

November 21, 2025

Louis Molina, Director
Mono County Health Department
P.O. Box 3329
Mammoth Lakes, California 93546-3329

Dear Mr. Molina:

During February 2025, through September 2025, CalEPA and the Unified Program state agencies conducted a performance evaluation of the Mono County Health Department 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 acknowledgement of accomplishments and challenges. Enclosed, please find the final Summary of Findings report.

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

To demonstrate progress towards the correction of program deficiencies and incidental findings identified in the final Summary of Findings report, the CUPA must submit an Evaluation Progress Report approximately 90 days from the date of this letter. Thereafter, the CUPA will submit up to two subsequent Evaluation Progress Reports to CalEPA in accordance with the specified date provided in the Evaluation Progress Report response. An Evaluation Progress Report template will be provided by the CalEPA Team Lead. Each Evaluation Progress Report must be submitted to the CalEPA Team Lead, Timothy Brandt, via email at Timothy.Brandt@calepa.ca.gov, or uploaded to the established SharePoint website.

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

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

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

Sincerely,

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

Jason Boetzer
Deputy Secretary
Local Program Coordination and Emergency Response

Enclosure

cc sent via email:

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

CUPA: Mono County Health Department

2025 Evaluation Assessment: February 2025 through September 2025

Timeframe Evaluated: January 1, 2022, through December 31, 2024

Note: Timeframe evaluated by OSFM was July 1, 2020, through December 31, 2024.

Evaluation Team Members:

- CalEPA Team Lead: Tim Brandt
- DTSC: Pheleep Sidhom, Jessica Harris
- CalEPA HMBP/CalARP: Garrett Chan
- State Water Board: Magnolia Busse
- CAL FIRE-OSFM: Mary Wren-Wilson

The Unified Program implementation and performance of the CUPA is considered satisfactory with improvement needed.

The CUPA shall submit the first Evaluation Progress Report to CalEPA 90 days from receipt of this report and up to two subsequent Progress Reports in accordance with the specified due date.

The submittal date for the 1st Evaluation Progress Report is **March 16, 2026**.

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.

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.

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

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

ACCOMPLISHMENTS, EXAMPLES OF OUTSTANDING IMPLEMENTATION, AND CHALLENGES

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

1. 2021 CUPA PERFORMANCE EVALUATION INCIDENTAL FINDING RESOLVED:

Incidental Finding #4 from the 2021 CUPA Performance Evaluation is now considered resolved and no longer requires any further action: *The Records Maintenance Policy does not reflect how the CUPA is currently and adequately reporting violations.*

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

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, section 15100(k).) In addition, recommendations may be provided.

1. DEFICIENCY:

The CUPA has not inspected 41 of 64 (64%) facilities subject to the Hazardous Waste Generator (HWG) Program at least once every three years, or every year for Resource Conservation and Recovery Act (RCRA) large quantity generator (LQG) facilities as required by the inspection frequency established in the Inspection and Enforcement (I&E) Plan. See the list of facilities that the CUPA did not inspect in Attachment 1.

Note: This Deficiency was identified in the 2021 Performance Evaluation and was corrected during the Evaluation Progress Report process.

CITATION(S):

Health & Saf. Code, § 25201.4, subd. (b)(2); Cal. Code Regs., tit. 27, §§ 15185, subd. (a), 15200, subds. (a)(2)(A), (c)(1), & (e); [DTSC]

CORRECTIVE ACTION:

Inspect all HWG facilities, as identified in Attachment 1.

During each Progress Report, DTSC will review information in California Environmental Reporting System (CERS) to verify the HWG facilities identified in Attachment 1 have been inspected.

DTSC recommends that the CUPA:

- Determine why the inspection frequency was not met and establish processes and/or secure resources to prevent this from reoccurring.
 - Prioritize the inspections that are most overdue and/or based on risk to public health, safety, and the environment.
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2. DEFICIENCY:

The CUPA has not consistently applied enforcement as established in the I&E Plan.

Cited leak detection violations have no documented return to compliance (RTC) and formal enforcement has not been applied:

- 2022
 - 5 of 31 (16%)
- 2023
 - 6 of 54 (11%)
- 2024
 - 16 of 59 (27%)

See Attachment 2 for a list of facilities with no documented RTC or enforcement.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

The following violation was repeatedly cited without having obtained RTC and no enforcement was applied:

- Violation Library Violation Type Number 2030047 - Secondary Containment
 - CERS ID 10117435: Issued June 2, 2022, June 30, 2023, and September 10, 2024

The CUPA's TCR that has consistently been lower than the California average, which is indicative of the CUPA not applying enforcement to ensure facilities with violations obtain RTC:

- January – June 2022
 - CUPA: 20.0%
 - CA Avg.: 60.5%
- July – December 2022
 - CUPA: **9.19%**
 - CA Avg.: 60.5%
- January – June 2023
 - CUPA: 27.3%
 - CA Avg.: 60.4%
- July – December 2023
 - CUPA: 18.2%
 - CA Avg.: 60.0%
- January – June 2024
 - CUPA: 25.0%
 - CA Avg.: 61.8%
- July – December 2024
 - CUPA: 30.8%
 - CA Avg.: 59.4%

Note: This Deficiency was identified in the 2021 Performance Evaluation as a component of Deficiency #9 and was not corrected. During the Evaluation Progress Report process, the CUPA updated the I&E Plan, trained inspection staff, and worked to complete and close violations without an RTC.

CITATION(S):

Cal. Code Regs., tit. 23, §§ 2712, subd. (g), 2713, subd. (c)(4), 2713, subd. (d); Cal. Code Regs., tit. 27, § 15290, subd. (d); [State Water Board]

CORRECTIVE ACTION:

Ensure each facility identified in Attachment 2 obtains RTC and apply enforcement as established in the I&E Plan (e.g., revocation of UST Permit and issuance of red tag) for facilities that do not obtain RTC. Ensure RTC and enforcement actions are reported to CERS.

During each Progress Report, the State Water Board will review information in CERS to verify each violation identified in Attachment 2 has obtained RTC.

With each Progress Report, submit documentation of any applied enforcement.

State Water Board recommends that the CUPA:

- Determine why enforcement has not been applied enforcement as established in the I&E Plan.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

- Establish adequate procedures and tools to (1) ensure the CUPA consistently applies enforcement, including enforcement for repeat violations without RTC and (2) ensure all correspondence between the CUPA and each UST facility is maintained.
 - Identify adequate types and frequency of training. Train UST inspection personnel on red tag procedures. The CUPA may also request additional training from the State Water Board.
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3. DEFICIENCY:

The CUPA has not consistently conducted complete annual UST compliance inspections.

Non-compliance not cited as a violation in an inspection report:

- CERS ID: 10117435
 - Monitoring System Certifications (AMC) dated June 20, 2022, and June 30, 2023 were completed late. AMC was due in May 2022 and 2023.
- CERS ID: 10132504
 - AMC dated April 3, 2024, was completed late. AMC was due in January 2024.

Violation incorrectly cited not reported to CERS:

- CERS ID: 10400020
 - Inspection Reports dated June 9, 2022, and June 20, 2023 cite Undetermined for diesel annular that could not be removed for testing at the time of inspection, which is Violation Library Type Number 2030002.

UST testing results include incomplete or inaccurate information:

- CERS ID: 10117435
 - Spill Containment Testing Report form dated June 30, 2023, contains testing results for the regular and diesel tanks but was missing testing results for the three waste oil tanks.
 - Overfill Prevention Equipment (OPE) Inspection Reports dated July 8, 2021, and November 21, 2023, contain testing results for the regular and diesel tanks but was missing testing results for the three waste oil tanks.
- CERS ID: 10400020
 - AMC dated June 20, 2023, has diesel annular passing. Inspection Report dated June 20, 2023, cites Undetermined for diesel annular that could not be removed for testing at the time of inspection.
- CERS ID: 10159849
 - OPE inspection reports dated August 25, 2021, and August 22, 2024, contain testing results for the regular motor vehicle fueling tank but was missing testing results for the waste oil tank.

UST construction and inspection information was inconsistent with that which was reported to CERS:

- CERS ID: 10117435
 - OPE Inspection Report dated July 8, 2021
 - Inspection Report has results for a fill-tube shut off valve and a ball float while CERS identifies OPE methods as audio/visual alarms and a fill-tube shut off valves.

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UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

- OPE Inspection Report dated November 21, 2023
 - Inspection Report has results for a fill-tube shut off valve while CERS identifies OPE methods audio/visual alarm and fill-tube shut off valve.
- CERS ID: 10132504
 - AMC dated January 25, 2022, April 13, 2023, and April 3, 2024
 - Certification forms identify Moiser annular sensors and 001 Under Dispenser Containment (UDC) sensors while CERS does not identify an annular sensor and identifies 351 UDC sensors.
- CERS ID: 10159849
 - OPE inspection reports dated August 25, 2021, and August 22, 2024
 - Inspection reports state the OPE response when activated is restrict flow while CERS identifies OPE method as fill-tube shut off valves and audible/visual alarms.
- CERS ID: 10400029
 - AMC dated September 27, 2022, September 28, 2023, and September 19, 2024
 - Certification forms identify sensor ID S.A. monitoring dispenser 9/10 as a BEI – 406 while CERS identifies dispenser sensors as 208.
 - AMC dated September 19, 2024
 - Certification forms identify sensor ID L-3 and L-4 as 205 and sensor ID S.A. as BEI – 406 while CERS identifies sensors as 208.
 - OPE inspection report dated December 3, 2021
 - Inspection report states the OPE response when activated as shuts off flow and restricts flow while CERS identifies OPE method as audible/visual alarms and fill-tube shut off valves.
- CERS ID: 10489510
 - OPE Inspection Report dated April 21, 2021
 - Inspection report states the OPE response when activated as Restricts Flow while CERS identifies OPE method as audio/visual alarms and fill-tube shut off valves.
 - OPE Inspection Report dated June 23, 2024
 - Inspection report states the OPE response when activated as shut off flow, restrict flow, and audio/visual alarms while CERS identifies OPE method as fill-tube shut off valve.

The UST facility files indicate the service technician had no training and/or the ICC certification of the technician was missing or expired prior to conducting the UST testing:

- CERS ID: 10117435
 - AMC was completed on June 30, 2023, by a technician with no training or manufacturer certification.
 - Secondary Containment Testing was completed on July 8, 2021, July 22, 2021, and September 11, 2024, by a technician with no training or manufacturer certification.
- CERS ID: 10132504
 - AMC was completed on January 1, 2022, April 13, 2023, and April 3, 2024, by a technician with no training or manufacturer certification.
 - Secondary Containment Testing was completed on October 13, 2022, by a technician with no training or manufacturer certification.
- CERS ID: 10159849
 - Secondary Containment Testing was completed on August 25, 2021, by a technician with no training or manufacturer certification.

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UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

- CERS ID: 10400029
 - AMC was completed on September 27, 2022, September 28, 2023, and September 19, 2024, by a technician without training or manufacturer certification for the identified BEI sensors.
 - Secondary Containment Testing was completed on April 20, 2021, by a technician without training or manufacturer certification.
- CERS ID: 10491049
 - AMC and Spill Containment Testing completed on September 21, 2023, September 13, 2023, and December 3, 2024, by a technician with no training or manufacturer certification.

UST testing leak detection records were not maintained:

- CERS ID: 10117435
 - 2024 Spill Containment Testing Report forms
- CERS ID: 10159849
 - 2022 Spill Containment Testing Report forms
- CERS ID: 10400020
 - 2022 Spill Containment Testing Report forms
- CERS ID: 10400029
 - 2024 OPE Inspection forms

45 of the 84 (54%) UST leak detection testing documents were missing CERS IDs.

UST compliance inspection information in Report 6 is inconsistent with CERS UST Routine Inspection Frequency Search information (April 28, 2025):

- 2021
 - Report 6: 20 of 21 (95%)
 - UST Routine Inspection Frequency: 21 of 21 (100%)
- 2023
 - Report 6: 22 of 21 (105%)
 - UST Routine Inspection Frequency: 21 of 21 (100%)

CITATION(S):

Health & Saf. Code, §§ 25288, subd. (b), 25289, subd. (b), 25299; Cal. Code Regs., tit. 23, §§ 2637, 2637.1, 2637.2, 2638, 2715, subd. (f)(2); Cal. Code Regs., tit. 23, §15290(d); Health & Saf. Code, § 25404, subd. (e)(4); Cal. Code Regs., tit. 23, §§ 2713, subd. (c)(3) & (d); [State Water Board]

CORRECTIVE ACTION:

By the 1st Progress Report, and with each subsequent Progress Report, submit UST facility records, including the most recent annual UST compliance inspection reports, and associated testing and leak detection documents, and all enforcement correspondence between the CUPA and the UST owner/operator for the three most recently inspected UST facilities.

The CUPA will accurately report UST compliance inspection information in Report 6 and CERS for two consecutive Report 6 reporting periods.

State Water Board recommends that the CUPA:

- Determine why the CUPA has not consistently conducted complete annual UST compliance inspections.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

- Establish procedures and develop tools to ensure the CUPA conducts complete annual UST compliance inspections and correctly reports compliance, monitoring, and enforcement (CME) information to CERS.
 - Identify types and frequency of training for conducting complete UST inspections. The CUPA may also request additional training from the State Water Board.
 - Perform quality assurance to ensure violation data used as part of Report 6 is accurately reported to CERS.
 - Revise the I&E Plan or other applicable procedure to establish process for:
 - Conducting complete annual UST compliance inspections at all UST facilities.
 - Reviewing and following up with UST testing and leak detection documents submitted by UST owners or operators as part of the annual UST compliance inspection.
 - Documenting observed non-compliance identified during annual UST compliance inspections in UST compliance inspection reports.
 - Reporting all inspections, non-compliance identified in section report, and CME information to CERS.
 - Rejecting documentation that is incomplete or requires correction before accepting.
 - Ensuring and confirming equipment manufacturer certifications of technicians conducting testing.
 - Maintaining records, including UST compliance inspection reports and testing and leak detection records for all UST facilities.
 - Ensuring accurate USEPA TCR reporting.
 - Determine why Report 6 and CERS UST Routine Inspection Frequency Search information have inconsistent UST compliance inspection information and put in safeguard to ensure accurate reporting.
 - Review and revise the Data Management Procedure or other applicable procedure to ensure the establishment of a process, which addresses collecting, retaining, managing, and reporting inspection information in CERS, and how UST compliance information is accurately reported in Report 6.
 - Request that the State Water Board review the revised Data Management Procedure and provide feedback. Once feedback is received, train UST inspection staff on the revised procedure.
 - Request training on Report 6 from the State Water Board.
-

4. DEFICIENCY:

The CUPA has not ensured all facilities subject to HMBP reporting requirements annually submit or certify an HMBP in CERS as documented in Attachment 3. In summary:

- 100 of 212 (47%) facilities have not submitted a chemical inventory or a no-change certification.
- 105 of 211 (50%) facilities have not submitted emergency response and employee training plans or a no-change certification.

CITATION(S):

Health & Saf. Code, §§ 25505, subd. (a), 25508, subd. (a), 25508.2; [CalEPA]

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

CORRECTIVE ACTION:

Ensure each facility identified in Attachment 3 submits or certifies an HMBP to CERS and apply enforcement as established in the I&E Plan for facilities that do not provide an HMBP submittal or certification.

During each Progress Report, CalEPA will review information in CERS to verify each facility identified in Attachment 3 has submitted or certified an HMBP to CERS. In the absence of an HMBP submittal or certification an indication as to whether informal and formal enforcement has been initiated may be provided as a narrative or by utilizing Attachment 3.

CalEPA recommends that the CUPA develop and implement a procedure for following up with each facility that has not annually submitted or certified an HMBP to CERS including, but not limited to, notifying the facility and applying enforcement.

5. DEFICIENCY:

The CUPA has not inspected 124 of 212 (58%) facilities subject to the HMBP Program at least once every three years. See the list of facilities that the CUPA did not inspect in Attachment 4.

CITATION(S):

Health & Saf. Code, § 25511, subd. (b); [CalEPA]

CORRECTIVE ACTION:

Inspect all HMBP facilities that have not been inspected, as identified in Attachment 4.

During each Progress Report, CalEPA will review information in CERS to verify the HMBP facilities identified in Attachment 4 have been inspected.

CalEPA recommends that the CUPA:

- Determine why the inspection frequency was not met and establish processes and/or secure resources to prevent this from reoccurring.
- Prioritize the inspections that are the most overdue and/or based on risk to public health, safety, and the environment.

6. DEFICIENCY:

The CUPA has not inspected 6 of 12 (50%) APSA tank facilities that store 10,000 gallons or more of petroleum at least once every three years for compliance with SPCC Plan requirements:

- CERS ID 10479772: last routine inspection on July 28, 2021
- CERS ID 10837186: last routine inspection on March 24, 2021
- CERS ID 10127239: last routine inspection on April 23, 2019
- CERS ID 10132495: last routine inspection on December 12, 2018
- CERS ID 10128886: last routine inspection on July 24, 2018
- CERS ID 10479709: last routine inspection on October 6, 2021

CITATION(S):

Health & Saf. Code, § 25270.5, subd. (a); Cal. Code Regs., tit. 27, § 15200, subd. (a)(2)(F); [OSFM]

CORRECTIVE ACTION:

Inspect all APSA tank facilities that store 10,000 gallons or more of petroleum, as identified above, for compliance with SPCC Plan requirements.

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

During each Progress Report, OSFM will review information in CERS to verify the APSA tank facilities identified above have been inspected.

OSFM recommends that the CUPA:

- Determine why the inspection frequency was not met and establish processes and/or secure resources to prevent this from reoccurring.
 - Prioritize the inspections that are most overdue and/or based on risk to public health, safety, and the environment.
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7. DEFICIENCY:

The CUPA has not ensured each APSA tank facility subject to HMBP reporting requirements has annually submitted an HMBP to CERS as identified in Attachment 5. In summary:

- 28 of 51 (55%) APSA tank facilities have not submitted a chemical inventory
- 29 of 51 (57%) APSA tank facilities have not submitted emergency response and employee training plans

CITATION(S):

Health & Saf. Code § 25270.6, subd. (a); [OSFM]

CORRECTIVE ACTION:

During the evaluation:

- 3 of 28 APSA tank facilities submitted a chemical inventory
- 3 of 29 APSA tank facilities submitted emergency response and employee training plans.

Ensure each APSA tank facility identified in Attachment 5 submits an HMBP to CERS, and apply enforcement as established in the I&E Plan for facilities that do not provide an HMBP submittal.

During each Progress Report, OSFM will review information in CERS to verify each APSA tank facility identified in Attachment 5 has submitted an HMBP to CERS. In the absence of an HMBP submittal, an indication as to whether formal enforcement has been initiated may be provided as a narrative or by utilizing Attachment 5.

OSFM recommends that the CUPA develop and implement a procedure for following up with each APSA tank facility that has not annually submitted an HMBP to CERS including, but not limited to, notifying the facility and applying enforcement.

8. DEFICIENCY:

The CUPA has not consistently followed up and documented RTC information in CERS for APSA tank facilities cited with violations. See the list of violations with no documented RTC in Attachment 6.

As of May 25, 2025, there is no documented RTC:

- 2 of 8 (25%) violations cited between July 1, 2020, and June 30, 2021, including:
 - 1 violation cited for failure to prepare an SPCC Plan
- 3 of 6 (50%) violations cited between July 1, 2021, and June 30, 2022
- 7 of 7 (100%) violations cited between July 1, 2022, and June 30, 2023, including:
 - 1 violation cited for failure to prepare an SPCC Plan
- 3 of 3 (100%) violations cited between July 1, 2023, and December 31, 2024

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

CITATION(S)

Health & Saf. Code, §§ 25404.1.2, subd. (c), 25270.4.5, subd. (a); Cal. Code Regs., tit. 19, § 1612, subds. (e) & (f); Cal. Code Regs., tit. 27, §§ 15185, subds. (a)-(c), 15200, subds. (a), (e), & (g); [OSFM]

CORRECTIVE ACTION:

Ensure each APSA tank facility identified in Attachment 6 obtains RTC and apply enforcement as established in the I&E Plan for facilities that do not obtain RTC. Ensure RTC and enforcement actions are reported to CERS.

During each Progress Report, OSFM will review information in CERS to verify each violation identified in Attachment 6 has obtained RTC. In the absence of RTC, an indication as to whether formal enforcement has been initiated for any violation identified without RTC may be provided as a narrative or by utilizing Attachment 6.

OSFM recommends that the CUPA:

- Determine why facilities cited with violations have not obtained RTC and establish processes and/or secure resources to prevent this from reoccurring.
- Prioritize ensuring facilities cited with violation(s) that pose the most risk to public health, safety, and the environment (e.g., Class I violations) RTC.

9. DEFICIENCY:

The CUPA did not complete an annual Self-Audit Report for Fiscal Years (FYs) 2022/2023 and 2023/2024.

CITATION(S):

Cal. Code Regs., tit. 27, § 15280, subd. (c); [CalEPA]

CORRECTIVE ACTION:

By the 1st Progress Report, submit a Self-Audit Report for FY 2024/2025.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

"Incidental finding is a minor deviation in implementation of one or more Unified Program elements from the expected standards set forth in statute or regulation. It is a limited, non-systemic problem." (Cal. Code Regs., tit. 27, section 15110(f).) In addition, recommendations may be provided.

1. INCIDENTAL FINDING:

The CUPA has not consistently followed up and documented RTC information in CERS for HWG facilities cited with violations. See the list of facilities with violations having no documented RTC in Attachment 7.

As of May 29, 2025, there is no documented RTC for:

- 9 of 14 (64%) violations, consisting of:
 - 7 of 9 (78%) Class 2
 - 2 of 9 (22%) Minor

CITATION(S):

Health & Saf. Code sections 25185(c), 25404.1.2(c), 25270.4.5(a); 25508(a)(4), 25533(d), 25187.8(a)-(b) and (g)-(i), 25404.1.2(c), 25270.4.5(a), 25288(d), 25110.8.5, 25117.6, and 25508(a)(4); Cal. Code Regs., tit. 27, sections 15185(a)-(c), and 15200(a), (e), and (g); Cal. Code Regs., tit. 19, section 1612(e) and (f); [DTSC]

RESOLUTION:

Ensure each facility identified in Attachment 7 obtains RTC and apply enforcement as established in the I&E Plan for facilities that do not obtain RTC. Ensure RTC and enforcement actions are reported to CERS.

During each Progress Report, DTSC will review information in CERS to verify each violation identified in Attachment 7 has obtained RTC. In the absence of RTC, an indication as to whether informal or formal enforcement has been initiated for any violation identified without RTC may be provided as a narrative or by utilizing Attachment 7.

DTSC recommends the CUPA:

- Determine why facilities cited with violations have not obtained RTC and establish processes and/or secure resources to prevent this from reoccurring.
 - Prioritize ensuring facilities cited with violation(s) that pose the most risk to public health, safety, and the environment (e.g., Class I violations) RTC.
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2. INCIDENTAL FINDING:

The CUPA has not consistently included all observations, citations, factual basis, and corrective action for each violation cited in inspection reports:

- CERS ID 10117435: Inspection report dated October 11, 2022
 - No citations for 2 of 2 cited violations
 - No observations for 1 of 2 violations
 - No timeframe for correction action for 1 of 2 violations
- CERS ID 10117756: Inspection report dated September 20, 2023
 - No corrective action for 1 of 1 violation
 - No violation classification for 1 of 1 violations

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- CERS ID 10127146: Inspection report dated May 11, 2022
 - No citations for 1 of 1 violations
 - No mention of damaged battery in observation
- CERS ID 10132504: Inspection report dated April 3, 2024
 - No citations for 1 of 1 violations
 - No violation classification for 1 of 1 violations
- CERS ID 10134067: Inspection report dated August 12, 2022
 - No citations for 1 of 1 violations
 - No timeframe for correction action for 1 of 1 violation
 - Open container violation reported to CERS as "Facility Maintained to Prevent Fire/Explosion/Release"
- CERS ID 10155345: Inspection report dated August 24, 2022
 - No citations for 1 of 1 violations
 - No observation for 1 of 1 violation
 - No violation classification for 1 of 1 violations
- CERS ID 10398826: Inspection report dated September 18, 2019
 - No citations for 1 of 1 violations

CITATION(S):

Health & Saf. Code, §25185, subd. (c)(2)(A); [DTSC]

RESOLUTION:

By the 1st Progress Report, train inspection staff on inspection report writing training to include observations, factual basis, citations, and corrective actions for each violation cited in an inspection report:

- CUPA Report Writing Training from the 2023 California CUPA Conference:
<https://calcupa.org/CMS15/upload-manager/presentations/CUPA-2023/1866-3768-cupa-conference-2023-report-writing.pdf>

By the 2nd Progress Report and during each subsequent Progress Report, submit an inspection report citing at least one HWG Program violation for three HWG facilities that were inspected after inspection report writing training was completed and within the last three months. Each inspection report will contain observations, citations, factual basis, and corrective actions to correctly identify and classify each observed HWG violation.

DTSC recommends that the CUPA document consent in each inspection report. Consent was not documented consistently in the inspection reports identified above.

3. INCIDENTAL FINDING:

The CUPA has not consistently cited and/or required the correction of construction UST violations identified in State Water Board Local Guidance (LG) Letter 150-3 dated February 2021.

UST Facility/Tank Data Download report (April 28, 2025) indicates:

- UST systems installed between July 1, 1987, and June 30, 2023, with single-walled vent and/or riser piping and are equipped with only audible/visual alarms and no ball float or fill-tube shut-off valve:
 - CERS Tank IDs: 10117435-003, -004, -005
 - CERS Tank ID: 10135045-004
 - CERS Tank ID: 10159565-003

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- CERS Tank IDs: 10489441-001, -002, -003

CITATION(S):

Cal. Code Regs., tit. 23, §§ 2635, subd. (d), 2636, subd. (a), and/or 2665, subd. (c); [State Water Board]

RESOLUTION:

Ensure UST owners/operators install and correct OPE or secondarily contain vent and fill piping and apply enforcement (e.g., revocation of UST Permit and issuance of red tag), as established in the I&E Plan, as needed.

By the 1st Progress Report, submit a list of UST facilities utilizing the incorrect or incomplete OPE construction including CERS UST Tank IDs. This Deficiency will be considered corrected once the correct method of OPE is installed or vent and fill piping is secondarily contained.

4. INCIDENTAL FINDING:

The CUPA is not ensuring all USTs are in compliance with the design, construction, monitoring, and ELD testing requirements.

UST Facility Tank/Data Download (April 28, 2025) indicates:

- CERS Tank ID: 10134067-005
 - UST installed on July 15, 2011, with:
 - Single-walled piping/turbine sump
 - Single-walled riser piping
 - No fill containment sump
 - Dry tank and piping secondary containment monitoring
 - Periodic system tested marked "yes" for secondary containment testing

CITATION(S):

Health & Saf. Code, § 25290.1; [State Water Board]

RESOLUTION:

Ensure UST owners/operators of each facility identified above is in compliance with design, construction, monitoring, and testing requirements, and apply enforcement (e.g., revocation of UST Permit and issuance of red tag), as established in the I&E Plan for facilities that do not obtain compliance. Ensure RTC and enforcement actions are reported to CERS.

By the 1st Progress Report, and with each subsequent Progress Report, submit a list of UST facilities utilizing the incomplete or incorrect construction that includes the CERS UST Tank IDs and a narrative describing the follow-up actions and applied enforcement taken to ensure USTs are in compliance with design, construction, monitoring, and testing requirements as described above.

5. INCIDENTAL FINDING:

The CUPA has not established all Unified Program administrative procedures:

- Financial Management
 - Single fee system

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- Procedures for the resolution of fee disputes: disputes involving the state surcharge that cannot be resolved locally shall be referred to the Secretary in writing for resolution and include a recommendation for resolution

CITATION(S):

Cal. Code Regs., tit. 27, §§ 15180, subd. (e), 15185, subd. (e), 15187, 15210, 15220, 15250, 15290;
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the administrative procedure identified above.

CalEPA recommends that the CUPA train staff on the administrative procedure once the Incidental Finding is acknowledged by CalEPA as being corrected.

ATTACHMENT(S)

To obtain a copy of any attachment(s) identified in the Final Summary of Findings Report, please contact CUPA@calepa.ca.gov.