
Paperwork Organization & Retention Times

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County of San Diego
Hazardous Materials Division

UST Owner, D.O. & Service Technician Workshop
April 27, 2010

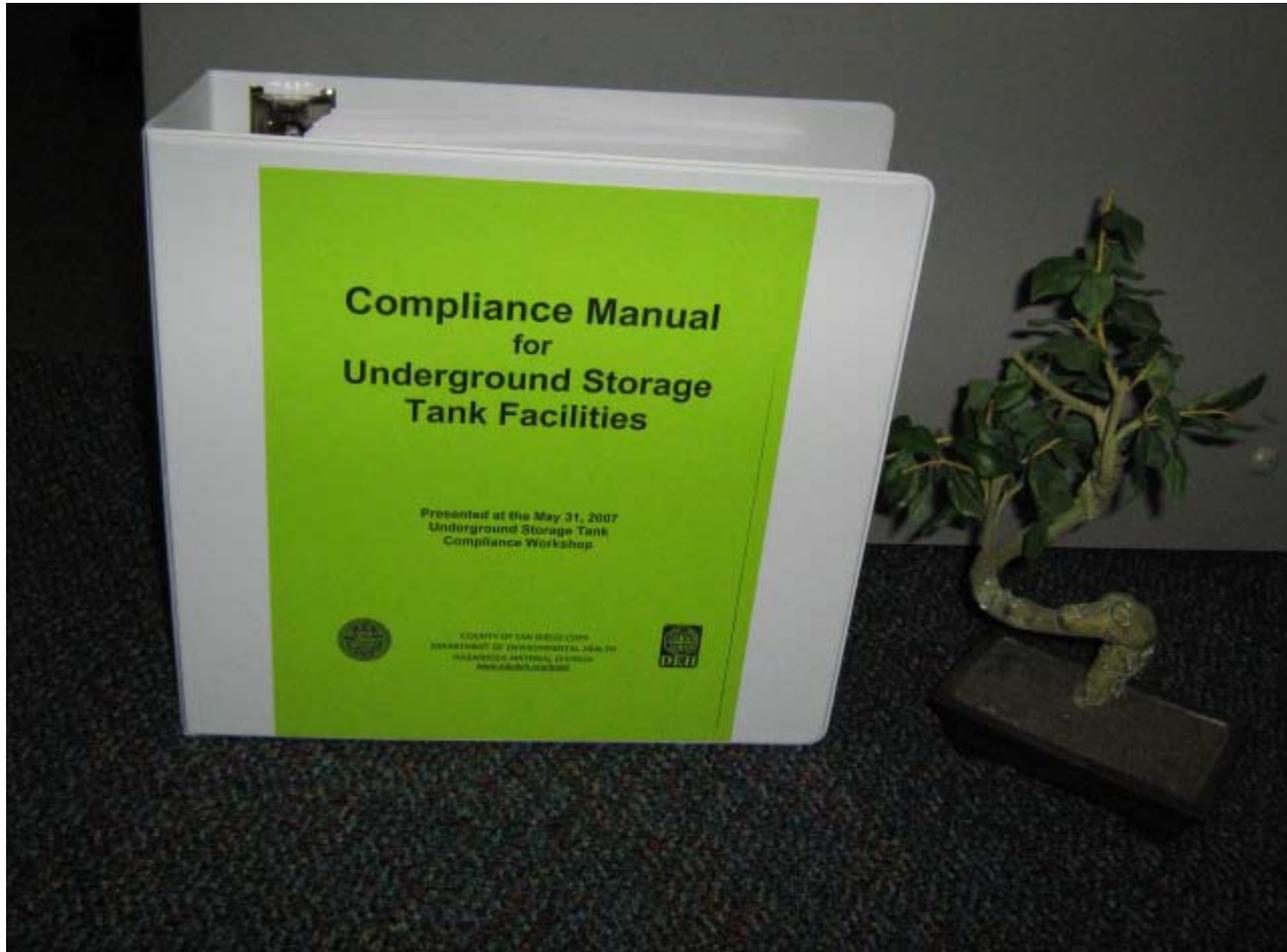
Basic Organization

- Do not mix UST compliance paperwork with APCD and FHD paperwork
- Preferable that you separate historical documents from current versions

Basic Organization



Basic Organization



UST compliance binder table of contents

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AVERY® READY INDEX® 6000ET

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UNIFIED PROGRAM FACILITY PERMIT

Most current version
Good for 1 year

Permit Application:
keep it for the life of the
tank (County keeps
records for 10 years)

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

MAR 2011

P.O. BOX 129261, SAN DIEGO, CA 92112-9261 1-800-251-8533/619-338-2222 FAX 619-338-2377 www.sdcdeh.org

OWNER/OPERATOR NAME: [REDACTED]
FACILITY NAME: [REDACTED]
FACILITY LOCATED AT: [REDACTED] Chula Vista, CA 91911

Mailing Address: [REDACTED]

PERMIT: HK17- [REDACTED] PER-441

Jack Miller
DIRECTOR, DEH

*** ATTENTION ***

THIS IS AN OFFICIAL DOCUMENT
- DO NOT DISCARD -

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.

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

ISSUE DATE: 31-MAR-2011
EXPIRATION DATE: 31-MAR-2011, RENEWAL IS REQUIRED BEFORE EXPIRATION DATE.
ANY CHANGES IN THE ABOVE OWNER, LOCATION NOTIFICATION(S) MUST BE REPORTED BY SUBMITTING A NEW UNIFIED FACILITY PERMIT APPLICATION.
VERIFY THE ABOVE MAILING ADDRESS AND NOTIFY ANY OF ABOVE.

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.

This permit is provisional. The Director or designee of the Director may order that this Permit or any permit element be denied, suspended or revoked for violation of any relevant requirement established or provided by law.

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UNDERGROUND STORAGE OPERATING PERMIT

Most current version

Good for 5 yrs

It can be revoked if not in compliance

Permit #: [Redacted]
State ID: [Redacted]

Operations Permit issued on: 05/11/2007
Operating Permit Expires on: 05/10/2010
Reference Number: [Redacted]

San Diego County
Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: [Redacted] Site Address: [Redacted]
Tank Owner's Name: [Redacted]
Tank Operator's Name: [Redacted]

*See reverse side for permit conditions and requirements.

Tank#	Capacity (gallons)	Tank Use	Piping Construction	Contents	Monitoring Alternative
1	31452	Motor Vehicle Fuel	DOUBLE WALL	REGULAR UNLEADED	DW TANK, DW PRESSURIZED PIPE W/ WET TANK ANNULAR, POSITIVE SHUT-OFF & FAILSAFE, 3.0 L/D, UO W/ POSITIVE SHUT-OFF
2	31453	Motor Vehicle Fuel	DOUBLE WALL	PREMIUM UNLEADED	DW TANK, DW PRESSURIZED PIPE W/ WET TANK ANNULAR, POSITIVE SHUT-OFF & FAILSAFE, 3.0 L/D, UO W/ POSITIVE SHUT-OFF

Total Number of Operating Permitted Tanks: 2

Printed on: 4/23/2010 Page 1 of 1

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CERTIFICATE OF FINANCIAL RESPONSIBILITY

Update: every year

Maintain Records for:
for the life of the tank

 State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2120 <small>(Instructions on reverse side)</small>		For State Use Only				
CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM						
A. I am required to demonstrate Financial Responsibility in the required amounts as specified in CCR, Title 23, Div. 3, Ch. 18, Art. 3, Section 2807: <input checked="" type="checkbox"/> 500,000 dollars per occurrence or <input type="checkbox"/> 1 million dollars per occurrence						
AND						
<input checked="" type="checkbox"/> 1 million dollars annual aggregate or <input type="checkbox"/> 2 million dollars annual aggregate						
B. <u>Make Believe Company</u> hereby certifies that it is in compliance with the requirements of <small>(Name of Tank Owner or Operator)</small> California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807. The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:						
C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
State UST Fund	State UST Cleanup Fund P.O. Box 944212 Sacramento, CA 94212	N/A for UST Cleanup Fund	\$995,000 per Occurrence and Annual Aggregate	State UST Cleanup Fund Continuous	Yes	Yes
Chief Financial Officer Letter	Make Believe Co. 123 Tank Street Fund City, CA 90001	N/A for this mechanism	\$5,000 per Occurrence and Annual Aggregate	Annual	Yes	Yes
Note: This is a sample certification of a petroleum UST owner or operator using the State Cleanup Fund as the financial responsibility mechanism, in conjunction with the state alternative mechanism "Letter from Chief Financial Officer." For additional information and requirements refer to Title 23, Division 3, Chapter 18, of the California Code of Regulations and Chapter 8.75 of Division 20 of the California Health and Safety Code.						
Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with all conditions for participation in the Fund. See instructions.						
D. Facility Name	Make Believe Co.	Facility Address	123 Tank Street Fund City, CA 90002			
Facility Name	Make Believe Co.	Facility Address	200 Site Avenue Fund City, CA 90002			
Facility Name		Facility Address				
E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator				
	__/__/__	Rhea Cycle, Owner				
Signature of Witness or Notary	Date	Name of Witness or Notary				
	__/__/__	Tom Storage				
CFR (Revised 09/06)		FILE: Original - Local Agency		Copies - Facility/State		

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UST MONITORING PROCEDURES EMERGENCY RESPONSE PLAN

Update: as necessary

Maintain Records for:
life of UST

- Monitoring plan
- Emergency Response plan
- Plot plan
- Facility page
- Tank pages

 COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92113-9261 (619) 338-2222 FAX (619) 338-1277 1-800-253-8943	
UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)	
TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)	
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 2. RENEWAL PERMIT <input type="checkbox"/> 3. CHANGE OF INFORMATION <input type="checkbox"/> 4. TEMPORARY UST CLOSURE <input type="checkbox"/> 5. UST PERMANENT CLOSURE ON SITE <input type="checkbox"/> 6. UST REMOVAL	
DATE UST PERMANENTLY CLOSED: / / 4306 DATE EXISTING UST DISCOVERED: / / 4305	
I. FACILITY INFORMATION	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	FACILITY ID #
	3 7 - 0 0 0 -
BUSINESS SITE ADDRESS	CITY CA ZIP CODE
II. TANK DESCRIPTION	
TANK ID #	TANK MANUFACTURER
DATE UST SYSTEM INSTALLED	TANK CAPACITY IN GALLONS
TANK CONFIGURATION: THIS TANK IS <input type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT. NUMBER OF COMPARTMENTS IN THE UNIT	
III. TANK USE AND CONTENTS	
TANK USE	CONTENTS
<input type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. OTHER GENERATOR FUEL	<input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 5. UNLEADED <input type="checkbox"/> 5. DIESEL <input type="checkbox"/> 5. PETROLEUM BLEND FUEL <input type="checkbox"/> 5. OTHER PETROLEUM (Specify) <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify)
<input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (BSC #21281.5c)	<input type="checkbox"/> 1b. REGULAR UNLEADED <input type="checkbox"/> 1b. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 6. AVIATION GAS
IV. TANK CONSTRUCTION	
TYPE OF TANK	PRIMARY CONTAINMENT
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 7. STEEL + INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify)
SECONDARY CONTAINMENT	OVERFILL PREVENTION
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify)	<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT
V. PRODUCT WASTE PIPING CONSTRUCTION	
PIPING CONSTRUCTION	SYSTEM TYPE
<input type="checkbox"/> 1. SINGLE-WALLED <input type="checkbox"/> 1. DOUBLE-WALLED <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION (21 CFR 28.300a3)
PRIMARY CONTAINMENT	SECONDARY CONTAINMENT
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify)	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify)
PIPING/TURBINE CONTAINMENT SUMP TYPE	
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE	
VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION	
VENT PRIMARY CONTAINMENT	VENT SECONDARY CONTAINMENT
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)
VR PRIMARY CONTAINMENT	VR SECONDARY CONTAINMENT
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)
VENT PIPING TRANSITION SUMP TYPE	RISER PRIMARY CONTAINMENT
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)
RISER SECONDARY CONTAINMENT	RISER COMPONENTS INSTALLED
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)	<input type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input type="checkbox"/> 6. CONTAINMENT SUMP
VII. UNDER DISPENSER CONTAINMENT (UDC)	
CONSTRUCTION TYPE	CONSTRUCTION MATERIAL
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 90. NONE	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify)
VIII. CORROSION PROTECTION	
STEEL COMPONENT PROTECTION	
<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION	
IX. APPLICANT SIGNATURE	
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.	
APPLICANT SIGNATURE	DATE
APPLICANT NAME (print)	APPLICANT TITLE

HM-9717 - UPCF Underground Storage Tank - Operating Permit Application - Tank Information (8/08)

Update: as necessary

Maintain Records for:
life of UST

SAMPLE

**Agreement Between Owner and Operator
For Operation of Underground Storage Tanks**

I, _____, **Owner** of the Underground Storage Tank(s), located at _____, in the city of _____, County of Riverside, State of California, enter into this written Contract with _____, the **Operator** of the above facility, to fulfill a requirement of my Permit to Operate and in consideration of **Operator's** promises outlined below.

Owner has provided the **Operator** with a copy of the Permit to Operate.

I, _____, the **Operator** of the Underground Storage Tank(s) located at the above stated address have received, from the owner, a copy of the Permit to Operate. I have read and understand my responsibilities as **Operator** under this permit. In consideration of Owner's consent for me to operate these Underground Storage Tank(s) I agree to do the following:

- Monitor the underground tank(s) as specified in the Permit to Operate.
- Maintain appropriate records as required by the Permit to Operate.
- Implement all reporting procedures as required by the Permit to Operate.

Signature _____ Date _____
Owner of the Underground Storage Tank(s)

Signature _____ Date _____
Operator of the Underground Storage Tank(s)

**It is recommended that a document of this type be notarized before a public notary.*

Rev. 03/04

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MONITOR SYSTEM CERTIFICATION

Update:
Once a year

Maintain Records for:
Keep for 3 yrs
(including alarm history
and set up)



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P. O. BOX 128281, SAN DIEGO, CA 92112-8281
(619) 594-2222 FAX (619) 594-2377; 1-800-262-8888

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____ Permit Number: _____

A. General Information
Facility Name: _____ Bldg. No.: _____
Site Address: _____ City: _____ Zip: _____
Facility Contact Person: _____ Contact Phone No.: (____) _____
Make/Model of Monitoring System: _____ Date of Testing/Service: ____/____/____

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): System set-up Alarm history report

Technician Name (print): _____ Signature: _____
 Certification No.: _____ License No.: _____
 Testing Company Name: _____ Phone No.: (____) _____
 Testing Company Address: _____ Date of Testing/Service: ____/____/____

HM-9301 (03/08) Page 1 of ____ County of San Diego-DEH-Hazardous Materials Division

7

SECONDARY CONTAINMENT TESTING RESULTS

To be conducted:

- Every 36 months for all UST system
- Right after secondary containment repairs, 6 months after, then every 36 months

Maintain Records for:
Retain for life of tank
(including tapes)



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH & HAZARDOUS MATERIALS DIVISION
P.O. BOX 12888, SAN DIEGO, CA 92112-0288
(619) 441-7200 FAX (619) 441-7201 TDD (619) 441-7202

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT & SPILL CONTAINMENT TESTING REPORT FORM

This form is provided for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate portion of this form to report results for all components tested. Test completed form, whether test successful, and regardless of test results, must be provided to the facility's permittee or other responsible party as defined in the County of San Diego Department of Environmental Health & Hazardous Materials Division UST Group.

Permit Number: _____ Film Check Number: _____

1. FACILITY INFORMATION

Facility Name: _____	Date of Testing: _____
Facility Address: _____	Test Type: <input type="checkbox"/> Initial <input type="checkbox"/> Repair Test
Facility Contact: _____	<input type="checkbox"/> 6 month <input type="checkbox"/> Other _____
Date Local Agency Was Notified of Testing: _____	Name of Local Agency Inspector (if present always require): _____
Name of Local Agency Inspector (if present always require): _____	

2. TESTING CONTRACTOR INFORMATION

Company Name: _____		
Technician Conducting Test: _____		
Credentials: <input type="checkbox"/> CSLB Licensed Contractor <input type="checkbox"/> NUREC Licensed Tank Tester		
License Type: _____ License Number: _____		
Manufacturer: _____	Manufacturer Training (certification): _____	Date Training Expires: _____
_____	_____	_____
_____	_____	_____

3. SUMMARY OF TEST RESULTS

Component	Pass		Fail		Component	Pass		Fail	
	Y	N	Y	N		Y	N	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8

DESIGNATED OPERATOR MONTHLY CHECKLIST REPORTS

D.O. Monthly Report
Maintain Records for:
12 months

DUSTO
Update: as necessary
(every 2 yrs)

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX: (619) 338-2139 1-800-253-9933
<http://www.sdcounty.ca.gov/dsh/hmd/index.html>

**Designated Underground Storage Tank (UST) Operator
Monthly Visual Inspection Checklist**

Facility Name: _____ Date: ____/____/____
 Facility Address: _____ Zip Code: _____
 City: _____
 Designated UST Operator Conducting the Inspection: _____
 International Code Council Certification #: _____ Expiration Date: ____/____/____
 Signature: _____ Phone: (____) _____-____

Y = Yes, N = No, NA = Not Applicable

MONITORING PANEL / ALARM HISTORY		Y	N	NA
1	Monitoring system is powered on and in proper operating mode.			
2	Monitoring system is not currently sounding any alarms.			
3	Alarm history reporting for the previous month is available, and has been reviewed by the Designated UST Operator. (Attach a copy of the alarm history report to this form if available.)			
4	Each alarm for the previous month has been responded to appropriately.			
5	Sensors located in containment areas have not alarmed in the past month.			
6a	List all tanks where alarms occurred in the past month: _____ <i>Note: Tanks at, nearby, inactive, and vapor pad where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service. If pump inspection is required, record results in item 6 below.</i>			

UST SYSTEM INSPECTION		Y	N	NA
6	All containment sumps (except UDC) are free of water, debris, and hazardous substance. Sensors are located properly. <i>Note: Visual inspection of sumps is only required in tanks where an alarm has occurred in the past month for which there is no service record.</i>			
	Sump Location: _____			
	Sump Location: _____			
	Sump Location: _____			
7	Spill containment structures (buckets) are free of water, debris, and hazardous substance.			
	Bucket 1 - Contents: _____			
	Bucket 2 - Contents: _____			
8	Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.			
	Dispenser 1/2 _____ Dispenser 9/10 _____			
	Dispenser 3/4 _____ Dispenser 11/12 _____			
	Dispenser 5/6 _____ Dispenser 13/14 _____			
	Dispenser 7/8 _____ Dispenser 15/16 _____			

PAPERWORK INSPECTION		Y	N	NA	DATE DONE
9	Monitoring system certification has been completed within past 12 months.				
10	Secondary containment tests have been completed within required timeframe.				
11	Spill containment structure (bucket) testing was completed within the past year.				
12	Bucket tightness testing was completed within required timeframe.				
13	Leak tightness testing was completed within required timeframe.				
14	Other required testing/maintenance was completed within required timeframe. (If not test/maintenance items below.)				
	Test/Maintenance: _____				
	Test/Maintenance: _____				
	Test/Maintenance: _____				

FACILITY EMPLOYEE TRAINING		Y	N	NA
15	All facility employees have received on-the-job training within the past year.			

Page 1 of 2 County of San Diego-DEHP-Hazardous Materials Division
HM-6175 (10/04)

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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<http://www.sdcounty.ca.gov/dsh/hmd/index.html>

**Designation of Underground Storage Tank (UST) Operator
UST Owner Statement of Understanding and Compliance with UST Requirements**

Facility Name: _____ Facility Permit #: _____
 Facility Address: _____ Phone: (____) _____
 City: _____ Zip Code: _____

Reason for Submitting this Form (Check One) Initial Certification Change of Designated Operator Certificate Renewal

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR		Relation to UST Facility (Check One)
Designated Operator's Name	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Business Name (if different from above):	_____	
Designated Operator's Phone #:	_____	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	_____	Expiration Date: ____/____/____
ALTERNATE 1 (Optional)		Relation to UST Facility (Check One)
Designated Operator's Name	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Business Name (if different from above):	_____	
Designated Operator's Phone #:	_____	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	_____	Expiration Date: ____/____/____
ALTERNATE 2 (Optional)		Relation to UST Facility (Check One)
Designated Operator's Name	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Business Name (if different from above):	_____	
Designated Operator's Phone #:	_____	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	_____	Expiration Date: ____/____/____

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print) _____ DATE: ____/____/____
 SIGNATURE OF TANK OWNER OR OWNER'S AGENT _____ OWNER'S PHONE #: (____) _____

Return this completed form to: HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261

9

DESIGNATED OPERATOR EMPLOYEE TRAINING

D.O. Training

Update: Annually and
within 30 days for new
hires

Maintain records for:
12 months



County of San Diego
 DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P.O. BOX 120991, SAN DIEGO, CA 92112-0991
 (619) 388-2222 FAX (619) 388-2377 T 619-261-6993
http://www.sdcountry.ca.gov/deshm/home_fund.html


UST Training provided by Designated Operator to Facility Employees		
Facility Name: _____	Facility #: _____	Date: ____/____/____
Facility Address: _____	City: _____	State: CA
Trainer Name: _____	Trainer Signature: _____	
Employee Name: _____	Employee Signature: _____	

The employees whose names appear in Section 5 were trained on the following topics:

- 1 **Emergency Contacts**—Employees were shown the form with: Emergency contacts Emergency phone numbers.
Form is located at: _____
- 2 **Monitoring and Response Plan / Business Emergency Response Plan**—Employees were shown the plan including:
 All the different sections of the plan (purpose and contents overview) Plan map
 MIEs (purpose and contents overview) Locations of fire extinguishers
 Plan location: _____
 Emergency meeting area: _____
 Fire extinguisher location(s): _____
- 3 **Alarms**
Employees were shown the following: UST system diagram (sewers, sumps, UDCs, LLDs, piping, tanks and similar spaces) Alarm Panel Alarm log
 Employees were instructed to call _____ for alarms indicating a potential release (PLLD, sensor out, UDC, sump, high/max product)
 Employees were informed that tampering with or disabling monitoring equipment is against the law (employee can be prosecuted).
 Alarm Panel location: _____
 Alarm log location: _____
- 4 **Emergency Response (spills)**
Employees were shown: The location of the emergency shut off switches
Employees were instructed by:
 Not handle spills that cannot be easily cleaned or controlled (call 911)
 Use gloves and safety glasses Spread absorbent over entire spill
 Sweep across spill until all gasoline is absorbed Place in bucket, transfer to waste drum
 Label waste drum if applicable Check for waste accumulation time on drum
 Fill out spill log Call _____ for all spills
 Emergency shut off switches locations: _____

SPILL RESPONSE ITEM	LOCATION WHERE IT IS KEPT AT THE FACILITY
PPE and equipment: _____	_____
Spill Kit: _____	_____
Hazardous Waste container: _____	_____
Spill Log: _____	_____

HM-0177 (12-06)
COUNTY OF SAN DIEGO OJPA
Department of Environmental Health-Hazardous Materials Division
Page 1 of 2

HAZARDOUS MATERIALS BUSINESS PLAN

Update: annually
(Or within 30days if there are changes)

Maintain most current version on site

 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>The California Health & Safety Code (H&SC), Division 20, Chapter 6.95, Section 25505 provides for the following: 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)	
BUSINESS SITE ADDRESS	
CITY	CA ZIP CODE
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 08.1113.	
<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).	
<p>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.</p>	
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE
NAME OF SIGNER (print)	TITLE OF SIGNER
O INSTRUCTIONS F TO CLERICAL F STAFF FOR HMBP I ACCEPTANCE C E	<input type="checkbox"/> Site Map <input type="checkbox"/> *Emergency Contacts <input type="checkbox"/> *Chemical Inventory
	<p>*Note: Indicate the date that the inventory and/or ER contact information in the KIVA database was reviewed and changes were submitted for processing. If the inventory and ER contact information are exactly the same as it is recorded in KIVA, no changes need to be submitted.</p> <p>Hazardous Materials Business Plan acceptance date will be changed to the acceptance date on new site map. A letter will be mailed to business after processing of site map updates.</p>
U HIRT SITE <input type="checkbox"/> ** S E FIRE DIST.	Specialist's Signature: (only required for new plans or for changes to site maps, chemical inventory and/or emergency contacts)
	REMARKS:

** If HIRT box is checked, follow HIRT policy to indicate on the inventory forms which hazardous materials make this a HIRT site.

HM-953 (03/10)

12

HAZARDOUS WASTE MANIFESTS AND OTHER DISPOSAL RECORDS

Maintain Records for:
3 years

TSD/F signature

Please print or type. (Form designed for use on 8 1/2" (216mm) typewriter.) Form Approved. OMB No. 2654-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number 2. Page 1 of 3 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 Mailing Address U.S. EPA ID Number _____

Facility's Phone: _____

9a. Hbl	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 ME/Atc	13. Waste Codes
		No.	Type			
1.						
2.						
3.						
4.						

14. Special Handling Instructions and Additional Information

15. GENERATOR'S OFFICER'S CERTIFICATION: I hereby declare that the contents of this assignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/manifested, 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 assignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste characterization statement described in 40 CFR 261.23(a) (PI) is a large quantity generator or (SI) (PI) is a small quantity generator is true.

Generator's Officer's Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____
Transporter signature (for exports only)
Date leaving U.S.: _____

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 _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Packed/Unpacked Full/Partial

18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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))

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 _____

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Maintain Records for:

- On-site or off-site for 3 years
- 6.5 years for cathodic protection
- 5 years for written performance claims pertaining to release detection systems, and calibration and maintenance records
- Repairs, lining, and upgrades shall be maintained on site or at another approved location for the remaining life of the UST

CCR § 2712

The image shows a handwritten maintenance record form for a UST system. The form is on a grid and includes a header for 'A. E. ANDERSON CHEVROLET, INC.' and a section for 'CUSTOMER COPY'. A large red 'PAID' stamp is visible over the grid. The grid contains handwritten entries for dates and descriptions of work performed, such as 'Adjust float valve', 'Check battery', and 'Check ground & bonding'. The form also includes a section for 'CUSTOMER COPY' and a 'PAID' stamp.

Updated: as needed

Maintain most current version on site

State of California – California Environmental Protection Agency Department of Toxic Substances Control - GISS
P.O. Box 806, Sacramento, CA 95812-0806

Reset Form **Print**

CALIFORNIA HAZARDOUS WASTE PERMANENT ID NUMBER APPLICATION

Please type or neatly print in ink. Please review the time-by-line instructions carefully.
To check on the status of your request, go to www.hazdis.dtscc.ca.gov and click on Reports.

NEW NUMBER REQUESTS Check all that apply. *(See instructions.)*

1. I am applying for a new permanent California ID number as a hazardous waste: Generator Transporter
Reason for new number: A. Never had a number B. Business moved C. Legal owner of business changed
If your business generates greater than 100 kg of RCRA hazardous waste per month, contact US EPA for a federal ID number.

CHANGES TO STATUS OR INFORMATION FOR AN EXISTING ID NUMBER *(See instructions.)*

For existing ID number: C A

2. I am updating the mailing address and/or contact information only.
 3. I am inactivating this ID Number.
 4. I am reactivating this ID Number.
 5. I am changing the business name only, no ownership change.

6. Site/Facility/Business Name (include DBA) _____ *(See instructions.)*

7. Site Location: _____
Street _____
City _____ State _____ Zip _____ County _____

8. (a) Federal Employer ID Number _____ Board of Equalization Fee Account Number _____
((b) is only required from generators of greater than 5 tons per calendar year.)

9. Mailing Address: _____ *(See instructions.)*
Street _____
City _____ State _____ Zip _____

10. Site Contact Person: _____ *(See instructions.)*
First Name _____ Last Name _____
Contact Person Address: _____
Street _____
City _____ State _____ Zip _____
Contact Person Phone Number: (____) _____ Phone Number _____ Fax Number: (____) _____
Area Code Phone Number Area Code Fax Number
Contact Person Business Email Address: _____ Preferred Primary Communication: Mail Email

11. Legal Business Owner (not property owner): _____ *(See instructions.)*
Name _____
Owner Address: _____
Street _____ City _____ State _____ Zip _____
Owner Phone Number: (____) _____ Phone Number _____ Fax Number: (____) _____
Area Code Phone Number Area Code Fax Number

12. Standard Industrial Classification (SIC) Code for the Site: _____ (4-Digit Number) *(See instructions.)*

13. Certification: *I certify under penalty of law that the information on this document was prepared to the best of my knowledge and belief to be, true, accurate and complete.*

SIGNATURE _____ DATE _____
NAME (print) _____ TITLE _____ PHONE _____

DTS Form 1356 (6/06)

Paperwork Organization & Retention Times



Thank You

County of San Diego, Hazardous Materials Division
UST Owner, D.O. & Service Technician Workshop
April 27, 2010