**UNIFIED PROGRAM REPORT 6 (Side One)**

**SEMI-ANNUAL UNDERGROUND STORAGE TANK (UST) PROGRAM REPORT**

**27 CCR §15290 and 23 CCR §2713**

|  |  |
| --- | --- |
| AGENCY CODE | REPORT FOR (Reporting Period, Year) |
| AGENCY NAME |  |
| ADDRESS |  |
| CITY, STATE, ZIP |  |
| PERSON COMLETING FORM |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |
| STATUS OR ACTIVITY | Column A (1)Total number as of previous reporting period | Column BNumber of new facilities or systems this reporting period | Column CNumber of facilities or systems permanently closed this reporting period |
| 1. Regulated facilities with UST systems |  |  |  |
| 2. Active Petroleum UST systems |  |  |  |
| 3. Active Non-petroleum UST systems |  |  |  |
|  |  | Total number this reporting period |  |
| 4. UST facility inspections |  |  |
| 1. Facilities in compliance with release detection requirements only
 |  |  |
| 1. Facilities in compliance with release prevention requirements only
 |  |  |
| 1. Facilities in compliance with both release detection and release prevention requirements
 |  |  |
| 1. Facilities with one or more violations of both release detection and release prevention requirements
 |  |  |
| 1. If you have any corrections to numbers in Column A, please explain here:

(.i.e., Item 1: -2 [2 facilities closed]) |

**RED TAG** □ There were no Red Tags issued during this reporting period.

**To Report Red Tag Information – please use other side of this form or use Side Two of this form if responding electronically.**

**UNIFIED PROGRAM REPORT 6 (Side Two)**

|  |  |
| --- | --- |
| **AGENCY CODE** | **REPORT FOR (Reporting Period, Year)** |
|  |  |  |  |
| **5. Number of red tags issued for significant violations** |  |  |  |
| **Specific information regarding red tags issued. Please insert below the requested information for each facility receiving a red tag this reporting period. (Please note: the Name entry cell below will wrap text so just use commas between name, street, etc., do not hit enter)** |
| **a. Facility Name & Address (Street, City, Zip)** | **b. Red Tag#** | **c. Data Affixed** | **d. Date Removed** | **e. Significant Violation** |
|  |  |  |  |  |  |
| **Tank Owner Name** |  |  |  | **(enter 1, 2, 3)2** |
|  |  |  |  |  |  |
| **Tank Operator Name** |  |  |  |  |  |
|  |  |  |  |  |
| **a. Facility Name & Address (Street, City, Zip)** | **b. Red Tag#** | **c. Data Affixed** | **d. Date Removed** | **e. Significant Violation** |
|  |  |  |  |  |  |
| **Tank Owner Name** |  |  |  | **(enter 1, 2, 3)2** |
|  |  |  |  |  |  |
| **Tank Operator Name** |  |  |  |  |  |
|  |  |  |  |  |
| **a. Facility Name & Address (Street, City, Zip)** | **b. Red Tag#** | **c. Data Affixed** | **d. Date Removed** | **e. Significant Violation** |
|  |  |  |  |  |  |
| **Tank Owner Name** |  |  |  | **(enter 1, 2, 3)2** |
|  |  |  |  |  |  |
| **Tank Operator Name** |  |  |  |  |  |
|  |  |  |  |  |
| **a. Facility Name & Address (Street, City, Zip)** | **b. Red Tag#** | **c. Data Affixed** | **d. Date Removed** | **e. Significant Violation** |
|  |  |  |  |  |  |
| **Tank Owner Name** |  |  |  | **(enter 1, 2, 3)2** |
|  |  |  |  |  |  |
| **Tank Operator Name** |  |  |  |  |  |
|  |  |  |  |  |  |

**2. *SIGNIFICANT VIOLATION NUMBER ENTERED IS FOR REASON BELOW***

**1. liquid release 2. impair leak detection 3. chronic/recalcitrant owner/operator**

**Red Tag Information Contact Person (If different from person completing form on Side One)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name, phone number, and email address 12/2007**