County of Yolo, Department of Community Services, Environmental Health Division UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

| | | | | | | | | | | | | | | Page of | |
|--|--------------|---------------------------------|-----------------|------------------------|---------|--|---|------------|--------------|---------|------------|--------------|----------|------------|-------|
| | | | | I. FACIL | ITY ID | ENTIFIC | ATIO | N | | | | | | | |
| BUSINESS NA | LITY ID# | | | | | | | | | 1 | | | | | |
| | | | | | | | | | | | | | | | |
| TANK OWNER | DNAME | | | | | | | | | | | | | | 740 |
| TANK OWNER | RNAWE | | | | | | | | | | | | | | |
| TANK OWNER | R ADDRES | s | | | | | | | | | | | | | 741 |
| | | | | | | | | | | | | | | | |
| TANK OWNER | RCITY | | | | 742 ST | ATE | | | 743 | ZIP CC | DE | | | 744 | |
| | | | ı | I. TANK C | I OSUF | | | ION | | | | | | | |
| Tank ID # Concentration of Flammable | | | | | | | | | | | | | | | |
| TANK INTERIOR ATMOSPHERE READINGS | | itional copies for more than | | | | | | | _ | | | | | | |
| | | tanks) | Тор | Cent 746a | 746b | Bottor | n 746c | | Top | 17a | Ce | enter 747 | 7h | Bottom | 747c |
| | 1 | | | | | | | | | | | | | | |
| | 2 | 748 | 7 | 749a | 749b | | 749c | | 75 | 50a | | 750 | Ob | | 750c |
| | 3 | 751 | | 752a | 752b | | 752c | | 75 | 53a | | 753 | 3b | | 753c |
| | | | <u> </u> | III. | CERT | FICATIO | N | | | | | | | | |
| | | | | free from produc | | | flaky re | sidual of | f tank con | itents) |), rinseat | e and de | ebris. I | further ce | rtify |
| that the informat | uron provide | u nerem is u | ue and accurate | to the best of my | KNOWIEC | 1 | | | | | | | | | |
| SIGNATURE OF CERTIFIER | | | | | | | STATUS OR AFFILIATION OF CERTIFYING PERSON | | | | | | | | |
| | | | | | | | Certifier is a representative of the CUPA, authorized agency, or LIA: | | | | | | | | |
| NAME OF CERTIFIER (Print) 754 | | | | | | ☐ Yes ☐ No | | | | | | | | | |
| | | | | | | Name of CUPA, authorized agency, or LIA: | | | | | | | | | |
| TITLE OF CERTIFIER 755 | | | | | | | | | | | | | | | |
| 2 | | | | | | | If certifier is other than CUPA / LIA check appropriate box below: | | | | | | | | |
| ADDRESS 756 | | | | | | | a. Certified Industrial Hygienist (CIH) | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 757 | | | | | | | b. Certified Safety Professional (CSP) | | | | | | | | |
| CITY | | | | | | | c. Certified Marine Chemist (CMC) | | | | | | | | |
| | | | | | | | d. Registered Environmental Health Specialist (REHS) | | | | | | | | |
| PHONE 758 | | | | | | | e. Professional Engineer (PE) | | | | | | | | |
| | | | | | | | ☐ f. Class II Registered Environmental Assessor | | | | | | | | |
| DATE CERTIFICATION TIME | | | | | | | g. Contractors' State License Board licensed contractor (with hazardous | | | | | | | | |
| ZZ | | | | | | | stance r | emoval (| certificatio | on) | | | | | |
| | | | | | | | | | | | | | | | 763 |
| TANK PREVIC | DUSLY HEL | .D FLAMM | ABLE OR COM | BUSTIBLE MA | TERIAL | S | | | | | | | | | 703 |
| | | | | gas indicator prior to | | | | | | | ☐ Yes | , 🔲 | No | | |
| CERTIFIER'S 1 | TANK MAN | NAGEMENT | INSTRUCTIO | NS FOR SCRAP | DEALE | R, DISPOSA | L FACI | LITY, E | ETC: | | | | | | 764 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| A copy of this cert | | | | ng / disposal facility | | | | f there is | no CUPA, | copie | s shall be | submitted | d to the | LIA and | - |

UPCF (12/99) 39 Formerly DTSC 1249 (6/98)

Hazardous Waste Tank Closure Certification

Complete and submit this page prior to initiating any cleaning, cutting, dismantling, or excavation of a tank system that meets the conditions below:

- Any tank system that previously held a hazardous material or a hazardous waste, that is identified as a hazardous waste, and that is destined to be disposed, reclaimed or closed in place.
- This does not apply to tank systems regulated under a hazardous waste facility permit, other than permit by rule (PBR), or to tank systems regulated under a grant of interim status, nor to a tank system or any portion thereof, that meets the definition of scrap metal in 22 CCR §66260.10 and is excluded from regulation pursuant to 22 CCR §66261.6(a)(3)(B).

Refer to 22 CCR §67383.3 and 23 CCR §2672 for disposal requirements for tank systems.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

- 1. FACILITY ID NUMBER Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
- BUSINESS NAME Enter the full legal name of the business.

| 740. TANK OWNER NAME - | Complete items 740-744, unless all items are the same as the Business Owner |
|-------------------------|--|
| 741. TANK OWNER ADDRESS | information (items 111-116) on the Business Owner/Operator Identification page |
| 742. TANK OWNER CITY | (OES Form 2730). If the same, write "SAME AS SITE" across this section |
| 743. TANK OWNER STATE | (|

- 744. TANK OWNER ZIP CODE
- 745. TANK ID NUMBER 1-3 Enter up to three owner's tank ID numbers. This is a unique number used by the owner to identify the tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)
- 746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 Enter three interior flammable vapor levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 749 and 752.)
- 747. CONCENTRATION OF OXYGEN 1-3 Enter three interior oxygen levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 750 and 753).
 - SIGNATURE The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided.
- 754. CERTIFIER NAME Enter the full printed name of the person signing the page.
- 755. CERTIFIER TITLE Enter the title of the person signing the page.
- 756. CERTIFIER ADDRESS Enter the address of the person signing the page.
- 757. CERTIFIER CITY Enter the city for the signer's address.
- 758. CERTIFIER PHONE Enter the phone number for the person signing the page.
- 759. DATE CERTIFIED Enter the date that the document was signed. Enter the time that the readings were taken.
- 760. CERTIFIER REPRESENTS LOCAL AGENCY Check "Yes" if the person certifying the tank is a representative of the CUPA, authorized agency, or LIA, check "No" if not.
- 761. NAME OF LOCAL AGENCY Enter the name of the local agency represented by the person certifying the tank.
- 762. AFFILIATION OF CERTIFYING PERSON Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA/ LIA.
- 763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS Check "Yes" if the tank held flammable or combustible materials, check "No" if not.
- 764. MANAGEMENT INSTRUCTIONS Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.