



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848**

____/____/____
Date Submitted

BUSINESS ACTIVITIES

Page ____ of ____

I. FACILITY IDENTIFICATION

FACILITY ID #	3	7		0	0	0										EPA ID # (Hazardous Waste Only)	2	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)																		3
BUSINESS SITE ADDRESS																		103
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....
A. HAZARDOUS MATERIALS Have on site (for any purpose) 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 HM-9703
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention (CalARP) Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO 4a Coordinate with your local agency responsible for CalARP. (Risk Management Plan)
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO 5 UST FACILITY (Formerly SWRCB Form A) HM-9715 UST TANK (one page per tank - Formerly Form B) HM-9717
D. ABOVE GROUND PETROLEUM STORAGE Store greater than or equal to 1,320 gallons of petroleum products (new or used) in above ground tanks or containers?	<input type="checkbox"/> YES <input type="checkbox"/> NO 8 NO ADDITIONAL FORM REQUIRED TO CUPAS (see 8. on back)
E. HAZARDOUS WASTE <ul style="list-style-type: none"> ▪ Generate hazardous waste? <input type="checkbox"/> YES <input type="checkbox"/> NO 9 ▪ Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? <input type="checkbox"/> YES <input type="checkbox"/> NO 10 ▪ Treat hazardous waste on site? <input type="checkbox"/> YES <input type="checkbox"/> NO 11 ▪ Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? <input type="checkbox"/> YES <input type="checkbox"/> NO 12 ▪ Consolidate hazardous waste generated at a remote site? <input type="checkbox"/> YES <input type="checkbox"/> NO 13 ▪ Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? <input type="checkbox"/> YES <input type="checkbox"/> NO 14 ▪ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO 14a ▪ Household Hazardous Waste (HHW) Collection site? <input type="checkbox"/> YES <input type="checkbox"/> NO 14b 	EPA ID NUMBER – provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) HM-9713 ONSITE HAZARDOUS WASTE TREATMENT – FACILITY HM-9705 ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) HM-9706 CERTIFICATION OF FINANCIAL ASSURANCE HM-9707 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION HM-9714 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION HM-9704 Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator. See CUPA for required forms.
F. LOCAL REQUIREMENTS <ul style="list-style-type: none"> ▪ MEDICAL WASTE Generate <200 lbs/month of Medical/Biohazardous Waste? <input type="checkbox"/> YES <input type="checkbox"/> NO Generate ≥200 lbs/month of Medical/Biohazardous Waste? <input type="checkbox"/> YES <input type="checkbox"/> NO Generate ≥200 lbs/month of Medical/Biohazardous Waste and treat any amount of medical waste? <input type="checkbox"/> YES <input type="checkbox"/> NO ▪ HANDLE TOXIC GASES with threshold limit value (TLV) ≤ 10 ppm in any quantity? <input type="checkbox"/> YES <input type="checkbox"/> NO 	

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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 (UPFP), 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, response, 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 HMD 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).