

October 6, 2025

Troy Hommerding
Division Manager
County of Kings Environmental Health Services
460 Kings County Drive
Hanford, California 93230

Dear Mr. Hommerding:

During October 2024, through July 2025, CalEPA and the Unified Program state agencies conducted a performance evaluation of the County of Kings Environmental Health Services 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 unsatisfactory.

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.

Failure to adequately correct each of the deficiencies and resolve each of the incidental findings identified in the final Summary of Findings in a timely manner may result in the establishment of a Program Improvement Agreement between CalEPA and the governing body of the CUPA.

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,



Jason Boetzer
Deputy Secretary
Local Program Coordination and Emergency Response

Enclosure

cc sent via email:

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UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

CUPA: County of Kings Environmental Health Services

2024 Evaluation Assessment: October 2024 through July 2025

Timeframe Evaluated: July 1, 2020, through June 30, 2024

Evaluation Team Members:

- CalEPA Team Lead: Jessica Snow
- CalEPA: Julie Ann Unson
- DTSC: Mia Goings
- State Water Board: Michelle Suh
- CAL FIRE-OSFM: Mary Wren-Wilson

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 unsatisfactory.

The CUPA shall submit the first Evaluation Progress Report to CalEPA 60 days from receipt and subsequent Progress Reports in accordance with the specified due date until each Deficiency and Incidental Finding is acknowledged by CalEPA as being corrected or resolved.

With each Progress Report, the CUPA will continue to revise and/or submit any plan, policy, document, or facility information required for any Deficiency or Incidental Finding until acknowledged by CalEPA as being corrected.

Each Progress Report must be submitted to the CalEPA Team Lead via email or uploaded to the established SharePoint website. Questions or comments regarding this evaluation should be directed to the CalEPA Team Lead.

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

The submittal date for the 1st Evaluation Progress Report is **January 9, 2026**.

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DEFICIENCIES IDENTIFIED DURING EVALUATION

ACCOMPLISHMENTS, CHALLENGES, AND EXAMPLES OF OUTSTANDING IMPLEMENTATION

Various accomplishments and outstanding efforts, as well as challenges that impact the CUPA's overall ability to implement the Unified Program.

1. 2020 CUPA PERFORMANCE EVALUATION DEFICIENCY CORRECTED – ADMINISTRATIVE PROCEDURES:

In conducting the assessment for the 2024 CUPA Performance Evaluation, the following Deficiency previously identified as partially corrected upon closure of the 2020 CUPA Performance Evaluation is now considered corrected and no longer requires further action:

The Unified Program administrative procedures have components that are missing, inaccurate or incomplete.

The following component is missing:

- *Records Retention Policy, located in the "Record Retention: Policy Number 1.18.1":
 - *Training records are not identified as being kept for a minimum of five years.**

The following component is inaccurate:

- *Data Management Procedures, located in the "Kings County CUPA Administrative Procedures":
 - *The Data Management Procedures state that data reported in Envision Connect is uploaded to the California Environmental Reporting System (CERS) on a monthly basis, however the CUPA confirmed at the Kick-Off Meeting that data is uploaded to CERS quarterly. Ensure current data management processes are being reported to the Data Management Procedure.**

The following components are incomplete:

- *Public Participation Procedures, located in the "Kings County CUPA Administrative Procedures":
 - *The procedures do not adequately address how and if the CUPA is receiving and considering comments from regulated businesses and the public. The coordination, consolidation, and effort to make public hearings consistent has been substituted with the public hearing procedures used by State and local officials, though public hearing procedures of State and local officials are not further defined nor has information to access the procedures been made available. In addition, the CUPA is not making public notices available to the public for public hearings.**
- *Procedures for Providing Hazardous Material Release Response Plan (HMRRP) information, located in the "Kings County CUPA Administrative Procedures":
 - *The CUPA has granted local fire department personnel access to HMRRP information through CERS. Procedures for providing access to HMRRP information through CERS to other "emergency response personnel and other appropriate government entities" are not included.**

During the 2020 Evaluation Progress Report process, the CUPA provided acceptable revisions to the Data Management and Forwarding HMRRP information procedures. As part of the 2024 CUPA Performance Evaluation assessment, review of the updated Public Participation procedures and Records Retention Policy finds all components have been adequately addressed.

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2. 2020 CUPA PERFORMANCE EVALUATION DEFICIENCY CORRECTED – INSPECTION AND ENFORCEMENT (I&E) PLAN

In conducting the assessment for the 2024 CUPA Performance Evaluation, the following Deficiency previously identified as partially corrected upon closure of the 2020 CUPA Performance Evaluation is now considered corrected and no longer requires further action:

The Inspection and Enforcement (I&E) Plan has components that are incomplete.

The following components are incomplete:

- *The description of the graduated series of enforcement includes actions applied to bring a facility into compliance, however, it does not delineate a process for the CUPA to initiate a graduated series of enforcement.*
- *Provisions for ensuring sampling capability should also include training, identification of sampling equipment, methods to preserve physical evidence obtained through sampling and testing information. This information was required at the time of certification. The ability to conduct sampling assists in proceeding with enforcement*

During the 2020 Evaluation Progress Report process, the CUPA provided acceptable revisions to the I&E Plan but did not provide training documentation. As part of the 2024 CUPA Performance Evaluation assessment, review of the updated I&E Plan finds all components have been adequately addressed.

3. STAFFING CHALLENGES:

During Fiscal Years (FYs) 2021/2022, 2022/2023, and 2023/2024 the CUPA experienced significantly reduced staffing, which impacted the implementation of the Unified Program due to personnel reassignments as well as position consolidation and elimination on several occasions. The CUPA has been working with only half of their normal staffing for the last three years. The CUPA has taken the initiative to work with the California Association of Environmental Health Administrators (CAEHA) to hire a contracted inspector to conduct inspections of facilities in all program elements in an effort to maintain inspecting regulated facilities as scheduled. However, that contract expired during the evaluation, and the CUPA is working to obtain additional help while they hire more permanent staff. They also have one extra help staff that is dedicated to the CUPA program.

4. OFFICE DISPLACEMENT:

During the timeframe of this evaluation, CUPA personnel have been displaced from their office building three times – once for fleas, once for fire, and once for flood. The CUPA is currently in a temporary building for the next 18 months to a maximum of three years. This has forced the CUPA to take time away from their day-to-day activities to continuously move their office space from building to building.

5. NEW DATA MANAGEMENT SYSTEM:

In 2022, the CUPA switched the data management system from Envision Connect to the Accela Civic Platform. During the timeframe of this evaluation, the CUPA has been working with the vendor to fine tune the system and resolve any issues with electronic data transfer (EDT) to CERS and any other information reporting challenges. One major issue the CUPA has had to manually correct was the occurrence of UST inspections being logged twice - once as an HMBP inspection, and once as a UST inspection.

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DEFICIENCIES REQUIRING CORRECTION

Deficiency "is a major deviation in implementation of one or more Unified Program elements from the expected standards set forth in statute or regulation. It is a systemic problem that could impact the safety and protection of human health and the environment." (Cal. Code Regs., tit. 27, § 15100, subd. (k).) In addition, recommendations may be provided.

1. DEFICIENCY:

The CUPA is not inspecting each facility subject to Hazardous Materials Business Plan (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 the California Environmental Reporting System (CERS) on October 9, 2024, finds:

- 440 of 695 (63%) facilities subject to HMBP requirements were not inspected between July 1, 2021, and June 30, 2024.

Note: This Deficiency was identified as Deficiency #11 in the 2020 CUPA Performance Evaluation and was not corrected during the Evaluation Progress Report process.

CITATION:

Health and Safety Code (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 analysis and explanation as to why the inspection frequency is not being met. Factors to consider include existing inspection staff resources and the number of facilities scheduled to be inspected each year, response to declared emergencies such as wildfire response and recovery efforts and impacts of COVID-19.
- A sortable spreadsheet exported from the CUPA's data management system or CERS, identifying each HMBP facility that has not been inspected between July 1, 2021, and June 30, 2024. For each 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 facility subject to HMBP reporting requirements identified as not being inspected between July 1, 2021, and June 30, 2024, 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 HMBP facilities will be inspected at least once every three years. For example, the generation of a list of all HMBP facilities and the anniversary date of the next routine inspection.

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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 that each HMBP Program facility 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 identified as not being inspected once between July 1, 2021, and June 30, 2024.

2. DEFICIENCY:

The CUPA is not consistently following up and documenting return to compliance (RTC) information in CERS for facilities cited with violations in the California Accidental Release Prevention (CalARP), HMBP, Aboveground Petroleum Storage Act (APSA), and Hazardous Waste Generator (HWG) Programs, including the Tiered Permit (TP) component of the HWG Program.

Review of CERS CME information and information from the CUPA's data management system finds there is no documented RTC for the following:

- CalARP Program violations cited between July 1, 2021, and June 30, 2024:
 - July 1, 2022, through June 30, 2023
 - 4 of 4 (100%)
 - July 1, 2023, through June 30, 2024
 - 3 of 3 (100%)
- HMBP Program violations cited between July 1, 2021, and June 30, 2024,
 - July 1, 2021, through June 30, 2022
 - 21 of 140 (15%)
 - July 1, 2022, through June 30, 2023
 - 10 of 15 (67%)
 - July 1, 2023, through June 30, 2024
 - 17 of 58 (30%)
- APSA Program violations cited between:
 - July 1, 2017, and June 30, 2020
 - 3 of 18 (17%) cited between July 1, 2017, and June 30, 2018
 - 5 of 19 (26%) cited between July 1, 2018, and June 30, 2019
 - 2 of 5 (40%) cited between July 1, 2019, and June 30, 2020
 - July 1, 2020, and June 30, 2024
 - 10 of 24 (42%) cited between July 1, 2021, and June 30, 2022
 - 4 of 18 (22%) cited between July 1, 2023, and June 30, 2024
- HWG Program violations, including TP violations, cited between July 1, 2020, and June 30, 2024:
 - 28 of 134 (21%)
 - 0 (0%) are Class I violations
 - 8 (6%) are Class II violations
 - 8 of 16 (50%) Class II violations have obtained RTC
 - 20 (16%) are Minor violations
 - 98 of 118 (83%) Minor violations have obtained RTC
 - 52 of 118 (44%) Minor violations did not obtain RTC within 35 days
 - 31 of 118 (26%) Minor violations did not obtain RTC within 90 days

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- HSC, Chapter 6.5, Section 25187.8(b) states, "A facility which receives a notice to comply pursuant to subdivision (a) shall have not more than 30 days from the date of receipt of the notice to comply in which to achieve compliance with the permit conditions, rule, regulation, standard, or other requirement cited on the notice to comply." The CUPA is not consistently limiting the prescribed timeframe to RTC to 30 days in accordance with this section. Examples include:
 - CERS ID 10190554
 - An inspection report dated February 18, 2022, lists two minor violations. The "comply by" date prescribed by the CUPA is March 31, 2022, which allows the facility more than 30 days to return to compliance.
 - CERS ID 10418188
 - An inspection report dated June 29, 2021, lists three Class II violations and five minor violations. The "comply by" date prescribed by the CUPA for each violation is July 29, 2021. However, the inspection notes at the end of the report state, "To return to compliance, complete all corrections by August 31, 2021," which allows the facility more than 30 days to return to compliance

Note: This Deficiency was identified as Deficiencies #5, during the 2020 CUPA Performance Evaluation for the APSA, HWG Programs and was not corrected during the Evaluation Progress Report process.

CITATION:

HSC, Chapter 6.5, Sections 25110.8.5, 25117.6, and 25187(b) and (g), and 25508(a)(4)
HSC, Chapter 6.11, Section 25404.1.2(c)
HSC, Chapter 6.67, Section 25270.4.5(a)
HSC, Chapter 6.95, Sections 25508(a)(4) and 25533(d)
California Code of Regulations (CCR), Title 27, Sections 15185(a) and (c) and 15187(c)
[CalEPA, DTSC, OSFM]

CORRECTIVE ACTION:

During the evaluation, an issue with EDT was identified which impacted some RTC reporting. The CUPA obtained additional RTC for APSA Program violations cited between July 1, 2017, and June 30, 2018.

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 each open violation (no RTC) cited during the timeframes indicated below for the applicable program element:

- CalARP Program violations cited between July 1, 2022, and June 30, 2024
- HMBP Program violations cited between July 1, 2021, and June 30, 2024
- APSA Program violations cited between:
 - July 1, 2018, and June 30, 2020
 - July 1, 2021, and June 30, 2022
 - July 1, 2023, and June 30, 2024
- HWG Program violations, including TP violations, cited between July 1, 2020, and June 30, 2024

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At minimum, the sortable spreadsheet will include the following information for each facility with an open violation (no RTC):

- 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 facility records that include RTC documentation, or a narrative of the enforcement applied by the CUPA in the absence of RTC for the following:

- three CalARP facilities:
 - CERS ID 10442359
 - CERS ID 10443916
 - CERS ID 10470766;
- five HMBP facilities as requested by CalEPA;
- three HWG or TP facilities as requested by DTSC.

3. 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 FYs:

- FY 2022/2023
- FY 2023/2024

Note: The CUPA included the FY 2021/2022 CalARP performance audit in the FY 2021/2022 annual CUPA self-audit report.

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 the most recent FY.

4. DEFICIENCY:

The CUPA is not ensuring each stationary source in the CalARP Program reviews and updates the Risk Management Plan (RMP) at least once every five years.

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Review of information provided by the CUPA finds:

- 8 of 30 (30%) stationary sources in the CalARP Program have not updated the RMP at least once in the last five years.

The following stationary sources have not updated the RMP at least once in the last five years:

- CERS ID 10195633 – RMP last updated on November 2, 2018
- CERS ID 10442386 – RMP last updated on March 1, 2018
- CERS ID 10470970 – RMP last updated on November 29, 2017
- CERS ID 10479280 – RMP last updated on November 1, 2017
- CERS ID 10190554 – RMP last updated on June 29, 2014
- CERS ID 10442152 – RMP last updated on April 24, 2013
- CERS ID 10443916 – RMP last updated on February 15, 2010
- CERS ID 10449616 – Documentation indicates "NA"

Note: All stationary sources which have regulated substances listed in Table 1, Table 2, and Table 3 are required to revise and update the RMP every five years from the date of the initial submission or most recent update.

CITATION:

CCR, Title 19, Section 5070.11(a)(1) and (b)(1)
[CalEPA]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each stationary source in the CalARP Program has reviewed and updated the RMP at least once every five years. As part of the action plan, the CUPA will provide CalEPA with a sortable spreadsheet that includes, at minimum the following for each stationary source:

- Facility name;
- CERS ID;
- Date the RMP was last reviewed and updated by the stationary source; and
- follow-up actions with facilities that have not reviewed and updated the RMP at least once every five years. If a facility is no longer regulated as a CalARP facility, provide a brief explanation regarding the closure of the facility and de-registration pursuant to CCR, Title 19, Section 5070.11 (c) or (d).

By the 2nd Progress Report, the CUPA will provide a statement to CalEPA confirming each stationary source has either reviewed and updated the RMP at least once within the last five years, or the CUPA will have applied enforcement.

5. DEFICIENCY:

The CUPA is not consistently or correctly reporting CME information to CERS.

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Review of inspection reports and CERS CME information between July 1, 2020, and June 30, 2024, finds:

- Duplicate HMBP and CalARP Program inspections are reported to CERS for the following facilities:
 - CERS ID 10483207
 - Two routine HMBP inspections dated February 14, 2024
 - CERS ID 10410082
 - Two routine HMBP inspections dated November 3, 2022
 - Two routine CalARP inspections dated November 2, 2022
 - CERS ID 10487626
 - Two routine HMBP inspections dated February 22, 2022
 - CERS ID 10410073
 - Two routine HMBP inspections dated November 2, 2022
- HMBP Program violations are reported to CERS under the Underground Storage Tank (UST) Program:
 - CERS ID 10155707 – other inspection report dated May 21, 2024
 - No violations cited
 - Inspection comments state “CERS information is accurate, including site map and chemical inventory. Employee document were on site for review. Thank you”
 - CERS ID 10467505 – other inspection report dated August 10, 2023
 - No violations cited
 - Inspection comments state “No HMBP requirements at this time. Employee training documents were onsite.”
 - CERS ID 10404628 – UST Program routine inspection report dated October 5, 2021
 - Two HMBP violations cited
 - Failure to complete and electronically submit initially, annually or triennially, a business plan when storing/handling a hazardous material at or above reportable quantities.
 - Failure to electronically submit complete and accurate hazardous material inventory information for all hazardous materials on site at or above reportable quantities.
 - CERS ID 10409197 – UST Program routine inspection report dated October 4, 2021
 - One HMBP violation cited
 - Failure to electronically submit a site map with all required content.
 - CERS ID 10443703 – UST Program routine inspection report dated September 1, 2021
 - Two HMBP violations cited
 - Failure to electronically submit a site map with all required content.
 - Failure to electronically submit the Business Activities Page and/or Business Owner Operator Identification Page, or failure to report complete or accurate information on these forms.
- APSA Program violations are reported to CERS under the HWG Program
 - CERS ID 10410073 – HWG Conditionally Exempt (CE) routine inspection report dated November 2, 2022
 - No violations cited
 - Inspection comments state “The facility has an accumulated storage of crude oil throughout the facility, including in operating machinery that is above 1320g. This facility's SPCC was last signed in 2019. All tanks have a

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spill prevention plan spelled in the SPCC. The diesel and gasoline tanks were observed well maintained. Thank you"

- Resource Conservation and Recovery Act (RCRA) Large Quantity Generator (LQG) inspections are reported to CERS as Hazardous Waste (HW) inspections, and should have been reported as "HWLQG" inspections:
 - CERS ID 10147379 – An HW inspection was conducted on August 24, 2021.
 - Submittal accepted on August 9, 2021, indicates the facility reports as a RCRA LQG.
 - CERS ID 10411042: An HW inspection was conducted on March 21, 2024.
 - 2021 Biennial Report submitted in RCRAInfo
 - 2019 Biennial Report submitted in RCRAInfo
 - CERS ID 10442152: An HW inspection was conducted on March 20, 2024.
 - Submittal accepted on December 14, 2023, indicates the facility reports as a RCRA LQG.
- Violations and inspections reported to CERS are inconsistent with violations cited on inspection reports:
 - CERS ID 10489588: An APSA inspection report dated August 30, 2021, cites one violation, while CERS has no record of an inspection dated August 30, 2021.
 - CERS ID 10485253: An APSA inspection report dated March 26, 2021, cites two violations, while CERS reflects 1 violation.

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

CITATION:

HSC, Chapter 6.11, Sections 25404(e)(4) and 25404.1.2(c)
CCR, Title 27, Sections 15187(c) and 15290(b)
[CalEPA, OSFM, DTSC]

CORRECTIVE ACTION:

During the evaluation, the CUPA addressed the following:

- Duplicate HMBP and CalARP Program inspections are reported to CERS for the following facilities:
 - CERS ID 10483207
 - Two routine HMBP inspections dated February 14, 2024
 - CERS ID 10410082
 - Two routine HMBP inspections dated November 3, 2022
 - Two routine CalARP inspections dated November 2, 2022
 - CERS ID 10487626
 - Two routine HMBP inspections dated February 22, 2022
 - CERS ID 10410073
 - Two routine HMBP inspections dated November 2, 2022

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan for reporting CME information consistently and correctly to CERS. The action plan will include, at minimum, the following:

- Identification and correction of the cause(s) of missing or incorrect CME information reported to CERS, including any data transfer from the CUPA's data management system to CERS;

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- Identification of all CME information not previously reported to CERS, or reported to CERS incorrectly between July 1, 2020, and June 30, 2024;
- A process and timeframe, including the anticipated date of resolution, for reporting CME information identified as not being previously reported to CERS, and/or previously reported incorrectly to CERS, including CME information for any revised inspection reports;
- Review and revision of the existing CME reporting component of the Data Management Procedure, or other applicable procedure, to ensure CME information is consistently and correctly reported to CERS;
- Future steps to ensure all CME information is consistently and correctly reported to CERS. This may generate the need for;
 - a comparison of CME information (including follow-up actions) in the CUPA's data management system with CERS to identify CME information not being reported or being reported incorrectly to CERS through electronic data transfer (EDT); and/or
 - establishment of a quality assurance and quality control process to confirm all CME information is correctly and consistently reported to CERS;
- A process for ensuring CUPA personnel and inspectors are trained in the consistent use of the most recent violation classifications and citations of the CUPA's data management system or CERS violation type numbers.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a narrative update of the progress made towards implementation of all components of the action plan.

By the 2nd Progress Report, if amendments to the revised CME reporting component of the Data Management Procedure, or other applicable procedure are necessary based on feedback from CalEPA and/or DTSC, the CUPA will provide CalEPA with the amended CME reporting component of the Data Management Procedure or other applicable procedure. If amendments are not necessary, the CUPA will train CUPA personnel on the revised CME reporting component of the Data Management Procedure, or other applicable procedure. The CUPA will provide training documentation to CalEPA which will include, at minimum, 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 CME reporting component of the Data Management Procedure or other applicable procedure.

By the 3rd Progress Report, if amendments to the revised CME reporting component of the Data Management Procedure, or other applicable procedure were necessary, the CUPA will provide CalEPA with the amended CME reporting component of the Data Management Procedure or other applicable procedure. The CUPA will train CUPA personnel on the amended CME reporting component of the Data Management Procedure, or other applicable procedure. The CUPA will provide training documentation to CalEPA which will include, at minimum, 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 CME reporting component of the Data Management Procedure or other applicable procedure.

By the 5th Progress Report, the CUPA will consistently and correctly report all current and previous CME information to CERS. The CUPA will provide a statement confirming the entry of all prior CME information not previously reported to CERS, or previously reported incorrectly to CERS, between July 1, 2020, and June 30, 2024, as consistent and correct.

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6. DEFICIENCY:

Review of the "UST Routine Inspection Frequency Search" report obtained from CERS on January 29, 2025, finds the following inconsistencies in the reported number of UST facilities inspected:

- 2021 Routine Inspection Frequency Search Report
 - Generated on January 29, 2025: 80 of 82 (97%) inspected
 - Generated on May 21, 2025: 81 of 81 (100%) inspected
- 2022 Routine Inspection Frequency Search Report
 - Generated on January 29, 2025: 69 of 83 (83%)
 - Generated on May 21, 2025: 81 of 82 (99%) inspected
- 2023 Routine Inspection Frequency Search Report
 - Generated on January 29, 2025: 78 of 85 (83%)
 - Generated on May 21, 2025: 81 of 84 (96%) inspected

CITATION:

HSC, Chapter 6.7, Section 25288
CCR, Title 23, Section 2713(c)(3)
[State Water Board]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan that, at minimum includes:

- The "UST Routine Inspection Frequency Search" report, exported from CERS, identifying each UST facility that has not been inspected within the last 12 months.
 - In the "Comments" section of the "UST Routine Inspection Frequency Search" report, include a schedule to inspect each identified UST facility, prioritizing the most delinquent UST compliance inspections and the facilities having single-walled UST components.
- A strategy to ensure UST compliance inspection information in Report 6 and CERS will be accurately reported.
- Review and revision of the Data Management Procedure, or other applicable procedure, to ensure the establishment of a process, which at minimum will address:
 - collecting, retaining, managing, and reporting inspection information in CERS, and
 - how UST compliance information is accurately reported in Report 6.

The CUPA will provide CalEPA with the revised Data Management Procedure, or other applicable procedure.

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

By the 4th Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will accurately report UST compliance inspection information in Report 6 and CERS consistently for two consecutive Report 6 reporting periods.

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7. DEFICIENCY:

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

The CUPA is not correctly citing violations or documenting non-compliance as outlined in "Underground Storage Tank Inspection Procedures – Types of Inspection, Section iii (Periodic Secondary Containment Testing – Senate Bill 989)" of the I&E Plan.

Review of UST compliance inspection reports, associated testing and leak detection documents, and CERS CME information on January 29, 2025, between July 1, 2020, and June 30, 2024, finds:

- Failed components were noted on Secondary Containment Testing Report Forms, and no violations were reported to CERS for the following facilities:
 - CERS ID 10451677: inspection conducted on September 23, 2024
 - CERS ID 10479520: inspection conducted on September 13, 2024
 - CERS ID 10443703: inspection conducted on August 30, 2023
 - CERS ID 10442524: inspection conducted on July 13, 2023
 - CERS ID 10485304: inspection conducted on May 11, 2022
- Non-compliance was incorrectly cited in an inspection report and was incorrectly reported to CERS:
 - CERS ID 10450519
 - The inspection report dated April 14, 2023, notes "Failure of the leak detection equipment to have an audible and visual alarm as required. The sensor in the north sump failed. Please replace" and cites Unified Program Violation Library Violation Type Number 2030003 - Audible and Visual Alarm (USEPA Priority). The correct Unified Program Violation Library Violation Type Number is 2030043 - Monitoring Equipment (USEPATCR 9d).
 - CERS ID 10479520
 - The inspection report dated March 13, 2023, notes "The turbine sump was observed with water accumulation that was activating the sensor alarms" and cites Unified Program Violation Library Violation Type Number 2030043 - Monitoring Equipment (USEPATCR 9d) when no violation should have been issued.
 - CERS ID 10485304
 - The inspection report dated April 26, 2023, notes "The diesel spill bucket did not pass the 1 hour hydro test" and cites Unified Program Violation Library Violation Type Number 2030035 - Unsafe UST Operation (USEPA Priority). The correct Unified Program Violation Library Violation Type Number is 2060020 - Spill Container (USEPATCR 9a).
 - CERS ID 10451677
 - The inspection report dated August 25, 2021, notes "The diesel tank VR 208 sensor did not activate a monitoring panel alarm and shut-down the turbine upon hydro-testing. The sensor was replaced by the technician and passed retesting" and cites Unified Program Violation Library Violation Type Number 2030003 - Audible and Visual Alarm (USEPA Priority). The correct Unified Program Violation Library Violation Type Number is 2030043 - Monitoring Equipment (USEPATCR 9d).

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- A General Unified Program Violation Library Violation Type Number was used to report UST Program violations in CERS when a specific Unified Program Violation Library Violation Type Number was available and should have been used:
 - CERS ID 10423645
 - Routine Inspection dated April 11, 2022, cites General Unified Program Violation Library Violation Type Number 2010 for "D.O. inspection reports for the month of Dec. 2021 and Jan. 2022 were not signed/dated by a facility representative." The correct Unified Program Violation Library Violation Type Number is 2030013.
 - CERS ID 10446448
 - Routine Inspection dated April 29, 2021, cites General Unified Program Violation Library Violation Type Number 2010 for "Some of the designated operator reports, March 2021 and February 2021, did not have the owner/operator signature as required." The correct Unified Program Violation Library Violation Type Number is 2030013.
 - CERS ID 10448404
 - Routine Inspection dated May 22, 2022, cites General Unified Program Violation Library Violation Type Number 2010 for "Designated operator reports for the listed dates below were not signed by a facility representative." The correct Unified Program Violation Library Violation Type Number is 2030013.
- Inconsistent identification of UST construction and inspection information:
 - CERS ID 10450519
 - Monitoring System Certification Forms dated April 25, 2022, April 12, 2023, and March 25, 2024, have the following discrepancies:
 - Marked "Yes" for "Does the flow of fuel stop at the dispenser if a release is detected in the under-dispenser containment?" in Section 5 while CERS notes 208 sensors.
 - Notes that tank gauging is used only for inventory control in Section 8 when the facility has single-walled tanks.
 - CERS ID 10451677
 - Overfill Prevention Equipment Inspection Report Form dated September 3, 2021, cites the method as "Fill Tube Shut-off Valve" while CERS states "Audible/Visual Alarm, Ball Float, and Fill Tube Shut-off Valve"
 - CERS ID 10399909
 - Monitoring System Certification Forms dated September 14, 2021, September 28, 2022, and September 11, 2023, note in Section 7 that line leak detectors (LLD) were not installed and include the comment "suction system" in Section 9, while CERS notes pressurized piping.
- Testing results have incomplete or inaccurate information:
 - CERS ID 10443703
 - Monitoring System Certification Form dated August 30, 2023, does not have Section 8 completed
 - CERS ID 10479520
 - Overfill Prevention Equipment Inspection Forms dated March 9, 2021, do not have Section 4 completed
 - Monitoring System Certification Forms dated March 9, 2022, March 10, 2023, and March 15, 2024, do not include CERS IDs
 - CERS ID 10450519
 - Spill Containment Testing Report Forms dated April 25, 2022, April 12, 2023, and March 25, 2024, do not include CERS IDs

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- Certification of the service technician was missing or expired prior to the date of testing:
 - CERS ID 10485304
 - Monitoring System Certification forms completed April 7, 2022, April 26, 2023, and April 25, 2024, by a technician with no training or certification provided for the Line Leak Detector (LLD) test.
 - CERS ID 10479520
 - Secondary Containment Testing Report Form dated August 13, 2020, completed by a technician with an International Code Counsel (ICC) certification that expired June 5, 2020.
- Unapproved forms were used by an ICC technician:
 - CERS ID 10488169
 - Overfill Prevention Equipment Inspection Form dated May 12, 2021
 - CERS ID 10479520
 - Spill Containment Testing Report Forms dated March 9, 2022, March 10, 2023, and March 15, 2024

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

CITATION:

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

CCR, Chapter 16, Sections 2637, 2637.1, 2637.2, 2638, 2711(d), 2713(c) and (d), 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 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 CME information (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 at all UST 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;

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- Documenting observed non-compliance identified during annual UST compliance inspections in UST compliance inspection reports;
- Reporting all inspections, observed non-compliance 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;
- 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;
- 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 Inspection 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, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with facility records for 5 UST facilities, as requested by the State Water Board, including but not limited to annual UST compliance inspection reports and associated testing and leak detection documents.

8. DEFICIENCY:

The CUPA is not consistently citing nor requiring the correction of construction violations identified in State Water Board Local Guidance (LG) Letter 150-3, dated February 2021, at UST systems.

Review of the UST Facility/Tank Data Download report obtained from CERS on January 29, 2025, finds:

- USTs with single-walled vent or riser piping utilizing the overfill prevention equipment exemption:
 - CERS Tank ID: 10459948-004
- UST systems, installed between July 1, 1987, and June 30, 2003, with single-walled vent or riser/fill piping and equipped with only Audible/Visual alarms with no Ball Float or Fill Tube Shut-off Valve:
 - CERS Tank ID: 10423645-001
 - CERS Tank IDs: 10861180-001, -002, 003 and -004
 - CERS Tank IDs: 10467505-001 and -002
 - CERS Tank IDs: 10404628-001, -002, -003 and -004

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Note: This Deficiency was a component identified during the 2020 CUPA Performance Evaluation and was not corrected during the Evaluation Progress Report process.

CITATION:

CCR, Title 23, Sections 2635(d), 2636(a), and 2665(c)
[State Water Board]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will identify and provide CalEPA with a list of UST facilities, including the CERS UST tank ID, with incorrect or incomplete overfill prevention equipment (OPE) construction.

By the 1st Progress Report, the CUPA will provide written correspondence addressed to the UST facility owners/operators, informing the UST owners/operators of the requirement for installation of OPE, or to construct secondary containment for single-walled vent and fill risers. The written correspondence will include language stating that failure to comply with OPE requirements specified in CCR, Chapter 16, Section 2635(c)(1)(B) or (C) or (D) 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 of UST facilities with incorrect or incomplete OPE construction, indicating the status of each UST obtaining compliance. If appropriate steps have not been taken by the UST owners/operators to resolve the construction violations, the CUPA will apply enforcement, including but not limited to revocation of the UST Operating Permit and issuance of red tags, which prohibit the deposit and withdrawal of product.

The State Water Board will consider this Deficiency corrected when the UST owners/operators install and correct OPE or secondarily contain vent and fill piping.

9. DEFICIENCY:

The CUPA is not consistently implementing UST closure requirements.

The CUPA is not documenting in sufficient detail whether the UST owner or operator has demonstrated to the satisfaction of the CUPA that UST permanent closure complies with CCR, Title 23, Division 3, Chapter 16 (CCR, Chapter 16) and HSC, Division 20, Chapter 6.7.

Review of UST facility files finds the CUPA did not provide the UST Permanent Closure Notification to the owner or operator upon completion of UST closure activities for the following:

- CERS Tank IDs 10442152-002 and 10442152-003 were removed on February 24, 2023
 - No documentation of proper disposal for residual liquid, solids, or sludges, removed.
 - No documentation of proper disposal or specific reuse of the removed USTs
 - No UST Closure Notification Letter
 - No soil sample results and analysis
- CERS Tank IDs 10458178-001, 10458178-002, 10458178-003, and 10458178-004 were removed on November 2, 2023
 - No UST Closure Notification Letter

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Review of the UST Facility/Tank Data Download report obtained from CERS on January 28, 2025, finds the following USTs were permanently closed but are still being reported by the owner/operator to CERS and accepted by the CUPA:

- CERS ID 10156877
 - Tank IDs 10156877-001 and 10156877-002 were removed on February 23, 2016
- CERS ID 10399912
 - Tank IDs 10399912-002 and 10399912-003 were removed on March 15, 2022
 - Tank ID 10399912-004 was removed on April 7, 2022
 - Tank ID 10399912-001 was removed on April 20, 2022
 - Tank ID 10399912-005 was removed on May 19, 2022
 - Tank ID 10399912-009 was removed on December 9, 2021
 - Tank ID 10399912-010 was removed on December 7, 2017
 - Tank ID 10399912-008 was removed on November 29, 2021
 - Tank ID 10399912-011 was removed on November 21, 2017
 - Tank IDs 10399912-006 and 10399912-007 were removed on December 14, 2017
- CERS ID 10399915
 - Tank IDs 10399915-003 and 10399915-004 were removed on November 9, 2017
 - Tank ID 10399915-004 was removed on February 24, 2022
- CERS ID 10423525
 - Tank IDs 10423525-001, 10423525-002, and 10423525-003 were removed on August 15, 2022
- CERS ID 10442524
 - Tank IDs 10442524-001, 10442524-002, 10442524-003, and 10442524-004 were removed on March 28, 2017
- CERS ID 10458178
 - Tanks IDs 10458178-001, 10458178-002, 10458178-003, and 10458178-004 were removed on November 2, 2023
- CERS ID 10484464
 - Tank ID 10484464-002 was removed on June 25, 2019
- CERS ID 10503550
 - Tank IDs 10503550-001 and 10503550-002 were removed on November 17, 2020

Note: For guidance on removing closed tanks from CERS, the CUPA can provide the State Water Board CERS FAQ "Should a Closed or Removed Tank be included on Future Submittals?":

https://www.waterboards.ca.gov/ust/cers/bu01_closed_tank.html

Note: This Deficiency was identified as Deficiency #14 during the 2020 CUPA Performance Evaluation and was not corrected during the Evaluation Progress Report process.

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

CITATION:

HSC Chapter 6.7, Section 25298(c)
CCR, Chapter 16, Sections 2670 and 2672(d)
[State Water Board]

CORRECTIVE ACTION:

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

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- Require documentation from the UST owner/operator that all residual liquid, solids, or sludges removed were handled as hazardous waste or recyclable materials in accordance with HSC, Chapter 6.5
- Ensure CERS submittals are reviewed for accuracy before accepting closure information by ICC Certified personnel.

Additionally, the CUPA will begin to utilize the UST closure letter template provided by the State Water Board, or develop a UST closure notification template for sites with and without contamination, if separate notifications are issued for those scenarios to include the following:

- Site Address,
- CERS Tank ID(s),
- Date(s) of removal or permanent closure, and
- Confirmation that UST(s) have permanently closed in accordance with CCR, Chapter 16 and HSC. The following language is an example: "The Kings County CUPA has reviewed the UST closure documentation and finds the UST closure as properly completed in accordance with CCR, Chapter 16, and HSC, Chapter 6.7, Section 25298(c)."

The CUPA will provide the revised UST closure procedure, or other applicable procedure and 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 and/or revisions to the UST closure notification template 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 and/or the revised UST closure notification template. If no amendments or revisions are necessary, the CUPA will train UST inspection staff on the revised UST closure procedure or other applicable procedure and/or the developed UST closure notification template. 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 UST closure procedure or other applicable procedure.

By the 2nd Progress Report, the CUPA will ensure that CERS IDs 10156877, 10399912, 10399915, 10423525, 10442524, 10458178, 10484464, and 10503550 have an accepted submittal that no longer includes the closed or removed tanks.

By the 3rd Progress Report, or until considered corrected, for the next UST closure, the CUPA will provide CalEPA with the UST closure documentation, including sampling results, that demonstrate to the satisfaction of the CUPA that UST permanent closure and soil and/or groundwater sampling complies with CCR, Chapter 16 and HSC.

Opportunities to conduct UST closure activities are limited within the CUPA's jurisdiction, therefore, this Deficiency may unnecessarily remain open while waiting for USTs to undergo closure. If no UST closures have occurred by the 4th Progress Report, the State Water Board will consider this Deficiency closed but not corrected upon completion of training, and implementation of the revised/amended UST closure procedure or other applicable procedure and/or the developed/revised UST closure letter template(s). The State Water Board will verify proper sampling and analysis of soil and/or groundwater occurred during or immediately after UST closure activities, and utilization of the revised/amended UST closure procedure or other applicable procedure and issuance of the developed/revised UST closure letter template(s) during the next CUPA Performance Evaluation.

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With respect to facilities which have not been provided adequate UST closure documentation, the CUPA will use the UST closure Notification template(s) determined acceptable by the State Water Board and will provide the updated closure documentation upon request.

10. DEFICIENCY:

The CUPA is not consistently implementing proper UST temporary closure requirements.

Review of Report 6 and CERS information finds temporary closure requirements were not met for the following:

- CERS Tank IDs 10505857-001, -002, -003, and -004 were placed into temporary closure in 2014
 - USTs placed in temporary closure has exceeded the 12-month limit without conducting a site assessment or being brought back into compliance by the end of the temporary closure duration.
 - No routine inspections were reported to CERS for 2023 and 2024
 - No documentation of proper disposal for residual liquids, solids, or sludges removed
 - No copy of inspections conducted every three months to verify that temporary closure measures remain in place
 - Temporary closure was not reported during the following Report 6 reporting periods:
 - July- December 2020
 - January – June 2021
 - July – December 2021
 - July – December 2022
 - January – June 2023
 - July – December 2023
 - January - June 2024
 - Routine inspection conducted December 23, 2021, does not cite violations
- CERS Tank ID 10442728-001 was placed into temporary closure on January 12, 2023.
 - UST placed in temporary closure has exceeded the 12-month limit without conducting a site assessment or being brought back into compliance by the end of the temporary closure duration.
 - No routine inspections were reported to CERS for 2024
 - There are no accepted CERS submittals that accurately capture the temporary closure.

Note: UST Regulations allow for a UST to be placed into temporary closure for twelve months, and only for an additional twelve months after a site investigation is conducted and prior approval is obtained from the CUPA. Additionally, a UST is only to be placed into temporary closure if it will return to operation after the duration of the temporary closure has ended. A UST is not to be placed into temporary closure as a means of postponing permanent closure.

CITATION:

HSC, Chapter 6.7, Sections 25293 and 25298(b)
CCR, Chapter 16, Sections 2670(b), 2671(c), and 2672(d)
[State Water Board]

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CORRECTIVE ACTION:

By the 1st Progress Report, and with each subsequent progress report until considered corrected, the CUPA will provide CalEPA with a list of all USTs in temporary closure and the following documentation for each UST:

- CERS Tank ID
- Facility Address
- Date UST was placed into temporary closure
- Sampling assessment allowing extension of 12 months, if temporary closure extends beyond 12 months
- Annual UST compliance inspection reports
- Quarterly inspection reports conducted by the owner or operator, and,
- Temporary closure permit

By the 1st Progress Report, the CUPA will review and revise the I&E Plan, or other applicable procedure, to ensure establishment of a process to correctly implement UST temporary closure requirements, which will include, at minimum:

- Issuing a temporary closure extension of no more than an additional 12 months only after the CUPA reviews and approves a site assessment conducted by the owner or operator or issuing a temporary closure permit that does not extend beyond 12 months.
- Requiring documentation from the owner or operator to show inspections were conducted at least once every three months while the UST was in temporary closure.
- Reviewing the quarterly inspections during the UST compliance inspection to ensure the owner or operator is complying with the temporary closure permit requirements.
- Correctly reporting USTs in a temporary closure in CERS and Report 6, including the date in which the USTs were put in a temporary closure, and
- Putting only those USTs into temporary closure that are intended to be brought back into operation.

The CUPA will provide CalEPA with the revised I&E Plan, or other applicable procedure.

By the 2nd 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 3rd Progress Report, if amendments to the I&E Plan, or other applicable procedure, are 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.

The State Water Board will consider this Deficiency closed, but not corrected, when the CUPA:

- Rescinds the temporary closure permits for USTs that exceed the regulatory requirements,

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- Requires the UST owner(s) or operator(s) to return to compliance or obtain a UST permanent closure permit, and
- Applies enforcement if the UST owner(s) or operator(s) do not comply.

The State Water Board will verify the CUPA is consistently implementing proper UST temporary closure requirements during the next CUPA Performance Evaluation.

11. DEFICIENCY:

The CUPA's local ordinance, *Code of Ordinances, Ordinance No. 694, Chapter 15, Article IX – Underground Storage of Hazardous Substances* is less stringent than HSC and CCR, Title 23, Division 3, Chapter 16.

Provisions of the CUPA's local ordinance are not being implemented as required.

The following provision of the local ordinance is less stringent than HSC and CCR, Title 23, Division 3, Chapter 16:

- Section 15-191 – Design standards and monitoring systems for new and existing facilities.
 - The provision of section 15-191 indicates USTs installed after January 1, 1984, shall meet the standards set forth in HSC, Section 25291. Since the adoption of Article IX, new provisions of HSC have become effective resulting in design, construction, and monitoring requirements which better protect human health and the environment. For instance, USTs with an installation date of October 1, 2003, shall be designed, constructed, and monitored to meet the provisions of HSC, Section 25209.2 and USTs with an installation date of January 1, 2006, shall be designed, constructed, and monitored to meet the provisions of HSC, Section 25290.1.

The following provision of the local ordinance is not being implemented:

- Section 15-190 – Annual Report.
 - The CUPA is not implementing the provisions of section 15-190 that indicate the CUPA will prepare and provide an annual report form to permittees and as a condition of the permit, the permittee shall complete the annual report form which details any changes in the usage of any UST, monitoring procedures, and unauthorized release occurrences.

Note: This Deficiency was identified as Deficiency #12 during the 2020 CUPA Performance Evaluation and was not corrected during the Evaluation Progress Report process.

CITATION:

HSC, Chapter 6.7, Sections 25290.1, 25290.2, 25299.2 and 25299.3

CCR, Title 23, Section 2620(c), 2691

CCR, Title 27, Sections 15100(b)(1)(C), 15160, 15330(a)(1) and (a)(2), 15280(c)(5) and 15150(c)(2)
[State Water Board]

CORRECTIVE ACTION:

The CUPA will no longer implement provisions of the local ordinance that are less stringent or inconsistent with UST Regulations and HSC.

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With the proposed rewrite of Chapter 16, new requirements for local ordinances and regulations will be introduced. The State Water Board plans to provide a guidance document outlining the new requirements by the end of 2025.

By the 2nd Progress Report, the CUPA will provide CalEPA with a timeline to revise and adopt or rescind the local ordinance to be consistent with UST Regulations and HSC. The timeline will at a minimum include:

- The date the ordinance draft or rescission will commence
- The date the ordinance draft or rescission will be provided to the State Water Board
- If the proposed ordinance modifies the construction, monitoring or testing provisions of Chapter 16, the CUPA must provide the proposed ordinance for State Water Board review.

By the 3rd Progress Report, the CUPA will, if necessary, revise the timeline for revision, adoption, or rescission of the local ordinance, based on feedback from the State Water Board, or provide the revised local ordinance draft to the State Water Board for review (before being adopted). If the timeline is amended, the CUPA will provide an explanation to the State Water Board as to why amendments were necessary.

With each subsequent Progress Report, the CUPA will continue to provide an update to the State Water Board. This deficiency will be considered corrected once the local ordinance becomes implemented and effective, or rescinded by the CUPA.

12. DEFICIENCY:

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

Review of CERS CME information on April 24, 2025, finds:

- 245 of 458 (53%) HWG facilities were not inspected between July 1, 2021, and June 30, 2024.

Note: This Deficiency was identified as Deficiency #8 during the 2020 CUPA Performance Evaluation and was not corrected during the Evaluation Progress Report process.

CITATION:

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

CORRECTIVE ACTION:

Review of CERS CME information on April 24, 2025, finds:

- 34 of 245 HWG facilities identified as not being inspected once between July 1, 2020, and June 30, 2023, have since been inspected.
- 11 of 245 HWG facilities identified as not being inspected once between July 1, 2021, and June 30, 2024, remain uninspected.

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, and each TP

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facility is inspected within the first two years of operations and every three years thereafter. The action plan will include, at minimum:

- An analysis and explanation as to why the inspection frequency for HWG and TP facilities is not being met. Factors to consider include existing inspection staff resources and the number of facilities scheduled to be inspected each year, response to declared emergencies such as wildfire response and recovery efforts and impacts of COVID-19.
- A sortable spreadsheet exported from the CUPA's data management system or CERS, identifying each HWG facility that has not been inspected between July 1, 2021, and June 30, 2024, and each TP facility that was not inspected within the first two years of operation and every three years thereafter between July 1, 2021, and June 30, 2024. For each HWG facility and each TP facility listed, the sortable spreadsheet will include, at minimum:
 - Facility name,
 - CERS ID, and
 - Date of the last routine inspection.
- A schedule to inspect each HWG and TP facility identified as not being inspected between July 1, 2021, and June 30, 2024, prioritizing the most delinquent inspections to be completed prior to any other HWG or TP 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 HWG facilities will be inspected at least once every three years, and all TP facilities will be inspected within the first two years of operation and every three years thereafter. For example, the generation of a list of all HWG and TP facilities and the anniversary date of the next routine inspection.

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 once every three years and each TP facility will be inspected within the first two years of operation and every three years thereafter.

By the 5th Progress Report, the CUPA will have inspected each HWG facility identified as not being inspected once between July 1, 2021, and June 30, 2024, and each TP facility identified as not being inspected within the first two years of operation and every three years thereafter between July 1, 2021, and June 30, 2024.

13. DEFICIENCY:

The CUPA is not properly classifying HWG Program violations.

Review of facility files and CERS CME information on January 31, 2025, finds the following Class I and/or Class II HWG Program violation was classified as a minor violation:

- Violation for exceedance of authorized accumulation time (CCR, Title 22, Sections 66262.15, 66262.16 and 66262.17, formerly Section 66262.34) incorrectly cited as a minor violation. Maximum accumulation time may not be exceeded without a hazardous waste storage permit or grant of authorization from DTSC. An economic benefit is gained by not disposing of waste within the authorized time. This does not meet the definition of minor violation as defined in HSC, Section 25404(a)(3).
 - 17 of 19 (90%) accumulation time limit violations were cited as minor violations.
 - Examples include:
 - CERS ID 10190554: Routine HW inspection dated February 18, 2022.

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- The violation comment states, "It was identified that hazardous waste has not been removed or hauled from the site by a registered hauler since July of 2020. Contact a registered hazardous waste hauler and have containers that have been stored on-site for 180 days or more removed. Retain manifests or receipts and provide a copy to the Kings County Department of Environmental Health Services." The waste in question missed three cycles of required pickups (i.e. two 180-day cycles), which clearly grants an economic benefit to the violator.
- CERS ID 10402051: Routine HW inspection dated October 26, 2022.
 - The violation comment states, "The hazardous waste was last picked up Nov 2021. Please have the waste picked up every 180 days. Last manifest was reviewed and the EPA ID is active."
- CERS ID 10483291: Routine HW inspection dated September 9, 2021.
 - The violation comment states, "Schedule a pickup within 30 days. Facility's last pick up was 5/2020. The pickup for waste oil and the filters must be done every 180 days from the first accumulation start date."

Note: This Deficiency was identified as Deficiency #9 during the 2019 CUPA Performance Evaluation and was not corrected during the Evaluation Progress Report process.

CITATION:

HSC, Chapter 6.5, Sections 25110.8.5 and 25117.6

CCR, Title 22, Sections, 66260.10, 66262.15, 66262.16, 66262.17, and 66265.16

[DTSC]

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will train inspection staff on the definition of minor violation as defined in HSC, Chapter 6.11, Section 25404(a)(3) and Class I, and Class II violations, as defined in:

- HSC, Chapter 6.5, Sections 25110.8.5 and 25117.6; and
- CCR, Title 22, Section 66260.10.

The CUPA will train inspection staff on how to properly classify HWG Program violations as minor, Class I and Class II. Training should include, at minimum, review of the following:

- 2020 Violation Classification Guidance for Unified Program Agencies
<https://calepa.ca.gov/wp-content/uploads/sites/6/2020/06/Violation-Classification-Guidance-Document-accessible.pdf>
 - This document provides examples of what is considered minor versus non-minor violations.

Note: The following HWG inspection, accumulation and generator requirement resources are available to assist in additional training for CUPA inspectors:

- Advanced Hazardous Waste Inspector Training Video 2016 (1 of 2)
<https://www.youtube.com/watch?v=lgN3TJftSUM>
- Advanced Hazardous Waste Inspector Training Video 2012 (5 of 7): Tanks and Sumps
<https://www.youtube.com/watch?v=oCrI3MvTd8M>
- Generator Requirements Fact Sheet
https://dtsc.ca.gov/wp-content/uploads/sites/31/2018/06/HWM_FS_Generator_Requirements.pdf

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- Accumulation Time Fact Sheet
https://dtsc.ca.gov/wp-content/uploads/sites/31/2018/02/FS_OAD_Accumulation.pdf
- Universal Waste
https://dtsc.ca.gov/wp-content/uploads/sites/31/2016/01/UW_Factsheet1.pdf
- Managing Used Oil Filters for Generators
https://dtsc.ca.gov/wp-content/uploads/sites/31/2018/02/RAG_Used-Oil-Filters_Generators1.pdf
- Management of Spent Lead Acid Batteries
https://dtsc.ca.gov/wp-content/uploads/sites/31/2018/02/FS_DutyOfficer_LeadAcidBatteries1.pdf
- Generator Summary Chart
<https://dtsc.ca.gov/wp-content/uploads/sites/31/2018/05/California-Generator-Chart.pdf>
and https://www.acgov.org/forms/aceh/Generator_Requirements_Summary_Chart.pdf

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 inspection staff in attendance.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will correctly cite and classify violations for exceedance of authorized accumulation time for five different inspections (including RCRA LQG, LQG, Small Quantity Generator, and TP facilities). Each violation will be reported to CERS with full observations and factual basis to correctly identify and classify each observed violation.

14. DEFICIENCY:

The CUPA is not consistently including observations, factual basis, citations, and corrective action documentation for each violation cited on HWG and TP inspection reports and Notices to Comply.

Review of HWG and TP inspection reports, Notices to Comply, and CERS CME information on January 31, 2025, finds inadequate documentation of cited violations for the following facilities:

- CERS ID 10402051:
 - Inspection Report dated October 20, 2021, cites two violations for "Failure to keep a copy of each properly signed manifest for at least three years from the date the waste was accepted by the initial transporter. The manifest signed at the time the waste was accepted for transport shall be kept until receiving a signed copy from the designated facility which received the waste" and for "Failure to inspect weekly, areas where hazardous waste containers are stored or transferred. The owner or operator shall look for leaking containers and for deterioration of containers and the containment system caused by corrosion or other factors."
 - Corrective actions are not included in the report.
- CERS ID 10483012:
 - Inspection Report dated October 18, 2021 cites a violation for "Failure to inspect hazardous waste tanks for the following, when present:1) The construction materials of the tank at least weekly to detect corrosion or leaking of fixtures or seams.2) The construction materials of, and the area immediately surrounding, discharge confinement structures (e.g., dikes) at least weekly to detect erosion or obvious signs of leakage (e.g., wet spots or dead vegetation)."
 - The citation for the violation is not included in the report.

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- CERS ID 10483291:
 - Inspection Report dated September 9, 2021, does not cite any violations, however, includes the following observations that should have been cited as violations:
 - “Cranes Environmental picked up waste oil – 5/2020.”
 - “Please schedule a pickup asap and properly label the tanks”
 - “Please pay attention to general housekeeping around the area.”
 - The observations in the inspection report describing the three separate violations were reported to CERS as violations.
- CERS ID 10418188:
 - Inspection Report dated June 29, 2021, cites a violation for “Failure to ensure that all employees are thoroughly familiar with proper waste handling and emergency procedures, relevant to their responsibilities during normal facility operations and emergencies.”
 - Observations and factual basis for the cited violation are not included in the report.

Note: It is not necessary to revise the HWG and TP inspection reports for the facilities identified as examples above.

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

CITATION:

HSC, Chapter 6.5, Section 25185(c)(2)(A)
[DTSC]

CORRECTIVE ACTION:

By the 1st Progress Report the CUPA will ensure HWG Program inspectors receive inspection report writing training to include observations, factual basis, citations and corrective actions for each violation cited in Notices to Comply and inspection reports by reviewing the “Inspection Report Writing Guidance for Unified Program Agencies” (<https://calepa.ca.gov/wp-content/uploads/sites/6/2016/10/CUPA-Documents-Inspection-InspectionRpt-accessible.pdf>) The CUPA may include review of HSC, Section 25185(c)(2)(A) as part of the inspector training, and may request additional training from DTSC. The CUPA will provide CalEPA with training documentation, which at minimum will include the date training was conducted, an outline of the training conducted, and a list of HWG Program inspectors in attendance.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an inspection report citing at least one HWG or TP violation, for five facilities, as requested by DTSC, that have been inspected after training has been completed and within the past three months. Each inspection report will contain observations, factual basis, citations, and corrective actions to correctly identify and classify each observed violation.

15. DEFICIENCY:

The CUPA is not inspecting each APSA tank facility at least once every three years in accordance with the I&E Plan.

On May 21, 2025, review of information provided by the CUPA and CERS CME information reflects the following APSA tank facilities were not inspected between July 1, 2021, and June 30, 2024:

- 69 of 141 (49%) other APSA tank facilities

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Note: This Deficiency was identified as Deficiency #7 in the 2020 CUPA Performance Evaluation and was not corrected during the Evaluation Progress Report process.

CITATION:

HSC, Chapter 6.67, Section 25270.5(b)
[OSFM]

CORRECTIVE ACTION:

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

- A schedule to inspect each APSA tank facility identified as not being inspected between July 1, 2021, and June 30, 2024, prioritizing the most delinquent inspections to be completed prior to any other APSA tank facility inspection based on a risk analysis of APSA tank facilities (i.e., large volumes of petroleum or proximity to navigable water).
- Future steps to ensure all APSA tank facilities 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 a brief narrative of how the CUPA is continuing to ensure each APSA tank facility will be inspected at least once every three years.

By the 5th Progress Report, the CUPA will have inspected each APSA tank facility identified as not being inspected once between July 1, 2021, and June 30, 2024.

16. DEFICIENCY:

The CUPA is not ensuring all businesses subject to Business Plan reporting requirements, and all APSA tank facilities providing an HMBP in lieu of a tank facility statement, annually submit an HMBP or a no-change certification to CERS.

On October 9, 2024, review of HMBPs submitted to CERS between August 8, 2023, and October 7, 2024, by businesses subject to Business Plan reporting requirements reflects:

- 197 of 695 (28%) Business Plan facilities have not submitted a chemical inventory (including site map) or a no-change certification.
- 204 of 685 (30%) Business Plan facilities have not submitted a chemical inventory (including site map) or a no-change certification.

On June 17, 2025, review of HMBPs submitted to CERS between September 7, 2023, and October 7, 2024, by APSA tank facilities in lieu of tank facility statements reflects:

- 44 of 195 (23%) APSA tank facilities have not submitted a chemical inventory and site map, including five that have never submitted.
- 45 of 194 (23%) APSA tank facilities have not submitted emergency response and employee training plans, including six that have never submitted.

Note: This Deficiency was identified for the APSA Program as Deficiency #6 in the 2020 CUPA Performance Evaluation and was corrected during the Evaluation Progress Report process.

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CITATION:

HSC, Chapter 6.67, Section 25270.6(a)
HSC, Chapter 6.95, Sections 25505(a), 25508(a), and 25508.2
[CalEPA, OSFM]

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, and all APSA tank facilities that provide an HMBP in lieu of a tank facility statement annually submit an HMBP 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 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a narrative update on the follow-up actions, including any applied enforcement, to ensure an HMBP 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, and each APSA tank facility that provides an HMBP in lieu of a tank facility statement has annually submitted an HMBP to CERS, or the CUPA will have applied enforcement.

17. DEFICIENCY:

The CUPA did not complete an annual Self-Audit Report for FYs 2020/2021, 2022/2023, and 2023/2024.

The Self-Audit Report for FY 2021/2022 is missing the following components:

- Identified areas of improvement needed with a plan for improvement, including progress made towards improvement of any previously identified areas.
- An explanation of any discrepancies between program activities submitted to the Secretary annually and quarterly.
- The annual review and update of the Fee Accountability Program,
 - The Fee Accountability Review section does not contain information that is specific to the applicable FY. This section should include a discussion of the annual review and update of the Fee Accountability Program specific to the previous FY.
- A description of changes in local ordinances, resolutions, and agreements affecting the Unified Program.

Note: Components of this Incidental Finding were identified as Deficiency #4 during the 2020 CUPA Performance Evaluation and were not corrected during the Evaluation Progress Report process.

CITATION:

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

CORRECTIVE ACTION:

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

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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.

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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 inspecting each CalARP Program facility at least once every three years.

Review of CERS CME information on October 9, 2024, finds:

- 4 of 32 (13%) CalARP Program facilities were not inspected between July 1, 2021, and June 30, 2024.

CITATION:

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

RESOLUTION:

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

- An analysis and explanation as to why the inspection frequency is not being met. Factors to consider include existing inspection staff resources and the number of facilities scheduled to be inspected each year, response to declared emergencies such as wildfire response and recovery efforts and impacts of COVID-19.
- A sortable spreadsheet exported from the CUPA's data management system or CERS, identifying each CalARP Program facility that has not been inspected between July 1, 2021, and June 30, 2024. For each 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 CalARP Program facility identified as not being inspected between July 1, 2021, and June 30, 2024, prioritizing the most delinquent inspections to be completed prior to any other CalARP 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 CalARP Program facilities will be inspected at least once every three years. For example, the generation of a list of all CalARP Program facilities and the anniversary date of the next routine inspection.

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

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By the 5th Progress Report, the CUPA will have inspected each CalARP Program facility identified as not being inspected once between July 1, 2021, and June 30, 2024.

2. 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 addressing complaints, including enforcement and closure of a complaint.
 - Enforcement and closure of complaints are not addressed.
- The following components are inaccurate:
 - Pages 3, 13, 23 and 24 states "H&SC, Chapter 6.7 and Title 23 CCR" without the specific code sections
 - The specific code sections are:
 - HSC, Division 20, Chapter 6.7, Sections 25280 through 25296; and 25298 through 25299.6, and
 - CCR, Title 23, Division 3, Chapter 16, Sections 2610 through 2717.7
 - Page 15 (Document Review) states "Review the inspection report with the owner/operator (or best available facility representative), explain each violation, and inform the owner/operator (or best available facility representative) that outstanding violations will prevent issuance of the UST operating permit."
 - UST permits can only be withheld if a UST has been red-tagged or if the facility is undergoing enforcement action.
 - Page 32 (General Red Tag Procedures) states "When affixing a red tag the specialist will need: the red tag(s), State Water Board zip ties, gloves, and the red tag filled out"
 - The statement should also include red bags
 - Page 56 (Initial Penalty Matrix – Underground Storage Tanks) states the minimal penalty amount is \$250
 - HSC 25299 minimum penalty amount is \$500

CITATION:

HSC, Chapter 6.7, Sections 25280 through 25296; and 25298 through 25299.6
CCR, Title 23, Sections 2610 through 2717.7
CCR, Title 27, Section 15200(a)
[CalEPA, State Water Board]

RESOLUTION:

With the proposed rewrite of Chapter 16, new requirements for the I&E plan will be introduced. The State Water Board plans to provide a guidance document outlining the new requirements by the end of 2025.

By the 2nd Progress Report, the CUPA will revise the I&E Plan to adequately incorporate and correctly address all required components, including a date of revision and new Chapter 16 requirements. The CUPA will provide the revised I&E Plan to CalEPA.

By the 3rd Progress Report, if amendments to the revised I&E Plan are necessary based on feedback from CalEPA 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

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Plan. The CUPA will provide CalEPA with a statement that training has been conducted. Once training is complete, the CUPA will implement the revised I&E Plan.

By the 4th 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 CalEPA with a statement that training has been conducted. Once training is complete, the CUPA will implement the amended I&E Plan.

3. INCIDENTAL FINDING:

Review of CERS Inspection Summary Report, CERS UST Routine Inspection Frequency Search, UST Facility Search Report, CERS UST CME Data Download, and Semi-Annual Report (Report 6) finds inconsistent and inaccurate information.

Review of Report 6 and the CERS UST Routine Inspection Frequency Search generated on January 29, 2025, finds inconsistencies in the reported number of UST facilities inspected, as the following have more than 1 routine inspection reported to CERS:

- 2021
 - CERS ID 10404628 (2 routine inspections)
 - CERS ID 10409197 (2 routine inspections)
 - CERS ID 10423645 (2 routine inspections)
 - CERS ID 10442152 (2 routine inspections)
 - CERS ID 10442788 (2 routine inspections)
 - CERS ID 10443703 (2 routine inspections)
 - CERS ID 10447516 (2 routine inspections)
 - CERS ID 10458178 (2 routine inspections)
 - CERS ID 10484116 (2 routine inspections)
 - CERS ID 10503409 (2 routine inspections)
 - CERS ID 10533541 (2 routine inspections)
 - CERS ID 10539169 (2 routine inspections)
 - CERS ID 10755937 (2 routine inspections)
 - CERS ID 10407640 (3 routine inspections)
- 2022
 - CERS ID 10419904 (2 routine inspections)
 - CERS ID 10451860 (2 routine inspections)
 - CERS ID 10479520 (2 routine inspections)
 - CERS ID 10768975 (2 routine inspections)
 - CERS ID 10452172 (3 routine inspections)
 - CERS ID 10483858 (3 routine inspections)
- 2023
 - CERS ID 10165795 (2 routine inspections)
 - CERS ID 10442728 (2 routine inspections)
 - CERS ID 10448404 (2 routine inspections)
 - CERS ID 10458217 (2 routine inspections)
 - CERS ID 10488169 (2 routine inspections)
 - CERS ID 10509622 (2 routine inspections)
 - CERS ID 10523287 (2 routine inspections)
 - CERS ID 10539169 (3 routine inspections)

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Review of the UST Facility Search Report generated on January 28, 2025, finds the following UST facilities have not been properly reported to CERS as closed:

- CERS ID 10399900
 - OwnOrOperateUST (column H): "Y" (Should be "N")
 - USTReportingRequirement (column J): "Not Applicable" (Correct)
 - USTPermanentlyClosedDate (column N): "May 1, 2020" (Correct)
- CERS ID 10399912
 - OwnOrOperateUST (column H): "Y" (Should be "N")
 - USTReportingRequirement (column J): "Applicable" (Should be "Not Applicable")
 - USTPermanentlyClosedDate (column N): "August 25, 2023" (Correct)

Note: Column H should be "N", column J should be "Not Applicable", and column N should have a date entered.

Review of Report 6 and the CERS UST CME Data Download generated on January 29, 2025, identifies the following U.S. EPA TCR open violations (no RTC) and previously cited violations that did not obtain RTC and were not reissued during the subsequent routine UST Inspection:

- CERS ID 10399915
 - Unified Program Violation Library Violation Type Number 2030036 – Overfill Prevention (USEPATCR 9b) was issued on September 9, 2020, no RTC had been reported to CERS.
 - The violation was not reissued in 2021, 2022, 2023, 2024
- CERS ID 10458175
 - Unified Program Violation Library Violation Type Number 2030036 – Overfill Prevention (USEPATCR 9b) was issued on October 21, 2021, no RTC had been reported to CERS.
 - The violation was not reissued in 2022, 2023, and 2024

Review of Report 6 and CERS finds the following UST facility has inaccurately reported UST(s) as being abandoned:

- CERS ID 10458178
 - Reported during the following Report 6 periods:
 - 2023 July – December
 - 2024 January – June

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

Note: The CUPA has established paperless Report 6 reporting, where the UST inspection information in Report 6 is derived directly from CERS CME information. This omission results in inaccurate TCR submittals in Report 6, which is a requirement of the Federal Energy Policy Act of 2005 and is integral for receiving federal grant funding for California's UST Program.

Note: This Incidental Finding was a component of Deficiency #13 in the 2020 CUPA Performance Evaluation and was not corrected during the Evaluation Progress Report process. The Deficiency pertained to "The CUPA not consistently following up and documenting return to compliance." Although the CUPA's RTC rate has improved, there remains a lack of consistent reissuance of violations with no RTC. When the CUPA does not reissue open violations, this adversely affects TCR reporting.

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CITATION:

HSC, Chapter 6.11, Section 25404(e)(4)
CCR, Title 23, Section 2713(c)(3) and (d)
[State Water Board]

RESOLUTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan that, at minimum, includes:

- A thorough analysis and explanation as to how Report 6 and CERS CME information have inconsistent UST compliance inspection information; and
- A strategy to ensure UST compliance inspection information, including abandoned USTs, is accurately reported in Report 6 and CERS.

By the 1st Progress Report, the CUPA will review and revise the Data Management procedure, or other applicable procedure, to ensure the establishment of a process, which at minimum will address collecting, retaining, managing, and reporting inspection information in CERS, and how UST compliance information, including abandoned USTs, is accurately reported in Report 6. The CUPA will provide CalEPA with the revised Data Management Procedure, or other applicable procedure.

By the 2nd Progress Report, if amendments to the revised Data Management Procedure, or other applicable procedure are necessary based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended Data Management Procedure, or other applicable procedure. If no amendments are necessary, the CUPA will train UST inspection staff on the revised Data Management Procedure or other applicable procedure. The CUPA will provide CalEPA with a statement that training has been conducted. Once training is complete, the CUPA will implement the revised Data Management Procedure or other applicable procedure.

Until considered corrected, the CUPA will accurately report UST compliance inspection information, including closed and abandoned USTs, in Report 6 and CERS for two consecutive Report 6 reporting periods. After the submission of each Report 6, the CUPA will provide facility files for five UST facilities that underwent a routine inspection during the corresponding Report 6 period.

4. 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.

The following Quarterly Surcharge Transmittal Reports were not received by the required due date:

- Fiscal Year (FY) 2020/2021
 - 1st FQ:
 - Due October 30, 2020, submitted December 14, 2020.
 - 2nd FQ:
 - Due January 30, 2021, submitted March 10, 2021.
 - 3rd FQ:
 - Due April 30, 2021, submitted August 4, 2021.

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- FY 2021/2022
 - 2nd FQ:
 - Due January 30, 2022, submitted March 8, 2022.
- FY 2022/2023
 - 2nd FQ:
 - Due January 30, 2023, submitted March 9, 2023.
 - 4th FQ:
 - Due July 30, 2023, submitted August 17, 2023.
- FY 2023/2024
 - 1st FQ:
 - Due October 30, 2023, submitted November 28, 2023.

CITATION:

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

RESOLUTION:

By the 1st Progress Report, the CUPA will have provided the 1st Quarterly Surcharge Transmittal Report for FY 2025/2026 by the required due date 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

The CUPA will also ensure an electronic copy of the 1st Quarterly Surcharge Transmittal Report for FY 2025/2026 is provided to CalEPA via email at cupa@calepa.ca.gov, by the required due date 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.

5. INCIDENTAL FINDING:

The CUPA did not provide CalEPA with a Formal Enforcement Summary Report for each formal enforcement case that received a final judgement.

Review of CERS CME information between July 1, 2020, and June 30, 2024, finds:

- Formal Enforcement Summary Reports were not provided for the following formal enforcement cases:
 - CERS ID 10442788, enforcement dated March 22, 2024
 - CERS ID 10861180, enforcement dated May 6, 2022
 - CERS ID 10443847
 - CERS ID 10444546

Since the previous evaluation, the CUPA reports having conducted three Administrative Enforcement Orders (AEOs) having a cumulative total penalty amount of \$24,459.75.

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CITATION:

CCR, Title 27, Section 15290(a)(5)
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the CUPA will:

- provide CalEPA with a Formal Enforcement Summary Report for each formal enforcement case that has received a final judgement, for which a Formal Enforcement Summary Report has not yet been provided; and
- report each AEO to CERS, for the cumulative total penalty of \$24,459.75, and provide a Formal Enforcement Summary Report to CalEPA.

The CUPA will ensure a Formal Enforcement Summary Report is completed and provided to CalEPA within 30 days of any future final judgment being issued. The following information relates to the completion and submittal of a Formal Enforcement Summary Report:

- The Formal Enforcement Summary Report template is available at: <https://calepa.ca.gov/wp-content/uploads/sites/6/2016/10/CUPA-Documents-eReporting-Template-ADA-05.2019.pdf?emrc=d24388>
 - Instructions for completing the Formal Enforcement Summary Report template are available at: https://calepa.ca.gov/wp-content/uploads/sites/6/2016/10/CUPA-Documents-eReporting-Instructions_9.9.2021.pdf?emrc=dc4518
 - Completed Formal Enforcement Summary Reports shall be submitted via email to CUPA@calepa.ca.gov
-

6. INCIDENTAL FINDING:

The CUPA is not consistently classifying APSA Program violations properly.

Review of CERS CME information between July 1, 2020, and June 30, 2024, reflects the following non-minor violations were classified as minor violations in the following instances:

- Not having, or failure to prepare, an SPCC Plan was cited as a minor violation. Facilities that operate without an SPCC Plan does not meet the definition of a minor violation as defined in HSC, Section 25404(a)(3). In addition, classifying a violation for not having an SPCC Plan as minor is inconsistent with, and less stringent, than the U.S. EPA.
 - July 1, 2023, and June 30, 2024: 2 violations

CITATION:

CCR, Title 19, Section 1612(d)
[OSFM]

RESOLUTION:

By the 1st Progress Report, the CUPA will train inspection staff on the definition of minor violation as defined in HSC, Chapter 6.11, Section 25404(a)(3) and how to properly classify violations during compliance inspections as minor, Class I, and Class II. Training should include, at minimum, review of:

- 2020 Violation Classification Guidance for Unified Program Agencies (<https://calepa.ca.gov/wp-content/uploads/sites/6/2020/06/Violation-Classification-Guidance-Documents-accessible.pdf>), and

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- “U.S. EPA Civil Penalty Policy for Section 311(b)(3) and Section 311(j) of the Clean Water Act, August 1998,” (https://19january2017snapshot.epa.gov/enforcement/civil-penalty-policy-section-311b3-and-section-311j-clean-water-act-cwa-august-1998_.html).

The CUPA will provide CalEPA with a statement that training has been conducted.

7. INCIDENTAL FINDING: RESOLVED DURING EVALUATION

The Underground Storage Tank Operating Permit includes components that are inconsistent with CCR, Title 23, Division 3, Chapter 16 (Chapter 16) and HSC, Division 20, Chapter 6.7 requirements.

CITATION:

HSC, Chapter 6.7, Sections 25284, 25285(a), and 25286
CCR, Title 23, Sections 2711 and 2712
[State Water Board]

RESOLUTION: COMPLETED

During the Evaluation, the CUPA revised the UST Operating Permit template to be consistent with UST Regulations and HSC. This Incidental Finding is considered resolved.

8. INCIDENTAL FINDING: RESOLVED DURING EVALUATION

The 2020 area plan is missing required elements.

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

- Proposed Area Plans
 - The proposed area plan, as required by Section 25503(d) of HSC, shall include:
 - A form providing information on the elements within the area plan, substantially equivalent to the following optional model reporting form for area plans, as required by [CCR Title 19, Section 5020.1\(d\)](#).
- 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 per [CCR, Title 19, Section 5020.6\(d\)](#). The area plan will outline what these services are and how they will be provided in the languages identified.

The area plan contains the following information that may benefit from improvement.

- Page 12: Section III-A incorrectly references Section II-E, Disposal Facility Access, for first arriving emergency responder will assume the role of IC until the appropriate IC agency representative arrives. Update the reference to Section II-F, Integrated Response Management System.
- On March 6, 2024, portions of CCR, Title 19, Division 2, Chapters 4 and 4.5 were amended and relocated into a new Division (Division 5). Update the area plan to reflect the new citation references to Title 19. CalEPA has created a “regulatory crosswalk” which outlines the numbering of Title 19 prior to and after the amendments became effective. The regulatory crosswalk is available as [Guidance Document 24-01, at: https://calepa.ca.gov/wp-content/uploads/sites/6/2024/03/Guidance-Documents-24-01-Regulatory-Crosswalk-for-HMBP-and-CalARP-Title-19-Changes.pdf](https://calepa.ca.gov/wp-content/uploads/sites/6/2024/03/Guidance-Documents-24-01-Regulatory-Crosswalk-for-HMBP-and-CalARP-Title-19-Changes.pdf).

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Note: The area plan was last updated in May of 2020. The next triennial revision should be completed by May of 2025.

CITATION:

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

RESOLUTION: COMPLETED

During the evaluation, the CUPA provided a draft area plan which incorporates the items above. This Incidental Finding is considered resolved

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OBSERVATIONS AND RECOMMENDATIONS

Observations identify areas of Unified Program implementation that could be improved, and recommendations provide suggestions for improvement. Although the CUPA is not legally required to implement the recommendations, the CUPA's program would likely benefit from doing so.

1. OBSERVATION:

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

- CERS ID 10399909 with 1 single-walled UST
- CERS ID 10450519 with 2 single-walled USTs
- CERS ID 10484464 with 2 single-walled USTs
- CERS ID 10485304 with 3 single-walled USTs

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 owners/operators regarding the December 31, 2025, deadline for permanent closure of single-walled USTs. Manually amend permit validity dates of UST systems to expire on December 31, 2025.

2. OBSERVATION:

Review of facility files finds the CUPA's closure application uses the terms "UST Abandoned Application" and "Abandonment in Place"

Note: With the proposed rewrite of Chapter 16, "Abandoned" USTs will be formally defined. As a result, the CUPA's current use of this term will become inaccurate.

RECOMMENDATION:

Revise the closure application to include the terms "UST Tank Removal" and "Closure in place."

3. OBSERVATION:

Review of the UST Facility/Tank Data Download report obtained from CERS on January 28, 2025, finds UST construction and leak detection information is incorrect as follows:

- 13 of 230 (6%) Period Spill Bucket Testing listed as "No"
- 2 of 7 (29%) Single-walled tanks with identified Tank Secondary Containment Construction
- 6 of 69 (9%) vacuum, pressure, or hydrostatic (VPH) systems with Secondary Containment Testing listed as "Yes"
- 4 of 69 (6%) VPH systems with Period Enhanced Leak Detection Testing listed as "Yes"
- 5 of 69 (7%) VPH systems identified with single-walled components when required to have double-wall components
- 1 of 4 (25%) of Single-walled steel USTs is not marked as "Steel + Internal Lining" or Steel + Bladder" under "Tank Construction"

RECOMMENDATION:

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

4. OBSERVATION:

Review of CERS CME information obtained on January 29, 2025, finds RTC was incorrectly entered as "Not Resolvable" for the following UST Program Violations cited in 2020 at the following facilities:

- CERS ID 10441957
 - Routine inspection dated April 1, 2022, cites Unified Program Violation Library Violation Type Number 2010004 - Designated Operator - Inspection Records (USEPATCR 12)
- CERS ID 10443703
 - Routine Inspection dated September 14, 2022, cites Unified Program Violation Library Violation Type Number 2030002 - Leak Detection Equipment Maintenance (USEPATCR 9d)
- CERS ID 10488169
 - Routine Inspection dated June 9, 2022, cites Unified Program Violation Library Violation Type Number 2030012 - Facility Employee Training
- CERS ID 10483858
 - Routine Inspection dated January 28, 2021, cites Unified Program Violation Library Violation Type Number 2030043 - Monitoring Equipment (USEPATCR 9d)

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. The 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.

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:

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

5. OBSERVATION:

Review of CERS CME information on January 29, 2025, finds the same violation was issued multiple times on the same day for the following facilities:

- CERS ID 10458217
 - Routine inspection dated February 18, 2021, cites Unified Program Violation Library Violation Type Number 2060020 - Spill Container (USEPATCR 9a) 3 times
- CERS ID 10483858
 - Routine Inspection dated January 28, 2021 cites Unified Program Violation Library Violation Type Number 2030043 - Monitoring Equipment (USEPATCR 9d) 5 times

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RECOMMENDATION:

Ensure violations are accurately reported to CERS. For additional information on how to report multiple identical violations, refer to CERS FAQ titled "Reporting Multiple Identical Violations" (https://www.waterboards.ca.gov/ust/cers/ru14_identical_violations.html).

6. 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 July 1, 2020, and June 30, 2024:

- CERS reflects 458 regulated HWG facilities, including 8 RCRA LQGs, and 1 TP facility within the jurisdiction of the CUPA.
- CERS reflects the CUPA inspected:
 - 177 of 458 unique HWG facilities between July 1, 2020, and June 30, 2023, and
 - 237 of 458 unique HWG facilities between July 1, 2021, and June 30, 2024.
- The CUPA conducted a total of 379 inspections between July 1, 2020, and June 30, 2024, consisting of 373 HWG routine inspections and 6 "other" HWG inspections.
 - 294 of 373 (79%) "Routine" inspections had no violations cited.
 - 79 of 373 (21%) "Routine" inspections had at least one violation cited.
 - In the 79 inspections conducted having at least one violation cited, 128 total violations were cited, consisting of:
 - 0 (0%) Class I violations,
 - 16 (13%) Class II violations, and
 - 112 (87%) minor violations
- Between July 1, 2020, and June 30, 2024, 21% of the CUPA's inspections resulted in one or more violations, which is lower than the state average. Statewide, approximately 50% of inspections resulted in at least one cited violation. This is likely due in part to a relatively low number of larger and/or highly complex HWG facilities within the jurisdiction of the CUPA. It may also be due to inspectors occasionally overlooking violations.
- CERS does not reflect any formal enforcement actions. However, the CUPA reports having conducted three Administrative Enforcement Orders having a cumulative penalty amount of \$24,459.75 since the previous evaluation.
- Inspection reports generally do not 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. Ensure inspection reports contain detailed comments for describing the factual basis for cited violations and that a detailed description of observations and factual basis for each cited violation is included and reported to CERS, to support any applicable enforcement efforts. Ensure that inspection reports include clear instructions for return to compliance and discuss violations with facility operators prior to concluding an inspection. As needed, follow up with facilities that have not obtained RTC by the scheduled RTC date and apply enforcement, per the I&E Plan.

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7. OBSERVATION:

The CUPA's webpage (<https://www.kcdph.com/cupahazwaste>) contains resources for the regulated community. However, it contains information that may benefit from improvement:

- Update 'Above Ground Storage Tank Program' to 'Aboveground Petroleum Storage Act' and update link to <https://osfm.fire.ca.gov/what-we-do/pipeline-safety-and-cupa/certified-unified-program-agency/aboveground-petroleum-storage-act>
- Update 'Above Ground Petroleum Storage Act (APSA) – Farms' link to <https://osfm.fire.ca.gov/what-we-do/pipeline-safety-and-cupa/certified-unified-program-agency/aboveground-petroleum-storage-act/farms>

RECOMMENDATION:

Update the webpage as indicated above.

8. OBSERVATION:

Some 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.

RECOMMENDATION:

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

Utilize the regulator comments field in CERS to inform APSA tank facilities that SPCC Plans should not be included in future CERS submittals.

9. OBSERVATION:

The I&E Plan contains the following information that may benefit from improvement:

- Page 3: The Unified Program elements list 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 7: The following statement is inaccurate, "All personnel assigned inspection responsibilities for facilities that **store more than 1,320 gallons of petroleum in ASTs** are required to complete the Aboveground Petroleum Storage Act Training Course administered by the Office of the State Fire Marshal and satisfactorily pass the corresponding examination."
 - Remove the petroleum threshold. The initial APSA Basic Inspector Training course and refresher training apply to Unified Program Inspectors that conduct inspections at tank facilities that are required to prepare and implement an SPCC Plan under APSA. APSA tank facilities include: tank facilities subject to the Federal SPCC rule; tank facilities that store 1,320 gallons or more of petroleum; and tank facilities that have one or more 55-gallon or larger tanks in underground areas (TIUGAs) and have a total storage capacity of less than 1,320 gallons of petroleum.

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- Pages 8-9: In the pre-inspection procedures, add a review of the annual tank facility statement and APSA Facility Information submittals.
- Page 11: The 30-day RTC timeframe applies to minor violations in accordance with HSC, Section 25404.1.2(c)(1).

RECOMMENDATION:

Update the I&E Plan as indicated above.

10. OBSERVATION:

As of January 15, 2025, the CERS reporting requirement is currently set as "APSA Applicable" for 230 tank facilities. The CUPA's data management system identifies 203 APSA tank facilities.

- 179 facilities are both identified as APSA tank facilities in CERS and the CUPA's list.
- 23 facilities are on the CUPA list but not in CERS.
 - 10 of these facilities may be APSA regulated as conditionally exempt farms or excluded under APSA if they do not meet the Water Resources Reform and Development Act (WRRDA) thresholds for SPCC requirements.
 - The remaining 13 facilities need further review by the CUPA to determine if they are regulated under APSA.
- 1 of these facilities is a duplicate.
- 50 APSA CERS facilities are not on the CUPA list.
 - 39 of these facilities may be APSA regulated as conditionally exempt farms or excluded under APSA if they do not meet the Water Resources Reform and Development Act (WRRDA) thresholds for Spill Prevention, Control, and Countermeasure (SPCC) requirements.
 - The remaining 11 facilities need further review by the CUPA to determine if they are regulated under APSA.

RECOMMENDATION:

Complete the reconciliation of the APSA Program information in the CUPA's data management system with CERS to ensure all APSA tank facilities are in both systems.

Review the list of conditionally exempt APSA tank facilities at farms, verify if the total oil storage capacity at each tank facility meets the WRRDA thresholds, and determine if each facility is still regulated as a conditionally exempt tank facility under APSA.

11. OBSERVATION:

On February 6, 2025, an oversight inspection was conducted during the annual monitoring system certification and spill container testing at CERS ID 10407634 (a fueling station).

During the inspection, the service technician provided the inspector with the tank set up and alarm history print out prior to opening any UST components. The inspector demonstrated strong knowledge of the UST Program, including knowledge in UST construction and plan check. A detailed inspection was conducted, which involved interaction with both the facility operator and the service technician. The inspector also verified that all required UST documentation was available for review and confirmed the operability of the UST monitoring system and sensors.

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At the time of inspection, the 87-spill container failed. The inspection report noted: "The 87 overspill bucket failed the hydrotest. Completed needed repairs or replacement of the unit before retesting. Submit corrective action within 30 days." However, Unified Program Violation Library Violation Type Number 2030043 – Monitoring Equipment (USEPATCR 9d) was cited in lieu of Unified Program Violation Library Violation Type Number 2060020 – Spill Container (USEPATCR 9a).

RECOMMENDATION:

Continue to conduct thorough UST inspections and ensure that violations are accurately cited.

12. OBSERVATION:

On May 1, 2025, oversight of an unannounced HMBP inspection was attempted at a facility. The inspector identified themselves and discussed the purpose of the inspection but was denied consent to conduct the inspection. The inspector remained respectful and made an appointment to return to the facility to conduct the inspection at a later time.

On May 1, 2025, an HMBP oversight inspection was conducted at CERS ID 10650715. Prior to the inspection, the inspector reviewed HMBP information in CERS and the previous inspection reports for the facility. Consent to inspect, review documentation, and take photographs was obtained. The inspector established and maintained rapport with the facility representative. The reported hazardous materials inventory, site map, and emergency response information were verified onsite. The violations observed were disclosed to the facility representative at the end of the inspection.

On May 1, 2025, an HMBP oversight inspection was conducted at CERS ID 10763230. Prior to the inspection, the inspector reviewed HMBP information in CERS and the previous inspection reports for the facility. The inspector toured the site, verified inventory quantities present at the time of the inspection, accuracy of the emergency response plan information, and the location of hazardous materials on the submitted site map. When reviewing the accuracy of hazardous materials locations on the site map, the inspector directed the facility to rearrange the hazardous materials onsite to match with the location indicated on the site map. The CUPA inspector was corrected and made aware that the provisions of the HMBP Program only require facilities to have accurate information and does not provide the CUPA with the authority to enforce management requirements of hazardous materials. The observed violations were disclosed to the facility during the inspection.

On May 2, 2025, a CalARP oversight inspection was conducted at CERS ID 10410073. During the scheduled inspection, the inspector identified themselves and explained the purpose of the visit. Consent to inspect, review documentation, and take photographs was obtained. Prior to the inspection, the inspector reviewed relevant information provided by the facility, including the most recent RMP. The inspector continued to review documents onsite with the facility representatives to verify any relevant changes and accuracy of information, including the review of the hazardous analysis, management of change, recommendations in the process hazard analysis, emergency response information, and training on site. The inspector toured the site and effectively communicated technical information to the facility representatives. Possible violations under review were disclosed to the facility representatives at the end of the inspection. The inspector scheduled a second meeting with the facility representatives to provide the inspection report and discuss the final violations cited.

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RECOMMENDATION:

Conduct thorough HMBP and CalARP inspections.

Review the purpose and intent of the HMBP Program in HSC, Section 25500, which states “ ... Basic information ... is required to be submitted to firefighters, health officials, planners, public safety officers, health care providers, regulatory agencies, and other interested persons. The information provided ... is necessary in order to prevent or mitigate the damage to the health and safety of persons and the environment from the release or threatened release of hazardous materials into the workplace and environment”.

The statute authorizes CUPAs to enforce provisions to ensure information subject to the HMBP Program are accurately disclosed.

13. OBSERVATION:

On June 19, 2025, two oversight inspections were conducted, with two inspectors. The inspectors were well prepared and reviewed relevant information prior to each inspection. The inspectors prepared for each inspection by reviewing past inspection reports, previous violation history, as well as previous accepted submittals and emergency information in CERS. Additionally, the inspectors reviewed the DTSC Hazardous Waste Tracking System (HWTS) to verify generator status, confirm that the EPA ID number was active, and review manifests. The pre-inspection preparation activities were appropriate for the facilities being inspected.

The first inspection was conducted at CERS ID 10650715, a small quantity generator that sells supplies for home improvement, agriculture, gardening, livestock and pet care. The inspector asked for consent to inspect before beginning the inspection and conducted a thorough walkthrough of the facility that covered all hazardous waste storage areas and points of generation. The inspector asked questions to better understand the facility operations and determine compliance and reviewed all relevant documents onsite. No violations were identified during this inspection. The inspector clearly detailed all observations in the inspection report and discussed these observations with the facility representatives prior to leaving the site.

The second inspection was conducted at CERS ID 10484332, a small quantity generator that manufactures paint. The inspector was well prepared and asked for consent to inspect before beginning the inspection. The inspector conducted a thorough walkthrough of the facility and correctly identified violations pertaining to exceedance of authorized accumulation time, open containers, and labeling, but overlooked violations pertaining to improper handling of fluorescent tubes and spent aerosol cans. The inspector conducted a closing conference to explain the violations to the facility representative and what was needed to return to compliance.

The inspections were handled professionally and conducted in a timely manner, and the inspector sent a copy of each inspection report to the corresponding facility operators prior to the conclusion of each site visit.

RECOMMENDATION:

Continue with current pre-inspection and inspection procedures. When writing inspection reports, ensure that all relevant notes and details related to violation observations are included, and that corresponding corrective actions are clearly documented. When drafting violation observations, it is best practice to describe the following, if relevant:

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- Number and type of containers/tanks
- Type of waste(s) involved
- Location in the facility
- Dates (ex: training dates, initial accumulation dates, etc.)
- Any details necessary to demonstrate how non-compliance of a regulatory/statutory requirement exists.

The inspectors demonstrated a good understanding of HWG Program requirements, though they may benefit from continued training in the subject areas of Universal Waste. DTSC recommends the following resources:

- Universal Waste Fact Sheet
<https://dtsc.ca.gov/universal-waste-fact-sheet/>
- Regulatory Basics of Universal Waste training at the Annual Unified Program Training Conference
- CCR, Title 22, Chapter 23: Standards for Universal Waste Management.

Additional training or assistance may be requested from DTSC.
