Evaluation Progress Report.

The submittal date for the 1st Evaluation Progress Report is **November 4, 2024**.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

**UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT**

ACCOMPLISHMENTS, CHALLENGES, AND EXAMPLES OF OUTSTANDING IMPLEMENTATION

Various accomplishments, outstanding efforts, and challenges that impact and/or enhance the overall ability of the CUPA to implement the Unified Program. Recognition of aspects such as response to local emergency declarations and statewide recovery efforts, which illustrate the accomplishments and challenges the CUPA manages in the efforts to continue implementation of the Unified Program.

1. 2020 CUPA PERFORMANCE EVALUATION DEFICIENCY CORRECTED:

In conducting the assessment for the 2023 CUPA performance evaluation, the following Deficiency previously identified as closed but not corrected upon closure of the 2020 CUPA performance evaluation, is now considered corrected and no longer requires further action:

The CUPA is not consistently citing violations for failure to conduct an overfill prevention equipment inspection. No later than October 13, 2018, all overfill prevention equipment must be inspected.

Upon conclusion of the Evaluation Progress Report process, the Deficiency was considered closed but not corrected due to insufficient time available for the CUPA to conduct annual UST compliance inspections and provide Overfill Prevention Inspection Reports after CUPA personnel were trained on the I&E Plan procedure. Since the 2020 CUPA Performance Evaluation, the CUPA has consistently issued violations for failure to conduct Overfill Prevention Equipment inspections.

2. DISASTER RECOVERY:

Siskiyou County has been under local emergency declarations due to wildfires beginning in 2020 and continuing into 2023. In 2020 the Slater fire burned a total of 157,229 acres and within Siskiyou County, 229 parcels were affected. In 2021, several more wildfires burned in Siskiyou County, including the Lava fire that affected 43 parcels and the Antelope fire that affected 24 parcels. In 2022 the McKinney Fire affected 105 parcels and the Mill Fire affected 131 parcels. Lastly, in 2023 the Head Fire affected 9 parcels. For each of the wildfires occurring, the CUPA is responsible for coordinating the cleanup efforts between the homeowners and the state agencies. This work is very time consuming and labor intensive.

In addition to the workload associated with fire debris response and cleanup activities, approximately 20% of CUPA staff time is consumed with enforcement efforts relative to hazardous materials and pesticides associated with the cannabis cultivation that continues to occur within Siskiyou County.

3. STAFFING SHORTAGES:

During the time span evaluated for the 2023 CUPA Performance Evaluation, the CUPA experienced reduced staffing for implementation of the Unified Program due to labor shortages and other various reasons for staff turnover. Adequate implementation of the Unified Program requires two full-time employees and one full-time manager. Siskiyou County CUPA almost had a full staff, with one full-time employee, one part-time employee, and one full-time manager. The CUPA is currently implementing the Unified Program with one part-time employee and one full-time manager.

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UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

DEFICIENCIES REQUIRING CORRECTION

A program deficiency is considered a major deviation in implementation of the Unified Program from the expected standards set forth in statute or regulation. Commonly identified as a systemic problem in implementation of one or more program elements, a deficiency is likely to have an impact on the safety and protection of human health and the environment. Program deficiencies identify specific aspects regarding implementation of the Unified Program.

1. DEFICIENCY:

The CUPA is not ensuring all businesses subject to Business Plan reporting requirements annually submit a Hazardous Materials Business Plan (HMBP) or a no-change certification to the California Environmental Reporting System (CERS).

Review of HMBPs submitted to CERS between November 23, 2022, and January 23, 2024, by businesses subject to Business Plan reporting requirements finds:

- 176 of 506 (35%) Business Plan facilities have not submitted a chemical inventory (including site map) or a no-change certification.
- 175 of 503 (35%) Business Plan facilities have not submitted emergency response and employee training plans or a no-change certification.

CITATION:

Health and Safety Code (HSC), Chapter 6.95, Sections 25505(a), 25508(a), and 25508.2 [CalEPA]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure all businesses subject to Business Plan reporting requirements annually submit an HMBP or a no-change certification to CERS. The action plan, at minimum, will include how the CUPA will follow up with facilities that have not annually submitted an HMBP or a no change certification to CERS.

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from the CUPA's data management system or CERS, that includes at minimum the following information for each business subject to Business Plan reporting requirements that has not annually submitted an HMBP or a no-change certification to CERS:

- Facility name;
- CERS ID;
- Follow-up actions including:
 - Recent review, acceptance, and rejection of an HMBPs or no-change certifications; and
 - Enforcement applied by the CUPA to ensure an HMBP or no-change certification is annually submitted to CERS.
- Note: If a sortable spreadsheet obtained from the CUPA's data management system or CERS is not provided by the CUPA, CalEPA will utilize CERS to evaluate the progress made towards the correction of this deficiency.

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By the 4th Progress Report, the CUPA will ensure each business subject to Business Plan reporting requirements has submitted an HMBP or a no-change certification to CERS annually, or the CUPA will have applied enforcement.

2. DEFICIENCY:

The CUPA is not inspecting each facility subject to HMBP requirements at least once every three years.

Review of inspection, violation, and enforcement information, also known as compliance, monitoring, and enforcement (CME) information in CERS between October 1, 2020, and September 30, 2023, finds:

- 208 of 506 (41%) facilities subject to HMBP requirements were not inspected within the last three years.

CITATION:

HSC, Chapter 6.95, Sections 25503(e) and 25511(b)
[CalEPA]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each facility subject to HMBP requirements is inspected at least once every three years. The action plan will include, at minimum:

- A sortable spreadsheet exported from the CUPA's data management system or CERS, identifying each facility subject to HMBP requirements that has not been inspected between October 1, 2020, and September 30, 2023. For each facility listed, the sortable spreadsheet will include, at minimum:
 - Facility name;
 - CERS ID; and
 - Date of the last routine inspection.
 - Note: If a sortable spreadsheet obtained from the CUPA's data management system or CERS is not provided by the CUPA, CalEPA will utilize CERS to evaluate the progress made towards the correction of this deficiency.
- A schedule to inspect each facility subject to HMBP requirements that has not been inspected within the last three years, prioritizing the most delinquent inspections to be completed prior to any other HMBP facility inspection based on risk. For each facility, the schedule to inspect should reflect an estimated date or date range.
- Future steps to ensure all facilities subject to HMBP requirements will be inspected at least once every three years.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet and a brief narrative as to how the CUPA is continuing to ensure all facilities subject to HMBP requirements will be inspected at least once every three years.

By the 5th Progress Report, the CUPA will have inspected each HWG facility identified in the sortable spreadsheet provided with the 1st Progress Report.

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UNIFIED PROGRAM PERFORMANCE EVALUATION
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3. DEFICIENCY:

The 2020 area plan is missing required elements and contains outdated information.

Review of the 2020 area plan finds the following required elements are missing:

- Pre-emergency Planning
 - Provisions for pre-incident surveys of business sites by first responders for the purpose of site familiarization, if deemed necessary by the administering agency, as required by [CCR, Title 19, Section 5020.3\(a\)](#).
- Notification and Coordination
 - Provisions for notification to the California Governor's Office of Emergency Services of all reports received pursuant CCR, Title 19, Chapter 4, Article 2, as required by [CCR, Title 19, Section 5020.4\(d\)](#).
 - These notifications shall be submitted, at least monthly, on forms specified by the California Governor's Office of Emergency Services.
- Provisions for training of emergency response personnel in the following areas:
 - Monitoring and decontamination procedures for emergency response personnel and equipment, as required by [CCR, Title 19, Section 5020.5\(a\)\(7\)](#).
 - Emergency procedures for first response to a release or threatened release of hazardous materials, to include pesticide drift exposure incidents, as required by [CCR, Title 19, Section 5020.5\(a\)\(1\)](#) and [5020.1\(c\)](#).
 - Health and safety procedures for response personnel, as required by [CCR, Title 19, Section 5020.5\(a\)\(2\)](#).
 - Use of emergency response equipment and supplies, as required by [CCR, Title 19, Section 5020.5\(a\)\(3\)](#).
 - Procedures for access to mutual-aid resources, as required by [CCR, Title 19, Section 5020.5\(a\)\(4\)](#).
 - Identification of medical facilities capable of providing treatment appropriate for hazardous material incidents, to include pesticide drift exposure incidents, as required by [CCR, Title 19, Section 5020.5\(a\)\(5\)](#).
 - Evacuation plans and procedures, as required by [CCR, Title 19, Section 5020.5\(a\)\(6\)](#).
 - First-aid procedures for hazardous material incidents, including pesticide exposure, as required by [CCR, Title 19, Section 5020.5\(a\)\(8\)](#).
 - Procedures for informing the public during emergencies, as required by [CCR, Title 19, Section 5020.5\(a\)\(9\)](#).
 - Psychological stress that may be encountered during disaster operations, as required by [CCR, Title 19, Section 5020.5\(a\)\(10\)](#).
- Supplies and Equipment
- Provisions for regular testing, if applicable, and proper maintenance of emergency response equipment under the direct control of the county or city, as the case may be, as required by [CCR, Title 19, Section 5020.7\(b\)](#).
- Incident critique and follow up
 - Provisions to include an interagency meeting to evaluate the response, to improve future response, and to determine if any area plan revisions are required, as required by [CCR, Title 19, Section 5020.8](#).

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Review of the 2020 area plan finds the following information is outdated:

- Pages 9-10, 20-22, 38, and 41-43: Reference to “State of California Cal EMA” is outdated. The correct reference is “Cal OES”.
- Page 22: The reference to “Section 2703,” in the CCR, Title 19 citation has been renumbered to Section 2631.
- Page 22: The reference to “Section 2705,” in the CCR, Title 19 citation has been renumbered to Section 2632.
- Page 18: The reference to “Section 2725,” in the CCR, Title 19 citation has been renumbered to Section 5020.5.

CITATION:

HSC, Chapter 6.95, Section 25503(c)

California Code of Regulations (CCR), Title 19, Article 5, Sections 5020.1 through 5020.8.

[CalEPA]

CORRECTIVE ACTION:

By the 2nd Progress Report, the CUPA will certify to CalEPA that a complete review of the area plan has been conducted and any necessary revisions have been made. Upon review of the area plan, the CUPA will ensure all required elements are present, and that emergency contact information is current. The CUPA will provide CalEPA with the reviewed and revised area plan.

4. DEFICIENCY:

The California Accidental Release Prevention (CalARP) Dispute Resolution Process is missing required elements and has required elements that are incomplete.

Review of the CalARP Dispute Resolution Process finds the following required elements are missing:

- Identification the official(s) or other employee(s) of the Unified Program Agency (UPA) who will resolve disputes arising under CCR, Title 19, Section 5150.1(a); and
- Procedures and timetables for providing argument and supporting materials to the UPA, as required by CCR, Title 19, Section 5150.1(a)(3).

Review of the CalARP Dispute Resolution Process finds the following required elements are incomplete:

- Provision that the owner or operator of a stationary source may initiate the dispute resolution process by serving the UPA with prompt, written notice of a dispute.
 - The Dispute Resolution states, “Provide that the owner or operator of a stationary source may initiate the dispute resolution process by serving the Siskiyou County CUPA with prompt, written notice of a dispute.” Procedures have not been established.
- Requirement that the UPA render a written decision within 120 days after the owner or operator of a stationary source initiates the dispute resolution process.
 - The Dispute Resolution states, “Require that the Siskiyou County CUPA render a written decision within 120 days after the owner or operator of a stationary source initiates the dispute resolution process...” Procedures have not been established.

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CITATION:

CCR, Title 19, Section 5150.1(a)(1) through (4)
[CalEPA]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will provide CalEPA with a revised CalARP Dispute Resolution Process that adequately incorporates all required elements.

5. DEFICIENCY:

The CUPA is not consistently ensuring HMBP submittals are thoroughly reviewed and contain all applicable required elements before being accepted in CERS.

Review of 18 HMBP submittals provided to CERS by regulated businesses subject to Business Plan reporting requirements finds the following 13 were accepted with missing components:

- CERS ID 10419628
 - Inventory submitted and accepted on January 2, 2018
 - Missing required site map elements such as adjacent streets, access and exit points and evacuation staging areas.
 - Emergency Response and Training Plans submitted and accepted on January 2, 2018
 - Missing required emergency response plan elements such as immediate notification contacts to the appropriate local emergency response personnel and to the unified program agency, procedures to mitigate a release or threatened release to minimize any potential harm or damage to persons, property, or the environment, and evacuation plans and procedures, including immediate notice, for the business site.
- CERS ID 10424077
 - Inventory submitted and accepted on July 15, 2020
 - Missing required site map elements such as evacuation staging areas and emergency response equipment.
- CERS ID 10158343
 - Inventory submitted and accepted on August 31, 2020
 - Missing required site map elements such as access and exit points, evacuation staging areas, and emergency response equipment.
- CERS ID 10627105
 - Inventory submitted and accepted on August 28, 2020
 - Missing required site map elements such as emergency response equipment.
- CERS ID 10445890
 - Inventory submitted and accepted on January 13, 2022
 - Missing required site map elements such as north orientation, adjacent streets, and evacuation staging areas.
- CERS ID 10488772
 - Inventory submitted and accepted on June 3, 2021
 - Missing required site map elements such as access and exit points, and evacuation staging areas.
- CERS ID 10687702
 - Inventory submitted and accepted on August 19, 2020

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- Missing required site map elements such as access and exit points.
- CERS ID 10488742
 - Inventory submitted and accepted on February 10, 2022
 - Missing required site map elements such as access and exit points, and evacuation staging areas.
- CERS ID 10409413
 - Inventory submitted and accepted on February 18, 2022
 - Missing required site map elements such as adjacent streets and access and exit points.
- CERS ID 10176925
 - Inventory submitted and accepted on February 20, 2023
 - Missing required site map elements such as emergency response equipment.
- CERS ID 10407280
 - Inventory submitted and accepted on February 20, 2022
 - Missing required site map elements such as adjacent streets, access and exit points, and emergency response equipment.
- CERS ID 10343416
 - Inventory submitted and accepted on April 18, 2019
 - Missing required site map elements such as access and exit points.
- CERS ID 10411648
 - Inventory submitted and accepted on June 30, 2023
 - Missing required site map elements such as north orientation, access and exit points, evacuation staging areas, and emergency response equipment.

CITATION:

HSC, Chapter 6.95, Sections 25505(a), and 25508(a)(3) and (4)
[CalEPA]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each future HMBP submittal is thoroughly reviewed and contains all applicable required elements before being accepted in CERS. The action plan will include steps to follow up with regulated businesses having an HMBP submittal that was reviewed and not accepted due to identified missing elements.

By the 2nd Progress Report, the CUPA will train personnel on the steps in the action plan. The CUPA will provide training documentation to CalEPA, which at minimum will include the date training was conducted, an outline of the training conducted and a list of CUPA personnel in attendance.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide a narrative of the implementation of the action plan.

By the 4th Progress Report, the CUPA will ensure each regulated business subject to Business Plan reporting requirements has annually submitted a complete HMBP to CERS, or the CUPA will have applied enforcement.

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6. DEFICIENCY:

The CUPA did not conduct an annual audit of its activities to implement the CalARP Program or compile a CalARP performance audit report for the following Fiscal Years (FYs):

- FY 2020/2021
- FY 2021/2022
- FY 2022/2023

CITATION:

CCR, Title 19, Section 5150.5
[CalEPA]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will conduct an annual audit of its activities to implement the CalARP Program and provide CalEPA with the annual CalARP performance audit report for FY 2023/2024.

7. DEFICIENCY:

The CUPA is not consistently following-up and documenting return to compliance (RTC) information in CERS for Hazardous Waste Generator (HWG) Program facilities cited with violations.

Review of CERS CME information between October 1, 2020, and September 30, 2023, finds there is no documented RTC for the following HWG Program violations:

- 26 of 66 (39%)

CITATION:

HSC, Chapter 6.5, Sections 25110.8.5, 25117.6, and 25187.8(b) and (g)
HSC, Chapter 6.11, Section 25404.1.2(c)
CCR, Title 27, Sections 15185(a) and (c) and 15200(a) and (e)
[DTSC]

CORRECTIVE ACTION: By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from the CUPA's data management system or CERS, that includes at minimum the following information for each HWG Program facility with an open violation (no RTC) cited between October 1, 2020, and September 30, 2023:

- Facility name;
- CERS ID;
- Inspection and violation dates;
- Scheduled RTC date;
- Actual RTC date (when applicable);
- RTC qualifier; and
- In the absence of obtained RTC, a narrative of any applied enforcement or follow-up activity to ensure the facility obtains RTC.

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The CUPA will prioritize follow-up actions with each facility based on the level of hazard violations present to public health and the environment.

By the 2nd Progress Report, if amendments to the revised I&E Plan, or other applicable procedure are necessary based on feedback from DTSC, the CUPA will provide CalEPA with the amended I&E Plan or other applicable procedure. If no amendments are necessary, the CUPA will train CUPA personnel on the revised I&E Plan or other applicable procedure. The CUPA will provide training documentation to CalEPA, which at minimum will include the date training was conducted, an outline of the training conducted, and a list of CUPA personnel in attendance. Once training is complete, the CUPA will implement the revised I&E Plan or other applicable procedure.

By the 3rd Progress Report, if amendments to the I&E Plan, or other applicable procedure were necessary, the CUPA will train CUPA personnel on the amended I&E Plan, or other applicable procedure. The CUPA will provide training documentation to CalEPA, which at a minimum will include the date training was conducted, an outline of the training conducted, and a list of CUPA personnel in attendance. Once training is complete, the CUPA will implement the amended I&E Plan or other applicable procedure.

By the 3rd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with three HWG Program facility records, as requested by DTSC, that include RTC documentation, or a narrative of the follow-up activity and any enforcement applied in the absence of RTC.

8. DEFICIENCY:

The CUPA is not inspecting each HWG facility once every two years, per the inspection frequency established in the I&E Plan.

Review of facility files and CERS CME information between October 1, 2020, and September 30, 2023, and additional information provided by the CUPA finds:

- 117 of 231 (51%) HWG facilities were not inspected once every two years between October 1, 2021, and September 30, 2023.
- 165 of 231 (71%) HWG facilities were not inspected once every two years between October 1, 2020, and September 30, 2022.

CITATION:

CCR, Title 27, Section 15200(a)(3)(A)
HSC, Chapter 6.5, Section 25201.4(b)(2)
[DTSC]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each HWG facility is inspected once every two years between October 1, 2020, and September 30, 2023. The action plan will include, at minimum:

- A sortable spreadsheet exported from the CUPA's data management system or CERS, identifying each HWG facility that has not been inspected once every two years between

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October 1, 2020, and September 30, 2023. For each HWG facility listed, the sortable spreadsheet will include, at minimum:

- Facility name,
- CERS ID,
- Date of the last routine inspection, and
- A schedule to inspect each HWG facility identified as having not been inspected once every two years. Inspections will be prioritized, conducting the most delinquent inspections prior to any other HWG facility inspection based on risk.
- Future steps to ensure that each HWG facility will be inspected once every two years (for example, the generation of a list of all HWG facilities and the anniversary date of the next routine inspection for each listed facility).

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet and a brief narrative of how the CUPA is continuing to ensure each HWG facility will be inspected at least once every two years.

By the 5th Progress Report, the CUPA will have inspected each HWG facility identified in the sortable spreadsheet provided with the 1st Progress Report.

9. DEFICIENCY:

The CUPA is not consistently inspecting all Underground Storage Tank (UST) facilities at least once every 12 months.

Review of the “UST Routine Inspection Frequency Search” report in CERS finds the following:

- 4 of 29 (14%) facilities did not have an annual inspection in 2021
 - CERS ID 10339630
 - CERS ID 10190764
 - CERS ID 10228954
 - CERS ID 10339615
- 6 of 29 (21%) facilities did not have an annual inspection in 2022
 - The following CERS IDs were not inspected:
 - CERS ID 10397236
 - CERS ID 10407085
 - CERS ID 10398745
 - CERS ID 10397554
 - CERS ID 10208167
 - CERS ID 10400479
- 2 of 29 (7%) facilities did not have an annual inspection in 2023
 - CERS ID 10415482
 - CERS ID 10339630

Note: This Deficiency was identified in the 2020 CUPA Performance Evaluation and was corrected during the Evaluation Progress Report process.

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CITATION:

HSC, Chapter 6.7, Section 25288(a)
[State Water Board]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each UST is inspected at least once every 12 months. The action plan will include, at minimum:

- A schedule to inspect each UST facility that has not been inspected within the last 12 months.
 - Utilize the “Comments” section of the “UST Routine Inspection Frequency Search” report, exported from CERS, for each UST facility identified as not inspected within the last 12 months, and include a schedule to inspect each identified UST facility, prioritizing the most delinquent UST compliance inspections with those facilities having single-walled UST components and proximity to drinking water wells.

By the 2nd Progress Report, and with each subsequent Progress report until considered corrected, the CUPA will provide CalEPA with an updated “UST Routine Inspection Frequency Search” report and inspection schedule.

10. DEFICIENCY:

The CUPA is not consistently maintaining UST compliance inspection, testing and leak detection records.

Review of UST facility files and CERS information finds UST compliance inspection records and/or UST testing and leak detection records were not found for the following facilities:

- CERS ID 10397236
 - 2022 CUPA Annual Compliance inspection
 - 2021, 2022, 2023 Pipeline Integrity Test results
- CERS ID 10398745
 - 2022 CUPA Annual Compliance inspection
- CERS ID 10415482
 - 2023 CUPA Annual Compliance inspection
 - 2022 Annual Monitoring System Certification
 - 2022 Spill Containment Test results
- CERS ID 10188201
 - 2020 and 2021 Annual Monitoring System Certifications
 - 2021 Overfill Prevention Equipment Inspection
- CERS ID 10190764
 - 2020 Annual Monitoring System Certification
 - 2020, 2021, and 2022 Spill Containment Test results
 - 2021 Overfill Prevention Equipment Inspection
- CERS ID 10208167
 - 2020 and 2021 Annual Monitoring system Certifications
 - 2021 Spill Containment Test Results

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- CERS ID 10357267
 - 2021 Secondary Containment Test results
- CERS ID 10398676
 - 2023 Annual Monitoring System Certification
 - 2023 Spill Containment Test Results
- CERS ID 10413784
 - 2021 Annual Monitoring System Certification
- CERS ID 10339636
 - 2021 and 2022 CUPA Annual Compliance Inspection
 - 2021 and 2022 Annual Monitoring System Certification
 - 2021 and 2022 Spill Containment Test Results
 - Last two Overfill Prevention Equipment Inspections

CITATION:

HSC, Chapter 6.7, Sections 25288(b) and 25289(b)

CCR, Chapter 16, Sections 2637, 2637.1, 2637.2, 2638 and 2643(g)

[State Water Board]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will review and revise, or develop a procedure that ensures the establishment of a process for:

- UST facility owners or operators to submit UST testing and leak detection documents to the CUPA within 30 days of testing;
- Applying and documenting enforcement if the UST owner or operator fails to submit UST testing and leak detection documents to the CUPA within the required time frame; and
- how the CUPA will maintain records of UST compliance inspection reports and testing and leak detection records for all UST facilities.

The CUPA will provide the revised or developed procedure to CalEPA. By the 2nd Progress Report, if amendments to the revised or developed procedure are necessary based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended or revised procedure. If no amendments or revisions are necessary, the CUPA will train UST inspection staff on revised or developed procedure. The CUPA will provide training documentation to CalEPA, which, at minimum, will include the date training was conducted, an outline of the training conducted, and a list of UST inspection staff in attendance. Once training is complete, the CUPA will implement the revised or developed procedure.

By the 3rd Progress Report, if amendments or revisions to the procedure were necessary, the CUPA will train UST inspection staff on the amended or revised procedure. The CUPA will provide training documentation to CalEPA, which, at minimum, will include the date training was conducted, an outline of the training conducted, and a list of UST inspection staff in attendance. Once training is complete, the CUPA will implement the amended or revised procedure.

By the 4th Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with the facility records for three UST facilities, as requested by the State Water Board, including but not limited to:

- UST compliance inspection reports,
- Annual monitoring certification results,

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- Spill containment test results, and
 - Overfill prevention equipment certification.
-

11. DEFICIENCY:

The CUPA is not consistently conducting complete annual UST compliance inspections.

Review of annual UST compliance inspection reports, associated testing and leak detection documents, and CERS CME information finds the CUPA did not consistently conduct complete annual UST compliance inspections, resulting in the following discrepancies:

- UST construction and inspection information in inspection reports is inconsistent with information reported to CERS:
 - CERS ID 10398745
 - Overfill Prevention Equipment Inspections dated June 4, 2019, and July 21, 2021, cite the method as “Shuts off Flow”, while CERS states “Ball Float.”
 - Percentage of capacity cited for activation at 94%
 - CERS ID 10188201
 - CERS piping construction states “Single-Walled (SW) Gravity”, while the Pipe Monitoring plan states “Yes” for “Suction Piping Meets Exemption Criteria.”
 - Installation date is “1/1/1988”. SW gravity construction was illegal beginning July 1, 1987.
- UST Line Leak Detector (LLD) testing is inconsistent with per square inch (PSI) manufacturer requirements of 10 PSI:
 - CERS ID 10200154
 - Annual Monitoring System Certification dated October 25, 2023, cites the Diesel Line Leak Detector (LLD) was tested at 16 pounds per square inch (PSI).
 - CERS ID 10339615
 - Annual Monitoring System Certifications dated October 10, 2022, and October 23, 2023, cite the 87, 91, Diesel, and Dyed Diesel LLDs were tested at 17-18 PSI.
 - CERS ID 10357267
 - Annual Monitoring System Certifications dated August 10, 2021, and August 17, 2022, cite the 87, 91, and Diesel LLDs were tested at 15-19 PSI.
 - CERS ID 10398745
 - Annual Monitoring System Certification dated July 14, 2021, cites the 87, 91, and Diesel LLDs were tested at 16-19 PSI.
- Testing forms are inaccurate or incomplete:
 - CERS ID 10339615
 - Spill Container Testing Report Form completed and signed on October 10, 2022, is dated October 6, 2021. Forms should not be reused by technicians.
 - Annual Monitoring System Certification forms dated October 10, 2022, and October 23, 2023, are both missing answers on Section 7. Line Leak Detector Testing.
 - CERS ID 10357267
 - Spill Containment Testing Report Forms dated August 10, 2021, and August 17, 2022, do not cite “Pass” or “Fail” for the Diesel 9-12 LLD.

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- Non-compliance was not observed, and a violation was not reported to CERS:
 - CERS ID 10208167
 - Spill Containment Testing Report Form dated October 22, 2020, states “Diesel Spill Bucket has bad drain valve. Needs to be replaced and re-tested.” CERS does not reflect a violation cited for Unified Program Violation Library Violation Type number 2060020 – Spill Prevention (USEPATCR 9a).
 - CERS ID 10357267
 - The Annual Monitoring System Certification was completed two months late, on October 6, 2023. CERS does not reflect a violation cited for late Annual Compliance Testing, Unified Program Violation Library Violation Type number 2030002 – Leak Detection Equipment Maintenance (USEPATCR 9d).

Note: The examples provided above may not represent all instances of this deficiency.

CITATION:

HSC, Chapter 6.7, Sections 25288(b), 25292.2 and 25299
CCR, Chapter 16, Section 2711(d)
[State Water Board]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will provide CalEPA with an analysis and explanation as to why complete annual UST compliance inspections are not consistently conducted. The analysis and explanation will include, at minimum:

- Identification and discussion of procedures and tools necessary to consistently conduct complete annual UST compliance inspections and report UST CME information correctly to CERS, including but not limited to the following:
 - ensuring UST construction and inspection information is consistent in inspection reports and information reported to CERS;
 - ensuring UST LLD testing is completed consistent with manufacturer requirements;
 - ensuring testing forms are accurate and complete;
 - identifying areas of the annual UST compliance inspection checklist that can be improved to ensure noncompliance is observed and correctly reported to CERS (refer to the California CUPA Forum Board “UST Inspection Checklist,” at <https://calcupa.org/inspection-checklist/index.html>).
- identification of the types and frequency of training needed to consistently conduct complete UST compliance inspections, identify non-compliance, and ensure CME information is correctly reported to the local data management system and CERS;
- a plan to address all reasons why complete annual UST compliance inspections are not consistently conducted;

By the 2nd Progress Report, based on the findings identified in the CUPA’s analysis and explanation, the CUPA will review and revise the I&E Plan, or other applicable procedure, to ensure, the establishment of a process for consistently conducting complete annual UST compliance inspections and correctly reporting UST compliance inspections and violations observed in UST compliance inspection reports (including TCR criteria), to CERS. The revised I&E Plan, or other applicable procedure will, at minimum include a process for:

- conducting complete annual UST compliance inspections;

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- applying enforcement and utilizing available enforcement tools
- review of and follow-up with UST testing and leak detection documents submitted by UST owners or operators as part of the annual UST compliance inspection;
- documenting and reporting observed noncompliance in annual UST compliance inspection reports and in CERS;
- reporting observed noncompliance identified in UST compliance inspection reports to CERS;
- conducting annual UST compliance inspections when UST inspection staff are on-site to witness the monitoring system certification and visually inspect all UST required components;
- conducting annual UST compliance inspections when UST inspection staff are not on-site and cannot witness the monitoring system certification and visually confirm all UST requirements are met;
- reviewing the annual UST compliance inspection checklist for thoroughness to capture citations in accordance with UST Regulations, HSC, and the Unified Program Violation Library in CERS; and
- Accurate United States Environmental Protection Agency (USEPA) Technical Compliance Rate (TCR) reporting.

By the 3rd Progress Report, if amendments to the revised I&E Plan, or other applicable procedure are necessary based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended I&E Plan, or other applicable procedure. If no amendments are necessary, the CUPA will train UST inspection staff on the revised I&E Plan, or other applicable procedure. The CUPA will provide training documentation to CalEPA, which at minimum, will include the date training was conducted, an outline of the training conducted, and a list of UST inspection staff in attendance. Once training is complete, the CUPA will implement the revised I&E Plan, or other applicable procedure.

By the 4th Progress Report, if amendments to the revised I&E Plan, or other applicable procedure were necessary, the CUPA will train UST inspection staff on the amended I&E Plan, or other applicable procedure. The CUPA will provide training documentation to CalEPA, which at minimum, will include the date training was conducted, an outline of the training conducted, and a list of UST inspection staff in attendance. Once training is complete, the CUPA will implement the amended I&E Plan, or other applicable procedure.

By the 5th Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with facility records for the three most recent completed UST inspections, including, at minimum, annual UST compliance inspection reports and associated testing and leak detection documents.

12. DEFICIENCY:

The Fee Accountability Program is not being annually reviewed or updated as necessary.

The Fee Accountability Program does not reflect a revision date and has not been updated since FY 2021/2022.

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CITATION:

CCR, Title 27, Section 15220(a)(2)
[CalEPA]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will provide CalEPA with a plan for ensuring the fee accountability program is reviewed annually and revised as necessary to include current information with a date of revision.

13. DEFICIENCY:

The CUPA is not consistently ensuring Aboveground Petroleum Storage Act (APSA) tank facilities annually submit an HMBP to CERS, when an HMBP is provided in lieu of a tank facility statement.

Review of HMBPs submitted to CERS between May 11, 2023, and June 11, 2024, by APSA tank facilities in lieu of tank facility statements finds:

- 52 of 99 (53%) APSA tank facilities have not submitted a chemical inventory and site map, including one APSA tank facility that does not have a submittal in CERS.
- 53 of 99 (54%) APSA tank facilities have not submitted emergency response and employee training plans, including one APSA tank facility that does not have a submittal in CERS.

CITATION:

HSC, Chapter 6.67, Section 25270.6(a)
[OSFM]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure APSA tank facilities annually submit an HMBP to CERS, when an HMBP is provided in lieu of a tank facility statement.

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a narrative of the implementation of the action plan, including any applied enforcement.

By the 4th Progress Report, the CUPA will ensure each APSA tank facility has annually submitted an HMBP to CERS when an HMBP is provided in lieu of a tank facility statement, or the CUPA will have applied enforcement.

14. DEFICIENCY:

The CUPA is not consistently following up and documenting RTC information in CERS for APSA tank facilities cited with violations.

On February 9, 2024, review of CERS CME information between July 1, 2019, and June 30, 2023, finds there is no documented RTC for the following APSA Program violations:

- July 1, 2021, and June 30, 2022
 - 11 of 49 (22%), including one violation for not having, or failure to prepare, a Spill Prevention, Control, and Countermeasure (SPCC) Plan.

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- July 1, 2022, and June 30, 2023
 - 1 of 1 (100%)

CITATION:

HSC Chapter 6.11, Section 25404.1.2(e)
HSC, Chapter 6.67, Section 25270.4.5(a)
CCR, Title 27, Sections 15185(a) and (c) and 15200(a) and (e)
[OSFM]

CORRECTIVE ACTION:

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from the CUPA's data management system or CERS, that includes at minimum the following information for each APSA tank facility with an open violation (no RTC) cited between July 1, 2021, and June 30, 2023.

- Facility name;
- CERS ID;
- Inspection and violation dates;
- Scheduled RTC date;
- Actual RTC date (when applicable);
- RTC qualifier; and
- In the absence of obtained RTC, a narrative of any applied enforcement or follow-up activity to ensure the facility obtains RTC.

The CUPA will prioritize follow-up actions with each facility based on the level of hazard present to public health and the environment.

By the 3rd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with three APSA tank facility records, as requested by OSFM, that include RTC documentation, or a narrative of the follow-up activity and any enforcement applied in the absence of RTC.

15. DEFICIENCY: CORRECTED DURING EVALUATION

The CUPA is not inspecting each facility subject to CalARP Program requirements at least once every three years.

Review of CERS CME information between October 1, 2020, and September 30, 2023, finds:

- 1 of 2 (50%) facilities subject to CalARP Program requirements was not inspected within the last three years.

CITATION:

HSC, Chapter 6.95, Section 25537(a)
CCR, Title 19, Section 5140.4
[CalEPA]

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CORRECTIVE ACTION: COMPLETED

During the evaluation, the CUPA inspected both CalARP Program facilities as of April 9, 2024.
This Deficiency is considered corrected.

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INCIDENTAL FINDINGS REQUIRING RESOLUTION

An incidental finding is considered a minor deviation in implementation of the Unified Program from the expected standards set forth in statute or regulation. Commonly identified as a minor issue that may be problematic in implementation of one or more program elements, an incidental finding is not likely to have an impact on the safety and protection of human health and the environment.

1. INCIDENTAL FINDING:

Required components of the I&E Plan are missing or inaccurate.

Review of the I&E Plan finds the following component is missing:

- Provisions for ensuring sampling capability and analysis performed by a state certified laboratory, pursuant to HSC, Chapter 6.5, Section 25198. Information should include training, identification of sampling equipment, methods to preserve physical evidence obtained through sampling and testing information. This information was required when the CUPA became certified and is necessary to proceed with any potential enforcement actions as needed.

The following component is inaccurate:

- Inspection frequencies for the Permit-by-Rule (PBR), Conditionally Authorized (CA), and Conditionally Exempt (CE) components of the HWG Program need to include an “initial inspection within two years of notification and every three years thereafter.”

CITATION:

CCR, Title 27, Section 15200(a)
[DTSC]

RESOLUTION:

By the 1st Progress Report, the CUPA will revise the I&E Plan to adequately incorporate and correctly address all required components, including the date of revision. The CUPA will provide the revised I&E Plan to CalEPA.

By the 2nd Progress Report, if amendments to the revised I&E Plan are necessary based on feedback from DTSC, the CUPA will provide the amended I&E Plan to CalEPA. If no amendments are necessary, the CUPA will train CUPA personnel on the revised I&E Plan. Once training is complete, the CUPA will implement the revised I&E Plan. The CUPA will provide CalEPA with a statement that training has been conducted.

By the 3rd Progress Report, if amendments to the revised I&E Plan were necessary, the CUPA will train CUPA personnel on the amended I&E Plan. Once training is complete, the CUPA will implement the amended I&E Plan. The CUPA will provide CalEPA with a statement that training has been conducted.

2. INCIDENTAL FINDING:

The CUPA is not consistently requiring proper sampling and analysis of soil and/or groundwater as part of UST closure activities.

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The CUPA is not consistently issuing closure documentation and is not documenting in sufficient detail whether the UST owner or operator has demonstrated to the satisfaction of the CUPA that UST permanent closure and soil and/or groundwater sampling complies with CCR, Title 23, Division 3, Chapter 16, (CCR, Title 23) Sections 2670 and 2672(d) and HSC, Division 20, Chapter 6.7, Section 25298(c) (HSC).

Review of the UST Facility Files finds the following:

- CERS ID 10413784
 - No documentation of proper disposal for residual liquid, solids, or sludges removed.
 - No documentation on tanks being filled with an inert solid.
 - No documentation of proper disposal of the removed USTs.
 - No documentation of sampling location or analysis.
 - No closure documentation citing that closure and soil and/or groundwater sampling complies with CCR and HSC.
- CERS ID 10416136
 - The CUPA did not properly sample soil and/or groundwater as part of UST closure activities. UST Removal Notes state “one sample was taken at the center of each tank ...”
 - The CUPA did not properly require:
 - A minimum of two samples to be taken immediately beneath the removed portions of the UST, at a minimum of two feet into native material;
 - separate samples to be taken for each 20 linear-feet of trench for piping;
 - groundwater samples when water is present in the pit of the UST; and
 - submittal of documentation of proper disposal of the removed USTs or documentation that the USTs were filled with an inert solid.
 - No closure documentation citing that closure and soil and/or groundwater sampling complies with CCR and HSC.

Note: The examples provided above may not represent all instances of this incidental finding.

CITATION:

HSC, Chapter 6.7, Sections 25283(b)(1)(B), 25296.10(g), and 25298(c)
CCR, Chapter 16, Sections 2670 and 2672(d)
[State Water Board]

RESOLUTION:

By the 1st Progress Report, the CUPA will review and revise the UST closure procedure, or other applicable procedure, to ensure establishment of a process for requiring UST closure activities, which will at minimum address:

- Taking soil samples immediately beneath the removed portions of the UST, at a minimum of two feet into native material at each end of the UST and/or groundwater samples if groundwater is found in the excavation pit;
- Proper analysis of soil and/or groundwater samples;
- Taking separate samples for each 20 linear-feet of trench for piping;

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- Permanent closure where USTs are closed, including taking at minimum of one boring sample as close as possible to the midpoint beneath the UST using a slant boring or other appropriate method.
- Providing documentation of proper disposal of the removed USTs or documentation that the USTs were filled with an inert solid;
- Providing a chain of custody for the proper number of samples taken;
- Providing UST closure documentation to the UST owner or operator which demonstrates to the satisfaction of the CUPA, UST closure and soil and/or groundwater sampling complies with UST Regulations and HSC, including how the CUPA will:
 - Document in sufficient detail, the owner or operator has demonstrated to the satisfaction of the CUPA that UST permanent closure and soil and/or groundwater sampling complies with CCR, Title 23 and HSC,
 - Document identification of each UST removed from the site. UST identification can include the size of the UST, the contents of the UST, the UST CERS ID, and/or the construction of the UST (i.e., single-walled, double-walled, what the UST is made of).
 - Maintain UST closure documents to demonstrate UST owners or operators closed in place or removed USTs correctly.
 - Provide UST permanent closure notification to the UST owner or operator which demonstrates, to the satisfaction of the CUPA, that the UST permanent closure and soil and/or groundwater sampling complies with CCR, Title 23 and HSC.

The CUPA will provide the revised UST closure procedure, or other applicable procedure to CalEPA.

By the 1st Progress Report, the CUPA will develop a UST closure notification template for sites with and without contamination, if separate notifications are issued for those scenarios. The UST closure notification template must include sufficient detail to identify the following:

- Site Address,
- UST identification (i.e. size of the UST, what it contained, CERS tank ID number),
- If the UST was closed in place or removed,
- Date of removal or permanent closure, and
- Confirmation that UST(s) have been permanently closed in accordance with CCR, Title 23 and HSC. The following language is an example: “the Santa Cruz County Environmental Health CUPA has reviewed the UST closure documentation and finds the UST closure as properly completed in accordance with CCR, Title 23, Sections 2670 and 2672 and HSC, Chapter 6.7, Section 25298(c).”

Note: An example template for UST closure notification is available at https://www.waterboards.ca.gov/water_issues/programs/ust/docs/ust-closure-letter-template-final.pdf.

The CUPA will provide the developed UST closure notification template to CalEPA.

By the 2nd Progress Report, if amendments to the revised UST closure procedure, or other applicable procedure are necessary based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended UST closure procedure or other applicable procedure. If no amendments are necessary, the CUPA will train UST inspection staff on the revised UST

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closure procedure or other applicable procedure. Once training is complete, the CUPA will implement the revised UST closure procedure or other applicable procedure. The CUPA will provide CalEPA with a statement that training has been conducted.

By the 3rd Progress Report, and with each subsequent Progress Report until considered resolved, for the next UST closure, the CUPA will provide CalEPA with the UST closure records, including sampling results. If no UST closures have occurred by the 4th Progress Report, the State Water Board will consider this Incidental Finding closed but not resolved upon completion of the resolution pertaining to training UST inspection staff and implementation of the revised or amended UST closure procedure or other applicable procedure. The State Water Board will verify proper sampling and analysis of soil and/or groundwater occurred during or immediately after UST closure activities with the next CUPA performance evaluation.

3. INCIDENTAL FINDING:

The CUPA is not submitting Quarterly Surcharge Transmittal Reports to CalEPA within 30 days after the end of each fiscal quarter (FQ) when state surcharge revenues are remitted.

- FY 2020/2021
 - 1st FQ:
 - Due October 30, 2020, received January 11, 2021.
 - 2nd FQ:
 - Due January 30, 2021, received February 16, 2021
 - 3rd FQ:
 - Due April 30, 2021, received May 24, 2021
 - 4th FQ:
 - Due July 30, 2021, received September 13, 2021
- FY 2022/2023
 - 1st FQ:
 - Due October 30, 2022, received December 2, 2022
 - 2nd FQ:
 - Due January 30, 2023, received April 5, 2023
 - 4th FQ:
 - Due July 30, 2023, received August 14, 2023

CITATION:

CCR, Title 27, Section 15250(b)(1) and (2)
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the CUPA will have provided the 4th Quarterly Surcharge Transmittal Report for Fiscal Year 2023/2024 by July 30, 2024, using the current Quarterly Surcharge Transmittal Report template, along with any state surcharge remittance, to the California Air Resources Board (CARB) via mail at:

Air Resources Board
Attn: Accounting
P.O. Box 1436
Sacramento, CA 95812

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The CUPA will also ensure an electronic copy of the 4th Quarterly Surcharge Transmittal Report for Fiscal Year 2023/2024 is provided to CalEPA via email at cupa@calepa.ca.gov, by July 30, 2024, using the current Quarterly Surcharge Transmittal Report template.

Thereafter, no later than 30 days after the end of each FQ, the CUPA will ensure each Quarterly Surcharge Transmittal Report, and any state surcharge remittance are provided to CARB via mail, and each Quarterly Surcharge Transmittal Report is provided to CalEPA via email.

Note: A revised Quarterly Surcharge Transmittal Report template is available at: https://calepa.ca.gov/wp-content/uploads/sites/6/2021/07/SURCHARGE-TRANSMITTAL-REPORT_20210709-ADA.pdf.

Each line item on the Surcharge Transmittal Report template should be completed, including the check number.

4. INCIDENTAL FINDING:

The CUPA is not annually completing a Self-Audit Report.

The CUPA did not complete an annual Self Audit Report for FY 2020/2021.

Note: The Self-Audit Reports for FY 2021/2022 and FY 2022/2023 were completed after September 30th.

CITATION:

CCR, Title 27, Section 15280(c)
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the CUPA will provide CalEPA with a completed Self-Audit Report for FY 2023/2024 that includes all required components and incorporates a date of completion to demonstrate the report was compiled by September 30th. For each subsequent FY, the CUPA will complete a Self-Audit Report that includes all required components and incorporates a date of completion to demonstrate the report was compiled by September 30th.

5. INCIDENTAL FINDING:

The CUPA is not submitting the Annual Single Fee Summary Report to CalEPA by September 30th.

Review finds the Annual Single Fee Summary Report was submitted to CalEPA after September 30th as follows:

- FY 2022/2023: submitted on October 24, 2023

CITATION:

CCR, Title 27, Section 15290(a)(2)
[CalEPA]

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RESOLUTION:

By the 1st Progress Report, the CUPA will provide CalEPA with the completed Annual Single Fee Summary Report for FY 2023/2024. The CUPA will complete an Annual Single Fee Summary Report by September 30th for each subsequent FY.

6. INCIDENTAL FINDING:

An established Unified Program administrative procedure has components that are incomplete.

The following administrative procedure has components that are incomplete:

- The Permitting Procedure, within the I&E Plan, does not include the following components:
 - Timelines and time limits of appeal processes;
 - Provisions for preliminary check for application completeness;
 - Provisions for technical review of permit applications by the responsible agency; and
 - A procedure for tracking permit applications, establishing follow-up protocol, and facilitating expeditious processing, when necessary.

CITATION:

CCR, Title 27, Section 15190(d)
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the CUPA will provide CalEPA with the revised Permitting Procedure that adequately incorporates all required components.

By the 2nd Progress Report, if amendments to the Permitting Procedure are necessary based on feedback from CalEPA, the CUPA will provide CalEPA with the amended Permitting Procedure. If no amendments are necessary, the CUPA will train CUPA personnel on the revised Permitting Procedure. Once training is complete, the CUPA will implement the revised Permitting Procedure. The CUPA will provide CalEPA with a statement that training has been conducted.

7. INCIDENTAL FINDING:

The CUPA is not managing information needed to implement the Unified Program.

- Written documents for established administrative procedures were not readily provided.
 - CalEPA provided the CUPA with written administrative procedure documents submitted for the 2020 CUPA Performance Evaluation. The CUPA confirmed the written documents accurately reflect the established administrative procedures currently being implemented.
- The naming convention for electronic document files relative to UST testing reports and facility documentation does not accurately reflect the information within the document file.

CITATION:

CCR, Title 27, Sections 15185 and 15290(d)
[CalEPA, State Water Board]

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RESOLUTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure the CUPA can clearly identify and readily provide, upon request, information needed to implement the Unified Program. The action plan will include, at minimum:

- An analysis and explanation as to why the CUPA could not clearly identify and readily provide, upon request, information needed to implement the Unified Program.
 - How the CUPA will be able to clearly identify and readily provide information needed to implement the Unified Program upon future request.
-

8. INCIDENTAL FINDING: RESOLVED DURING EVALUATION

The CUPA is not inspecting each APSA tank facility at least once every three years, per the inspection frequency established in the I&E Plan.

Review of facility files and CERS CME information between April 12, 2021, and April 12, 2024, and information provided by the CUPA finds:

- 11 of 43 (26%) APSA tank facilities that store less than 10,000 gallons of petroleum have not been inspected within the last three years.

CITATION:

HSC, Chapter 6.67, Section 25270.5(a) and (b)
CCR, Title 27, Section 15200(a)
[OSFM]

RESOLUTION: COMPLETED

During the evaluation, the CUPA conducted inspections at APSA tank facilities storing less than 10,000 gallons of petroleum, that had not been inspected in the last three years and on February 12, 2024, the CUPA inspected an APSA tank facility storing 10,000 gallons or more of petroleum that had never been inspected.

Review of facility files and CERS CME information between May 11, 2021, and June 11, 2024, and information provided by the CUPA finds:

- 8 of 43 (19%) APSA tank facilities that store less than 10,000 gallons of petroleum have not been inspected within the last three years.

This Incidental Finding is considered resolved.

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OBSERVATIONS AND RECOMMENDATIONS

Observations and recommendations identify areas of Unified Program implementation that could be improved and provide suggestions for improvement. Though the CUPA is not required by regulation or statute to apply the recommendations provided, the CUPA would benefit in applying the recommendations provided to improve the overall implementation of the Unified Program.

1. OBSERVATION:

The information below is a summary of the overall implementation of the HWG Program and the CUPA's hazardous waste related activities based upon review of policies and procedures, CERS CME information, facility file information, information provided by the CUPA and Self-Audit Reports between October 1, 2020, and September 30, 2023.

- CERS reflects 231 regulated HWG facilities, including four Resource Conservation and Recovery Act (RCRA) Large Quantity Generators (LQGs), and no Tiered Permitted facilities.
- The inspection frequencies established in the I&E Plan are currently not being met.
- CERS reflects the CUPA conducted 135 total HWG inspections.
 - The CUPA conducted 131 routine HWG inspections, of which 92 (70%) had no violations cited and 39 (30%) had at least one violation cited.
 - In the 39 routine inspections conducted having at least one violation, 66 total violations were cited, consisting of:
 - zero (0%) Class I violations,
 - 32 (48%) Class II violations, and
 - 34 (52%) minor violations.
 - The CUPA conducted four other HWG inspections.
 - In the four other inspections performed, zero violations were cited.
- The CUPA has ensured RTC for 40 of 66 (61%) violations cited.
- The CUPA completed no separate formal enforcement actions for facilities with hazardous waste related violations.
- Inspection reports do not consistently contain detailed comments that note the factual basis of cited violations, nor do inspection reports consistently indicate whether consent to inspect was requested prior to the inspection.

RECOMMENDATION:

Continue with efforts to meet the HWG inspection frequency as identified in the I&E Plan. Follow up with facilities that have not obtained RTC by the scheduled RTC date and apply enforcement when facilities do not RTC, per the I&E Plan. Ensure complete and thorough inspections are conducted to identify all violations at facilities.

Ensure consent is obtained and documented prior to conducting an HWG inspection.

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2. OBSERVATION:

Review of CERS finds the following facilities have UST systems with single-walled components which require permanent closure by December 31, 2025, in accordance with HSC, Chapter 6.7, Section 25292.05:

- CERS ID 10339636
- CERS ID 10188201

Note: The examples provided above may not represent all instances of this observation.

RECOMMENDATION:

Continue to provide verbal and written reminders to all applicable UST facility owners or operators regarding the December 31, 2025, requirement for permanent closure of single-walled USTs.

3. OBSERVATION:

Review of UST facility information in the CERS UST Facility/Tank Data Download report, obtained on January 17, 2024, finds facility latitude and/or longitude coordinates are missing for the following facilities:

- CERS ID 10400452
- CERS ID 10400479
- CERS ID 10357270
- CERS ID 10357261
- CERS ID 10228954
- CERS ID 10188201

Note: U.S. EPA expects the Facility Location Map data provided in CERS for each facility to accurately reflect the geographic location of the facility. Inaccurate geolocation directly impacts a facility's location in CERS.

RECOMMENDATION:

Ensure geolocation of facilities is correctly reflected in CERS. The CUPA or the facility owner/operator may do this by relocating the location drop pin in "Facility Location Map" in CERS.

4. OBSERVATION:

Review of the UST Facility Search report obtained from CERS on January 17, 2024, finds updated UST submittal status information is incorrect for the following facilities:

- CERS ID 10339636
- CERS ID 10406932
- CERS ID 10413784

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RECOMMENDATION:

Ensure a CERS UST submittal with the “Type of Action” closing out the tank is accepted prior to marking the UST Program Element as “Not Applicable.” Additional guidance can be found at https://www.waterboards.ca.gov/ust/cers/tutorials/ru19_ensure_accurate_counts.html.

5. OBSERVATION:

The I&E Plan contains information that may benefit from improvement.

- Page 2: The list of Unified Program elements is missing the Hazardous Materials Management Plans (HMMP) and Hazardous Materials Inventory Statements (HMIS) requirements, which are consolidated with the HMBP requirements to streamline the regulatory requirements for regulated facilities.
- Page 6: HSC 25404.1.29(c)(1) is incorrectly referenced. The correct reference is HSC, Section 25404.1.2(c)(1).
- Page 27: The 2019 edition of the California Fire Code is referenced. Remove the reference to the edition (year) or update to the current 2022 edition.
- Page 31, Section D: Remove or update the following statement, “Referral is made to the APSA where appropriate for SPCC violations.”

RECOMMENDATION:

Update the I&E Plan as indicated above.

6. OBSERVATION:

The CERS reporting requirement is set as “APSA Applicable” for 97 tank facilities on February 9, 2024. The CUPA’s data management system identifies 69 APSA tank facilities.

- 66 APSA tank facilities are identified in both CERS and the CUPA’s data management system.
- 31 APSA tank facilities identified as “APSA Applicable” in CERS are not identified as APSA tank facilities in the CUPA’s data management system. Some of these facilities are likely not APSA regulated.
- Three facilities identified as an APSA tank facilities in the CUPA’s data management system are not identified in CERS as APSA facilities.

RECOMMENDATION:

Determine if each facility identified as “APSA Applicable” in CERS and not identified as an APSA tank facility in the CUPA’s data management system should be regulated under APSA.

Determine if each facility identified as an APSA tank facility in the CUPA’s data management system and not identified as “APSA Applicable” in CERS should be regulated under APSA.

Complete the reconciliation of the APSA Program information in the CUPA’s data management system with CERS to ensure all APSA tank facilities are consistently identified in the CUPA’s data management system and in CERS.

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- If a facility is not subject to being regulated under APSA, the APSA reporting requirement should be set to “APSA Not Applicable” in CERS and the facility should not be identified as an APSA tank facility in the CUPA’s data management system.
 - If a facility is subject to being regulated under APSA, the APSA reporting requirement should be set to “APSA Applicable” in CERS and the facility should be identified as an APSA tank facility in the CUPA’s data management system.
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7. OBSERVATION:

APSA tank facilities submitted an HMBP to CERS in lieu of a tank facility statement using an outdated consolidated emergency response and training plans template, which contains obsolete information.

Additionally, an SPCC Plan was accepted by the CUPA when submitted to CERS by CERS ID 10488742 as part of the HMBP submittal in lieu of a tank facility statement. SPCC Plans are not required as part of any CERS submittal; therefore, SPCC Plans should not be uploaded to CERS.

RECOMMENDATION:

Encourage each APSA tank facility that utilized the consolidated emergency response and training plans template to use the current 2023 version, when an HMBP submittal is provided in lieu of a tank facility statement. Utilize the regulator comments field in CERS to advise APSA tank facility owners and operators that future CERS submittals should not include SPCC Plans.

8. OBSERVATION:

The Self-Audit Reports for FYs 2021/2022 and 2022/2023 contain information that may benefit from improvement.

- FY 2021/2022
 - Page 1: The list of Unified Program elements is missing the HMMP-HMIS requirements.
 - Page 3: A total of 58 APSA inspections are reported. CERS reflects a total of 56 APSA inspections.
 - Page 4: The APSA mandated inspection frequency is incorrectly shown as ‘none’ and should be updated to “once every 3 years for APSA tank facilities storing 10,000 gallons or more of petroleum.”
- FY 2022/2023
 - Page 1: The list of Unified Program elements is missing the HMMP-HMIS requirements.
 - Page 4: The APSA mandated inspection frequency is incorrectly shown as ‘none’ and should be updated to “once every 3 years for APSA tank facilities storing 10,000 gallons or more of petroleum.”

RECOMMENDATION:

Ensure future Self-Audit Reports address the above observations and the information reported is consistent with CERS CME information.

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9. OBSERVATION:

The area plan contains the following information that is inaccurate, outdated or may benefit from improvement:

- Part I, Page 9: The list of Unified Program elements is missing the HMMP-HMIS requirements.
- Part I, Page 41: The outdated 2001 edition of the California Fire Code is referenced. Remove the reference to the edition (year) or update to the current 2022 edition.
- Part III, Appendix A-1, Page 8: The glossary incorrectly identifies OSFM as having responsibility for interstate and intrastate hazardous liquid pipelines in California. OSFM oversees *intrastate* hazardous liquid pipelines only. *Interstate* hazardous liquid pipelines are under the authority of the US Department of Transportation – Pipeline and Hazardous Materials Safety Administration.
- Part III, Appendix R-2, Page 3: Update the CAL FIRE – Pipeline Safety/Failure Investigation contact information to ‘CAL FIRE-OSFM Pipeline Safety’ and update the phone number to (916) 263-6300. Revise the OSFM contact information with OSFM Sacramento headquarters and phone number (916) 568-3800.

RECOMMENDATION:

With the next revision, update the area plan as indicated above.

10. OBSERVATION:

On June 4, 2024, an HMBP oversight inspection was conducted at CERS ID 10601494 and at CERS ID 10625416 by the same inspector. The inspector was well prepared for each inspection and reviewed relevant information prior to arriving at the facility, established rapport with the facility operator, toured the entire site, effectively communicated technical information to the facility operators, and identified and disclosed all observed violations.

During the inspection at CERS ID 10601494, the inspector attempted to verify emergency response and training plan information on site. During the inspection at CERS ID 10625416, the inspector educated the facility operators on emergency response plan and training plan information and the importance of the information as well as verified inventory, emergency response and training plan information on site.

RECOMMENDATION:

Review all emergency response plan and training documents at the time of the inspection and continue to conduct thorough HMBP inspections.

11. OBSERVATION:

On March 14, 2024, a UST oversight inspection was conducted at CERS ID 10397989 with the compliance inspection during the annual monitoring system certification (AMC), and the spill container (SC) testing. The technician certifications were confirmed. The technician provided the alarm history and in tank setup of the UST system taken prior to opening any equipment.

- The following CERS discrepancies were observed on site:
 - Tank interstitial monitoring sensor listed as a 407, when the sensor on site is a 409

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- Tank 3 UDC monitoring sensor is listed as ULS Incon, when all sensors on site are 208
- Previous AMCs were conducted in February 2023, and January 2022, each contributing to continuously late testing
 - No violations were reported to CERS for late AMC or SC testing
- The following UST Leak Detection Monitoring components and documentation were failures observed on site:
 - Premium LLD failed and was replaced
 - Leak Detection panel lights failed
- No violation was observed on the inspection report, nor was a violation reported to CERS for late AMC conducted March 14, 2024.

RECOMMENDATION:

To prevent future late testing and to avoid potential testing conflicts due to snow and inclement weather, move the AMC date forward. Ensure AMC and SC testing are issued a violation when occurring late, as applicable. Ensure UST Tank and Monitoring information submitted to CERS accurately reflects construction on site. Carefully review UST submittals for accuracy.

12. OBSERVATION:

The Fee Accountability Program continues to identify the long-standing deficit resulting from the costs to implement the Unified Program and the inability to acquire adequate funding through the established single fee, as well as the inability to qualify for the CalEPA Rural Reimbursement Grant. The CUPA is not able to increase fees to an amount that would cover the costs for implementing the Unified Program while allowing industry to remain sustainable.

RECOMMENDATION:

Ensure the current Fee Accountability Program is reflected in the applicable Self-Audit Report annually. Continue to identify the long-standing deficit and impacts in the annual review of the Fee Accountability Program. Continue to apply for grants to supplement funding for Unified Program implementation.

13. OBSERVATION:

On May 6, 2024, an HWG Program oversight inspection was conducted at CERS ID 10709266, a RCRA LQG facility, and on May 7, 2024, an HWG Program oversight inspection was conducted at CERS ID 10440778, a Small Quantity Generator (SQG) facility.

Prior to the inspections, the inspector demonstrated thorough pre-inspection preparation, including using CERS to gather information on the activities and hazardous waste shipments of each facility inspected and to review training documentation. The inspector printed Submittals and uploaded documents from CERS for each facility. The inspector reviewed facility files maintained by the CUPA, including the last inspection in the local data management system (DHD), to verify facility information, previous violations, and RTC information. The inspector routinely reviews additional resources including: the DTSC Hazardous Waste Tracking System, to review hazardous waste manifests and check for an active EPA ID; the internet, to review regulations; and inquires with inspectors who possess historical knowledge about inspected facilities. Overall, the pre-inspection preparation was detailed and appropriate for the nature of

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the facilities being inspected, including scheduling each inspection with the facility due to the number of inspectors and representatives present at each oversight inspection.

Throughout each inspection, the inspector established rapport with facility operators and asked questions to better understand facility operations. The inspector explained HWG requirements, as appropriate, to help educate the facility operators. A full walkthrough of both facilities was conducted, and the inspector investigated most areas where hazardous waste was generated and managed. During the inspection at CERS ID 10709266, the inspector verbally stated what was in compliance, including maintaining records of test results, hazardous waste determination, transportation by a registered hauler, and accumulation time. The inspector requested records of when hazardous waste was generated and shipped, and asked whether the facility generates used oil or universal waste. The inspector requested missing documentation to be emailed. Hazardous waste manifests, training plan documents and logs, waste profile information, and the Contingency Plan, were reviewed; however, the Biennial Report and tanks assessments were not reviewed nor requested. During the inspection at CERS ID 10440778, the appropriate documents required of SQG facilities were reviewed. However, the inspector did not note the RCRA hazardous waste shipments, nor estimate the amount of hazardous waste to verify the correct generator category, when reviewing hazardous waste manifests. During the walkthrough, the inspector did not verify whether the satellite accumulation containers in the maintenance shop were labeled.

The violations observed during each inspection were verbally reviewed with the facility operator prior to leaving the facility. The inspector did not provide a written summary of violations or summary of observations to the facility operator at the conclusion of each inspection; however, the inspector stated that “an electronic report can be sent instantly, if needed.” The inspector returned to the office to prepare an inspection report, which was then provided to the facility by email. Overall, the inspections were handled professionally and were conducted in a timely manner.

The CUPA inspector demonstrated knowledge of hazardous waste topics including training, Contingency Plan, and disposal documentation requirements, used oil, hazardous waste determination, universal waste, and general HWG Program requirements including EPA IDs, labeling, accumulation time, transportation, and container requirements. The violations cited in the inspection report for CERS ID 10440778 contain the inspector’s observations, corrective actions, and the violation classification. The “General” CERS violation number was used to cite one violation for an inactive EPA ID. The violation cited for missing waste codes contains the correct citation. No violations were cited in the inspection report for CERS ID 10709266.

RECOMMENDATION:

Deliver a written summary of violations to the facility operator as soon as possible after an inspection is conducted; HSC, Chapter 6.5, Section 25185(c)(1) requires the delivery of a written summary of violations to the facility operator at the conclusion of each inspection, prior to leaving the site. Ensure document review and investigation of all areas where hazardous waste is generated and managed is thorough. Continue to review CERS, facility files maintained by the CUPA, and additional resources, to prepare for inspections. Obtain consent before beginning inspections and maintain rapport with facility operators. Continue to conduct full walkthroughs of facilities, review appropriate documents, and review violations observed with the facility operator.

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Continue writing detailed inspection reports that include all factual bases of the violation and properly cite noted violations. The “General” or “General-Local Ordinance” Unified Program Violation Library Violation Type should not be used to cite HWG Program violations when a more specific or appropriate Violation Type is available. Corrective action language (i.e. language describing what must be done for the facility to obtain RTC) should be prescriptive and clearly describe what must be done for the facility to obtain RTC, including how corrective action documentation should be provided for RTC consideration.

14. OBSERVATION:

Effective July 22, 2021, Assembly Bill 148 (Chapter 115, Statutes of 2021), transferred the oversight responsibility of the Hazardous Material Inventory and Response Plans (HMBP) Program and the CalARP Program from the California Governor’s Office of Emergency Services (Cal OES) to CalEPA.

As a result, on March 6, 2024, the Office of Administrative Law (OAL) approved a rulemaking package submitted by CalEPA to amend and relocate portions of CCR, Title 19, Division 2, Chapters 4 and 4.5 into a new Division (Division 5). The rulemaking does not materially alter any requirement, right, responsibility, condition, prescription, or other regulatory element. The final regulatory text for the rulemaking package revising the citations is available as follows:

- For HMBP Program requirements:
https://calepa.ca.gov/wp-content/uploads/sites/6/2024/03/19-CCR-Div-5-Ch-1-Final_Underline_Strikeout.pdf
- For CalARP Program requirements:
https://calepa.ca.gov/wp-content/uploads/sites/6/2024/03/19-CCR-Div-5-Ch-2-Final_Underline_Strikeout.pdf

CalEPA has developed a “regulatory crosswalk” to identify the changes to CCR, Title 19, effective March 6, 2024, available as Guidance Document 24-01, at:

- <https://calepa.ca.gov/wp-content/uploads/sites/6/2024/03/Guidance-Document-24-01-Regulatory-Crosswalk-for-HMBP-and-CalARP-Title-19-Changes.pdf>

RECOMMENDATION:

Update administrative documents, standard operating procedures, and other applicable documents to reflect the new citation references to CCR, Title 19 for the HMBP and CalARP Programs using [Guidance Document 24-01](#) as a reference.