

Countywide Services Agency
Environmental Management Department
Environmental Compliance Division
Elise Rothschild, Chief

COMPLETED
5-6-11



654249
Steven C. Szalay, Interim County Executive
Bruce Wagstaff, Agency Administrator
Val F. Siebal, Department Director

County of Sacramento

Hazardous Materials Plan (HMP) Annual Renewal Certification Form

Important note for CalARP requirements	Facilities subject to CalARP requirements are not eligible for routine HMP renewal and, instead, <u>must submit</u> their HMP chemical inventory annually.								
Pursuant to California Health and Safety Code Section 25503.3(c), this Hazardous Materials Plan (HMP) Annual Renewal Certification is being submitted for:									
Facility Name:	Folsom Car Care								
Facility Address: (Street, City, Zip Code)	520 Natoma Station Dr. Folsom, CA 95630								
Facility ID Number: See your original HMP mailing label Example: FA0000000	FA 0004082								
Certification: Choose the appropriate option and check the relevant box(es):									
Option 1	<input checked="" type="checkbox"/> I have personally reviewed the HMP currently on file with your agency, dated <u>4/10</u> , and hereby certify, under penalty of perjury, that: <ul style="list-style-type: none">the information contained in the most recent HMP submission is complete, accurate and up to date,a copy of the facility's most current HMP Business Activities and Owner / Operator Identification Pages is being submitted with this certification form,there have been no significant changes (100% increase or decrease) in the quantities of any previously reported hazardous materials/hazardous wastes as shown on current Hazardous Materials Inventory Forms,the facility has not begun handling any hazardous materials/hazardous wastes in reportable quantities that are not currently listed in the submitted Hazardous Materials Inventory, andthere have been no significant changes in the facility's personnel or operations that would require revision of the current HMP.								
Option 2	<input type="checkbox"/> HMP revisions, amendments or additions are necessary and are being submitted with this document. The following areas of the HMP are affected: <table border="0"><tr><td><input type="checkbox"/> Entire HMP revision</td><td><input type="checkbox"/> Site Map</td></tr><tr><td><input type="checkbox"/> Business Activities Page</td><td><input type="checkbox"/> Consolidated Contingency Plan</td></tr><tr><td><input type="checkbox"/> Owner / Operator Identification Page</td><td><input type="checkbox"/> UST Written Monitoring Plan</td></tr><tr><td><input type="checkbox"/> Hazardous Materials Inventory</td><td><input type="checkbox"/> Other (Specify):</td></tr></table>	<input type="checkbox"/> Entire HMP revision	<input type="checkbox"/> Site Map	<input type="checkbox"/> Business Activities Page	<input type="checkbox"/> Consolidated Contingency Plan	<input type="checkbox"/> Owner / Operator Identification Page	<input type="checkbox"/> UST Written Monitoring Plan	<input type="checkbox"/> Hazardous Materials Inventory	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Entire HMP revision	<input type="checkbox"/> Site Map								
<input type="checkbox"/> Business Activities Page	<input type="checkbox"/> Consolidated Contingency Plan								
<input type="checkbox"/> Owner / Operator Identification Page	<input type="checkbox"/> UST Written Monitoring Plan								
<input type="checkbox"/> Hazardous Materials Inventory	<input type="checkbox"/> Other (Specify):								
I understand that whenever there are changes in address, ownership, business name, or operations (closure, addition of undisclosed reportable hazardous materials or hazardous wastes, or significant changes to inventory quantities and/or contingency planning provisions), a notification of such must be made to the Environmental Compliance Division within 30 days of the change.									
Signature of Owner/Operator/Authorized Representative:	Name of Owner/Operator/Authorized Representative (Print)								
	Elton Carlomagno								
Title:	Phone Number: Date:								
owner	(916) 355-0490 4/18/11								

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION**

HMP 1

BUSINESS OWNER/OPERATOR IDENTIFICATION

APR 20 20R

I. IDENTIFICATION

FACILITY ID#	F A 0 0 1 4 8 0 2	BEGINNING DATE (date of this report)	ENDING DATE (one yr. after beginning date)	101
EV0054299*FA0014082*520 NATOMA STATION DR ATTN: ELTON & CLAIRE CARLOMAGNO FOLSOM CAR CARE CENTER 520 NATOMA STATION DR FOLSOM CA 95630		BUSINESS PHONE	916-355-0490	
		104	CA	105
DUN & BRADSTREET		106	SIC CODE (4 digit #)	107
COUNTY		SACRAMENTO		
BUSINESS OPERATOR NAME		109	BUSINESS OPERATOR PHONE	110
ELTON CARLOMAGNO			(916) 355-0490	

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112
ELTON CARLOMAGNO		(916) 355-0490	
TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Prop. <input checked="" type="checkbox"/> Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Lim. Liability Partnership <input type="checkbox"/> General Partnership			
OWNER MAILING ADDRESS			
1119 Burwick Lane			
CITY	114	STATE	115
Folsom		CA	116
		ZIP CODE	95630

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE	118
ELTON CARLOMAGNO		(916) 355-0490	
CONTACT MAILING ADDRESS	E-MAIL ADDRESS (OPTIONAL)		
1119 Burwick Lane	ELTON CARLOMAGNO		
CITY	120	STATE	121
Folsom		CA	122
		ZIP CODE	95630

PRIMARY

IV. EMERGENCY CONTACTS

SECONDARY

NAME	123	NAME	128
ELTON CARLOMAGNO		CLAIRE CARLOMAGNO	
TITLE	124	TITLE	129
owner		owner	
BUSINESS PHONE	125	BUSINESS PHONE	130
(916) 355-0490		(916) 355-0490	
24-HOUR PHO			131
CELL PHONE # / PAGER #	127	CELL PHONE # / PAGER #	132
(916) 300-8100		(916) 300-8200	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

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	133	DATE	134	NAMS OF DOCUMENT PREPARER	135
		9/18/11		CLAIRE CARLOMAGNO	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137		
ELTON CARLOMAGNO		OWNER			

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #

F A 0 0 / 4 / 0 8 2

EPA ID # (Hazardous Waste Only)

CAE 002 3 5005

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)

Folsom Can Case

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).

Does your facility...

If yes, please complete these pages of the UPCE

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?

☒ YES ☐ NO 4

- HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)

B. UNDERGROUND STORAGE TANKS (USTs)

- Own or operate underground storage tanks?
- Intend to upgrade existing or install new USTs?

☐ YES ☒ NO 5
☐ YES ☒ NO 6

- UST FACILITY (Formerly SWRCB Form A)
- UST TANK (one page per tank) (Formerly Form B)
- UST FACILITY
- UST TANK (one per tank)
- UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
- UST TANK (closure portion - one page per tank)

C. ABOVEGROUND PETROLEUM STORAGE TANKS (ASTs)

Own or operate ASTs above the following threshold:
—the total capacity for the facility is greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers?

☒ YES ☐ NO 8

- ABOVEGROUND PETROLEUM STORAGE TANK FACILITY STATEMENT

D. HAZARDOUS WASTE

- 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?

☒ YES ☐ NO 9

☐ YES ☒ NO 10

☐ YES ☒ NO 11

☐ YES ☒ NO 12

☐ YES ☒ NO 13

☐ YES ☒ NO 14

- EPA ID NUMBER - provide at the top of this page
- RECYCLABLE MATERIALS REPORT (one per recycler)
- ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)
- ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)
- CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
- REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
- HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

(You may also be required to provide additional information by your CUPA or local agency.)

Caution: If you checked "No" to all the questions above, contact ECD (916-875-8550) before returning this Plan.

Our records indicate that your facility falls under the regulatory authority of one or more of the above programs that would require one or more "Yes" responses.