

February 25, 2025

Marcie Skelton
Agricultural Commissioner/CUPA Director
Glenn County Air Pollution Control District
P.O. Box 351
Willow, California 95988-0351

Dear Ms. Skelton:

During December 2023, through August 2024, CalEPA and the Unified Program state agencies conducted a performance evaluation of the Glenn County Air Pollution Control District 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 90 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, Timothy Brandt, via email at Timothy.Brandt@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.

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,

A handwritten signature in blue ink, appearing to read "Jason Boetzer".

Jason Boetzer
Deputy Secretary
Local Program Coordination and Emergency Response

Enclosure

cc sent via email:

Alyssa Cordova
CUPA Manager
Glenn County Air Pollution Control District
P.O. Box 351
Willow, California 95988-0351

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

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

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

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

Marcie Skelton
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cc sent via email:

Mia Goings
Senior Environmental Scientist
Department of Toxic Substances Control

Kaitlin Cottrell
Environmental Scientist
State Water Resources Control Board

Magnolia Busse
Environmental Scientist
State Water Resources Control Board

Michelle Suh
Environmental Scientist
State Water Resources Control Board

John Paine
Unified Program Manager
California Environmental Protection Agency

John Elkins
Environmental Program Manager
California Environmental Protection Agency

Elizabeth Brega
Senior Environmental Scientist, Supervisor
California Environmental Protection Agency

Melinda Blum
Senior Environmental Scientist, Supervisor
California Environmental Protection Agency

JulieAnn Unson
Environmental Scientist
California Environmental Protection Agency

Tim Brandt
Unified Program Evaluation Team Lead
California Environmental Protection Agency

**UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT****CUPA: Glenn County Air Pollution Control District****Evaluation Assessment Period:** December 2023 through August 2024**Timeframe Evaluated:** August 19, 2019, through September 30, 2023**Evaluation Team Members:**

- **CalEPA Team Lead:** Tim Brandt
- **DTSC:** Mia Goings
- **CalEPA:** Julie Ann Unson
- **State Water Board:** Michelle Suh, Magnolia Busse
- **CAL FIRE-OSFM:** Denise Villanueva, Glenn Warner

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. 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:

Tim Brandt

CalEPA Unified Program

Phone: (916) 323-2204

E-mail: timothy.brandt@calepa.ca.gov

The CUPA shall submit each Evaluation Progress Report to CalEPA in accordance with the specified date provided in the Final Summary of Findings Report or Evaluation Progress Report response. For each identified deficiency and incidental finding, the CUPA shall 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 timothy.brandt@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 **June 6, 2025**.

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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. ABOVEGROUND PETROLEUM STORAGE ACT (APSA) PROGRAM ENFORCEMENT:

Since the 2019 CUPA Performance Evaluation, the CUPA has successfully enforced requirements of the APSA Program by obtaining a high rate of return to compliance (RTC) for APSA tank facilities cited with violations.

These efforts are above and beyond the standard implementation expectations of the APSA Program during the statewide restrictions and challenges resulting from the Coronavirus (COVID-19).

2. 2019 CUPA PERFORMANCE EVALUATION DEFICIENCY CORRECTED:

In conducting the assessment for the 2023 CUPA Performance Evaluation, the following Deficiency identified as uncorrected upon closure of the 2019 CUPA Performance Evaluation, is now considered corrected and no longer requires further action:

The CUPA has not established nor implemented all Unified Program administrative procedures. The following Unified Program administrative procedure is missing:

- *Procedures for responding to requests for information from the public including methods to prevent the release of confidential and trade secret information.*

A significant delay in the issuance of the 2019 Final Summary of Findings report, issued June 1, 2023, resulted in the agreement between CalEPA and the CUPA that Evaluation Progress Reports would not be provided prior to the onset of the 2023 CUPA Performance Evaluation. Therefore, all deficiencies and incidental findings identified in the Final Summary of Findings report for the 2019 CUPA Performance Evaluation were carried forward to the 2023 CUPA Performance Evaluation. Outside of the Evaluation Progress Report process, the CUPA revised the administrative procedures to include procedures for responding to requests for information from the public, including methods to prevent the release of confidential and trade secret information.

3. 2019 CUPA PERFORMANCE EVALUATION DEFICIENCY CORRECTED:

In conducting the assessment for the 2023 CUPA Performance Evaluation, the following Deficiency previously identified as uncorrected upon closure of the 2019 CUPA Performance Evaluation, is now considered corrected and no longer requires further action:

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

Review of CERS inspection, violation, and enforcement information, also known as compliance, monitoring, and enforcement (CME) information finds the following violations have no documented RTC:

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- *Fiscal Year (FY) 2017/2018*
 - *1 of 20 (5%)*
 - *Including 1 facility cited for not having or failure to prepare a Spill Prevention, Control, and Countermeasure (SPCC) Plan.*
- *FY 2018/2019*
 - *1 of 4 (25%)*
 - *Including 1 facility cited for not having or failure to prepare an SPCC Plan.*

A significant delay in the issuance of the 2019 Final Summary of Findings report, issued June 1, 2023, resulted in the agreement between CalEPA and the CUPA that Evaluation Progress Reports would not be provided prior to the onset of the 2023 CUPA Performance Evaluation. Therefore, all deficiencies and incidental findings identified in the Final Summary of Findings report for the 2019 CUPA Performance Evaluation were carried forward to the 2023 CUPA Performance Evaluation. Outside of the Evaluation Progress Report process, the CUPA obtained and documented RTC for the two facilities cited for not having or failure to prepare an SPCC Plan.

4. CUPA STAFFING CHALLENGES:

The Glenn County Air Pollution Control District (APCD) CUPA is experiencing an ongoing shortage of available staffing resources that has been occurring since the 2019 CUPA Performance Evaluation.

In May 2020, the APCD suffered the unexpected loss of the Staff Services Specialist, who had irreplaceable institutional knowledge and experience relative to the functionality and implementation of the Unified Program. The position was filled in October of 2020. As of July 2024, the position is again vacant.

In October 2020, the CUPA Manager departed with minimal notice. Though the Air Pollution Program Manager also became the interim CUPA Manager, Unified Program implementation was substantially reduced until October 2021, when an existing APCD inspector was hired as the full-time CUPA manager.

In July 2023, the Air Pollution Program Manager departed, and in September 2023, the position was filled by an existing CUPA/Air Pollution inspector. The APCD hired another staff inspector for the Unified Program in December 2023.

Currently, the CUPA consists of the following staff:

- three inspector positions, which are also allocated to fulfill responsibilities of Air Pollution programs,
 - one inspection aide,
 - one CUPA Program Manager, and
 - one Air Pollution Program Manager, capable of assisting with CUPA inspections, if needed.
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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 inspecting each Hazardous Waste Generator (HWG) facility per the inspection frequency established in the Inspection and Enforcement (I&E) Plan.

The I&E Plan establishes an inspection frequency for Large Quantity Generators (LQGs) and Small Quantity Generators (SQGs) at least once every three years, with the following exceptions for Small Quantity Hazardous Waste Generators (SQHWGs):

- SQHWGs generating less than 55 gallons of hazardous waste annually are inspected once every six years, and
- SQHWGs generating less than 10 gallons or 80 lbs of hazardous waste annually are inspected on a complaint basis.

Note: On August 2, 2024, the CUPA confirmed the inspection frequencies established in the I&E Plan for SQHWGs are no longer observed, and that SQHWGs are inspected as all HWGs (LQGs and SQGs), at an inspection frequency of at least once every three years.

Review of inspection, violation and enforcement information, also known as compliance, monitoring, and enforcement (CME) information, in the California Environmental Reporting System (CERS), between October 1, 2020, and September 30, 2023, and information from the CUPA's local data management system finds:

- 177 of 378 (47%) HWG facilities were not inspected at least once every three years.

Note: This Deficiency was identified during the 2019 CUPA Performance Evaluation, as documented in the Final Summary of Findings issued June 1, 2023, and remains uncorrected.

CITATION:

California Code of Regulations (CCR), Title 27, Section 15200(a)(3)
[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 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 HWG facility that has not been inspected at least once every three years. For each HWG facility listed, the sortable spreadsheet will include, at minimum:
 - Facility name,
 - CERS ID, and

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- date of the last routine inspection.
- Note: If the CUPA is unable to provide a spreadsheet, the spreadsheet provided by DTSC may be utilized.
- A schedule to inspect each HWG facility identified as not being inspected at least once every three years. Inspections will be prioritized, conducting the most delinquent inspections prior to any other HWG facility inspection based on risk; and
- Future steps to ensure that each HWG facility will be inspected at least once every three 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 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.

2. DEFICIENCY:

The I&E Plan has not been reviewed or revised annually, and required components are missing or inaccurate.

The I&E Plan reflects a revision date of July 2017.

Review of the I&E Plan finds required components of the I&E Plan are missing or inaccurate.

The following component is missing:

- Provisions for ensuring sampling capability and analysis performed by a state certified laboratory.

The following components are inaccurate:

- Page 5: Inspection frequencies identified for SQHWGs do not reflect the actual inspection frequency being implemented.
 - On August 2, 2024, the CUPA confirmed the inspection frequencies established in the I&E Plan for SQHWGs are no longer observed, and that SQHWGs are inspected as all HWGs (LQGs and SQGs), at an inspection frequency of at least once every 3 years.
- Page 5: Inspection frequencies for the Permit-By-Rule (PBR), Conditionally Authorized (CA), and Conditionally Exempt (CE) Tiered Permit (TP) components of the HWG Program do not include “initial inspection within two (2) years of notification and every three (3) years thereafter.”
- Page 3: HSC, Chapter 6.7 is referenced without specific applicable sections.
 - The correct Sections are 25280 through 25296 and 25298 through 25299.6.
- Page 29, Section VIII, “Revocation, Modification, or Suspension of Permit”: “Suspend,” “suspended,” or “suspension,” are terms used relative to a UST Operating Permit.
 - A UST Operating Permit cannot be suspended.

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- Page 29, Section VIII cites HSC, Chapter 6.7, Sections 25280 through 25299.8.
 - The correct code Sections are 25280 through 25296 and 25298 through 25299.6.
- Page 30: HSC, Section 2715.3 is cited under Section X (Red Tag Procedures)
 - HSC, Section 2715.3 is not relative to UST regulations.
- Page 37: The penalty matrix contains penalty amounts that are outdated as of July 5, 2018.
 - CCR, Title 22, Section 66272.62 references the current penalty amounts.
- Page 38: Under 2(b), Underground Storage Tanks, it states, "For Violations of HSC 25299(c), the respondent is liable for no more than \$5,000 per day, per violation, per Underground Storage tank."
 - HSC, Section 25299(c) references the current penalty amount of "not more than \$5,000 for each underground storage tank."
- Page 41, Section 5b incorrectly states, "Pursuant to Chapter 6.95, Article 2, §25540(a) of the H&SC... not less than \$2,000 per day in which the violation occurs..."
 - The correct reference citation is HSC, Chapter 6.95, Article 2, Section 25540(a)(2) and the correct minimum penalty amount is "not less than \$5,000 per day."

Note: This Deficiency was identified as an Incidental Finding during the 2019 CUPA Performance Evaluation, pertaining to PBR, CA and CE inspection frequencies of the TP component of the HWG Program and sampling capability and analysis, as documented in the Final Summary of Findings issued June 1, 2023, and remains unresolved.

CITATION:

HSC, Chapter 6.7, Sections 25280 through 25296 and 25298 through 25299.6
CCR, Title 27, Section 15200(a)
CCR, Chapter 16, Sections 2610 through 2717.7
[CalEPA, DTSC, State Water Board]

CORRECTIVE ACTION:

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 CalEPA, DTSC, and/or the State Water Board, 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. 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.

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. 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 amended I&E Plan.

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3. 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 CERS.

On February 21, 2024, review of HMBPs submitted to CERS between December 22, 2022, and February 21, 2024, by businesses subject to Business Plan reporting requirements finds:

- 258 of 719 (36%) Business Plan facilities have not annually submitted a chemical inventory (including site map) or a no-change certification.
- 263 of 709 (37%) Business Plan facilities have not annually submitted emergency response and employee training plans or a no-change certification.

Note: This Deficiency was identified during the 2019 CUPA Performance Evaluation, as documented in the Final Summary of Findings issued June 1, 2023, and remains uncorrected.

CITATION:

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 submitted an HMBP or a no change certification to CERS.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an update to the sortable spreadsheet, obtained from CERS and provided by CalEPA, identifying the facility name and CERS ID for each business subject to Business Plan reporting requirements that has not annually submitted an HMBP or a no-change certification to CERS. For each facility listed, the sortable spreadsheet will be updated to include, at minimum:

- Follow-up actions including:
 - Enforcement applied by the CUPA to ensure an HMBP or no-change certification is annually submitted to CERS.

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

4. DEFICIENCY:

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

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Review of CERS CME information between October 1, 2021, and September 30, 2023, finds:

- 315 of 709 (43%) facilities subject to HMBP requirements were not inspected within the last three years.

Note: This Deficiency was identified during the 2019 CUPA Performance Evaluation, as documented in the Final Summary of Findings issued June 1, 2023, and remains uncorrected.

CITATION:

HSC, Chapter 6.95, Section 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:

- An update to the sortable spreadsheet, obtained from CERS and provided by CalEPA, identifying each facility subject to HMBP requirements that has not been inspected within the last three years. The sortable spreadsheet will be updated to include, at minimum:
 - 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.

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 facility subject to HMBP requirements at least once in the last three years.

5. DEFICIENCY:

The CUPA is not certifying to CalEPA every three years that a complete review of the area plan has been conducted and any necessary revisions have been made.

- The last certification of the area plan was January 2016.

CITATION:

HSC, Chapter 6.95, Section 25503(d)(2)
[CalEPA]

CORRECTIVE ACTION:

By the 3rd 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 to ensure all required elements are present and emergency contact information is current. The CUPA will provide CalEPA with the area plan.

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Financial assistance may be requested from Cal OES through the Hazardous Materials Emergency Preparedness (HMEP) grant program.

6. DEFICIENCY:

The CUPA is not consistently conducting complete annual Underground Storage Tank (UST) compliance inspections.

Review of UST compliance inspection reports, associated testing and leak detection documents, and CERS CME information finds the following discrepancies:

- Non-compliance was observed in an inspection report; however, no violation was reported to CERS:
 - CERS ID 10484761
 - Inspection Report dated January 18, 2023, notes “87S had to replace OPW drain valve”
 - No violation was reported to CERS for Unified Program Violation Library Violation Type Number 2060020 – Spill Container (USEPATCR 9a).
 - CERS ID 10485232
 - Inspection Report dated December 19, 2023, notes “87 failed, replaced like for like sensor – passed” and the Monitoring System Certification dated December 19, 2023, also cites failure of 87 Submersible Turbine Pump (STP) sensor.
 - No violation was reported to CERS for Unified Program Violation Library Violation Type Number 2030043 – Monitoring Equipment (USEPATCR 9d).
 - CERS ID 10414768
 - Inspection Report dated March 11, 2021, cites “Owner/operator did not operate UST system to prevent spills and/or overfills. Premium drop tube could not be removed for testing. Regular and diesel drop tubes failed based on measurements.”
 - No violation was reported to CERS for Unified Program Violation Library Violation Type Number 2030036 – Overfill Prevention (USEPATCR 9b).
- Non-compliance was not observed in an inspection report, and no violation was reported to CERS:
 - CERS ID 10414768
 - Monitoring System Certification form dated March 11, 2021, notes “Replaced L16 (409) DSL Annular.”
 - No violation was reported to CERS for Unified Program Violation Library Violation Type Number 2030043 – Monitoring Equipment (USEPATCR 9d).
 - CERS ID 10485286
 - Monitoring System Certification was completed three months late on January 11, 2021; eight months late on June 17, 2022; and eleven months late on September 29, 2023.

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- No violation was reported to CERS for Unified Program Violation Library Violation Type Number 2030002 – Leak Detection Equipment Maintenance (USEPATCR 9d) for late Annual Compliance Testing.
- Spill Container Testing was completed three months late on January 1, 2021, and eight months late on June 17, 2022.
 - No violation was reported to CERS for Unified Program Violation Library Violation Type Number 2060020 – Spill Container (USEPATCR 9d) for late Spill Container Testing.
- Incomplete or inaccurate information on test results was observed:
 - CERS ID 10484761
 - Monitoring System Certification form dated January 11, 2024, is incomplete:
 - “Simulated release rate verified” in Section 7 is blank, while CERS cited double-walled pressurized piping with mechanical line leak detectors (MLLDs).
 - CERS ID 10485232
 - Monitoring System Certification form dated December 1, 2021, is incomplete:
 - “Yes” is marked for “Does the turbine automatically shut down if the piping secondary containment monitoring system detects a release?” and there is no indication as to which sensors initiate positive shut down.
 - Section 6 is missing Under Dispenser Containment (UDC) sensors, while CERS cites UDCs with sensors.
 - CERS ID 10414768
 - Monitoring System Certification form dated March 10, 2022, lists two 87 annular, while only one 87 tank is on site.
 - CERS ID 10479142
 - Secondary Containment Testing Report dated September 29, 2021, is incomplete:
 - Section 6 (Tank Secondary Containment Test) is left blank.
 - Section 7 (Pipe Secondary Containment Test) only provides information for the 91-tank piping.
 - Section 8 (Sump/UDC Test) is left blank, while CERS lists five double-walled tanks with piping, sump, and UDCs requiring secondary containment testing.
 - CERS ID 10483387
 - Monitoring System Certification form dated October 19, 2021, has Section 8 (in-tank gauging testing) completed when the facility has double-walled tanks, and is incomplete in the following sections:
 - Pass or fail is not marked in Section 6 (Sensor Testing Results)
 - Pass or fail is not marked in Section 7 (Line Leak Detector Testing)
 - Spill Container Testing Report dated October 19, 2021, is missing the service technician signature (Section 5) and Tank ID (Section 6).
 - Spill Container Testing Report dated October 25, 2022, is missing the Tank ID (Section 6).
 - CERS ID 10485286
 - An outdated form was used for the Monitoring System Certification dated January 11, 2021, and for the Secondary Containment Testing Report dated October 13, 2021.

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- UST construction and inspection discrepancies:
 - CERS ID 10484761
 - Monitoring Plan for all three tanks cites the UDC using 208 sensors with positive shut down while the Monitoring System Certification dated January 11, 2022, January 18, 2023, and January 11, 2024, note in Section 5 that the flow of fuel stops at the dispenser if a release is detected in the UDC.
 - CERS ID 10485286
 - Monitoring System Certification form dated January 11, 2021, June 17, 2022, and September 29, 2023, notes “Yes” for “Does the flow of fuel stop at the dispenser if a leak is detected in the UDC?” while the Monitoring Plan and Monitoring System Certification form cites 208 sensors.
 - Monitoring System Certification dated January 11, 2021, cites tank annulars using 409 sensors while CERS reflects 420 sensors in the 2020 and 2022 submittals.
 - Monitoring System Certification dated June 17, 2022, and September 29, 2023, cite Veeder Root 84840-001 line leak detectors (LLD) while CERS reflects Red Jacket FX1V.
 - Overfill Prevention Inspection Report dated March 28, 2022, cites the method as “Restricts Flow” (passing at 95%) while CERS reflects the method as “Ball Float” and “Fill Tube Shut-off valve” in the 2022 and 2023 submittals.
 - CERS ID 10479142
 - Monitoring System Certification dated August 10, 2021, August 2, 2022, and April 13, 2023, cite “Yes” for “Does the flow of fuel stop at the dispenser if a release is detected in the UDC?” while both the Monitoring Plan and Monitoring System Certification form notes 208 sensors.
 - Monitoring System Certification dated August 10, 2021, cites STP sump using 208 sensors while CERS reflects 420 sensors in the 2021, 2023, and 2024 submittals.
 - CERS ID 10416418
 - Secondary Containment Testing Report dated November 2, 2022, notes the tank manufacturer as Modern Welding while CERS reflects the tank manufacturer as Trusco.
- The certification of the technician is missing:
 - CERS ID 10484761
 - Monitoring System Certification completed January 11, 2022, by a technician with no training or certification provided for the LLD test.
 - Monitoring System Certification completed January 18, 2023, and January 11, 2024, by a technician with no training or certification provided for the LLD test.
 - CERS ID 10485232
 - Overfill Prevention Inspection Report completed October 4, 2019, by a technician with no training or certification provided.
 - CERS ID 10485286
 - Monitoring System Certification completed January 11, 2021, by a technician with no training or certification provided for the LLD test.
 - Secondary Containment Testing Report completed October 13, 2021, by a technician with no training or certification provided.

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- CERS ID 10483387
 - Monitoring System Certification completed October 19, 2021, and October 30, 2023, by a technician with no training or certification provided for the LLD test
 - Overfill Prevention Inspection Report completed October 15, 2021, by a technician with no training or certification provided.

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

CITATION:

HSC, Chapter 6.7, Sections 25288(b) and 25299

CCR, Chapter 16, Sections 2637, 2638, 2711(d), 2713(c), 2737.2, and 2715(f)(2)

CCR, Title 27, Section 15290(a)(3)

[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:

- discussion of what procedures and tools may be needed to consistently conduct complete annual UST compliance inspections and correctly report UST CME information to CERS
 - e.g. identifying areas of the annual UST compliance inspection checklist that can be improved (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 reported to CERS;
- a plan to address all reasons why complete annual UT 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 CME information (including Technical Compliance Rate 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 at all UT facilities, including single-walled UST facilities;
- 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 observed noncompliance identified during annual UST compliance inspections in UST compliance inspection reports;
- reporting all inspections, observed noncompliance identified in UST compliance inspection reports and CME information 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;

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- 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;
- Accurate United States Environmental Protection Agency (USEPA) Technical Compliance Rate (TCR) reporting; and
- Quality assurance to ensure violation data used as part of the semi-annual report (Report 6) is accurately reported to CERS.

The CUPA will provide CalEPA with the revised I&E Plan, or other applicable procedure. The CUPA will contact the State Water Board for any assistance needed.

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 UST facility records, for three UST facilities most recently inspected, including, at minimum, annual UST compliance inspection reports and associated testing and leak detection documents.

7. DEFICIENCY: CORRECTED DURING EVALUATION

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

- FY 2020/2021
- FY 2021/2022

CITATION:

CCR, Title 19, Section 5150.5
[CalEPA]

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CORRECTIVE ACTION: COMPLETED

During the evaluation, the CUPA provided CalEPA with a completed CalARP performance audit report for FY 2023/2024.

This Deficiency is considered corrected during the evaluation.

8. DEFICIENCY: CORRECTED DURING EVALUATION

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

The CUPA did not complete an annual Self Audit Report for FYs 2019/2020, 2020/2021, 2021/2022, and 2022/2023.

CITATION:

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

CORRECTIVE ACTION: COMPLETED

During the evaluation, the CUPA provided a completed Self-Audit Report for FY 2023/2024 that includes all required components and demonstrates completion by September 30, 2024.

This Deficiency is considered corrected during the evaluation.

9. DEFICIENCY: CORRECTED DURING EVALUATION

The CUPA is not inspecting each APSA tank facility that stores 10,000 gallons or more of petroleum at least once every three years, for compliance with the Spill, Prevention, Control, and Countermeasures (SPCC) Plan requirements of APSA.

Review of information provided by the CUPA and CME information obtained from CERS on May 3, 2024, between July 1, 2019, and September 30, 2023, reflects:

- 6 of 23 (26%) APSA tank facilities that store 10,000 gallons or more of petroleum have not been inspected in the last three years.

CITATION:

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

CORRECTIVE ACTION: COMPLETED

During the evaluation, the CUPA inspected additional APSA tank facilities.

Review of information provided by the CUPA and CME information obtained from CERS on August 1, 2024, between July 1, 2019, and September 30, 2023, reflects:

- 3 of 23 (13%) APSA tank facilities that store 10,000 gallons or more of petroleum were not inspected at least once every three years.

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:

The CUPA is not consistently including all observations, citations, factual basis, and corrective action documentation for each violation cited in HWG inspection reports.

Review of HWG facility inspection reports, CERS CME information, and Notices of Violation finds inadequate or improper documentation of cited violations for the following facilities:

- CERS ID 10411024: inspection dated August 5, 2022
 - The following observation is written in the inspection report and should have been cited as a violation:
 - “4 drums of waste test water were generated. They are being stored w/o haz waste labels.”
 - The inspection report does not adequately document the specific violations relative to the documented corrective actions, observations and factual basis noted.
 - The previously mentioned observation appears in the inspection comments section of the inspection report but does not appear in the violations section of the same report. Inspection notes state that “I informed John from Northgate and he said he would take care of it ASAP,” suggesting that the facility representative was informed of the problem and that corrective actions were given. No labeling violation was reported in CERS.
- CERS ID 10454722: inspection dated January 19, 2023
 - The following observations are written in the inspection report and should have been cited as individual violations:
 - “Employees are not thoroughly familiar with proper waste handling as demonstrated by the number and/or type of hazardous waste violations observed at the time of inspection.”
 - “Open unlabeled hazardous waste container was observed in the pharmacy area. Employees not familiar with hazardous waste labeling requirement. Open hazardous waste container and label violations corrected on site.”
 - The inspection report does not adequately document the specific violations relative to the documented corrective actions, observations and factual basis noted.
 - The observations documented in the violations section of the inspection report describe three separate violations, however, they are all cited as a single training violation. The inspection report does not include corrective actions for the observed open container and labeling violations, and these violations are not reported to CERS.

CITATION:

California Health and Safety Code (HSC), Chapter 6.5, Section 25185(c)(2)(A)
[DTSC]

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RESOLUTION:

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, DTSC will review inspection information in CERS for any HWG inspections that have been conducted within the last three months, citing at least one HWG violation. Each inspection record will contain violations, observations, factual basis, citations, and corrective actions to correctly identify and classify each observed HWG violation.

2. INCIDENTAL FINDING:

The CalARP Dispute Resolution Process is missing a required element.

Review of the CalARP Dispute Resolution Process finds the following required element is missing:

- Set procedures and timetables for providing argument and supporting materials to the Unified Program Agency (UPA).

CITATION:

CCR, Title 19, Section 5150.1
[CalEPA]

RESOLUTION:

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

3. INCIDENTAL FINDING:

The 2016 area plan is missing required elements.

Review of the 2016 area plan finds the following required element is missing:

- Public Safety and Information
 - Procedures to identify all languages known to be spoken in the administering agency's county or city, as the case may be, and ensure that any individual is able to access services in their native language as required by Section 11135 of the Government Code. The area plan will outline what these services are and how they will be provided in the languages identified;
 - CCR, Title 19, Section 5020.6(d).

CITATION:

HSC, Chapter 6.95, Section 25503(c)
CCR, Title 19, Division 5, Article 2, Sections 5020.1 through 5020.8
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the CUPA will provide CalEPA with the revised area plan that includes all required elements.

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4. INCIDENTAL FINDING:

The annual CalARP performance audit report for FY 2022/2023 is missing a required element.

The following element is missing:

- A summary of the personnel and personnel years necessary to directly implement, administer, and operate the CalARP program.
 - The personnel and personnel years are determined as a product of the number of positions needed and the full-time percentage allocated for each of those positions. For example, assuming one inspector position, working in the CalARP Program, at a half-time percentage, the personnel years would be 0.5 (1 personnel position x 0.5 position years = 0.5 personnel years).

CITATION:

CCR, Title 19, Section 5150.5(b)
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the CUPA will provide CalEPA with the most recent annual CalARP performance audit report that includes all required elements.

5. INCIDENTAL FINDING:

The CUPA is not consistently citing nor requiring the correction of construction violations identified in State Water Board Local Guidance (LG) Letter 150, dated February 2021, at existing used oil UST systems.

Review of the CERS Facility/Tank Data Download information finds USTs at the following facility have single-walled vent or tank risers, and do not meet the secondary containment exemption requirements of CCR, Chapter 16, Section 2636(a) for vent and riser pipe to have overfill prevention equipment meeting the requirements specified in CCR, Chapter 16, Section 2635(c)(1)(B) or (C):

- CERS ID 10479142

Note: The example provided above may not represent all instances of this Incidental Finding.

Note: The following may be referenced:

- State Water Board CUPA Evaluation Guidance Documents, Single-Walled Vent or Riser Piping: <https://www.waterboards.ca.gov/ust/single-walled-vent-riser.html>
- State Water Board LG 150-3, Underground Storage Tank Overfill Prevention Equipment": https://www.waterboards.ca.gov/water_issues/programs/ust/leak_prevention/lgs/docs/150-3.pdf

CITATION:

CCR, Chapter 16, Sections 2631(a), 2636(a), and 2635 (c)(1)
[State Water Board]

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RESOLUTION:

The CUPA must ensure UST systems are properly constructed and meet the secondary containment requirements of CCR, Chapter 16, Section 2636(a).

By the 1st Progress Report, the CUPA will identify and provide CalEPA with a list of UST facilities (including the CERS ID and CERS UST Tank ID) which are incorrectly utilizing the overfill prevention equipment exemption.

The CUPA will provide written correspondence addressed to the UST facility owners/operators to inform the UST owners/operators of the requirement for installation of overfill prevention equipment, or to construct secondary containment for single-walled vent and tank risers. The written correspondence will include language stating that failure to comply with overfill prevention equipment requirements specified in CCR, Chapter 16, Section 2635(c)(1)(B) or (C), or secondary containment exemptions in CCR, Chapter 16, Section 2636(a) will lead to enforcement. The CUPA will include the State Water Board as a carbon copy recipient on the correspondence.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated list, indicating the status of each UST obtaining compliance. If appropriate steps have not been taken by the UST owners/operators to remedy the construction violations, the CUPA will apply enforcement. The CUPA will provide CalEPA with documentation of the applied enforcement.

By the 3rd Progress Report, if appropriate steps have not been taken by the UST owners/operators to remedy the construction violations, the CUPA will apply enforcement, including but not limited to revocation of the UST operating permit portion of the "Permit to Operate" (issued as the Unified Program Facility Permit) and issuance of red tags, which will prohibit the deposit and withdrawal of hazardous substances. The CUPA will provide CalEPA with documentation of the applied enforcement.

The State Water Board will consider this Incidental Finding resolved when the UST owners/operators install the correct overfill prevention equipment, or secondarily contain the vent and fill piping.

6. INCIDENTAL FINDING:

The CUPA has not established all Unified Program administrative procedures.

Established Unified Program administrative procedures have components that are incomplete.

The following Unified Program administrative procedures have not been established:

- Public Participation procedures that address how the CUPA will:
 - Ensure receipt and consideration of comments from regulated businesses and the public.
 - Coordinate, consolidate, and make consistent locally required public hearings related to any Unified Program element.
 - Coordinate, consolidate, and make consistent locally required public notices for activities related to any Unified Program Element

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The following Unified Program administrative procedures have a component that is missing:

- Records maintenance procedures do not address:
 - Proper disposal methods
 - Note: Records maintenance procedures do address identification of the records maintained, minimum retention times, and archive procedures.

CITATION:

CCR, Title 27, Sections 15180(e) and 15185
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the CUPA will provide CalEPA with the developed and revised Unified Program administrative procedures that adequately incorporate all required components.

By the 2nd Progress Report, if revisions and/or amendments to the developed and/or revised Unified Program administrative procedures, are necessary based on feedback from CalEPA, the CUPA will provide CalEPA with the revised and/or amended Unified Program administrative procedures. If no revisions and/or amendments are necessary, the CUPA will train CUPA personnel on the developed and/or revised Unified Program administrative procedures. Once training is complete, the CUPA will implement the developed and/or revised Unified Program administrative procedures. The CUPA will provide CalEPA with a statement that training has been conducted.

By the 3rd Progress Report, if revisions and/or amendments to the developed and/or revised Unified Program administrative procedures were necessary, the CUPA will train CUPA personnel on the revised and/or amended Unified Program administrative procedures. Once training is complete, the CUPA will implement the revised and/or amended Unified Program administrative procedures. The CUPA will provide CalEPA with a statement that training has been conducted.

7. INCIDENTAL FINDING: RESOLVED DURING EVALUATION

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

On May 3, 2024, review of HMBPs submitted to CERS between November 3, 2022, and December 4, 2023, by APSA tank facilities in lieu of tank facility statements reflects:

- 43 of 204 (21%) APSA tank facilities have not submitted a chemical inventory and site map.
- 47 of 204 (23%) APSA tank facilities have not submitted emergency response and employee training plans.

Note: This Incidental Finding was identified as a Deficiency during the 2019 CUPA Performance Evaluation, and was considered corrected during the evaluation, as documented in the Final Summary of Findings issued June 1, 2023.

CITATION:

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

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RESOLUTION: COMPLETED

During the evaluation, additional HMBPs were submitted to CERS by APSA tank facilities in lieu of tank facility statements.

On August 1, 2024, review of HMBPs submitted to CERS between November 3, 2022, and December 4, 2023, by APSA tank facilities in lieu of tank facility statements reflects:

- 37 of 204 (18%) APSA tank facilities have not submitted a chemical inventory and site map.
- 40 of 204 (19%) APSA tank facilities have not submitted emergency response and employee training plans.

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 on review of policies and procedures, CERS CME information, facility file information, information provided by the CUPA and Self-Audit Reports between August 19, 2019, and September 30, 2023:

- CERS reflects 383 regulated HWG facilities, including 7 Resource Conservation and Recovery Act (RCRA) Large Quantity Generators (LQGs), and one Household Hazardous Waste (HHW) facility within the jurisdiction of the CUPA.
- CERS reflects the CUPA inspected 284 of 383 unique HWG facilities and conducted a total of 299 inspections, consisting of 293 HWG routine inspections and 6 "other" HWG inspections.
 - 103 of 293 (35%) "Routine" inspections had no violations cited.
 - 190 of 293 (65%) "Routine" inspections had at least one violation cited.
 - In the 190 inspections conducted having at least one violation, 375 total violations were cited, consisting of:
 - 9 (2%) Class I violations,
 - 254 (68%) Class II violations, and
 - 112 (30%) minor violations
- CERS reflects no formal enforcement actions for hazardous waste related violations were completed.
- Inspection reports document whether consent to inspect was requested prior to beginning the inspections.
- Violation observations and comments are consistently being reported to CERS.

RECOMMENDATION:

Continue with efforts to meet the established HWG inspection frequency for the different types of HWG facilities and apply enforcement efforts as established in the I&E Plan. Continue to generate inspection reports with detailed comments for describing the factual basis for cited violations, ensuring a detailed description of observations and factual basis for each cited violation is included and reported to CERS, to support any applicable enforcement efforts.

Follow up with facilities that have not obtained RTC by the scheduled RTC date and apply enforcement, per the I&E Plan.

2. OBSERVATION:

Two HWG oversight inspections were conducted with different CUPA inspectors. The first inspection was conducted at CERS ID 10137568, a large quantity generator that produces waste from electric transformers. The inspector was well prepared, asked for consent to inspect before

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beginning the inspection, and conducted a thorough walkthrough of the facility. The inspector reviewed all necessary documents onsite.

The second inspection was conducted at CERS ID 10452856, a small quantity generator. The inspector was well prepared, built a rapport with the facility operator and asked for consent to inspect before beginning the inspection. The inspector conducted a thorough walkthrough of the facility, then reviewed all necessary documents. The inspector identified all existing violations and provided guidance to assist the facility with returning to compliance.

Though no violations were cited during the inspection at CERS ID 10137568, the inspector stated that the CUPA would follow up with the facility operator in 5-7 days with a summary of the inspection following its conclusion. Similar delays between the inspection date and the facility's receipt of an inspection report and/or a set of corrective actions were observed during the evaluation assessment with review of facility files.

Per HSC, Section 25185(c)(1) an inspector is required to provide a summary of all cited violations to the facility operator prior to the conclusion of the inspection. At minimum, the inspector should review the inspection checklist and/or inspection report and the details of each known cited violation with the facility operator and discuss any questions the facility operator may have. If an electronic inspection report is used, the inspector should review the electronic report with the facility operator at the conclusion of the inspection and e-mail a finalized inspection report to the facility operator upon returning to the office.

RECOMMENDATION:

Continue to conduct thorough HWG inspections. Upon conclusion of each HWG inspection, ensure the facility operator is provided with a written summary of violations, which are reviewed with the inspector before the inspector leaves the facility. Develop a Notice of Violation (NOV) or other applicable form, which summarizes all violations documented during the inspection, and can be provided to the facility operator upon conclusion of the inspection while awaiting the final inspection report to be provided via email or mail. It is common practice for CUPA inspectors to leave the inspection checklist and/or the inspection report with the facility operator upon conclusion of the inspection when leaving the facility and email the full inspection report to the facility operator by the end of the same business day in which the inspection was conducted.

3. OBSERVATION:

Substantial lapses in completing the HAZWOPER refresher training to maintain certification were experienced by three inspectors.

- Completion of an 8 Hour HAZWOPER Refresher Training occurred on March 24, 2022, for two inspectors. The subsequent annual refresher training was completed on December 12, 2023, and January 12, 2024.
- Completion of an 8 Hour HAZWOPER Refresher Training occurred on June 25, 2019, for one inspector. The subsequent annual refresher training was completed on December 4, 2023.

RECOMMENDATION:

Per the Occupational Safety and Health Administration (OSHA), if a substantial amount of time has passed since initial or refresher HAZWOPER training, the need to repeat initial training is

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determined on a case-by-case basis. Refer to the OSHA website for specific information (<https://www.osha.gov/emergency-preparedness/hazardous-waste-operations/faq>).

Be mindful of HAZWOPER training certification expiration dates and plan accordingly to ensure CUPA staff remain up to date on health and safety training certification.

Ensure CUPA personnel continually complete and maintain required HWG training. Additional training opportunities may be provided to CUPA personnel by DTSC upon request.

4. OBSERVATION:

Review of facility files finds the CUPA is not consistently following up with facility operators in a timely manner after the inspection is completed.

- CERS ID 10455244
 - Inspection dated October 24, 2017, cites violations.
 - The CUPA followed up with the facility about violations cited during the inspection and the corresponding corrective actions on November 13, 2017.
- CERS ID 10470226
 - Inspection dated July 7, 2023, cites violations.
 - The CUPA followed up with the facility about violations cited during the inspection and the corresponding corrective actions on July 19, 2023. A subsequent attempt to contact the facility was documented on September 20, 2023.
- CERS ID 10687519
 - Inspection dated January 24, 2023, cites violations.
 - The facility initiated contact with the CUPA on January 31, 2023 requesting a summary of violations and corrective actions. The CUPA provided this information on the same day.
 - Inspection dated October 16, 2018, cites violations.
 - The CUPA followed up with the facility about violations cited during the inspection and the corresponding corrective actions on November 27, 2018.

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

RECOMMENDATION:

Per HSC, Section 25185(c), "At the conclusion of the inspection the inspector shall deliver to the operator of the facility or site a written summary of all violations alleged by the inspector. The inspector shall, prior to leaving the facility or site, deliver the written summary to the operator and shall discuss any questions or observations that the operator might have concerning the inspection." Delays in providing the inspection report may impact a facility's ability to obtain RTC in a timely manner.

Prior to the conclusion of each site visit for the inspection conducted, ensure facility operators receive a summary of cited violations and the respective corrective actions, to help ensure timely return to compliance.

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5. OBSERVATION:

Existing references to citations in CCR, Title 19, Division 2, Chapters 4 and 4.5 in administrative procedures, standard operating procedures and other documents associated with HMBP requirements and the CalARP Program are outdated.

Effective July 22, 2021, Assembly Bill 148 (Chapter 115, Statutes of 2021), transferred the oversight responsibility of the Hazardous Materials Release Response Plans and Inventory (HMBP requirements) 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 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 HMBP requirements and the CalARP Program using Guidance Document 24-01 as a reference.

6. OBSERVATION:

The CUPA has several webpages that contain resources for the public and regulated community.

The CUPA webpage (<https://www.countyofglenn.net/government/departments/agriculture/cupa-certified-unified-program-agency>) contains the following information that may benefit from improvement.

- In the left column listing of programs, use the correct reference for APSA -Aboveground Petroleum Storage Act.

The APSA webpage (<https://www.countyofglenn.net/government/departments/agriculture/cupa-certified-unified-program-agency/above-ground-storage-tanks>) contains the following information that may benefit from improvement.

- In the left column listing of programs and the webpage title, use the correct reference for APSA -Aboveground Petroleum Storage Act.

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- The APSA Program description is outdated and should reflect the current statute as noted below:
 - APSA regulates tank facilities that are subject to the federal SPCC rule or tank facilities with an aggregate storage capacity of 1,320 gallons or more of petroleum in aboveground storage containers or tanks with a shell capacity equal to or greater than 55 gallons. APSA also regulates tank facilities with less than 1,320 gallons of petroleum if they have one or more stationary tanks in an underground area (TIUGA) with a shell capacity of 55 gallons or more of petroleum, and, in this case, only the TIUGAs are subject to APSA, although there are exceptions.
- The General Information section includes SPCC information related to farms. Including the following additional links to OSFM webpage content related to APSA farm regulation would be beneficial:
 - Farms (<https://osfm.fire.ca.gov/what-we-do/pipeline-safety-and-cupa/certified-unified-program-agency/aboveground-petroleum-storage-act/farms>)
 - How Do I Know If My Farm Is Regulated Under APSA? (<https://osfm.fire.ca.gov/what-we-do/pipeline-safety-and-cupa/certified-unified-program-agency/aboveground-petroleum-storage-act/is-my-farm-regulated-under-aboveground-petroleum-storage-act-apsa>)

The Resources webpage at

<https://www.countyofglenn.net/resources?f%5B0%5D=department%3ACUPA%20-%20Certified%20Unified%20Program%20Agency> contains the following information that may benefit from improvement:

- The Tier II Qualified Facility SPCC Plan template is outdated and should be replaced with the May 2021 version, available on the OSFM APSA webpage (<https://osfm.fire.ca.gov/what-we-do/pipeline-safety-and-cupa/certified-unified-program-agency/aboveground-petroleum-storage-act>).
- The CalEPA APSA and SPCC fact sheets on page 1 of the Resources webpage are outdated and should be removed.

The OSFM link provided on the Resources webpage at

<https://www.countyofglenn.net/resources?f%5B0%5D=department%3ACUPA%20-%20Certified%20Unified%20Program%20Agency&page=1> is no longer valid and should be replaced with the current OSFM APSA webpage (<https://osfm.fire.ca.gov/what-we-do/pipeline-safety-and-cupa/certified-unified-program-agency/aboveground-petroleum-storage-act>).

RECOMMENDATION:

Update the webpages as indicated above.

7. OBSERVATION:

On December 4, 2023, the CERS reporting requirement was set as “APSA Applicable” for 204 APSA tank facilities. The CUPA’s data management system identifies a total of 167 APSA tank facilities, including 101 facilities that have aboveground petroleum storage capacity of 10,000 gallons or more, and 66 facilities that have aboveground petroleum storage capacity of 1,320 to 9,999 gallons.

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- 163 APSA tank facilities are identified in both CERS and the CUPA's data management system.
- 41 tank facilities identified as "APSA Applicable" in CERS are not identified as APSA tank facilities in the CUPA's data management system.
- 4 tank facilities identified as APSA tank facilities in the CUPA's data management system are not identified in CERS as APSA tank facilities.

The CUPA's data management system also identifies 113 farms as Conditionally Exempt 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.

- 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.
- Farms that are not regulated under APSA due to Senate Bill 612 and the Federal Water Resources Reform and Development Act (WRRDA) oil applicability thresholds should be identified in CERS as "APSA Not Applicable".

8. OBSERVATION:

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

RECOMMENDATION:

Encourage each APSA tank facility that utilizes the consolidated emergency response and training plans template to use the current 2023 version, when an HMBP is submitted to CERS in lieu of a tank facility statement. The current template is available in CERS, on the CERS Central – Business webpage at <https://cers.calepa.ca.gov/businesses/> and the CalEPA Unified Program Publications and Guidance webpage at <https://calepa.ca.gov/cupa/publications/>.

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9. OBSERVATION:

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

- Page 3: The Unified Program elements list is missing the fire code Hazardous Materials Management Plans (HMMP) and Hazardous Materials Inventory Statements (HMIS) requirements, which are consolidated with HMBP requirements.
- Pages 3 and 16: Use the correct reference for APSA -Aboveground Petroleum Storage Act.
- Page 4: The Table II Inventory of Regulated APSA facilities can be updated to reflect the CUPA's data management system identification of 167 APSA tank facilities, including 101 facilities that have aboveground petroleum storage capacity of 10,00 gallons or more, and 66 facilities that have aboveground petroleum storage capacity of 1,320 to 9,999 gallons. The CUPA's data management system also identifies 113 farms as conditionally exempt tank facilities.
- Page 7: In the APSA inspector training requirements, replace 'hazardous materials and/or hazardous waste' with 'petroleum'.

RECOMMENDATION:

Update the I&E Plan as indicated above.

10. OBSERVATION:

The area plan, dated January 2016, contains the following information that may benefit from improvement.

- Page I-3: Item 3, replace the Aboveground Storage Tank requirements with the APSA Program and replace the reference to HSC, Section 25270.5 with HSC, Chapter 6.67. Remove the reference to "SPCC Plans per 40 CFR Part 112" as the Federal SPCC rule requirements are not delegated to any state and Unified Program Agencies do not have the authority enforce the SPCC rule.
- Page I-3: Item 6, insert the HMMP-HMIS requirements and replace Article 80 with Chapter 50, Sections 5001.5.1 and 5001.5.2.
- Page I-13: Replace the Aboveground Storage tank with APSA.
- Page I-14: Replace the Uniform Building Code with the California Building Code.
- Page I-43: The OSFM address and phone number are obsolete. The correct address is 715 P Street, Sacramento, CA 95814, and the correct phone number is (916) 568-3800.
- Page A-8: The glossary shows the OSFM has responsibility for interstate and intrastate hazardous liquid pipelines. OSFM oversees intrastate hazardous liquid pipelines. Interstate hazardous liquid pipelines are under the authority of the U.S. Department of Transportation – Pipeline and Hazardous Materials Safety Administration.
- Page B-6: In the notification list, update the OSFM phone number to (916) 568-3800 (8:00 AM to 5:00 PM, Monday to Friday) or specify that the State Warning Center may be contacted.

RECOMMENDATION:

Update the area plan as indicated above.

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11. OBSERVATION:

Review of the UST Facility/Tank Data Download report obtained from CERS on April 10, 2024, finds UST construction and leak detection information for CERS ID 10485139 is incorrect as follows:

- 3 of 9 (33%) continuous vacuum, pressure, or hydrostatic (VPH) systems installed after July 1, 2004, list single-walled components when double-walled components are required.
- 3 of 9 (33%) VPH systems have Secondary Containment Testing listed as “Yes.”

RECOMMENDATION:

Review CERS submittals to ensure construction information is accurate and complete.

12. OBSERVATION:

Review of CERS and CME information on April 15, 2024, finds RTC was incorrectly entered as “Not Resolvable” for the following UST Program violations cited in 2020 at the following facilities:

- CERS ID 10411024
 - Other Inspection conducted May 14, 2020, cites Unified Program Violation Library Violation Type Number 2030048 - Secondary Containment Testing (USEPATCR 9d)
- CERS ID 10485139
 - Routine Inspection conducted March 19, 2020, cites Unified Program Violation Library Violation Type Number 2030036 - Overfill Prevention (USEPATCR 9b) and Unified Program Violation Library Violation Type Number 2030002 - Leak Detection Equipment Maintenance (USEPATCR 9d)
- CERS ID 10468423
 - Routine Inspection conducted May 27, 2020, cites Unified Program Violation Library Violation Type Number 2030036 - Overfill Prevention (USEPATCR 9b)

The “Not Resolvable” RTC qualifier should be utilized in instances where it is not possible to go back to the point in time when the violation occurred.

Note: The RTC qualifier “Not Resolvable” will be added to the CERS NextGen Data Dictionary, and upon implementation of CERS NextGen, the current “Not Resolvable” qualifier procedures will be incorrect.

RECOMMENDATION:

UST Violation RTC qualifier “Not resolvable” is intended for more unique situations where the initial violation cannot be resolved. UST Program violations for missed testing, and/or failures in testing for leak detection equipment are resolvable.

Review UST Violation RTC and qualifier procedures to ensure violation data, including escalated class violation data, is accurately reported to CERS.

13. OBSERVATION:

The CUPA is not following up and documenting actions associated with RTC within 60 days of testing or leak detection failures.

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Review of CERS CME finds the following testing and leak detection failures obtained RTC, however, RTC was obtained in more than 60 days:

- FY 2020/2021
 - 3 of 10 (30%)
- FY 2021/2022
 - 7 of 10 (70%)
- FY 2022/2023
 - 5 of 17 (29%)

Note: Since 2018, the CUPA has experienced staffing changes, including the year between October 2020 and October 2021, without a CUPA Program Manager. A direct correlation is recognized between improved rates of obtaining RTC and the fulfillment of the CUPA Program Manager position.

RECOMMENDATION:

Ensure UST facilities cited with violations obtain RTC within 60 days and apply progressive enforcement if necessary to obtain RTC.

14. OBSERVATION:

On May 31, 2024, a UST oversight inspection was conducted during the annual monitoring system certification, and the spill container testing at CERS ID 10467358. The facility is a fueling station with three double-walled fiberglass tanks (regular, premium, and diesel). The facility owner and service technicians were also on site.

A service technician provided the inspector with the tank set up and alarm history print out prior to opening any UST components. The inspector displayed strong UST knowledge, performing a thorough review of required onsite documentation and confirmed operability of all sensors. The inspector also performed visual inspection of sumps, spill containers, under dispenser containment, and observed line leak detector testing.

Review of the inspection report and testing documents finds that Unified Program Violation Library Violation Type Number 2060020 – Spill Container (USEPATCR 9d) was not issued. At the time of inspection, the 87-spill container drain valve was not functional and unable to hold 5 gallons of water. The spill container drain valve was replaced and retested with passing results.

RECOMMENDATION:

Continue to conduct thorough UST inspections. Ensure violations are cited for all non-compliance observed during an inspection.

15. OBSERVATION:

Review of inspection reports for CERS ID 10483387 finds the following violations for non-submittal of testing and report documents were reported to CERS with the same date as the date of the inspection.

- Inspection report dated October 19, 2021, notes “there were no violations noted during this inspection.”

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- The following violations were reported to CERS with the date of October 19, 2021:
 - Unified Program Violation Library Violation Type Number 2010017 – Spill Container Testing and
 - Unified Program Violation Library Violation Type Number 2030074 - 12 Month Monitoring System Certification Submittal
- Inspection report dated October 25, 2022, notes “there were no violations noted during this inspection.”
 - The following violation was reported to CERS with the date of October 25, 2022:
 - Unified Program Violation Library Violation Type Number 2030074 - 12 Month Monitoring System Certification Submittal

RECOMMENDATION:

Ensure that violations issued on the inspection report align with what is reported to CERS.

16. OBSERVATION:

On July 2, 2024, an HMBP and a CalARP oversight inspection were conducted at CERS ID 10170007. The inspectors were well prepared for the inspection and reviewed relevant information, including the most current Risk Management Plan (RMP), prior to arriving at the facility. The inspectors were knowledgeable, established rapport with the facility operators, requested and reviewed the most current RMP information, toured the entire site, verified inventory, emergency response plan information and training on site, and effectively communicated technical information to the facility operators. The inspectors identified and disclosed all violations.

On August 14, 2024, an HMBP oversight inspection was conducted at CERS ID 10868779. The inspector established rapport with the facility operators, toured the entire site, verified inventory, and emergency response plan information and training on site, and effectively communicated technical information to the facility operators. The inspector identified and disclosed all observed violations.

RECOMMENDATION:

Continue to conduct thorough HMBP and CalARP inspections.

17. OBSERVATION:

The CUPA provided a copy of the UST Closure Notification Letter that was drafted during this evaluation.

RECOMMENDATION:

The CUPA shall utilize the UST Closure Notification letter for future UST closures.
