

Permits, Transporting & Record Keeping



Gary Griffith

Environmental Health Specialist

Objectives

- Learn about how to obtain permits and ID#'s.
- Learn how to dispose of your hazardous waste.
- Find out what records to keep onsite and for how long.
- Learn about Hazardous Material Business Plans
- Learn how to organize paperwork for quick and easy inspections!

Unified Program Facility Permit

A UPFP is necessary if:

- You generate any amount of Hazardous Waste
- You store Hazardous Materials in reportable quantities (55 gallons, 500 pounds, 200 cubic feet)

MAR County of San Diego **2011**
DEPARTMENT OF ENVIRONMENTAL HEALTH
UNIFIED PROGRAM FACILITY PERMIT

P.O. BOX 123261, SAN DIEGO, CA 92112-9261 1-800-293-8033/319-320-2222 FAX 619-338-2377 www.sdcdeh.org

CONSPICUOUS NAME: [REDACTED]
FACILITY NAME: [REDACTED]
FACILITY LOCATED AT: [REDACTED] Chula Vista, CA 91914

MAILING ADDRESS: [REDACTED]

PERMIT: H27- [REDACTED] PID: 441

Jack Miller
DIRECTOR, DEH

ATTENTION

THIS IS AN OFFICIAL DOCUMENT
- DO NOT DISCARD -

THIS PERMIT DOES NOT EXCUSE ANY OWNER OR OPERATOR FROM COMPLIANCE WITH ALL APPLICABLE FEDERAL, STATE, COUNTY OR LOCAL LAWS, ORDINANCES OR REGULATIONS. THE OWNER OR OPERATOR IS REQUIRED TO DETERMINE IF AND THEN PERMIT OR APPROVAL FROM ANY OTHER AGENCY OR DEPARTMENT IS NECESSARY. THE COUNTY, BY ISSUING THIS PERMIT, DOES NOT REINDEAR ITS RIGHT TO ENFORCE ANY VIOLATION OF LAW.

Issue Date below is the date of Initial Permit Issuance. This is NOT an Unsig 10 and Storage Tank Operating Permit.

ISSUE DATE: 31-MAR-2012
EXPIRATION DATE: 31-MAR-2014, RENEWAL IS REQUIRED BEFORE EXPIRATION DATE.
APPLICANTS IN THE ABOVE DANGER ZONE (NOTED ON EXEMPTIONS) MUST BE REPORTED BY SUBMITTING A NEW UNIFIED FACILITY PERMIT APPLICATION.
VERIFY THE ABOVE MAILING ADDRESS AND REPORT ANY CHANGES.
PERMIT IS NOT VALID FOR ANY FACILITY LOCATION OR OWNER NOT LISTED ABOVE.
THIS PERMIT IS NOT TRANSFERABLE.
POST IN A CONSPICUOUS PLACE.
A COPY OF THIS PERMIT MUST BE MAINTAINED AT THE FACILITY LOCATION.

The permit is provisional. The Director or designee of the Director may order that the Permit, or any permit obtained, suspended or revoked for violation of any relevant requirement exhibited or provided by law.

If you change owners or locations you need to apply for a new UPFP!!!!

Unified Program Facility Permit

DEH is going digital!

When completing your permit application, please provide an email address.

We will begin sending permit updates and reminders via email.

 UPF Permit#: _____
DATE INSPECTED: ____/____/____

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

This business or service is required to obtain a Unified Program Facility Permit from the San Diego County Department of Environmental Health. I answered "yes" to one or more of the questions on the "Business Activities" form.

Date assumed business ownership at this location: ____/____/____

This permit does not excuse any owner or operator from complying with all applicable federal, state, county or local laws, ordinances or regulations. The owner or operator is required to determine if another permit or approval from any other agency or department is necessary. The County, by issuing this permit, does not relinquish its right to enforce any violation of law.

I have determined that this business or service does not require a Unified Program Facility Permit from the San Diego County Department of Environmental Health.

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I consent to all necessary inspections allowed by law and incidental to the issuance of required permit(s) and the operation of this business.

Signature: _____ Date: ____/____/____
Printed Name: _____ Title: _____
Type of Business: _____ Phone #: _____

_____ (____) _____

Please provide an e-mail address for the person or department responsible for permit renewals so we can send permit updates and reminders. E-mail Address: _____

If a San Diego County Unified Program Facility Permit is required for your business or service a representative of this Department will contact your business. Permit fees will be determined from the contact and a billing statement will be mailed.

NOTE: If you do not use hazardous materials, generate hazardous waste, or have underground storage tanks you are still required to return this form.

A representative of the San Diego County Department of Environmental Health may contact you to verify the information provided on this application.

HM-906 (05/10) 5

California ID Numbers

- - California Environmental Protection Agency

Form

Print

Department of Toxic Substances Control - GISS
P.O. Box 806, Sacramento, CA 95812-0806

CALIFORNIA HAZARDOUS WASTE PERMANENT ID NUMBER APPLICATION

Please type or neatly print in ink. Please review the line
To check on the status of your request, go to www.hazwaste.ca.gov

•Mail to DTSC – not your local CUPA!!

REQUESTS Check all that apply.

(See instructions.)

- DTSC sends out Verification Questionnaires yearly (June). If you do not respond to questionnaire, they will suspend your EPA ID#.
- The ID number enables regulators to track hazardous waste from its origin to its final disposition (cradle to grave).



Hazardous Waste Haulers



You must use a *registered* hazardous waste hauler to dispose of your wastes.



A list can be found at:

www.dtsc.ca.gov/HazardousWaste/Transporters/index.cfm

Self-Hauling

- You can self transport used oil or used oil filters to a collection facility (e.g., Kragen, AutoZone) *if*:
 - Transport no more than 20 gallons (or 55 gallons with prior approval from collection facility).
 - Oil filters are properly drained and secured in a closed container.
- You do not need a hazardous waste manifest, but we **HIGHLY RECOMMEND** keeping a log or receipt of each disposal
 - Log the quantity, date, location transported to.



UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Manifest Tracking Number

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone

6. Transporter 1 Company Name

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Facility's Phone

GENERATOR

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol	13. Waste Codes		
		No.	Type					
1.								
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name

Signature

Month Day Year

TRANSPORTER	16. International Shipments		<input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit _____
	Transporter signature (for exports only)		Date leaving U.S.		
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name	Signature	Month	Day	Year
	Transporter 2 Printed/Typed Name	Signature	Month	Day	Year

DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space					
	<input type="checkbox"/> Quantity	<input type="checkbox"/> Type	<input type="checkbox"/> Residue	<input type="checkbox"/> Partial Rejection	<input type="checkbox"/> Full Rejection	
	Manifest Reference Number					
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number		
	Facility's Phone					
	18c. Signature of Alternate Facility (or Generator)					
				Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month	Day	Year

DESIGNATED FACILITY TO GENERATOR

Consolidated Manifests

SERVICE ORDER

FORM NO. AES004-A

RECEIVED
JUN 28 1999



SERVICE ORDER NO.
1517853

ASBURY ENVIRONMENTAL SERVICES
1300 SOUTH SANTA FE, COMPTON CA 90221
LOS ANGELES OFFICE SAN DIEGO OFFICE
1-800-974-4495 1-800-748-5744
TRANSPORTER EPA # CAD028277036

ROJAS AUTO REPAIR
2501 GRANGER AVE
NATIONAL CITY, CA 91950
(619) 472-1347

2501 GRANGER AVE
NATIONAL CITY, CA 91950
(619) 472-1347

CUSTOMER #	PURCHASE ORDER #	ROUTE #	TRUCK #	CONTACT NAME	ORDER TAKEN BY	HALIDES
RDJ301		40	107	ERLITO	KOSMET	
DATE REQUIRED	DATE ENTERED	NEXT SERVICE DATE	CUSTOMER EPA #	MANIFEST #		
6/28/99						
PART #	QTY					
NO. 1000	1					
TOTAL						

Keep for 3 years

CASH REC'D: _____ CHECK # _____ PLEASE PAY FROM THIS SERVICE ORDER

WASTE DISPOSAL INFORMATION

NON-RCRA HAZARDOUS WASTE, LIQUID (USED OIL/MIXED OILS) *NO PLACARDS REQUIRED* STATE CODE 221

NON-RCRA HAZARDOUS WASTE, LIQUID (ETHYLENE GLYCOL SOLUTIONS) *NO PLACARDS REQUIRED* STATE CODE _____

OTHER: _____

DESIGNATED TSDF: WILSON/STANBROOK 2006 N. WILSON STREET TORRANCE, CA 90503 (310) 517-7566 (610) 881-3357

ALTERNATE TSDF: _____

SA RECYCLING: 2035 E. 15TH Street, Los Angeles, CA 90021 1 (800) 645-3458

DRUMS PUJ: _____ EMPTY DRUMS: _____ FACILITY: _____ BSC _____

GENERATOR WASTE CERTIFICATION
PLEASE CHECK THE APPROPRIATE BOX:

This is to certify that the waste described above is properly classified, described, packaged, marked and labeled, and is in proper condition for transportation, according to applicable State and federal regulations. By signing below I also hereby certify that:

(Waste oil generator/customer MUST check ONE of the following three boxes)

#1) I have not mixed any of the waste described above with any other hazardous waste, the total halide content is LESS than 1,500 ppm, and the waste does not contain any PCBs. I have complied with the requirements of the applicable California used oil management regulations to determine this is true. I agree to accept the additional charges for the disposal of this waste if the information I have provided about this waste is incorrect.

#2) I have not mixed any of the waste described above with any other hazardous waste, the total halide content is GREATER than 1,500 ppm, and the waste does not contain any PCBs. I have provided proper documentation to Asbury Environmental Services to rebut the presumption that this waste was mixed with other hazardous waste. I agree to accept the additional charges for the disposal of this waste if the information I have provided about this waste is incorrect.

Hazardous Materials Business Plan (HMBP)

Includes:

- Site Map
- Emergency Response Plan
- Employee Training Description
- Chemical Inventory
- Emergency Contacts

-PRIMARY-		IV. EMERGENCY CONTACTS		-SECONDARY-	
NAME	123	NAME	123		
TITLE	124	TITLE	129		
BUSINESS PHONE ()	125	BUSINESS PHONE ()	130		
24-HOUR PHONE* ()	126	24-HOUR PHONE* ()	131		
PAGER # ()	127	PAGER # ()	132		
ADDITIONAL LOCALLY COLLECTED INFORMATION:					
E-MAIL: *			E-MAIL: *		
*This information will remain confidential.					
ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.					
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.					
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE			DATE	134	NAME OF DOCUMENT PREPARER
			/ /		
NAME OF SIGNER (print)			135	TITLE OF SIGNER	

When Do You Need a HMBBP?



≥ 55 gallons of a hazardous liquid (new material or waste)



≥ 200 cubic feet of compressed gas



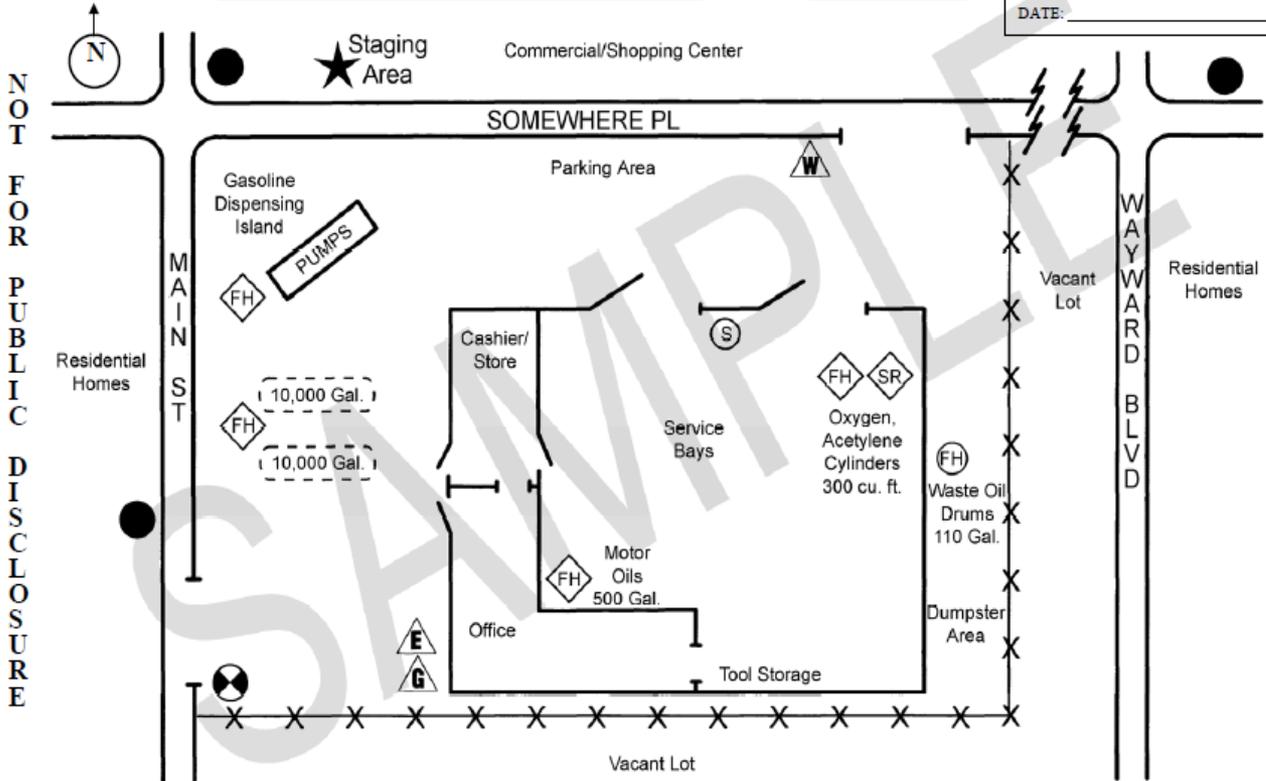
≥ 500 pounds of a hazardous solid

HMBP Site Map



THOMAS BROS COORDINATES 1262-F4 SITE MAP (Page 1 of 1) UFPF# 123456
 BUSINESS NAME Joe's Automotive Repair DATE 12-15-2009
 BUSINESS ADDRESS 1234 Somewhere Pl., Anywhere, CA ZIP CODE 91904

OFFICE USE ONLY
 REVIEWED BY: _____
 DATE: _____



Common problems:

- No North Arrow
- Incorrect symbols
- Missing Symbols
- No Cross Streets
- Failure to amend map after changes to facility

HMBP Site Map

WHAT'S WRONG WITH THIS MAP??

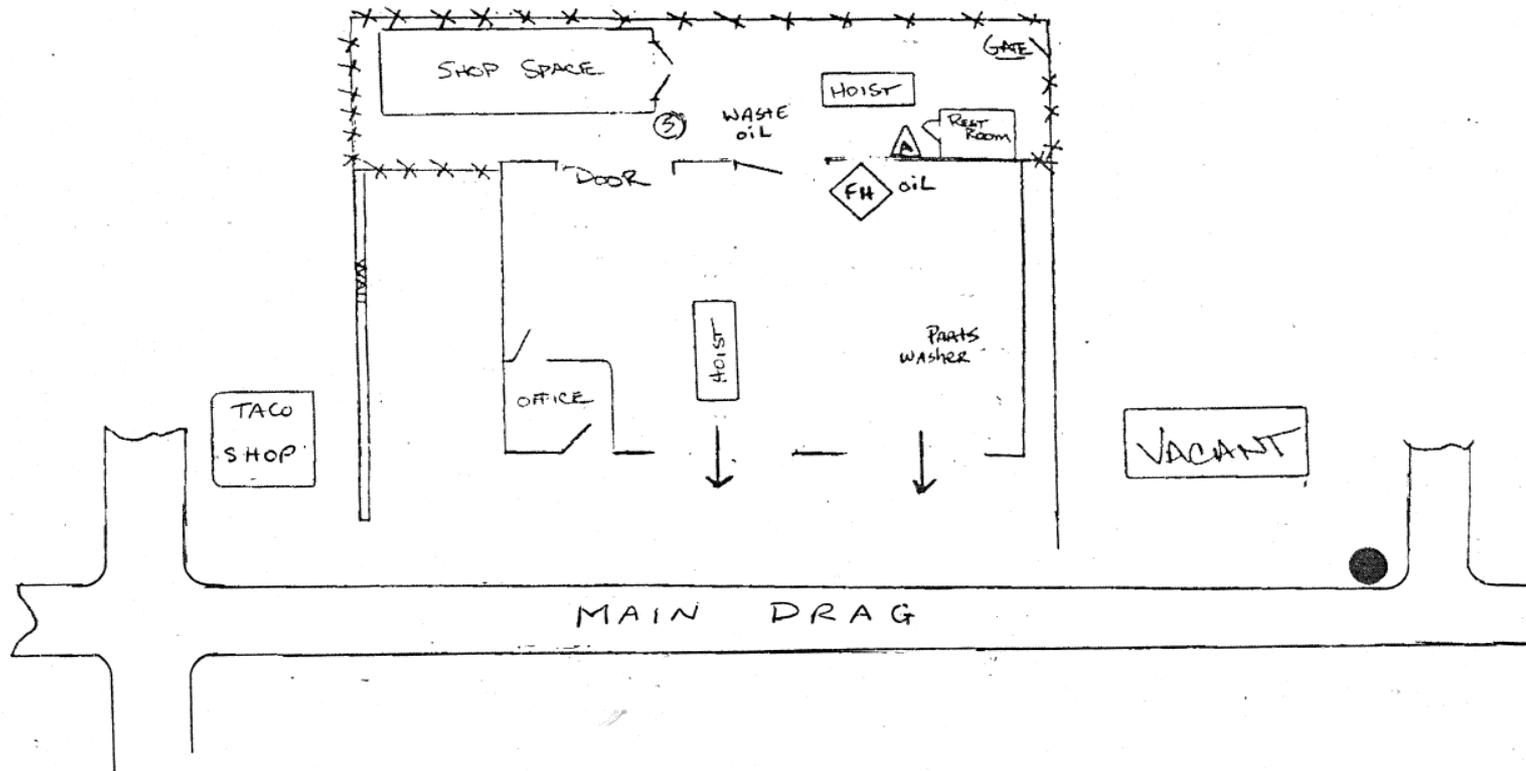


Mr. Nobody's Auto Repair

123 Main Drag ,Any City, CA 82###

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9/1/10



HMBP Certification

- Must certify your HMBP annually (with or without changes).
- Changes to your site map, chemical inventory or emergency contacts must be reported within 30 days of change.
 - You can use this form and check box for “changes/revisions” and include documents with the changes.

 COUNTY OF SAN DIEGO DEPARTMENT OF ENVIRONMENTAL HEALTH-CUPA HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 1-800-253-9933 (619) 338-2222 FAX (619) 338-2377	
HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION	
<p><u>The California Health & Safety Code (H&SC), Division 20, Chapter 6.95, Section 25505 provides for the following:</u> The County of San Diego, Department of Environmental Health, Hazardous Materials Division (HMD), as the administering agency, requires a business that handles hazardous materials to submit the hazardous materials inventory, a list of emergency contacts, and a site plan, in lieu of a complete Hazardous Materials Business Plan (HMBP), only after the initial submittal of a complete HMBP. A complete HMBP includes the items to be submitted to the HMD and an Emergency Response Plan and Employee Training Plan, as established in H&SC Section 25504. The business must annually certify that a complete HMBP has been prepared, is current and is maintained at the site where the hazardous materials are stored. See <i>Back</i> for instructions and further clarification</p>	
I. IDENTIFICATION	
FACILITY ID#	3 7 0 0 0
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3
BUSINESS SITE ADDRESS	103
CITY	104 CA ZIP CODE 105
II. CERTIFICATION STATEMENT	
<input type="checkbox"/> CARCINOGEN/REPRODUCTIVE TOXIN ANNUAL RENEWAL WITHOUT CHANGES: This is an annual renewal to certify that the list of carcinogens and/or reproductive toxins last provided is a current list as specified in the San Diego County Code of Regulatory Ordinances Section 68.1113.	
Check only ONE of the following boxes:	
<input type="checkbox"/> INITIAL CERTIFICATION: This is to certify (H&SC Section 25505(e)(1)) that a complete HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, has been prepared and is maintained at the site where the hazardous materials are stored.	
<input type="checkbox"/> ANNUAL CERTIFICATION WITHOUT CHANGES: This is an annual certification (H&SC Section 25505(d) & (e)(2)) that the HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, is current and includes all the information required in H&SC Section 25504, and 25509, and is maintained at the site where the hazardous materials are stored.	
<input type="checkbox"/> CERTIFICATION OF CHANGES/REVISIONS: This is to certify that the HMBP has been reviewed (H&SC Section 25505(c) & 25510) and all necessary changes/revisions have been made. The HMBP is current and is maintained at the site where the hazardous materials are stored. Attached are changes to the hazardous materials inventory and/or list of emergency contacts. For site map revisions, submit only the pages that have a change or revision and attach to this certification. This submittal satisfies annual certification requirements specified in H&SC Section 25505(d) & (e)(2).	
As an Authorized Representative, I certify, under the penalty of law, that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. By checking any of the boxes above I also certify that: a) The information contained in the hazardous materials inventory most recently submitted to the CUPA or Administering Agency is complete, accurate, and up to date; b) There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory; and c) All hazardous materials subject to inventory requirements are listed on the most recently submitted inventory.	
SIGNATURE OF OWNER, OPERATOR OR DESIGNATED REPRESENTATIVE	DATE
NAME OF SIGNER (print)	TITLE OF SIGNER

Contingency Plan for SQGs

If you generate Hazardous Waste, but do not store any hazardous substances in containers ≥ 55 gallons you do not need a full HMBP.

***Post this contingency plan by the phone instead.**



UPFP# _____
Date: _____

CONTINGENCY PLAN-EMERGENCY EQUIPMENT

INSTRUCTIONS: In the blank form provided, describe the safety, spill response, communication and structural containment equipment you have in place at your facility for use in emergency situations. If practical, report the equipment according to individual job, shop or work activity area within our facility. If applicable, include the elements listed in the legend.

<u>Personnel Protective & Safety Equipment</u>	<u>Emergency Response Equipment</u>	<u>Communications Equipment</u>	<u>Structural Equipment</u>
Aprons Gloves Coats Chemical Suits Boots Safety Glasses Face Shield Hard Hats	Half/Full face Respirator and Respirator Cartridges Self-Contained Breathing Apparatus Apparatus (SCBA) First Aid Kits Exhaust Hoods First Aid Stations Chemical Antidotes	Fire Extinguishers (Type A, B, C, D) Fire Hoses Eye Wash, Safety Showers Chemical Monitoring Equipment (Type) Chemical Alarms - Bells, etc. Chemical Spill Equipment - Absorbents, Neutralizers, Sand, Leak Repair Kits (Chlorine), Underground Tank Leak Detection Monitors	Telephones Intercoms Portable Radio(s) Verbal Berms & Dikes Tanks (Emergency) Over Pack Drum(s) Containment Vaults Blind Sumps

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY

EXAMPLE

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY
PAINT SHOP	CARTRIDGE RESPIRATORS, SHOP COATS, GLOVES, EYE PROTECTORS	FIRE EXTINGUISHER SAND	TELEPHONE - VERBAL	NONE	MONTHLY (Safety Equipment)

County of San Diego CUPA
Department of Environmental Health-Hazardous Materials Division

are shown on the facility site plan posted with this notice. Locations (optional) of electrical gas and water shut-offs, are also shown on the posted facility plan.

NOTE: Ensure that employees are familiar with these emergency and evacuation procedures. An emergency coordinator must be available 24-hours to assist emergency response personnel.

HM-912 (03/10) County of San Diego CUPA
Department of Environmental Health-Hazardous Materials Division

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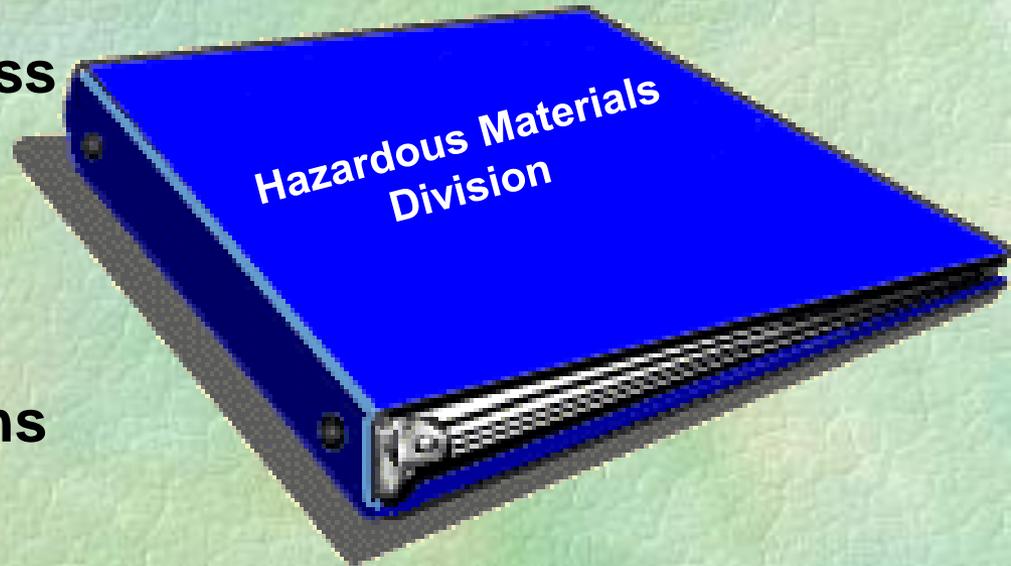
23

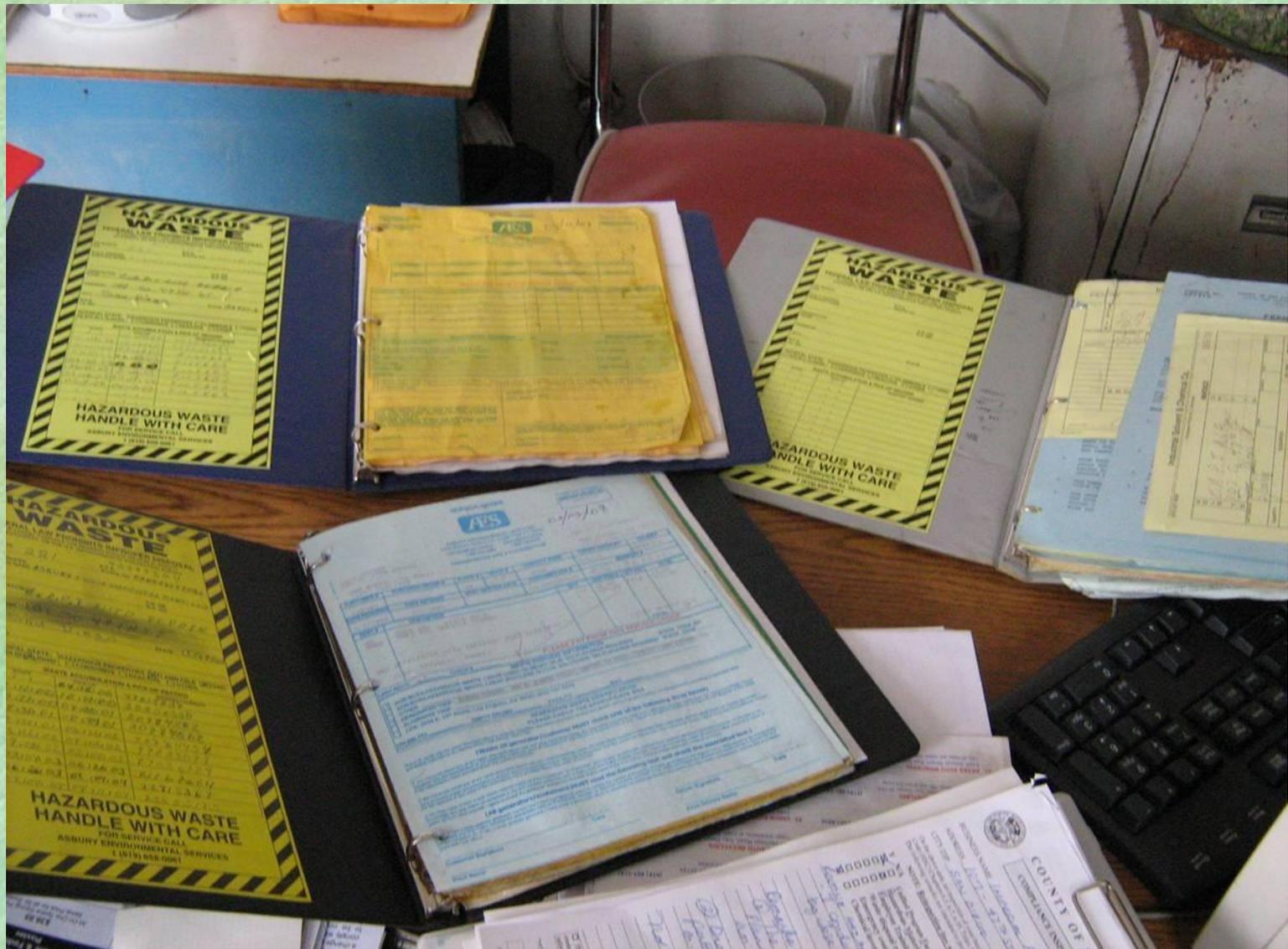
Post by the telephone

Organizing Paperwork

Create a Compliance Binder

- Manifests & Consolidated Manifests (3 years)
- Hazardous Materials Business Plan (HMBP)
- Waste Determination (Analytical testing)
- Daily tank system inspections (LQGs with haz waste tanks)
- Employee Training
- Material Safety Data Sheets (MSDS)

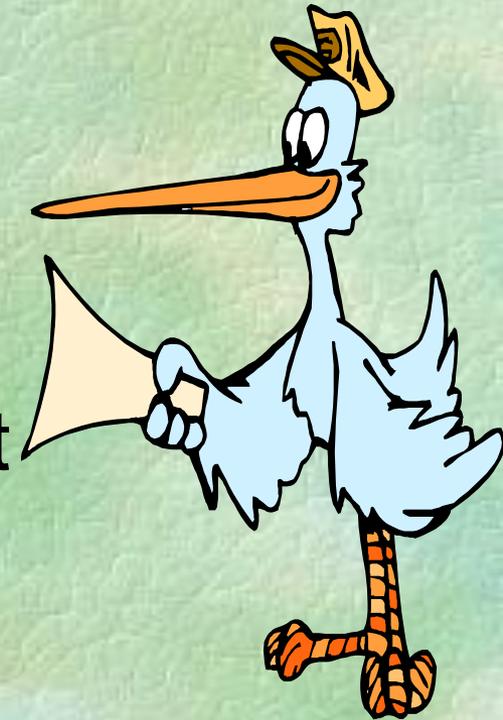




Organization of your manifests is KEY to a quick inspection.

Training Records - CCR 66265.16

- Documentation should be kept until the closure of the facility (logs with topic, date and attendee signature). Former employee records kept for 3 years after employee leaves.
- SQG's with no disclosable materials are required to conduct employee training, but they do not have to keep training records available for inspection.



In Review...

- Ensure you have a current permit and ID#.
- Keep HMBP onsite and accurate.
- Keep records from waste haulers onsite for 3 years.
- Organize all required paperwork for quick and easy inspections.
- Now that you know about paperwork... let's move on to hazardous waste storage and common violations!!