

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
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.
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 # (Attach additional copies of this page for more than three tanks)		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.

SIGNATURE OF CERTIFIER	STATUS OR AFFILIATION OF CERTIFYING PERSON Certifier is a representative of the CUPA, authorized agency, or LIA: 760.
NAME OF CERTIFIER (Print) 754.	<div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>
TITLE OF CERTIFIER 755.	Name of CUPA, authorized agency, or LIA: 761. N/A
ADDRESS 756.	If certifier is other than CUPA / LIA check appropriate box below: 762.
CITY 757.	<input type="checkbox"/> a. Certified Industrial Hygienist (CIH)
PHONE 758.	<input type="checkbox"/> b. Certified Safety Professional (CSP)
DATE 759.	<input type="checkbox"/> c. Certified Marine Chemist (CMC)
CERTIFICATION TIME	<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)

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.) <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC:	764.
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A copy of this certificate shall accompany the tank to the recycling/disposal facility and be provided to the agency overseeing tank closure (i.e. CUPA or other authorized local agency); the owner and/or operator of the tank system; and the tank removal contractor.

Hazardous Waste Tank Closure Certification Instructions

Complete and submit this page after cleaning any underground or aboveground tank system subject to Title 22, Division 4.5, Chapter 32, California Code of Regulations. Refer to 22 CCR §67383.3 and 23 CCR §2672 for disposal requirements for tank systems.

Completed Unified Program Consolidated Form (UPCF) Business Activities and Business Owner/Operator Identification (OES Form 2730) pages must be submitted with this form. Please number all pages of your submittal. (Note: Numbering of the following instructions follows the UPCF data element numbers on this form.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.

3. BUSINESS NAME - Enter the complete Facility Name.

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 (OES Form 2730). If the same, write "SAME AS SITE" across this section.
741. TANK OWNER ADDRESS -
742. TANK OWNER CITY -
743. TANK OWNER STATE -
744. TANK OWNER ZIP CODE -

745. TANK ID NUMBER 1-3 - Enter up to three owner tank ID numbers. These are unique numbers used by the owner to identify each 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 interior flammable vapor concentration readings taken at the top, center, and bottom of the tank. (If more than one tank, enter additional tank readings in 749 and 752.)

747. CONCENTRATION OF OXYGEN 1-3 - Enter interior oxygen readings taken at the top, center, and bottom of the tank. (If more than one tank, enter additional tank readings in 750 and 753).

SIGNATURE - A qualified professional meeting the requirements of 22 CCR §67383.3(f) shall sign in the space provided to certify that the cleaned tank(s) meet all standards specified in 22 CCR §67383.3(e)(1) and (2).

754. CERTIFIER NAME - Print or type the full name of the person signing the Certification.

755. CERTIFIER TITLE - Enter the title of the person signing the Certification.

756. CERTIFIER ADDRESS - Enter the address of the person signing the Certification.

757. CERTIFIER CITY - Enter the city for the signer's address.

758. CERTIFIER PHONE - Enter the phone number for the person signing the Certification.

759. DATE CERTIFIED - Enter the date that the Certification 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 a CUPA or authorized local agency, otherwise, check "No."

761. NAME OF LOCAL AGENCY - If certified by a CUPA or other local agency, enter the name of the agency.

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 or other local agency.

763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank(s) previously held flammable or combustible materials, otherwise check "No."

764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc. in this space.