

April 14, 2023

Ms. Jennea Monasterio, Director
Sacramento County Environmental Management Department
11080 White Rock Road, Suite 200
Rancho Cordova, California 95670-6352

Dear Ms. Monasterio:

During May 2022 through March 2023, CalEPA and the state program agencies conducted a performance evaluation of the Sacramento County Environmental Management 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 an oversight inspection.

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

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

To demonstrate progress towards the correction of program deficiencies and incidental findings identified in the final Summary of Findings, the CUPA must submit an Evaluation Progress Report within 60 days from the date of this letter (June 19, 2023), and every 90 days thereafter. Evaluation Progress Reports are required to be submitted to CalEPA until all deficiencies and incidental findings identified have been acknowledged as corrected or resolved. Each Evaluation Progress Report must be submitted to the CalEPA Team Lead, Kaeleigh Pontif, at kaeleigh.pontif@calepa.ca.gov.

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 within 30 days. 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, REHS
Assistant Secretary
Local Program Coordination and Emergency Response

Enclosures

cc sent via email:

Mr. Michael Meyer
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Ms. Cheryl Prowell
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Ms. Julie Pettijohn
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cc sent via email:

Ms. Jennea Monasterio
Page 3

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Ms. Jennea Monasterio
Page 4

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Mr. John Paine
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California Environmental Protection Agency

Mr. John Elkins
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Ms. Melinda Blum
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Ms. Elizabeth Brega
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California Environmental Protection Agency

Ms. Esme Hassell-Thean
Environmental Scientist
California Environmental Protection Agency

Ms. Kaeleigh Pontif
Environmental Scientist
California Environmental Protection Agency

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

CUPA: Sacramento County Environmental Management Department

Evaluation Period: May 2022 through March 2023

Evaluation Team Members:

- **CalEPA Team Lead:** Kaeleigh Pontif
- **CalEPA:** Esme Hassell-Thean
- **DTSC:** Brennan Ko-Madden
- **State Water Board:** Kaitlin Cottrell, Sean Farrow
- **CAL FIRE-OSFM:** Glenn Warner, 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.

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

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

Kaeleigh Pontif
CalEPA Unified Program
Phone: (916) 803-0623
E-mail: Kaeleigh.pontif@calepa.ca.gov

The CUPA is required to submit an Evaluation Progress Report 60/90 days from the receipt of this Final Summary of Findings Report, and every 90 days thereafter, until all deficiencies and incidental findings have been acknowledged as corrected or resolved.

Each Evaluation Progress Report must be submitted to the CalEPA Team Lead and must include a narrative stating the status of correcting each deficiency and resolving each incidental finding identified in this Final Summary of Findings Report.

Evaluation Progress Report submittal dates for the first year following the evaluation are:

1st Progress Report: June 19, 2023 **2nd Progress Report:** September 19, 2023
3rd Progress Report: December 19, 2023 **4th Progress Report:** March 19, 2024

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

ACCOMPLISHMENTS, EXAMPLES OF OUTSTANDING IMPLEMENTATION, AND CHALLENGES

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

**1. HAZARDOUS WASTE GENERATOR (HWG) INSPECTION REPORTS:
INSPECTOR OBSERVATIONS AND NOTES**

The CUPA's unique HWG inspection report and inspection notes templates are particularly informative and provide a high level of detail to the reader. The templates also provide the CUPA's inspectors with ample prompts to check for examples of regulatory compliance and include space for notes. The inspection reports reviewed contain very good inspection notes and factual basis for violations. This also translates over to CERS where violation comments entered into CERS have detailed observations and corrective actions. The combination of each of these inspection report aspects are considered a unique accomplishment of the CUPA in implementing the HWG program.

2. INSPECTION AND ENFORCEMENT OF GUN RANGES

On February 2, 2021, DTSC and the CUPA, performed an investigation resulting from a complaint regarding an indoor shooting range that had recently closed. A violation was cited for failure to minimize the possibility of the release of hazardous waste. DTSC settled the case via a Consent Order on April 6, 2022. The facility agreed to a settled penalty amount of \$40,000 and entered into a voluntary clean up agreement with the CUPA to assess and clean the facility. The CUPA is one of only six that have received this authority.

3. TRAINING PRESENTATION AND WORKGROUP PARTICIPATION

The CUPA leads in Unified Program participation and collaboration efforts and aids other CUPAs with having an active representative on the CUPA Forum Board and Unified Program Administration and Advisory Group (UPAAG). Additionally, the CUPA has participated, and continues to actively participate in a number of Unified Program workgroups, including the following:

- UPAAG Enforcement Steering Committee, as the co-chair of the committee
- Generator Improvement Rule (GIR) Phase II rulemaking, for the HWG Program
- Unified Program Annual Training Conference, in the development and presentation of courses
- CERS Violation Library Workgroup
- CERS Next Gen Workgroup
- Title 27 Workgroup

The CUPA is also an active participant in the Sacramento County Environmental Crimes Task Force and the Sacramento County Delta Task Force, as well as a coordinator of the Sacramento County Cannabis Task Force.

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

ACCOMPLISHMENTS, EXAMPLES OF OUTSTANDING IMPLEMENTATION, AND CHALLENGES

4. MUTUAL AID

The CUPA responded to multiple Mutual Aid requests to assist other CUPAs within the state with the deployment of staff to assist in response and recovery efforts. Mutual Aid was provided to Sonoma County in 2018 for the Tubbs Fire, Butte County in 2019 for the Camp Fire, and Plumas County in 2021 for the Dixie Fire. In addition, staff were deployed to the Sacramento County Public Health Department to provide support in 2020 and 2021 regarding the Coronavirus (COVID-19).

5. ENFORCEMENT OFFSET REVENUE PROGRAM

The CUPA has established the Enforcement Offset Revenue Program, in which a portion of revenue from assessed fines and penalties obtained through enforcement are allocated and applied towards the annual billing process of compliant facilities. This fee offset program provides positive motivation to regulated facilities to achieve and maintain compliant status. The CUPA has returned approximately \$2,000,000 to compliant facilities by way of the Enforcement Offset Revenue Program.

6. EXEMPLARY FINANCIAL MANAGEMENT PROCEDURES

The CUPA supplied detailed and easy to follow financial management documents and procedures, such as the Permit Billing and Check Log procedures, budget spreadsheets and fee studies. All Annual Single Fee Summary Reports and all Quarterly Surcharge Transmittal Reports were submitted to CalEPA by the required due date. Since the 2017 CUPA Performance Evaluation, the CUPA has completed fee studies in 2018, 2020, and 2021, and has implemented a five-year Fee Schedule for fiscal year (FY) 2021/2022.

7. EDUCATION AND OUTREACH

The CUPA has taken many efforts to provide education and outreach to the regulated community, such as:

- Continuous county-wide surveys for operators
 - Distribution of Compliance Assistance Bulletins
 - Hosting various workshops/webinars
 - Weekly alternating Hazardous Materials Business Plan (HMBP) and Underground Storage Tank (UST) workshops for electronic form submittals
 - Neighborhood Walk/Webinars with the Business Environmental Resource Center (BERC)
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UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

ACCOMPLISHMENTS, EXAMPLES OF OUTSTANDING IMPLEMENTATION, AND CHALLENGES

8. ABOVEGROUND PETROLEUM STORAGE ACT (APSA) PROGRAM IMPLEMENTATION

The CUPA met the mandated triennial inspection frequency for APSA tank facilities storing 10,000 gallons or more of petroleum.

Additionally, the CUPA ensured APSA tank facilities annually submitted the tank facility statement or a complete HMBP in lieu of the tank facility statement to the California Environmental Reporting System (CERS).

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

9. APPLIED ENFORCEMENT

The CUPA implements one of the most active and progressive enforcement programs in California. The CUPA has issued over 1,054 Administrative Enforcement Orders (AEO) since 2001 and has participated in several statewide enforcement cases initiated by District Attorney (DA) offices across the state. Consistent application of the AEO process has been essential to the success of the CUPA's robust enforcement program.

During FY 2017/2018, the CUPA issued 5 AEOs and settled 4, collecting a total of \$21,112 in penalties. The CUPA participated in 3 statewide enforcement cases that settled in FY 2017/2018 and received \$44,000 in penalty revenue. In addition, the CUPA received \$65,000 in penalty revenue from 2 civil cases settled by the Sacramento County DA.

During FY 2018/2019, the CUPA issued 26 AEOs and settled 19, collecting a total of \$144,341 in penalty revenue. The CUPA participated in 7 statewide enforcement cases that settled in FY 2018/2019 and received \$141,250 in penalty revenue.

During FY 2019/2020, the CUPA issued 20 AEOs and settled 18, collecting a total of \$572,086 in penalty revenue. The CUPA participated in 15 statewide enforcement cases that settled this fiscal year and received \$47,500 in penalty revenue. The CUPA also collected a \$1,000 penalty for a case that was submitted to the Sacramento County DA several years ago and was settled in FY 2019/2020.

During FY 2020/2021, the CUPA issued 18 AEOs and settled 12, collecting a total of \$204,259 in penalties. The CUPA participated in 6 statewide enforcement cases that settled in FY 2020/2021 and received \$30,643 in penalty revenue. The CUPA also collected a \$1,250 penalty for a case that was submitted to the Sacramento County DA several years ago and was settled in FY 2020/2021.

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

ACCOMPLISHMENTS, EXAMPLES OF OUTSTANDING IMPLEMENTATION, AND CHALLENGES

10. CUPA WEBPAGE

The CUPA includes a “Single-Walled List Removal Reminder” on annual compliance inspection reports for UST facilities with single-walled components. The CUPA’s efforts to provide notices to owners and/or operators to facilitate permanent closure of single-walled UST systems by December 31, 2025, is appreciated.

11. UST OVERSIGHT INSPECTIONS

On August 10, 2022, the State Water Board observed the CUPA conduct a routine UST compliance inspection during the monitoring system certification for CERS ID 10216591.

At the start of inspection, the CUPA inspector guided State Water Board staff through the pre-inspection process, which included reviewing CERS and facility notes using the internal UST staff inspection checklist. During the inspection, the CUPA inspector visually observed UST components and containment areas, reviewed UST Service Technician certifications, system setup, alarm history, designated operator (DO) training records, and DO monthly inspection reports. Post-inspection, the CUPA inspector discussed the inspection report with the facility and State Water Board staff.

The CUPA inspector displayed extensive knowledge of UST regulation and statute which resulted in a complete and thorough annual compliance inspection.

12. TRAINING INSPECTIONS WITH STATE PARTNERS

The CUPA has contributed to the consistency in implementation of the Unified Program throughout the state by providing training opportunities for conducting inspections to multiple state departments. On several occasions in 2022, CUPA personnel were accompanied by various state department representatives as inspections were conducted at regulated facilities. These ride-along inspections for training purposes will continue and some have been scheduled for 2023. The CUPA’s enthusiasm for open communication and willingness to provide CalEPA and Unified Program state agency staff with the opportunity to obtain in-person and real-time experience in conducting inspections at regulated facilities is a true testament to the advocacy of the Unified Program and is greatly appreciated. Examples of such commitment from the CUPA include:

- Coordination with CalEPA’s Deputy Secretary for Environmental Policy and Emergency Response and Assistant Secretary for Local Program Coordination and Emergency Management to provide an overview of CUPA inspection practices by observing inspections on May 18, 2022, at regulated facilities, including an HMBP facility, a HWG facility, and a Tiered Permitting (TP) facility.
- Coordination with Unified Program staff to provide training and an overview of CUPA inspection practices by inspections conducted at an HMBP facility, an HWG facility, and an APSA facility on October 21, 2022, October 26, 2022, and November 2, 2022.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

ACCOMPLISHMENTS, EXAMPLES OF OUTSTANDING IMPLEMENTATION, AND CHALLENGES

- Coordination with staff from the State Water Board Office of Enforcement to provide training and an overview of CUPA inspection practices by accompanying staff on inspections conducted at UST facilities on October 21, 2022, October 24, 2022, and October 27, 2022.
 - Coordination with DTSC staff to schedule a training opportunity at a HWG facility inspection in 2023.
 - Coordination with the State Water Board Leak Prevention Unit to schedule a training opportunity on a single-walled tank monitoring certification and/or an annual UST facility compliance inspection in 2023.
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CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

DEFICIENCIES REQUIRING CORRECTION

Program deficiencies identify specific aspects regarding inadequate implementation of the Unified Program. The CUPA must complete the corrective action indicated to demonstrate sufficient implementation of the Unified Program as required by regulation or statute.

1. DEFICIENCY:

The CUPA is not inspecting each HWG facility, including Resource Conservation and Recovery Act (RCRA) Large Quantity Generator (LQG) facilities, once every three years, per the inspection frequency established in the Inspection and Enforcement (I&E) Plan.

The CUPA is not inspecting each Tiered Permitted (TP) facility every three years per the Health and Safety Code (HSC).

Review of facility files, inspection, violation, and enforcement information, also known as compliance, monitoring, and enforcement (CME) information from CERS between April 1, 2019, and March 31, 2022, and additional information provided by the CUPA finds:

- 1,324 of 3,521 (38%) HWG facilities (including RCRA LQG and TP facilities) did not receive a routine inspection once every three years
 - 1,275 of 3,429 (37%) HWG facilities (excluding RCRA LQG and TP facilities) did not receive a routine inspection once every three years
 - 41 of 68 (60%) RCRA LQG facilities did not receive a routine inspection once every three years
 - 5 of 24 (21%) TP facilities did not receive a routine inspection once every three years

Note: Inspections were not conducted between March 2020 and June 2020 due to the statewide restrictions of the COVID-19 Pandemic and State Health Order. Inspections resumed in June 2020.

Note: Some TP inspections were incorrectly reported as “Other” inspections rather than “Routine” inspections. Review of CERS CME information and TP facility inspection reports provided by the CUPA finds the following inspections were incorrectly reported as an “Other” inspection rather than a “Routine” inspection:

- CERS ID 10223611: inspection dated November 5, 2020, should have been reported as a Routine Conditionally Authorized (CA) inspection
- CERS ID 10226056: inspection dated August 26, 2020, should have been reported as a Routine Conditionally Exempt (CE) inspection
- CERS ID 10226935: inspection dated February 22, 2021, should have been reported as a Routine Permit-By-Rule (PBR) inspection

Additionally, during the evaluation, the CUPA conducted three routine TP inspections resulting in 2 of 24 (8%) TP inspections not receiving a routine inspection once every three years. For this reason, the corrective action does not pertain to TP facilities.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

DEFICIENCIES REQUIRING CORRECTION

Note: The above inspection frequency statistics do not include approximately 297 Conditionally Exempt Small Quantity Generators (CESQGs) that generate less than 10 gallons/80 lbs. of hazardous waste per year, as these facilities are inspected on a complaint only basis.

CITATION:

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

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each HWG facility, including each RCRA LQG facility, is inspected once every three years, per the inspection frequency established in the I&E Plan receives a routine inspection once every three years. The action plan will include, at minimum:

- An analysis and explanation as to why the routine inspection frequency for HWG facilities (including RCRA LQG 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 (including each RCRA LQG facility) that has not had a routine inspection within the last three years. For each HWG facility (including RCRA LQG facilities) 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 facility (including RCRA LQG facility identified as not having had a routine inspection within the last three years, prioritizing the most delinquent routine inspections to be completed prior to any other HWG facility (including RCRA LQG facilities).
- Future steps to ensure that all HWG facilities (including RCRA LQG facilities) will have a routine inspection once every three years. For example, the generation of a list of all HWG facilities, including RCRA LQG facilities, and the anniversary date of the next three-year routine inspection, per the inspection frequency established in the I&E Plan.

By the 2nd Progress Report, the CUPA will, if necessary, revise the action plan based on feedback from DTSC. The CUPA will provide the revised action plan to CalEPA.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated spreadsheet and a brief narrative of how the CUPA is continuing to ensure that all HWG facilities (including RCRA LQG facilities) will be inspected at least once every three years.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

DEFICIENCIES REQUIRING CORRECTION

By the 5th Progress Report, the CUPA will have inspected each HWG facility (including RCRA LQG facilities) identified as not having had a routine inspection within the last three years in the sortable spreadsheet provided as part of the action plan with the 1st Progress Report.

2. DEFICIENCY:

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

Review of CERS CME information between April 1, 2019, and March 31, 2022, finds:

- 1,352 of 4,581 (30%) facilities subject to HMBP requirements were not inspected within the last three years.

Note: Inspections were not conducted between March 2020 and June 2020 due to the statewide restrictions of the COVID-19 Pandemic and State Health Order. Inspections resumed in June 2020.

CITATION:

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

CORRECTIVE ACTION:

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

- 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 facility subject to HMBP requirements that has not been inspected within the last three years. For each HMBP facility listed, the spreadsheet will include, at minimum:
 - Facility name;
 - CERS ID; and
 - Date of the last routine inspection.
- A schedule to inspect those HMBP facilities, prioritizing the most delinquent inspections to be completed prior to any other HMBP inspection based on risk.
- Future steps to ensure all HMBP 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 an updated spreadsheet and a brief narrative of how the CUPA is continuing to ensure all HMBP facilities will be inspected at least once every three years.

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

DEFICIENCIES REQUIRING CORRECTION

By the 5th Progress Report, the CUPA will have inspected each facility subject to HMBP requirements at least once in the last three years.

3. DEFICIENCY:

The CUPA is not consistently ensuring return to compliance (RTC) for UST testing and leak detection violations is obtained within 60 days and documented in CERS.

Review of CERS CME information finds testing and leak detection violations for UST facilities did not obtain RTC within 60 days for the following FYs:

- FY 2018/2019
 - 223 of 594 (38%)
- FY 2019/2020
 - 151 of 504 (30%)
- FY 2020/2021
 - 110 of 467 (24%)

Review of CERS CME information finds testing and leak detection violations for USTs with single-walled components have no documented RTC for the following FYs:

- FY 2018/2019
 - 2 of 16 (17%)
 - CERS ID 10219345: "Owner/Operator did not repair/maintain pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour and will restrict the flow of product through the piping or trigger an alarm when a release occurs. The diesel line leak detector failed to detect a leak when tested."
- FY 2019/2020
 - 3 of 11 (27%)
 - CERS ID 10218661: "Did not determine during today's inspection whether the facility is conducting the 0.2 gph monthly test for its single-wall tanks."
- FY 2020/2021
 - 5 of 9 (55%)
 - CERS ID 10218661: "The last confirmation that facility is conducting monthly 0.2 gallon per hour automatic tank gauging test on the single wall tanks and/or use the automatic tank gauge to generate and print a hard copy of the monthly 0.2 gallons per hour test was during the annual monitoring certification on August 27, 2018. Facility is required to conducting monthly 0.2 gallon per hour automatic tank gauging test on a single wall tank and/or use the automatic tank gauge to generate and print a hard copy of the monthly 0.2 gallons per hour test."

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

DEFICIENCIES REQUIRING CORRECTION

- FY 2021/2022
 - 6 of 8 (75%)
 - CERS ID 10218661: “The 87 tank has low level of fuel and the turbine yoke was disconnected, the link leak detector test was not conducted at the time of inspection.”

CITATION:

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

CORRECTIVE ACTION:

By the 1st Progress Report, the CUPA will review the I&E Plan, or other applicable procedure, and revise as necessary, to ensure a process has been established for UST inspection staff to document:

- follow-up actions applied by the CUPA to ensure RTC is achieved by UST facilities within 60 days,
- RTC in CERS for facilities that obtain RTC, and
- any applied enforcement.

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

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with documentation of RTC or applied enforcement for CERS IDs 10218661 and 10219345.

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 the 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 were necessary, the CUPA will train UST inspection staff on the amended I&E Plan or other applicable procedure. The CUPA will provide training documentation to CalEPA, which at minimum, will include the date the 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.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

DEFICIENCIES REQUIRING CORRECTION

4. DEFICIENCY:

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

Review of UST facility files finds the following examples:

- CERS ID 10218727
- CERS ID 10216714
- CERS ID 10216768

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

Note: State Water Board UST Program Leak Prevention Frequently Asked Question 15 (https://www.waterboards.ca.gov/ust/leak_prevention/faq15.shtml) may be referenced.

CITATION:

HSC, Chapter 6.7, Section 25298(c)
CCR, Title 23, Sections 2670 and 2672(d)
[State Water Board]

CORRECTIVE ACTION:

The CUPA provided the revised UST closure templates prior to the 1st progress report. State Water Board staff will review the UST closure template during the progress report process.

By the 1st Progress Report, the CUPA will develop, review, or 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:

- Provide UST closure documentation to the UST owner or operator, which demonstrates to the satisfaction of the CUPA that UST permanent closure and soil and/or groundwater sampling complies with UST Regulations and HSC.

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

By the 2nd Progress report, if amendments/revisions to the revised/developed UST closure procedure, or other applicable procedure and/or amendments/revisions to the revised/developed UST closure letter template(s) are necessary, based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended/revised UST closure procedure or other applicable procedure and/or the amended/revised UST closure letter template(s). If no amendments/revisions to the revised/developed UST closure procedure or other applicable procedure and/or no amendments/revisions to the revised/developed UST closure letter template(s) are necessary, the CUPA will train UST inspection staff on the revised/developed

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

DEFICIENCIES REQUIRING CORRECTION

UST closure procedure or other applicable procedure and/or the revised/developed UST closure letter template(s). The CUPA will provide training documentation to CalEPA, which at minimum, will include the date the 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/developed UST closure procedure or other applicable procedure and the revised/developed UST closure letter template(s).

By the 3rd Progress Report, if amendments/revisions to the revised/developed UST closure procedure or other applicable procedure and/or amendments/revisions to the revised/developed UST closure letter template(s) were necessary, the CUPA will train UST inspection staff on the amended/revised UST closure procedure or other applicable procedure and/or the amended/revised UST closure letter template(s). The CUPA will provide training documentation to CalEPA, which at minimum, will include the date the 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/revised UST closure procedure or other applicable procedure and/or utilize the amended/revised UST closure letter template(s). This deficiency will be considered closed upon receipt of the training documents.

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

5. DEFICIENCY:

The “Permitted Operation(s)” permit issued as the Unified Program Facility Permit (UPFP), and the “Permit to Operate Underground Storage Tank(s),” issued under the “Permitted Operation(s)” permit as the UST operating permit and permit conditions are inconsistent with and less stringent than UST Regulations and HSC requirements.

Review of the “Permit to Operate Underground Storage Tank(s),” issued as the UST operating permit and permit conditions finds the following inconsistencies with UST Regulations and HSC:

- The permit references HSC, Chapter 6.75 and CCR, Title 23, Chapter 18; however, the CUPA does not have authority to enforce all sections of HSC, Chapter 6.75 nor CCR, Title 23, Chapter 18.

CITATION:

HSC, Sections 25290.1 and 25290.2
CCR, Title 27, Sections 15110(q) and 15190(h)
[State Water Board]

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

DEFICIENCIES REQUIRING CORRECTION

CORRECTIVE ACTION:

The CUPA provided the revised template for the “Permitted Operation(s)” permit issued as the UPFP, and a revised “Permit to Operate Underground Storage Tank(s)” template prior to the 1st progress report. State Water Board staff will review each permit template during the progress report process.

By the 2nd Progress Report, the CUPA will, if necessary, amend the revised templates for the “Permitted Operation(s)” permit and “Permit to Operate Underground Storage Tanks(s)” UST operating permit and permit conditions, based on feedback from the State Water Board, and will provide the amended templates to CalEPA. If no amendments are necessary, the CUPA will begin to issue the revised “Permitted Operation(s)” permit and “Permit to Operate Underground Storage Tanks(s)” UST operating permit and permit conditions templates. The CUPA will provide CalEPA with the “Permitted Operation(s)” and the “Permit to Operate Underground Storage Tank(s)” issued to five UST facilities using the revised templates.

By the 3rd Progress Report, if amendments to the revised templates for the “Permitted Operation(s)” permit and “Permit to Operate Underground Storage Tanks(s)” UST operating permit and permit conditions were necessary, the CUPA will begin to issue the amended “Permitted Operation(s)” permit and “Permit to Operate Underground Storage Tanks(s)” UST operating permit and permit conditions. The CUPA will provide CalEPA with the “Permitted Operation(s)” and the “Permit to Operate Underground Storage Tank(s)” issued to five UST facilities using the amended templates.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

Incidental findings identify specific incidents or activities regarding implementation of the Unified Program. Though incidental findings do not rise to the level of program deficiencies or inadequate implementation of the Unified Program, the CUPA must complete the resolution indicated as required by regulation or statute.

1. INCIDENTAL FINDING:

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

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

- Provisions for ensuring the CUPA has sampling capability.
 - The I&E Plan should describe sampling training, equipment, and methods to preserve physical evidence obtained through sampling, or procedures when sampling is required and when a qualified person or entity is contracted to sample on behalf of the CUPA.

Review of the I&E Plan finds the following components are inaccurate:

- Red Tag Procedures (USTs)
 - Section (A)(4): The procedures are inconsistent with the requirements of HSC, Division 20, Chapter 6.7, Section 25292.3(c)(1)(c), effective January 1, 2019.
- HWG Inspection Frequency
 - Page 3, Asterisk to HWG inspection frequency: Facilities that generate less than 10 gallons/80 lbs. of hazardous waste annually are inspected on a “complaint basis/TBD.” This does not meet the Title 27 requirement to have an established inspection frequency for all HWGs in the I&E Plan. This language should be replaced with an established inspection frequency for these types of CESQGs.

CITATION:

HSC, Chapter 6.7, Section 25292.3(c)(1)(c)
CCR, Title 27, Section 15200(a)
[DTSC, State Water Board]

RESOLUTION:

During the evaluation, the CUPA provided CalEPA with a revised I&E Plan. DTSC and the State Water Board will review the revised I&E Plan and provide feedback with the 1st Progress Report as to whether the revisions adequately incorporate the identified missing and inaccurate components.

By the 2nd Progress Report, if amendments to the revised I&E Plan are necessary based on feedback from DTSC and/or the State Water Board, the CUPA will provide CalEPA with the amended I&E Plan. If no amendments are necessary, the CUPA will implement the revised I&E Plan.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

By the 3rd Progress Report, if amendments to the revised I&E Plan were necessary, the CUPA will implement the amended I&E Plan.

2. INCIDENTAL FINDING:

The CUPA is not consistently reporting complete and accurate CME information to CERS for the HWG Program.

Review of CERS CME information finds for the majority of RCRA LQG facilities, there is a duplicate routine Hazardous Waste (HW) inspection in addition to the routine HW LQG inspection. The following are examples of RCRA LQG facilities that have a routine HW LQG inspection and a duplicate HW inspection in CERS:

- CERS ID 10221724: inspection dated December 3, 2019.
 - The inspection dated May 18, 2022, does not have a duplicate HW inspection.
- CERS ID 10223104: inspection dated July 1, 2020
- CERS ID 10221466: inspection dated September 10, 2020
- CERS ID 10153611: inspection dated March 16, 2021
- CERS ID 10148985: inspection dated November 2, 2021

Review of CERS CME information finds the following RCRA LQG inspections were incorrectly reported in CERS as HW inspections and should have been reported as HW LQG inspections:

- CERS ID 10221394: HW inspection dated August 22, 2017
 - There are no HW LQG inspections in CERS.
- CERS ID 10785472: HW inspection dated May 30, 2019
- CERS ID 10227763: HW inspection dated September 26, 2019
- CERS ID 10469725: HW inspection dated January 10, 2020
- CERS ID 10217386: HW inspection dated February 28, 2020
- CERS ID 10452829: HW inspection dated March 27, 2020
- CERS ID 10843981: HW inspection dated October 21, 2020
- CERS ID 10688257: HW inspection dated November 6, 2020
- CERS ID 10689181: HW inspection dated June 2, 2021

Review of CERS CME information finds the following inspections were incorrectly reported in CERS as an “Other” inspection and should have been reported as “Routine” inspections:

- CERS ID 10153611: “Other” inspection dated March 18, 2021, should have been reported as a “Routine” HW LQG inspection
- CERS ID 10223611: “Other” inspection dated November 5, 2020, should have been reported as a “Routine” CA inspection
- CERS ID 10226056: “Other” inspection dated August 26, 2020, should have been reported as a “Routine” CE inspection
- CERS ID 10226935: “Other” inspection dated February 22, 2021, should have been reported as a “Routine” PBR inspection

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

INCIDENTAL FINDINGS REQUIRING RESOLUTION

Note: "Routine" inspections are most likely being reported to CERS incorrectly as "Other" inspections due to how the CUPA's More Frequent Inspections (MFI) program interacts with the CUPA's billing system and EnvisionConnect. Currently, inspections conducted under the MFI program are reported to CERS as "Other" inspections, even though the scope of the inspection is presumably similar, or the same as, a "Routine" inspection.

CITATION:

HSC, Chapter 6.11, Section 25404(e)(4)
CCR, Title 27, Sections 15187(c) and 15290(a)(3) and (b)
[DTSC]

RESOLUTION:

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan for reporting HWG Program 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 HWG Program CME information reported to CERS, including any data transfer from the CUPA's data management system to CERS;
- Review and revision of the existing CME reporting component of the Data Management Procedure, or other applicable procedure, to ensure HWG Program CME information is consistently and correctly reported completely and accurately to CERS.
- Identification of HWG Program CME information not previously reported to CERS, or reported to CERS incorrectly between April 1, 2019, and March 31, 2022;
- A process for reporting HWG Program CME information identified as not being previously reported to CERS, or being previously reported incorrectly to CERS, including CME information for any revised inspection reports;
- 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 the Unified Program violation library; and
- Future steps to ensure all HWG Program CME information is consistently and correctly reported completely and accurately to CERS. This may generate the need for a comparison of HWG Program CME information in the CUPA's data management system with CERS to identify CME information not being reported or being reported incorrectly to CERS.

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 DTSC, the CUPA will provide CalEPA with the amended 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.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

INCIDENTAL FINDINGS REQUIRING RESOLUTION

By the 3rd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with facility records for three RCRA LQG HWG facilities, as requested by DTSC, that include:

- an inspection report for an inspection conducted during the previous three months, or
- documentation of RTC obtained within the last three months, or
- a narrative of the applied enforcement taken in the absence of RTC documentation.

By the 5th Progress Report, the CUPA will consistently and correctly report all current and previous HWG Program CME information to CERS completely and accurately. The CUPA will provide a statement confirming the completion of all prior HWG Program CME information not previously reported to CERS, or previously reported incorrectly to CERS, between April 1, 2019, and March 31, 2022.

3. INCIDENTAL FINDING:

The CUPA is not ensuring submitted HMBPs are thoroughly reviewed and contain all required elements before being accepted in CERS.

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

- CERS ID 10822432: Missing required training plan elements such as provisions for trainings for all new employees, yearly refresher courses for all employees, and provisions for training to be documented electronically or by hard copy made available for a minimum of three years.
- CERS ID 10226926: Missing required emergency response plan elements such as immediate notification contacts to the appropriate local emergency response personnel and to the unified program agency.
- CERS ID 10226926: Missing required site map components such as north orientation, evacuation staging areas, and hazardous material handling and storage areas.
- CERS ID 10216840: Missing required site map components such as evacuation staging areas, and emergency response equipment. Labels on map not legible.
- CERS ID 10155417: Missing required site map components such as north orientation.

CITATION:

HSC Section 25505(a)
[CalEPA]

RESOLUTION:

By the 1st Progress Report, the CUPA will develop, implement and provide CalEPA with an action plan to ensure that each HMBP submittal is thoroughly reviewed and contains all required elements before being accepted in CERS.

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

By the 4th Progress Report, CalEPA will review HMBP submittals for each facility identified above, to ensure all required HMBP elements are included before being accepted in CERS by the CUPA.

4. INCIDENTAL FINDING:

The CUPA is not ensuring all regulated businesses subject to Business Plan reporting requirements annually submit an HMBP or a no-change certification to CERS.

As of August 3, 2022, review of HMBPs submitted to CERS by regulated businesses subject to Business Plan reporting requirements finds:

- 574 of 4,877 (12%) Business Plan facilities have not submitted a chemical inventory (including site map) or a no-change certification within the last 12 months.
- 601 of 4,867 (12%) Business Plan facilities have not submitted emergency response and employee training plans or a no-change certification within the last 12 months.

CITATION:

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

RESOLUTION:

By the 1st Progress Report, the CUPA will develop and provide CalEPA with an action plan to ensure that all Business Plan facilities annually submit 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 sortable spreadsheet obtained from the CUPA's data management system or CERS, that includes at minimum the following information for each regulated business subject to Business Plan reporting requirements that has not submitted an HMBP or a no-change certification to CERS within the last 12 months:

- Facility name;
- CERS ID;
- Follow-up actions including:
 - Recent review, acceptance, and rejection of an incomplete HMBP or no-change certification; and
 - enforcement applied by the CUPA to ensure an HMBP or a no-change certification is annually submitted to CERS.

By the 4th Progress Report, the CUPA will follow up with each Business Plan facility subject to HMBP reporting requirements identified in the sortable spreadsheet provided with the 2nd Progress Report, to ensure an HMBP or a no-change certification has been submitted to CERS, or the CUPA will have applied enforcement.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

5. INCIDENTAL FINDING:

The CUPA is not ensuring each APSA tank facility that is not conditionally exempt and storing petroleum prepares a Spill Prevention, Control, and Countermeasure (SPCC) Plan.

Review of CERS CME information indicates the following facilities were cited with a violation for failure to prepare an SPCC Plan, and have no documented RTC:

- FY 2018/2019
 - CERS ID 10217074
- FY 2020/2021
 - CERS ID 10227496

CITATION:

HSC, Chapter 6.67, Section 25270.4.5(a)
[OSFM]

RESOLUTION:

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from the CUPA's data management system or CERS, that includes at minimum the following information for each APSA tank facility that is not conditionally exempt and has not prepared an SPCC Plan between July 1, 2018, and June 30, 2022:

- Facility name;
- CERS ID;
- Inspection and SPCC Plan violation date;
- Scheduled RTC date for the SPCC Plan violation;
- Actual RTC date for the SPCC Plan violation (when applicable);
- RTC qualifier for the SPCC Plan violation; and
- In the absence of obtained RTC for the SPCC Plan violation, a narrative of the applied enforcement taken by the CUPA to ensure the facility obtains compliance.

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

By the 4th Progress Report, the CUPA will have ensured each APSA tank facility identified in the 1st Progress Report as having an open violation (no RTC) for not having, or failure to prepare, an SPCC Plan has achieved compliance, or the CUPA will have applied enforcement.

6. INCIDENTAL FINDING: RESOLVED DURING EVALUATION

The CUPA is not inspecting each facility subject to California Accidental Release Prevention (CalARP) Program requirements at least once every three years.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

INCIDENTAL FINDINGS REQUIRING RESOLUTION

Review of CERS CME information between April 1, 2019, and March 31, 2022, finds:

- 37 of 63 (59%) facilities subject to CalARP Program requirements were not inspected within the last three years.
 - 30 of 37 CalARP Program facilities not inspected within the last three years are drinking well (chlorine gas – 150LB.) sites for the City of Sacramento and are inspected concurrently.

Note: Inspections were not conducted between March 2020 and June 2020 due to the statewide restrictions of the COVID-19 Pandemic and State Health Order. Inspections resumed in June 2020.

CITATION:

HSC, Chapter 6.95, Section 25537(a)
CCR, Title 19, Section 2775.3
[CalEPA]

RESOLUTION: COMPLETED

The CUPA inspected over 30 CalARP facilities between March 2022 and July 2022.

Review of CERS CME information between October 1, 2019, and September 30, 2022, finds:

- 1 of 63 (2%) facilities subject to CalARP Program requirements were not inspected within the last three years.

The CUPA is scheduled to conduct a routine CalARP facility inspection at the one remaining facility in Sacramento County, CERS ID 10226881, that has not been inspected within the past three years. No further action is required.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

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

1. OBSERVATION:

Overall implementation of the HWG Program, including policies and procedures, CERS information, facility file information, information provided by the CUPA and Self-Audit Reports between April 1, 2019, and March 31, 2022, is summarized below:

- There are 3,521 regulated HWG facilities, including 68 RCRA LQG facilities. There are 24 TP facilities.
- The CUPA inspected 2,508 HWG, TP, and RCRA LQG facilities and conducted 2,823 “Routine” or “Other” HWG inspections, of which 1,186 (64%) had no violations cited and 1,635 (36%) had at least one violation cited. In comparison, the State average for HWG “Routine” inspections having at least one violation cited is 40%.
 - In the 1,635 HWG, RCRA LQG and TP inspections conducted having at least one violation cited, 4,610 total violations were issued, consisting of:
 - 75 Class I violations, 45 (60%) of which have obtained RTC,
 - 3,344 Class II violations, 2,723 (81%) of which have obtained RTC, and
 - 1,191 minor violations, 962 (81%) of which have obtained RTC
 - 607 (51%) minor violations obtained RTC within 35 days of being cited
 - Though the RTC rate may be considered low, as 3,730 (81%) violations cited during “Routine” HWG, RCRA LQG, and TP inspections have obtained RTC, the CUPA has established procedures for implementing a graduated series of enforcement, by following up with facilities regarding violations with no RTC and the need for corrective action to ensure facilities obtain RTC.
- Review of CERS CME information finds the CUPA completed 21 enforcement cases totaling \$243,233. These numbers reflect CERS CME information at the time of the evaluation and may not include all of the HWG enforcement completed by the CUPA, due to delays with enforcement updates being put into CERS by CalEPA.
- The average time to complete a formal enforcement action, from the time it was initiated to when it was settled or referred, was 66 days.
- Inspection reports contain detailed comments that note the factual basis of cited violations and indicate whether consent to inspect was requested prior to the inspection. The Violation Comments in CERS are also detailed in noting observations and factual basis for violations, as well as corrective actions.
- 1 of 20 (5%) Permit-By-Rule (PBR) submittals was not reviewed within 45 days of receipt, as required by statute. However, overall, the CUPA is adequately reviewing PBR submittals and implementing this portion of the HWG program.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

RECOMMENDATION:

Continue making progress towards meeting the three-year HWG inspection frequency and other inspection frequencies, such as for RCRA LQG and TP facilities, and generating quality inspection reports. Continue to ensure that detailed factual basis of each violation is included in inspection reports and in CME information transferred to CERS, including RTC information, to support any enforcement efforts. Carry on with implementation of the robust procedures established for applied enforcement efforts to ensure facilities RTC or are made aware of outstanding corrective actions. Follow up with HWG and TP facilities that have not obtained RTC by the scheduled RTC date and apply progressive enforcement when facilities do not obtain RTC, as outlined in the I&E Plan.

Continue efforts to pursue RTC to obtain the goal of improving the overall rate of obtained RTC.

2. OBSERVATION:

The HWG Facilities list provided by the CUPA for this evaluation identified approximately 297 CESQGs that generate less than 10 gallons/80 lbs. of hazardous waste per year. These facilities are inspected by the CUPA on a complaint basis. Other CESQGs identified by the CUPA as generating less than 55 gallons per month are inspected the same as other HWG facilities, on a three-year inspection frequency per the I&E Plan. CERS CME information for CESQGs that generate less than 10 gallons/80 lbs. of hazardous waste per year include inspection comments, such as “No hazardous waste observed at time of inspection” (i.e., CERS ID 10859908), which suggests some CESQG facilities may not actually be HWGs or may not routinely generate HW.

Title 27 requires an inspection frequency to be established for all HWGs including CESQGs.

RECOMMENDATION:

Reference the letter issued by DTSC to all CUPAs on October 11, 2021, regarding clarification of CESQG inspection frequency, status of silver only generators, and universal waste handlers. Ensure an inspection frequency is established in the I&E Plan for all CESQGs.

3. OBSERVATION:

Overall inspection and violation information for the HMBP and CalARP Programs, from review of facility files and CERS CME information between April 1, 2019, and March 31, 2022, is summarized below:

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

HMBP Program:

- April 1, 2019, to March 31, 2020
 - The CUPA conducted 1,082 routine inspections of which 548 (51%) had no violations cited and 534 (49%) had at least one violation cited.
 - A total of 1,399 violations were cited, consisting of:
 - 8 (<1%) Class I violations
 - 684 (49%) Class II violations
 - 707 (51%) minor violations
 - The CUPA has ensured RTC for 1,223 of 1,399 (87%) violations cited.
- April 1, 2020, to March 31, 2021
 - The CUPA conducted 931 routine inspections, of which 509 (55%) had no violations cited and 422 (45%) had at least one violation cited.
 - A total of 969 violations were cited, consisting of:
 - 2 (<1%) Class I violations
 - 477 (49%) Class II violations
 - 490 (51%) minor violations
 - The CUPA has ensured RTC for 868 of 969 (90%) violations cited.
- April 1, 2021, to March 31, 2022
 - The CUPA conducted 1,216 routine inspections, of which 686 (54%) had no violations cited and 530 (46%) had at least one violation cited.
 - A total of 1,175 violations were cited, consisting of:
 - 1 (<1%) Class I violation
 - 605 (52%) Class II violations
 - 569 (48%) minor violations
 - The CUPA has ensured RTC for 875 of 1,175 (75%) violations cited.

Cal ARP Program:

- April 1, 2019, to March 31, 2020
 - The CUPA conducted 3 routine inspections, of which all (100%) had at least one violation cited.
 - A total of 26 violations were cited, consisting of:
 - 0 (0%) Class I violations
 - 26 (100%) Class II violations
 - 0 (0%) minor violations
 - The CUPA has ensured RTC for 17 of 26 (65%) violations cited.
- April 1, 2020, to March 31, 2021
 - The CUPA conducted 14 routine inspections, of which 2 (14%) had no violations cited and 12 (86%) had at least one violation cited.
 - A total of 70 violations were cited, consisting of:
 - 1 (1.5%) Class I violation
 - 68 (97%) Class II violations
 - 1 (1.5%) minor violation
 - The CUPA has ensured RTC for 69 of 70 (99%) violations cited.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

- April 1, 2021, to March 31, 2022
 - The CUPA conducted 14 routine inspections, of which 2 (14%) had no violations cited and 12 (86%) had at least one violation cited.
 - A total of 51 violations were cited, consisting of:
 - 0 (0%) Class I violations
 - 46 (90%) Class II violations
 - 5 (10%) minor violations
 - The CUPA has ensured RTC for 48 of 51 (94%) violations cited.

RECOMMENDATION:

Maintain the three-year inspection frequency for all HMBP facilities and all CalARP facilities, as required by statute. Ensure complete and thorough inspections are conducted to identify all violations at facilities. Maintain detailed inspection reports that include factual basis of the violations and properly cite identified violations. Follow up with facilities that have not obtained RTC by the scheduled RTC date and apply enforcement per the I&E Plan when facilities do not obtain RTC.

4. OBSERVATION:

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

The following information is inaccurate:

- Page iii Table of Contents, Table 9: Replace “AST” with “APSA.”
- Page 1, Introduction: The list of program elements is missing the Hazardous Materials Management Plan (HMMP) and Hazardous Materials Inventory Statement (HMIS), which is consolidated with the HMBP Program to streamline the regulatory requirements for regulated facilities. Add the HMMP/HMIS Program to the list of program elements.
- Page 8, Section 8, bullet 5: Replace “AST” with “APSA;” HSC, Section 252705.5(a) does not exist and should be replaced with 25270.5.
- Page 9, RTC timeframes: There is no RTC timeframe for the APSA Program, while the RTC timeframe for other program elements is included in the I&E Plan. Although there are no established RTC timeframes for APSA violations, tank facilities cited with a minor violation have 30 days from the date of the notice to RTC, in accordance with HSC, Section 25404.1.2(c)(1).
- Page 18, Section I. Statutory Authority, bullet 3: Replace “25270.5” with “commencing with Section 25270.”
- Page 34, Section B. Procedures to Access Administrative Law Judge, Subsection 1: Replace “25270.5” with “Chapter 6.67 (commencing with 25270).”
- Page 47, Section 6, item a: Replace “Section 25270.12.1(a)” with “Chapter 6.67 (commencing with Section 25270)” and add the following at the end of the sentence, “per Sections 25270.12 and 25270.12.1.”

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

The following information would benefit from improvement:

- Page ii Table of Contents, Section V: Replace “Order33rocess” with “Order Process.”

RECOMMENDATION:

Review the revised I&E Plan provided during the evaluation to ensure the information identified above is addressed.

5. OBSERVATION:

The area plan is missing required elements and contains information that is inaccurate.

The following required elements are missing:

- The training plan does not discuss training of emergency response personnel in psychological stress that may be encountered during disaster operations, as required by CCR, Title 16, Section 2645(a)(10).
- Evacuation plans do not provide for ingress and egress routes and alternatives, as required by CCR, Title 19, Section 2464(g)(7).

The following information is inaccurate:

- The contents page and subsequent chapter titles reference Title 19, Chapter 4, prior to the May 2016 renumbering.
 - Ex: Proposed area plans are in Section 2640 not 2720, emergency response procedures are in Section 2642 not 2720, pre-emergency planning is in Section 2643 not Section 2723, etc.
- Page I-7, Glossary of Terms- CALIFORNIA STATE FIRE MARSHAL (SFM): OSFM no longer oversees interstate hazardous liquid pipelines. Interstate pipelines are now under the authority of the U.S. Department of Transportation – Pipeline and Hazardous Materials Safety Administration (PHMSA).

Note: The CUPA’s area plan was last updated on September 30, 2019. The next triennial revision should be completed by September 30, 2022.

RECOMMENDATION:

With the next review, revise the area plan to address the outdated and missing information identified above.

6. OBSERVATION:

Several APSA tank facilities submitted an HMBP in lieu of a tank facility statement using the 2011 emergency response and training plans template, which contains obsolete information.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

RECOMMENDATION:

Encourage each APSA tank facility that utilizes the consolidated emergency response and training plans template as part of the HMBP submittal, in lieu of the tank facility statement, to use the current 2022 template. The 2022 template is available in CERS.

7. OBSERVATION:

The CUPA's website at <https://emd.saccounty.gov/EC/CUPA/Pages/default.aspx> contains multiple resources for the public and regulated community.

- As a suggestion for improvement add the HMMP/HMIS Program, which is consolidated with the HMBP Program.

The following are suggestions for improvement to the APSA section on forms and documents at <https://emd.saccounty.gov/EMDForms/Pages/EMDForms-APSAs.aspx>:

- Replace the link to the Aboveground Petroleum Storage Tank Facility Statement Form to <https://osfm.fire.ca.gov/media/bpqbb0px/reset-fillable-accessible-tank-facility-statement-form-25jan2021.pdf> or provide instructions to download it from the CAL FIRE-OSFM APSA website at <https://osfm.fire.ca.gov/divisions/pipeline-safety-and-cupa/certified-unified-program-agency-cupa/aboveground-petroleum-storage-act/>, scroll down to the Resources section and select "APSA Tank Facility Statement."
- Replace the link labeled "CA Dept. of Toxic Substances Control - Tier II Qualified Facility SPCC Plan Template" (September 2018) with the link to the updated version, dated May 2021, at https://osfm.fire.ca.gov/media/13bddwhw/calfire-osfm_tierii_spcc_plantemplate_05-2021-accessible.pdf and remove the reference to DTSC.

The following are suggestions for the main APSA webpage at <https://emd.saccounty.gov/EC/Tanks/Pages/APSA.aspx>:

- In the paragraph about facilities subject to APSA, include tank facilities subject to the Federal SPCC rule as they are also subject to APSA [HSC, Section 25270.3(a)].
- Replace the invalid OSFM APSA link on the second page of the "TIUGA CAB" document with the current link: <https://osfm.fire.ca.gov/divisions/pipeline-safety-and-cupa/certified-unified-program-agency-cupa/aboveground-petroleum-storage-act/>.

The following are suggestions for the APSA details webpage at https://emd.saccounty.gov/EC/Tanks/Pages/APSA_Details.aspx:

- In the section "APSA: What does this mean to you?"
 - Include discussion about reportable discharge history as it relates to a qualified facility
 - Clarify the 5,000- and 10,000-gallon thresholds are *all oils*, including petroleum.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

- In the Exemptions section, include discussion about the thresholds for farms (including nurseries) to be consistent with the Water Resources Reform and Development Act (WRRDA) of 2014, which are 2,500 or 6,000 gallons of oil (with no reportable discharge history).
- In the Aboveground Petroleum Storage Tank Facility Statement Form, add a statement that the submittal of a complete HMBP satisfies the tank facility statement reporting requirement.
- In the SPCC Plan requirements section, remove 'and updated' from the following inaccurate statement: "The SPCC Plan must be reviewed *and updated* every 5 years." An SPCC Plan must be reviewed and evaluated every five years. As a result of the review and evaluation, the owner or operator must document the completion of the review and evaluation and must sign a statement as to whether the SPCC Plan will be amended.

The following are suggestions for the APSA FAQ webpage at <https://emd.saccounty.gov/EMDFAQs/Pages/APSA.aspx>:

- In the answer to the first question, clarify that each storage tank or a representative sampling of the storage tank at each tank facility storing 10,000 gallons or more of petroleum is mandated to be inspected by Unified Program Agencies. Expand the discussion on tank facilities subject to APSA, which is not limited to tank facilities with 1,320 gallons or more of petroleum, but also tank facilities subject to the Federal SPCC rule or tank facilities with one or more tanks in underground areas (TIUGAs) regardless of the 1,320-gallon threshold.
- Add a link to the APSA Program Guidance Document (<https://osfm.fire.ca.gov/media/z4zlg3pr/apsa-faq-12apr2021-final.pdf>).
- Add a link the US EPA SPCC frequent questions link (<https://www.epa.gov/oil-spills-prevention-and-preparedness-regulations/oil-spill-prevention-and-preparedness-0>)

The following are suggestions for the APSA resources links webpage at <https://emd.saccounty.gov/EMDLinks/Pages/EMDLinks-AST.aspx>:

- Add a link to the CAL FIRE-OSFM APSA webpage (<https://osfm.fire.ca.gov/divisions/pipeline-safety-and-cupa/certified-unified-program-agency-cupa/aboveground-petroleum-storage-act/>)
- Add a link to the US EPA SPCC webpage (<https://www.epa.gov/oil-spills-prevention-and-preparedness-regulations>)

RECOMMENDATION:

Update the website as indicated above.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

8. OBSERVATION:

The CERS reporting requirement is currently set as “APSA Applicable” for 560 tank facilities.

The CUPA’s data management system identifies 470 APSA tank facilities.

- 448 APSA tank facilities are identified in both CERS and the CUPA’s data management system.
- 112 tank facilities are reported as “APSA Applicable” in CERS but are not identified as APSA tank facilities in the CUPA’s data management system.
 - Some of these facilities are likely not APSA regulated, and the CUPA should change the CERS APSA reporting requirement to “APSA Not Applicable” for each facility.
 - Some of these facilities are APSA regulated, and the CUPA should update the data management system appropriately.
- 22 facilities identified as APSA tank facilities in the CUPA’s data management system are not in the CERS list of APSA facilities. The CUPA should determine if the facilities really are APSA facilities.
 - Those that are not APSA regulated should have the APSA reporting requirement set to “Not Applicable,” and should not be identified as APSA tank facilities in the CUPA’s data management system.
 - Those that are APSA regulated should have the APSA reporting requirement set to “Applicable.”

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 included in both systems.

9. OBSERVATION:

The Self-Audit Reports for FYs 2017/2018, 2018/2019, 2019/2020, and 2020/2021 contain information that may benefit from improvement in future Self-Audit Reports.

- The list of program elements in the “Overall Program Status Summary” is missing the HMMP/HMIS Program.
- The number of APSA tank facilities listed under the “Implementation Status by Program” and the “Summary of Fee Accountability Program” is inconsistent. The number of APSA tank facilities listed in the “Summary of Fee Accountability Program” appears to be APSA tank facilities with 10,000 gallons or more of petroleum.

RECOMMENDATION:

Ensure future Self-Audit Reports address the above observation.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

10. OBSERVATION:

Review of CERS CME information and APSA tank facility inspection reports provided by the CUPA indicates the following:

- CERS ID 10223476: Inspection report dated October 22, 2021, shows one violation observed. CERS shows two violations occurring on October 13, 2021.
- CERS ID 10217890: Inspection report dated February 8, 2019, shows six violations observed. CERS shows six violations occurring on February 7, 2019.

Review of CERS CME information indicates the following APSA tank facilities have duplicate inspections uploaded into CERS:

- CERS ID 10222546: duplicate routine APSA inspections in 2021 and 2018.
- CERS ID 10223476: duplicate other APSA inspections in 2021.

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

RECOMMENDATION:

Identify and correct the cause(s) of entry of duplicate inspection dates. Review and revise, if necessary, the CME reporting component of the Data Management Procedure, or other applicable procedure. Train inspection staff on the Data Management Procedure, or other applicable procedure. Ensure a quality assurance and quality control process is in place for consistently and correctly reporting all program CME information to CERS.

11. OBSERVATION:

The information provided below summarizes a comparison of the regulated community and the necessary and reasonable resources for implementation of the Unified Program upon certification with the current regulated community and the current resources available to the CUPA for implementation.

Number of regulated facilities for each program element:

- *Original Certification Source: Sacramento County Environmental Management Department 1995 CUPA Application*
- *Current CUPA Evaluation Sources: CERS “Summary Regulated Facilities by Unified Program Element Report” & CERS “UST Inspection Summary Report (Report 6)”, both generated on September 12, 2022*
- Total Number of Regulated Businesses and Facilities:
 - Upon Certification in 1995: **4,542**
 - Current CUPA Evaluation: **5,868**
 - An additional **1,326** facilities

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

UNIFIED PROGRAM PERFORMANCE EVALUATION
FINAL SUMMARY OF FINDINGS REPORT

INCIDENTAL FINDINGS REQUIRING RESOLUTION

- Total Number of Hazardous Materials Release Response Plan and Inventory (Business Plan) Regulated Businesses and Facilities:
 - Upon Certification in 1995: **3,025**
 - Current CUPA Evaluation: **4,892**
 - An additional **1,867** facilities
- Total Number of Regulated Underground Storage Tank (UST) Facilities:
 - Upon Certification in 1995: **765**
 - Current CUPA Evaluation: **483**
 - A loss of **282** facilities
- Total Number of Regulated Underground Storage Tanks (USTs):
 - Upon Certification in 1995: **1,830**
 - Current CUPA Evaluation: **1,300**
 - A loss of **530** Underground Storage Tanks
- Total Number of Regulated Hazardous Waste Generator (HWGs) Facilities:
 - Upon Certification in 1995: **3,100**
 - Current CUPA Evaluation: **3,282**
 - An additional **182** facilities
- Total Number of Regulated Household Hazardous Waste (HHW) Facilities:
 - Household Hazardous Waste Facilities were not regulated under the Unified Program upon certification in 1995
 - Current CUPA Evaluation: **5**
- Total Number of Regulated Tiered Permitting Facilities (Permit By Rule, Conditionally Authorized, Conditionally Exempt):
 - Upon Certification in 1995: **130**
 - Current CUPA Evaluation: **27**
 - A loss of **103** facilities
- Total Number of Regulated Resource Conservation and Recovery Act (RCRA) Large Quantity Generator (LQG) Facilities:
 - RCRA LQG Facilities were not regulated under the Unified Program upon certification in 1995
 - Current CUPA Evaluation: **87**
- Total Number of Regulated Risk Management Prevention Plan (RMPP) or California Accidental Release Prevention (CalARP) Program Facilities:
 - Upon Certification in 1995: **70**
 - Current CUPA Evaluation: **66**
 - A loss of **4** facilities
- Total Number of Regulated Aboveground Petroleum Storage Act (APSA) Tank Facilities:
 - Upon Certification in 1995: **N/A**
 - Current CUPA Evaluation: **557**

Since the CUPA applied for certification in 1995, an expansion of responsibilities in the HMBP, HWG, and CalARP programs has occurred, increasing the workload undertaken by the CUPA to further implement regulatory oversight of each of these programs. Additionally, the management of compliance, monitoring, inspection, and enforcement information transitioned from the use of

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

INCIDENTAL FINDINGS REQUIRING RESOLUTION

Unified Program Consolidated Forms (UPCFs) to the implementation of electronic data reporting through local data management systems and CERS.

The information below is a comparison of the overall full-time equivalent (FTE) of CUPA personnel allocated to implementation of the Unified Program upon certification of the CUPA with present-day circumstance. The information is sourced from the Sacramento County Environmental Management Department 1995 CUPA application and the CUPA's Fiscal Year 2020/2021 Self-Audit report.

- Inspection and other Staff
 - Upon Certification in 1995:
 - 18 Staff, each at a FTE = 18 Full Time positions
 - Currently:
 - 22 Staff, each at a FTE = 22 Full Time positions
- Supervisory and Management Staff
 - Upon Certification in 1995:
 - 5 Staff, each at a FTE = 5 Full Time positions
 - Currently:
 - 5 Staff, each at a FTE = 5 Full Time positions

RECOMMENDATION:

Continue to conduct the annual review and update of the fee accountability program to determine the current necessary and reasonable costs to implement all aspects of the Unified Program with the existing regulated businesses and facilities within each program element.

12. OBSERVATION:

Review of CERS finds the following 18 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 10173907
- CERS ID 10216666
- CERS ID 10216807
- CERS ID 10217128
- CERS ID 10217269
- CERS ID 10217281
- CERS ID 10217359
- CERS ID 10217440
- CERS ID 10217674
- CERS ID 10218496
- CERS ID 10218661
- CERS ID 10218820

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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

INCIDENTAL FINDINGS REQUIRING RESOLUTION

- CERS ID 10218958
- CERS ID 10219345
- CERS ID 10219939
- CERS ID 10221190
- CERS ID 10221418
- CERS ID 10223932

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