

March 8, 2024

Mr. Stephen McNaughten  
Fire Marshal  
City of Oxnard Fire Department  
360 West Second Street  
Oxnard, California 93030-5650

Dear Mr. McNaughten:

During March 2023, through December 2023, CalEPA and the Unified Program state agencies conducted a performance evaluation of the City of Oxnard Fire 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 program observations and recommendations. The report also includes acknowledgement of accomplishments and challenges, as well as examples of outstanding Unified Program implementation. Enclosed, please find the final Summary of Findings report.

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

To demonstrate progress towards the correction of program deficiencies and resolution of incidental findings identified in the final Summary of Findings report, the CUPA must submit an Evaluation Progress Report approximately 60 days from the date of this letter. Thereafter, the CUPA will submit each subsequent Evaluation Progress Report to CalEPA in accordance with the specified date provided in the Evaluation Progress Report response, until all deficiencies and incidental findings identified have been acknowledged as corrected or resolved by each issuing state agency. An Evaluation Progress Report template will be provided by the CalEPA Team Lead. Each Evaluation Progress Report must be submitted to the CalEPA Team Lead, Kaeleigh Pontif, via email at [Kaeleigh.Pontif@calepa.ca.gov](mailto:Kaeleigh.Pontif@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.

Mr. Stephen McNaughten  
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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](mailto: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](mailto:Melinda.Blum@calepa.ca.gov).

Sincerely,



Jason Boetzer  
Deputy Secretary  
Local Program Coordination and Emergency Response

Enclosure

cc sent via email:

Ms. Candice Andrews  
CUPA Manager  
City of Oxnard Fire Department  
360 West Second Street  
Oxnard, California 93030-5650

Mr. Alexander Hamilton  
Fire Chief  
City of Oxnard Fire Department  
360 West Second Street  
Oxnard, California 93030-5650

Mr. John Colamarino  
Assistant Fire Chief  
City of Oxnard Fire Department  
360 West Second Street  
Oxnard, California 93030-5650

Ms. Cheryl Prowell  
Supervising Water Resource Control Engineer  
State Water Resources Control Board

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

cc sent via email:

Ms. Julie Pettijohn  
Environmental Program Manager  
CUPA Enforcement Branch  
Department of Toxic Substances Control

Ryan Miya, Ph.D.  
Senior Environmental Scientist, Supervisor  
Department of Toxic Substances Control

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

Ms. Kaitlin Cottrell  
Environmental Scientist  
State Water Resources Control Board

Mr. Brennan Ko-Madden  
Senior Environmental Scientist  
Department of Toxic Substances Control

Mr. Pheleep Sidhom  
Environmental Scientist  
Department of Toxic Substances Control

Ms. Mary Wren-Wilson  
Environmental Scientist  
CAL FIRE - Office of the State Fire Marshal

Mr. John Paine  
Unified Program Manager  
California Environmental Protection Agency

Mr. John Elkins  
Environmental Program Manager  
California Environmental Protection Agency

Ms. Melinda Blum  
Senior Environmental Scientist, Supervisor  
California Environmental Protection Agency

Ms. Elizabeth Brega  
Senior Environmental Scientist, Supervisor  
California Environmental Protection Agency

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cc sent via email:

Mr. Garrett Chan  
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:** Oxnard Fire Department

**Evaluation Period:** March 2023 through December 2023

**Evaluation Team Members:**

- **CalEPA Team Lead:** Kaeleigh Pontif
- **CalEPA:** Garrett Chan
- **DTSC:** Pheleep Sidhom,  
Brennan Ko-Madden
- **State Water Board:** Kaitlin Cottrell
- **CAL FIRE-OSFM:** Mary Wren-Wilson

This Final Summary of Findings includes:

- Accomplishments, Examples of Outstanding Implementation, and Challenges
- Deficiencies requiring correction
- Incidental findings requiring resolution
- Observations and recommendations

The findings contained within this evaluation report are considered final.

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](mailto:Kaeleigh.pontif@calepa.ca.gov)

The CUPA is required to submit the first Evaluation Progress Report 60 days from receipt of the Final Summary of Findings Report. Thereafter, the CUPA will submit each subsequent Evaluation Progress Report to CalEPA in accordance with the specified date provided in the Evaluation Progress Report response. For each identified deficiency and incidental finding, the CUPA must complete the corrective action and resolution as indicated to demonstrate sufficient implementation of the Unified Program as required by regulation or statute. The Evaluation Progress Report process will continue until all deficiencies and incidental findings have been acknowledged as corrected or resolved by each issuing Unified Program state agency.

Each Evaluation Progress Report must be submitted to the CalEPA Team Lead via email at [Kaeleigh.pontif@calepa.ca.gov](mailto:Kaeleigh.pontif@calepa.ca.gov), or uploaded to the established SharePoint website. A narrative stating the status of correcting each deficiency and resolving each incidental finding identified in this Final Summary of Findings Report, and any applicable supporting documentation must be included in each Evaluation Progress Report.

The submittal date for the 1<sup>st</sup> Evaluation Progress Report is **May 20, 2024**.

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**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.

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**1. STAFFING CHALLENGES:**

The Oxnard Fire Department CUPA experienced two inspector vacancies for several months and a vacant CUPA Manager position, which impacted overall CUPA Program implementation. During the evaluation, the CUPA filled these positions and is working to rebuild the department to meet Unified Program implementation requirements.

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**2. HAZARDOUS WASTE GENERATOR (HWG) PROGRAM INSPECTION REPORTS:**

Since the 2019 CUPA Performance Evaluation, the CUPA has consistently produced complete inspection reports containing clearly written observations and corrective actions for each HWG Program violation cited. In addition, the CUPA has incorporated a HWG fact sheet outlining HWG management requirements and violation class definitions on the reverse side of the HWG inspection report template, on pages one and two, respectively. The CUPA is encouraged to continue producing such high quality HWG inspection reports.

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# CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

## UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

### DEFICIENCIES REQUIRING CORRECTION

A program deficiency is considered a major deviation in implementation of the Unified Program from the expected standards set forth in statute or regulation. Commonly identified as a systemic problem in implementation of one or more program elements, a deficiency is likely to have an impact on the safety and protection of human health and the environment. Program deficiencies identify specific aspects regarding implementation of the Unified Program.

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#### 1. DEFICIENCY:

The CUPA is not consistently following up and documenting return to compliance (RTC) information in the California Environmental Reporting System (CERS) for Aboveground Petroleum Storage Act (APSA) Program facilities cited with violations.

Review of inspection, violation, and enforcement information, also known as compliance, monitoring, and enforcement (CME) information in CERS between July 1, 2018, and June 30, 2022, indicates there is no documented RTC for the following APSA Program violations:

- Fiscal Year (FY) 2020/2021
  - 23 of 38 (61%), including 2 violations for not having, or failure to prepare, an SPCC Plan
- FY 2021/2022
  - 12 of 25 (48%), including 1 violation for not having, or failure to prepare, an SPCC Plan

#### CITATION:

Health and Safety Code (HSC), Chapter 6.11, Section 25404.1.2(c)

HSC, Chapter 6.67, Section 25270.4.5(a)

California Code of Regulations (CCR), Title 27, Sections 15185(a) and (c) and 15200(a) and (e)  
[OSFM]

#### CORRECTIVE ACTION:

By the 1<sup>st</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from CERS, that includes at minimum the following information for each APSA tank facility with an open violation (no RTC) cited between July 1, 2020, and June 30, 2022:

- Facility name;
- CERS ID;
- Inspection and violation dates;
- Scheduled RTC date;
- Actual RTC date (when applicable);
- RTC qualifier; and
- In the absence of obtained RTC, a narrative of any applied enforcement or follow-up activity to ensure the facility obtains RTC.

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

By the 3<sup>rd</sup> Progress Report and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with three APSA tank facility records, as requested by

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OSFM, that include RTC documentation, or a narrative of the follow-up activity and any enforcement applied in the absence of RTC.

By the 4<sup>th</sup> Progress Report, the CUPA will have ensured each APSA tank facility identified in the sortable spreadsheet provided with the 1<sup>st</sup> 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.

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**2. DEFICIENCY:**

The CUPA is not inspecting each HWG facility once every two years, nor each Tiered Permit (TP) facility within the first two years of notification and every two years thereafter, per the applicable inspection frequency established in the Inspection and Enforcement (I&E) Plan.

Review of facility files and CERS CME information and additional information provided by the CUPA finds:

- The following HWG facilities were not inspected once every two years:
  - April 1, 2021, through March 31, 2023: 100 of 537 (19%)
- The following TP facilities were not inspected once every two years:
  - April 1, 2020, through March 31, 2022: 1 of 9 (11%)
  - April 1, 2021, through March 31, 2023: 6 of 9 (67%)

Note: The annual inspection frequency established in the I&E Plan is more stringent than HSC, Section 25201.4(b)(2), which requires TP facilities to be inspected within the first two years of notification and every three years thereafter. Review of CERS CME information finds all TP facilities were inspected once every three years between April 1, 2020, and March 31, 2023.

Note: This deficiency was identified during the 2020 CUPA Performance Evaluation and was corrected during the Evaluation Progress Report process.

**CITATION:**

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

**CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each HWG facility is inspected once every two years, and each TP facility is inspected within the first two years of notification and every two years thereafter, per the applicable inspection frequency established in the I&E Plan. The action plan will include, at minimum:

- An analysis and explanation as to why the inspection frequency for HWG facilities and TP facilities is not being met. Factors to consider include existing inspection staff resources and the number of facilities scheduled to be inspected each year, response to declared emergencies such as wildfire response and recovery efforts and impacts of the Coronavirus (COVID-19).
- A sortable spreadsheet exported from CERS, identifying each HWG facility and each TP facility that has not been inspected once every two years, per the applicable inspection



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frequency established in the I&E Plan. For each HWG facility and each TP facility listed, the sortable spreadsheet will include, at minimum:

- Facility name,
- CERS ID, and
- Date of the last routine inspection.
- A schedule to inspect each HWG facility and each TP facility identified as not having been inspected once every two years, per the applicable inspection frequency established in the I&E Plan. Inspections will be prioritized, conducting the most delinquent inspections prior to any other HWG facility or TP facility inspection based on risk.
- Future steps to ensure that all HWG facilities and all TP facilities will be inspected per the applicable inspection frequency established in the I&E Plan (for example, the generation of a list of all HWG facilities and the anniversary date of the next routine inspection for each listed facility).

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet.

By the 5th Progress Report, the CUPA will have inspected each HWG facility, and each TP facility identified in the sortable spreadsheet provided with the 1<sup>st</sup> Progress Report.

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**3. DEFICIENCY:**

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

Review of CERS CME information between April 1, 2020, and March 31, 2022, and information provided by the CUPA finds there is no documented RTC for the following HWG Program violations:

- 323 of 837 (39%)

**CITATION:**

HSC, Chapter 6.5, Sections 25187.8(b) and (g)

HSC, Chapter 6.11, Section 25404.1.2(c)

CCR Title 27, Sections 15200(a) and (e) and 15185(a) and (c)

[DTSC]

**CORRECTIVE ACTION:**

By the 1<sup>st</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from CERS, that includes at minimum the following information for each HWG facility with an open violation (no RTC) cited between April 1, 2020, and March 31, 2023:

- Facility name;
- CERS ID;
- Inspection and violation dates;
- Scheduled RTC date;
- Actual RTC date (when applicable);
- RTC qualifier; and

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- In the absence of obtained RTC, a narrative of any applied enforcement or follow-up activity to ensure the facility obtains RTC.

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

By the 2<sup>nd</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with three HWG facility records, as requested by DTSC, that include RTC documentation, or a narrative of the follow-up activity and any enforcement applied in the absence of RTC.

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**4. DEFICIENCY:**

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

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

- CERS ID 10200442
  - Overfill Prevention Equipment Inspection Report dated February 8, 2021, cites “Used Oil – Exempt”, while tank monitoring in CERS for tank -004 requires testing of the Audio/Visual and does not list an exemption. No violation was issued in CERS for Unified Program violation library number “2030036 – Overfill Prevention (USEPATCR 9b).”
- CERS ID 10200994
  - Annual Monitoring Certification Form dated August 12, 2021, indicates the Electronic Line Leak Detectors were tested, while tank construction reported in CERS indicates Mechanical Line Leak Detectors.
    - Annual Inspection Report dated August 12, 2021, line item #19: “Line Leak Detector installed that detects 3.0 gph release from primary piping” cites “Not Applicable” for tanks 1, 2, and 4, and cites “Violation” for tank 3.
    - Annual Inspection Report dated August 23, 2022, line item #19 is blank.
- CERS ID 10174109
  - Annual Monitoring System Certification form dated July 27, 2022, page 2, cites that the flow of the fuel does not stop at the dispenser if a release is detected in the Under Dispenser Containment, while tank monitoring information in CERS states it does.

Review of UST compliance inspection reports, associated testing and leak detection documents, and CERS information finds non-compliance was not observed, and a violation was not issued in CERS for the following:

- CERS ID 10403530
  - Routine Inspection dated August 4, 2022, identifies “Annual monitor certification test was not conducted as scheduled due to monitoring system needs service.” Subsequent annual testing occurred December 20, 2022. No violations were issued in CERS for Unified Program violation library numbers “2030002 – Release Detection (USEPATCR 9d)” or “2060020 – Spill Prevention (USEPATCR 9a).”
  - Spill Container Testing Report Form dated December 19, 2022, cites “Replaced gaskets on 87 and 91 fill and tested after repair.” No violation was issued in CERS

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- for Unified Program violation library number “2060020 - Spill Container (USEPATCR 9a).”
- Annual Monitoring Certification Form dated December 20, 2022, cites “Vacuum sensors missing from the positive shutdown programming on the Veeder Root. Reprogrammed and tested.” No violation was issued in CERS for Unified Program violation library number “2030065 - Vacuum, Pressure, Hydrostatic (VPH) Monitoring - On or After July 1, 2004 (USEPATCR 9d).”
  - CERS ID 10200442
    - Spill Container Testing Report Form dated January 9, 2023, does not list the Waste Oil Spill Containment as being tested. Technician comment cites “Waste oil bucket out of service at this time.” No violation was issued in CERS for Unified Program violation library number “2060020 - Spill Container (USEPATCR 9a).”
  - CERS ID 10174109
    - Secondary Containment testing dated March 31, 2022, cites “87 Main Turbine Failing due to a tear in the penetration.” No violation was issued in CERS for Unified Program violation library number “2030047 - Secondary Containment.”

The CUPA’s TCR indicates not all UST violations are being cited as the TCR reported by the CUPA is significantly higher in comparison to the average TCR for California.

- The TCR is a measurement of how a UST facility complies with performance measures as determined by the United States Environmental Protection Agency (U.S. EPA).
  - A low TCR indicates a low rate of compliance.
  - A high TCR indicates a high rate of compliance.
- When a CUPA’s TCR is significantly higher than the California TCR average, it is indicative that the CUPA is not citing UST violations at the same frequency as other CUPAs.

The CUPA’s TCR in comparison with the average TCR for California during the specified reporting periods identifies the following trend:

- January through June 2020:
  - Oxnard Fire Department: 89%
  - California Average: 60%
- July through December 2020:
  - Oxnard Fire Department: 56%
  - California Average: 61%
- January through June 2021:
  - Oxnard Fire Department: 76%
  - California Average: 59%
- July through December 2021:
  - Oxnard Fire Department: 78%
  - California Average: 60%
- January through June 2022:
  - Oxnard Fire Department: 77%
  - California Average: 61%
- July through December 2022:
  - Oxnard Fire Department: 70%
  - California Average: 60%

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In comparison with the California TCR average, the high TCR of the CUPA is indicative of the CUPA not consistently observing non-compliance during the annual UST compliance inspection, not consistently citing and documenting violations in annual UST compliance inspection reports and/or in CERS, which provides inaccurate U.S. EPA TCR reporting, impacting the assessment of national compliance with UST Program requirements.

Note: The following may be referenced:

- State Water Board Local Guidance (LG) letter 164-4, dated June 30, 2020
- State Water Board correspondence "When to Review Underground Storage Tank Records," dated November 29, 2016
- State Water Board correspondence "Petroleum Underground Storage Tank Financial Responsibility Guide," dated July 1995.

#### **CITATION:**

HSC, Chapter 6.7, Sections 25288(b) and 25299  
CCR, Title 23, Sections 2713(c)(4) and (d)  
CCR, Title 27, Section 15290(a)(3)  
[State Water Board]

#### **CORRECTIVE ACTION:**

By the 1<sup>st</sup> Progress Report, the CUPA will identify why complete annual UST compliance inspections are not consistently conducted. The analysis will include, at minimum:

- discussion of what procedures and tools may be needed to consistently conduct complete annual UST compliance inspections;
- a plan for addressing all reasons why complete annual UST compliance inspections are not consistently conducted;
- identification of the types and frequency of training needed to consistently conduct complete UST compliance inspections.

By the 2<sup>nd</sup> Progress Report, based on the findings identified in the CUPA's analysis, the CUPA will review and revise the I&E Plan, or other applicable procedure, to ensure, the establishment of a process for the following:

- directing UST inspection staff to conduct complete annual UST compliance inspections;
- directing UST inspection staff to apply enforcement and utilize available enforcement tools as outlined in the I&E Plan;
- reviewing and following up with testing and leak detection documents submitted by UST owners or operators as part of the annual UST compliance inspection;
- documenting and reporting observed noncompliance in annual UST compliance inspection reports and in CERS;
- conducting annual UST compliance inspections when UST inspection staff are on-site to witness the monitoring system certification and visually inspect all UST required components;
- conducting annual UST compliance inspections when UST inspection staff are not on-site and cannot witness the monitoring system certification and visually confirm all UST requirements are met;

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- reviewing the annual UST compliance inspection checklist for thoroughness to capture citations in accordance with UST Regulations, HSC, and the Unified Program violation library in CERS; and
- accurate U.S. EPA TCR reporting.

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

By the 3<sup>rd</sup> Progress Report, if amendments to the revised I&E Plan, or other applicable procedure, are necessary based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended I&E Plan, or other applicable procedure. If no amendments are necessary, the CUPA will train UST inspection staff on the revised I&E Plan, or other applicable procedure. The CUPA will provide training documentation to CalEPA, which at minimum, will include the date training was conducted, an outline of the training conducted and a list of UST inspection staff in attendance. Once training is complete, the CUPA will implement the revised I&E Plan, or other applicable procedure.

By the 4<sup>th</sup> Progress Report, if amendments to the revised I&E Plan or other applicable procedure were necessary, the CUPA will train UST inspection staff on the amended I&E Plan, or other applicable procedure. The CUPA will provide training documentation to CalEPA, which at minimum, will include the date training was conducted, an outline of the training conducted and a list of UST inspection staff in attendance. Once training is complete, the CUPA will implement the amended I&E Plan, or other applicable procedure.

By the 5<sup>th</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with UST facility records, including, at minimum, annual UST compliance inspection reports and associated testing, and leak detection documents for the five most recent UST compliance inspections conducted.

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#### 5. DEFICIENCY:

The Underground Storage Tank (UST) Operating Permit and Permit Conditions, issued under the Unified Program Facility Permit (UPFP) as the “Hazardous Waste and Hazardous Materials Management Regulatory Program Permit,” are inconsistent with CCR, Title 23, Division 3, Chapter 16 (CCR, Chapter 16) and HSC, Chapter 6.7.

Review of the UST Operating Permit and Permit Conditions finds the following inconsistencies with CCR, Chapter 16 and HSC, Chapter 6.7:

- The UST Operating Permit states, “This permit must be kept at the UST location at all times.”
  - This is more stringent than CCR, Chapter 16, Section 2712(i), which requires a paper or electronic copy of the permit to be readily accessible at the facility.
- Permit Conditions for the Underground Tank Program cites “CHSC Division 20, Chapter 6.7 and 6.75 and Title 23 CCR Chapters 16 and 18.”
  - The CUPA does not have regulatory authority to implement cleanup of USTs as a Local Oversight Program agency, and therefore cannot cite HSC Chapter 6.75, or CCR, Chapter 18.
  - The correct citations are as follows:
    - CCR, Chapter 16, Sections 2610 through 2717.7.

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- HSC, Chapter 6.7, Sections 25280 through 25296 and 25298 through 25299.6.
- Permit Condition 6 for the Underground Tank Program states, “The permittee must obtain permission from the CUPA, the local fire and building authorities, prior to the modification of an underground storage tank system.”
  - A requirement to contact the Fire and Building authorities is outside the scope of the UST permit.

Note: While the UST Operating Permit does contain the CERS Tank ID space, the information populated in the provided examples were not the correct CERS Tank IDs.

**CITATION:**

HSC, Chapter 6.7, Sections 25283(b)(1)(B) and 25297.01(b)  
CCR, Chapter 16, Section 2711(i)  
[State Water Board]

**CORRECTIVE ACTION:**

By the 1<sup>st</sup> Progress Report, the CUPA will revise the UST Operating Permit and Permit Conditions template, issued under the UPFP as the “Hazardous Waste and Hazardous Materials Management Regulatory Program Permit,” to be consistent with UST Regulations and HSC. The CUPA will contact the State Water Board for assistance with revising the UST Operating Permit and Permit Conditions template, if necessary. The CUPA will provide the revised UST Operating Permit and Permit Conditions template to CalEPA.

By the 2<sup>nd</sup> Progress Report, the CUPA will, if necessary, amend the revised UST operating permit and permit conditions template, based on feedback from the State Water Board. The CUPA will provide the amended UST Operating Permit and Permit Conditions template to CalEPA. If no amendments are necessary, the CUPA will begin to issue the revised UST Operating Permit and Permit Conditions template under the “Hazardous Waste and Hazardous Materials Management Regulatory Program Permit.” The CUPA will provide CalEPA with the “Hazardous Waste and Hazardous Materials Management Regulatory Program Permit,” issued to five UST facilities using the revised template.

By the 3<sup>rd</sup> Progress Report, if amendments to the revised UST Operating Permit and Permit Conditions template were necessary, the CUPA will begin to issue the amended UST Operating Permit and Permit Conditions template under the “Hazardous Waste and Hazardous Materials Management Regulatory Program Permit.” The CUPA will provide CalEPA with the “Hazardous Waste and Hazardous Materials Management Regulatory Program Permit,” issued to five UST facilities using the amended template.

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**6. DEFICIENCY:**

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

Review of HMBPs submitted to CERS between May 14, 2022, and June 13, 2023, by businesses subject to Business Plan reporting requirements finds:

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- 417 of 868 (48%) Business Plan facilities have not annually submitted a chemical inventory (including site map) or a no-change certification.
- 414 of 865 (48%) Business Plan facilities have not annually submitted emergency response and employee training plans or a no-change certification.

#### **CITATION:**

HSC, Chapter 6.95, Sections 25505(a), 25508(a), and 25508.2.  
[CalEPA]

#### **CORRECTIVE ACTION:**

Between June 14, 2023, and December 12, 2023, the CUPA made progress towards the correction of this Deficiency. Review of HMBPs submitted to CERS between October 19, 2022, and December 19, 2023, by businesses subject to Business Plan reporting requirements finds:

- 252 of 835 (30%) Business Plan facilities have not annually submitted a chemical inventory (including site map) or a no-change certification.
- 254 of 831 (31%) Business Plan facilities have not annually submitted emergency response and employee training plans or a no-change certification.

By the 1<sup>st</sup> Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure all businesses subject to business plan reporting requirements annually submit an HMBP or a no-change certification to CERS. The action plan, at minimum, will include steps as to how the CUPA will follow up with facilities that have not annually submitted an HMBP or a no-change certification to CERS. The CUPA may provide to CalEPA for review any additional means used to correct this deficiency such as communications to businesses.

By the 2<sup>nd</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from CERS, that includes at minimum the following information for each regulated business subject to Business Plan reporting requirements that has not annually submitted an HMBP or a no-change certification:

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

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

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#### **7. DEFICIENCY:**

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

Review of information provided by the CUPA finds:

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- 10 of 35 (29%) stationary sources in the CalARP Program have not updated the RMP at least once in the last five years.

#### **CITATION:**

CCR, Title 19, Section 2745.10(a)(1)  
[CalEPA]

#### **CORRECTIVE ACTION:**

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

- Facility name;
- CERS ID;
- Date the RMP was last reviewed and updated by the stationary source; and
- Recent follow-up actions with facilities that have not revised and updated the RMP at least once every five years.

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

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#### **8. DEFICIENCY:**

The 2020 area plan is missing required elements and contains inaccurate information.

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

- Pre-emergency Planning
  - Provisions for pre-incident surveys of business sites by first responders for the purpose of site familiarization, if deemed necessary by the administering agency, as required by [CCR, Title 19, Section 2643\(a\)](#).
- Notification and Coordination
  - Provisions for notification to the California Governor's Office of Emergency Services of all reports received pursuant CCR, Title 19, Chapter 4, Article 2, as required by [CCR, Title 19, Section 2644](#).
- Provisions for training of emergency response personnel in the following areas:
  - Monitoring and decontamination procedures for emergency response personnel and equipment, as required by [CCR, Title 19, Section 2645\(a\)\(7\)](#).
  - emergency procedures for first response to a release or threatened release of hazardous materials, to include pesticide drift exposure incidents per [CCR, Title 19, Section 2645\(a\)\(1\)](#) and [2640\(c\)](#).
  - health and safety procedures for response personnel, per [CCR, Title 19, Section 2645\(a\)\(2\)](#).
  - use of emergency response equipment and supplies, per [CCR, Title 19, Section 2645\(a\)\(3\)](#).
  - procedures for access to mutual-aid resources, per [CCR, Title 19, Section 2645\(a\)\(4\)](#).



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- identification of medical facilities capable of providing treatment appropriate for hazardous material incidents, to include pesticide drift exposure incidents, per [CCR, Title 19, Section 2645\(a\)\(5\)](#).
- evacuation plans and procedures, per [CCR, Title 19, Section 2645\(a\)\(6\)](#).
- monitoring and decontamination procedures for emergency response personnel and equipment, per [CCR, Title 19, Section 2645\(a\)\(7\)](#).
- first-aid procedures for hazardous material incidents, including pesticide exposure, per [CCR, Title 19, Section 2645\(a\)\(8\)](#).
- procedures for informing the public during emergencies, per [CCR, Title 19, Section 2645\(a\)\(9\)](#).
- psychological stress that may be encountered during disaster operations, per [CCR, Title 19, Section 2645\(a\)\(10\)](#).
- Provisions for documenting personnel training.
  - Provisions for joint field or table-top exercises, with affected organizations, with voluntary participation of business representatives, per [CCR, Title 19, Section 2645\(b\)\(2\)](#).
- Public Safety and Information
  - Provisions for informing business personnel and the affected public of safety procedures to follow during a release or threatened release of a hazardous material per [CCR, Title 19, Section 2646\(b\)](#).
  - Procedures, developed in consultation with the County Agricultural Commissioner, to notify residents of a pesticide drift exposure incident and a procedure to assist in the coordination of an evacuation, if deemed necessary by emergency response personnel, per [CCR, Title 19, Section 2646\(c\)](#).
  - Procedures to identify all languages known to be spoken in the administering agency's county or city, as the case may be, and ensure that any individual is able to access services in their native language as required by Section 11135 of the Government Code. The area plan will outline what these services are and how they will be provided in the languages identified per [CCR, Title 19, Section 2646\(d\)](#).
  - Provisions for informing medical and health facilities of the nature of the incident and the substance(s) involved in an incident per [CCR, Title 19, Section 2646\(f\)](#).
  - Provisions for evacuation plans that provide for:
    - properties of hazardous materials, such as quantity, concentration, vapor pressure, density, and potential health effects per [CCR, Title 19, Section 2646\(g\)\(4\)](#).
    - possible release scenarios, per [CCR, Title 19, Section 2646\(g\)\(5\)](#).
    - facility characteristics, topography, meteorology, and demography of potentially affected areas, per [CCR, Title 19, Section 2646\(g\)\(6\)](#).
    - ingress and egress routes and alternatives per [CCR, Title 19, Section 2646\(g\)\(7\)](#).
    - location of medical resources trained and equipped for hazardous material response per [CCR, Title 19, Section 2646\(g\)\(8\)](#).
    - mass-care facilities, reception areas, and sheltering per [CCR, Title 19, Section 2646\(g\)\(9\)](#).
    - procedures for post-emergency period population recovery per [CCR, Title 19, Section 2646\(g\)\(10\)](#).
- Supplies and Equipment

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- Provisions for regular testing, if applicable, and proper maintenance of emergency response equipment under the direct control of the county or city, as the case may be, per [CCR, Title 19, Section 2647\(b\)](#).
- Incident critique and follow up provisions to include an interagency meeting to evaluate the response, to improve future response, and to determine if any area plan revisions are required, as required by [CCR, Title 19, Section 2648](#).

Review of the 2020 area plan finds the following element is inaccurate:

- Page 10 - “Title 19 California Code of Regulations, Section 2703” is an outdated citation. The correct citation is CCR, Title 19, Section 2631.

Note: The CUPA’s area plan was last updated in December 2020.

**CITATION:**

HSC, Chapter 6.95, Section 25503(c)  
CCR, Title 19, Article 3, Sections 2640, and 2642 through 2648.  
[CalEPA]

**CORRECTIVE ACTION:**

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

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**9. DEFICIENCY:**

The CUPA is not inspecting each facility subject to CalARP Program requirements at least once every two years, per the inspection frequency established in the I&E Plan.

As of June 13, 2023, review of CERS CME information between April 1, 2021, and March 31, 2023, finds:

- 22 of 35 (63%) facilities subject to CalARP Program requirements were not inspected within the last two years.

Note: The biennial inspection frequency for CalARP Program facilities established by the I&E Plan is more stringent than HSC, Section 25537(a) which requires CalARP Program facilities to be inspected once every three years. As of June 13, 2023, review of CERS CME information finds the following CalARP Program facilities were not inspected once every three years between April 1, 2020, and March 31, 2023:

- 15 of 35 (43%)

**CITATION:**

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

**CORRECTIVE ACTION:**

As of December 12, 2023, review of CERS CME information between October 1, 2021, and September 30, 2023, finds:

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- 18 of 34 (53%) facilities subject to CalARP Program requirements were not inspected within the last two years, per the inspection frequency established in the I&E Plan.
- 5 of 34 (15%) facilities subject to CalARP Program requirements were not inspected once every three years, per HSC, Section 25537(a).

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

- An analysis and explanation as to why the biennial 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 CERS, identifying each CalARP Program facility that has not been inspected within the last two years. For each facility listed, the sortable spreadsheet will include, at minimum:
  - Facility name;
  - CERS ID;
  - Date of the last routine inspection; and
  - A schedule to inspect each facility subject to CalARP Program requirements that has not been inspected within the last two years, prioritizing the most delinquent inspections to be completed prior to any other CalARP Program facility inspection based on risk. For each facility, the schedule to inspect can reflect an estimated date or date range.
- Future steps to ensure all facilities subject to CalARP Program requirements will be inspected at least once every two years.

By the 2<sup>nd</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet and a brief narrative of how the CUPA is continuing to ensure all facilities subject to CalARP Program requirements will be inspected at least once every two years.

By the 5<sup>th</sup> Progress Report, the CUPA will have inspected each facility subject to CalARP Program requirements identified in the spreadsheet provided with the 1<sup>st</sup> Progress Report at least once in the last two years.

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#### 10. DEFICIENCY:

The CUPA is not consistently ensuring HMBP submittals are thoroughly reviewed and contain all applicable required elements before being accepted in CERS.

Review of 22 HMBP CERS submittals provided by regulated businesses subject to Business Plan reporting requirements, finds 9 were accepted with the following missing or incomplete applicable required elements:

- CERS ID 10200625
  - Site map submitted on December 15, 2021, and accepted on May 10, 2022
    - Missing required emergency response equipment.
- CERS ID 10200925

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- Site map submitted on July 6, 2021, and accepted on October 18, 2021
  - Missing required emergency response equipment.
- Emergency Response Plans submitted on July 6, 2021, and accepted on October 18, 2021
  - Missing required immediate notification contacts to the appropriate local emergency response personnel and to the unified program agency; procedures for the mitigation of a release or threatened release to minimize any potential harm or damage to persons, property, or the environment; and evacuation plans and procedures, including immediate notice, for the business site.
- CERS ID 10201282
  - Site map submitted on July 7, 2021, and accepted on July 8, 2021
    - Missing required emergency shutoffs and emergency response equipment.
- CERS ID 10200592
  - Site map submitted on May 26, 2021, and accepted on May 24, 2022
    - Missing required access and exit points; emergency shutoffs; evacuation staging areas; and emergency response equipment.
- CERS ID 10200601
  - Site map submitted on November 5, 2019, and accepted on November 5, 2019
    - Missing required access and exit points; emergency shutoffs; evacuation staging areas; hazardous material handling and storage areas; and emergency response equipment.
  - Emergency Response Plans submitted on November 5, 2019, and accepted on November 5, 2019
    - Missing required evacuation plans and procedures, including immediate notice, for the business site.
- CERS ID 10200715
  - Site map submitted on July 26, 2021, and accepted on July 29, 2021
    - Missing required adjacent streets; access and exit points; emergency shutoffs; evacuation staging areas; and emergency response equipment.
  - Emergency Response Plans submitted on July 26, 2021, and accepted on July 29, 2021
    - Missing required immediate notification contacts to the appropriate local emergency response personnel and to the unified program agency.
- CERS ID 10201006
  - Site map submitted on January 6, 2020, and accepted on March 25, 2020
    - Missing required access and exit points; emergency shutoffs; and emergency response equipment.
- CERS ID 10201111
  - Site map submitted on April 26, 2022, and accepted on April 27, 2022
    - Missing required emergency shutoffs; evacuation staging areas; and emergency response equipment.
- CERS ID 10200859
  - Emergency Response Plans submitted on April 27, 2022, and accepted on May 25, 2022
    - Missing required evacuation plans and procedures, including immediate notice, for the business site.

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Review of 12 HMBP CERS submittals provided by APSA tank facilities in lieu of a tank facility statement, finds 9 were recently accepted with the following missing applicable required elements:

- CERS ID 10190515
  - Site map submitted on August 5, 2021, and accepted on October 18, 2021
    - Missing evacuation staging area
- CERS ID 10201285
  - Site map submitted on February 23, 2022, and accepted on May 10, 2022
    - Missing evacuation staging area
- CERS ID 10200592
  - Site map submitted on February 23, 2022, and accepted on May 10, 2022
    - Missing evacuation staging area and emergency response equipment
- CERS ID 10201894
  - Site map submitted on April 2, 2020, and accepted on April 3, 2020
    - Missing evacuation staging area and emergency response equipment
- CERS ID 10200823
  - Site map submitted on January 4, 2023, and accepted on January 9, 2023
    - Missing evacuation staging area and emergency shutoff
- CERS ID 10200562
  - Site map submitted on February 28, 2022, and accepted on April 12, 2022
    - Missing north orientation, evacuation staging area, and emergency response equipment
- CERS ID 10202197
  - Site map submitted on September 1, 2020, and accepted on September 8, 2020
    - Missing emergency response equipment and adjacent street(s)
- CERS ID 10831699:
  - Site map submitted on December 12, 2021, and accepted on December 21, 2021
    - Missing evacuation staging area, emergency response equipment, and emergency shutoff
- CERS ID 10200793
  - Site map submitted on September 27, 2021, and accepted on February 7, 2022
    - Missing hazardous materials handling and storage area(s)

#### **CITATION:**

HSC, Chapter 6.67, Section 25270.6(a)(2)

HSC, Chapter 6.95, Sections 25505(a), 25508(a)(3) and (4)

CCR, Title 19, Sections 2658 and 2659

California Fire Code (CFC), Chapter 50, Sections 5001.5.1 and 5001.5.2, and Appendix H [CalEPA, OSFM]

#### **CORRECTIVE ACTION:**

By the 1<sup>st</sup> Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each future HMBP submittal is thoroughly reviewed and contains all applicable required elements before being accepted in CERS. The action plan will include:

- steps to follow up with regulated businesses whose HMBP submittals were reviewed and identified with missing or incomplete components; and

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- steps to follow up with APSA tank facilities whose HMBP submittals, provided in lieu of tank facility statements, were reviewed, and identified with missing or incomplete components.

By the 2nd Progress Report, the CUPA will train personnel on the steps in the action plan. The CUPA will provide training documentation to CalEPA, which at minimum will include the date training was conducted, an outline of the training conducted and a list of CUPA personnel in attendance.

By the 2<sup>nd</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide a narrative of the implementation of the action plan.

By the 4<sup>th</sup> Progress Report, the CUPA will ensure:

- each HMBP facility has annually submitted a complete HMBP to CERS, or the CUPA will have applied enforcement, and
- each APSA tank facility has annually submitted a complete HMBP to CERS, when an HMBP is provided in lieu of a tank facility statement, or the CUPA will have applied enforcement.

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**11. DEFICIENCY:**

The CUPA is not inspecting each facility subject to HMBP requirements at least once every two years, per the inspection frequency established in the I&E Plan.

As of June 13, 2023, review of CERS CME information between April 1, 2021, and March 31, 2023, finds:

- 322 of 868 (37%) facilities subject to HMBP requirements were not inspected within the last two years.

Note: The biennial inspection frequency for facilities subject to HMBP requirements established by the I&E Plan is more stringent than HSC, Section 25511(b), which requires facilities subject to HMBP reporting requirements to be inspected once every three years. As of June 13, 2023, review of CERS CME information finds the following facilities subject to HMBP reporting requirements were not inspected once every three years between April 1, 2020, and March 31, 2022:

- 133 of 868 (15%)

**CITATION:**

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

**CORRECTIVE ACTION:**

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

- An analysis and explanation as to why the biennial inspection frequency is not being met. Factors to consider include existing inspection staff resources and the number of

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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 CERS, identifying each facility subject to HMBP reporting requirements that has not been inspected within the last two years. For each facility listed, the sortable spreadsheet will include, at minimum:
  - Facility name;
  - CERS ID;
  - Date of the last routine inspection; and
  - A schedule to inspect each facility subject to HMBP reporting requirements that has not been inspected within the last two years, prioritizing the most delinquent inspections to be completed prior to any other HMBP facility inspection based on risk. For each facility, the schedule to inspect can reflect an estimated date or date range.
- Future steps to ensure all facilities subject to HMBP reporting requirements will be inspected at least once every two years.

By the 2<sup>nd</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet and a brief narrative of how the CUPA is continuing to ensure all facilities subject to HMBP reporting requirements will be inspected at least once every two years.

By the 5<sup>th</sup> Progress Report, the CUPA will have inspected each facility subject to HMBP reporting requirements identified in the spreadsheet provided with the 1<sup>st</sup> Progress Report at least once in the last two years.

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#### **12. DEFICIENCY: CORRECTED DURING EVALUATION**

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

Review of HMBPs submitted to CERS by APSA tank facilities in lieu of tank facility statements finds:

- 19 of 74 (26%) APSA tank facilities have not annually submitted a chemical inventory and site map.
- 20 of 74 (27%) APSA tank facilities have not annually submitted emergency response and employee training plans.

#### **CITATION:**

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

#### **CORRECTIVE ACTION: COMPLETED**

During the evaluation, additional APSA tank facilities submitted an HMBP to CERS in lieu of a tank facility statement.

On December 12, 2023, review of HMBPs submitted to CERS by APSA tank facilities, in lieu of tank facility statements, finds:

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- 2 of 74 (3%) APSA tank facilities have not annually submitted a chemical inventory and site map.
- 2 of 74 (3%) APSA tank facilities have not annually submitted emergency response and employee training plans.

This Deficiency is considered corrected.

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**13. DEFICIENCY: CORRECTED DURING EVALUATION**

The CUPA did not conduct an annual audit of its activities to implement the CalARP Program or compile a CalARP performance audit report for the following:

- FY 2021/2022

**CITATION:**

CCR, Title 19, Section 2780.5  
[CalEPA]

**CORRECTIVE ACTION: COMPLETED**

The CalARP performance audit report for FY 2022/2023 was provided by the CUPA on December 5, 2023. The performance audit report contains the required elements. This Deficiency is considered corrected.

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**14. DEFICIENCY: CORRECTED DURING EVALUATION**

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

The following administrative procedure has components that are missing or inaccurate:

- Forwarding Hazardous Material Release Response Plan (HMRRP) Information
  - Though first responders have been instructed to set up user accounts in CERS, the CUPA has not established procedures for forwarding HMRRP information to emergency response personnel and other appropriate government entities in accordance with HSC, Section 25504(c).
  - Title 27, Section 15280(e)(4) is referenced as the citation for this procedure, however, the citation is Title 27, Section 15180(e)(4).

The following administrative procedures have components that are incomplete:

- Public Participation
  - The current procedure includes a brief discussion of public hearings established by the Oxnard City Clerk. The procedure does not address:
    - ensuring receipt and consideration of comments from regulated businesses and the public, or
    - coordinating, consolidating, and making consistent locally required public hearings and notices related to any Unified Program element.

**CITATION:**

CCR, Title 27, Sections 15180(e) and 15185(b)



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[CalEPA]

**CORRECTIVE ACTION: COMPLETED**

During the evaluation, the CUPA provided CalEPA with the revised Unified Program administrative procedures that adequately incorporate all required components.

CUPA personnel were trained on the revised Unified Program administrative procedures and training documentation was provided to CalEPA. The training documentation included the date training was conducted, an outline of training conducted, and a list of CUPA personnel in attendance. This Deficiency is considered corrected.

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**INCIDENTAL FINDINGS REQUIRING RESOLUTION**

An incidental finding is considered a minor deviation in implementation of the Unified Program from the expected standards set forth in statute or regulation. Commonly identified as a minor issue that may be problematic in implementation of one or more program elements, an incidental finding is not likely to have an impact on the safety and protection of human health and the environment.

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**1. INCIDENTAL FINDING:**

The CUPA is not inspecting each APSA tank facility at least once every two years, per the inspection frequency established in the I&E Plan.

Review of CERS CME information and information provided by the CUPA indicates:

- 39 of 73 (53%) APSA tank facilities have not been inspected within the last two years.

Note: The biennial inspection frequency for APSA tank facilities established by the I&E Plan is more stringent than HSC, Section 25270.5(a), which requires APSA tank facilities that store 10,000 gallons or more of petroleum to be inspected at least once every three years. The CUPA meets the mandated triennial inspection frequency for APSA tank facilities that store 10,000 gallons or more of petroleum.

**CITATION:**

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

**RESOLUTION:**

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

- A sortable spreadsheet exported from CERS, identifying each APSA tank facility that has not been inspected within the last two years. For each APSA tank facility listed, the spreadsheet will include, at minimum:
  - Facility name,
  - CERS ID, and
  - Date of the last routine inspection.
- A schedule to inspect those APSA tank facilities, prioritizing the most delinquent inspections to be completed prior to any other APSA tank facility inspection based on a risk analysis of all APSA tank facilities (i.e., large volumes of petroleum, or proximity to navigable water).
- Future steps to ensure each APSA tank facility will be inspected at least once every two years.

By the 2<sup>nd</sup> Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet.

By the 5<sup>th</sup> Progress Report, the CUPA will have inspected each APSA tank facility identified in the spreadsheet provided with the 1<sup>st</sup> Progress Report at least once every two years.

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**2. INCIDENTAL FINDING:**

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

Review of the CERS Facility/Tank Data Download information finds USTs at the following UST facilities have single-walled vent or fill risers, and do not meet the secondary containment exemption requirements of CCR, Title 23, Section 2636(a) for vent and riser pipe to have overfill prevention equipment meeting the requirements specified in CCR, Title 23, Section 2635(c)(1)(B) or (C):

- CERS ID 10152247-004
- CERS ID 10200442-004

Note: The following may be referenced:

- State Water Board CUPA Evaluation Guidance Documents, [Single-Walled Vent or Riser Piping](https://www.waterboards.ca.gov/ust/single-walled-vent-riser.html) (<https://www.waterboards.ca.gov/ust/single-walled-vent-riser.html>) and
- [State Water Board LG 150-3](https://www.waterboards.ca.gov/water_issues/programs/ust/leak_prevention/lgs/docs/150-3.pdf) ([https://www.waterboards.ca.gov/water\\_issues/programs/ust/leak\\_prevention/lgs/docs/150-3.pdf](https://www.waterboards.ca.gov/water_issues/programs/ust/leak_prevention/lgs/docs/150-3.pdf))

**CITATION:**

CCR, Title 23, Section 2631(a), 2636(a) and 2635(c)(1)  
[State Water Board]

**RESOLUTION:**

The CUPA must ensure UST systems are properly constructed and meet the secondary containment requirements of CCR, Title 23, Section 2636(a).

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

By the 1st Progress Report, the CUPA will provide written correspondence addressed to the UST facility owners/operators to inform the UST owners/operators of the requirement for installation of overfill prevention equipment, or to construct secondary containment for single-walled vent and tank risers. The written correspondence will include language stating that failure to comply with overfill prevention equipment requirements specified in CCR, Title 23, Section 2635(c)(1)(B) or (C), or secondary containment exemptions in CCR, Title 23, Section 2636(a) will lead to applied enforcement. The CUPA will include the State Water Board as a carbon copy recipient on the correspondence.

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

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By the 3rd Progress Report, if appropriate steps have not been taken by the UST owners/operators to remedy the construction violations, the CUPA will apply enforcement. The CUPA will provide CalEPA with documentation of the applied enforcement.

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

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### 3. INCIDENTAL FINDING:

The I&E Plan has components that are missing or incomplete.

The I&E Plan and “Permit Review and Issuance Policy” have information that is inconsistent with UST Regulations and HSC.

The following components of the I&E Plan are incomplete:

- Provisions for addressing complaints, including but not limited to the receipt, investigation, enforcement, and closure of a complaint.
  - The Complaint Response section of the I&E Plan addresses receipt of complaints, but does not adequately address investigation, enforcement, and closure of complaints.
- Provisions for ensuring the CUPA has sampling capability.
  - A description of how the CUPA maintains sampling capabilities is not included. Considerations for detailing sampling capabilities include training of staff, elements of a site-specific sampling plan, safety, sampling equipment, photographs, field notes, sample purpose, test methods and analyses, chain of custody, sample security, and sample preservation. Such elements can be incorporated into sampling provisions by reference to a guidance document or example sampling plan.

The following component of the I&E Plan is missing:

- An indication that the plan is reviewed annually, at minimum.

The following information in the I&E Plan is inconsistent with UST Regulations and HSC:

- Page 3 cites “Underground Storage Tank (UST) Program. Authority: H&SC, Division 20, Chapter 6.7, Title 23 CCR, and California Fire Code.”
  - Fire code is outside the scope of UST Program Elements
  - The correct citations are as follows:
    - CCR, Chapter 16, Sections 2610 through 2717.7.
    - HSC, Chapter 6.7, Sections 25280 through 25296 and 25298 through 25299.6.
- Enforcement, Section VIII (A) states “Grounds for Revocation, Modification or Suspension of Permit. Any permit issued pursuant to the Oxnard City Code, Chapters 13 (Adoption of the California Fire Code), and H&SC 6.7 (Underground Storage Tanks) may be revoked, modified, or suspended during its term ...”
  - The CUPA does not have authority to suspend a UST Operating Permit.

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- Red Tag Procedures (USTs only)
  - The red tag enforcement option does not incorporate the amendments of HSC, Chapter 6.7, Section 25292.3, which became effective January 1, 2019, including language such as a person shall not input or withdraw from a UST that has been red tagged and a CUPA having the authority to require an owner/operator to remove contents from USTs which have a red tag is affixed.
- Initial Penalty Matrix – Underground Storage Tanks includes \$0 minimum and \$250 average penalties.
  - HSC, Section 25299(a) and (b) call for penalties no less than \$500 or no more than \$5,000 per day, per violation, per UST.

#### **CITATION:**

HSC, Chapter 6.7, Sections 25285.1(b), 25292.3(a)(2)(A) and (c)(1)(C), and 25299(a) and (b)  
Title 27, Section 15200  
[State Water Board, CalEPA, DTSC]

#### **RESOLUTION:**

By the 1<sup>st</sup> Progress Report, the CUPA will review and revise the I&E Plan and the “Permit Review and Issuance Policy” to address the incomplete and inconsistent components. The CUPA will provide CalEPA with the revised I&E Plan and “Permit Review and Issuance Policy.”

By the 2<sup>nd</sup> Progress Report, the CUPA will, if necessary, amend the revised I&E Plan and “Permit Review and Issuance Policy” based on feedback from CalEPA, DTSC, and the State Water Board and will provide the amended I&E Plan and the “Permit Review and Issuance Policy” to CalEPA. If no amendments to the revised I&E Plan and/or the revised “Permit Review and Issuance Policy” are necessary, the CUPA will train CUPA personnel, including UST inspection staff, on the revised I&E Plan and the “Permit Review and Issuance Policy.” Once training is complete, the CUPA will implement the revised I&E Plan and the revised “Permit Review and Issuance Policy.”

By the 3<sup>rd</sup> Progress Report, if amendments to the revised I&E Plan and/or the revised “Permit Review and Issuance Policy” were necessary, the CUPA will train CUPA personnel, including UST inspection staff, on the amended I&E Plan and/or the amended “Permit Review and Issuance Policy.” Once training is complete, the CUPA will implement the amended I&E Plan and the amended and “Permit Review and Issuance Policy.”

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#### **4. INCIDENTAL FINDING:**

A Self-Audit was conducted; however, a Self-Audit Report was not completed for FYs 2020/2021 and 2021/2022.

The Self-Audit Report for FY 2019/2020 is missing a required component.

The following component is missing:

- An explanation of any discrepancies on the annual and quarterly reports of program activities submitted to the Secretary pursuant to CCR, Title 27, Section 15290 and the Unified Program requirements for those activities.

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**CITATION:**

CCR, Title 27, Section 15280  
[CalEPA]

**RESOLUTION:**

During the evaluation, the CUPA provided a Self-Audit Report for FY 2022/2023 that was completed on October 15, 2023. The Self-Audit Report for FY 2022/2023 included an explanation of discrepancies relative to CERS CME information reporting. A discussion of any discrepancies between the amounts reported to the Secretary in Annual Single Fee and Quarterly Surcharge Transmittal reports was not included.

By the 3<sup>rd</sup> Progress Report, the CUPA will provide CalEPA with the Self-Audit Report for FY 2023/2024 that includes all required components and incorporates an explanation of any discrepancies relative to CERS CME information reporting and an explanation of any discrepancies between the amounts reported to the Secretary in Annual Single Fee and Quarterly Surcharge Transmittal reports. The Self-Audit Report will also incorporate a date of compilation to demonstrate the report was compiled by September 30<sup>th</sup>. For each subsequent FY, the CUPA will complete a Self-Audit Report that includes all required components and incorporates a date of completion to demonstrate the report was compiled by September 30<sup>th</sup>.

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**5. INCIDENTAL FINDING:**

The CUPA is not submitting the Annual Single Fee Summary Report to CalEPA by September 30<sup>th</sup> of each FY.

- FY 2020/2021: submitted on October 27, 2021
- FY 2021/2022: submitted on October 25, 2022

**CITATION:**

CCR, Title 27, Section 15290  
[CalEPA]

**RESOLUTION:**

By the 1<sup>st</sup> Progress Report, the CUPA will provide CalEPA with the completed Annual Single Fee Summary Report for FY 2023/2024.

The CUPA will complete an Annual Single Fee Summary Report by September 30<sup>th</sup> for each subsequent FY.

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**6. INCIDENTAL FINDING: RESOLVED DURING EVALUATION**

The CUPA is not submitting Quarterly Surcharge Transmittal Reports to CalEPA within 30 days after the end of each fiscal quarter when state surcharge revenues are remitted.

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

- FY 2019/2020
  - 3<sup>rd</sup> Fiscal Quarter (FQ):
    - Due April 30, 2020; submitted July 23, 2020

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- 4<sup>th</sup> FQ:
  - Due July 31, 2020; submitted October 19, 2020
- FY 2020/2021
  - 2<sup>nd</sup> FQ:
    - Due January 21, 2021; submitted March 19, 2021
  - 3<sup>rd</sup> FQ:
    - Due April 30, 2021; no report submitted
  - 4<sup>th</sup> FQ:
    - Due January 31, 2021; no report submitted
- FY 2021/2022
  - 1<sup>st</sup> FQ
    - Due October 30, 2021; submitted November 19, 2021
  - 2<sup>nd</sup> FQ
    - Due January 31, 2022; submitted March 25, 2022
- FY 2022/2023
  - 2<sup>nd</sup> FQ
    - Due January 31, 2022; submitted March 13, 2022
  - 3<sup>rd</sup> FQ:
    - Due April 30, 2023; submitted May 12, 2023
  - 4<sup>th</sup> FQ
    - Due July 31, 2023; submitted October 6, 2023

**CITATION:**

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

**RESOLUTION: COMPLETED**

During the evaluation, the CUPA provided the Quarterly Surcharge Transmittal Reports for the 1<sup>st</sup> and 2<sup>nd</sup> FQs of FY 2023/2024 by the required due date using the current Quarterly Surcharge Transmittal Report template.

For each subsequent Quarterly Surcharge Transmittal Report, the CUPA will ensure:

- no later than 30 days after the end of each FQ each Quarterly Surcharge Transmittal Report, and any state surcharge remittance, are provided to the California Air Resources Board (CARB) via mail at:

Air Resources Board  
Attn: Accounting  
P.O. Box 1436  
Sacramento, CA 95812

- an electronic copy of the Quarterly Surcharge Transmittal Report is provided to CalEPA via email at [cupa@calepa.ca.gov](mailto:cupa@calepa.ca.gov), by the required due date using the current Quarterly Surcharge Transmittal Report template.

This Incidental Finding is considered resolved.

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**OBSERVATIONS AND RECOMMENDATIONS**

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

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**1. OBSERVATION:**

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

**RECOMMENDATION:**

Encourage each APSA tank facility that utilizes the consolidated emergency response and training plans template to use the current 2022 version, when an HMBP is submitted in lieu of a tank facility statement. The current template is available in CERS, CERS Central, on the Businesses webpage at <https://cers.calepa.ca.gov/businesses/>, and on the CalEPA Unified Program Publications and Guidance webpage at <https://calepa.ca.gov/cupa/publications/>.

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**2. OBSERVATION:**

The CERS reporting requirement is currently set as “APSA Applicable” for 74 tank facilities. The CUPA’s Access data system identifies 49 APSA tank facilities:

- 46 APSA tank facilities are identified in both CERS and the CUPA’s Access data system.
- 25 tank facilities are reported as “APSA Applicable” in CERS but are not identified as APSA tank facilities in the CUPA’s Access data system. Many of these facilities are likely APSA regulated. Confirm and change the CERS APSA reporting requirement to “APSA Applicable” for each facility.
- 3 tank facilities are reported as “APSA Applicable” in CERS but are likely not APSA regulated. Confirm and change the CERS APSA reporting requirement to “APSA Not Applicable” for each facility.
- 3 tank facilities are identified in the CUPA’s Access data system but are not identified in CERS as “APSA Applicable.”
  - 1 facility is likely exempt from APSA regulation. Confirm and remove from the CUPA’s Access data system as an “APSA Applicable” facility.
  - 1 facility is reported as “APSA Not Applicable.” However, the current inventory for the facility shows greater than 1,320 gallons of petroleum product. Confirm and change the APSA reporting requirement to “APSA Applicable” in CERS and in the CUPA’s Access data system.
  - 1 facility is reported as “APSA Not Applicable.” However, the current inventory for the facility shows less than 1,320 gallons of petroleum product. Confirm and remove from the CUPA’s Access data system.

**RECOMMENDATION:**

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

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**3. OBSERVATION:**

The CUPA's webpages contain resources for the regulated community; however, the following webpages contain information that may benefit from improvement:

- 'Certified Unified Program Agency (CUPA)' (<https://www.oxnard.org/certified-unified-program-agency-cupa/>):
  - The Unified Program elements list is missing the fire code Hazardous Materials Management Plans (HMMP) and Hazardous Materials Inventory Statements (HMIS), which is consolidated with the HMBP requirements to streamline the regulatory requirements for regulated facilities.
  - 'Aboveground Storage Tank Spill Prevention Control and Countermeasure Plan (SPCC) Program' is not a Unified Program element and should be replaced with 'Aboveground Petroleum Storage Act (APSA) Program' for consistency with statute.
- 'CUPA Forms & Handouts' (<https://www.oxnard.org/cupa-forms-handouts-fire-department/>):
  - Site Map: The instructions require location of each utility emergency shutoff point. Emergency shutoff is not explicitly limited to utility shutoffs. Certain systems, such as fuel storage tanks, are required per fire code, to have an emergency shutoff.

**RECOMMENDATION:**

Update the webpages as indicated above.

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**4. OBSERVATION:**

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

- Page 12: In the APSA RTC timeframe discussion, replace the statement, "inspectors should follow similar practice as described for hazardous waste generators," with "except for minor violations which require 30 days from the date of the notice to return to compliance in accordance with HSC, Section 25404.1.2(c)(1)."
- Pages 19-20: The definition of a minor violation per HSC, Chapter 6.11 is outdated. A class II violation is no longer referenced. Update the definition to reflect the current statute.

**RECOMMENDATION:**

Update the I&E Plan as indicated above.

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**5. OBSERVATION:**

The information below is a summary of the overall implementation of the HWG Program and the CUPA's hazardous waste related activities based upon review of policies and procedures, CERS CME information, facility file information, information provided by the CUPA and Self-Audit Reports between April 1, 2020, and March 31, 2023:

- There are 537 regulated HWG facilities, 17 Resource Conservation and Recovery Act (RCRA) Large Quantity Generator (LQG) facilities, and 9 Tiered Permit facilities.
- The CUPA inspected 592 facilities and conducted 894 HWG routine inspections, of which 497 (56%) had no violations cited and 397 (44%) had at least one violation cited.

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- In the 397 inspections conducted having at least one violation, 831 total violations were cited, consisting of:
  - 1 Class I violation,
  - 720 Class II violations, and
  - 110 minor violations.
- The CUPA has ensured RTC for 256 of 397 (64%) inspections with violations cited.
- The CUPA completed no separate formal enforcement actions for hazardous waste related violations.
- 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. However, violation elements and details are not being carried forward and reported in CERS.

**RECOMMENDATION:**

Continue with the two-year HWG inspection frequency and applied enforcement efforts. The efforts of the CUPA to conduct hazardous waste inspections on a two-year frequency are applauded. Conducting inspections frequently leads to better compliance rates and helps to ensure that hazardous waste is adequately being managed.

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

Continue writing detailed inspection reports that include all factual bases of the violation and properly cite noted violations. Ensure that violation elements and details are accurately reported to CERS in the Violation Comment field.

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**6. OBSERVATION:**

The UST Inspection Report & Notice to Comply line item 16 asks “Operable UST Annular sensor w/ audible & Visual alarm & turbine shut-down w/ fail safe? [23CCR 2632(2) & 2641(j)].”

Monitoring requirements for USTs under Article 4, Section 2641 apply to single-walled components, which are not monitored via annular spaces. Section 2632 failsafe positive shut down is only required for UST piping, not the UST tank.

**RECOMMENDATION:**

Revise the UST Inspection Report and Notice to Comply for clarity and accuracy.

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**7. OBSERVATION:**

The following is a summary of inspection and violation information for HMBP regulated businesses and the CalARP Program based on review of facility files and CERS CME information between April 1, 2020, and March 31, 2023:

- HMBP Requirements
  - April 1, 2020, through March 31, 2021
    - The CUPA conducted routine inspections at 461 facilities, of which 303 (66%) had no violations cited and 158 (34%) had at least one violation cited.
    - A total of 328 violations were cited, consisting of:
      - 0 (0%) Class I violations.

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- 307 (94%) Class II violations.
      - 21 (6%) Minor violations.
    - The CUPA has ensured RTC for 255 of 328 (78%) violations cited.
  - April 1, 2021, through March 31, 2022
    - The CUPA conducted routine inspections at 362 facilities, of which 192 (53%) had no violations cited and 170 (47%) had at least one violation cited.
    - A total of 262 violations were cited, consisting of:
      - 0 (0%) Class I violations.
      - 245 (94%) Class II violations.
      - 17 (6%) Minor violations.
    - The CUPA has ensured RTC for 165 of 262 (63%) violations cited.
  - April 1, 2022, through March 31, 2023
    - The CUPA conducted routine inspections at 239 facilities, of which 127 (53%) had no violations cited and 112 (47%) had at least one violation cited.
    - A total of 161 violations were cited, consisting of:
      - 0 (0%) Class I violations.
      - 137 (85%) Class II violations.
      - 24 (15%) Minor violations.
    - The CUPA has ensured RTC for 116 of 161 (72%) violations cited.
- CalARP Program:
  - April 1, 2020, through March 31, 2021
    - The CUPA conducted routine inspections at 8 facilities, of which 1 (13%) had no violations cited and 7 (87%) had at least one violation cited.
    - A total of 23 violations were cited, consisting of:
      - 4 (17%) Class I violations.
      - 19 (83%) Class II violations.
      - 0 (0%) Minor violations.
    - The CUPA has ensured RTC for 2 of 23 (9%) violations cited.
  - April 1, 2021, through March 31, 2022
    - The CUPA conducted routine inspections at 12 facilities, of which 5 (42%) had no violations cited and 7 (58%) had at least one violation cited.
    - A total of 25 violations were cited, consisting of:
      - 0 (0%) Class I violations.
      - 25 (100%) Class II violations.
      - 0 (0%) Minor violations.
    - The CUPA has ensured RTC for 7 of 25 (28%) violations cited.
  - April 1, 2022, through March 31, 2023
    - The CUPA conducted a routine inspection at 1 facility
    - A total of 4 violations were cited, consisting of:
      - 0 (0%) Class I violations.
      - 4 (100%) Class II violations.
      - 0 (0%) Minor violations.
    - The CUPA has ensured RTC for 0 of 0 (0%) violations cited.

#### **RECOMMENDATION:**

Maintain the biennial inspection frequency for all HMBP facilities and all CalARP facilities, per the inspection frequency as established in the I&E Plan. Ensure complete and thorough

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inspections are conducted to identify all violations at facilities. Generate detailed inspection reports that include all factual basis and proper citations for each identified violation. 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.

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**8. OBSERVATION:**

Oversight inspections were conducted with two different lead inspectors from the CUPA on July 12, 2023, at CERS ID 10487413, a Small Quantity Generator (SQG), and on July 13, 2023, at CERS ID 10201090, a RCRA LQG and TP facility in the Conditional Exemption Specified Waste-stream tier.

Prior to the inspections, both inspectors demonstrated thorough pre-inspection preparation, including using both CERS and the DTSC Hazardous Waste Tracking System to gather information on the activities and hazardous waste shipments of each facility inspected and to generate follow-up questions to address with the facility representative. Each inspector reviewed facility files maintained by the CUPA to verify facility information, previous violations, and open violations. Both inspectors printed relevant information from CERS to review with the facility representative upon arrival. Overall, the pre-inspection preparation was detailed and appropriate for the nature of the facilities being inspected.

During each inspection and prior to beginning each inspection, both inspectors asked for and obtained consent to inspect. The inspectors asked questions to better understand the facility's operations. A full walkthrough of both facilities was conducted, and the inspectors investigated all areas where hazardous waste was generated and managed. The appropriate documents required of LQG and TP facilities were reviewed. However, SQG documents could not be reviewed at the time of the inspection because the appropriate facility representative was unavailable. The inspector returned on July 25, 2023, to conduct a follow-up inspection and review documents at the SQG facility. The violations observed during the inspection were reviewed with the facility representative prior to leaving the facility. Overall, the inspections were handled professionally and were conducted in a timely manner.

The CUPA inspectors demonstrated knowledge of hazardous waste topics including satellite accumulation, universal waste requirements, tiered permitting, empty containers, and general hazardous waste generator requirements. The violations cited in each of the inspection reports contained the inspector's observations, the correct citations, corrective actions, and the violation classification. However, the inspectors did not deliver a written summary of violations to the facility representative at the conclusion of each inspection. The practice of the CUPA is to physically mail a "Proof of Service by Mail" document after the inspection report has been completed in the office.

**RECOMMENDATION:**

Continue to conduct the current pre-inspection and inspection procedures as noted above. Ensure that requests for consent to inspect are explicit. Deliver a written summary of violations to the facility representative at the conclusion of each inspection as required by HSC, Chapter 6.5, Section 25185(c)(1) and as specified in the I&E Plan on page 11 (see number 15). Inspectors should continue to take notes during inspections to aid in writing comprehensive corrective actions.

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**9. OBSERVATION:**

On August 28, 2023, a CalARP oversight inspection was conducted. The inspection occurred at CERS ID 10202212. The inspector prepared for the inspection by reviewing relevant information including CERS submittals, past inspections, prior to arriving at the facility. The inspector established rapport with the facility operators, requested and reviewed the most current RMP information, toured the entire site, and addressed facility information that was unclear, incomplete, or missing during the onsite visit. The inspector identified all violations and requested for additional information to be reviewed offsite.

On August 29, 2023, an HMBP oversight inspection was conducted at CERS ID 10200685 and at CERS ID 10398730. The inspector was well prepared for the inspection and reviewed relevant information prior to arriving at the facility. The inspector established rapport with the facility operators, toured the entire site, verified inventory, and emergency response plan information and training on site, and effectively communicated technical information to the facility operators. The inspector identified that the facility posted the site map onsite at CERS ID 10200685. At each of the inspections, the inspector identified all violations, and CalEPA did not observe the CUPA verifying the accuracy of the site map.

**RECOMMENDATION:**

Continue to conduct thorough CalARP inspections.

To better understand industry codes and standards that apply to CalARP sites, inspectors will benefit from increased familiarity with engineering, operation, and maintenance codes, technical reports, and overall recommended best practices, all of which assist with understanding the industry and are made available as published resources by standard-setting organizations such as:

- The American National Standards Institute (ANSI)
- American Petroleum Institute (API)
- American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE)
- American Society of Mechanical Engineers (ASME)
- American Society of Testing and Materials (ASTM)
- National Fire Protection Association (NFPA)
- Instrument Society of America (ISA)
- International Institute of Ammonia Refrigeration (IIAR)
  - IIAR 9, published in 2021, discusses minimum safety requirements for existing ammonia refrigeration systems, including standards for machinery room eyewash/safety showers (Section 7.3.8) and machinery room entrances and exits (Section 7.3.9), among other guidelines for ammonia refrigeration.

Continue to conduct thorough HMBP inspections. Verify site maps during HMBP inspections. HSC, Section 25505(a)(2) requires that site maps contain a north orientation, loading areas, internal roads, adjacent streets, storm and sewer drains, access and exit points, emergency shutoffs, evacuation staging areas, hazardous material handling and storage areas, emergency response equipment, and additional map requirements the governing body of the unified program agency finds necessary.

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**10. OBSERVATION:**

On August 23, 2023, a UST oversight inspection was conducted at a Motor Vehicle Fuel (MVF) facility that had four USTs. Pre-inspection included a review of the facility file at the main office before heading to the site. At the time of the oversight inspection, the CUPA had only two International Code Council (ICC) certified UST inspectors and was without an active CUPA manager. The added challenges of limited staffing resulted in inspection scheduling issues and the inability to witness the Annual Monitoring Certification. The Annual Monitoring System Certification and Spill Containment testing occurred the week prior to the oversight inspection, and an ICC certified CUPA inspector was not available at that time. The CUPA coordinated with the MVF facility owner and the same testing company to schedule the annual inspection during the tri-annual Secondary Containment testing. The inspector confirmed functionality of the Regular annular sensors for the alternate Regular tank turbines, the dispenser 1/2 sensor, the dispenser 7/8 sensor, and the 91 mechanical line leak detector. The inspector was thorough in file review of site record keeping, Designated Operator (DO) inspections, and CERS submittals. The inspector noted on site errors with the alarm log and CERS submittals. The inspection report accurately reflected the observed components tested.

**RECOMMENDATION:**

Conduct complete UST compliance inspections where functionality of all components is confirmed. Continue to thoroughly review paperwork.

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**11. OBSERVATION:**

The CUPA is not consistently or correctly reporting CME information to CERS for the HWG Program.

Review of CERS CME information between April 1, 2020, and March 31, 2023, and inspection reports provided by the CUPA finds CME information is not consistently and correctly reported to CERS as follows:

- Violation comments provided in inspection reports were not reported to CERS:
  - CERS ID 10170009: inspection dated July 29, 2020
  - CERS ID 10200601: inspection dated March 12, 2021
  - CERS ID 10721302: inspection dated March 24, 2021
  - CERS ID 10202236: inspection dated August 23, 2021
  - CERS ID 10200655: inspection dated October 19, 2021
  - CERS ID 10200862: inspection dated January 4, 2022
  - CERS ID 10201945: inspection dated February 8, 2022
  - CERS ID 10201279: inspection dated March 16, 2022
  - CERS ID 10200874: inspection dated April 12, 2022
  - CERS ID 10837540: inspection dated May 11, 2022
  - CERS ID 10903846: inspection dated June 22, 2022
  - CERS ID 10200754: inspection dated July 21, 2022
  - CERS ID 10200571: inspection dated August 30, 2022
  - CERS ID 10202167: inspection dated September 12, 2022
  - CERS ID 10200583: inspection dated September 13, 2022
  - CERS ID 10739320: inspection dated September 20, 2022
  - CERS ID 10200832: inspection dated January 19, 2023

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- Violations cited on routine inspection reports are inconsistent with violations reflected in CERS:
  - CERS ID 10202167: inspection dated September 12, 2022
    - The inspection report cites three violations. CERS has no record of two of the three cited violations.
  - CERS ID 10739320: inspection dated September 20, 2022
    - The inspection report cites 0 violations. CERS reflects three violations.

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

**RECOMMENDATION:**

Identify and correct the causes for missing or incorrect HWG Program information in CERS, identify missing or incorrect information in CERS between April 1, 2021, and March 31, 2023, and determine future steps to ensure information is reported correctly to CERS.

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