



UST Compliance Workshop October 2, 2008

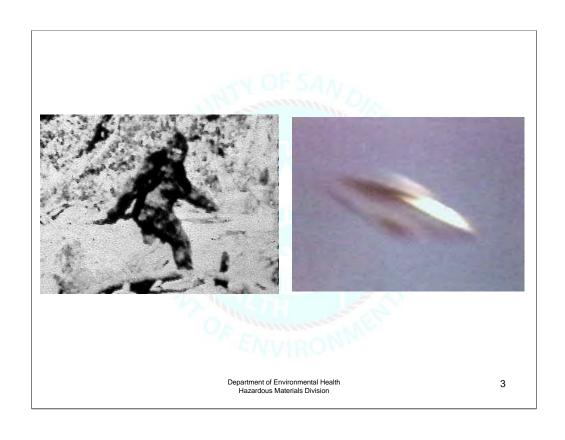
Robert Rapista
Supervising Environmental Health Specialist

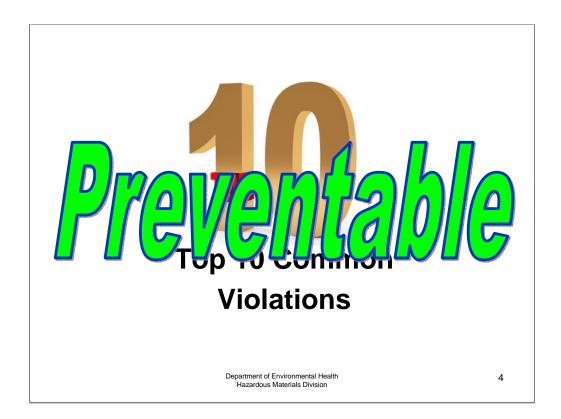
Department of Environmental Health Hazardous Materials Division Total Permitted UST Facilities: 1097

Total Retail UST Facilities: 726

Total Non-retail UST Facilities: 379

Total Military UST Facilities: 50







Facility employees not trained (no documentation)

Department of Environmental Health Hazardous Materials Division

#10. Facility employees not trained (no documentation)

23 CCR § 2715

- (A) Operation of the UST system consistent with the facility's best management practices (BMPs)
- (B) Employee's role with regard to the monitoring equipment as specified in the facility's monitoring plan.
- (C) Employee's role with regard to spills and overfills as specified in the facility's response plan .
- (D) Contact person(s) for emergencies and monitoring equipment alarms.

Department of Environmental Health Hazardous Materials Division 6

Designated Operator is responsible for the annual training

| DEPARTMENT OF ENVIRONMENTA P O. BOX 12029 (819) 338-2222 F4 | 1, SAN DIEGO, CA 92112-9261 X (619) 338-2377, 1-800-253-9933 | ATERIALS DIVISION | to F | Facility Employee | es | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-------------------|-------------|-----------------------|--|
| 13 | /www.edoden.org | Co Street | Facility Name: | Facilit | y#: | Date://_ | |
| UST Training provided by Desi | | Facility Employees | Facility Address: | City: | | State: CA | |
| me: | Facility #: | | Trainer | Traine | | | |
| dress: | City: | State: CA | Name (DO): | Signa | ture: | | |
| riner De: | Trainer Signature: | | 5. Attendees: | 5 Attendese: | | | |
| playee me: | Employee Signature: | | Name of Employee (print clearly) | Hire date if | Signature o | Signature of Employee | |
| e employees whose names appear in Section | - | following topics: | realite of Employee (print clearly) | after 7/1/05 | - · | ii Eilipioyee | |
| Emergency Contacts - Employees were shown the fo | | | 7 | | | | |
| | | | | | _ | | |
| Form is located at: | | - | | | _ | | |
| Monitoring and Response Plan / Business Emergen | | were shown the plan including: | | | | | |
| All the different sections of the plan (purpose and contro MSDSs (prapose and contents overview) | | of the armometers | | 1 1 | | | |
| ☐ MSDSs (propose and contents overview) ☐ Locations of fine estinguishers Plan location: | | | | | | | |
| Emergency meeting area | | | | | | | |
| Fire extinguisher location(s) | | | | | _ | | |
| Alarmt | paro de la calabación d | | | | _ | | |
| Employees were. UST system diagram (see | sers, samps, UDCs, LLDs, piping | , totales and attendat spaces) | | | _ | | |
| shown the following. Alam Panel Employees were instructed to call | for ala | rms indicating a potential release | | | | | |
| (PLLD, sensor out, UDC, sump, high max product) Employees were informed that tampering with or dead | less experitories apricament is benin | not the law (expellence can be reconstructed). | | | | | |
| Alarm Pasel location | | | | | | | |
| Alarm log location: | | | | | | | |
| Emergency Response (spills) | | | - I | | | | |
| Employers were shown: The location of the en | ergracy shot off switches | | | | _ | | |
| Employees were instructed to | | | | | _ | | |
| □ Not handle spills that cannot be easily cleaned or controlled (call 911) □ Use gloves and safety glasses. □ Spread absorbent over entire spill | | | 1 1 | | | | |
| 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 our spill log ☐ Call ☐ for all spills ☐ Emergency share off swatches locations: | | | | | | | |
| SPILL RESPONSE ITEM LOCATION WHERE IT IS KEPT AT THE FACILITY | | | T | | | | |
| PPE and equipment | | | | | _ | | |
| Spill Kit: | | | | | | | |
| Hazardons Waste container: | | | | | | | |
| Spill Log | | | | | | | |



Designated Operator (DO) Monthly Checklist missing or incomplete

Department of Environmental Health Hazardous Materials Division

#9. Designated Operator (DO) Monthly Checklist missing or incomplete

23 § CCR Title 2715(c)(d)(e)

- (c) The DO shall perform monthly visual inspections of all USTs and each inspection shall be recorded in a monthly inspection report.
- (d) The DO shall provide the owner or operator a copy of each monthly inspection report, and alert the owner or operator of any condition discovered during the monthly visual inspection that may require followup actions.
- (e) The owner or operator shall maintain a copy of the monthly inspection record and all attachments for the previous twelve months. The records shall be maintained on-site or, if approved by the local agency, off-site at a readily available location.

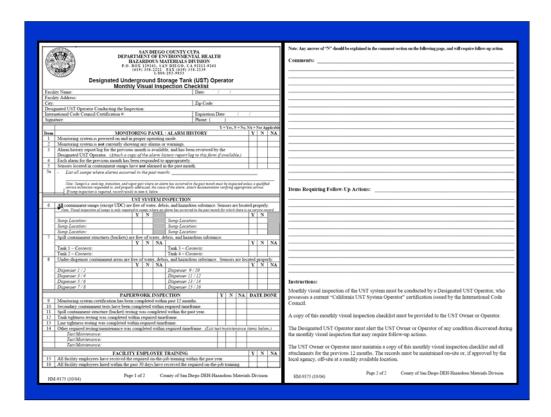
Department of Environmental Health Hazardous Materials Division

#9. Designated Operator (DO) Monthly Checklist missing or incomplete

Common Violations Observed:

- DO does not attach a maintenance receipt when applicable
- Incorrect test dates are listed
- DO monthly inspections not available for review
- DO does not attach monitoring system alarm history report / log if applicable

Department of Environmental Health Hazardous Materials Division



Owners must make sure they get a copy of monthly report



Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified

Department of Environmental Health Hazardous Materials Division

#8. Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified

23 § CCR 2715(a)(b)

- (a) By January 1, 2005, owners of underground storage tank systems shall submit a signed statement to the local agency indicating that the owner understands and is in compliance with all applicable underground storage tank requirements, and identifying the designated UST operator(s) for each facility owned. The owner shall inform the local agency of any change of designated UST operator(s) no later than 30 days after the change.
- (b) Effective January 1, 2005, designated UST operators shall possess a current certificate issued by the International Code Council (ICC) indicating he or she has passed the California UST System Operator exam.

Department of Environmental Health
Hazardous Materials Division

13

Lately, inspectors noticing DO's with expired ICC certificates.

| DEPARTMENT OF ENVIRONMENT HAZARDOUS NATERIALS DI P.O. BON 12924, SAN DEEGO, CA (619) 335-3232 FAX (619) 335-3139 http://www.decentr.ca.gov/de/shod/ Designation of Underground Storage Tank (UST Owner Statement of Understanding and Complian | TSION 92112-9261 809-253-9933 809-253-9933 809-253-9935 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 809-255 - | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| | Facility Permit #: | |
| Facility | Phone: () | |
| Address: | | |
| | Zip Code: | |
| Reason for Submitting this Form (Check One) [] Initial Certification [] Change of | | |
| Designated UST Operator(s) for th | is Facility | |
| PRIMARY DESIGNATED UST OPERATOR Designated Operator's Name: | Relation to UST Facility (Check One) | |
| Business Name (If different from above): | [] Owner [] Operator [] Employee | |
| Designated | [] Service Technician [] Third-Party | |
| Operator's Phone #: International Code | Expiration Date: / / | |
| Council Certification #: ALTERNATE 1 (Optional) | Expanses Date: | |
| Designated Operator's Name: | Relation to UST Facility (Check One) | |
| Business Name (If different from above): | [] Owner [] Operator [] Employee | |
| Designated Operator's Paone #: | [] Service Technician [] Third-Party | |
| International Code Council Certification #: | Expiration Date:/ | |
| ALTENATE 2 (Oprional) Designated Operator's Name: | Relation to UST Facility (Check One) | |
| Operator's Name: (If different from above): | [] Owner [] Operator [] Employee | |
| Designated Operator's Phone #: | [] Service Technician [] Third-Party | |
| International Code Council Certification #: | Expiration Date:/ | |
| NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF A | | |
| I centify that, for the facility indicated at the top of this page, the individually () listed above will serve as Designated UST Operator(s). The individually will export and obcument monthly facility impections and annual facility employee the individual of the control of t | | |
| | DATE:/ | |
| NAME OF TANK OWNER OR OWNER'S AGENT (Please Print) SIGNATURE OF TANK OWNER OR OWNER'S AGENT OWNER'S PHONE 8: () | | 14 |
| | | |

- 1. If you change DO submit form within 30 days to HMD
- 2. check DO credentials- check monthly DO checklist, DO needs to put their information on that form
- 3. Verify online www.iccsafe.org



Certification of Financial Responsibility not onsite/current

Department of Environmental Health Hazardous Materials Division

#7. Certification of Financial Responsibility not onsite/current

HSC § 25292.2 (a)

All owners and operators of an underground tank system shall maintain evidence of financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release from the underground tank system



Department of Environmental Health Hazardous Materials Division

| | | EXHIBIT B | |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----|
| NOT | E: Effective July 1, 1995, California Small Businesses and employees or less must demonstrate at least \$5,000, exc businesses with over 500 employees must demonstrate Sect. 25299,32) | California Businesses with 500 lusive of the UST Cleanup Fund, | |
| The EXA | Chief Financial Officer or the owner or operator must sign, unde CTLY as follows or you may complete this letter by filling in th LETTER FROM CHIEF FINANCIA | e blanks with appropriate information: | |
| I am | the Chief Financial Officer for MAKE BELIEVE CO. 123 TANI | K STREET. | |
| | (Business name, business address, and correspondence address.) FUND CITY, CA 90001: P.O. BOX 100, FUND CITY, CA 90001 | test of aware or operator) | |
| finar injur S | letter is in support of the use of the Underground Storage Tan scial responsibility for taking corrective action and/or compensat y and property damage caused by an unauthorized release of pets \$.000 per occurrence and \$.000 men to the compensation of the compensat | ing third parties for bodily roleum in the amount of at least il aggregate coverage. | |
| | MAKE BELIEVE CO. STATION #1, 123 TANK ST. FUND CITY, CA 90 and address of each facility for which financial responsibility as being demonstrated. | 0001 and | |
| | MAKE BELIEVE CO. STATION #2. 789 SITE AVE. FUND CITY, CAS | N. A. | |
| 1 | Amount of annual aggregate coverage being assured by this letter. | s5,000 | |
| 2 | . Total tangible assets | S_(Asset Figures) | |
| 3 | . Total liabilities | S_(Liability Figures) | |
| | Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1) | \$ (Net Worth Figures) | |
| Chap | eby certify that the wording of this letter is identical to the wordi ter 18, Division 3, Title 23 of the California Code of Regulation | 8. | |
| I dec belie | lare under penalty of perjury that the foregoing is true and correct. | et to the best of my knowledge and | |
| Exec | uted at FUND CITY, CA (Place of Execution) | T. | |
| On_ (Signal | MILY 3, 1995 (Date) Cycle | | |
| RHE | A CYCLE d Name) | | |
| OW (Tinte) Out of | | | 17 |
| | | | |

CFO letter or insurance policy (any proof of renewal)



Monitoring procedures not available/completed/ submitted to HMD

Department of Environmental Health Hazardous Materials Division

#6. Monitoring procedures not available/completed/ submitted to HMD

23 § CCR 2632(b)

(b) Owners or operators of underground storage tanks subject to this section shall implement a monitoring program approved by the local agency and specified in the UST operating permit..........

Department of Environmental Health Hazardous Materials Division 19

Inspectors mainly finding incorrect information on current monitoring form: wrongs snesors model numbers, wrong LLD info, suction vs. pressurized for delivery systems.

| COUNT OF SAN DILGO CUPA DEPARTMENT OF ENTIRONMENTAL HEALTH HAZARDOUS AMERIKAL SO DIVISION P.O. NO. 1506. A. A. DELOC. A. C. P. S. | COUNTY OF MAN DIEGO CUPA Dispita has been proved and in |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNDERGROUND STORAGE TANK MONITORING PLAN (Page 1 of 2) | UNDERGROUND STORAGE TANK MONITORING PLAN (Page 2 of 2) Specialist Seed Apper Sparmer - Smithing in Inc. |
| TYPE OF ACTION | 1. LEC MONTORING DE PREMIURA TOUR DE RECONSTANTANT (DEC MONTORING) LEC MONTORING DE PREMIURA TOUR DE RECONSTANTANT (DEC MONTORING) DE SO EDIFICAÇÃO 10 OUTRE Opendo 1 FONE AND COMO ANDRIGATO 10 ELECTRODE CHANDALONE FONE MONTANTURE 10 OUTRE Opendo 1 FONE AND COMO ANDRIGATO 10 OUTRE OPENDO CHANDALONE FONE MONTANTURE 10 OUTRE OP |
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| IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHODISS | The following mentioning manufacture records are best for the facility: |
| PANEL MANUTACTUREE | Took temptry treding results 10 km cm |
| | Presented with VST memorrang responsibilities with all of the following discussions relevant to their job deline. REFERENCE DOCUMENTS MANYARDED AT FACILITY (Cashe di net up 190) □ BIS UNDERGOCONO STORAGE ELANS MONITORINO FALS (Repimed) □ ORDETTION MANYARDES OR ELECTRONIC MONITORINO FOLLOWING THE ORDET ORDETTION ADMINISTRATION AD |
| PROGRAMMED TISTS | CALIFORNIA INCREDIONO STORMO TANKI ESCRATIONS CALIFORNIA INCREDIONO STORMO TANKI ANY STATE NATE RESOURCES CONTROL BOARD GYBERGE PUBLICATION: "BANDROOK FOR TANK OWNES - MANUAL AND STATE NATE RESOURCES CONTROL BOARD GYBERGE PUBLICATION: "BANDROOK FOR TANK OWNES - MANUAL AND STATE PRICE PUBLICATION: "SURGESTANDINGS AUTOMATIC TANK GAUGING SYSTEMS" STATE PUBLICATION: "SURGESTANDINGS AUTOMATIC TANK GAUGINGS SYSTEMS" |
| 00 ORBER (OpenDr) | The "Designated UST Operate" will train findity employees in the proper spectrum and assessment of the UST systems annually, and within 16 days of him. The remainst war facilities, the rain instance is, the following: Operation of the UST operate in a manuscreament with the findity's best management spectrum. OPERATION OF THE |
| LEAK SENIOR MANUTACTURES: PEPIG LEAK ALARM PERGERS AUTOMATIC PRINT 0.4. TURENE) SHUTDOWN. a. YES b. NO | X. COMMENTS/ADDITIONAL INFORMATION Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 40.73 |
| □ MICHANICAL LINE LEAK DITECTOR GALLED THAT ROUTINLY PREFORMS 19 ggb. LEAK TESTS AND RESTRICTS OR SHOTS OFF PRODUCT LINE WHEN LEAK BETTELD 20 (CER 1986) MILD MANUFACTURED 30 (100 get) 100 get (100 get) 100 get (100 get) 100 get) 100 get (100 get) 100 get) 100 get (100 get) 100 ge | this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly. |
| ELID MANUTACTURENS FROGRAMOD IN DIE LEAT ETST MUNICIPAL TROPE STATEMENT | NOR CONTROL OF THE CO |
| A FPE INTEGRITY TESTING: TEST PREQUENCY A ANNUALLY B EVERY 1 YEARS C OTHER dyestly: | CRITIFICATION Certify that the suffernation provided herein is true and second to the best of any knowledge |
| 9. OTHER (Specify): 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 | SEPRESIDENCE 1. Teal Owner Openine 2. Festing Owner Openine 1. Authorized Representation of Owner |
| HM-9222-A-UPCF Underground Storage Took - Monitoring Plan (05/05) page 1 of 4 | RM-9222-A-UPCF Underground Storage Tank - Monitoring Plan (95.90) page 3 of 4 |
| | |

USE NEW FORM



Secondary containment testing not completed or results not submitted to DEH

Department of Environmental Health Hazardous Materials Division

#5. Secondary containment testing not completed or results not submitted

23 CCR § 2637(a)&(e)

- (a) Secondary containment systems installed on or after January 1, 2001 shall be tested upon installation, 6 months after installation, and every 36 months thereafter. Secondary containment systems installed prior to January 1, 2001 shall be tested by January 1, 2003 and every 36 months thereafter.
- (e) UST owners and operators shall submit a copy of the test report to the local agency within 30 days of the completion of the test.

Department of Environmental Health Hazardous Materials Division 22

Inspectors will generally know before they go out if your site is due or should have been done

#5. Secondary containment testing not completed or results not submitted

Most Common Violation is not conducting test by due date

The 36 month test is due from the original test date, not the date they completed repairs

Example:

Full SCT conducted 5/1/06. 2 failures observed. Failures re-tested 7/15/06 under approved repair permit. Next full SCT is due?

5/1/09

Department of Environmental Health Hazardous Materials Division 23

More time than enough reason it was not submitted because it was not done

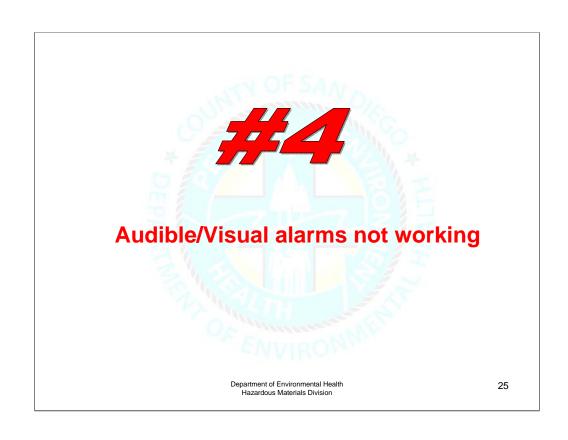
#5. Secondary containment testing not completed or results not submitted to DEH

How do I prevent this violation?

- Complete your SCT on time
- Pay attention to monthly Designated Operator reports, your most recent test date is listed
- Follow-up with testing contractor to ensure test results were submitted to DEH. Maintain copy of test results on site
- Contact your area inspector to double check your your due date or conduct a file review

Department of Environmental Health Hazardous Materials Division 24

Change of ownership does not change the timeline test date either



23 CCR § 2632(c)(2)(B)

The continuous monitor system shall be connected to an audible and visual alarm system approved by the local agency



23 CCR § 2635(b)(2)(a)

Alert the transfer operator when the tank is 90 percent full by restricting the flow into the tank or triggering an audible and visual alarm



How do I prevent this violation?

If installed, use the test button on the side of acknowledge switch to check light is working



How do I prevent this violation?

- When technicians are conducting maintenance, have them check the audible/visual alarm of the outside overfill mechanism and monitoring panel inside store
- Create a schedule to change light bulbs. Yearly is recommended.

Department of Environmental Health Hazardous Materials Division



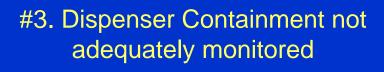
Department of Environmental Health Hazardous Materials Division

#3. Dispenser Containment not adequately monitored

23 CCR § 2636(f)(1) or (f)(5)(A)

Must either stop the flow of product at the dispenser, or activates an audible/visual alarm





Common observations





Float chain disconnected/ loose

No float chain

Department of Environmental Health



No real good reason for this vilolation because, DO's should be looking in the UDCs every month anyway

#3. Dispenser Containment not adequately monitored

How do I prevent this violation at my site?

- If you have bravo boxes, ensure your Designated Operator is checking that the floats and chains are connected properly during their monthly inspections
- Ensure your sensors are always at the lowest point of the containment system being monitored

Department of Environmental Health Hazardous Materials Division



#2. Liquid in Sump

CCR Title 23 § 2631(d)(4)

The secondary containment system shall be equipped with a collection system to accumulate, temporarily store, and permit removal of any liquid within the system.





#2. Liquid in Sump

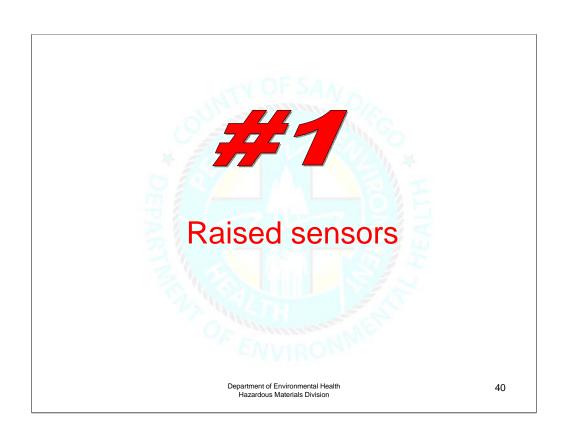
How do I prevent this violation?

- Remove liquid within 48 hours of alarm. Note: Liquid must be managed appropriately.
- May need to replace sump lid gaskets more frequently. Yearly is recommended
- Check sumps for water intrusion thoroughly. Not only at piping/electrical penetrations. Fix as needed. May or may not require a permit

Department of Environmental Health Hazardous Materials Division 37







#1. Raised Sensors

23 CCR § 2641(a)

Owners or operators of existing USTs subject to this article shall implement a monitoring program which is capable of detecting an unauthorized release from any portion of the underground storage tank system at the earliest possible opportunity

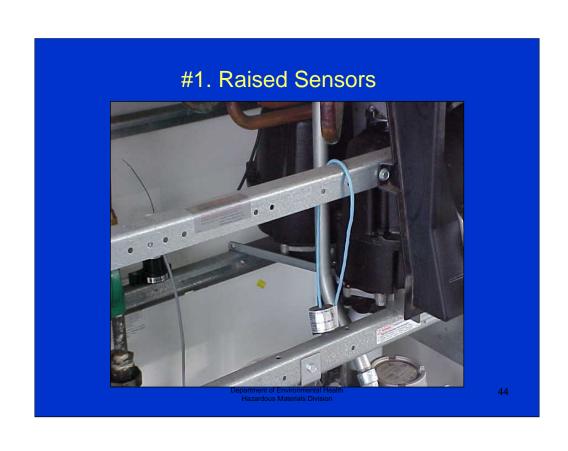
HSC § 25299(f)

Monitoring system disabled or tampered with and/or monitoring records falsified.

Department of Environmental Health Hazardous Materials Division 41





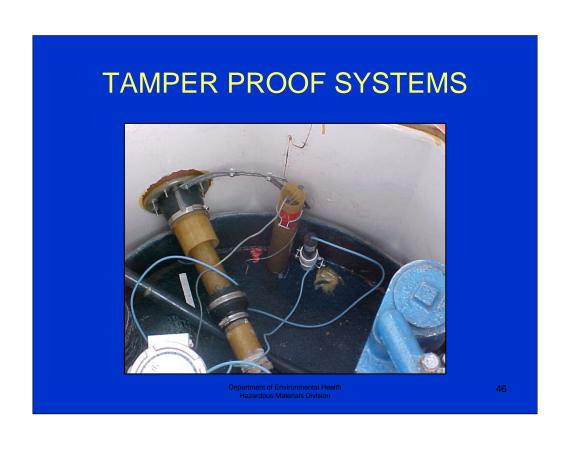


#1. Raised Sensors

How do I prevent this violation?

- Anytime you have a contractor at your site, double check the sensor location before they close the lids. Owner/Operator is always responsible
- Do not raise sensors
- Install sensor sleeves and/or tamper resistant systems (pins, tamper proof sensors, lead seals, etc.)

Department of Environmental Health Hazardous Materials Division 45





HSC 6.7 § 25299. VIOLATIONS; CIVIL AND CRIMINAL PENALTIES

(f)(2) Any person who intentionally disables or tampers with an automatic leak detection system in a manner that would prevent the automatic leak detection system from detecting a leak or alerting the owner or operator of the leak, shall, upon conviction, be punished by a fine of not less than five thousand dollars (\$5,000) or more than ten thousand dollars (\$10,000), by imprisonment in the county jail for not more than one year, or by both the fine and imprisonment.



Department of Environmental Health
Hazardous Materials Division

