



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6700 FAX (858) 505-6848

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

Dear Business Owner/Operator:

The County of San Diego regulates establishments which use hazardous materials, dispose of hazardous wastes, have underground storage tanks and/or generate medical waste. The primary purpose for these regulations is to protect the health and safety of San Diego County citizens and emergency response personnel.

Businesses in San Diego County must apply for a Unified Program Facility Permit if they generate hazardous waste or medical waste, handle hazardous materials or have underground storage tanks. Your business may be subject to various hazardous materials requirements.

Complete the attached "Business Activities" form and the "Unified Program Facility Permit Application" form to determine if your business is required to obtain a Permit.

If your business is required to obtain a Unified Program Facility Permit then complete the "Business Owner/Operator Identification" form.

If your business is NOT required to obtain a Unified Program Facility Permit then complete Section I. Identification of the "Business Owner/Operator Identification" form.

The San Diego County Code of Regulatory Ordinances requires all business owners/operators who receive this application/questionnaire to return it within 30 days to the Department of Environmental Health, Hazardous Materials Division.

If you have any questions, regarding the completion of this questionnaire please contact your area Environmental Health Specialist or the Hazardous Materials Duty Specialist at (858) 505-6880.

Thank you for assisting us in our efforts to improve the health and safety of San Diego County residents.

"Environmental and public health through leadership, partnership and science"

Business Activities

Submit the Business Activities page and the Business Owner/Operator Identification page for all submissions. NOTE: The numbering of the instructions follows the data element numbers that are on this form. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information and the Business Section of the Unified Program Data Dictionary. Please number all pages of your submittal. This helps the San Diego County, Department of Environmental Health (DEH), Hazardous Materials Division (HMD) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
2. EPA ID NUMBER - Enter your facility's 12-character U.S. EPA ID #. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (800) - 61-TOXIC or (800) 618-6942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. Zip +4 may also be added.
4. HAZARDOUS MATERIALS ONSITE - Check the appropriate box to indicate whether you have a hazardous material onsite in the quantities listed in section A of this form. If "Yes", then you must then complete the Business Owner/Operator Identification page (HM-9702) and the Hazardous Materials Inventory - Chemical Description page (HM-9703), as well as a complete Hazardous Materials Business Plan (HM-952) and Hazardous Materials Business Plan Certification Statement (HM-953).
- 4a. REGULATED SUBSTANCES - Refer to www.oes.ca.gov, hazardous materials, CalARP guidance documents for regulated substances required by 19 CCR 2770.5. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.
5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate (or plan to install or upgrade) USTs containing hazardous substances as defined in Health and Safety Code (HSC) Section 25316. If "YES," then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a monitoring program plan (HMD handout HM-9222). If you are installing USTs, then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan and the DEH installation, upgrade permit applications. If you are closing an UST, complete the closure portion of the UST Tank pages for each tank. Submit a DEH closure application. Contact the UST Plan Check at (858) 505-6880.
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANKS OR CONTAINERS - Check the appropriate box to indicate whether there is petroleum stored onsite which exceed the regulatory thresholds. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC Section 25270.2 (g)). The facility must have a cumulative storage capacity $\geq 1,320$ gallons for all ASTs (including containers 55 gallons or more). NOT Subject to the Act (exemptions):
An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC 25270.2 (k)) is not subject to this act and is exempt: -
A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
 - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
 - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.Facility must prepare a Hazardous Materials Business Plan (HM-952) and certify its HMBP annually using the HMBP Certification Statement (HM-953) (HSC 25270.6(a)(2)). Facility must also re-certify the HMBP within 30 days of any changes to the HMBP.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC Section 25143.2. Check "YES" and complete the Recyclable Materials Report pages (HM-9713), if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. Please contact the HMD to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page (HM-9705) and one set of Onsite Hazardous Waste Treatment Notification - Unit pages (HM-9706) with waste and treatment process information for each unit.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR Section 67450.13 (b) and HSC Section 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page (HM-9707).
13. REMOTE WASTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC Section 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page (HM-9714).
14. HAZARDOUS WASTE TANK CLOSURE - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Your knowledge of the tank and its contents
 - The mixture rule
 - Testing of the tank
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.
 - Inability to remove hazardous materials stored in the tank.If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page (HM-9704).
- 14a. RCRA LQG - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.
- 14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION - Check the appropriate box to indicate whether your facility is a HHW Collection site.
15. LOCAL REQUIREMENTS - If you generate MEDICAL WASTE you are required to obtain a Unified Program Facility Permit. In addition to this, if you generate ≥ 200 lbs on medical waste per month and treat any amount of medical waste on site you may be required to apply for a medical waste treatment permit with the HMD. TOXIC GASES: If you handle toxic gases with threshold limit value (TLV) ≤ 10 ppm in any quantity, you are required to obtain a Unified Program Facility Permit and submit an HMD Hazardous Materials Business Plan (HM-952).

County of San Diego CUPA
Department of Environmental Health-Hazardous Materials Division



UPF Permit#: _____

DATE INSPECTED: ____/____/____

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

This business or service is required to obtain a Unified Program Facility Permit from the San Diego County Department of Environmental Health. I answered "yes" to one or more of the questions on the "Business Activities" form.

Date assumed business ownership at this location: ____/____/____

This permit does not excuse any owner or operator from complying with all applicable federal, state, county or local laws, ordinances or regulations. The owner or operator is required to determine if another permit or approval from any other agency or department is necessary. The County, by issuing this permit, does not relinquish its right to enforce any violation of law.

I have determined that this business or service does not require a Unified Program Facility Permit from the San Diego County Department of Environmental Health.

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I consent to all necessary inspections allowed by law and incidental to the issuance of required permit(s) and the operation of this business.

Signature: _____

Date: ____/____/____

Printed Name: _____

Title: _____

Type of Business: _____

Phone #: _____

(____) _____

Please provide an e-mail address for the person or department responsible for permit renewals so we can send permit updates and reminders.

E-mail Address: _____

Please complete the business information on the following page and return this application to the San Diego County Department of Environmental Health at:

SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261
SAN DIEGO CA 92112-9261

If a San Diego County Unified Program Facility Permit is required for your business or service a representative of this Department will contact your business. Permit fees will be determined from the contact and a billing statement will be mailed.

NOTE: If you do not use hazardous materials, generate hazardous waste, or have underground storage tanks you are still required to return this form.

A representative of the San Diego County Department of Environmental Health may contact you to verify the information provided on this application.



**COUNTY OF SAN DIEGO CUPA
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BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ____ of ____

I. IDENTIFICATION

FACILITY ID #	3 7 0 0 0	BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3		BUSINESS PHONE	102	
BUSINESS SITE ADDRESS	103		BUSINESS FAX	102a	
BUSINESS SITE CITY	104	CA	ZIP CODE	105	COUNTY
DUN & BRADSTREET	106	PRIMARY SIC	107	PRIMARY NAICS	107a
BUSINESS MAILING ADDRESS	108a				
BUSINESS MAILING CITY	108b	STATE	108c	ZIP CODE	108d
BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR PHONE	110		

II. BUSINESS OWNER

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	CONTACT EMAIL*	119a
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:

E-MAIL: *	E-MAIL: *
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***This information will remain confidential.**

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.

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	

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.

1. FACILITY ID NUMBER - Enter your 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
100. BEGINNING DATE - Enter the beginning year and date (YYYYMMDD) of the inventory report, recyclable materials report, or on-site tiered permitting report for PBR sites.
101. ENDING DATE - Enter the ending year and date (YYYYMMDD) of the reports identified in #100.
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
- 102a. BUSINESS FAX - Enter the business fax number, area code first.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #108a- #108d.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The zip + 4 may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. If you do not have one, leave this field blank.
107. PRIMARY SIC NUMBER - Enter the primary Standard Industrial Classification system number for primary business activity. Required for EPCRA. NOTE: If code is more than 4 digits, report only the first four.
- 107a. PRIMARY NAICS NUMBER - Enter the primary North American Industrial Classification System number.
108. COUNTY - Enter the county in which the business site is located.
- 108a. BUSINESS MAILING ADDRESS - Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
- 108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
- 108c. STATE - Enter the two character abbreviation of the state for the business mailing address.
- 108d. ZIP CODE - Enter the zip code for the business mailing address. The zip + 4 may also be added.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator which is the name used for mailing correspondence.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address. The zip + 4 may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person who receives all environmental correspondence.
118. CONTACT PHONE - Enter the phone number at which the environmental contact area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
- 119a. CONTACT EMAIL - Enter the email address of the environmental contact in 117, if the contact has one.
120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The zip + 4 may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extension.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for CUPAs or AAs to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.