

**Certified Unified Program Agency**  
County of Marin – Waste Management Division  
P.O. Box 4186, San Rafael, CA 94913-4186  
899 Northgate Drive, Suite 100, San Rafael, CA 94903  
PHONE: (415) 499-6647 FAX: (415) 473-2391  
[www.co.marin.ca.us/depts/pw/main/wastemanagement.cfm](http://www.co.marin.ca.us/depts/pw/main/wastemanagement.cfm)

## HAZARDOUS MATERIALS BUSINESS PLAN

*Authority Cited: Ch. 6.95 HSC; Title 19, Div. 2, CCR; Title 22, Div. 4.5, CCR*

All facilities in Marin County that handle or store hazardous materials (*defined as either virgin or waste materials*) in a quantity required by State law and regulation are to report such use or storage to the County of Marin Certified Unified Programs Agency (CUPA) before the operation of their business. The amount of detail required to be reported, depends on whether or not a facility is subject to State Hazardous Materials Business Plan (HMBP) reporting requirements. See the required reporting amounts under “Who must complete an HMBP?”

The attached Hazardous Materials Business Plan is the preferred format for HMBP reporting. If you wish to use forms other than those provided as samples, please contact the Marin County CUPA. Depending upon the nature of storage/handling of hazardous materials at the facility, additional information may be required to be submitted as Appendices to the HMBP. Examples of such Appendices could include:

- For underground storage tanks, Unified Program Consolidated Forms (UPCF) UST - Facility and UST - Tank
- California Accidental Release Prevention (CalARP) Program Registration Form;
- Aboveground Storage Tank Spill Prevention Control and Countermeasure Plan

### What is a Hazardous Materials Business Plan?

A HMBP is a document containing detailed information on the storage of hazardous materials at a facility. Chapter 6.95 of the California Health & Safety Code (HSC) and Title 19, Division 2, of the California Code of Regulations (CCR) require that facilities which use or store such materials at or above reporting thresholds (*see below*) submit this information.

### What is the Purpose of the Hazardous Materials Business Plan?

The intent of the Business Plan is to satisfy federal and state Community Right-To-Know laws and provide detailed information for use by emergency responders. All persons at the facility who are qualified to serve as emergency coordinators must be thoroughly familiar with the contents and use of the HMBP, with the operations and activities of the facility, and with the locations of all hazardous materials records maintained by the facility.

This HMBP has been developed to assist you in complying with the State requirements and to provide the fire department adequate information about the type, quantity of – and management practices regarding – hazardous materials that are stored at your facility. Along with applicable modules and appendices, it is intended to additionally satisfy some or all of the reporting requirements for the following programs: CalARP Program Registration; Underground Storage Tank; Hazardous Waste Generator; Hazardous Waste Tiered Permitting; and Aboveground Storage Tank Spill Prevention Control and Countermeasure Plan.

### Who must complete a Hazardous Materials Business Plan?

The owner of a facility must complete a HMBP and submit a copy to the Marin County CUPA for each site that handles any individual hazardous material or mixture containing a hazardous material which has a quantity at any time during the reporting year equal to or greater than:

1. 500 pounds or more of any solid hazardous material. [HSC §25503.5(a)]
2. For liquid hazardous materials:
  - a. More than 55 gallons of any type or 275 gallons aggregate quantity on site for lubricating oils as defined by HSC §25503.5(b)(2)(B): [HSC §25503.5(b)(2)(A)]
  - b. 55 gallons or more of any other liquid, including waste oil. [HSC §25503.5(a)]
3. For hazardous material gases:
  - a. More than 1,000 cubic feet (at standard temperature and pressure) of Oxygen, Nitrogen, or Nitrous Oxide stored/handled at a physician, dentist, podiatrist, veterinarian, or pharmacist’s place of business. [HSC §25503.5(b)(1)]
  - b. More than 300 gallons of Propane used for the sole purpose of heating the employee working areas within the facility. [HSC §25503.5(b)]
  - c. 200 cubic feet or more of any other gas. [HSC §25503.5(a)]

**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION  
BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID # (Agency Use Only)																EPA ID # (Hazardous Waste Only)	
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)																	
BUSINESS SITE ADDRESS																	
BUSINESS SITE CITY																	
														104	CA	ZIP CODE	105

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page.**

Does your facility...	If Yes, please complete these pages of the UPCF....
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES - <input type="checkbox"/> NO      4 HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION
<b>B. REGULATED SUBSTANCES</b> Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO      4a Coordinate with your local agency responsible for CalARP.
<b>C. UNDERGROUND STORAGE TANKS (USTs)</b> Own or operate underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO      5 UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
<b>D. ABOVE GROUND PETROLEUM STORAGE</b> Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	<input type="checkbox"/> YES <input type="checkbox"/> NO      8 NO FORM REQUIRED TO CUPAS
<b>E. HAZARDOUS WASTE</b> Generate hazardous waste?  Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?  Treat hazardous waste on-site?  Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?  Consolidate hazardous waste generated at a remote site?  Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?  Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.  Household Hazardous Waste (HHW) Collection site?	<input type="checkbox"/> YES <input type="checkbox"/> NO      9 EPA ID NUMBER - provide at the top of this page.  <input type="checkbox"/> YES <input type="checkbox"/> NO      10 RECYCLABLE MATERIALS REPORT (one per recycler)  <input type="checkbox"/> YES <input type="checkbox"/> NO      11 ON-SITE HAZARDOUS WASTE TREATMENT - FACILITY ON-SITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit)  <input type="checkbox"/> YES <input type="checkbox"/> NO      12 CERTIFICATION OF FINANCIAL ASSURANCE  <input type="checkbox"/> YES <input type="checkbox"/> NO      13 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION  <input type="checkbox"/> YES <input type="checkbox"/> NO      14 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION  <input type="checkbox"/> YES <input type="checkbox"/> NO      14a Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.  <input type="checkbox"/> YES <input type="checkbox"/> NO      14b See CUPA for required forms.

**F. LOCAL REQUIREMENTS**

(You may also be required to provide additional information by your CUPA or local agency.)

**County of Marin**  
**Department of Public Works – Waste Management Division – CUPA**  
**BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page \_\_\_\_\_ of \_\_\_\_\_

**I. IDENTIFICATION**

FACILITY ID # <i>(Agency Use Only)</i>	2	1	0	0	0									1. BEGINNING DATE	100.	ENDING DATE	101.				
FACILITY NAME (Same as Business Name)														3. BUSINESS PHONE		102.					
FACILITY SITE ADDRESS																		103.			
CITY														104.		CA		ZIP CODE		105.	
DUN & BRADSTREET														106.		SIC CODE (4 digit #)		107.			
COUNTY																		108.			
FACILITY OPERATOR NAME														109.		FACILITY OPERATOR PHONE		110.			

**II. BUSINESS OWNER (If Different from Facility)**

OWNER NAME														111.		OWNER PHONE		112.					
OWNER MAILING ADDRESS																		113.					
CITY														114.		STATE		115.		ZIP CODE		116.	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME														117.		CONTACT PHONE		118.					
CONTACT MAILING ADDRESS																		119.					
CITY														120.		STATE		121.		ZIP CODE		122.	

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME	123.	NAME	128.
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: 133.

Property Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Billing Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

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		135.	
NAME OF SIGNER (print)														136.		TITLE OF SIGNER		137.			

\* See Instructions on next page.

**County of Marin**  
**Department of Public Works – Waste Management Division – CUPA**  
**HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200.      Page \_\_\_\_ of \_\_\_\_

**I. FACILITY INFORMATION**

FACILITY NAME AND ADDRESS(Same as Business Name and Address) 3.

CHEMICAL LOCATION(i.e., Warehouse, Office, Garage) 201.      CHEMICAL LOCATION CONFIDENTIAL EPCRA 202.  
 YES     NO

FACILITY ID # 203.      MAP # 203.      GRID # 204.  
*(Agency Use Only)*    2    1    0    0    0

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205.      TRADE SECRET       Yes     No 206.  
 If Subject to EPCRA, refer to instructions

COMMON NAME 207.      Extremely Hazardous Substance (EHS)     Yes     No 208.

CAS# 209.      \*If EHS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.

HAZARDOUS MATERIAL TYPE (Check one item only)     a. PURE     b. MIXTURE     c. WASTE 211.      RADIOACTIVE     Yes     No 212.      CURIES 213.

PHYSICAL STATE (Check one item only)     a. SOLID     b. LIQUID     c. GAS 214.      LARGEST CONTAINER 215.

FED HAZARD CATEGORIES (Check all that apply)     a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH 216.

AVERAGE DAILY AMOUNT 217.      MAXIMUM DAILY AMOUNT 218.      ANNUAL WASTE AMOUNT 219.      STATE WASTE CODE 220.

UNITS\* (Check one item only)     a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS 221.      DAYS ON SITE 222.  
 \* If EHS, amount must be in pounds.

STORAGE CONTAINER     a. ABOVEGROUND TANK     e. PLASTIC/NONMETALLIC DRUM     i. FIBER DRUM     m. GLASS BOTTLE     q. RAIL CAR  
 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE     r. OTHER  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON 223.

STORAGE PRESSURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT 224.

STORAGE TEMPERATURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC 225.

#	% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1.	226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2.	230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3.	234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4.	238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5.	242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.  
 DOT Hazard Class: \_\_\_\_\_

If EPCRA, Please Sign Here.

**County of Marin**  
**Department of Public Works – Waste Management Division – CUPA**  
**HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200.      Page \_\_\_\_ of \_\_\_\_

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 YES     NO

FACILITY ID # 2 1 0 0 0 1.      MAP # 203.      GRID # 204.  
*(Agency Use Only)*

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205.      TRADE SECRET     Yes     No 206.  
If Subject to EPCRA, refer to instructions

COMMON NAME 207.      Extremely Hazardous Substance (EHS)     Yes     No 208.

CAS# 209.      \*If EHS is "Yes," all amounts below must be in lbs.

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HAZARDOUS MATERIAL TYPE (Check one item only)     a. PURE     b. MIXTURE     c. WASTE    211.      RADIOACTIVE     Yes     No    212.      CURIES 213.

PHYSICAL STATE (Check one item only)     a. SOLID     b. LIQUID     c. GAS    214.      LARGEST CONTAINER 215.

FED HAZARD CATEGORIES (Check all that apply)     a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH 216.

AVERAGE DAILY AMOUNT 217.      MAXIMUM DAILY AMOUNT 218.      ANNUAL WASTE AMOUNT 219.      STATE WASTE CODE 220.

UNITS\* (Check one item only)     a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS    221.      DAYS ON SITE 222.  
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 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE     r. OTHER  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON 223.

STORAGE PRESSURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT 224.

STORAGE TEMPERATURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC 225.

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1. 226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2. 230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3. 234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4. 238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5. 242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

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**County of Marin**  
**Department of Public Works – Waste Management Division – CUPA**  
**HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

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 No

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HAZARDOUS MATERIAL TYPE (Check one item only)    a. PURE    b. MIXTURE    c. WASTE 211.                      RADIOACTIVE    Yes    No 212.                      CURIES 213.

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STORAGE TEMPERATURE    a. AMBIENT    b. ABOVE AMBIENT    c. BELOW AMBIENT    d. CRYOGENIC 225.

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1. 226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2. 230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3. 234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4. 238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5. 242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

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STORAGE TEMPERATURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC 225.

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1. 226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2. 230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3. 234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4. 238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
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FACILITY ID # 2 1 0 0 0 1.                      MAP # 203.                      GRID # 204.  
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**II. CHEMICAL INFORMATION**

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CAS# 209.                      \*If EHS is "Yes," all amounts below must be in lbs.

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 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE     r. OTHER  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON 223.

STORAGE PRESSURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT 224.

STORAGE TEMPERATURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC 225.

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1.                      226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No    228.	229.
2.                      230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No    232.	233.
3.                      234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No    236.	237.
4.                      238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No    240.	241.
5.                      242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No    244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.  
 DOT Hazard Class: \_\_\_\_\_

If EPCRA, Please Sign Here.

**County of Marin**  
**Department of Public Works – Waste Management Division – CUPA**  
**HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200.      Page \_\_\_ of \_\_\_

**I. FACILITY INFORMATION**

FACILITY NAME AND ADDRESS(Same as Business Name and Address) 3.

CHEMICAL LOCATION(i.e., Warehouse, Office, Garage) 201.      CHEMICAL LOCATION CONFIDENTIAL EPCRA 202.  
 YES     NO

FACILITY ID # 2 1 0 0 0 1.      MAP # 203.      GRID # 204.  
*(Agency Use Only)*

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205.      TRADE SECRET       Yes     No 206.  
If Subject to EPCRA, refer to instructions

COMMON NAME 207.      Extremely Hazardous Substance (EHS)     Yes     No 208.

CAS# 209.      \*If EHS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.

HAZARDOUS MATERIAL TYPE (Check one item only)     a. PURE     b. MIXTURE     c. WASTE    211.      RADIOACTIVE     Yes     No    212.      CURIES 213.

PHYSICAL STATE (Check one item only)     a. SOLID     b. LIQUID     c. GAS    214.      LARGEST CONTAINER 215.

FED HAZARD CATEGORIES (Check all that apply)     a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH 216.

AVERAGE DAILY AMOUNT 217.      MAXIMUM DAILY AMOUNT 218.      ANNUAL WASTE AMOUNT 219.      STATE WASTE CODE 220.

UNITS\* (Check one item only)     a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS 221.      DAYS ON SITE 222.  
\* If EHS, amount must be in pounds.

STORAGE CONTAINER     a. ABOVEGROUND TANK     e. PLASTIC/NONMETALLIC DRUM     i. FIBER DRUM     m. GLASS BOTTLE     q. RAIL CAR  
 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE     r. OTHER  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON 223.

STORAGE PRESSURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT 224.

STORAGE TEMPERATURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC 225.

#	% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1.	226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2.	230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3.	234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4.	238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5.	242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.  
 DOT Hazard Class: \_\_\_\_\_

If EPCRA, Please Sign Here.

**County of Marin**  
**Department of Public Works – Waste Management Division – CUPA**  
**HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200.      Page \_\_\_\_ of \_\_\_\_

**I. FACILITY INFORMATION**

FACILITY NAME AND ADDRESS(Same as Business Name and Address) 3.

CHEMICAL LOCATION(i.e., Warehouse, Office, Garage) 201.      CHEMICAL LOCATION CONFIDENTIAL EPCRA 202.  
 YES    NO

FACILITY ID # (Agency Use Only) 2 1 0 0 0 1.      MAP # 203.      GRID # 204.

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205.      TRADE SECRET  Yes  No 206.  
If Subject to EPCRA, refer to instructions

COMMON NAME 207.      Extremely Hazardous Substance (EHS)  Yes  No 208.

CAS# 209.      \*If EHS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.

HAZARDOUS MATERIAL TYPE (Check one item only)  a. PURE    b. MIXTURE    c. WASTE 211.      RADIOACTIVE  Yes  No 212.      CURIES 213.

PHYSICAL STATE (Check one item only)  a. SOLID    b. LIQUID    c. GAS 214.      LARGEST CONTAINER 215.

FED HAZARD CATEGORIES (Check all that apply)  a. FIRE    b. REACTIVE    c. PRESSURE RELEASE    d. ACUTE HEALTH    e. CHRONIC HEALTH 216.

AVERAGE DAILY AMOUNT 217.      MAXIMUM DAILY AMOUNT 218.      ANNUAL WASTE AMOUNT 219.      STATE WASTE CODE 220.

UNITS\* (Check one item only)  a. GALLONS    b. CUBIC FEET    c. POUNDS    d. TONS 221.      DAYS ON SITE 222.  
\* If EHS, amount must be in pounds.

STORAGE CONTAINER  a. ABOVEGROUND TANK    e. PLASTIC/NONMETALLIC DRUM    i. FIBER DRUM    m. GLASS BOTTLE    q. RAIL CAR  
 b. UNDERGROUND TANK    f. CAN    j. BAG    n. PLASTIC BOTTLE    r. OTHER  
 c. TANK INSIDE BUILDING    g. CARBOY    k. BOX    o. TOTE BIN  
 d. STEEL DRUM    h. SILO    l. CYLINDER    p. TANK WAGON 223.

STORAGE PRESSURE  a. AMBIENT    b. ABOVE AMBIENT    c. BELOW AMBIENT 224.

STORAGE TEMPERATURE  a. AMBIENT    b. ABOVE AMBIENT    c. BELOW AMBIENT    d. CRYOGENIC 225.

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1. 226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2. 230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3. 234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4. 238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5. 242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.  
 DOT Hazard Class: \_\_\_\_\_

If EPCRA, Please Sign Here.

# Emergency Response/Contingency Plan

## (Hazardous Materials Business Plan Module)

Authority Cited: H&SC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page \_\_\_ of \_\_\_

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Marin County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below).

### 1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all that apply):

Bells;  Horns/Sirens;  Verbal (i.e. shouting);  Other (specify) \_\_\_\_\_

b.  Evacuation map is prominently displayed throughout the facility.

*Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.*

### 2. a. Emergency Contacts\*:

Fire/Police/Ambulance ..... Phone No. 911

State Office of Emergency Services ..... Phone No. (800) 852-7550

### b. Post-Incident Contacts\*:

Fire Department Hazardous Materials Program ..... Phone No.: (415) 499-6717

Marin County CUPA ..... Phone No. (415) 499-6647

California EPA Department of Toxic Substances Control ..... Phone No. (510) 540-3739

Cal-OSHA Division of Occupational Safety and Health ..... Phone No. (408) 452-7288

Bay Area Air Quality Management District ..... Phone No. (415) 771-6000

Regional Water Quality Control Board ..... Phone No. (510) 622-2300

\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.

### c. Emergency Resources:

Poison Control Center ..... Phone No. (800) 876-4766

Nearest Hospital: Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_

### 3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

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## Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)

### 4. Emergency Procedures:

#### Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
  - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
  - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
  - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
  - iv. Notify appropriate local authorities (*i.e., call 911*).
  - v. Notify the State Office of Emergency Services at 1-800-852-7550.
  - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
  - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
  - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
  - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
  - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
  - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

#### Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

### 5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
  - b. Name, address, and telephone number of the facility;
  - c. Date, time, and type of incident (*e.g., fire, explosion, etc.*);
  - d. Name and quantity of material(s) involved;
  - e. The extent of injuries, if any;
  - f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
  - g. Estimated quantity and disposition of recovered material that resulted from the incident;
  - h. Cause(es) of the incident;
  - i. Actions taken in response to the incident;
  - j. Administrative or engineering controls designed to prevent such incidents in the future.
6. **Earthquake Vulnerability:** [19 CCR §2731(e)]
1. **IDENTIFICATION** of areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.
  2. **INSPECTION** of all vulnerable hazardous waste/materials areas, including any or all that apply to compressed gases and storage tanks/containers. All braces, chains, and supporting anchors that secure hazardous waste/materials will be inspected for integrity breach.
  3. **ISOLATION** of compressed gases that are incompatible will be segregated to prevent hazard of comingling. Other chemicals of a hazard category or incompatibility will be segregated as necessary.

**Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)**

**7. Hazard Mitigation/Prevention/Abatement [19 CCR §2731(e)]**

As an attachment to this plan, you must include procedures that provide for mitigation, prevention, or abatement of hazards to persons, property, or the environment. These procedures must be scaled appropriately for the size and nature of the business, the nature of the damage potential of the hazardous materials handled, and the proximity of the business to residential areas and other populations.

**8. Emergency Equipment:**

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

**EMERGENCY EQUIPMENT INVENTORY TABLE**

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
<b>Personal Protective Equipment, Safety Equipment, and First Aid Equipment</b>	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits ( <i>describe</i> )		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations ( <i>describe</i> )		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits ( <i>i.e. bottle type</i> )		
	<input type="checkbox"/> Respirator Cartridges ( <i>describe</i> )		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
<input type="checkbox"/> Other ( <i>describe</i> )			
<b>Fire Extinguishing Systems</b>	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input type="checkbox"/> Fire Extinguisher Systems ( <i>describe</i> )		
	<input type="checkbox"/> Other ( <i>describe</i> )		
<b>Spill Control Equipment and Decontamination Equipment</b>	<input type="checkbox"/> Absorbents ( <i>describe</i> )		
	<input type="checkbox"/> Berms/Dikes ( <i>describe</i> )		
	<input type="checkbox"/> Decontamination Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Emergency Tanks ( <i>describe</i> )		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits ( <i>describe</i> )		
	<input type="checkbox"/> Neutralizers ( <i>describe</i> )		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps ( <i>describe</i> )		
<input type="checkbox"/> Other ( <i>describe</i> )			
<b>Communications and Alarm Systems</b>	<input type="checkbox"/> Chemical Alarms ( <i>describe</i> )		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
<input type="checkbox"/> Other ( <i>describe</i> )			
<b>Additional Equipment</b> (Use Additional Pages if Needed.)	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

- Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.
- \*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

## SPILL CLEAN UP PROCEDURE

1. MAKE SURE THE FOLLOWING PROTECTIVE EQUIPMENT IS AVAILABLE FOR USE BEFORE ATTEMPTING TO CLEAN UP ANY SPILLS: SHOE COVERS, PROTECTIVE CLOTHING (TYVEK), GLOVES, AND GOGGLES.
2. USING A SPILL CLEAN UP KIT, PLACE ABSORBANT MATERIAL AROUND THE SPILL TO CREATE A CIRCULAR BARRIER AROUND THE SPILL. THIS WILL PREVENT THE SPILL FROM SPREADING
3. ESTIMATE THE VOLUME OF SPILL. IF YOU BELIEVE THE SPILL IS BEYOND YOUR CONTROL, AND YOU NEED ASSISTANCE, CALL 911 AND REQUEST THAT A HAZARDOUS MATERIALS UNIT BE DISPATCHED.
4. WHILE WAITING FOR THE HAZARDOUS MATERIALS UNIT TO ARRIVE, AND ONLY IF SAFE TO DO SO, BEGIN TO PLACE ABSORBING MATERIAL ONTO THE SPILL AS NECESSARY.
5. ONCE THE SPILL HAS BEEN CONTAINED, ALL SPILL-CONTAMINATED MATERIAL MUST BE PLACED INTO A CONTAINER AND APPROPRIATELY LABELED "HAZARDOUS WASTE".
6. CONTACT A LICENSED HAZARDOUS WASTE TRANSPORTER TO PICK UP YOUR HAZARDOUS WASTE.
7. ORDER REPLACEMENT PROTECTIVE EQUIPMENT AND CLEAN UP KITS.

*Note that clean up procedures will vary depending on the type of material. Review your MSDS sheets to determine the appropriate procedure for the material that has been spilled*

## EARTHQUAKE VULNERABILITY

1. CCR TITLE 19, SECTION 2731 (e) **IDENTIFICATION** OF AREAS OF THE FACILITY AND MECHANICAL OR OTHER SYSTEMS THAT REQUIRE IMMEDIATE INSPECTION OR ISOLATION BECAUSE OF THEIR VULNERABILITY TO EARTHQUAKE RELATED GROUND MOTION.
2. **INSPECTION:** INSPECT ALL VULNERABLE HAZARDOUS i.e. WASTE/MATERIALS AREA, INCLUDING ANY OR ALL THAT APPLY TO COMPRESSED GASES, STORAGE TANKS/ CONTAINERS. ALL BRACES, CHAINS, AND SUPPORTING ANCHORS THAT SECURE HAZARDOUS WASTE/MATERIALS WILL BE INSPECTED FOR INTEGRITY BREACH.
3. **ISOLATION:** COMPRESSED GASES THAT ARE INCOMPATIBLE, WILL BE SEGREGATED TO PREVENT HAZARD OF COMINGLING. OTHER CHEMICALS OF A HAZARD CATEGORY OF INCOMPATIBILITY WILL BE SEGREGATED AS NECESSARY.

## Record Keeping

(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Unidocs Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. *[Note: Items marked with an asterisk (\*) are required.]*:

<input type="checkbox"/> Current employees' training records <i>(to be retained until closure of the facility) *</i>
<input type="checkbox"/> Former employees' training records <i>(to be retained at least three years after termination of employment) *</i>
<input type="checkbox"/> Training Program(s) <i>(i.e. written description of introductory and continuing training) *</i>
<input type="checkbox"/> Current copy of this Emergency Response/Contingency Plan *
<input type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input type="checkbox"/> Record of hazardous material/waste storage area inspections
<input type="checkbox"/> Record of hazardous waste tank daily inspections
<input type="checkbox"/> Description and documentation of facility emergency response drills

*Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.*

***Note: The following section applies where local agencies require facility owners/operators to perform and document routine facility self-inspections:***

**A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. *[Exception: Unidocs provides a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the Unidocs form (available at [www.unidocs.org](http://www.unidocs.org)), you do not need to attach a copy.]***

Check the appropriate box:

<input type="checkbox"/> We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/> We will use our own documents to record inspections. <b><i>(A blank copy of each document used must be attached to this HMBP.)</i></b>

# Employee Training Plan

## (Hazardous Materials Business Plan Module)

Authority Cited: H&SC, Section 25504I; Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page \_\_\_ of \_\_\_

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. If you already have a training plan, you are not required to complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

Check all boxes that apply. [Note: Items marked with an asterisk (\*) are required.]:

1. **Personnel** are trained in the following procedures:

<input type="checkbox"/>	Internal alarm/notification *
<input type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*
<input type="checkbox"/>	Emergency incident reporting
<input type="checkbox"/>	External emergency response organization notification
<input type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/>	Facility evacuation drills, that are conducted at least (specify) _____ (e.g. "Quarterly", etc.)

2. **Chemical Handlers** are additionally trained in the following:

<input type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input type="checkbox"/>	Spill procedures/emergency procedures
<input type="checkbox"/>	Proper use of personal protective equipment *
<input type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input type="checkbox"/>	<b>Hazardous Waste Handlers/Managers</b> are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

3. **Emergency Response Team Members** are capable of and engaged in the following:

<input type="checkbox"/>	Personnel rescue procedures
<input type="checkbox"/>	Shutdown of operations
<input type="checkbox"/>	Liaison with responding agencies
<input type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/>	Refresher training, which is provided at least annually *
<input type="checkbox"/>	Emergency response drills, which are conducted at least (specify) _____ (e.g. "Quarterly", etc.)

## ADDITIONAL TRAINING TOPICS

- 1) **PREVENTION:** Describe procedures that will be used to prevent the accidental release of hazardous material. These should be specific for the business operation. Examples listed below.
  - a) train employees in the proper methods of handling hazardous materials
  - b) look at transfer operations and improve them as necessary to reduce the likelihood of a spill
  - c) berm or use secondary containment in areas where hazardous materials can be easily discharged
  - d) visually inspect containers at least once per week to check for leaks and container degradation and store containers in a manner that this inspection can be easily performed
  - e) make sure that incompatible materials are stored separately and that there is adequate separation between these materials in the event of a discharge
  - f) repair, modify, and or replace faulty equipment
  - g) installation of alarm, detection, monitoring or automatic control devices
  
- 2) **MITIGATION:** Describe procedures that will be used to reduce the hazard or damage caused to persons, property, and the environment. Examples listed below.
  - a) restrict access to the area of the release
  - b) stay up wind of the release
  - c) turn off the building ventilation system
  - d) dike, divert or absorb liquids
  - e) cover or suppress emissions, as appropriate
  - f) minimize and control the immediate spread of the material
  - g) shut off electrical or chemical sources contributing to the emergency
  - h) predict the direction of the spill
  - i) use absorbents, as appropriate, to absorb the material
  - j) remove contaminated clothing
  - k) wash away any material that contacts the body with copious amounts of soap and water
  
- 3) **ABATEMENT:** Describe procedures that will be used to stop the hazard. Examples listed below
  - a) fight small fires only
  - b) remove sources of ignition
  - c) close valves or container
  - d) roll leaking containers so that the leaking side is up
  - e) plug or seal leaks



# Facility Site Plan/Storage Map


Facility Name and Address: \_\_\_\_\_

Date Map Drawn: \_\_\_ / \_\_\_ / \_\_\_

Map Scale: \_\_\_\_\_

Page \_\_\_ of \_\_\_

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 <p><b>County of Marin</b> www.co.marin.ca.us</p>	<p><b>Certified Unified Program Agency</b>  <b>County of Marin – Waste Management Division</b>  P.O. Box 4186, San Rafael, CA 94913-4186  899 Northgate Drive, Suite 100, San Rafael, CA 94903  PHONE: (415) 499-6647 FAX: (415) 473-2391  <a href="http://www.co.marin.ca.us/depts/pw/main/wastemanagement.cfm">www.co.marin.ca.us/depts/pw/main/wastemanagement.cfm</a></p>
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**ORDINANCE NO. 3490 (Summary Related to Fees)**

THE BOARD OF SUPERVISORS OF THE COUNTY OF MARIN DOES HEREBY ORDAIN AS FOLLOWS:

**7.80.015 Fee Schedule.**

Pursuant to Health and Safety Code, Division 20, Chapter 6.11, Section 25404.5(a), each CUPA shall institute a single fee system for all CUPA programs. Any existing fees for programs now under CUPA are to be replaced by the single fee system. These fees are to be set to a level sufficient to pay necessary and reasonable cost incurred by the CUPA in administering the CUPA programs. The changes in the fee schedule shall become in effect upon the effective date of the ordinance codified in this section. Future amendments may be added to cover the costs of implementing the various CUPA programs. No refund or rebate of a permit application shall be allowed by reason of the fact that the permit is denied or the permittee discontinues the activity or use of a facility prior to the expiration of the term of that permit.

**7.80.020 Underground Storage Tank Fees.**

The following fees and charges are enacted:

Annual permit to operate (store): Per tank .....	\$1,000.00
Plan check/installation inspection: Per tank (up to 5 hours staff time*) .....	\$500.00
Modification of tank system:	
No plan check: Per tank (up to 3 hours staff time*) .....	\$300.00
Plan check: Per tank (up to 5 hours of staff time*) .....	\$500.00
Removal of tank(s): Per tank (up to 5 hours staff time*) .....	\$500.00
Transfer of permit: All tanks .....	\$200.00
In-place closure: Per tank (up to 5 hours of staff time*) .....	\$500.00
Temporary closure .....	\$100.00
Consultation/facility oversight.....	\$100.00/hour

**7.80.032 Aboveground Storage of Petroleum Products:**

The following fees and charges are enacted:

Total volume of petroleum product stored aboveground in gallons.

A1 Aggregates of 1320 to less than 10,000.....	\$750.00
A2 Aggregates of 10,000 to less than 100,000.....	\$1,500.00
A3 Aggregates of 100,000 plus .....	\$2,500.00

**7.80.025 Hazardous Materials Business Plan and California Accidental Release Prevention Fees.**

The following fees and charges are enacted:

Hazardous Materials in Tanks (both Aboveground and Underground)

<u>Fee Group</u>	<u>Volume</u>	<u>Fee</u>
<i>Total Volume of Hazardous Material in Tanks (both Aboveground and Underground)</i>		
T1	Aggregates of up to and including 500 gallons .....	\$247.50
T2	Aggregates of 501 – 1,500 gallons .....	\$275.00