



# COUNTY OF SACRAMENTO

Environmental Management Department

Mel Knight, Director



RECEIVED  
JUL 27 2004

EV15938  
Bonnie Coleman, Manager  
Administrative Services  
Richard Sanchez, Chief  
Environmental Health  
Dennis C. Green, Chief  
Hazardous Materials

## Hazardous Materials Plan (HMP) Annual Renewal Certification Form

**Important Note:**

Facilities subject to CalARP requirements are not eligible for routine HMP renewal and instead must submit 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:** Made In Japan/Made In America

Enter one of the following:

**Facility Address:** 2668 Sunrise Blvd., Rancho Cordova, CA

**Facility ID Number:**  
(see your original HMP mailing label; an example is FA0000000) FA00010279

**Certification:**

Choose the appropriate option and check the relevant box(es):

**Option 1**



I have personally reviewed the HMP currently on file with your agency, dated \_\_\_\_\_, and hereby certify, under penalty of perjury, that:

- 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, and
- there have been no significant changes in the facility's personnel or operations that would require revision of the current HMP.

**Option 2**



HMP revisions, amendments or additions are necessary and are being submitted with this document. The following areas of the HMP are affected:

- |   |  |
|---|--|
| <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 Hazardous Materials Division within 30 days of the change.

Name of Owner/ Operator/Authorized Representative (Print):

Signature of Owner/ Operator Authorized Representative:

Jill Pefferle

Title:

Phone Number:

Date:

Officer

916-773-0769

7/26/04

Annual certification.doc

## UNIFIED PROGRAM CONSOLIDATED FORM

## FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page 1 of \_

## I. FACILITY IDENTIFICATION

FACILITY ID #

F A

0 0 1

0 2 7 9

EPA ID # (Hazardous Waste Only)

CAL000153126

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

Made In Japan/Made In America

## 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 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?

☒ YES ☐ NO 4

- HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)

Please refer to HMP  
on file. Thank you.

## 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

- Need to report closing a UST?

☒ YES ☒ NO 7

- 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. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

Own or operate ASTs above these thresholds:  
—any tank capacity is greater than 660 gallons, or  
—the total capacity for the facility is greater than 1,320 gallons?

☐ YES ☒ NO 8

- NO FORM REQUIRED TO CUPAs

## 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 onsite?

☒ 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.)

## Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials Inventory - Chemical Description pages (OES Form 2731) for all submissions. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF 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 AA 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 Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
2. **EPA ID NUMBER** - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters 7CA?. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, 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" that might have been used in the past.
4. **HAZARDOUS MATERIALS ONSITE** - Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:
  - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure),
  - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
  - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as an Emergency Response Plan and Training Plan.

Do not answer ?YES? to this question if you exceed only a local threshold, but do not exceed the state threshold.
5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) 25316. If ?YES?, then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
6. **UPGRADE/INSTALL UST** - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC 25316. If "YES", 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.
7. **UST CLOSURE** - Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. (CUPAs may require additional information.)
8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST)** - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. 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 25270.2 (g)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all ASTs. 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.
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. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. 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 25143.2. Check ?YES? and complete the Recyclable Materials Report pages, 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. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC 25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC 25200.3.1 for specific information. Please contact your CUPA 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 and one set of Onsite Hazardous Waste Treatment Notification - Unit pages 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 07450.13 (b) and HSC 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
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 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
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.
15. **LOCAL REQUIREMENTS** - Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.

## BUSINESS OWNER/OPERATOR IDENTIFICATION

JUL 27 2004

Page \_\_\_\_ of \_\_\_\_

## I. IDENTIFICATION

FACILITY ID#	IF	A	0	0	1	0	2	7	9	1	BEGINNING DATE	100	ENDING DATE	100	MATERIALS DIVISION
										07/26/04		07/26/04			
**EV0015938*FA0010279*2668 SUNRISE BLVD** MADE IN AMERICA 2668 SUNRISE BLVD RANCHO CORDOVA CA 95742										Business As)		3		BUSINESS PHONE	103
												916-635-7333			
										104	CA	ZIP CODE		105	
DUN & BRADSTREET										106	SIC CODE (4 digit #)		107		
n/a												7538			
COUNTY												108			
Sacramento															
BUSINESS OPERATOR NAME										109	BUSINESS OPERATOR PHONE		110		
Patrick Bailey												916-635-7333			

## II. BUSINESS OWNER

OWNER NAME										111	OWNER PHONE		112	
Drew Pfefferle												916-773-0769		
OWNER MAILING ADDRESS												113		
701 Riverside Ave.														
CITY										114	STATE	115	ZIP CODE	116
Roseville										CA		95678		

## III. ENVIRONMENTAL CONTACT

CONTACT NAME										117	CONTACT PHONE		118	
Gary Hatten												916-214-6652		
CONTACT MAILING ADDRESS												119		
701 Riverside Ave.														
CITY										120	STATE	121	ZIP CODE	122
Roseville										CA		95678		

## -PRIMARY-


## IV. EMERGENCY CONTACTS

## -SECONDARY-

NAME										123	NAME		128
Patrick Bailey												Gary Hatten	
TITLE										124	TITLE		129
Manager												General Manager	
BUSINESS PHONE										125	BUSINESS PHONE		130
916-635-7333												916-214-6652	
24-HOUR PHONE										126	24-HOUR PHONE		131
PAGER #										127	PAGER #		132
n/a												n/a	

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										DATE	134	NAME OF DOCUMENT PREPARER		135
										7/26/04		Jill Pfefferle		
NAME OF SIGNER (print)										136	TITLE OF SIGNER		137	
Jill Pfefferle												Corporate Officer		



## Business Owner/Operator Identification Instructions Page

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF 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 AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
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. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling 1-800-234-3867 or 1-866-814-1435 or by internet at [www.dnb.com](http://www.dnb.com)
107. SIC CODE - Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more than 4 digits, report only the first four.
108. COUNTY - Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address if different from business site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the zip code for the owner's address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent, if different from the site address.
120. CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for CUPAs or AAs to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.  
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.