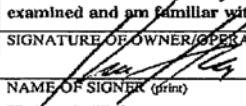


UPCF (1/99)

<b>UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES</b>		
Page 1 of		
<b>I. FACILITY IDENTIFICATION</b>		
FACILITY ID # (Agency Use Only)	EPA ID # (Hazardous Waste Only)	
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) County of Fresno, Hamilton Yard		
BUSINESS SITE ADDRESS		104
BUSINESS SITE CITY Fresno	CA	ZIP CODE 93702
<b>II. ACTIVITIES DECLARATION</b>		
<b>NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.</b>		
Does your facility...	If Yes, please complete these pages of the UPCF....	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) at any one time, 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO   4	<b>HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION</b>
<b>B. REGULATED SUBSTANCES</b> Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   4a	Coordinate with your local agency responsible for CalARP.
<b>C. UNDERGROUND STORAGE TANKS (USTs)</b> Own or operate underground storage tanks?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   5	<b>UST FACILITY</b> (Formerly SWRCB Form A) <b>UST TANK</b> (one page per tank) (Formerly Form B)
<b>D. ABOVE GROUND PETROLEUM STORAGE</b> Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   8	<b>NO FORM REQUIRED TO CUPAs</b>
<b>E. HAZARDOUS WASTE</b> Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? Treat hazardous waste on-site?  Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? Consolidate hazardous waste generated at a remote site?  Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?  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. Household Hazardous Waste (HHW) Collection site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   11  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14a  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14b	<b>EPA ID NUMBER</b> - provide at the top of this page <b>RECYCLABLE MATERIALS REPORT</b> (one page per recycler) <b>ON-SITE HAZARDOUS WASTE TREATMENT - FACILITY</b> <b>ON-SITE HAZARDOUS WASTE TREATMENT - UNIT</b> (one page per unit) <b>CERTIFICATION OF FINANCIAL ASSURANCE</b> <b>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION</b> <b>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION</b>  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.
<b>F. LOCAL REQUIREMENTS</b> 15 (You may also be required to provide additional information by your CUPA or local agency.)		

BUSINESS OWNER/OPERATOR IDENTIFICATION - FACILITY INFORMATION									
UNIFIED PROGRAM CONSOLIDATED FORM									
<i>This Form is Required for Initial Submission and Annual Certifications</i>									
FRESNO COUNTY DEPARTMENT OF COMMUNITY HEALTH-ENVIRONMENTAL HEALTH DIVISION									
1221 Fulton Mall, Post Office Box 11867, Fresno, California 93775 (559) 445-3271									
Page 1 of 1									
I. IDENTIFICATION									
FACILITY ID#					BEGINNING DATE		ENDING DATE		
					20060301				
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)							BUSINESS PHONE		
County of Fresno, Department of Public Works and Planning, Maintenance Yard 7							(559)299-3818		
BUSINESS SITE ADDRESS									
9400 North Matus									
CITY					CA		ZIP CODE		
Fresno							93720		
DUN & BRADSTREET							SIC CODE (4 digit #)		
							7922		
COUNTY									
Fresno									
BUSINESS OPERATOR NAME							BUSINESS OPERATOR PHONE		
County of Fresno, Department of Public Works and Planning							(559)600-4240		
II. BUSINESS OWNER									
OWNER NAME							OWNER PHONE		
County of Fresno, Department of Public Works and Planning							(559)600-4240		
OWNER MAILING ADDRESS									
2220 Tulare Street 6 <sup>th</sup> Floor									
CITY					STATE		ZIP CODE		
Fresno					CA		93721		
III. ENVIRONMENTAL CONTACT									
CONTACT NAME							CONTACT PHONE		
Ken Haire							(559)600-4340		
CONTACT MAILING ADDRESS									
County of Fresno, Department of Public Works and Planning 2220 Tulare Street 6th Floor									
CITY					STATE		ZIP CODE		
Fresno					CA		93721		
IV. EMERGENCY CONTACTS									
-PRIMARY-					-SECONDARY-				
NAME					NAME				
John Coffman					Martin Baughman				
TITLE					TITLE				
Supervisor					Leadman				
BUSINESS PHONE					BUSINESS PHONE				
(559)299-3818					(559)299-3818				
24-HOUR PHONE					24-HOUR PHONE				
(559)488-3111					(559)488-3111				
PAGER #					PAGER #				
( ) -					( ) -				
LOCAL REQUIREMENTS									
BUSINESS PLAN ANNUAL CERTIFICATION (not to be completed upon initial submittal):									
Is there any change to your Business Owner/Operator Identification form, Business Activities form, Hazardous Materials Inventory (most recently submitted), or Site map? If yes, complete and submit the appropriate forms.									
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N The Business Plan been reviewed every three years to determine if revisions need to be made? Date reviewed _____									
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N The information contained in the hazardous materials inventory most recently submitted is complete, accurate and up to date. All hazardous materials handled at our facility subject to inventory requirements have been disclosed on the most recently submitted inventory.									
Fire Department Copy Mailed To: City of Fresno Fire									
Date Mailed: 12/21/11									
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		NAME OF DOCUMENT PREPARER		
					12-20-11		Kenneth Haire		
NAME OF SIGNER (print)					TITLE OF SIGNER				
Kenneth Haire					Eastside Road Superintendent				