

UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page of

I. FACILITY IDENTIFICATION

| | |
|--|---|
| BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 | FACILITY ID# 1 <div style="display: flex; justify-content: space-between;"> </div> |
| TANK OWNER NAME 740 | |
| TANK OWNER ADDRESS 741 | |
| TANK OWNER CITY 742 | STATE 743 |
| ZIP CODE 744 | |

II. TANK CLOSURE INFORMATION

| TANK INTERIOR ATMOSPHERE READINGS | Tank ID # <small>(Attach additional copies of this page for more than three tanks)</small> | Concentration of Flammable Vapor | | | Concentration of Oxygen | | |
|-----------------------------------|---|----------------------------------|--------|--------|-------------------------|--------|--------|
| | | Top | Center | Bottom | Top | Center | Bottom |
| 1 | 745 | 746a | 746b | 746c | 747a | 747b | 747c |
| 2 | 748 | 749a | 749b | 749c | 750a | 750b | 750c |
| 3 | 751 | 752a | 752b | 752c | 753a | 753b | 753c |

III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

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| SIGNATURE OF CERTIFIER NAME OF CERTIFIER (Print) 754 TITLE OF CERTIFIER 755 ADDRESS 756 CITY 757 PHONE 758 DATE 759 CERTIFICATION TIME | STATUS OR AFFILIATION OF CERTIFYING PERSON Certifier is a representative of the CUPA or PA: 760 <input type="checkbox"/> Yes <input type="checkbox"/> No Name of CUPA or PA: 761 <hr style="width: 100%; border: 0.5px solid black; margin: 5px 0;"/> If certifier is other than CUPA / PA check appropriate box below: 762 <input type="checkbox"/> a. Certified Industrial Hygienist (CIH) <input type="checkbox"/> b. Certified Safety Professional (CSP) <input type="checkbox"/> c. Certified Marine Chemist (CMC) <input type="checkbox"/> d. Registered Environmental Health Specialist (REHS) <input type="checkbox"/> e. Professional Engineer (PE) <input type="checkbox"/> f. Class II Registered Environmental Assessor <input type="checkbox"/> g. Contractors' State License Board licensed contractor (with hazardous substance removal certification) |
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TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763
 (If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.) Yes No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764

A copy of this certificate shall accompany the tank to the recycling / disposal facility. Also, provide copies to the CUPA, applicable Participating Agency (PA), owner / operator of the tank system, removal contractor, and the recycling / disposal facility.

| | | | |
|--------------------------|----|----------------------|--------------------|
| OFFICIAL USE ONLY | | DATE RECEIVED | REVIEWED BY |
| CUPA | PA | DISTRICT | INSPECTOR |

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM

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 UP Form 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.

3. 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 information (items 111-116) on the Business Owner/Operator Identification page
741. TANK OWNER ADDRESS
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 or PA, 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/ PA.

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.