

Closure & Relocation Permitting Best Management Practices

By: Rebecca “Becky” Hernandez, EHS III



When do facilities need a Unified Program Facility Permit (UPFP)?



**Hazardous Materials
Business Plan
(HMBP) Program**



**Hazardous Waste
Program**



**Medical Waste
Program**



**Underground
Storage Tank (UST)
Program**



**Aboveground
Petroleum Storage
Act (APSA) Program**



**California
Accidental Release
Prevention Program**



What happens when you no longer need a UPFP?



**Hazardous Materials
Business Plan
(HMBP) Program**



**Hazardous Waste
Program**



**Medical Waste
Program**

- A few steps involved.
- Culminates in an onsite closure inspection conducted by HMD.



**Underground
Storage Tank (UST)
Program**



**Aboveground
Petroleum Storage
Act (APSA) Program**

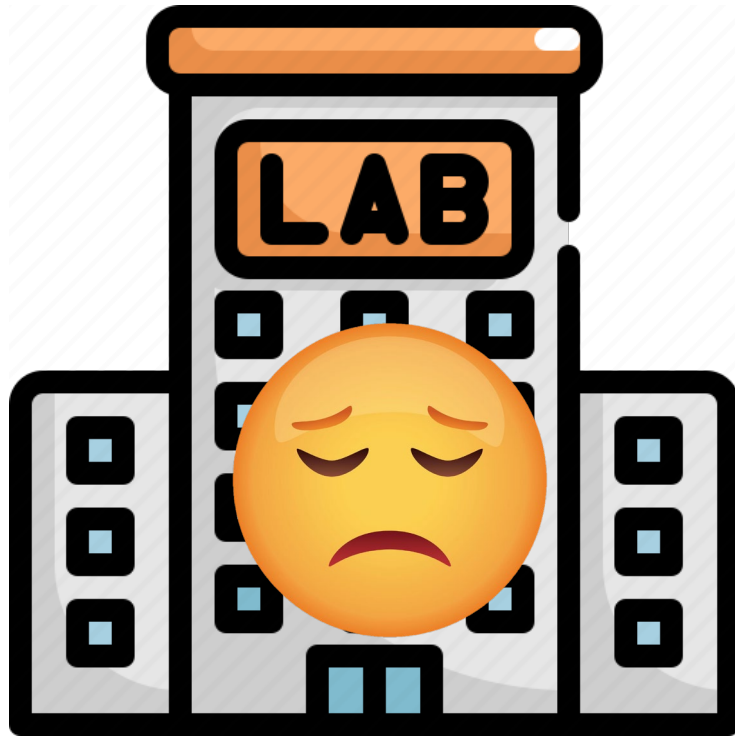


**California
Accidental Release
Prevention Program**



Under what situations would you no longer need a permit?

Permanently ceasing
operations



Closure
inspection

- If you permanently cease operations, HMD conducts a closure inspection at your facility.

Under what situations would you no longer need a permit?

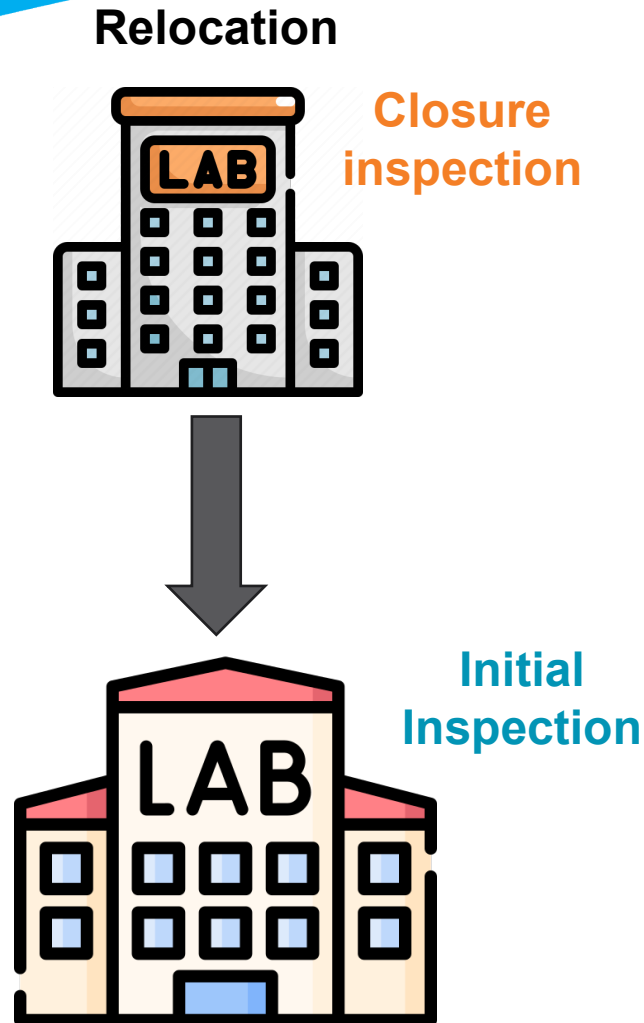
No longer meets
permitting requirements



Closure
inspection

- If your facility no longer meets permitting requirements, HMD conducts a closure inspection.
 - **Example:**
 - If a facility requires 2x55 gals of solvent, they need a permit for HMBP.
 - If this facility realizes that they could do their job with only a 1x30 gal drum of solvent, HMD can conduct a closure inspection because an HMBP permit is no longer required.

Under what situations would you no longer need a permit?

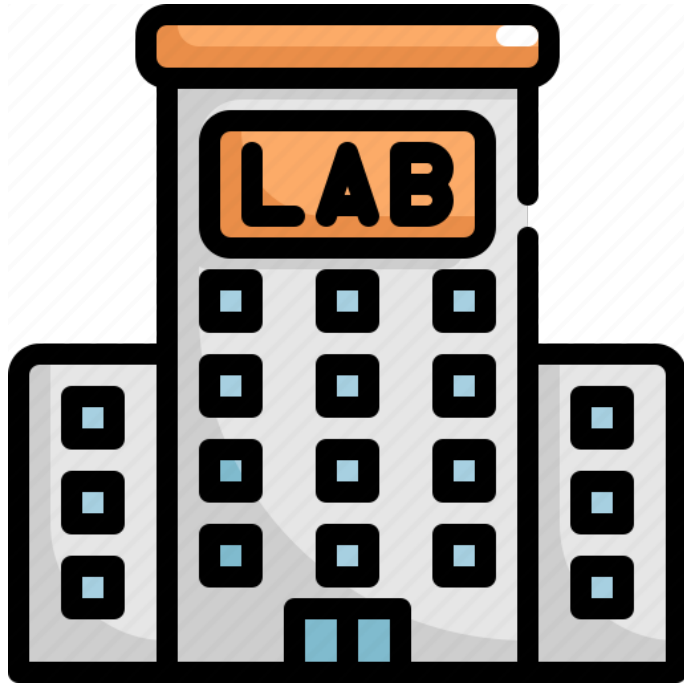


- If your facility relocates, HMD can:
 - conduct a closure inspection at the original location
 - conduct an initial inspection at the new facility.
- The remainder of the presentation will discuss best management practices for closures/relocations.

Closure & Relocation Example #1

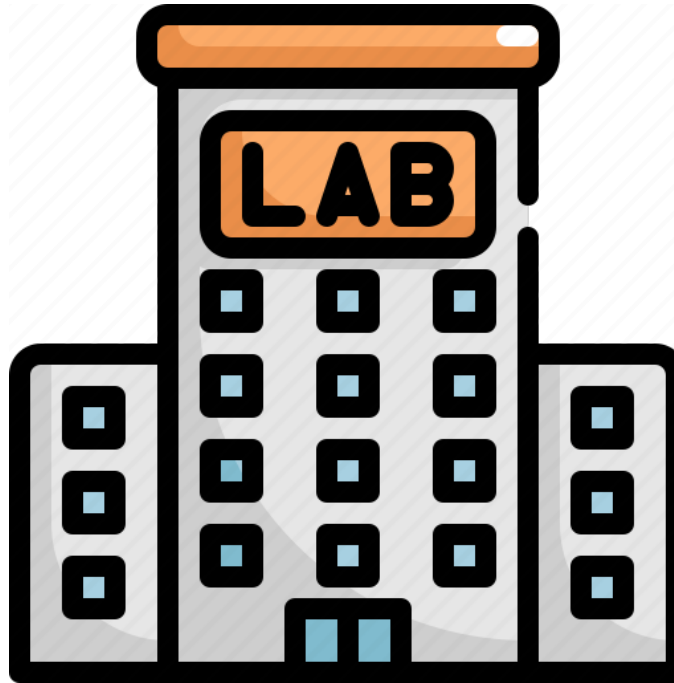
****Permits are non-transferable.*

Main Site



**Continues
Operations**

Temp Site



**Closure
inspection**

- Say, your facility operates out of two permitted locations where one is your main site, and one is temporary.
- After some time, you determine that you don't need your temporary site.
- In this case, HMD will conduct a closure inspection at your temporary site, while your main site continues to operate.

Closure & Relocation Example #2

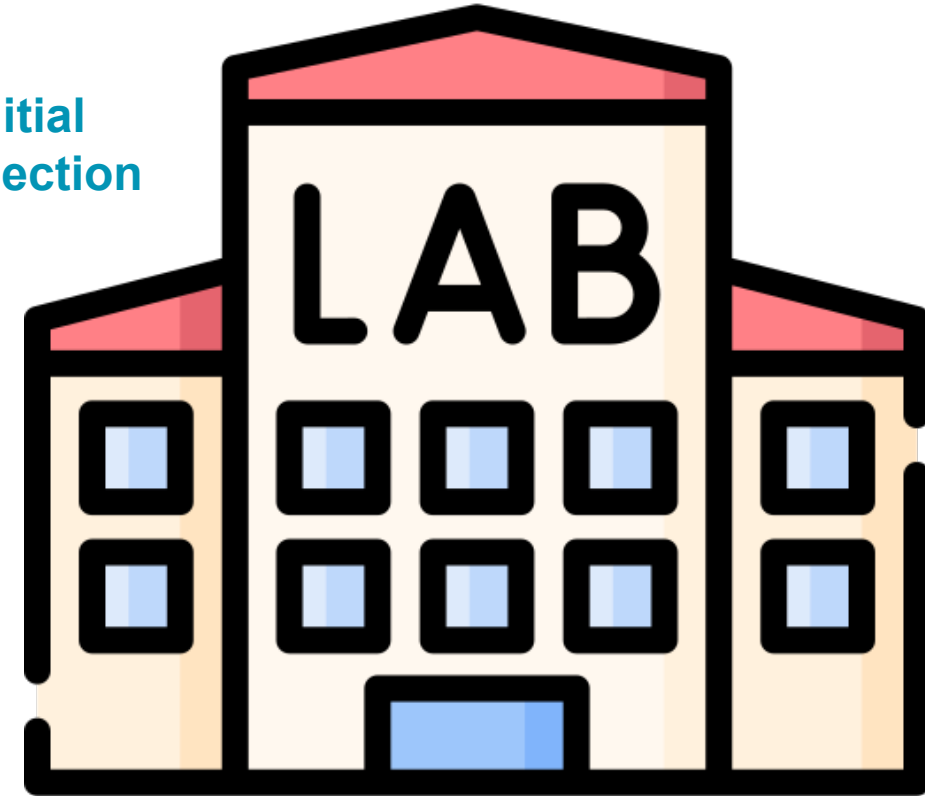
****Permits are non-transferable.*

- If you outgrew your original facility and relocated, HMD will conduct:
 - A Closure inspection at your original site &
 - An Initial inspection at your new site.

Main Site was outgrown

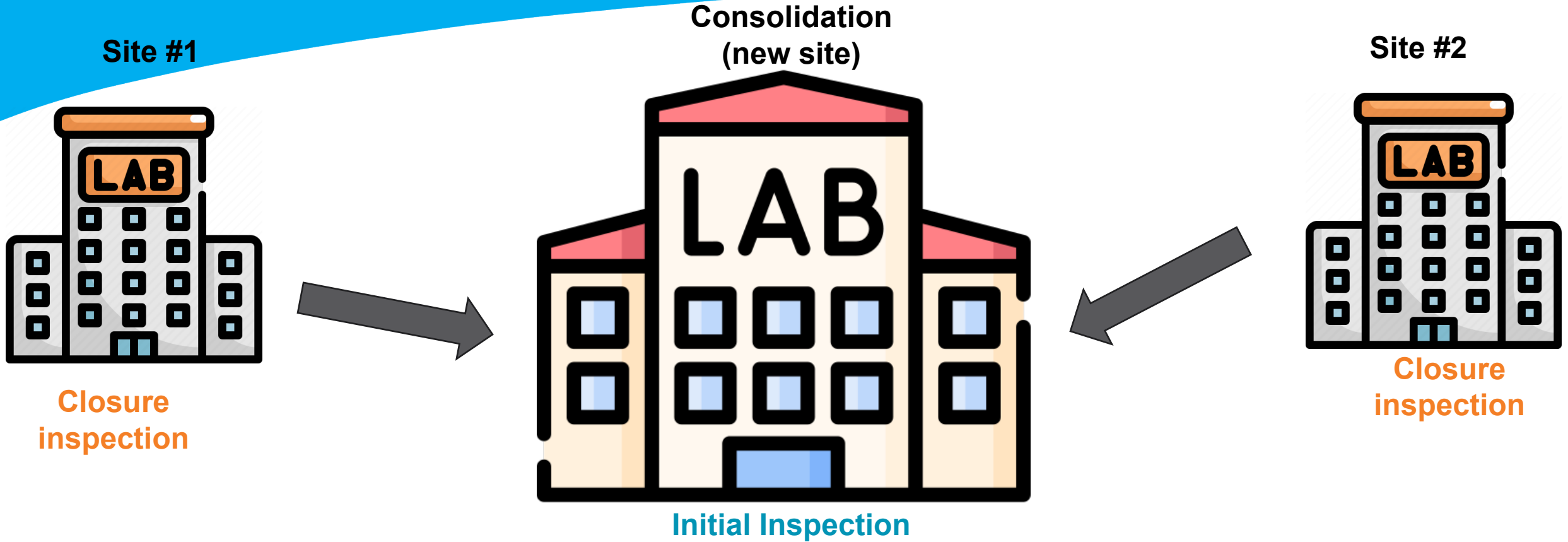


**Initial
Inspection**



Closure & Relocation Example #3

***Permits are non-transferable.




- If you used to operate out of two permitted locations and decided to consolidate both sites under one, larger facility, HMD will conduct:
 - 2 closure inspections at your original sites &
 - An Initial inspection at your new site.

Step 1: NOTIFY HMD of your closure inspection

There are several ways to notify HMD about your facility's closure.

Email a CERS application to EHS or EHT
Check "Closure," include date, & facility information

 **County of San Diego**
DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY HAZARDOUS MATERIALS DIVISION
CERS APPLICATION
Request to Submit CERS Facility Information to Initiate Unified Program Facility Permit

All Certified Unified Program Agency (CUPA) regulated facilities are required by law (Assembly Bill 2286) to submit business information electronically through the California Environmental Reporting System (CERS). Visit https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html

**SUBMITTING THIS FORM DOES NOT GRANT YOU A UNIFIED PROGRAM FACILITY PERMIT (UPFP)
MONITOR EMAIL FOR ADDITIONAL INSTRUCTIONS & ACTIONS REQUIRED**

I. BUSINESS NAME & LOCATION DETAILS FOR ACCESS REQUESTS ONLY: FILL OUT SECTIONS I, II, & VI

Reason for request: ☐ Lead User Access ☐ New Business ☐ Relocation ☐ Change of Ownership ☐ Closure Date of Occurrence _____

Facility Name (This name will be printed on your permit) _____ CERS ID (e.g. 10301234) _____ Permit/Record ID (e.g. DEH2002-HUPFP-123456) _____

Business or Parent Organization Name (if different than facility name) _____ Past CERS ID (if you relocated) _____ Past Permit/Record ID (if you relocated) _____

Current Site Address _____ Suite _____ City _____ ZIP/Postal Code _____

Email your HMD
inspector; or
Technician



Submit a closure notification
in CERS & Check "no" for all
the questions

...or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or
...biological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? ☐

Unified Program Local Reporting Requirements for San Diego County Department of Environmental Health and Quality
Hazardous Waste Reporting: Regulated facilities in this jurisdiction are required by local ordinance to report all hazardous waste(s), including wastes that are less than 55 gallons, 500 pounds, and for waste compressed gases less than 200 cubic feet. To comply with the law report all hazardous waste generated in the Hazardous Materials Inventory Submittal Element (San Diego County Code §68.904(a)(2), §68.905, and §65.1202).

• **Medical Waste Reporting:** Regulated facilities in this jurisdiction are required by local ordinance to report all medical waste(s), including wastes that are less than 55 gallons and 500 pounds. To comply with the law report all medical waste generated in the Hazardous Materials Inventory Submittal element (San Diego County Code §68.904(a)(2), §68.905, and §65.1202).

• **Toxic Gas Reporting:** Regulated facilities in this jurisdiction are required to report, as a hazardous material inventory any quantity of toxic gas with a TLV value of less than or equal to 10 ppm in the Hazardous Materials Inventory Submittal Element (San Diego County Code §68.1113).

• **Photographic Silver Waste:** Regulated facilities in this jurisdiction are required to report onsite photographic waste treatment/silver recovery annually (San Diego County Code §65.107(h)(14) and §68.905.3).

Underground Storage Tank(s) (UST)

Does your facility own or operate underground storage tanks? ☐ No

Hazardous Waste

Does your facility generate Hazardous Waste? ☐ No

If yes, an EPA Identification Number (EPA ID) is required.

Does your facility treat hazardous waste on-site? ☐ No

Is your facility's treatment subject to financial assurance requirements (for Permit by Rule or Conditional Authorization)? ☐ No

Does your facility consolidate hazardous waste generated at a remote site? ☐ No

If yes, an EPA Identification Number (EPA ID) is required.

Does your facility need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site? ☐ No

Does your facility generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of RCRA (federally-regulated) hazardous waste, or generate in any single calendar month greater than 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste. **Do not check this if you only generate non-RCRA waste.** ☐ No

If yes, an EPA Identification Number (EPA ID) is required. Biennial Report (EPA Form 8700-13A(S)) must be filed, and RCRA Large Quantity Generator requirements must be satisfied.

Is your facility a Household Hazardous Waste (HHW) Collection site? ☐ No

If yes, see CUPA for required forms.

Excluded and/or Exempted Materials

Does your facility recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? ☐ No

Aboveground Petroleum Storage

Does your facility own or operate aboveground petroleum storage tanks or containers AND: ☐ No

- have a total aboveground petroleum storage capacity of 1,320 gallons or more, OR
- have one or more petroleum tanks in an underground area?

Regulated Substances

Does your facility have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention (CalARP) Program? ☐ No

If yes, coordinate with your local agency responsible for CalARP. CERS does not currently support any data entry or document uploads for CalARP.

Additional Information

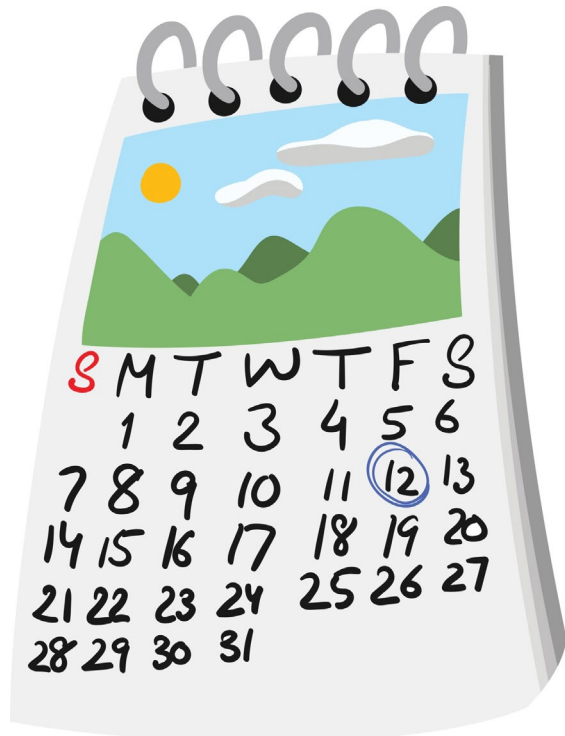
Provide any additional information as necessary and/or required by your local jurisdiction(s).

Step 2: Preparing for your closure inspection

1. Schedule closure inspection with your HMD inspector.

2. Properly dispose of and/or manage any remaining “hazmat,” HW and MW & (retain disposal records)

- NOTE: Active EPA ID # is **required** to dispose of HW as part of your closure process.



Experiencing delays in HW or MW disposal?
Communicate with your HMD inspector to possibly reschedule closure inspection.

Medical Waste Tracking Form				Emergency Response Number:	
1. Generator's Name and Mailing Address:		2. Tracking Form Number:		INSTRUCTIONS for completing the medical waste tracking form: Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator 1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State. 2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 7, 10 & 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.	
3. Telephone Number:		4. State Permit or ID No.:			
5. Transporter's Name and Mailing Address:		6. Telephone Number:			
7. State Transporter or ID No.:		8. Destination Facility Name and Address:			
9. Telephone Number:		10. State Permit or ID No.:		16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13): Print/Type Name _____ Signature _____ Date _____ 17. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13): Print/Type Name _____ Signature _____ Date _____ 18. Telephone Number _____ 19. State Transporter Permit or ID No. _____	
11. US DOT Shipping Name: a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2 UN3291, PGII b. _____		12. Total No. Containers _____		20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13): Print/Type Name _____ Signature _____ Date _____ 21. New Tracking Form Number (for consolidated or remanifested waste): _____	
13. Total Weight or Volume _____		14. Special Handling Instructions: _____		22. Destination Facility (Certification of Receipt of Medical Waste as described in items 11, 12 & 13): <input type="checkbox"/> Received in accordance with items 11, 12 & 13 Print/Type Name _____ Signature _____ Date _____	
14(a) Additional Information: _____		15. Generator's Certification: I hereby declare, on behalf of the generator, that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.		23. Discrepancy Box (Any discrepancies should be noted by item number and initials): _____	
Generator's Signature _____		Signature _____		Date _____	

A large, faint "SAMPLE" watermark is overlaid diagonally across the form. The form is a detailed medical waste tracking form with multiple sections for generator, transporter, and destination facility information, including checkboxes for various regulatory requirements.

Step 2: Preparing for your closure inspection

- Can HW or MW be **self-transported** from a business site that's closing to one that's still operational?



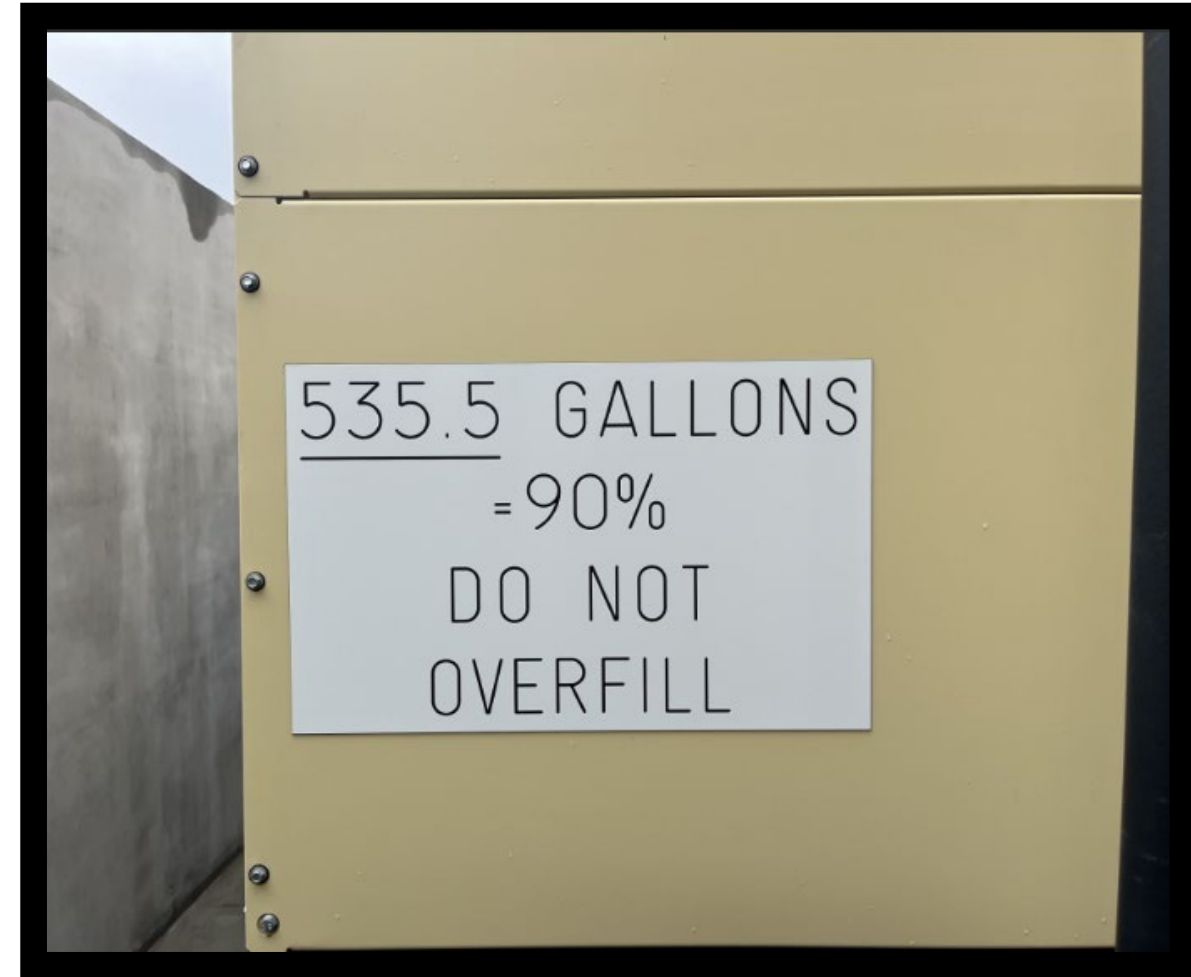
- **Not for HW.**
- **Potential violations**
 - Transporting HW without a registered hauler (i.e., illegal transport)
 - Receiving facility serving as a TSDF
 - HW transport without a HW manifest
- **Materials of Trade Exemption for MW**
 - If certain conditions are met.
(HSC 117946)



Step 2: Preparing for your closure inspection

4. Leaving behind an emergency backup generator?

- Provide property manager contact info to your HMD inspector.



Step 2: Preparing for your closure inspection (cont'd)

3. Conduct a thorough facility walkthrough to ensure no more HW or MW remains.



This is not ok!

Photo 1: Biohazardous waste in trash can



Step 2: Preparing for your closure inspection (cont'd)

3. Conduct a thorough facility walkthrough to ensure no more HW or MW remains.

This is not ok!



Photo 2: Forgotten flammable materials in chemical cabinet



Step 2: Preparing for your closure inspection (cont'd)

3. Conduct a thorough facility walkthrough to ensure no more HW or MW remains.

This is not ok!



Photo 3: Forgotten acids in chemical cabinet



Photo 4: Chemicals were found in a flammable's cabinet



Step 2: Preparing for your closure inspection (cont'd)

3. Conduct a thorough facility walkthrough to ensure no more HW or MW remains.

This is not ok!



Photo 5: Universal waste (e.g., e-waste, fluorescent light bulbs, etc.) in trash can

- Failure to properly account for and dispose of HW and/or MW may result in:
 - delays in completing your closure inspection
 - Addition of renewal fees
 - Enforcement action



Step 3: Conducting Closure inspection

GOAL: To verify if your facility is no longer subject to a permit.

- Internal / External inspection of facility
- Review of any disposal records
 - All waste (MW, HW and universal waste) must be accounted for
- Document findings on inspection report
- Issue inspection report
- Termination of permit / Inactivation of CERS account

BONUS: Your facility is due for a **June 2025** Routine inspection, BUT your facility will close in **September 2025** and you've notified HMD. What does HMD do?

Routine

JUNE 2025							
<small>www.calendar.best</small>							
Wk	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
23	1	2	3	4	5	6	7
24	8	9	10	11	12	13	14
25	15	16	17	18	19	20	21
26	22	23	24	25	26	27	28
27	29	30	1	2	3	4	5

Unannounced & State Mandated

Closure

SEPTEMBER 2025							
<small>www.calendar.best</small>							
Wk	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
36	31	1	2	3	4	5	6
37	7	8	9	10	11	12	13
38	14	15	16	17	18	19	20
39	21	22	23	24	25	26	27
40	28	29	30	1	2	3	4

Can be scheduled w/ inspector

Pop Quiz!

- 1. How can you notify HMD that your facility may need to terminate your existing UPFP?**
- A.** Submit a closure notification in CERS
 - B.** Email a “Closure” CERS application to your inspector
 - C.** Email your Environmental Health Technician at HMD
 - D.** Let the inspector figure it out on the next routine inspection (not this one)
 - E.** All except D

Pop quiz!

2. What type of disposal document will inspectors request at your closure inspection if you disposed of HW?

Medical Waste Tracking Form			Emergency Response Number:	
1. Generator's Name and Mailing Address:	2. Tracking Form Number:	INSTRUCTIONS Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator 1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State. 2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 & 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.	TRANSPORTER 16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13) Print/Type Name _____ Signature _____ Date _____ 17. Transporter 2 or Intermediate Handler (Name and Address) _____ 18. Telephone Number _____ 19. State Transporter Permit or ID No. _____ 20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13) Print/Type Name _____ Signature _____ Date _____ 21. New Tracking Form Number (for consolidated or remanifested waste) _____ 22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13) <input type="checkbox"/> Received in accordance with items 11, 12 & 13 Print/Type Name _____ Signature _____ Date _____ (If other than destination facility, indicate address, phone, and permit or ID no. in box 14) 23. Discrepancy Box (Any discrepancies should be noted by item number and initials)	
3. Telephone number:	4. State Permit or ID No.:			
5. Transporter's Name and Mailing Address:	6. Telephone Number:			
7. State Transporter or ID No.	10. State Permit or ID No.			
8. Destination Facility Name and Address:	9. Telephone Number:	DESTINATION		
11. USDOT Shipping Name:	12. Total No. Containers			13. Total Weight or volume
a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII				
b. <input type="checkbox"/>				
14. Special Handling Instructions:				
14.(a) Additional Information				
15. Generator's Certification: I hereby declare, on behalf of the generator, that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.				
Print/Type Name _____ Signature _____ Date _____				

A

UNIFORM HAZARDOUS WASTE MANIFEST

Form Approved OMB No. 2000-0009

1. Generator's Name and Mailing Address: _____ 2. Tracking Form Number: **JJK**

3. Telephone number: _____ 4. State Permit or ID No.: _____

5. Transporter's Name and Mailing Address: _____ 6. Telephone Number: _____

7. State Transporter or ID No.: _____ 8. Destination Facility Name and Address: _____

9. Telephone Number: _____ 10. State Permit or ID No.: _____

11. USDOT Shipping Name: _____ 12. Total No. Containers: _____ 13. Total Weight or volume: _____

a. ☒ Regulated Medical Waste, 6.2, UN3291, PGII

b. ☐

14. Special Handling Instructions: _____

14.(a) Additional Information: _____

15. Generator's Certification:
I hereby declare, on behalf of the generator, that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

Print/Type Name _____ Signature _____ Date _____

16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)
Print/Type Name _____ Signature _____ Date _____

17. Transporter 2 or Intermediate Handler (Name and Address) _____ 18. Telephone Number _____

19. State Transporter Permit or ID No. _____

20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13)
Print/Type Name _____ Signature _____ Date _____

21. New Tracking Form Number (for consolidated or remanifested waste) _____

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
☐ Received in accordance with items 11, 12 & 13

Print/Type Name _____ Signature _____ Date _____

(If other than destination facility, indicate address, phone, and permit or ID no. in box 14)

23. Discrepancy Box (Any discrepancies should be noted by item number and initials)

Print/Type Name _____ Signature _____ Date _____

DESIGNATED FACILITY TO EPA's e-Manifest System

B

Pop quiz!



3. Your inspector finds the following onsite during the final inspection (i.e., closure inspection). Can your permit be terminated?



Questions?

Hazardous Waste Technical Leads



- **Primary Technical Lead**

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- **Secondary Technical Lead**

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