CERTIFIED UNIFIED PROGRAM AGENCY

CalEPA Response to Evaluation Progress Report #1

CUPA: City of Bakersfield Fire Department

2025 Evaluation Assessment: April 2025 through November 2025

Timeframe Evaluated: January 1, 2021, through December 31, 2024.
Note: OSFM evaluation timeframe is July 1, 2020, through December 31, 2024

Evaluation Team Members:

- CalEPA Team Lead: Jessica Snow
- DTSC: Mia Goings
- CalEPA: Gerrit Kovach
- State Water Board: Michelle Suh
- CAL FIRE-OSFM: Andy Dye, Mary Wren-Wilson

Evaluation Progress Report #1Received by CalEPA on April 21, 2026 addressing:

Deficiencies Pending Correction: #'s 1 - 10

Incidental Findings Pending Resolution: #'s 1 – 6

CalEPA response to Evaluation Progress Report #1
The following have been corrected:

- Deficiency # 2, 10

Evaluation Progress Report # 2 due to CalEPA on December 18, 2026 will address uncorrected:

- Deficiency # 1, 3 - 9
- Incidental Finding # 1 - 6

After the Final Summary of Findings Report is issued, the CUPA is required to submit Evaluation Progress Reports to CalEPA in accordance with the specified due date (as approved by the CalEPA Secretary pursuant to California Code of Regulations, title 27, section 15330, subdivision (b)(6)(A)).

With each Progress Report, the CUPA will continue to revise and/or submit any plan, policy, document, or facility information required for any Deficiency or Incidental Finding.

Each Progress Report must be submitted to the CalEPA Team Lead via email or uploaded to the established SharePoint website. Questions or comments regarding this evaluation should be directed to the CalEPA Team Lead:

Jessica Snow
Phone: (916) 460-2394
E-mail: jessica.snow@calepa.ca.gov

DEFICIENCIES REQUIRING CORRECTION

Deficiency "is a major deviation in implementation of one or more Unified Program elements from the expected standards set forth in statute or regulation. It is a systemic problem that could impact the safety and protection of human health and the environment." (Cal. Code Regs., tit. 27, § 15100, subd. (k).) In addition, recommendations may be provided.

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1. **DEFICIENCY:**
   The CUPA has not consistently conducted complete annual underground storage tank (UST) compliance inspections.

   Non-compliance not cited as a violation in an inspection report:
   - CERS ID 10134244
     - Monitoring System Certification Form dated July 21, 2022, identified a failed component in Section 7 for the diesel line leak detector. Violation Library Type Number 2030027 (USEPATCR 9d) was not cited.
     - Spill Containment Testing Report Form dated July 17, 2024, states "87 spill bucket was replaced on site, then passed hydrostatic testing." Violation Library Type Number 2060020 (USEPATCR 9a) was not cited.
   - CERS ID 10117852
     - Inspection report dated March 28, 2024, states "Add last 3 years of testing results to UST binder, 2021, 2022, and 2023 FMC, OP, and SB989." Violation Library Type Numbers 2030036 (USEPATCR 9b) and 2030048 (USEPATCR 9d) were not cited.

   Violation not reported to CERS:
   - CERS ID 10127599
     - Inspection Report dated November 22, 2022, cites Violation Library Type Numbers 2030048 (USEPATCR 9d), 2010009, and 2030039
   - CERS ID 10132186
     - Inspection report dated June 27, 2024, cites Violation Library Type Numbers 2030029 (USEPATCR 9c) and 2030039

   Violation incorrectly cited:
   - Violation Library Type Number 2030008 was issued 105 times during the evaluation timeframe, with 74 (70% of UST testing and leak detection violations) issued incorrectly
     - CERS ID 10022785
       - Inspection reports dated August 5, 2022, June 23, 2023, and June 17, 2024, as the USTs were installed prior to July 1, 2003
   - Violation Library Type Number 2030035 was incorrectly cited 52 (6% of UST testing and leak detection violations) times during the evaluation timeframe. The violation was issued for overfill prevention equipment (OPE), shear valve, and emergency shut off failures.
   - General Violation Library Type Number 2010 was incorrectly cited 3 times during the evaluation timeframe. The violation was issued for OPE testing and cited fire code.

UST construction and inspection information was inconsistent with that which was reported to CERS:

- CERS ID 10023790
  - Monitoring System Certification Forms dated December 9, 2022, February 23, 2023, and February 20, 2024, have results for 001 sensors for UDCs in Section 6 while CERS indicates 208 sensors
  - Monitoring System Certification Forms dated December 9, 2022, February 23, 2023, and February 20, 2024, marked "checked this box if tank gauging is used only for inventory control" while CERS indicates two single-walled USTs
- CERS ID 10134205
  - Monitoring System Certification Forms dated November 2, 2022, July 27, 2023, and July 22, 2024, marked "Yes" for "Does the flow of fuel stop at the dispenser if a release is detected in the under dispenser containment" while CERS indicates 208 sensors

UST testing results include incomplete or inaccurate information:

- CERS ID 10022785
  - Monitoring System Certification Forms dated August 5, 2022, June 23, 2023, and June 17, 2024, do not include results in Section 6 for UDC float and chains
- CERS ID 10023739
  - Spill Containment Testing Report Form dated January 3, 2023, does not include the service technician's signature in Section 4
- 48 of 167 (29%) UST leak detection documents were missing CERS IDs

UST testing documents indicate International Code Council (ICC) technicians did not use required forms:

- CERS ID 10022785
  - OPE Inspection Form dated November 5, 2024
- CERS ID 10023739
  - OPE Inspection Form dated January 1, 2023
- CERS ID 10968193
  - Monitoring System Certification Form dated April 17, 2025

CITATION(S):
Health & Saf. Code, §§ 25288, subd. (b), 25299; Cal. Code Regs., tit. 23, §§ 2637, 2637.1, 2637.2, 2638, 2711, subd. (d), 2713, subds. (c) & (d), 2715, subd. (f)(2); [State Water Board]

CORRECTIVE ACTION:
By the 1st Progress Report, and each subsequent Progress Report, submit UST facility records, including the most recent annual UST compliance inspection report, and associated testing and leak detection documents, and all enforcement correspondence between the CUPA and the UST owner/operator for the following UST facilities:

- CERS ID 10969498
- CERS ID 10753390
- CERS ID 10023640

State Water Board recommends that the CUPA:

- Determine why complete annual UST compliance inspections have not been consistently conducted.

- Establish procedures and develop tools to ensure complete annual UST compliance inspections are conducted and CME information is correctly reported to CERS.
- Identify types and frequency of training for conducting complete UST inspections. The CUPA may also request additional training from the State Water Board.
- Perform quality assurance to ensure violation data used as part of Report 6 is accurately reported to CERS.
- Revise the Inspection and Enforcement (I&E) Plan or other applicable procedure, to establish a process for:
    - Reviewing and following up with UST testing and leak detection documents submitted by UST owners or operators as part of the annual UST compliance inspection.
    - Documenting observed noncompliance identified during annual UST compliance inspections in UST compliance inspection reports.
    - Reporting all inspections, noncompliance identified in inspection reports, and CME information to CERS.

CUPA Update 1:
Please see the attached UST tracking spreadsheet, also please see the inspection reports requested. Report 6 has been submitted with no issues to resolve. Inspectors attend the annual CUPA conference to achieve CEU for UST Inspector certification.

Evaluation Team Response 1 [State Water Board]:
Review of the inspection and testing documents submitted finds the following:

- CERS ID 10023640
    - Monitoring System Certification Form dated November 13, 2025, marked "Yes for "Does the flow of fuel stop at the dispenser if a release is detected in the under-dispenser containment?" in Section 5, however Section 6 and CERS cite 208 sensors.
    - Violation 2010010 was issued for "Operating permit requires an active EPA ID#. EPA ID# has expired". EPA ID # is not part of the UST Program.
- CERS ID 10753390
    - The most recent testing documents were not provided.
- CERS ID 10969498
    - Monitoring System Certification Form dated January 6, 2026, had the following discrepancies:
        - Marked "Yes for "Does the flow of fuel stop at the dispenser if a release is detected in the under-dispenser containment?" in Section 5, however Section 6 and CERS cite 208 sensors.
        - Section 6 did not include confirmation of continuity (VPH site)

With the next Progress Report, submit:

- UST facility records, including the most recent annual UST compliance inspection report, and associated testing and leak detection documents, and all enforcement correspondence between the CUPA and the UST owner/operator for the following UST facilities:
    - CERS ID 10120486
    - CERS ID 10120489
    - CERS ID 10023529
- The most recent Release Detection Equipment Testing Form (previously Monitoring System Certification Form) and Spill Containment testing report form for CERS ID 10753390.

The CUPA may request additional training from the State Water Board

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2. DEFICIENCY: CORRECTED

The CUPA granted temporary closure for single-walled UST facilities:

- CERS ID 10127599
  - Placed into temporary closure on April 18, 2025
- CERS ID 10132186
  - Placed into temporary closure on June 24, 2024

Note: As of January 1, 2025, temporary closure cannot be granted for any single-walled UST. Temporary closure only applies to USTs that have temporarily ceased storing hazardous substances, with the intent to resume operating within the next 12 months.

CITATION(S):
Health & Saf. Code, §§ 25292.05; Cal. Code Regs., tit. 23, §§ 2670, subd. (b); [State Water Board]

CORRECTIVE ACTION: COMPLETED
Rescind all UST temporary closure permits for all single-walled USTs.

By the 1st Progress Report, and with each subsequent Progress Report, submit documentation that each temporary closure permit identified above has been rescinded, enforcement has been applied, or single-walled UST has been closed.

CUPA Update 1:
Please see attached documents, showing both sites have been removed as well as closed in CERs for being single wall.

Evaluation Team Response 1 [State Water Board]:
Review of the provided documents finds that the UST Closure Letter citations are outdated. Ensure the following:

- For CERS ID 10132186, update CERS information
  - Currently, CERS is showing the following:
    - Type of Action is "Temporary UST Closure"
    - Date UST Permanently Closed is not provided
- Update the UST Closure Letter citations to reflect the amended UST Regulations.

This Deficiency is considered corrected.

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3. DEFICIENCY:

The CUPA has not inspected each Aboveground Petroleum Storage Act (APSA) tank facility for compliance with APSA Program requirements.

- 118 of 139 (85%) APSA tank facilities were not inspected at least once every two years; see the list of facilities that were not inspected in Attachment 1a.
  - 42 (36%) APSA tank facilities have never been inspected
  - 16 of 28 (57%) APSA tank facilities that store 10,000 gallons or more of petroleum were not inspected at least once every three years for compliance with Spill Prevention, Control, and Countermeasure (SPCC) Plan requirements; see the list of facilities that were not inspected in Attachment 1b.

Note: The CUPA has established an inspection frequency of once every two years for all APSA tank facilities, including those with less than 1,320 gallons of petroleum, one or more tanks in an underground area (TIUGA), or conditionally exempt from SPCC Plan requirements. This two-year established inspection frequency is more stringent than the mandated inspection frequency of facilities that store 10,000 gallons of petroleum once every three years for SPCC Plan compliance.

Note: This Deficiency was identified in the 2021 Performance Evaluation for APSA tank facilities that store 10,000 gallons or more of petroleum and was corrected during the Evaluation Progress Report process.

CITATION(S):
Health & Saf. Code, §§ 25270.4.5, subd. (b)(2), 25270.5, subds. (a) & (b); Cal. Code Regs., tit. 19, §§ 1609, 1610; Cal. Code Regs., tit. 27, § 15200, subd. (a)(2)(F); [OSFM]

CORRECTIVE ACTION:
During the evaluation, the CUPA inspected:

- 35 of 118 APSA tank facilities identified in Attachment 1a; 83 facilities remain uninspected.
- 4 of 16 APSA tank facilities that store 10,000 gallons or more of petroleum, identified in Attachment 1b; 12 facilities remain uninspected.

Inspect all APSA tank facilities that have not been inspected, as identified in Attachments 1a and 1b, for compliance with the APSA Program.

During each Progress Report, OSFM will review information in CERS to verify the APSA tank facilities identified in Attachments 1a and 1b have been inspected.

OSFM recommends that the CUPA:

- Determine why the inspection frequency was not met and establish processes and/or secure resources to prevent this from reoccurring.
- Prioritize the inspections that are most overdue and/or based on risk to public health, safety, and the environment.

CUPA Update 1:
Please review information in CERs, CUPA Inspectors have been trying to follow up with those sites on the attachments provided to ensure the CUPA is inspecting all sites per the I&E plan.

Evaluation Team Response 1 [OSFM]:
The progress made by the CUPA is acknowledged. As of September 10, 2026:

- 30 of 139 (22%) APSA tank facilities were not inspected at least once every two years
    - 1 of 28 (4%) APSA tank facilities that store 10,000 gallons or more of petroleum was not inspected at least once every three years for compliance with SPCC Plan requirements. This portion of the Deficiency is considered corrected.

Note: When reviewing CERS CME information on May 15, 2026, CERS ID 10022599 and CERS ID 10023541 identified as "N/A" for APSA. Upon review of the hazardous material inventory submitted, these facilities appear to be subject to the APSA Program and are included in the past due inspection total.

Please see Attachment 1a.

With the next Progress Report, OSFM will review information in CERS to verify the APSA tank facilities identified in Attachment 1a have been inspected.

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4. DEFICIENCY:
The CUPA has not consistently followed up and documented return to compliance (RTC) information in CERS for APSA tank facilities cited with violations. See the list of facilities with violations having no documented RTC in Attachment 3.

As of July 24, 2025, there is no documented RTC for:

- 1 of 3 (33%) violations cited between July 1, 2020, and June 30, 2021
- 1 of 6 (17%) violations for failure to prepare an SPCC Plan cited between July 1, 2021, and June 30, 2022
- 5 of 20 (25%) violations cited between July 1, 2023, and June 30, 2024
- 2 of 2 (100%) violations cited between July 1, 2024, and December 31, 2024

Note: This Deficiency was identified in the 2021 Performance Evaluation and was corrected during the Progress Report process.

CITATION(S):
Health & Saf. Code, §§ 25270.4.5, subd. (a), 25270; Cal. Code Regs., tit. 19, § 1612, subds. (e) & (f); Cal. Code Regs., tit. 27, §§ 15185, subds. (a)-(c), 15200, subds. (a), (e), & (g); [OSFM]

CORRECTIVE ACTION:
Ensure each APSA tank facility identified in Attachment 3 obtains RTC and apply enforcement as established in the I&E Plan for facilities that do not obtain RTC. Ensure RTC and enforcement actions are reported to CERS.

During each Progress Report, OSFM will review information in CERS to verify each violation identified in Attachment 3 has obtained RTC.

In the absence of RTC, an indication as to whether formal enforcement has been initiated for any violation identified without RTC may be provided as a narrative or by utilizing Attachment 3.

OSFM recommends that the CUPA:

- Determine why facilities cited with violations have not obtained RTC and establish processes and/or secure resources to prevent this from reoccurring.
- Prioritize RTC is obtained, or enforcement is applied for facilities cited with violation(s) that pose the most risk to public health, safety, and the environment (e.g., Class I violations).

CUPA Update 1:
Please check CERs and ensure we are making progress, our inspectors have been conducting additional inspections of sites as well as following up on violations to see if we can get RTC issued.

Evaluation Team Response 1 [OSFM]:
As of May 15, 2026, there is no documented RTC for:

- 1 of 3 (33%) violations cited between July 1, 2020, and June 30, 2021
- 1 of 6 (17%) violations for failure to prepare an SPCC Plan cited between July 1, 2021, and June 30, 2022

- 5 of 20 (25%) violations cited between July 1, 2023, and June 30, 2024
- 2 of 2 (100%) violations cited between July 1, 2024, and December 31, 2024

With the next Progress Report:

- OSFM will review information in CERS to verify each violation identified in Attachment 3 has obtained RTC
- In the absence of RTC, an indication as to whether formal enforcement has been initiated for any violation identified without RTC may be provided as a narrative or by utilizing Attachment 3.

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5. DEFICIENCY:

The CUPA has not consistently included all observations, citations, factual basis, and corrective actions for each violation cited in Hazardous Waste Generator (HWG) and Tiered Permit (TP) inspection reports.

- CERS ID 10024468: Inspection report dated October 18, 2022
  - 4 of 4 observations lack specificity including:
    - "Date batteries when taken out of service"
    - "Haul waste held since May 2022"
    - "Maintain 3 years of waste hauling receipts"
  - No violation classification for 4 of 4 cited violations
- CERS ID 10117108: Inspection report dated May 8, 2024
  - No observations for 2 of 6 cited violations
  - 4 of 6 observations lack specificity including:
    - "Perform tank inspection"
    - "Label portable used oil container"
    - "Date batteries when taken out of service 5-3-24"
    - "Service extinguisher by service area"
  - No violation classification for 6 of 6 cited violations
- CERS ID 10117291: Inspection report dated July 6, 2023
  - 5 of 5 observations lack specificity including:
    - "Containers are open and overflowing"
    - "No dates on used batteries"
    - "Improper disposal. Waste is being sold to a scrapper, not a waste hauler"
  - No violation classification for 5 of 5 cited violations
  - No corrective action for 5 of 5 cited violations
- CERS ID 10022494: Inspection report dated April 10, 2024
  - No observations for 3 of 3 cited violations
  - No violation classification for 3 of 3 cited violations
  - No corrective action for 1 of 3 cited violations
- CERS ID 10632307: Inspection report dated June 16, 2023
  - No observations for 2 of 12 cited violations
  - 10 of 12 observations lack specificity including:
    - "No documentation on site"
    - "No inspection records"
    - "No labeling"
  - No violation classification for 12 of 12 cited violations
  - No corrective action for 12 of 12 cited violations
- CERS ID 10810315: Inspection report dated August 29, 2024

  - 1 of 1 observation lacks specificity including:
    - "Dry drum lid needs to be secured"
  - No violation classification for 1 of 1 cited violation
- CERS ID 10850269: Inspection report dated May 20, 2024
  - No observations for 1 of 5 cited violations
  - 4 of 5 observations lack specificity including:
    - "Label containers"
    - "Used oil filters overflowing"
  - No violation classification for 5 of 5 cited violations
  - No corrective action for 1 of 5 cited violations

CITATION(S):
Health & Saf. Code, §25185, subd. (c)(2)(A); Cal. Code Regs., tit. 27, § 15185, subds. (a) & (e); [DTSC]

CORRECTIVE ACTION:
By the 1st Progress Report, train inspection staff on inspection report writing training to include observations, factual basis, citations, and corrective actions for each violation cited in an inspection report:

- CUPA Report Writing Training from the 2023 California CUPA Conference: https://calcupa.org/CMS15/upload-manager/presentations/CUPA-2023/1866-3768-cupa-conference-2023-report-writing.pdf

By the 2nd Progress Report and with each subsequent Progress Report, submit an inspection report citing at least one HWG Program violation for three HWG facilities that were inspected after inspection report writing training was completed and within the last three months. Each inspection report will contain observations, citations, factual basis, and corrective actions to correctly identify and classify each observed HWG violation.
DTSC recommends that the CUPA document consent in each inspection report. Consent was not documented consistently in the inspection reports identified above.

CUPA Update 1:
Please see the attached training spreadsheet in which all inspectors assigned to the Fire Prevention CUPA completed report writing training on Feb 5, 2026.

Evaluation Team Response 1 [DTSC]:
The attached training spreadsheet is sufficient. With the next Progress Report, submit an inspection report citing at least one HWG Program violation for three HWG facilities that were inspected after inspection report writing training was completed and within the last three months. Each inspection report will contain observations, citations, factual basis, and corrective actions to correctly identify and classify each observed HWG violation.

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6. **DEFICIENCY:**
   The CUPA has not correctly reported CME information to CERS for the HWG Program.

   Cited violations in inspection reports and CERS are inconsistent:
   - CERS ID 10023586:
     - Inspection report dated May 19, 2023: 4 violations cited

        - CERS: 2 violations cited
- CERS ID 10024468:
    - Inspection report dated October 18, 2022: 4 violations cited
        - CERS: 2 violations cited
- CERS ID 10024483
    - Inspection report dated January 20, 2023: 1 violation cited
        - CERS: 0 violations cited
- CERS ID 10117108
    - Inspection report dated May 8, 2024: 6 violations cited
        - CERS: 4 violations cited
    - Inspection report dated April 21, 2023: 3 violations cited
        - CERS: 2 violations cited
- CERS ID 10117291
    - Inspection report dated July 6, 2023: 5 violations cited
        - CERS: 8 violations cited
- CERS ID 10022494
    - Inspection report dated April 10, 2024: 2 violations cited
        - CERS: 2 violations
            - 1 violation is consistent with the inspection report
            - 1 violation is inconsistent with the inspection report
    - Inspection report dated April 6, 2022: 2 violations cited
        - CERS: 1 violation cited
- CERS ID 10123603
    - Inspection report dated February 6, 2023: 6 violations cited
        - CERS: 5 violations cited
            - 4 violations are consistent with the inspection report
            - 1 violation is inconsistent with the inspection report
- CERS ID 10122025
    - Inspection report dated April 5, 2023: 7 violations cited
        - CERS: 4 violations cited
- CERS ID 10632307
    - Inspection report dated June 16, 2023: 12 violations cited
        - CERS: 5 violations cited
- CERS ID 10850269
    - Inspection report dated May 20, 2024: 5 violations cited
        - CERS: 4 violations cited
- CERS ID 10905043
    - Inspection report dated August 9, 2022: 4 violations cited
        - CERS indicates an inspection date of August 11, 2022: 2 violations cited
- CERS ID 10924558
    - Inspection report dated April 11, 2024: 7 violations cited
        - CERS: 5 violations cited

CITATION(S):
Health & Saf. Code, § 25404, subd. (e)(4); Cal. Code Regs. tit. 27, §§ 15187, 15290; [DTSC]

CORRECTIVE ACTION:
Identify and correct the cause(s) of not correctly reporting CME to CERS. For each facility identified above, correct the CME information in CERS.

During each Progress Report, DTSC will review information in CERS to verify the CME information for the facilities identified above has been corrected.

By the 1st Progress Report, submit an inspection report citing at least one HWG Program violation for three HWG facilities that were inspected after the training was completed and within the last three months.

DTSC recommends that the CUPA implement a quality assurance and quality control process to ensure CME information is correctly reported to CERS.

CUPA Update 1:
Please review CERs data to ensure this is being completed as requested.

Evaluation Team Response 1 [DTSC]:
CME information for each of the facilities identified above remains uncorrected. With the next Progress Report:

- Submit an inspection report citing at least one HWG Program violation for three HWG facilities that were inspected after the training was completed and within the last three months
- DTSC will review information in CERS to verify the CME information for the facilities identified above has been corrected.

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7. DEFICIENCY:
The CUPA has not consistently followed up and documented RTC information in CERS for HWG facilities cited with violations. See the list of facilities with violations having no documented RTC in Attachment 6.

As of July 24, 2025, there is no documented RTC for:

- 242 of 1,010 (24%) cited violations, consisting of
  - 85 of 242 (35%) Class 1
  - 129 of 242 (53%) Class 2
  - 28 of 242 (12%) Minor

CITATION(S):
Health & Saf. Code, §§ 25185, subd. (c), 25187.8, subds. (a)-(b) & (g)-(i), 25110.8.5, 25117.6; Cal. Code Regs., tit. 27, §§ 15185, subds. (a) & (c), 15200, subds. (a), (e), & (g); [DTSC]

CORRECTIVE ACTION:
Ensure each facility identified in Attachment 6 obtains RTC and apply enforcement as established in the I&E Plan for facilities that do not obtain RTC. Ensure RTC and enforcement actions are reported to CERS.

During each Progress Report, DTSC will review information in CERS to verify each violation identified in Attachment 6 has obtained RTC.

In the absence of RTC, an indication as to whether informal and formal enforcement has been initiated for any violation identified without RTC may be provided as a narrative or by utilizing Attachment 6.

DTSC recommends that the CUPA:

- Determine why facilities cited with violations have not obtained RTC and establish processes and/or secure resources to prevent this from reoccurring.
- Prioritize ensuring RTC is obtained, or enforcement is applied for facilities cited with violation(s) that pose the most risk to public health, safety, and the environment (e.g., Class I violations).

CUPA Update 1:
Please review CERs CME data information to ensure the CUPA is completing this as requested.

Evaluation Team Response 1 [DTSC]:
As of September 2, 2026, there is no documented RTC for 230 of 1,010 (23%) cited violations identified in Attachment 6. With the next Progress Report, DTSC will review information in CERS to verify each violation identified in Attachment 6 has obtained RTC.

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8. DEFICIENCY:
The CUPA has not established and has not implemented all Unified Program administrative procedures:

- Financial Management
  - Procedures have not been established for:
    - Single fee system
    - Fee accountability program
    - Surcharge collection and remittance program
    - Fee schedule
- Records Maintenance
  - Established procedure does not identify records maintained a minimum of 5 years:
    - Self-audit reports, inspection reports, informal and formal enforcement actions, or
    - Detailed records used to produce information reported to the state
    - Note: The CUPA utilizes the City of Bakersfield Records Retention Policy as the Records Maintenance procedure.
  - Established procedure is not being implemented:
    - Inspection reports were not consistently retained for some facilities

CITATION(S):
Cal. Code Regs., tit. 27, §§ 15180, subd. (e), 15185, subds. (a), (e) & (g), 15187, 15210, 15220, 15250, 15290; [OSFM, CalEPA]

CORRECTIVE ACTION:
By the 1st Progress Report, develop and submit the administrative procedures identified above.

CalEPA recommends that the CUPA train staff on the administrative procedures once the Deficiency is acknowledged by CalEPA as being corrected.

CalEPA and OSFM recommend that the CUPA:

- Determine why records were not consistently retained and establish processes and/or secure resources to prevent this from reoccurring.
- Train all staff who handle Unified Program records on the process for collecting, retaining, and managing information for a minimum of five years.

CUPA Update 1:
Please see attached procedures once approved we will conduct formal training for CUPA staff.

Evaluation Team Response 1 [OSFM, CalEPA]:
The incorrect procedures were mistakenly provided. With the next Progress Report, develop and submit the administrative procedures identified above.

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9. DEFICIENCY:
The CUPA has not properly implemented an efficient and cost-effective fee accountability program.

- Financial Management Procedure
  - The Financial Management Procedure was not provided.
  - Fee Accountability Program components are missing.
- Self-Audit reports
  - The annual Self-Audit Reports for Fiscal Years (FYs) 2021/2022, 2022/2023, and 2023/2024 do not include the annual review and update of the Fee Accountability Program.

CITATION(S):
Cal. Code Regs., tit. 27, §15220, subd. (a); [CalEPA]

CORRECTIVE ACTION:
By the 1st Progress Report:

- submit a fee accountability program; and
- provide a completed Self-Audit report for FY 2024/2025 that includes all required components.

CUPA Update 1:
Please see updated procedures

Evaluation Team Response 1 [CalEPA]:
The incorrect procedures were mistakenly provided. With the next Progress Report, develop and submit the administrative procedures identified above.

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10. DEFICIENCY: CORRECTED
The CUPA has not ensured staff and/or supervisors who conduct and/or oversee inspections and enforcement activities meet minimum educational and training requirements.

CITATION(S):
Cal. Code Regs., tit. 27, §15260; [CalEPA]

CORRECTIVE ACTION: COMPLETED
Staff and/or supervisors must meet the minimum educational qualifications and training requirements prior to conducting and/or overseeing inspections and enforcement activities.

By the 1st Progress Report, submit training certificate(s) documenting required training has been completed.

CalEPA recommends that the CUPA:

- Revise the Minimum Qualifications to specify the education requirements of Cal. Code Regs., tit. 27, §15260, as staff and supervisors who conduct and/or oversee inspections and enforcement activities of the Unified Program after July 1, 2024, are required to meet the minimum education requirements.
    - The current job posting specifies "2 years" of college course work in Fire Technology, Hazardous Materials or Environmental Science, however Cal. Code Regs., tit. 27, §15260 education requirements are specific to semester or quarter units.
- Establish (or revise) and implement an education and training plan to ensure all staff and supervisors who conduct and/or oversee inspections and enforcement activities meet the requirements, including:
    - Development of a checklist to ensure all staff complete required trainings prior to conducting inspections and enforcement activities.
    - Establishment of a list of inspector(s)/supervisor(s), training (including HAZWOPER refresher) requirements, and schedule.

CUPA Update 1:
Please see updated policy and procedures. Please also look at the job specs on the city of Bakersfield website for job requirements.

Evaluation Team Response 1 [CalEPA]:
The CUPA provided training documentation for all staff. This Deficiency is considered corrected.

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11. DEFICIENCY: CORRECTED DURING EVALUATION
The CUPA has not ensured each APSA tank facility subject to Hazardous Materials Business Plan (HMBP) reporting requirements has annually submitted an HMBP to CERS as identified in Attachment 2. In summary:

- 35 of 139 (25%) APSA tank facilities have not submitted a chemical inventory
- 38 of 139 (27%) APSA tank facilities have not submitted emergency response and employee training plans

CITATION(S):
Health & Saf. Code §§ 25508, subd. (a)(1)(B), 25270.6, subd. (a); [OSFM]

CORRECTIVE ACTION: COMPLETED
During the evaluation:

- 19 of 35 APSA tank facilities submitted a chemical inventory, 16 have not submitted
- 19 of 38 APSA tank facilities submitted emergency response and employee training plans, 19 have not submitted.

This Deficiency is considered corrected.

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12. DEFICIENCY: CORRECTED DURING EVALUATION
The CUPA has not ensured each facility subject to HMBP reporting requirements has annually submitted an HMBP or no-change certification to CERS as identified in Attachment 4. In summary:

- 423 of 1,712 (25%) HMBP facilities have not submitted a chemical inventory or a no-change certification
- 436 of 1,712 (25%) HMBP facilities have not submitted emergency response and employee training plans or a no-change certification

CITATION(S):
Health & Saf. Code, §§25505, subd. (a), 25508, 25508.2, 25270.6, subd. (a); [CalEPA]

CORRECTIVE ACTION: COMPLETED
During the evaluation:

- 227 of 423 HMBP facilities submitted a chemical inventory or a no-change certification, 196 have not submitted or certified.
- 230 of 436 HMBP facilities submitted an emergency response and employee training plan or no-change certification, 206 have not submitted or certified.

This Deficiency is considered corrected.

CalEPA recommends that the CUPA develop and implement a procedure for following up with each facility that has not annually submitted an HMBP or certification to CERS including, but not limited to, notifying the facility and applying enforcement.

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13. DEFICIENCY: CORRECTED DURING EVALUATION
The CUPA has not inspected 231 of 864 (27%) facilities subject to the HWG Program at least once every three years as required by the inspection frequency established in the I&E Plan. See the list of facilities that were not inspected in Attachment 5.

CITATION(S):
Health & Saf. Code, § 25201.4, subd. (b)(2); Cal. Code Regs., tit. 27, §§ 15185, subd. (a), 15200, subds. (a)(2)(A), (a)(3)(B), & (e); [DTSC]

CORRECTIVE ACTION: COMPLETED
During the evaluation, the CUPA inspected 179 of 231 facilities identified in Attachment 5; 52 facilities remain uninspected. This Deficiency is considered corrected.

INCIDENTAL FINDINGS REQUIRING RESOLUTION

"Incidental finding is a minor deviation in implementation of one or more Unified Program elements from the expected standards set forth in statute or regulation. It is a limited, non-systemic problem." (Cal. Code Regs., tit. 27, § 15110, subd. (f).) In addition, recommendations may be provided.

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1. **INCIDENTAL FINDING:**
   The CUPA has not consistently cited and/or required the correction of construction UST violations identified in State Water Board Local Guidance Letter (LG) 150-3 dated February 2021.

   UST Facility/Tank Data Download report (June 18, 2025) indicates:
   - UST system installed between July 1, 1987, and June 30, 2003, with single-walled vent or riser/fill piping and equipped with only ball float with no audible/visual alarm or fill tube shut-off valve:
     - CERS Tank ID 10124578-004
   - UST with single-walled vent or riser/fill piping and equipped with only audible/visual alarm with no ball float or fill tube shut-off valve:
     - CERS Tank ID 10129798-003

   CITATION(s):
   Cal. Code Regs., tit. 23, §§ 2635, subd. (d), 2636, subd. (a), and/or 2665, subd. (c); [State Water Board]

   RESOLUTION:
   Ensure UST owners/operators of each facility identified above installs and corrects OPE or secondarily contains vent and fill piping and apply enforcement (e.g., revocation of UST Permit and issuance of red tag), as established in the I&E Plan for facilities that do not obtain compliance. Ensure RTC and enforcement actions are reported to CERS.

   By the 1st Progress Report, and with each subsequent Progress Report, submit a list of UST facilities utilizing the incorrect or incomplete OPE construction including CERS UST Tank IDs.

   During each Progress Report, the State Water Board will review information submitted by the CUPA and in CERS to verify each UST has the correct method of OPE installed or vent and riser piping is secondarily contained.

   CUPA Update 1:
   Please see CERs

   Evaluation Team Response 1 [State Water Board]:
   A list of UST facilities utilizing the incorrect or incomplete OPE construction was not submitted. Review of CERS finds CERS Tank IDs 10124578-004 and 10129798-003 still reflect non-compliant OPE methods. With the next Progress Report:
   - Submit a list of UST facilities utilizing the incorrect or incomplete OPE construction including CERS UST Tank IDs.
   - the State Water Board will review information submitted by the CUPA and in CERS to verify each UST has the correct method of OPE installed or vent and riser piping is secondarily contained. Additionally, submit a list of UST facilities utilizing the incorrect or incomplete OPE construction including CERS UST Tank IDs.

2. INCIDENTAL FINDING:
The I&E Plan is incomplete, and inaccurate:

- Pages 5 and 25 reference Merced County Department of Public Health, Division of Environmental Health (MCDEH), as the CUPA.
- Page 26 cites HSC section 2715.3
    - HSC section 2715.3 is unrelated to USTs.
- Identification of all available enforcement options.
    - Page 26 states "No owner or operator of a UST system may deposit or allow for the deposit of any petroleum product into a tank which has a red tag affixed"
        - The following enforcement option statement from Health and Safety Code section 25292.3 must be included: "A person shall not input into or withdraw from an underground storage tank system that has a red tag affixed to its fill pipe, except to empty the underground storage tank pursuant to a directive issued"
    - Page 27 states "In addition, HSC Section 25285.1 allows the CUPA to revoke or not issue an underground storage tank permit for cause, including, but not limited to, any of the following: Violation of any of the terms or conditions of the permit, Not submitting all required annual documents, Not submitting UST test results, Obtaining the permit by misrepresentation or intentional failure to fully disclose all relevant facts, A change in any condition that requires modification or termination of the operation of the underground storage tank"
        - A UST permit can only be withheld if a red tag is affixed to the UST, or if the facility is subject to enforcement action.
- Pages 27 and 36 reference HSC, Chapter 6.75
    - The CUPA does not have the authority to implement cleanup of USTs as a Local Oversight Program agency, and therefore cannot cite HSC, Chapter 6.75
- The penalty amount for CalARP Program violations is inaccurate.
    - Update Section B in CalARP for penalties for penalties after January 1, 2019, to (2) For a violation that occurs on or after January 1, 2019, not more than five thousand dollars ($5,000) for each day in which the violation occurs.

CITATION(S):
Cal. Code Regs., tit. 27, § 15200; [CalEPA, State Water Board]

RESOLUTION:
By the 1st Progress Report, submit a revised I&E Plan that addresses the incomplete and inaccurate information identified above.

CalEPA recommends that the CUPA train staff on the revised I&E Plan once the Incidental Finding is acknowledged by CalEPA as being corrected.

If the proposed rewrite of Chapter 16 is adopted, new requirements for I&E Plan will be introduced. The State Water Board plans to provide a guidance document outlining these requirements by the end of 2025.

CUPA Update 1:
Please see I&E plan.

Evaluation Team Response 1 [CalEPA, State Water Board]:
The incorrect procedures were mistakenly provided. With the next Progress Report, develop and submit the administrative procedures identified above.

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3. INCIDENTAL FINDING:
The CUPA has not accurately reported inspection frequency and closure information in Report 6 and CERS.

- UST facility had more than 1 routine inspection reported to CERS:
  - 2022
    - CERS IDs 10022248, 10022626, 10023349, 10023541, 10024183, 10024333, 10024396, 10121068, 10122025, 10123120, 10123132, 10123765, 10132174, 10133056, 10159413
  - 2023
    - CERS IDs 10022404, 10118047, 10734346, 10859497
  - 2024
    - CERS IDs 10024054, 10123765, 10133029, 10913887
- UST facility not properly closed in CERS:
  - CERS IDs 10024915, 10117189,10117948,10120087,10121986, 10122853, 10165753, 10662817
    - OwnOrOperateUST (column H): "N" (Correct)
    - USTReportingRequirement (column J): "Not Applicable" (Correct)
    - USTPermanentlyClosedDate (column N): "Blank" (date should be entered)
  - CERS ID 10230814
    - OwnOrOperateUST (column H): "Y" (Should be "N")
    - USTReportingRequirement (column J): "Not Applicable" (Correct)
    - USTPermanentlyClosedDate (column N): "10/24/2022" (Correct)
  - CERS ID 10023619, 10025461, 10122112
    - OwnOrOperateUST (column H): "Y" (Should be "N")
    - USTReportingRequirement (column J): "Not Applicable" (Correct)
    - USTPermanentlyClosedDate (column N): "Blank" (date should be entered)
    - Note: Column H should be "N," column J should be "Not Applicable," and column N should have a date entered.
- UST not properly closed in CERS:
  - CERS Tank ID 10132189-004
  - CERS Tank ID 10172773-007

CITATION(S):
Health & Saf. Code, § 25404, subd. (e)(4); Cal. Code Regs., tit. 23, §§ 2713, subds. (c)(3) & (d); [State Water Board]

RESOLUTION:
Accurately report UST compliance inspection information to CERS to ensure Report 6 is accurate.

During each Progress Report, the State Water Board will review Report 6 for two consecutive Report 6 reporting periods.

Ensure all improperly closed UST facilities and CERS Tank IDs are properly closed out in CERS.

State Water Board recommends that the CUPA:

- Determine why Report 6 and CERS CME information had inconsistent UST compliance inspection information and establish processes and/or secure resources to ensure accurate reporting.
- Review and revise the UST closure procedure, or other applicable procedure, to ensure CERS submittals are reviewed for accuracy before accepting closure information by ICC Certified personnel.
- Review and revise the Data Management procedure or other applicable procedure to ensure the establishment of a process, which addresses collecting, retaining, managing, and reporting inspection information in CERS, and how UST compliance information is accurately reported in Report 6.
- Request that the State Water Board review the revised Data Management Procedure or other applicable procedure and provide feedback.
- Train UST inspection staff on the revised Data Management Procedure or other applicable procedure.
- Reach out to the State Water Board for Report 6 or CERS CME reporting training.

CUPA Update 1:
Please see previous report 6 submittals and see none have come back.

Evaluation Team Response 1 [State Water Board]:
Report 6 submittals for the July – December 2025 reporting period are accurate. With the next Progress Report, the State Water Board will review Report 6 for the January – June 2026 reporting period.

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4. INCIDENTAL FINDING:
The CUPA has not correctly reported CME information to CERS for the APSA Program.

No record of inspection in CERS:
- CERS ID 10124221
  - Inspection report dated June 16, 2023: 0 violations cited

Cited violation in inspection report and CERS are inconsistent:
- CERS ID 10028590
  - Inspection report dated April 20, 2022: 4 violations cited
    - 3 violations cited in the inspection report and not in CERS
    - 1 violation in CERS and not in the inspection report
    - CERS ID 10024696
  - Inspection report dated February 17, 2022: 7 violations cited
    - 6 violations cited in the inspection report and not in CERS
    - 1 violation in CERS and not in the inspection report

CITATION(S):
Health & Saf. Code, § 25404, subd. (e)(4); Cal. Code Regs. tit. 27, §§ 15187, 15290; [OSFM]

RESOLUTION:
During each Progress Report, OSFM will review information in CERS to verify the CME information for the facilities identified above has been addressed.

By the 1st Progress Report, submit an inspection report citing at least one APSA Program violation for three APSA Program tank facilities that were inspected within the last three months.

OSFM recommends that the CUPA implement a quality assurance and quality control process to ensure CME information is correctly reported to CERS.

CUPA Update 1:
Please see CERs

Evaluation Team Response 1 [OSFM]:
Note: For CERS ID 10028590, in the inspection report dated February 17, 2022, there were actually 5 violations cited in the inspection report and not in CERS, instead of 6 violations.

Inspection reports were not provided. As of May 15, 2026, review of CERS indicates CME information for the APSA tank facilities identified above has not been addressed. With the next Progress Report:

- Submit an inspection report citing at least one APSA Program violation for three APSA Program tank facilities that were inspected within the last three months.
- OSFM will review information in CERS to verify the CME information for the facilities identified above has been addressed.

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5. INCIDENTAL FINDING:
The CUPA did not submit quarterly Surcharge Transmittal Reports to CalEPA within 30 days of the end of each state fiscal quarter (FQ):

- Fiscal Year (FY) 2022/2023
  - 2nd FQ:
    - Due January 30, 2023 (submitted March 8, 2023)
- FY 2023/2024
  - 4th FQ:
    - Due July 30, 2024 (submitted July 15, 2025)
- FY 2024/2025
  - 1st FQ:
    - Due October 30, 2024 (submitted July 18, 2025)

CITATION(S):
Cal. Code Regs., tit. 27, §§ 15250, subd. (b), 15290; [CalEPA]

RESOLUTION:
Submit quarterly Surcharge Transmittal Reports and remittances within 30 days of the end of each state FQ.

By the 1st Progress Report, submit the 2nd Surcharge Transmittal Report for FY 2025/2026 and any state surcharge remittance to:

Air Resources Board
Attn: Accounting
P.O. Box 1436
Sacramento, CA 95812

Send a copy of the 2nd Surcharge Transmittal Report for FY 2025/2026 to cupa@calepa.ca.gov.

CUPA Update 1:
This is currently being worked on per previous meetings with the BDO

Evaluation Team Response 1 [CalEPA]:
With the next Progress Report, submit the 4th Quarter Surcharge Transmittal Report for FY 2025/2026 and remit any state surcharge.

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6. INCIDENTAL FINDING:
The CUPA did not submit the Annual Single Fee Summary Report for FY 2023/2024.

CITATION(S):
Cal. Code Regs., tit. 27, §15290, subd. (b); [CALEPA]

RESOLUTION:
By the first Progress Report, submit the Annual Single Fee Summary Report for FY 2024/2025.

CUPA Update 1:
This is also being worked on per previous meetings with the BDO

Evaluation Team Response 1 [CalEPA]:
With the next Progress Report, submit the Annual Single Fee Summary Report for FY 2024/2025.

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7. INCIDENTAL FINDING: CORRECTED DURING EVALUATION

The CUPA has not correctly reported CME information to CERS for the HMBP Program.

Fire Code violation cited under local ordinance reported to CERS as HMBP Program violation. Fire Code violations should not be reported to CERS. See Attachment 7 for a list of Fire Code violations that were incorrectly reported to CERS as HMBP Program violations.

CITATION(S):
Health & Saf. Code § 255404, subd. (e); [CalEPA]

RESOLUTION: COMPLETED
During the evaluation, CalEPA verified Fire Code violations cited under the local ordinance were not reported to CERS. This Incidental Finding is considered corrected.

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8. INCIDENTAL FINDING: CORRECTED DURING EVALUATION
The CUPA has not ensured each HMBP submittal contains all required elements before being accepted in CERS. In some instances, the CUPA did not ensure the submittal contained all required elements at the time of inspection.

- CERS ID 10022911
  - Inventory submitted on April 20, 2022:
    - Site map is missing north orientation, evacuation and emergency response equipment
    - No violations issued during inspections conducted on May 4, 2023, May 15, 2024, and November 21, 2024

  - Inventory submitted on November 26, 2024:
    - Site map is missing north orientation, adjacent streets, access and exit points, evacuation staging areas, hazardous material handling and storage areas, emergency response equipment
- CERS ID 10718845
  - Inventory submitted on April 28, 2021
    - Site map is missing evacuation staging area, adjacent streets, and emergency response equipment
    - No violation issued during inspection conducted on January 11, 2022
  - Inventory submitted on January 23, 2024
    - Site map is missing adjacent streets, evacuation staging area, and emergency response equipment
- CERS ID 10023742
  - Inventory submitted on July 26, 2022:
    - Site map is missing evacuation staging areas
  - No violation issued during inspection conducted on June 15, 2023
- CERS ID 10122685
  - Inventory submitted on January 8, 2024
    - Site map missing evacuation staging areas
- CERS ID 10117291
  - Inventories submitted on January 18, 2022, February 17, 2023, and January 5, 2024
    - Site maps missing evacuation staging areas
  - No violation issued during inspections conducted on July 13, 2022, July 6, 2023, and July 12, 2024
- CERS ID 10852990
  - Inventories submitted on February 27, 2023, and February 22, 2024
    - Site maps missing evacuation staging areas
  - No violation issued during inspection conducted on May 13, 2024
- CERS ID 10023952
  - Inventories submitted on February 24, 2022, and February 24, 2023
    - Site map is missing north orientation, adjacent streets, access and exit points, evacuation staging areas, hazardous material handling and storage areas, emergency response equipment
  - No violations issued during inspections conducted on November 14, 2022, June 21, 2023, and November 15, 2023
- CERS ID 10024126
  - Inventories submitted on February 23, 2022, February 24, 2023, February 21, and July 16, 2024
    - Site maps are missing adjacent streets, access and exit points, evacuation staging areas, and emergency response equipment
    - Site map is missing adjacent street only for July 16, 2024, inventory submittal
  - No violation(s) issued during inspections conducted on February 8, 2022, October 26, 2022, and October 25, 2023

CITATION(s):
Health & Saf. Code sections 25270.6(a)(2), 25505(a), 25508(a)(3) and (4); Cal. Code Regs., tit. 19, sections 5030.3, 5030.9, 5030.10; [CalEPA]

RESOLUTION: COMPLETED

During the evaluation, CalEPA reviewed 15 recently accepted HMBP submittals and verified each HMBP contains all required elements. This Incidental Finding is considered corrected.

CalEPA recommends that the CUPA:

- Use the HMBP checklist in Attachment 8 to ensure each HMBP submittal contains all required elements before being accepted in CERS.
- Have CUPA staff complete refresher training on HMBP submittal requirements.

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9. INCIDENTAL FINDING: CORRECTED DURING EVALUATION

The CUPA has not inspected 300 of 1,712 (18%) facilities subject to the HMBP Program at least once every three years. See the list of facilities that were not inspected in Attachment 9.

CITATION(S):

Health & Saf. Code, § 25511, subd. (b); [CalEPA]

RESOLUTION: COMPLETED

During the evaluation, the CUPA inspected 268 of 300 facilities identified in Attachment 9; 32 remain uninspected. This Incidental Finding is considered corrected.
