



**COUNTY OF SACRAMENTO**  
**Environmental Management Department**  
Mel Knight, Director

EV18666  
Bonnie Coleman, Manager  
Administrative Services  
Richard Sanchez, Chief  
Environmental Health  
Dennis C. Green, Chief  
Hazardous Materials

**COMPLETED**  
1-27-05

JAN 14 2005

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

**Important Notice:** 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:** SBC (SCRMCA69, UB601)

Enter one of the following:

**Facility Address:** 3600 MARCONI AVE, SACRAMENTO

**Facility ID Number:**

(see your original HMP mailing label; an example is FA0000000)

FA 000 9663

**Certification:**

Check the appropriate option and check the relevant box(es)

**Option 1**



I have personally reviewed the HMP currently on file with your agency, dated 12/3/2002, 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):**

Steve Skanderson

**Signature of Owner/ Operator Authorized Representative:**

*Steve Skanderson*

**Title:**

Project Manager

**Phone Number:**

(707) 765-1660

**Date:**

11/16/2004

Annual certification.doc

## UNIFIED PROGRAM CONSOLIDATED FORM

## FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page 1 of \_

## I. FACILITY IDENTIFICATION

FACILITY ID # FA 000 9663 <sup>1</sup> EPA ID # (Hazardous Waste Only) <sup>2</sup>  
CAC000901760

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) <sup>3</sup>

SBC UB601/SCRMCA69

## 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)

## 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.)

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**Caution: If you have checked "No" to all the questions above, contact HMD (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.

## UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

## BUSINESS OWNER/OPERATOR IDENTIFICATION

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## I. IDENTIFICATION

FACILITY ID#	FA 000 9663	1	BEGINNING DATE	100	ENDING DATE	101
			01/01/2005		12/31/2005	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	SBC	UB601	3	BUSINESS PHONE	916-972-2423	
BUSINESS SITE ADDRESS	3600 MARCONI AVE					
CITY	SACRAMENTO	104	CA	ZIP CODE	95821	105
DUN BRADSTREET	10-340-1618	106	SIC CODE (4 digit #)	4813		107
COUNTY	SACRAMENTO					108
BUSINESS OPERATOR NAME	HECTOR LEANOS	109	BUSINESS OPERATOR PHONE	916-972-2423		110

## II. BUSINESS OWNER

OWNER NAME	SBC	111	OWNER PHONE	866-492-6836	112
OWNER MAILING ADDRESS	P.O. Box 5095, Room 3E000				
CITY	SAN RAMON	114	STATE	CA	115
			ZIP CODE	94583-0995	116

## III. ENVIRONMENTAL CONTACT

CONTACT NAME	Environmental Management, attn: James Stehr	117	CONTACT PHONE	925-823-8866	118
CONTACT MAILING ADDRESS	2600 CAMINO RAMON, RM 3E000				
CITY	SAN RAMON	120	STATE	CA	121
			ZIP CODE	94583-0995	122

## PRIMARY

## IV. EMERGENCY CONTACTS

## SECONDARY

NAME	HECTOR LEANOS	123	NAME	EMERGENCY CONTROL CENTER	128
TITLE	Property Manager	124	TITLE	24 HR EMERGENCY SERVICE	129
BUSINESS PHONE	916-972-2423	125	BUSINESS PHONE	877-322-4722	130
24-HOUR PHONE		126	24-HOUR PHONE		131
PAGER#	916-499-5145	127	PAGER#		132

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	DATE	134	NAME OF DOCUMENT PREPARER	135
	11/16/2004		RHL DESIGN GROUP, INC. - AGENT FOR SBC	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	
Steve Skanderson		Project Manager		