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December 16, 2015

Mr. John Vidovich
Assistant Chief
Los Angeles City Fire Department
200 N Main Street, 16th Floor
Los Angeles, California 90012

Dear Mr. Vidovich:

Thank you for submitting the third deficiency progress report for the 2014 evaluation of the City of Los Angeles Fire Department Certified Unified Program Agency (CUPA). California Environmental Protection Agency (CalEPA) received this deficiency progress report on October 22, 2015 and supplemental CD's were received on October 29, 2015. The state evaluation team has reviewed the report, all attachments and additional documentation. The state responses are provided on the enclosed document.

To date, the CUPA has corrected three (3) of nineteen (19) deficiencies. No deficiencies were corrected with the submittal of this update third report. However, the CUPA was able to comply with the corrective actions.

For the next update, CalEPA recommends that the CUPA continue its efforts in reestablishing a consolidated and consistent program by establishing clear policies and procedures for inspectors, and establishing a partnership with its participating agency.

The CUPA's implementation of Unified Program elements continues to be unsatisfactory.

If you have any questions or need further assistance, please contact the CalEPA Evaluation Team Lead, Katrina Valerio, at (916) 323-2204 or John Paine, Unified Program Manager, at (916) 327-5092.

Sincerely,

Original signed by Jim Bohon

Jim Bohon
Assistant Secretary for Local Program Coordination and Emergency Response

Enclosure

cc: See next page

Mr. John Vidovich
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cc sent via email

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Mr. John Vidovich
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City of Los Angeles Fire Department
 CERTIFIED UNIFIED PROGRAM AGENCY

Program Improvement Agreement

Deficiency Progress Report 3

EVALUATION DATE(S):	July 29, 2014 – July 31, 2014				
CUPA:	City of Los Angeles Fire Department				
Post-EVALUATION TEAM MEMBERS:	CalEPA Team Lead	DTSC	Cal OES	State Water Board	CAL FIRE - OSFM
	Katrina Valerio	Asha Arora Ari Erman, Ph.D	Jack Harrah Edward Newman	Laura Fisher Sean Farrow	Denise Gibson Jenna Yang
Deficiency Pending	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 17, 19				
Deficiencies Corrected	15, 16, 18 - these deficiencies do not require further Corrective Action.				
Updates Received	Update 1: April 23, 2015 Update 2: July 23, 2015 Update 3: October 22, 2015				
Next Update Due by	January 23, 2016				

To complete the evaluation process, CUPAs submit Deficiency Progress Reports to CalEPA that explain their progress towards correcting the identified deficiencies. Deficiency Progress Reports are due quarterly after the evaluation date until all deficiencies have been corrected.

Questions or comments regarding this evaluation should be directed to the attention of the CalEPA Evaluation Team Lead:

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<p>The CUPA is required to submit a Deficiency Progress Report every 90 days from the agreement approval date, until all deficiencies have been acknowledged as corrected.</p> <p>Each Deficiency Progress Report must include a narrative describing the Corrective Actions on <i>all</i> deficiencies identified in the Summary of Findings evaluation report.</p>	<p>Deficiency Progress Report submittal dates for the first year following the evaluation are as follows:</p> <p>Update 1: April 23, 2015 Update 2: July 23, 2015 Update 3: October 23, 2015 Update 4: January 23, 2016</p>
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1. DEFICIENCY:	CORRECTIVE ACTION:
<p>The CUPA is not inspecting all underground storage tanks (UST) facilities annually.</p> <ul style="list-style-type: none"> • Fiscal Year (FY) 12/13, the CUPA inspected 66% of its regulated facilities; • FY 11/12, the CUPA inspected 69% of its regulated facilities; • FY 10/11, the CUPA inspected 48% of its regulated facilities. <p>This deficiency was also cited in 2009, but considered corrected during the update reporting process.</p>	<p>By April 23, 2015, the CUPA will perform a thorough analysis of the UST element of the unified program and conclude the reasons why the annual compliance inspection requirement is not being met. This analysis shall include discussion on existing staffing resources and how many inspections each inspector is capable of conducting annually. This analysis should be submitted to CalEPA with a plan for addressing all the reasons why the annual compliance inspections are not being met, and how the annual compliance inspection frequency will be met by October 23, 2015.</p> <p>By April 23, 2015, the CUPA shall identify those USTs that have not been inspected in the last year or for multiple years, and prioritize those inspections to be completed prior to any other annual compliance inspection. By July 23, 2015, the CUPA shall inspect those USTs that have not been inspected in the last year or for multiple years.</p>

Deficiency Progress Update 1:

CUPA has performed a thorough analysis of the UST element of the unified program to determine needed resources to meet the annual compliance inspection frequency.

The survey to estimate inspection time, including documents review and follow up for all facility types was distributed to all ICC certified inspectors and collected. The data was referred to statistician for required analysis and the “UST Inspection Workload Analysis” was created (Attachment 1). CUPA is in a process of implementing the report findings and right-sizing the current staffing levels.

CUPA has identified 581 UST’s facilities that have not been inspected in the last year or multiple years and prioritized the annual compliance inspections for these overdue facilities.

The following action items were taken by the Fire Marshal in an effort to move CUPA and specifically this deficiency towards 100% compliance.

- A data “cleanup” was conducted to ensure accurate metrics
- In March 2015 four members were returned to full duty, transferred into, or detailed for a period of time to CUPA with an emphasis on UST inspections.
- Five members assigned to CUPA and six total passed a “pencil paper” ICC Exam administered on March 31st. This raises our number of ICC inspectors to 11 which have an immediate positive impact on our inspection totals.

Evaluation Team Response:
The CUPA has not fully complied with the corrective action.

The correction for this deficiency requires the CUPA to:

- 1) perform a thorough analysis of the UST element of the unified program and conclude the reasons why the annual compliance inspection requirement is not being met,
- 2) provide a discussion on existing staffing resources and how many inspections each inspector is capable of conducting annually,

- 3) outline the reasons why the annual compliance inspections are not being met,
- 4) and how the CUPA will meet the compliance inspection frequency by October 23, 2015.

The UST Inspection Workload Analysis for the LAFD CUPA Unit provided by the CUPA provides a statistical analysis of staff activities, but draws no conclusions, nor does it address the ultimate correction of the deficiency.

The CUPA has stated that 581 identified USTs have not been inspected in the last year or multiple years and prioritized the annual compliance inspections for these overdue facilities.

State Water Board notes the CUPA's efforts to make UST training available to CUPA staff, resulting in the addition of six (6) ICC certified staff to the CUPA Unit.

The State Water Board finds the CUPA's submittal for Deficiency 1 unacceptable. State Water Board's UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action.

Action Plan for the CUPA:

Within thirty (30) days of receipt of Evaluator Team response the CUPA will provide to CalEPA:

1. a revised staffing and resource analysis which includes the criteria outlined in the Corrective Action, and
2. a list of 581 USTs referenced in CUPA Deficiency Progress Update 1 that have not been inspected in the last year or multiple years so as to verify completion of Corrective Action.

Deficiency Progress Update 2:

1. The Fire Stat Section of LAFD conducted an estimate of the number of ICC (International Code Council) Certified inspectors the CUPA unit should maintain in order to complete all mandated Underground Storage Tank (UST) inspections in a 1-year inspection cycle.

The "Safe" Scenario with the following assumptions, has been selected for implementation:

	Facility Group	# Facilities	Estimated Mean Inspection Time	Estimated Hours Required
Group 1	Single Tank	288	8	2,304
	Between 2 -4 Tanks	655	9	5,895
Group 2	25% of total between 1-4 Tanks	314	11	3,454

Total Hours For the Scenario 11,653

The simulation assumes an inspector capacity of 54 hours per pay period or a total of 1404 hours every 1-year inspection cycle.

Number of Inspectors	Inspector Quota	Inspector Workload Per Pay Period	Expected Unit Utilization	
	(#Facilities Per Inspector)	(26 Periods a Year)	Optimistic Estimate	Safe Estimate
7	180	6.9	91%	119%
8	157	6	79%	104%
9	140	5.4	71%	92%
10	126	4.8	64%	83%

Expected inspector utilization:

	Number of Inspectors			
	7	8	9	10
Unit Capacity (hours/year)	9,828.00	11,232.00	12,636.00	14,040.00
Utilization Rate	119%	104%	92%	83%

The estimated inspector quota and unit utilization are based on the number of active Underground Storage Tank (UST) facilities with less than 5 units (95% of the total facilities in the system).

Conclusion: with 92% Utilization Rate, the number of UST inspectors required for completing 100% routine UST inspections is: **9**. With that staffing level, the UST inspector is expected to average about 13 complete inspections monthly or 156 annually. Effective July 1, 2015, the current staffing is 8 ICC Certified Inspectors, with the remaining four eligible for the exam within 6 months, allowing CUPA to meet the compliance inspection frequencies in the FY 2015/16.

For a full Fire Prevention Bureau Workflow Analysis and Overview see Attachment 6. Through an increased number of inspectors, improved technology, enhanced engagement of supervisors, and other competences that are being implemented, the FPB will be able to accomplish an efficient inspection process.

2. The list of the USTs overdue inspections (that have not been inspected in the last year or multiple years) is provided in Attachment 1.

Evaluation Team Response:

The CUPA has not fully complied with the Corrective Action.

State Water Board acknowledges the CUPA’s Fire Prevention Bureau Workflow Analysis and Overview submittal (Attachment 6) and the CUPA’s list of overdue UST inspections (Attachment 1) which was due in Update 1.

The correction for this deficiency requires the CUPA to:

1. Perform a thorough analysis of the UST element of the unified program and conclude the reasons “why” the annual compliance inspection requirement is not being met.
2. This analysis shall include discussion on existing staffing resources and how many inspections each inspector is capable of conducting annually.
3. This analysis should be submitted to CalEPA with a plan for addressing all the reasons “why” the annual compliance inspections are not being met, and “how” the annual compliance inspection frequency will be met by October 23, 2015.
4. By April 23, 2015, the CUPA shall identify those USTs that have not been inspected in the last year or for multiple years, and prioritize those inspections to be completed prior to any other annual compliance inspection.
5. By July 23, 2015, the CUPA shall inspect those USTs that have not been inspected in the last year or for multiple years.

State Water Boards review of the CUPA’s Fire Prevention Bureau Workflow Analysis and Overview submittal finds, the CUPA provides statistical numbers of the workload that staff can handle, identifies the current number of staff employed, and concludes the number of staff needed to inspect all UST facilities annually. However, the CUPA does not conclude the reasons “why” it is not meeting the UST inspection frequency in accordance with the Corrective Action Item 1.

State Water Board acknowledges the CUPA addressing the requirements of Item 2, by discussing existing staff resources and the number of inspections, each inspector is capable of conducting annually in its Fire Prevention Bureau Workflow Analysis and Overview dated June 1, 2015. The CUPA Staffing Requirements chart shows the CUPA has eight (8) current staff members for CUPA Underground Storage Tanks and recommends adding one (1) additional staffing individual. The CUPA's narrative to Update 2 concludes that to complete 100% of its routine annual UST compliance inspections, nine (9) ICC UST certified staff are needed to implement the UST program and identifies that it currently has eight (8) ICC UST certified inspectors. Lastly, the CUPA states in its Update 2 narrative, "Effective July 1, 2015, the current staffing is 8 ICC Certified Inspectors, with the remaining four eligible for the exam within 6 months, allowing CUPA to meet the compliance inspection frequencies in the FY 2015/16." This statement suggests to State Water Board that the CUPA has 12 CUPA staff of which eight (8) are ICC UST certified to conduct annual UST compliance inspections and four (4) are scheduled to take the ICC exam within 6 months.

State Water Boards review of the CUPA's Fire Prevention Bureau Workflow Analysis and Overview submittal for Item 3 finds the CUPA does not provide an actual plan addressing all the reasons "why" the annual compliance inspections are not being met and "how" the annual compliance inspection frequency will be met by October 23, 2015.

The second part to Deficiency 1 (Item 4) requires the CUPA to submit to the State Water Board, a list identifying UST facilities that have not been inspected in the last year or for multiple years. In update 1, the CUPA stated that it had identified 581 facilities that were overdue for inspection, but did not provide a list identifying those facilities. With update 2, the CUPA provided a list of 389 facilities. The CUPA does not provide a narrative update describing what is included in the list, nor does the CUPA prioritize those UST facility inspections to be completed prior to any other annual UST compliance inspection. The CUPA simply writes in Update 2, "The list of the USTs overdue inspections (that have not been inspected in the last year or multiple years) is provided in Attachment 1."

The CUPA's Update 2 narrative addresses, having the inspection staff necessary to inspect all UST facilities for FY 2015/2016 however, the CUPA does not address prioritizing and inspecting those facilities identified as not being inspected in the last year or for multiple years by July 23, 2015 (Item 5). Since July 23, 2015 has come and gone, the CUPA has not complied with this part of the Corrective Action.

Action Plan for the CUPA:

1. Within ten (10) days of receipt of the Evaluator Team response, the CUPA will provide to CalEPA a formal conclusion of "why" the CUPA is not meeting annual UST compliance inspection frequency requirements. Additionally, the CUPA will provide to CalEPA a formal plan for addressing all the reasons "why" annual compliance inspection frequencies are not being met and "how" the annual compliance inspection frequency will be met by October 23, 2015. Please note this is the State Water Board's third request for information.
2. Within ten (10) days of receipt of the Evaluator Team response, the CUPA will provide to CalEPA, a current list of facilities that have not been inspected within the last year or multiple years.
3. Within ten (10) days of receipt of the Evaluator Team response, the CUPA will provide to CalEPA, a narrative on efforts already employed to reduce the list of those identified as not being inspected in the last year or for multiple years. Please note this is the State Water Board's third request for information.
4. As discussed above, because the Update is slightly confusing, please confirm that the CUPA intends to maintain 12 UST staff. Also, please identify how many UST staff are fulltime and permanent status, and if not what their designated allocation is.

Deficiency Progress Update 3:

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #1 – "Why" the LAFD CUPA has not met the annual UST compliance inspection frequency requirements in previous years:

- STAFFING – The LAFD CUPA's struggle with staff retention has directly affected the number of annual inspections completed.

- UNIT STRUCTURE – Every LAFD CUPA inspector was tasked with completing inspections for every program (e.g. HMBP, UST and AST) which increased the inspection workload for each inspector.
- INSPECTIONS ASSIGNED ON A FACILITY-BY-FACILITY BASIS – Inspectors were assigned inspections on a facility-by-facility basis, for the entire city. This, in turn, created issues with establishing and maintaining rapport with facility representatives from year-to-year, violation follow-up, record retention, and tracking overdue inspections.
- INSPECTION PROCESS & DOCUMENTATION – Inspections were documented using a two-part hardcopy inspection report comprised of an inspection checklist and a notice-of-violation, and two sets of each were created for every inspection. All 4 pages would be signed by the inspector and by the regulated facility representative—one set of documents was provided to the facility representative, and the inspector retained the other set. Violations were tracked manually by each inspector and compiled on a paper spreadsheet which increased inspection follow-up time while decreasing time spent conducting inspections.
- SOFTWARE CHALLENGES – The LAFD CUPA utilizes Decade’s EnvisionConnect software to generate an inspector ‘To-Do’ list that tracked inspections due for the current fiscal year as well as those inspections which had become overdue. However, the software is not without its flaws and some inspections were not appearing on inspector ‘To-Do’ lists and, therefore, were not being inspected on an annual basis. “

“HOW” annual compliance inspection frequencies will be met:

- INCREASED FULLTIME STAFFING – The LAFD CUPA unit has increased the number of full-time inspectors to 14, which reduced the inspection workload for each inspector.
- UNIT RESTRUCTURE - The LAFD CUPA restructured the unit so that inspectors are assigned to specific types of inspections which enables inspectors to focus on quality inspections and ensure consistent enforcement and efforts to achieve compliance:
 - a. UST & AST Inspectors - 8 full-time ICC certified UST inspectors. Each inspector is responsible for approx. 165 UST inspections and approx. 15 AST inspections per year.
 - b. HMBP Inspectors - 6 full-time HMBP inspectors. (Two of these six HMBP inspectors are ICC certified and will fill-in, as necessary, and inspect USTs and ASTs.) Each inspector is responsible for approx. 383 HMBP per year.
- DISTRICT ASSIGNMENTS – Inspectors have been assigned districts. This improves compliance inspection frequency since inspectors will now be able to:
 - a. **Establish and maintain** rapport with regulated facilities—an essential component to ensuring regulated facility compliance with state laws and regulations.
 - b. **Track and follow-up** with issued violations
 - c. **Plan inspections** in advance with regulated facilities
 - d. **Foresee inspections** before they become overdue
- INSPECTION PROCESS & DOCUMENTATION – On January 28, 2015, the LAFD CUPA implemented Decade’s EnvisionConnectRemote software which streamlined the inspection process by computerizing inspections, simplifying inspection documentation, enabling electronic violation tracking and creating an environment for seamless CME uploads.
 - a. **Computer inspections** – Inspections are conducted entirely within one program, wirelessly on a laptop computer and results are synchronized to the main EnvisionConnect program.
 - b. **Single inspection document** – The inspection checklist and notice-of-violation have been condensed into a single computerized inspection in which signatures are captured and the finalized inspection report can be exported to PDF, and emailed to the regulated facility representative or printed as a hardcopy.

- c. **Violation tracking** – Violations are now electronically entered, tracked and cleared within the EnvisionConnectRemote program. This has the added benefit of simplifying the CME upload process since the inspection violations are input directly into the system during each inspection, synchronized to the main EnvisionConnect program—making obsolete the need to transfer violations manually from paper to the computer system.
- **SOFTWARE CHALLENGES** – The LAFD CUPA unit is continually working to correct and improve Decade’s ‘To-Do’ list, so that every regulated UST facility is listed and annually inspected. Simultaneously and independent of that task, the LAFD CUPA unit created a master-list of every UST facility within its jurisdiction and is working on adding a ‘last-inspection’ date and status (e.g. active/inactive) for every UST facility listed. This will ensure that every regulated UST facility is accounted for and inspected annually.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #2: The current list of UST Facilities Not Inspected Within Last Year or Multiple Years (Total = 185) is included in Attachment B.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #3:

NOTE: The list of 389 facilities sent for CUPA’s Update 2, was inaccurate and sent in error. Please disregard this document.

The LAFD CUPA encountered a number of challenges in its attempt to identify facilities with overdue inspections and the anticipated 1-2 day project turned into a month-long research and problem-solving project. Below are two examples of these challenges and their respective solutions:

- **INSPECTION CODE CHANGES**
 - **CHALLENGE** - The 'Daily Time and Activity' codes used to indicate facility inspections were changed over the years which complicated the process of querying, and made identifying the ‘last-inspection date’ for facilities a moving target.
 - **SOLUTION** - In November of 2014, the LAFD CUPA proactively overhauled its inspection documentation process in EnvisionConnect by reactivating previously-utilized inspection codes, which helped solve query problems by unifying past and present facility inspections.
- **INCORRECT INSPECTION CODE ENTRY**
 - **CHALLENGE** - Before EnvisionConnectRemote, inspectors manually entered inspections into the EnvisionConnect system by choosing a complex series of codes. Some inspectors documented inspections in 'Daily Time and Activity' using codes other than the proper facility inspection codes, thereby causing some inspections to be incorrectly flagged as ‘overdue’.
 - **SOLUTION** - With the implementation of EnvisionConnectRemote in January 2015, key codes are auto-populated within the inspection form thereby reducing an inspector’s chances of selecting the wrong codes.

Since the ‘list of facilities that had not been inspected within the last year or multiple years’ was created, the LAFD CUPA made the inspection of these facilities a priority. The LAFD CUPA:

1. Hired additional fulltime inspectors
2. Restructured the unit dedicating 8 fulltime ICC certified UST inspectors to the inspection of UST facilities
3. Prioritized the overdue inspection list by oldest ‘last inspection date’ to newest
4. Sent the prioritized list to each inspector
5. Inspectors were instructed to schedule inspections by oldest ‘last inspection date’ to newest

SUMMARY OF INSPECTION EFFORTS TO-DATE:

- In April 2015, the CUPA identified 640 facilities (not 581 as mentioned in Deficiency Progress Update 1) that were due for inspection within the last year or multiple years.
- Since April 2015, the LAFD CUPA has made the inspection UST facilities overdue-for-inspection a priority and its inspectors have inspected over 400 of those facilities flagged as due for inspection within the last year or multiple years.
- Attached you'll find "LAFD CUPA - Overdue UST Inspection List" which contains the current list of less than 200 facilities due for inspection within the last year or multiple years.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #4 – The LAFD CUPA is committed to maintaining fulltime staff.

Since the LAFD CUPA's Update 2, the CUPA has hired additional fulltime inspectors, bringing the **total number of fulltime inspectors to the current total of 14**. As mentioned in the CUPA's response to Action Plan Item #1 "HOW annual compliance inspection frequencies will be met", the CUPA has restructured the CUPA unit so that inspectors are assigned to specific types of inspections:

- UST & AST Inspectors - 8 full-time ICC certified UST inspectors. Each inspector is responsible for approx. 165 UST inspections and approx. 15 AST inspections per year.
- HMBP Inspectors - 6 full-time HMBP inspectors. (Two of these six HMBP inspectors are ICC certified and will fill-in, as necessary, and inspect USTs and ASTs.) Each inspector is responsible for approx. 383 HMBP per year.

Hiring additional fulltime staff, restructuring the unit and computerizing inspections has created a desirable environment in which inspectors are given a manageable workload and a streamlined inspection process.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Items 1 and 4 and finds the conclusion of "why" the CUPA is not meeting the annual UST compliance inspection frequency requirement and "how" the annual compliance inspection frequency requirement will be met, acceptable. The CUPA identifies struggling with staff retention, unit structure, process and documentation, and software challenges as to "why" annual UST compliance inspection frequencies have not been met. Additionally, the CUPA identifies "how" annual compliance inspection frequencies will be met. This has been achieved by increasing the fulltime staffing levels for the Unified Program to eight (8) fulltime ICC certified UST inspectors each now responsible for inspecting approximately 165 regulated UST facilities per year.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Item 2 Attachment B, and finds 185 UST facilities that have not been inspected within the last year or for multiple years. The oldest to most recent 'last conducted inspection date' ranges from January 7, 2011 to July 23, 2014.

State Water Board acknowledges the CUPAs Deficiency Progress Update 3, Action Plan Item 3, and finds the CUPA has identified why the identification of UST facilities not inspected within the last year or multiple years has been difficult. The transition from EnvisionConnect to EnvisionConnectRemote, auto-populating activities, and the activation of old daily activity codes has been noted as the solution for accurate reporting of UST facilities not inspected within the last year or multiple years.

State Water Board acknowledges the CUPA's efforts taken to move towards the correction of this deficiency. This is evidenced by:

1. Efforts taken to identify the CUPA's inventory of UST facilities that have not been inspected within the last year or multiple years.
2. Efforts underway to conduct the oldest "last inspection date" first until all 185 UST facilities have been inspected.
3. The CUPA's inspection prioritization of facilities that had not been inspected last year or for multiple years.

Action Plan for the CUPA:

1. On the next progress report, please provide an update on the CUPA's continued progress of inspecting UST facilities that have not been inspected within the last year or for multiple years.

2.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not requiring facilities to submit UST testing and leak detection documents as required by Chapter 6.7 of the Health and Safety Code (Statute) and Title 23, Chapter 16 of the California Code of Regulations (Regulation).</p> <p>The following documents, which are required to be submitted within 30 days of testing, were not found in facility files, California Environmental Reporting System (CERS), or Envision.</p> <ul style="list-style-type: none"> • Secondary containment testing; • Tank and line integrity tests; • Monitoring certifications; • ELD certifications. <p>Twenty-eight facility files were reviewed by State Water Board and the file numbers were provided to the CUPA in the preliminary summary of findings.</p> <p>Interviews with CUPA staff confirmed that the CUPA does not actively require appropriate testing and leak detection documents to be submitted, or to be submitted within the 30 day timeframe.</p>	<p>From this point forward, in accordance with Statute and Regulation, the CUPA will require owners and operators to submit the appropriate UST testing and leak detection documents. In accordance with Statute and Regulation, the CUPA will also require owners and operators to comply with timely submittal of these documents.</p> <p>By April 23, 2015, the CUPA will develop outreach program materials and submit them to CalEPA for approval. In the submittal to CalEPA, the CUPA will outline how and when it will provide the outreach materials to the regulated community (both owners/operators and testers). The outreach materials must explain the requirement to submit the appropriate UST testing and leak detection documents in the timeframe required by Statute and Regulation.</p> <p>By July 23, 2015, the CUPA will have completed the distribution of the outreach materials so that the regulated community is notified of the requirements to submit appropriate UST testing and leak detection documents. The CUPA shall send CalEPA a final copy of the outreach program materials and a list of businesses the materials were sent to.</p> <p>This Deficiency will be considered corrected once there is consistent documentation over a one-year period that shows the appropriate documents are being submitted, submitted in a timely manner, reviewed by International Code Council (ICC) certified staff, and retained by the CUPA.</p>

Deficiency Progress Update 1:

On January 15, 2015, an outreach letter was sent to all UST facilities owners/operators regarding CERS reporting requirements and other required documentation:

"The following documents are required to be submitted to CUPA within 30 day so testing/inspection:

- Monitoring System Annual Certification
- Spill Bucket Testing Report
- Secondary Containment Testing Report
- Tank Integrity Test Report
- Line Integrity Test Report
- Enhanced Leak Detection Test Report
- Temporary Closure Tank Liquid Sampling Results
- Unauthorized Release Report (within five working days)."

Prior to mass mailing, the outreach letter (Attachment 2) was sent to CalEPA for review and the comments were taken into consideration in the final letter.

Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805; as of 4/16/2015.

Evaluation Team Response:

The CUPA has not fully complied with the Corrective Action.

State Water Board acknowledges the CUPA's Update 2 to Deficiency 2. State Water Board finds the CUPA has not fully complied with the Action Plan for the CUPA put into place to correct this deficiency in Update 1.

Action Plan for the CUPA in Update 1 requires the CUPA to:

1. Within ten (10) days of receipt of Evaluator Team Response please clarify the CUPA statement "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805", and how those numbers were obtained.
2. Within thirty (30) days of receipt of Evaluator Team Response please provide, prepare and submit an outline of how and when it will provide the outreach materials to the regulated community that is commensurable for the task at hand.
3. Within thirty (30) days of receipt of Evaluator Team Response please identify the policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA. These policies and procedures should be consistent with the materials for Corrective Action 3 although may be submitted separately.

State Water Board's UST Unit Chief Laura S. Fisher, notified CalEPA of the CUPA missing its ten (10) day requirement to submit and clarify the CUPA statement, "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805" and identify how the numbers were obtained. State Water Board acknowledges the CUPA's narrative in Update 2, which addresses Item 1 however; the focus is on CERS rather than all documents that owners and operators are required to submit to the CUPA. Simply focusing on CERS does not address the fact that facility files were missing UST testing and leak detection documents.

The CUPA did not comply with Item 2 as the CUPA's narrative is not a formal outline of outreach materials indicating how and when the CUPA will provide the outreach materials to the regulated community that is commensurable for the task at hand. In Update 1, State Water Board stated, "The single letter distributed by the CUPA is not commensurate for this task." One letter for thousands of regulated facilities not submitting thousands of required testing documentation is not sufficient for the task at hand.

Item 3 regarding policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA is not complete as the CUPA's narrative is not a formal policy or procedure.

Action Plan for the CUPA:

1. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA, clarification on how the submittal of CERS determines compliance with how regulated UST facility owners/operators submit UST testing and leak detection documents. *Please note this is the State Water Board's third request for information.*
2. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA a formal outline identifying how the CUPA will continue to provide the outreach materials to the regulated community that is commensurate for the task at hand. In the outline, the CUPA should be thinking about and Identifying how it will continue to notify regulated UST facilities and include methods such as mailing out the requirements with the CUPA's annual fee statement, presenting or attaching a copy of the notification letter to annual UST compliance inspection reports, etc. until such time that the CUPA, on a regular basis, receives required testing and leak detection documentation from its regulated UST facilities. *Please note this is the State Water Board's third request for information.*
3. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA, a formal document which includes policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA. These policies and procedures should be consistent with the materials for Corrective Action 3 although may be submitted separately. *Please note this is the State Water Board's third request for information.*

Deficiency Progress Update 2:

1. The January 8, 2015, letter has served two purposes: notified regulated community about electronic reporting requirements to CERS and also about requirements of submitting the UST testing and leak detection documents to CUPA in accordance with Title 23. CUPA concludes that this outreach material has complied with the corrective action.
2. The required testing and leak detection documents, like Monitoring System Annual Certification, are submitted electronically to lafd.usttestnotify@lacity.org, routed to the district inspector's inbox, reviewed by the ICC certified inspectors and retained by CUPA.
Inspector then attaches the Testing Report to the facility record in EC, and also makes two OBSERVATION REPORTS: 1- to reset the testing date and 2 - to document the review of the report. If any component failed, the inspector will document that on the 2nd observation report and follow up with NOV, signed by the facility owner/operator, to correct the failures and pull permits, as needed, for repair.
The report will be archived for detention by automatically attaching the report in a pdf format to facility record in EC.
3. CUPA has measured the effectiveness of the outreach by number of CERS submittals of UST element since the letter was sent and that is represented by number 699 (from January 15 to April 15, 2015). CUPA will evaluate the need for further outreach action after an analysis of the up-to-date submittals of testing documents by the regulated community.

Evaluation Team Response:

The CUPA has not fully complied with the Corrective Action.

State Water Board acknowledges the CUPA's Update 2 to Deficiency 2. State Water Board finds the CUPA has not fully complied with the Action Plan for the CUPA put into place to correct this deficiency in Update 1.

Action Plan for the CUPA in Update 1 requires the CUPA to:

1. Within ten (10) days of receipt of Evaluator Team Response please clarify the CUPA statement “Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805”, and how those numbers were obtained.
2. Within thirty (30) days of receipt of Evaluator Team Response please provide, prepare and submit an outline of how and when it will provide the outreach materials to the regulated community that is commensurable for the task at hand.
3. Within thirty (30) days of receipt of Evaluator Team Response please identify the policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA. These policies and procedures should be consistent with the materials for Corrective Action 3 although may be submitted separately.

State Water Board’s UST Unit Chief Laura S. Fisher, notified CalEPA of the CUPA missing its ten (10) day requirement to submit and clarify the CUPA statement, “Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805” and identify how the numbers were obtained. State Water Board acknowledges the CUPA’s narrative in Update 2, which addresses Item 1 however; the focus is on CERS rather than all documents that owners and operators are required to submit to the CUPA. Simply focusing on CERS does not address the fact that facility files were missing UST testing and leak detection documents.

The CUPA did not comply with Item 2 as the CUPA’s narrative is not a formal outline of outreach materials indicating how and when the CUPA will provide the outreach materials to the regulated community that is commensurable for the task at hand. In Update 1, State Water Board stated, “The single letter distributed by the CUPA is not commensurate for this task.” One letter for thousands of regulated facilities not submitting thousands of required testing documentation is not sufficient for the task at hand.

Item 3 regarding policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA is not complete as the CUPA’s narrative is not a formal policy or procedure.

Action Plan for the CUPA:

1. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA, clarification on how the submittal of CERS determines compliance with how regulated UST facility owners/operators submit UST testing and leak detection documents. *Please note this is the State Water Board’s third request for information.*
2. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA a formal outline identifying how the CUPA will continue to provide the outreach materials to the regulated community that is commensurable for the task at hand. In the outline, the CUPA should be thinking about and Identifying how it will continue to notify regulated UST facilities and include methods such as mailing out the requirements with the CUPA’s annual fee statement, presenting or attaching a copy of the notification letter to annual UST compliance inspection reports, etc. until such time that the CUPA, on a regular basis, receives required testing and leak detection documentation from its regulated UST facilities. *Please note this is the State Water Board’s third request for information.*
3. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA, a formal document which includes policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA. These policies and procedures should be consistent with the materials for Corrective Action 3 although may be submitted separately. *Please note this is the State Water Board’s third request for information.*

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #4

The LAFD CUPA respectfully retracts the statement “Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805”.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #5

Prepared and attached for your approval is a copy of the ongoing outreach letter “LAFD CUPA – UST Outreach 2015” informing UST owners and designated operators regarding the submittal of UST testing and leak detection documents. The avenues of outreach are many and ongoing :

- A. The letter “LAFD CUPA – UST Outreach 2015” (Attachment A) will be mailed to all UST owners.
- B. The UST section of the LAFD website will include the verbiage of “LAFD CUPA – UST Outreach 2015” notifying all UST owners and designated operators that they are responsible to submit all UST testing records within 30 days from the testing date.
- C. A reminder will be added to the annual fee statement, stating that UST owners/DO are required to submit their UST testing records within 30 days from test date
- D. “LAFD CUPA – UST Outreach 2015” will be included in the annual permit to operate reminding the UST owners that they are required to submit their UST results.
- E. When a UST owners/D.O. notifies the LAFD CUPA though lafd.usttestnotify@lafd.org a copy of “LAFD CUPA – UST Outreach 2015” will be forwarded with the confirmation of the UST test notification.
- F. Finally, with every UST inspection the inspector will provide the facility owner a copy of “LAFD CUPA – UST Outreach 2015” along with a copy of the inspection report.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #6

LAFD CUPA - PROCEDURES FOR REVIEW OF TESTING DOCUMENTS

Underground Tank testing results are required to be submitted within thirty (30) days of testing. Owner/Operators or ICC certified technicians and installers may submit their test results to the LAFD CUPA via USPS Certified Mail (LAFD CUPA, 200 N. Main St., Ste 1700, LA CA 90012), E-mail at lafd.usttestnotify@lacity.org, or personal delivery. Reports can also be uploaded to CERS. Submissions are received and distributed to the district inspectors by the UST/Enforcement Clerk Typists.

UST/Enforcement Inspectors shall review all test submittals within fifteen (15) days of receipt, and take note of any errors or omissions. Inspectors will review reports for:

- Timeliness** (was the test conducted within the required time frame, and submitted on-time?)
- Accuracy** (is the report complete and accurate? Is owner/operator information correct? Does the site layout/equipment list/system description match our records?) Compare with submitted monitoring plan
- Test Results** (note any failed or incomplete tests. All systems and equipment required by Code shall be addressed; (drop tube flapper/vent ball-float, SO switch, TLG/Alarm, etc.)

Note: The LAFD CUPA does not accept *visual failures* for test boots. Testers are expected to replace failed test boots and complete SB989 testing within the required time frame. Visual failures that are reported and not addressed before the anniversary date will be considered “Class 1” violations. A Div. 5 permit is NOT required for the replacement of test boots (Penetration Fittings that also serve as test boots DO require a Div. 5 permit).

UST/ Enforcement Inspectors shall take the following actions as appropriate to the testing report:

- Attach the report to the facility in Envision
- Place a hard copy of the report in the “permit” files, or scan into Envision
- If the Owner/Operator has uploaded the report to CERS, review and accept

Review the report and respond to any failures or abnormal findings with the appropriate level NOV. Any NOV issued shall direct the Owner/Operator to obtain a Div. 5 permit to repair/replace/install any failed/missing equipment and to correct any other deficiencies **FORTHWITH**. Furthermore, it shall be expected that any corrections be completed and inspected, with passing testing results, within ninety (90) days of the initial testing failures. Failure to meet this requirement may result in "Formal Enforcement" action.

Upon completion of inspection and retesting, results shall be resubmitted directly to the LAFD CUPA. Enforcement Inspectors shall ensure that the results are filed, and attached to the facility in Envision. Any NOV that has met compliance shall be signed-off.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Item 4, with the CUPA's retraction of its statement "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805" as the statement focuses on CERS rather than UST testing documents missing from UST facility files.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan item 5, and finds the CUPA's submittal, acceptable. On September 3, 2015 Attachment A, Reporting Underground Storage Tank Information, was mailed to regulated businesses. Furthermore, the CUPA indicates that a copy of Attachment A is provided to facility owners with the annual UST compliance inspection report, along with annual fee statements, and a copy is included with permits. Finally, when the City of Los Angeles Fire Department CUPA receives testing notifications through its lafd.usttestnotify@lafd.org email account, a copy of the Attachment A is forwarded with the CUPA's confirmation email.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Item 6. Please reference Deficiency Progress Update 3, Deficiency 8, whereby the State Water Board findings acknowledge the submittal and provide corrective action.

3.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not preparing an annual compliance inspection report for every UST inspection.</p> <p>The CUPA could not produce annual compliance inspection reports for all UST facilities reviewed by State Water Board.</p>	<p>Beginning with the first quarterly progress report due April 23, 2015, and each quarterly progress report thereafter, the CUPA will provide copies of the previous quarter's UST annual compliance inspection reports. This reporting will continue until this deficiency is corrected.</p> <p>Clear written direction and procedures for managing UST inspections from start to finish, including electronic data and hard copy paperwork, as well as the identification of tools and resources to conduct adequate inspections are needed to maintain consistent UST inspection practices. Therefore, by April 23, 2015, the CUPA will develop and submit to CalEPA procedures for the management of inspection activities that specifically outline the roles of inspectors, office staff, and management.</p>

		<p>A few of noticeably absent CUPA policies and procedures for managing inspections observed during the evaluation, which should be included in this document, include;</p> <ul style="list-style-type: none"> • the deadline for preparation of the annual compliance inspection report, • the requirements for facility record keeping and document retention, • the requirements for review and follow up of submitted testing reports, • how to conduct inspections in those instances when staff can and cannot witness annual monitoring certifications, • the requirements for the renewal and issuance of operating permits. <p>All policies and procedures shall be in conformance with LG 159.</p> <p>By May 23, 2015, CalEPA will have the CUPA's UST inspection procedures reviewed and provide feedback to the CUPA.</p> <p>By June 23, 2015, the CUPA will make necessary amendments if needed to these procedures and submit to CalEPA for review and approval.</p> <p>By July 23, 2015, the CUPA will incorporate these policies and procedures into its Inspection & Enforcement Plan and begin implementation.</p> <p>By September 30, 2015, the CUPA will conduct its self-audit and submit the self-audit to CalEPA addressing the status of implementation of this Corrective Action and identify if any changes are needed.</p> <p>This Deficiency will be considered corrected once established policies and procedures are in place and UST inspection reports are shown to be consistently prepared for all inspections over a one-year period.</p>
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Deficiency Progress Update 1:
CUPA has reorganized the inspection checklist to assist Inspectors in conducting complete inspections. Inspection Procedures have been developed to manage the inspection activities and to provide consistent inspection practices.

Envision Connect Remote (ECR) went live on 1/28/2015 to facilitate preparation of inspection reports and providing them to owners/operators on the day of inspection.

Attachment 3 provides copies of UST annual compliance inspection reports for January 1, 2015, through March 31, 2015.

Attachment 11 contains Management of Inspection Activities.

Evaluation Team Response:

The CUPA has not complied with the corrective action.

The Corrective Action requires the CUPA to provide copies of the previous quarter's UST annual compliance inspection reports. The statement above indicates that the CUPA provided copies of UST annual compliance inspection reports for January 1, 2015 through March 31, 2015 as required; however, attachment three (3) provides only a small sample of UST annual compliance inspection reports with a statement that additional reports are available upon request. Pursuant to the corrective action, the CUPA is required to provide copies of the previous quarter's UST annual compliance inspection reports.

The Corrective Action also requires the CUPA to prepare clear written direction and procedures for managing UST inspections from start to finish, including electronic data and hard copy paperwork, as well as the identification of tools and resources to conduct adequate inspections that are needed to maintain consistent UST inspection practices. The CUPA is asked to specifically outline the roles of inspectors, office staff, and management, and to create policies and procedures for managing actions such as, the deadline for preparation of the UST annual compliance inspection report, the requirements for facility record keeping and document retention, the requirements for review and follow up of submitted testing reports, how to conduct inspections in those instances when staff can and cannot witness annual monitoring certifications, and the requirements for the renewal and issuance of operating permits. The LAFD CUPA Inspection Procedures document does not contain the required information outlined in the Corrective Action. The submittal simply reiterates the inspection checklist and lists field equipment.

The State Water Board is unable to conduct a review of UST annual compliance inspection reports to determine if inspections are conducted properly, as the CUPA did not supply the documentation required pursuant to the corrective action. State Water Board will begin to conduct such review once all UST annual compliance inspection reports are received.

The State Water Board finds the CUPA's submittal for Deficiency 3 unacceptable. This Deficiency and Corrective Action was discussed in great detail with Chief Vidovich and Captain Miller on February 26, 2015 during the review of the PIA with State Water Board's UST Unit Chief Laura S. Fisher. State Water Board's UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action. The discussions focused on the intent and purpose of these written procedures, which are; rebuild the UST element of the Unified Program, provide clear direction, provide consistency, keep the momentum up during the rotation of staff, captains, and chiefs, and educate newly appointed/rotated staff, captains and chiefs.

Action Plan for the CUPA:

1. Upon immediate receipt of Evaluator Team Response the CUPA comply with the corrective action and provide CalEPA with copies of all UST annual compliance inspection reports conducted from January 1, 2015 through March 31, 2015. The CUPA will continue to send all, not a cross-section, UST annual compliance inspection reports until this deficiency is considered corrected.
2. Within thirty (30) days of receipt of Evaluator Team Response the CUPA will provide CalEPA with the clear written direction and procedures for managing UST inspections as outlined in Corrective Action.

Deficiency Progress Update 2:

1. The CD containing the UST annual compliance inspection reports for the period of January 1 – June 30, 2015, was sent through US mail on July 16, 2015 and July 22, 2015.
2. See Attachment 2 for Inspection Guidelines and Procedures.

Evaluation Team Response:

The CUPA has not fully complied with the Corrective Action.

State Water Board acknowledges the CUPA's "Underground Storage Tank Inspection Guidelines and Procedures" (UST Inspection Procedures) and "Consolidated Permit Plan" and finds the CUPA captures the following:

- Scheduling inspections,
- Facility pre-inspections including CERS and its Envision Connect Remote database,
- Recommended items to take to the inspection,
- Annual compliance inspection which includes witnessing and not witnessing the annual UST monitoring certifications,
- Inspection Follow-Up,
- NOVs referred to CUPA Enforcement Unit,
- Repairs and upgrades, and
- UST permit renewals.

On July 30, 2015, CalEPA received the CUPA's two (2) CD's containing 362 "UST annual inspection reports" for the period of January 1, 2015 through June 30, 2015. Not only were the CD's late; the reported number of inspections by the CUPA are incorrect, and per the CUPA not all inspection reports for the period of January 1, 2015 – June 30, 2015 were provided.

State Water Board acknowledges the CUPA's submittals of annual UST compliance inspection reports for the period of January through June 2015. Additionally, the State Water Board review of CERS UST data which includes, Operating Permit Application-Facility Information; Tank Information; Monitoring and Response Plans; Inspection, Violation and Enforcement Information; Return to Compliance; and associated annual UST monitoring certifications has been utilized to determine whether or not the CUPA is conducting complete annual UST compliance inspections. The review of thirty (30) annual UST compliance inspection reports finds the CUPA is not conducting annual UST compliance inspections in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions and state correspondence letters.

Action Plan for the CUPA:

In future updates when the CUPA provides the previous quarters annual UST compliance inspection reports the CUPA shall provide all inspection reports for that period.

Deficiency Progress Update 3:

The CD containing the UST Inspection Reports for the period of July 1 through September 30, 2015 (249 records); was mailed to Cal/EPA on October 14, 2015.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board received a CD from the CUPA on October 29, 2015, containing 249 UST Inspection Reports for the period of July 1 through September 30, 2015. Our review of the UST Inspection Reports found on the CD, in conjunction with CERS, finds several inconsistencies in violations cited throughout. For instance, CERS ID 10257526 includes information for a routine inspection dated May 22, 2015 where no violations have been cited however, inspection comments in CERS show “see attached NOV # 52615-34045.” A second routine inspection in CERS dated May 26, 2015 indicates no cited violations however; inspection comments again show a “notice of violation #52615-34045 issued to...See Attached.” CERS ID 10255822 has an annual UST compliance inspection report and CME information with no cited violations for the failure to submit UST CERS information however, a note in the inspection comments states, “Issued NOV to update CERS to include inventory and UST submittals.” CERS ID 10242856 includes a routine inspection dated July 9, 2015 and a UST CERS submittal dated May 31, 2015. The CUPA cites a violation for not maintaining an approved monitoring plan when there has been a submission to CERS and there is no indication that the CUPA has reviewed the submission. CERS ID 10250212 shows ten (10) violations for the non-submittal of CERS UST information whereas CERS ID 10251646 has six (6) violations for the failure to submit CERS UST information.

State Water Board finds inspectors are not consistently citing all violations found during the annual UST compliance inspection on the CUPAs compliance inspection report. This is confirmed by the inconsistencies between inspection reports, CME, and the Notice of Violations as identified above.

To correct this deficiency, the CUPA shall have established policies and procedures in place and UST inspection reports must consistently be prepared for all inspections over a one-year period.

Corrective Action for the CUPA:

By January 23, 2016, the CUPA will review policies and procedures for properly identifying violations, and how to consistently report violations on the UST compliance inspection report. Additionally, the CUPA will review policies and procedures for accurately transferring inspection information from the UST compliance inspection report, to EnvisionConnectRemote, and then to CERS. The CUPA will, if necessary, make amendments to these policies and procedures to implement findings of the review. By April 23, 2016 implementation, and training if necessary, on the new policies and procedures shall take place.

4.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not collecting, tracking or accurately reporting SOC information on a semi-annual basis.</p> <p>The CUPA has received letters from State Water Board the last two (2) reporting periods because of late submittals.</p>	<p>From this point forward, the CUPA will report its SOC information to State Water Board within the given time period.</p> <p>The next report period for SOC information is due March 1, 2015.</p> <p>This deficiency will be considered corrected once the CUPA has successfully submitted semi-annual SOC reports on time for a one-year period.</p>

Deficiency Progress Update 1:

The software upgrade (ECR) and the revised checklist are now linked to provide an accurate SOC information through improved reporting and tracking system.

The March 1, 2015, due date for Report #6 was not met due to unavailability of staff at that time.

Evaluation Team Response:

The CUPA has not complied with the corrective action.

The State Water Board received the CUPA's semi-annual SOC report on March 4, 2015, The information on the report appear to be accurate, but were three (3) days late. Late submittals are not acceptable, and the CUPA is provided 60 days' notice of the upcoming deadline. As per the Corrective Action, this deficiency will be considered corrected once the CUPA has successfully submitted semi-annual SOC reports on time for a one-year period.

Action Plan for the CUPA:

1. The next semi-annual SOC report to the State Water Board is due by September 1, 2015 for the period of January through June 2015. The State Water Board will send out a letter approximately July 1, 2015 reminding CUPA's that the January through June 2015 semi-annual reports are due by September 1, 2015.

Deficiency Progress Update 2:

CUPA has prepared the Master Calendar for all reporting requirements to State and will closely monitor its timely implementation.

Evaluation Team Response:

Deficiency is a work in progress.

State Water acknowledges receiving the CUPA's submittal of Report 6 on August 25, 2015 for the period of January through June 2015 and finds the submittal acceptable as the CUPA met the due date requirements. A cursory review of the Report 6 submittal shows the CUPA inspected 647 UST facilities and issued 13 Red Tags for the period of January through June 2015. Although the CUPA reports conducting 647 inspections, Deficiencies 3 and 5 indicate, CUPA inspections are substandard and are in need of improvement/correction.

Deficiency Progress Update 3:

CUPA submitted the Report 6 for the period January – June 2015, on August 25, 2015.
CUPA has prepared the Master Calendar for all reporting requirements to State and will closely monitor its timely implementation.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3 regarding the submittal of Report 6 dated August 25, 2015, and the establishment of a Master Calendar to track all reporting requirements. The next Report 6 submittal for the period of July through December 2015 is due March 1, 2016.

5. DEFICIENCY:	CORRECTIVE ACTION:
<p>The annual UST compliance inspection is not always conducted in accordance with the requirements set forth in Statute or Regulation.</p> <p>File review and LA City Fire staff interviews indicate that staff is not always onsite to witness all aspects of the annual monitoring certification. When staff are not present during the annual monitoring certification staff fail to: (1) review the associated annual monitoring certificates which identify functionality testing, annual spill bucket testing, and/or secondary containment tests and note failures on the UST annual compliance inspection report, and (2) inspect the required subsurface elements of the UST system, as inspectors don't have access.</p>	<p>From this point forward, all annual UST compliance inspections shall be conducted in accordance with Statute and Regulation as explained in Local Guidance Letter (LG) 159. The CUPA will develop and submit to CalEPA procedures consistent with the description in LG 159 to implement the law. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. For that reason; submittals, review, implementation, and self-audit time frames shall be the same as, and on the same timeline as, Deficiency 3.</p> <p>Using the annual inspection reports submitted quarterly under Deficiency 3 the State Water Board will randomly select UST inspection reports to review and request the CUPA to submit supporting documentation to determine whether or not the UST annual compliance inspections are being properly conducted. This review will continue until the deficiency is corrected.</p> <p>This Deficiency will be considered corrected when annual UST compliance inspections are consistently conducted in accordance with Statute and Regulation for a one-year period.</p>

Deficiency Progress Update 1:

CUPA has reorganized the inspection checklist to assist Inspectors in conducting complete inspections. Inspection Procedures, consistent with LG 159 have been developed to manager the inspection activities and to provide consistent inspection practices (Attachment 11).

Envision Connect Remote (ECR) went live on 1/28/2015 to facilitate preparation of inspection reports and provide them to owners/operators on the day of inspection.

Evaluation Team Response:

The CUPA has not complied with the corrective action.

The Corrective Action is to develop and submit to CalEPA CUPA inspection procedures consistent with the description of LG 159. These policies and procedures are to be added to the document prepared for the Corrective Action associated with Deficiency 3. The submitted Inspection Procedures simply reiterates the inspection checklist and lists field equipment.

The State Water Board finds the CUPA's submittal for Deficiency 5 unacceptable. This deficiency and correction was discussed in great detail with Chief Vidovich and Captain Miller on February 26, 2015 during the review of the PIA with State Water Board's UST Unit Chief Laura S. Fisher. State Water Board's UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action. The discussions focused on the intent and purpose of these written procedures which are; rebuild the UST element of the Unified Program, provide clear direction, provide consistency, keep momentum of program implementation during the rotation of staff, captains, and chief's, and educate newly appointed/rotated staff, captains and chiefs. As stated above, specifically this Corrective Action is to clarify the CUPA's policies and procedures on how inspections will be conducted in compliance with LG 159.

The State Water Board takes note of the progress made with ECR and improvements made to UST annual compliance inspection reports. However, the State Water Board is unable to conduct a review of UST annual compliance inspection reports to determine if inspections are conducted properly, as the CUPA did not supply the documentation required pursuant to the corrective action. State Water Board will begin to conduct such review once all UST annual compliance inspection reports are received.

Action Plan for the CUPA:

1. Upon immediate receipt of Evaluator Team Response, the CUPA will provide CalEPA with copies of all UST annual compliance inspection reports conducted from January 1, 2015 through March 31, 2015. The CUPA will continue to send all, not a cross-section, UST annual compliance inspection reports until this deficiency is considered corrected.
2. Within thirty (30) days of receipt of Evaluator Team Response, the CUPA will provide CalEPA with the CUPA inspection procedures as outlined in Corrective Action.

Deficiency Progress Update 2:

1. The CDs containing the UST annual compliance inspection reports for the period of January 1 – June 30, 2015, was sent through US mail on July 16, 2015 and July 22, 2015.
2. See Attachment 2 for Inspection Guidelines and Procedures.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges in Deficiency 3 the receipt and review of the CUPA's UST Inspection Procedures. State Water Board finds the UST Inspection Procedures acceptable as they cover annual UST compliance inspections when the CUPA witnesses annual UST monitoring certification and when the CUPA cannot witness annual UST monitoring certifications in conformance with LG 159.

On July 31, 2015 and August 4, 2015, State Water Board notes receiving the CUPA's two (2) CD's containing "UST annual inspection reports" for the period of January 1, 2015 through June 30, 2015. State Water Board acknowledges the CUPA's submittals of annual UST compliance inspection reports for the period of January through June 2015.

Additionally, the State Water Board review of CERS UST data which includes, Operating Permit Application-Facility Information; Tank Information; Monitoring and Response Plans; Inspection, Violation and Enforcement Information; Return to Compliance; and associated annual UST monitoring certifications has been utilized to determine whether or not the CUPA is conducting complete annual UST compliance inspections. The review of thirty (30) annual UST compliance inspection reports finds the CUPA is not conducting annual UST compliance inspections in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions and state correspondence letters.

Deficiency Progress Update 3:

A meeting was established with the State Water Board Unit, Chief Laura S. Fisher, on September 28, 2015. Ms. Fisher had indicated that inspection reports and CERS showed inconsistencies. Ms. Fisher also noted that inspectors are inconsistent when verifying UST A and B forms on CERS regarding single and double walled tanks. This was noted and identified. Immediately, management and lead inspectors found it necessary to have bi-monthly UST meetings with a minimum of 3 hr. blocks of time. The first meeting was hosted on September 30, 2015 for 4 hours. This allotted time was used as training for new and senior members to discuss these issues, review state correspondence letters, and any other findings. These meetings will also serve to update and review current policies and procedures and the current I & E Plan. These meetings will promote completeness of inspection documentation and consistency with UST Statute and Regulations.

We have identified training as an issue especially with three relatively new UST inspectors assigned to the unit. Each Inspector has been given a specific district as of July 21, 2015. We have identified common mistakes and as we review inspections and quarterly reports, management will be able to identify and focus on areas of concern.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3.

The State Water Board continues to find that CUPA UST inspections do not meet the necessary statutory and regulatory standards. From the submittal dated July 30, 2015, State Water Board randomly selected thirty (30) UST facilities from January 1 through June 30, 2015 to review, and found thirty (30) of the thirty (30) inspections do not meet the necessary statutory and regulatory standards.

On September 28, 2015, State Water Board UST Unit Chief Laura S. Fisher, discussed with City of Los Angeles Fire Department CUPA, Captain Dragotto these incomplete annual UST compliance inspections, which included incomplete and inaccurate CERS submittals, as well as testing and monitoring certifications not reviewed for compliance.

State Water Board has observed an increase in a physical presence in the field, and has received positive feedback from the community. Technical regulatory knowledge of inspectors has increased significantly, and efforts to diligently regulate the community are evident. However, as discussed with Captain Dragotto, the CUPA now needs to focus on bringing the inspections up to statutory and regulatory standards. In an effort to do so, CalEPA and the State Water Board provided a 1-day CERS training to inspectors on November 18, 2015.

State Water Board provided a list of UST facilities to the CUPA in an email dated November 12, 2015, requesting regulatory testing and compliance records (including annual UST monitoring certifications) for thirty (30) UST facilities with a due date of December 11, 2015. State Water Board will review this information to determine if annual UST compliance inspections are yet conducted in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions, and State Water Board guidance letters.

Lastly, State Water Board has reviewed Report 6 submittals. Our review of FY 2014/2015 Report 6 submittals finds, the CUPA inspecting 1,046 out of 1,331 regulated UST facilities or 79% of its regulated UST universe.

6.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not fully implementing its Inspection and Enforcement (I & E) Plan. In many cases, CUPA inspectors are not completing an inspection report after each inspection and leaving a copy with the facility operator. CalEPA, Cal OES, and the State Water Board have observed that many facility files did not contain current inspection reports.</p>	<p>Effective immediately, the CUPA will document all inspections using an inspection report for each program element.</p> <p>By April 23, 2015, the CUPA will provide to CalEPA a list of facilities that were inspected the first and second quarter of FY 2014/2015. The CUPA shall continue to submit quarterly lists until it is uploading its inspections to CERS. State evaluators will review the lists and will request copies of inspection reports from the lists, not otherwise provided under Deficiency 3.</p>

<p>The CUPA has recently moved from using a data entry inspection form summarizing inspections to issuing an inspection report to facilities. Due to the CUPA's low inspection frequency, most inspections reviewed contained only the data entry form and no inspection report clearly demonstrating factual basis of violations or observations.</p> <p>The CUPA appears to be beginning to remediate this deficiency.</p>	<p>The CUPA will provide quarterly updates of its progress towards ensuring inspection reports are completed after each inspection until this deficiency is corrected. The deficiency will be considered corrected when all the state evaluators have agreed that the inspection reports are being completed. The state evaluators may perform an in-person review of the CUPA's records prior determining this deficiency is corrected.</p>
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Deficiency Progress Update 1:

ECR went live on 1/28/2015 to facilitate preparation of inspection reports and providing them to owners on the day of inspection. The inspection reports are now being completed for all Program Elements.

ECR is the wireless software that handles inspection compliance, creates violations, as well as synchronizes with EC to provide a seamless transition from field data to server data. Inspection reports are created on site; exported to pdf format and either e-mailed or printed utilizing mobile printers.

Attachment 5 contains a list of facilities in the first and second quarter of FY 2014/2015 (July 2014 – December 2014).

Evaluation Team Responses:

CalEPA

The CUPA has complied with the corrective action and submitted a list of inspected facilities. The corrective action requires the CUPA to submit quarterly lists until it is uploading inspections to CERS.

Based on the list submitted by the CUPA pursuant to the corrective action, CalEPA requests inspection reports for the following facilities. Please limit the reports to inspections conducted within the last 12 months, but do include reports for each applicable program element.

- FA0012281
- FA0001785
- FA0007018
- FA0003243
- FA0029462
- FA0003519

CalEPA has briefly reviewed inspection reports submitted in response to other deficiencies. The CUPA is on the right track and appears to have adopted checklists/inspection reports for each program element rather than preparing a single data entry instruction form (DEIF), which had previously represented the occurrence of an inspection.

State Water Board

In future quarters the State Water Board will perform review of the CUPA's records to determine progress and to determine when this deficiency is considered corrected.

Cal OES

Perusal of Attachment #5 reveals approximately 990 total inspections for first half of FY 2014/2015. Of these, about 450 were identifiable as business plan inspections. In CERS, about 285 business plan inspections were identified since 1/28/2015, the rollout date of ECR. Extrapolating to the end of this month, that's about 342 per half year, or about 6% per year. The CUPA is starting to make some progress, however, Cal OES recommends that more effort be expended on the inspections of business plan facilities. Please continue reporting your progress with the next quarterly update.

Deficiency Progress Update 2:

The CUPA has adopted checklists/inspection reports, compliant with the applicable State regulations, for each program element. CUPA has successfully uploaded the CME data to CERS for the first quarter of 2015 and will complete this process for the second quarter by July 31, 2015.

Inspection reports are created on site; exported to pdf format and either e-mailed or printed, utilizing mobile printers, and provided to the facility owner/operator on the day of inspection.

Requested inspection reports for the 6 listed facilities are provided in Attachment 4.

Evaluation Team Response:

CalEPA

The CUPA provided all inspection reports requested by CalEPA in the last update (list above). The reports used standard checklist formatting, contained the facility name, owner, address, and listed areas of compliance and provided room for notes, observations, and classification of violations. The CUPA is on track to correct this deficiency if it continues to use inspection report checklists.

The CUPA did not provide the requisite list of facilities inspected pursuant to the corrective action; however, the CUPA has made progress in electronic reporting and CalEPA was able to pick from facilities with inspections documented in CERS. Please provide inspection reports for facilities with the following CERS ID numbers. Please limit the reports to inspections conducted after 1/1/2014.

- 10259731
- 10258603
- 10258267
- 10255696
- 10246219
- 10244947
- 10240744

State Water Board

Deficiency is a work in progress.

State Water Board initial review of the two (2) CD's submitted for Deficiency 3 finds that 7 out of 14 files have no annual UST inspection reports but rather the third party annual monitoring certification submittal. Additionally, the review of thirty (30) annual UST compliance inspection reports finds the CUPA is not conducting annual UST compliance inspections in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions and state correspondence letters as noted in Deficiencies 3 and 5.

Deficiency Progress Update 3:

The requested Inspection Reports are included in Attachment H.

Evaluation Team Response:

CalEPA

For the second consecutive inspection report, the CUPA provided all inspection reports requested by CalEPA in the last update (list above). The reports used standard checklist formatting, contained the facility name, owner, address, and listed areas of compliance and provided room for notes, observations, and classification of violations.

Please provide inspection reports for facilities with the following CERS ID numbers. Please limit the reports to inspections conducted after 1/1/2014.

- 10250389
- 10252984
- 10030465
- 10241686
- 10259686
- 10248661
- 10157409

CalEPA has focused on the CUPA's completion of inspection reports. CalEPA relies on BDO's to provide an in-depth review of inspection reports for specific program element. Please see the State Water Board's review of the UST program and address their concerns with the next update report.

State Water Board

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Attachment H and CD submitted October 29, 2015 containing 249 annual UST compliance inspection reports. Our review confirms inspection reports are being generated.

However the inspection reports contain inconsistent violation information and inspections do not meet the necessary statutory and regulatory standards. Please reference Deficiency Progress Update 3, Deficiency 3 and Deficiency 5, whereby the State Water Board findings further acknowledge the content of this submittal and provide corrective actions.

7. DEFICIENCY:	CORRECTIVE ACTION:
<p>The CUPA is issuing UST operating permits to facilities that are not in compliance.</p> <p>File review indicates that UST inspectors in many cases are not reviewing annual monitoring certifications, secondary containment testing reports, or other testing and leak detection records. These testing reports and records often contain testing failures or leak test results that result in facility non-compliance, as well as violations that would prohibit the UST operating permit from being issued. The CUPAs failure to conduct this proper document review resulted in UST operating permits being issued to facilities that are not in compliance.</p>	<p>From this point forward, the CUPA will only issue UST operating permits to facilities that are in compliance with Statute and Regulations.</p> <p>By April 23, 2015, the CUPA will develop and submit to CalEPA policies and procedures to verify UST compliance with Statute and Regulations before issuing the permit to operate. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. For that reason, submittal, review, implementation, and self-audit time frames shall be the same as and on the same timeline as Deficiency 3.</p> <p>Thirty days after the next UST operating permit issuance cycle the State Water Board will randomly select 30 UST facilities from CERS and provide the list to the CUPA. The CUPA will then submit to CalEPA copies of the facility files so that State Water Board can review and determine that UST operating permits are being issued to facilities that are in compliance.</p>

		<p>This Deficiency will be considered corrected after one successful permitting cycle where the CUPA has withheld the issuance of operating permits for facilities not in compliance or properly found all facilities to be in compliance.</p>
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Deficiency Progress Update 1:

Management Information Services and Decade Software developed a script to not only flag the facilities with violations but to ensure that a permit is not generated nor issued to non-compliant facilities. Please see Attachment 14 for Billing and Collections Process and Procedures dated 6/10/2013, to be updated with current workflows.

Also with the ECR roll out and inspectors generating the NOV's directly through the ECR, CUPA has a better method identifying the facilities with open violations as well as following-up to either clear the violations and issue the permits or take further enforcement actions, if necessary.

Evaluation Team Response:

The CUPA has not complied with the corrective action.

The Corrective Action states that the CUPA is to develop and submit to CalEPA policies and procedures to verify UST compliance with Statute and Regulations before issuing the permit to operate. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. The noted Billing and Collections Process and Procedures do not cover the corrective action. Deficiency 3 submittal has been identified as unacceptable, and it does not include the requested information for Deficiency 7.

Once in context with the materials for Deficiency 3, State Water Board Staff can evaluate the CUPA submittal.

State Water Board's UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action.

The State Water Board finds the CUPA's submittal for Deficiency 7 unacceptable.

Action Plan for the CUPA:

1. Within thirty (30) days of receipt of Evaluator Team Response, the CUPA will provide CalEPA with the policies and procedures to verify UST compliance with Statute and Regulations before issuing the permit to operate as outlined in the Corrective Action.

Deficiency Progress Update 2:

Attachment 3 – CONSOLIDATED PERMIT PLAN contains the procedures to verify UST Element compliance with Chapter 6.7 before issuing the Consolidated Permit.

Evaluation Team Response:

State Water Board
 Deficiency is a work in progress.

State Water Board acknowledges the CUPA submittal "Consolidated Permit Plan" and finds the CUPA captures the requirements to issue UST renewal operating permits to facilities that are in compliance with Chapter 6.7 of the Health and Safety Code.

Action Plan for the CUPA:

On January 23, 2016, please submit to CalEPA information for the thirty (30) UST facilities listed below by name and CERS identification numbers. The information shall include but not limited to, the last annual UST compliance inspection report, the associated annual UST monitoring certification report and the closure of UST violations if noted during the annual UST compliance inspection.

- 10253770 14856 MAGNOLIA BOULEVARD
- 10253335 AAA GAS INC
- 10240669 AL SAL OIL CO, INC #28
- 10241572 AMERIGAS LLC
- 10547992 Arco #83615
- 10243714 ARCO - KOHANOFF, S
- 10250293 ARCO 42039
- 10208047 AT&T California - G3108
- 10244950 AUTOMOBILE CLUB OF SO CALIF
- 10241512 BEVERLY 76 #254454
- 10254106 C & S CAR WASH SHELL
- 10251487 CALMAT CO - VULCAN MATERIALS, WESTE
- 10138353 Chevron (G&M #111)
- 10197595 Circle K Stores Inc. Site #2211129
- 10246417 CITY OF LA - DEPT OF GENERAL SERVICE
- 10256245 DAVID SERVICE STATION
- 10262413 E & J AUTO REPAIR
- 10248292 EXXONMOBIL - KHALIL, CHARLES
- 10242661 GLENROCK CAR WASH
- 10594831 Keck Hospital of USC
- 10242172 LAFD - FIRE STATION 96
- 10250620 LAPD - HOLLYWOOD DIVISION
- 10257511 MANUFACTURERS LIFE INSURANCE
- 10241791 MK CHEVRON
- 10255096 OSCAR FURNITURE REFINISHING INC
- 10510018 Petrol X Two, LLC
- 10250416 SOUTH SHORE MOBIL
- 10241440 VICTORY 76
- 10206658 WESTCHESTER MOBIL
- 10253977 YOUNG'S SHELL #135477

Deficiency Progress Update 3:

A system enhancement (script) will be implemented this year NOT to issue the "Consolidated Permit" for facilities with "Class-1" open violations.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3 regarding the development and implementation of an EnvisionConnectRemote system enhancement script to withhold the CUPA's Consolidated Permit for facilities with "Class-1" open violations. Developing a script, which prevents the issuance of the Consolidated Permit to UST facilities with "Class-1" open violations, is only a step in the right direction, as Section 25285(b) of Health and Safety Code Chapter 6.7 requires complete compliance before a Consolidated Permit may be issued. The script developed by the CUPA only prevents the issuance of the Consolidated Permit for "Class-1" open violations and not for all UST violations such as Class-1, Class-2, and Minor.

Due to the CUPA's late issuance of the UST operating permit (now November of 2015), State Water Board finds it necessary to provide the CUPA with a revised list of thirty (30) UST facilities previously identified in Update 2. Once the State Water Board has confirmed with the CUPA permit issuance is complete, a revised list of UST facilities will be provided. The CUPA will provide CalEPA the requested information identified in Update 2 no later than January 23, 2016.

8.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not requiring UST facilities with testing and/or leak detection failures documented as part of monitoring certifications, secondary containment testing, and other testing of non-monitoring reports to return to compliance. In addition, a review of the submitted violation tracking spreadsheet provided by the CUPA manager</p> <p>shows that in many instances return to compliance is not occurring during annual compliance inspections.</p> <p>Our file review indicates that facilities have been operating out of compliance for multiple years.</p>	<p>From this point forward, the CUPA will;</p> <p>(1) review testing and leak detection reports and cite testing and leak detection failures as a violations,</p> <p>(2) require facilities to correct violations associated with testing and leak detection failures as identified both during inspections and review of testing and leak detection reports,</p> <p>(3) require facilities to re-test and demonstrate that compliance with Statute and Regulations has been met.</p> <p>By April 23, 2015, the CUPA will develop and submit to CalEPA policies and procedures for inspectors to verify return to compliance for testing and or leak detection failures within the appropriate time frames. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. For that reason, submittal, review, implementation, and self-audit time frames shall be the same as, and on the same timeline, as Deficiency 3.</p> <p>By January 23, 2016, and quarterly thereafter the State Water Board will review CERS for facilities with violations, and require the CUPA to submit necessary supplemental information to demonstrate how return to compliance was achieved.</p> <p>This Deficiency will be considered corrected when the CUPA has the above-referenced policies and procedures in place and consistently over a one-year period has reviewed testing and leak detection reports and appropriately cited violations for failures, required facilities to correct testing and leak detection violations, and required facilities to retest and demonstrate compliance when there has been a failure indicated in a testing or leak detection report.</p>

Deficiency Progress Update 1:

Software upgrades and revising the to-do lists will assist in alerting inspectors of violations in need of inspections and re-inspections. The addition of the AEO program will reinforce compliance.

The appropriate procedures will be developed for inspectors to verify return to compliance for testing and leak detection failures within the required time frames.

Evaluation Team Response:

The CUPA has not complied with the corrective action.

The Corrective Action is to develop and submit to CalEPA policies and procedures for inspectors to verify return to compliance for testing and or leak detection failures within the appropriate time frames. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. Deficiency 3 submittal is unacceptable, and it does not include the requested information for Deficiency 8.

The CUPA Deficiency Progress Update 1 states that the procedures “will be developed” to verify return to compliance for testing and leak detection failures within the required timeframes; however that is exactly what this Corrective Action reporting was required to include.

State Water Board’s UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action.

The State Water Board finds the CUPA’s submittal for Deficiency 8 unacceptable.

Action Plan for the CUPA:

1. Within thirty (30) days of receipt of Evaluator Team Response, the CUPA will provide CalEPA with the policies and procedures regarding inspector verification of return to compliance for testing and or leak detection failures as outlined in Corrective Action.

Deficiency Progress Update 2:

See Attachment 2 for Inspection Guidelines and Procedures and response to deficiency #2.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA’s UST Inspection Procedure and Consolidated Permit Plan submittals and finds them both acceptable as they address reviewing testing reports for accuracy and completeness; performing follow-up and re-inspections as needed; noting and entering “return to compliance” in the CUPA’s Envision Connect Remote database; and requiring compliance with Chapter 6.7 of the Health and Safety Code prior to renewing UST operating permits. However, as indicted in Deficiencies 3 and 5, the State Water Board finds the CUPA is not conducting annual UST compliance inspections in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions and state correspondence letters.

Deficiency Progress Update 3:

LAFD CUPA - PROCEDURES FOR REVIEW OF TESTING DOCUMENTS

Underground Tank testing results are required to be submitted within thirty (30) days of testing. Owner/Operators or ICC certified technicians and installers may submit their test results to the LAFD CUPA via USPS Certified Mail (LAFD CUPA, 200 N. Main St., Suite 1700, LA CA 90012), E-mail at lafd.usttestnotify@lacity.org, or personal delivery. Reports can also be uploaded to CERS. Submissions are received and distributed to the district inspectors by the UST/Enforcement Clerk Typists.

UST/Enforcement Inspectors shall review all test submittals within fifteen (15) days of receipt, and take note of any errors or omissions. Inspectors will review reports for:

- **Timeliness** (was the test conducted within the required time frame, and submitted on-time?)
- **Accuracy** (is the report complete and accurate? Is owner/operator information correct? Does the site layout/equipment list/system description match our records?) Compare with submitted monitoring plan
- **Test Results** (note any failed or incomplete tests. All systems and equipment required by Code shall be addressed; (drop tube flapper/vent ball-float, SO switch, TLG/Alarm, etc.)

Note: The LAFD CUPA does not accept *visual failures* for test boots. Testers are expected to replace failed test boots and complete SB989 testing within the required time frame. Visual failures that are reported and not addressed before the anniversary date will be considered “Class 1” violations. A Div 5 permit is NOT required for the replacement of test boots (Penetration Fittings that also serve as test boots DO require a Div 5 permit).

UST/ Enforcement Inspectors shall take the following actions as appropriate to the testing report:

- Attach the report to the facility in Envision
- Place a hard copy of the report in the “permit” files, or scan into Envision
- If the Owner/Operator has uploaded the report to CERS, review and accept

Review the report and respond to any failures or abnormal findings with the appropriate level NOV. Any NOV issued shall direct the Owner/Operator to obtain a Div. 5 permit to repair/replace/install any failed/missing equipment and to correct any other deficiencies **FORTHWITH**. Furthermore, it shall be expected that any corrections be completed and inspected, with passing testing results, within ninety (90) days of the initial testing failures. Failure to meet this requirement may result in “Formal Enforcement” action.

Upon completion of inspection and retesting, results shall be resubmitted directly to the LAFD CUPA. Enforcement Inspectors shall ensure that the results are filed, and attached to the facility in Envision. Any NOV that has met compliance shall be signed-off.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA’s Deficiency Progress Update 3, Action Plan item 6 in Deficiency 2. The CUPA’s procedures identify how staff will review testing documents for timelines, accuracy, and noting test results. Further, the procedure identifies attaching testing documents to facilities in the CUPA’s database; placing a hard copy of testing documents in the permit file, and reviewing CERS in the event the testing documents have been submitted to CERS. Finally, the procedures identify how CUPA staff will respond to any failures, timeframes for which failures are required to be corrected; and enforcement actions if required.

While these procedures are well developed, three topics still need to be addressed. First, the CUPA needs to identify a procedure for the distribution of the testing documents received from the general testing email account lafd.usttestnotify@lacity.org into the inspector’s hands for their review within fifteen (15) days of receipt. Currently inspectors are not consistently, or in a timely manner, provided test results from the general testing email account lafd.usttestnotify@lacity.org for review. Second, inspectors are not consistently or in a timely manner, reviewing CERS UST submittals. Procedures are needed to direct inspectors to review in a timely manner, testing records submitted via CERS. Third, to clear this deficiency the CUPA shall demonstrate the timely review of submitted testing documents. Therefore, the CUPA shall identify mechanisms used to verify timely review. For example, in CERS or with hard copy submittals, this may be accomplished by requiring staff to provide a date, time and comments demonstrating timely review of submitted testing documents. This verification process will be used to demonstrate compliance and clear this deficiency. Once the CUPA has revised its procedures, please send a copy to CalEPA and State Water Board for review.

Action Plan for the CUPA:

1. Within thirty (30) days of receipt of the Evaluator Team Response, the CUPA will submit to CalEPA and State Water Board revised procedures identifying requirements for the distribution of testing documents from the general testing email account to staff; direction and timeframes to review CERS UST submittals in a timely manner, and mechanisms demonstrating staff have reviewed submitted testing documents.

9.	DEFICIENCY:	CORRECTIVE ACTION:
	The CUPA is not ensuring that businesses annually resubmit or certify their hazardous materials inventory information.	By April 23, 2015, the CUPA will prepare and implement an action plan to address this deficiency. By July 23, 2015, the CUPA will provide a status on the action plan implementation.

<p>Hazardous materials inventories are currently accepted through the CUPA's local reporting portal and through CERS. Out of the 21 files reviewed by OSFM, 20 files did not have an updated inventory.</p> <p>45% of facilities queried in CERS by Cal OES did not have an updated inventory.</p>	<p>The CUPA will continue to provide quarterly updates of its progress towards ensuring facilities annually submit an updated inventory online. The deficiency will be considered corrected when 90 percent of the regulated businesses are in compliance. CalEPA, OSFM and/or Cal OES may require screenshots of the CUPA's portal, database, CERS or copies of inspection reports, notices of violation and/or return to compliance documentation or to perform an in person review of the CUPA's records prior to determining this deficiency corrected.</p>
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Deficiency Progress Update 1:
On 2/15/2015 an outreach letter was sent to all participants in the program regarding electronic submittal of hazardous materials information (Attachment 4):
“All businesses in the LAFD CUPA jurisdiction should have made electronic submittal to CERS for reporting year 2012 by now. Annual Hazardous Materials Inventory update for reporting year 2014 is due by March 31, 2015.”

2,620, out of 11,942, submission elements were submitted to CERS since (as of April 16, 2015).

Evaluation Team Responses:

OSFM
The CUPA has not complied with all of the corrective action requested.

The CUPA has not provided an action plan detailing how it will address this deficiency, but has sent an outreach letter to all participants in the HMBP program in regards to the submittal of hazardous material information. A review of CERS indicates that only 33% of facilities under the CUPA's jurisdiction have submitted hazardous materials inventories within the past year. OSFM is concerned that the current progress and outreach is not sufficient because compliance appears to have decreased since the evaluation.

Please submit an action plan to address this deficiency and ensure inventories are annually submitted for all regulated facilities. OSFM recommends that the action plan include a discussion of how the CUPA will take appropriate enforcement action against facilities that do not comply with this requirement. On the next progress report, please also provide an updated list of the facilities that are not in compliance and enforcement actions taken by the CUPA, if any. OSFM will continue to review the information available on CERS.

CalOES
The CUPA's outreach resulted in about 2600 submittals in a 2 month period. If the CUPA is able to maintain the current level of submittals, the deficiency should be resolved in about a year. Cal OES recommends that the CUPA keep up the effort to bring the facilities into compliance, and report their progress with the next quarterly update.

Deficiency Progress Update 2:
The compliance with the HMBP regulations are verified during the routine inspections and any violations are reported on the Inspection Report and followed up till corrected. CME data are available on CERS: 341 inspections were performed in the 1st quarter of 2015 resulting in 889 violations. No formal enforcement action has been taken to date.

The total number of HM Inventory submittals for 2nd quarter of 2015 is 944; it shows steady rate of compliance in comparison with 2,095 for 1st quarter, immediately following the outreach letter. The Annual Hazardous Materials Inventory submittal rate is 65% for the 2014/15 fiscal year (4,542 submittals out of 6,910 facilities).

For Annual Inventory Update Action Plan see Attachment 5.

Evaluation Team Response:

The CUPA has provided a satisfactory action plan. The CUPA should follow this action plan to achieve compliance for inventory submittals for all facilities. The CUPA reported a total of 6910 facilities and 4542 inventory submittals for FY 2014/2015. OSFM and Cal OES each reviewed CERS and their findings are as follows:

- OSFM's review of CERS shows that 3463 out of 7462 facilities have a current inventory (12 month period).
- Cal OES' review of CERS shows 4074 inventories submitted within the last 13 months (allowing for a 30 day grace period). Of the 7462 records in CERS, 3386 of them have never had a submittal at all, and 436 submittals are more than 13 months old.

In the last update response, OSFM requested an updated list of facilities to confirm the CUPA's findings. The CUPA did not provide an updated list of facilities that have not complied with inventory submittals, and based on CERS review OSFM cannot confirm the CUPA's reported numbers. With the next quarterly update, please report on the progress of implementing your Annual Inventory Action Plan (Health & Safety Code section 25505(e)(2), was changed to 25508(a)(1)(B) in 2013 by SB 483). If the CUPA's estimate of inventory submittals differs from CERS, please provide an updated list of facilities that have not complied with inventory submittals, and any enforcement actions taken by the CUPA to allow state evaluators to confirm the CUPA's statements.

Deficiency Progress Update 3:

On September 21, 2015, CalEPA responded to the LAFD-CUPA's second deficiency progress update. The action plan (Attachment 5) was approved by the evaluation team and noted in their response.

After further review of the submitted action plan, the LAFD has determined to deviate from the original plan in order to expedite and efficiently bring the regulated businesses into compliance with Health & Safety Code, Section 25508(a)(1)(B).

In collaboration with CERS and the LAFD CUPA Management Information Systems (MIS) it was determined that 2663 facilities have complied with Section 25508(a)(1)(B) during March 30 through September 30, 2015, and have submitted their Annual Hazardous Materials Inventory into CERS. It has also been determined that 4,061 facilities have not complied with their submittal of their business information and Hazardous Materials Inventory. The queries were conducted in CERS and validated through our MIS department for accuracy.

In order to inform the regulated community to be in compliance with Section 25508(a)(1)(B) and consistent with the Unified Program requirements, the LAFD CUPA will take the following actions:

1. Identify all active facilities that have not submitted their Annual Hazardous Materials Inventory into CERS;

NOTE: CUPA is still in a process of identifying those facilities. The validated list will be provided to the Cal/EPA by November 30, 2015.
2. By November 30, 2015, the LAFD CUPA will mail a "CERS Reporting Delinquent Notice" informing **ALL** regulated businesses that their Annual Hazardous Materials Inventory is overdue and that is due by March 30, every year (Attachment J);
 - a) The letter will be bar-coded and identified on its return which facilities have and have not complied
 - b) A FORTHWITH letter will follow to those businesses that did not comply with LAFD CUPA's directive.

3. The LAFD CUPA’s website will be updated with information for the regulated community on how and when they need to submit their Annually Hazardous Material Inventory;
4. Link to CERS and other training materials will be provided to assist the public with their CERS compliance;
5. During the routine inspection, with the inspection report the businesses will be reminded that every year by March 30, they need to update their Annual Hazardous Materials Inventory;
6. Quarterly reports will be generated by management in order to manage this program efficiently and identify those businesses that are not compliant.

Evaluation Team Response:

The CUPA remains in the process of correcting this deficiency.

The CUPA’s new action plan to achieve compliance will provide more information and outreach to the public and regulated community, but unlike the action plan submitted with Update 2, does not account for taking a graduated series of enforcement for non-compliance. On November 20, 2015, the CUPA provided supplemental update that included a list of facilities to whom the “CERS Reporting Delinquent Notice” was sent as well as a copy of the Delinquent Notice.

With the third update report, the CUPA reported 2663 facilities out of 6724 facilities that have reported inventory within the last 6 months (March 30 through September 30). On Friday, November 20, 2015, the CUPA updated their findings and stated “that as of a November 2, 2015 4769 active facilities have not complied with their annual submittal of Hazardous Waste Inventory.”

OSFM’s review of CERS shows that 3692 out of 7643 facilities have a current inventory within the past year.

As of November 4, 2015, Cal OES observed that 3,750 facilities had up to date inventories in CERS. This facility count allowed for a 30-day grace period.

With the next quarterly update, please report on the CUPA’s progress towards correcting this deficiency, including the number of facilities that have complied with the delinquent notice, and list of facilities that will receive a FORTHWITH letter. Please update the new proposed action plan to include steps for pursuing further enforcement actions for facilities that do not comply with the FORTHWITH letter.

10.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA’s PA, the Los Angeles County Fire Department, is not meeting either its scheduled inspection frequency for the Resource Conservation and Recovery Act (RCRA) large quantity generators (LQGs), and small quantity generators (SQGs) as outlined in the CUPA’s I & E Plan or the statutorily mandated frequency for the tiered permitting (TP) program.</p>	<p>By January 23, 2016 the PA will have inspected all hazardous waste generators (HWG) that have not been inspected in the past three years.</p> <p>In the first progress report, provide an update on the total number of HWG facilities that need to be inspected and the total number HWG facilities inspected to date (3 prior months). In addition, please provide a list of facilities overdue for inspection with the progress report.</p>

<p>Prior to the evaluation, DTSC requested a list of all hazardous waste generator (HWG) facilities that had not been inspected within the last 3 years. During the evaluation, on July 30, 2014, the PA provided two additional lists for DTSC’s review and for selection of hazardous waste generator oversight inspections. One list of 18 (12 LQGs and/ 6 TP facilities) and a second list of 905 SQGs. These lists indicated that these 923 facilities had not been inspected within the last three years.</p> <p>TP/RCRA LQG:</p> <ul style="list-style-type: none"> • Three out of six TP facilities had not been inspected in over four years. • One out of 12 RCRA LQGs had not been inspected in over six years. • Four out of 12 RCRA LQGs had not been inspected in over four years. <p>SQGs:</p> <ul style="list-style-type: none"> • Two out of 905 had not been inspected in over six years. • 108 out of 905 had not been inspected in over five years. • 313 out of 905 had not been inspected in over four years. <p>Of the thirty four active files reviewed by DTSC, five of the facilities were not inspected in the last three years.</p> <ul style="list-style-type: none"> • Story Building located at 610 S. Broadway #714, Los Angeles, was last inspected on 6/1/11. • Andrews International located at 455 N. Moss St., Valencia, was last inspected on 9/23/10. • SOS Petro/ Vic’s Auto Repair located at 6621 Foothill Blvd., Tujunga, was last inspected on 7/8/10. • LA County Public Works located 809 Big Tujunga Canyon Rd., Tujunga was last inspected on 1/9/10. • National Diamond Laboratory located at 4650 Alger St. Los Angeles, was last inspected on 3/2/10. 	<p>Please also submit in the subsequent quarterly progress reports to CalEPA an update on the number of RCRA LQG and TP facilities, and SQGs inspected and the total number HWG facilities inspected to date (3 prior months).</p> <p>The CUPA will continue to provide quarterly updates of its progress towards ensuring the PA meets its inspection frequency for HWG facilities until this deficiency is corrected. CalEPA and/or DTSC may require copies of inspection reports, or an in-person review of the CUPA’s records prior determining this deficiency corrected.</p>
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Deficiency Progress Update 1:

The PA has been addressing the overdue inspection issue for several years as a normal part of their operational review. Due to significant numbers of retirements over the past several years and the time necessary to develop exams and fill those positions, as well as staff off for extended periods, the PA has seen an increase in the number of overdue inspections. In addition to inspection mandates, over the past four years, the PA has and continues to face the daunting task of implementing the California Electronic Reporting System (CERS) and associated requirements, including the use of an electronic Field Inspection System (FIS). This FIS required changes in work procedures and protocols, violation identification and documentation, and supervisorial review. CERS requires CUPAs and regulated businesses to submit required program element information/reports electronically via the Internet. As a result of this mandate, inspectors have had to devote additional time and effort in assisting regulated businesses with compliance, especially for the approximately 17,587 regulated facilities outside of the City of Los Angeles, which impacted their productivity. As expected, implementation of the FIS reduced productivity as inspectors learned and became comfortable with new field equipment, protocols, and workflows. Finally, after exhaustive review, multiple errors have been identified in previous inspection data tracked by the PA and corrections made to ensure accurate identification of overdue facilities and inspection counts.

The PA currently has 1,334 HWG facilities due for inspection in the City of Los Angeles. Among these facilities, 14 tiered permitting (TP) and 17 RCRA-LQG facilities are overdue as of January 1, 2015. There are a total of 6,046 HWG facilities, which include 118 RCRA-LQG and 164 TP facilities. Between the dates of August 1, 2014, through March 26, 2015, 867 routine inspections were conducted at RCRA-LQG facilities, 33 inspections at TP facilities and 814 inspections at SQG/LQG facilities. A current list of the 1,334 facility programs that are overdue for inspection has been provided as requested.

	Total facilities	Due for Inspection as of 1/1/2015	Inspections conducted from 8/1/2014 through 3/26/2015
Total HWG	6046	1334	867
SQG/LQG	5928	1303	814
RCRA-LQG	118	17	20
TP	164	14	33

The PA's plan to ensure that hazardous waste facilities are inspected at least once every three years includes the following elements and considerations:

- The PA will continue to hire new staff as soon as possible as allowed by County practices and requirements. The PA just completed training of seven new inspectors this month (13 last year) and anticipates losing as many as 15 inspectors next year due to retirements. The training of new staff which involves an eight week hazardous materials specialist "academy" (followed by close field mentoring), also adds to a decrease in staff productivity.
- The PA recognizes that with full staffing, it can and will meet all inspection mandates. However, when staff vacancies create a backlog of overdue inspections, "catching up" while new "overdues" are continually created presents a significant challenge. The PA has had several efforts looking at streamlining inspection activities, efficiencies in inspection processes, reassigning inspection type activities to other staff on a permanent basis, such as emergency operations staff when not "on duty", and temporarily assigning inspection activity to other PA staff.
- The PA also has had several major efforts to identify unpermitted facilities as indicated ("no previous activity") in the attached list of overdue facilities. While these efforts are necessary and "level the playing field" for the permitted facilities, it does add to the backlog of overdue inspections.

- The PA has reviewed and updated its monthly monitoring of inspections to ensure businesses are inspected once every three years.
- The PA has developed a monitoring and implementation plan to ensure that all high risk facilities are given inspection priority. For example, facilities which pose a lower risk, such as fire stations and cell sites, would be inspected at a later date.
- The PA is also exploring other options to address inspections of low-risk facilities as this program element has no statutory inspection frequency.
- The PA has developed a monitoring and implementation plan to ensure the oldest of the “overdues” especially high risk facilities, are given priority.

There were a couple of errors that were noted in the summary by DTSC using the lists provided by the PA during the evaluation. They are as follows:

TP/RCRA LQG:

- One out of 12 RCRA LQGs had not been inspected in over six years.
This summary should have stated that one out of seven recyclers had not been inspected in over six years. There were no RCRA LQGs that had not been inspected in over six years on the provided list.
- Four out of 12 RCRA LQGS had not been inspected in over four years.
This summary should have stated that tow out of eight RCRA LQGs and three out of seven recyclers had not been inspected in over four years.

The five facilities noted form the file review that had not been inspected within the last three years were all inspected during the month of March 2015. These inspection reports can be provided upon request. One of the facilities on the list, Andrews International, is located in Burbank, which is not in the jurisdiction of the City of Los Angeles.

PA is to submit quarterly reports to the CUPA on the progress of HWG inspections, including a list of facilities with overdue inspections.

~~The total number of HWG facilities that need to be inspected is, total number of HWG facilities inspected by January 2015 through March 2015 is:~~

Attachment 6 contains list of facilities with overdue inspections.

Evaluation Team Response:

CalEPA

The PA’s response to this deficiency highlights additional areas of concern regarding the implementation of the hazardous waste generator program within the City of Los Angeles. The CUPA states that the low inspection frequency is due to lack of staffing, increased responsibilities, and additional needs to assist facilities outside of the City of Los Angles. ~~The PA expects this issue to not only persist, but foresees an additional decrease in HWG inspections.~~

First, the PA should not be diverting resources dedicated to the implementation of the LA City Fire Department’s hazardous waste program to compensate for implementation of other programs implemented by LA County Fire Department CUPA. The PA must be able to give a separate accounting of its CUPA and PA programs. The PA must be able to differentiate between the cost incurred for implementing programs in differing jurisdictions in order to work with its CUPAs to ensure single fee and fee accountability programs for each CUPA allow the PA to recover the necessary and reasonable costs of program implementation with a specific jurisdiction.

Secondly, the burden of hiring new/additional staff and implementing new statutory requirements such as electronic reporting is part of the necessary and reasonable costs of implementing the Unified Program. As a CUPA and PA, the LA County Fire Department must ensure that it has adequate resources to implement the Unified Program in all of its jurisdictions.

CalEPA will continue to monitor the PA's progress toward meeting the hazardous waste generator inspection frequencies in the context of the annual review of the CUPA's fee accountability and inspection and enforcement plan review.

DTSC

The CUPA, in response to the corrective action, provided an update on the total number of HWG facilities that needed to be inspected and the total number HWG facilities inspected to date (3 prior months). In addition, the CUPA provided a 26 page list of approximately 1350 facilities of overdue inspections with their progress report.

The CUPA will continue to provide quarterly updates of its progress towards ensuring the PA meets its inspection frequency for HWG facilities until this deficiency is corrected. By January 23, 2016 the PA will have inspected all hazardous waste generators (HWG) that have not been inspected in the past three years as stated in the original Summary of Findings.

Deficiency Progress Update 2:

1. PA is to submit quarterly reports to the CUPA on the progress of HWG inspections, including a list of facilities with overdue inspections (see Attachment 8).
2. The Fee Accountability Program (See Attachment 9) encompasses LA County Fire Department (LACoFD) as a CUPA and as a PA to the LA City. At no time did LACoFD divert staff/resources dedicated to hazardous waste facilities in the City of Los Angeles to compensate for the implementation of other programs. The citation of 17,587 regulated facilities outside the City of Los Angeles was included in Progress Update 1 solely to quantify the volume of facilities covered by LACoFD as a CUPA and PA (17,587 + 6,046 in LA City). Any reduction in service resulting from the issues cited in Progress Update 1 affected productivity across all programs implemented by LACoFD. The LACoFD's staff resources as a PA to LA City match the percentage of the LACoFD's regulated generators in LA City. Thirty three percent of the Department's regulated generators are located within LA City. (Please see the attached PA's Financial Statement for Fiscal Year 2013-2014). Between the dates of April 1, 2015 through June 30, 2015, 408 routine inspections were conducted at SQG, LQG, RCRA-LQG, and TP facilities. Specifically, 13 inspections were conducted at RCRA-LQG facilities, 17 inspections at TP facilities and 378 inspections at SQG/LQG facilities. A table detailing the current quarterly figures for inspections conducted in the City of Los Angeles is shown below.

	Inspections Conducted from 4/1/2015 through 6/30/2015
Total HWG	408
SQG/LQG	378
RCRA-LQG	13
TP	17

2. The PA is ramping up its productivity by expanding its inspection schedule over a 4-month period. Inspectors assigned in LA City will work additional days to address the overdue inspections. Based on this Page 4 LA County Participating Agency Deficiency Progress Report LA City Performance Review plan, we will inspect all hazardous waste generators that have not been inspected in the past three years by January 23, 2016.

Evaluation Team Response:					
The CUPA provided a letter in Attachment 8, requesting a list of facilities from its PA. In addition the CUPA provided a quarterly update that shows the number of facilities inspected. The CUPA will continue to provide quarterly updates to CalEPA until the CUPA meets their mandated inspection frequencies.					
Deficiency Progress Update 3:					
List of Inspected Facilities is included in Attachment D (1,519); List of Overdue Inspections is included in Attachment E.					
Evaluation Team Response:					
The LA County Fire Department PA has increased their inspection frequencies significantly in the past three months. The PA has conducted 1,519 inspections within a 3-month period. The number of overdue facilities has been reduced to 220 facilities. This is a significant reduction from the number overdue facilities documented in the previous updates. The PA is on the right track to correct this deficiency.					
Please continue to provide quarterly progress updates to CalEPA until the CUPA and PA can demonstrate the HWG inspection frequencies are met.					
11.	<table border="1"> <tr> <td>DEFICIENCY:</td> <td>CORRECTIVE ACTION:</td> </tr> <tr> <td>The CUPA is not certifying every three years that it has conducted a complete review of its Area Plan. The last revision is dated February 2009</td> <td> <p>The CUPA has received a grant to revise this Area Plan the term of the grant is November 1, 2014 – September 30, 2015.</p> <p>By September 30, 2015, the CUPA shall submit a certified copy of the Area Plan Revision to CalEPA and Cal OES for review.</p> </td> </tr> </table>	DEFICIENCY:	CORRECTIVE ACTION:	The CUPA is not certifying every three years that it has conducted a complete review of its Area Plan. The last revision is dated February 2009	<p>The CUPA has received a grant to revise this Area Plan the term of the grant is November 1, 2014 – September 30, 2015.</p> <p>By September 30, 2015, the CUPA shall submit a certified copy of the Area Plan Revision to CalEPA and Cal OES for review.</p>
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Deficiency Progress Update 1:					
Activities to date: Collection of associated City and regional plans, documents, and policies including GIS mapping, as well as data on 5-year hazardous materials incident history. Consultant's review of these documents.					
Evaluation Team Response:					
Thank you for providing an update describing the progress the CUPA staff have made toward completing the corrective action. Although the completion date of the corrective action is September of this year please continue to provide progress updates with each quarterly report.					
Deficiency Progress Update 2:					
<p>Consultant has completed a review of LAFD Emergency Plan and LAFD Continuity of Operations Plan and identified the elements to be included in revised Area Plan.</p> <p>Consultant has completed approximately 50% of review of pesticide drift resources and data from LA County Agricultural Commissioner's Department.</p>					
Evaluation Team Response:					
The update on your progress is greatly appreciated. Please submit a copy of the area plan with the next quarterly update.					
Deficiency Progress Update 3:					
Grant period was extended by vendor request, with CalOES approval, through November 15, 2015, due to unforeseen circumstances delaying the project completion. CUPA last contacted the consultant on October 7, 2015, requesting project status update.					
Evaluation Team Response:					
As of November 5, 2015, the grant period extension has not yet been reached. With the next quarterly update, please update the project's status, and if complete, submit a copy of the area plan.					

12.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not inspecting all of the Aboveground Petroleum Storage (APSA) tank facilities, which store 10,000 gallons or more of petroleum, at least once every three years.</p> <p>22 out of 207 APSA regulated facilities have been inspected in the last three years.</p>	<p>The CUPA will prepare and implement an action plan to address this deficiency. The CUPA is encouraged to prioritize its inspections based on the level of risk posed by each tank facility. The action plan will be submitted with the April 23, 2015 update.</p> <p>By April 23, 2015, the CUPA will submit a status of the CUPA's activities to correct this deficiency, including a list of the tank facilities and the dates the facilities were inspected. The CUPA will also send copies of 10 completed reports from recently inspected APSA facilities to CalEPA.</p> <p>The CUPA will continue to provide quarterly updates of its progress towards meeting its inspection frequency for APSA facilities until this deficiency is corrected. The deficiency will be considered corrected when at least 90 percent of the facilities have been inspected within three years. CalEPA and/or the OSFM may require copies of inspection reports, or an in-person review of the CUPA's records prior determining this deficiency corrected.</p>

Deficiency Progress Update 1:

The Los Angeles City Fire Department CUPA has identified 134 facilities that store 10,000 gallons or greater of petroleum. The LAFD CUPA prioritized the inspection of those facilities based on risk (volume of petroleum and proximity to navigable waters). During the fourth quarter of FY 2013/2014 28 AST facilities were inspected.

The LAFD CUPA anticipates to have inspected over 100 facilities during the FY 2014/2015 and the remainder of the APSA facilities will be inspected during the first quarter of FY 2015/2016.

A list of APSA facilities inspected to date together with the copies of 10 recently completed inspection reports are provide in Attachment 7.

Evaluation Team Response:

The CUPA has not complied with all of the corrective action requested.

The corrective action required that an action plan be submitted with the update. Instead, the CUPA identified the number of APSA facilities and reiterated that it will prioritize facilities based on risk.

The CUPA conducted 18 routine APSA inspections for FY 2013/2014 and 31 for the current FY 2014/2015. The CUPA needs an additional 69 APSA inspections to meet their goal of 100 inspections for FY 2014/2015. Based on the information provided by the CUPA, OSFM is concerned that the CUPA will not likely meet the goal of 100 APSA inspections by the end of FY 2014/2015.

Additionally, only eight out of the 10 requested inspection reports were included in this progress report. The inspection report for SA Recycling, CERS ID 10240816, dated 3/5/2015, was submitted three times. Please provide inspection reports from two additional APSA facilities.

With the next update, please provide the action plan required by the corrective action and a narrative update detailing the status of the plan's implementation.

Deficiency Progress Update 2:

To correct the deficiency the LAFD CUPA has developed the APSA Inspection Action Plan (Attachment 7- AST Inspection Action Plan) and has prioritized the APSA inspection by inspecting those facilities that pose the highest level of risk.

In August 2014, the LAFD CUPA prioritized the APSA Inspections by determining facilities with the largest storage capacity, assuming that the greater the storage capacity the greater the risk, and by identifying facilities next to or adjacent to navigable waters.

The attached (Attachment 7 – APSA Facilities with 10K Gallons or Greater) list identifies facilities with the highest storage capacity at the top of page 1 and the lowest at the bottom of page 6. In the 1st quarter of 2014/2015, facilities that were identified as having the highest risk were inspected and then worked towards facilities with the least storage capacity or least level of risk. The list also includes facilities inspection dates.

Initially the LAFD CUPA anticipated on conducting 100 inspections during the Fiscal Year 2014/2015, but after further review it was determine that it would be best to spread APSA inspections into a three year cycle. Table 1 illustrates the APSA facilities on a three year cycle.

**Inspections per Fiscal Year
Table 1**

April 2014 Facilities Identified	Inactive Facilities	2013/2014 AST Inspections	2014/2015 AST inspections	2015/2016 AST Facilities expected to be scheduled
134	3	18	55	59

These steps were taken to prioritizing the facilities and to meet our goal of 100% inspection rate by this Fiscal Year 2015/2016:

1. Identify the number of APSA facilities with 10,000-gallon or greater of petroleum. (*This was accomplished on April 2014*)
2. Identify the APSA facilities with the highest level of risk by each tank facility (*This was accomplished on August 2014*)
3. Identify those facilities next to navigable waters (*This was accomplished on August 2014*)
4. Prioritize the inspection on those facilities with the highest level of risk (*Accomplished on August 2014*)
5. Spread the facilities on a three year inspection cycle (*See above Table 1*)
6. By the Fiscal Year 2015/2016 all the APSA facilities that require inspection will have been inspected (*On Target, all ASTs with storage capacity of 10,000 or greater will be tested by 2015/2016 Fiscal Year*)

As requested attached are two APSA inspection reports for your review (Attachment 7 -AST Reports (2)). In fiscal year 2013/2014, 18 APSA facilities were inspected. The APSA inspection rated increased to 305% in Fiscal Year 2014/2015 over the previous year. In the 4th quarter of 2014/2015 the LAFD CUPA inspected 30 APSA facilities, significantly increasing the rate of inspections. Based on inspection progress, the LAFD CUPA is well in its way to meet its target goal and have all AST facilities inspected by the end of Fiscal Year 2015/2016.

Evaluation Team Response:

The CUPA has provided a satisfactory action plan. The CUPA should follow this action plan to meet the regulatory inspection frequency for all APSA facilities that store 10,000 gallons or greater of petroleum. The CUPA also provided two more APSA inspection reports to satisfy the corrective actions. On the next progress report, please provide a narrative update of the status of the action plan implementation and an updated list of APSA facility inspections.

Deficiency Progress Update 3:

The evaluation team found the action plan satisfactory and the LAFD CUPA continues to implement the APSA program by continuing to inspect those facilities that have storage capacity of 10,000 gallons or more of petroleum base product.

Attachment I contains an updated list of APSA facilities and their inspection date. As per the action plan the LAFD CUPA continues to focus on those high risk facilities that have large storage capacity and that are adjacent to navigable waters. Facilities that are excluded, exempt or inactive from the APSA program are identified in the list.

Evaluation Team Response:

The CUPA continues to implement the CUPA's action plan. The CUPA has inspected 11 APSA facilities since the last update, and has included an updated list of APSA facilities with their inspection dates. Based on the list provided by the CUPA, there are 133 APSA facilities that store 10,000 gallons or more of petroleum. Ninety-two facilities (69.2%) have been inspected in the last three years, including 26 sites that were determined to be inactive or excluded from APSA as a result of the inspection. At least 42 facilities had yet to be inspected by the end of FY 2014/2015. If the CUPA continues to inspect at least 5 or 6 APSA facilities each month for the remainder of FY (2015/2016), then this deficiency will be corrected.

On the next progress report, please provide a narrative update of the status of implementing the action plan. Please include a statement documenting whether CUPA remains on track to meet the goal to have all remaining facilities inspected by the end of FY 2015/2016, and if the CUPA will be able to maintain the triennial inspection frequency on all APSA facilities with petroleum storage capacities with 10,000 gallons or more. Please also provide an updated list of APSA facilities that store 10,000 gallons or more of petroleum and their inspection dates.

13.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not ensuring full access to, and the availability of, the hazardous materials business plan information to its first responders.</p> <p>The CUPA stores its business plan information in paper files, Envision data management system, and CERS. Only Envision Connect is readily available or accessible to the first responders on an annual basis. The CUPA submits a CD from Envision annually, but does not provide access or copies of hazardous materials business plan information from either the CUPA's paper file copies or CERS to its first responders.</p>	<p>By April 23, 2015, the CUPA will meet with its first responders and ensure that all business plan information from all sources (paper files, CERS, and Envision Connect) is provided to them in an agreed upon timeframe and format.</p> <p>In addition, by April 23, 2015, the CUPA will provide a status of this deficiency, including a list of agencies, the meeting date(s), and confirmation that agreement has been reached regarding the timeframe and format for providing business plan information.</p>

Deficiency Progress Update 1:

The CERS system is now capable of providing access to Emergency Response module and the lead user for LAFD has been identified. The following procedures are still in place:

- 1) Inventory information will continue to be downloaded on a disc to be uploaded onto the MFC dispatch computer.
- 2) A 2nd disc will be provided to the HazMat Team for information purposes.
- 3) There will be an on-call Inspector who will be able to access any additional information that will be needed for any hazardous material spill/release.

Evaluation Team Response:

The CUPA has not complied with all of the corrective action requested.

Although the CUPA has provided a three-tiered approach to transfer information, the CUPA has not provided the following items required in the corrective action:

- List of agencies;
- Meeting date(s);
- Confirmation that agreement has been reached regarding the timeframe and format for providing business plan information.

OSFM is pleased that the CUPA is aware and may utilize the CERS first responder module in the future; however, because complete business plan information for all facilities in the CUPA's jurisdiction is deficient on CERS, CERS may not contain the information needed by first responders. The CUPA should develop a clear alternative means to provide business plan information for those facilities without information in CERS. With the next progress report, please provide the items required under the corrective action and an update on the status of conveying full access of business plan information to first responders.

Deficiency Progress Update 2:

1. On July 1st, 2015, a meeting between Acting CUPA Manager and Battalion Chief from Homeland Security Division, Joint Hazard Assessment Team (JHAT), took place to discuss the methods of ensuring full access to, and the availability of, the hazardous materials business plan information to LAFD first responders. The CERS access was provided to JHAT members.
2. JHAT has offered to create a process to share FPB RMPs with the Haz Mat Squads but this depends on discovery of size of data and FPB future software:
 - a. Preferred procedure is remote downloading or use of 'Dropbox' exchange of data;
 - b. JHAT needs to identify future FPB software changes (to ensure alignment and software compatibility);
 - c. JHAT will only focus on CERS data transmission. The Envision Connect data and future configurations are ambiguous.
3. Further coordination from JHAT is expected in a near future leading to an agreement on the procedures of providing hazardous materials data by CUPA to LAFD first responders and the parameters of the project (downloading datasets/GIS layering).

Evaluation Team Response:

The CUPA has initiated coordination with the Battalion Chief from Homeland Security Division, JHAT to develop procedures for HMBP information sharing with LAFD fire responders. On the next progress report, provide a narrative update on the status of correcting this deficiency. Include any new meetings the CUPA has had with first responder agencies and any new procedures developed and agreed upon for HMBP information sharing.

Deficiency Progress Update 3:

Staff from CUPA, MIS, and JHAT has met (on 7/29/15 and 10/8/15) to identify the field requirements. Daily updated HMBP information will be extracted from the LAFD's internal database, EnvisionConnect, and will be accessible to LAFD First Responders via LAFD ESRI internet portal in form of GIS HazMat layer by the first quarter of 2016.

Evaluation Team Response:

The CUPA has continued to meet with JHAT to develop procedures for HMBP information sharing using their internal database, EnvisionConnect. The CUPA should continue to ensure that data from EnvisionConnect contain the most current HMBP information.

With the next progress report, please provide an update of the status adding the HazMat layer to the LAFD ESRI internet portal. Once the HazMat layer allows LAFD First Responders to retrieve HMBP information, please provide the detailed procedures that documents the steps the CUPA is taking to share HMBP information, including how the LAFD ESRI portal is accessed by first responders, what HMBP fields are shared, and how the CUPA ensures that EnvisionConnect contains the most current HMBP information. Please also provide confirmation if this format of HMBP information sharing is agreed upon by the first responders.

14.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not adequately evaluating its Participating Agency (PA) performance to ensure that LA County Fire Department PA meets the minimum requirements described in the Unified Program Application.</p> <p>Specifically, the CUPA did not review the PA’s inspection frequency, compliance with the memorandum of understanding (MOU), request fee accountability documentation, or current I & E plan during the last PA audit.</p> <p>The CUPA reviewed only seven files out of 6,183 hazardous waste generator files. The CUPA did not diversify its review to cover each type of industry.</p> <p>The CUPA did not review any tiered permitting files. Los Angeles City, as a CUPA has the most amount of tiered permitting facilities in the state.</p>	<p>In November 2014, the CUPA underwent training in the basics of the Hazardous Waste Generator/Tiered Permitting Program to prepare the CUPA for future PA performance evaluations.</p> <p>By April 23, 2015, the CUPA will evaluate the PA’s performance and take into consideration requirements of implementing the hazardous waste program and the MOU. The CUPA will submit its findings, as well as a copy of the CUPA’s annual self-audit to CalEPA.</p>

Deficiency Progress Update 1:

For PA Evaluation and Preliminary Findings, see Attachment 8.

Evaluation Team Responses:

The CUPA has not complied with the corrective action.

Although the CUPA has provided a PA Audit report and Annual Self Audit Report, neither document sufficiency takes into consideration requirements for implementing the hazardous waste program and MOU, nor do they address the issues described in the deficiency or the requirements of CCR Title 27. The PA evaluation that was conducted on December 16, 2014 and (telephonically) on March 19, 2015 did note that the PA (Sylmar Office) was behind on their scheduled inspection frequencies of hazardous waste generators 2 of 20 files (10%) reviewed by the CUPA had been inspected within the last three years.

CCR, Title 27 15330 (b) dictates that the CUPA shall evaluate its PA on an annual basis at the time of the self-audit pursuant to section 15280, or as necessary to maintain standards required in HSC Chapter 6.11, the statutes governing specific program elements, and specific performance standards exhibited in regulation by the Secretary or state agencies responsible for overseeing one or more of the program elements.

CCR, Title 27 Section 15280 (b) describes the self audit stating the Self audit shall assess the performance of the CUPAs and any PAs implementing standards in statute and regulations established by the Secretary or state agencies responsible for one or more of the program elements. Section 15280 (c) lists the subjects that shall be covered in the self audit report, including:

- A report of deficiencies with a plan of correction
- A narrative summary of the effectiveness of activities
- An explanation of any discrepancies on the annual and quarterly reports of program activities submitted to the secretary pursuant to Section 15290 and the Unified Program requirements for these activities.
- Annual review and update of the fee accountability program as required by Section 15220.

Section 15220 requires the CUPA and PA annually review an update the Fee accountability program.

The PA Evaluation and Self Audit Report do not discuss the PA's (or the CUPA's) deficiencies and do not provide a plan of correction for those deficiencies. The PA audit appears to be limited to file review and as in previous years does not review the PA's performance in cooperation with the CUPA including MOU requirements, or annual evaluation and revision of the CUPA's I&E plan and fee accountability programs. Lack of coordination on the I&E Plan and fee accountability program comprise an additional deficiency, which should have been noted in the CUPA's self-audit with a plan of correction.

Action Plan for the CUPA

1. Review Health and Safety Code Chapter 6.11 regarding the administration of the CUPA program and the description of what the CUPA is responsible for implementing. Conduct an in-depth review of sections that discuss coordination with participating agencies.
2. Review CCR Title 27 Sections regarding the administration of the CUPA program and the description of what the CUPA is responsible for implementing. Conduct an in depth review of sections that discuss coordination with participating agencies.
3. Work with the PA to correct deficiency 17, and establish process for ensuring that I&E and fee accountability program review occurs annually and in collaboration with the PA.
4. During the upcoming self-audit process (Report due 9/30/2015), evaluate the PA's implementation of LA City's hazardous waste program. Ensure that the PA's implementation complies with:
 - a. The necessary standards described in HSC Chapter 6.11;
 - b. Statutes governing the hazardous waste program;
 - c. Specific performance standards exhibited in regulation for overseeing the hazardous waste generator program element.
5. Review CCR Title 27 15280 which details items to be covered in an annual self-audit.
6. Submit copies of the FY 2014/2015 annual PA audit and CUPA self audit to Cal EPA by 10/1/2015.

Deficiency Progress Update 2:

1. In the FY 2014/15 self-audit CUPA will update the I&E Plan to include the PA's coordination.
2. In the next PA Evaluation and Self Audit Report, CUPA will provide a plan of correction for noted deficiencies, as well as annual evaluation and revision of the CUPA's I&E Plan and fee accountability programs.

Evaluation Team Response:

On Thursday, August 13, 2015, CalEPA contacted the CUPA via email and spoke with staff on the phone to ensure that the CUPA was aware of the requirements of a PA audit. The CUPA was instructed to:

- Review the PA's implementation to ensure it complies with state law, and the written agreement and policies to which the CUPA and PA have agreed.
- Use the same checklist the CUPA has used in the past, but review all items listed and comment on what was observed. Particularly note items the CUPA is required to report on in its Self Audit Report, I & E Plan and Fee Accountability Program.
- If deficiencies are found, the CUPA is to describe the deviation and how the parties have proposed to correct the issue.

For all CalEPA recommendations, please include a statement in the Action Plan for the CUPA in Evaluation Team Response to Update 1. Please do not hesitate to have the inspector(s) call the Evaluation Team Lead with any questions regarding this deficiency. CalEPA is willing to provide one-on-one training over the phone or in person if needed.

DTSC will evaluate the CUPAs PA audit and ensure that it complies with the CUPAs I & E Plan, including but not limited to: Inspection frequencies, quality of inspections, thoroughness of inspections, graduated series of enforcement, and return to compliance.

Deficiency Progress Update 3:

PA Evaluation 2015

The Los Angeles Fire Department (LAFD) is the Certified Unified Program Agency (CUPA) for the City of Los Angeles and has a MOU with the Los Angeles County Fire Department (LACoFD) as the Participating Agency (PA). The PA is responsible to enforce hazardous waste regulations within the City of Los Angeles. The CUPA is required to conduct an annual audit of its PA by file reviewing and audit inspection.

During the month of September 2015, a representative of the CUPA, Marcus Look, visited 3 district offices of the PA: the West District, the Central District and the Southwest District and met with the district supervisor. The purpose of the meeting was to review files of the facilities within the City of Los Angeles and to evaluate the data collection and handling of the hazardous waste inspection program.

A report of routine inspections from Jan 1, 2015 to June 30, 2015 was submitted by the PA in August. Roughly 800 facilities were inspected for the 6-month period. Sixty facilities were randomly selected for review. The PA is in the process of eliminating hard copies of documents since April 2014, new documents are stored electronically in a software program call D2. Only inspectors have access to them. Historical files are still available for most of the facilities. For the purpose of my review, the newer inspection reports and field notes were printed. Field note are typed in during inspections on a tablet.

Of the 60 files requested only 54 files were available; 4 are Tiered Permitting facilities, 9 facilities have over 20 employees, 41 facilities have less than 20 employees. All of these facilities were inspected in 2015. A summary of reviewed as follow: 9 facilities were inspected within the 3-year frequency; 28 facilities took more them 30 days to Return To Compliance(RTC); Several violations were repeated by the same facility many times such as container labeling and documents keeping; one facility is under enforcement action.

The PA's Inspection and Enforcement Plan (I & E Plan) indicated the frequency of inspections for a hazardous waste generator is three years. The file reviewed shows the PA is not following its own plan and only 9 facilities were inspected within this frequency. The PA may want to modify the I & E plan since the hazardous waste generator inspection frequency is not mandated by State regulation.

Per I & E Plan minor violations that are not corrected within 30 days or the required timeframes may be reclassified to a higher violation class and warranting additional enforcement. There is no indication of any enforcement on late RTC.

Per I & E Plan a chronic violation or a recalcitrant violator is not a minor violation, but all labeling and documents keeping violations were checked as minor. Inspectors should be better trained on the topic of recalcitrant violation.

PA inspectors were observed during City Attorney Strick Force inspection and the Cal EPA Environmental Justice Initiative inspection. Inspectors were well prepared for the inspection; they had the appropriate PPE and the facility file. Newer inspectors used a checklist to conduct document reviews. All inspectors obtained consent from owner or manager to conduct inspections and to take pictures. On one occasion, a newer inspector seemed to be too demanding but a DTSC inspector was satisfied with the requirement.

Over all, the PA had the hazardous waste generator inspection program set up in a very professional and technical manner. The PA is using CERS to collect data on hazardous waste generators; all staff met the education requirements, attended ongoing training, and they were highly qualified.

The PA inspection of hazardous waste generators was behind scheduled frequency. Per Bill Jones in the CUPA and PA meeting in July, they will be catching up with required inspection frequency by the end of the year. Using the August inspection report summary to estimate, they will have about 1600 facilities inspected by the end of the year but there are over 6000 hazardous waste generators within the City, this may not meet the I & E Plan inspection frequency. The PA training should emphasize recalcitrant violations and late Return To Compliance.

Evaluation Team Response:

Correction of this deficiency is in progress.

With this update report, the CUPA has demonstrated that they have conducted a more thorough review of its PA than it has in years past. CalEPA finds that areas of improvement remain, particularly in processes that require collaboration between the CUPA and PA; such as, the annual review of the I & E Plan, fee accountability, and CERS implementation. CalEPA is working with the CUPA and PA to develop a collaborative process of implementing the hazardous waste program element within the City of Los Angeles. Such a processes will allow the CUPA to complete a thorough evaluation of the PA as well as identify deficiencies that are hindering program implementation for both the PA and the CUPA, and allow the for the collaborative identification and correction of any deficiencies or issues that may arise.

DTSC is satisfied with the CUPAs evaluation of their PA’s hazardous waste generator inspection and enforcement program. The CUPA conducted a thorough file review and reviewed 56 hazardous waste generator inspection reports. The CUPA determined that their PA is not meeting the inspection frequencies stated in their I&E plan. In addition, the CUPA determined that in some cases the PA is not classifying violations correctly for recalcitrant violators and that the PA is not following up with facilities that has not returned to compliance within 30 days in a timely manner. The CUPA needs to ensure that their PA corrects the identified deficiencies discovered during their audit. DTSC’s portion of this deficiency is considered corrected.

CalEPA will continue to monitor the CUPA/PA process through the Deficiency Progress Update Reports. With the next update, please provide a narrative description of the next quarterly meeting between the CUPA and PA. Please include documentation of the meeting agenda, list of attendees, and action items resulting from meeting discussions. CalEPA is willing to provide assistance in coordination and facilitation as needed.

15.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	The CUPA is not ensuring that inspectors receive health and safety training required for CUPA technical staff.	By April 23, 2015, the CUPA will provide or ensure technical staff attends health and safety training. The CUPA will send certificates or a class roster and agenda demonstrating that staff attended/completed the training, and specifying the subject matter covered.

Deficiency Progress Update 1:

All inspectors have been extensively trained on the use of the required FIS, which ensures the consistent documentation of observations, the factual basis of violations, and the required Corrective Action to be taken. This training was held several times during the month of August 2014. Five samples of facility inspection reports from the North and Central offices have been provided as requested.

16-hour Health and Safety Training, provided by UCLA education & Research Center was completed by members excluding three (IOD, SK, retiring) on January 6-7, 2015. For Class Roster, Agenda and Training Certificates see Attachment 9.

Evaluation Team Response:

The CUPA provided documentation demonstrating that staff attending 16 hours of health and safety training in January 2015. This deficiency is corrected.

Please continue to ensure that staff complete 8 refresher hours of health and safety training annually.

Deficiency Progress Update 2: N/A

Evaluation Team Response: No update required. This deficiency has been corrected.

16.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	In some cases, elements that are required by statute, such as factual basis of violations and Corrective Actions are not included in the Los Angeles County PA's HWG inspection reports provided to the facility.	By April 23, 2015, the PA will provide five examples of facility inspection reports from the North and Central offices that include all observations made at the facility, all alleged violations, the factual basis for the violations, code citations, and any Corrective Actions necessary.

Deficiency Progress Update 1:

All inspectors have been extensively trained on the use of the required FIS, which ensures the consistent documentation of observations, the factual basis of violations, and the required Corrective Action to be taken. This training was held several times during the month of August 2014. Five samples of facility inspection reports from the North and Central offices have been provided as requested.

For Facility Inspection reports see Attachment 10.

Evaluation Team Response:

The CUPA and PA have not demonstrated compliance.

The PA provided examples of facility inspection reports from North and Central offices. All routine inspections occurred prior to November 18, 2011, nearly three years prior to the July 2014 CUPA evaluation. DTSC finds this documentation unacceptable, as it does not demonstrate the PA's current processes, but instead highlights the PA's inability to comply with the CUPA's inspection policies concerning frequency of inspection. Additionally, one of the inspection reports provided (Clay Lacey Aviation) did not have any violations

With the next update report, please demonstrate the PA's North and Central offices are currently providing inspection reports that include all observations made at the facility, all alleged violations, the factual basis for the violations, code citations, and any Corrective Actions to facilities at the conclusion of each inspection. In order to demonstrate that this practice is currently being implemented, please ensure that five (5) inspection reports submitted to CalEPA are from routine inspections that have occurred within the last twelve (12) months.

Deficiency Progress Update 2:

Please see attachments for five inspection reports that include all observations, all alleged violations, the factual basis for the violations, code citations, and any corrective actions. (See PA Attachment # 1A, 1B, 1C, 1D, & 1E).

Evaluation Team Response:	
DTSC reviewed the 5 inspection reports provided by the CUPA. The inspection reports include violation description, observations and corrective actions for each cited violation. This deficiency is corrected.	
Deficiency Progress Update 3: N/A	
Evaluation Team Response: No update required. This deficiency has been corrected.	
17.	<p>DEFICIENCY:</p> <p>The CUPA and PA are not coordinating the annual review and update of the CUPA's fee accountability program and Inspection & Enforcement Plan (I & E Plan).</p> <p>The CUPA does not appear to be consulting and reaching consensus with the PA prior to making changes to the CUPA's I & E Plan that may affect program elements for which the PA is responsible. Although the CUPA reviewed its I & E Plan, implementation requirements for and changes relevant to the Hazardous Waste Program have not been incorporated.</p> <p>The CUPA's I & E Plan states the following on page 15, subsection g: HSC Chapter 6.5 Section 25192 <i>"Class I violations require that formal enforcement action be taken according to the State Response Policy. Class II violations may be enforced by formal or informal enforcement actions. Minor violations require that a Notice to Comply be prepared pursuant to HSC Section 25187.8."</i></p> <p>The Enforcement response policy is no longer valid since the penalty regulations became effective in 2001.</p> <p>The CUPA's I & E Plans states the following on page 18: <i>"DTSC is currently reporting SNC information to the federal EPA from information submitted by CUPAs from the waste generator inspections."</i></p> <p>DTSC is not reporting SNC information separately to EPA. Once CUPAs update its I & E information into CERS, the information will be uploaded to RCRAInfo (EPA's database) and EPA will be able to extract SNC information themselves.</p>
	<p>CORRECTIVE ACTION:</p> <p>By July 23, 2015, the CUPA will review its entire I & E Plan and update it as needed.</p> <p>By July 23, 2015, the CUPA, in coordination with its PA, will revise its I & E Plan to include the administration of the HWG/TP program element. If adopting LA County Fire Department's I & E Plan for the HWG programs the CUPA should at minimum incorporate by reference and keep the Plan onsite and available upon request.</p> <p>The CUPA will include an update of its fee accountability program with its annual self audit report, due by September 30, 2015. The fee accountability program update will include a discussion of the necessary and reasonable costs of the hazardous waste program as implemented by the PA.</p>

<p>The CUPA's I & E Plans says the following on page 20: <i>"A class I violation committed by a chronic or a recalcitrant violator, as provided in Section 25117.6 "</i> The correct section to cite is 25110.8.5. page 4 section J: <i>Hazardous Waste Generator Inspection Program</i></p> <p><i>"See L. A. County Fire Department Inspection and Enforcement Plan"</i> As noted above, LA City CUPA's I & E plan has adopted LA Co Fire Department's I & E plan by reference. Appendix VI is missing inspection reports for the hazardous waste and tiered permitting programs.</p>	
<p>Deficiency Progress Update 1: The CUPA, in coordination with its PA, is in a process of revising the I&E Plan to include the administration of the HWG/TP program element and adopting La County Fire Department's I&E Plan for the HWG programs. CUPA will incorporate PA's I&E Plan by reference and keep the CUPA's I&E Plan available upon request.</p>	
<p>Evaluation Team Responses: The CUPA appears to be in the process of correcting the deficiency by adopting LA County FD's I & E Plan by reference. Please remember that this deficiency also addresses the coordination of the of the CUPA's fee accountability program. CalEPA recommends that the CUPA review CCR Title 27Section 15200 and Section 15220 which describe the requirements of the Inspection and Enforcement Program and Fee Accountability Program Plans respectively.</p>	
<p>Deficiency Progress Update 2: The CUPA will include an update of its fee accountability program with its annual self-audit report, due by September 30, 2015. The fee accountability program update will include a discussion of the necessary and reasonable costs of the hazardous waste program as implemented by the PA.</p>	
<p>Evaluation Team Response: The CUPA's response to this update is incomplete for the second time. In the previous update, the CUPA focused on the I & E Plan to the exclusion of the fee accountability program, and in this update the description is reversed.</p> <p>In Update 3, please provide an update on the status of the coordination of the review and revision of the I & E Plan AND fee accountability programs with the PA. Please provide a copy of the finalized I & E Plan including all attachments and incorporations. Please also provide a copy of the annual self audit report and fee accountability documents.</p>	
<p>Deficiency Progress Update 3: CUPA I&E Plan was submitted to Cal/EPA on August 27, 2015. The Plan incorporates the PA's I&E Plan for the administration of HWG/TP Unified Program element. Plan also includes provisions for coordinating enforcement efforts between both parties.</p> <p>Fee Accountability coordination efforts are still in inception stage and will be a subject of upcoming meeting between Cal/EPA, CUPA and PA.</p> <p>Attachment G contains the CUPA Fee Accountability Program and Attachment G – PA Financial Statement.</p>	

Evaluation Team Response:

The CUPA's I & E Plan incorporates the PA's I & E Plan for the administration of HWG/TP Unified Program element. The CUPA is keeping the CUPA's I & E Plan available upon request. DTSC's portion of this deficiency is corrected.

The Fee Accountability Program coordination portion of this deficiency is remains in progress. On October 23, 2015 CalEPA, the CUPA, and the PA met to discuss the PA evaluation process, and areas of program implementation, including fee accountability program documentation and review, that would benefit from additional coordination and a more collaborative approach.

CalEPA will continue to monitor the CUPA/PA process through the Deficiency Progress Update Reports. With the next update, please provide a narrative description of the next quarterly meeting between the CUPA and PA. Please include documentation of the meeting agenda, list of attendees, and action items resulting from meeting discussions. Once completed, please provide a copy of the Fee Accountability Program document that includes an analysis of the HWG program.

CalEPA is willing to provide assistance in coordination and facilitation as needed.

18.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA was unable to demonstrate if they are investigating complaints referred by DTSC as stated in its I & E plan.</p> <p>On July 31, 2014, the CUPA was unable to demonstrate that DTSC referred complaints were investigated by the PA.</p>	<p>The CUPA will immediately start following it's I & E plan and follow up with complaints referred by DTSC.</p> <p>By April 23, 2015, the CUPA will provide follow up documentation for the outcome of the following complaints referred by DTSC:</p> <ul style="list-style-type: none">• 14-0414-0208• 14-0314-0126• 13-0813-0609• 14-0114-0075• 13-1013-0675• 13-0413-0282• 12-0812-0465• 12-0112-0059

Deficiency Progress Update 1:

Complaint summary reports have been provided for the following:

- 14-0414-0208 – PA Report # CO0027829
- 14-0314-0126 – PA Report # SR0027460
- 13-0813-0609 – PA Report # CO0025750
- 12-0812-0465 – PA Report # CO0027881
- 12-0112-0059 – PA Report # CO0028045

The PA has not received the following complaints from the CUPA or DTSC:

- 13-1013-0675
- 13-0413-0282

The following complaint was referred back to DTSC since it was not under the PA's jurisdiction:

- 14-0114-0075

See Attachment 13.

Evaluation Team Response: The CUPA followed up with all complaints and provided follow up information on all complaints referred by DTSC. This deficiency is corrected.	
Deficiency Progress Update 2: N/A	
Evaluation Team Response: No update required. This deficiency has been corrected.	
19.	<p>DEFICIENCY:</p> <p>The CUPA did not report quarterly inspection, violation, and enforcement information for each program element to CalEPA through the Decade Envision Connect local information management system or CERS.</p> <p>The CUPA did not report inspection, violation, and enforcement information for the entire 2013/2014 fiscal year by July 30, 2014.</p>
	<p>CORRECTIVE ACTION:</p> <p>The CUPA will prepare and implement an action plan to address this deficiency. The action plan will be submitted with the April 23, 2015 update.</p> <p>This deficiency will be considered corrected when the CUPA reaches the 90% percentile of inspection, violation, and enforcement information provided through the Decade Envision Connect local information management system or CERS for each program element.</p>
Deficiency Progress Update 1: Pending the CalEPA response to LAFD letter dated February 25, 2015 (Attachment 12).	
<p>Evaluation Team Response: The CUPA has not complied with the Corrective Action.</p> <p>Cal EPA does appreciate that the CUPA responded to the November 17, 2014 survey requesting an update on the CUPA's progress on complying with reporting requirements of Compliance Monitoring and Enforcement (CME) Data. The letter sent by the CUPA on February 25, 2015, in response to CalEPA's survey, does not contain sufficient information to comprise an action plan and therefore does not meet the terms of the corrective action.</p> <p>The CUPA has requested an exemption from the requirement to report FY 2013/2014 CME data due to issues with Decade Envision Connect Software and Integration Wizard, and inspectors' consistency in keeping track of inspections and return to compliance. CalEPA denies this request. The CUPA is responsible for ensuring CME data for FY 2013/2014 is uploaded to CERS. CalEPA realizes that lack of consistency among the CUPA inspectors will yield incomplete data as the CUPA reports the information that is available. The CUPA will need to work with its vendor to ensure CME data may be uploaded when RTC dates are unavailable.</p> <p><u>Action Plan for the CUPA</u></p> <ol style="list-style-type: none"> 1. Ensure that inspectors consistently track and report inspections, violations, return to compliance, and enforcement actions. This information required to be tracked and reported through CERS by state law and the information is required to maintained for 5 years under state regulations. 2. Create a systematic action plan. Take into consideration the staff hours, hardware and software necessary to implement the action plan in addition to the staff hours and infrastructure needed to implement the rest of the Unified Program. 3. Coordinate the transfer or uploading of CME data for hazardous waste generators with the PA implementing the hazardous waste program. Ensure CUPA staff is available to facilitate this coordination. 	

4. Contact the vendor to determine work around for the RTC date issue. Several CUPAs are able to utilize the integration wizard to transfer open violations.
5. Based on the information gathered, draft a step-by-step action plan and feasible timeframe for completion.
6. Provide the action plan and time frame to CalEPA with the next quarterly progress update.
7. Please also provide a detailed narrative discussing the CUPA's progress in implementing the action plan.

Deficiency Progress Update 2:

On April 30, 2015, LAFD has successfully uploaded 90% of the 2015 1st quarter CME data using Decade Integration Wizard for the first time. One of the issues encountered during the CME upload to CERS, was the fact that RTC dates were not being captured with the current EnvisionConnect Remote (ECR) version 5.2.1.387. LAFD had to use a work around script to populate the RTC dates in EnvisionConnect backend for inspections with closed violations.

For this upcoming reporting period (2015 2nd quarter), LAFD will continue to use the same work around RTC script to rectify the ECR deficiency until CUPA is able to upgrade to version 5.2.8 (or higher) which will provide a permanent fix for the RTC date issue. The CME data upload to CERS will be completed by July 31, 2015.

The CME data upload for FY 2013-2014 will be performed on 8/30/2015, however, the CME data for that period will be limited to inspection data only since the violation data was captured manually on paper during that period.

Evaluation Team Response:

The CUPA has made progress in electronic reporting, but has not complied with the corrective action.

CalEPA acknowledges that the CUPA is working with its vendor to establish workarounds when the CUPA's data management system is incompatible with CERS. The CUPA has met its target to upload CME data for the second quarter by July 31, 2015 for all programs with the exception of the Hazardous Waste Generator Program.

The CUPA has not provided an action plan as required under the corrective action, but has simply provided a narrative update of progress towards successfully completing electronic data transfer. CalEPA is pleased that the CUPA is making progress. The reason for requesting an action plan is to determine whether the CUPA has established a plan to correct this deficiency in the long term.

With the next progress update, please provide an action plan demonstrating the CUPA has established a plan to complete the transfer and entry of CME data for all program elements for FY 2013/2014, 2014/2015, and for the continued uploading of data in the future. As stated in the Evaluation Team Response to update 1 the action plan should be a systematic plan that takes into consideration the staff hours, hardware and software necessary to implement the action plan **in addition to** the staff hours and infrastructure needed to implement the rest of the Unified Program. The action plan should include:

- A discussion of where the CUPA is in the process of entering/uploading required data.
- A timeframe and plan of action for hand entering violation and enforcement data that was manually tracked on paper during FY 2013/2014.
 - Please understand this will be a lengthy process and may consume considerable amounts of staff time.
 - The plan and timeframe should take into consideration that the CUPA is in the process of correcting 16 other deficiencies and must continue to do so.

- A timeframe and plan for ensuring CME data captured by its PA is uploaded to CERS.
- A QA/QC process for reviewing CME data that does not make it through the EDT transfer process.
- A discussion of when the CUPA will upgrade to a version of its vendor's software that will permanently fix the RTC script issue.

Deficiency Progress Update 3:

The CUPA's prior management instructed all inspectors to record and print a hard copy of all NOV's (notice of violation) into a log book for recordkeeping. That was this administration's method of capturing the data for the period of 2013 and 2014. Since January 28, 2015, with the launch of Envision Connect Remote software, the NOV's are captured electronically. In order to fulfill, what is now done electronically on Envision Connect, all NOV data for 2013 and 2014 must be entered manually. A plan of action has been established.

- An account has been provided by MIS (Management Information Systems) so that any inspector is able to go into EnvisionConnect and enter data for each inspection for 2013 and 2014.
- Those inspectors who were assigned then and still remain in the unit will be responsible for the NOV's that they issued in 2013 and 2014.
- As a result of the meetings, on 09/30/15 and 10/07/15, all inspectors were advised of the task that has to be accomplished.
- A workflow chart has been established so that each inspector will input the data correctly with consistency (see Attachments K and L).
- Each inspector has an administration day at the office twice a month. For each admin day, the inspector will be given a specific number of NOV's to enter for that day.
- The entered NOV's will be given back to the Captain for quality control and to have MIS review for completeness.

There are currently 343 NOV's that have been identified in the 2013/2014 NOV's LOG BOOK. We estimate that we will be able to accomplish this task in 3 months and complete around the end of January 2016. This is the most feasible plan without trying to train one specific person or pursuing the use of overtime accounts.

1. "A timeframe and plan for ensuring CME data captured by its PA is uploaded to CERS."

At this time, Los Angeles County PA has not shared any data with the LAFD CUPA.

2. "QA/QC process for reviewing CME data that does not make it through the EDT transfer process."

MIS is capable of querying CME records in EnvisionConnect that are not compliant to CERS. MIS is using software by Decade to accomplish this goal called CERS Integration Wizard. MIS is to query every quarter prior to the due date. MIS will supply to the CUPA manager and inspectors a report of any incomplete CME records with missing violation degrees and RTC qualifiers. This information will then be distributed to the inspectors to correct or enter data for completeness and to make sure that violation degrees and RTC qualifiers are closed properly. The corrections are to be completed within a two week time frame. MIS will re-run the query until there is 100% compliance.

3. "A discussion of when the CUPA will upgrade to a version of the vendor's software that will permanently fix the RTC script issue. "

MIS staff is in the process of upgrading EC (EnvisionConnect) and ECR (EnvisionConnectRemote) to the 5.3 version. The billing cycle is holding up the process at this time, however MIS and Data Management are in the final stages to move forward with the upgrade and are planning to complete the upgrade by the end of 2015.

Evaluation Team Response:

The CUPA has provided their most comprehensive update to date on the CME Date Transfer Issue. The initial issues for which the deficiency was cited have not been corrected, however the CUPA is moving forward and ensuring current inspection data for all programs are uploaded to CERS, with the exception of inspections for the HWG program.

CalEPA's query of FY 2013/2014 inspection data for LA City CUPA yielded the following results that support this finding:

- 7 routine HMRRP inspections have been entered
- 0 routine CalARP inspections have been entered
- 0 routine UST inspections have been entered
- 0 routine APSA inspections have been entered
- 0 routine HWG inspections have been entered or uploaded.

For comparison, query totals for FY 2014/2015 and the first quarter of FY 2015/2016 yielded the following:

FY 2014/2015

- 841 routine HMRRP inspections have been entered
- 3 routine CalARP inspections have been entered
- 626 routine UST inspections have been entered
- 38 routine APSA inspections have been entered
- 0 routine Hazardous Waste Generator inspections have been entered or uploaded.

FY 2015/2016 – Quarter 1

- 526 routine HMRRP inspections
- 3 routine CalARP inspections
- 300 routine UST inspections
- 14 routine APSA inspections
- 0 routine HWG inspections

With the next progress report please:

1. A discussion of where the CUPA is in the process of enter/uploading required data.
2. An update on the timeframe and plan of action for hand entering CME data for the FY 2013/2014 fiscal year, as well as violation and enforcement data that was manually tracked on paper.
3. Update CalEPA on the progress towards uploading HWG inspection in CERS. Please work with the PA to establish a process to ensure HWG CME data is uploaded to CERS. If the CUPA and PA are unable to complete this coordination effort by the next Update report, please update CalEPA on the quarterly meeting schedule and provide a timeframe for meeting agenda items stating when the correction of this deficiency will be prioritized.