



Edmund G. Brown Jr.
Governor

Matthew Rodriguez
Secretary for Environmental Protection

Certified Mail: 7014 2120 0001 3903 0199

February 27, 2015

Mr. Herb J. Wesson, Jr.
Council President
Los Angeles City Council
200 N. Spring St. Room 475
Los Angeles, California 90012

Dear Mr. Wesson:

Pursuant to California Health and Safety Code section 25404.4(a), the California Environmental Protection Agency (CalEPA) conducted an evaluation of the Los Angeles City Unified Hazardous Waste and Hazardous Materials Regulatory Program (Unified Program) on July 29, 30, and 31, 2014. The City of Los Angeles has been authorized by the Secretary for Environmental Protection to conduct this program as the Certified Unified Program Agency (CUPA). To maintain its authorization, the City of Los Angeles must operate the program in compliance with statutory and regulatory requirements.

During the July 2014 program evaluation, the state evaluators found numerous elements of the program that were not operating in compliance with state law. Those program areas that were not consistent with state law were identified as deficiencies in a draft summary of findings report that was provided to the program management via email October 7, 2014, and discussed via conference call on October 8 and 15, 2014. The Los Angeles City Fire Department's program performance has been found to be unsatisfactory for the second consecutive triennial evaluation.

When a CUPA fails to meet its obligation to adequately implement the Unified Program the Secretary may either withdraw the CUPA's authority to administer the program or enter into a Program Improvement Agreement (PIA) with the CUPA. We appreciate the CUPA's recent efforts to work toward correction of the program deficiencies and propose the enclosed PIA to govern this process.

The PIA identifies deficiencies from the July 2014 evaluation and the required actions and timelines for correcting these deficiencies that were agreed to by CUPA program management. Please review the enclosed PIA and either approve the agreement or provide suggested modifications to the required corrective actions and associated timeframes within 30 days. To complete the deficiency correction process, CalEPA will expect a deficiency progress report 90 days from the agreement date and every 90 days thereafter detailing the Los Angeles City Fire Department CUPA's progress toward

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correcting the deficiencies. The progress reports should be reviewed and approved at the Fire Chief level and sent to Assistant Secretary Jim Bohon.

Pursuant to California Health and Safety Code section 25404.4(a), failure to implement the corrective actions in the PIA and bring the program into compliance may result in the Los Angeles City Fire Department losing its authorization from the Secretary to administer the Unified Program in the City of Los Angeles.

Should you have any questions or need further information, please contact Mr. Jim Bohon, Assistant Secretary for Local Program Coordination and Emergency Response, at (916) 322-7188 or james.bohon@calepa.ca.gov.

Sincerely,



Alice Busching Reynolds
Deputy Secretary for Law Enforcement and Counsel
California Environmental Protection Agency

Enclosure

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EVALUATION DATE(S):	July 29, 2014 – July 31, 2014
CUPA:	City of Los Angeles Fire Department

EVALUATION TEAM MEMBERS:	CalEPA Team Lead	DTSC	Cal OES	SWRCB	CAL FIRE - OSFM
	Katrina Valerio	Asha Arora Ari Erman, Ph.D	Edward Newman	Laura Fisher Sean Farrow	Denise Gibson Jenna Yang

This **PROGRAM IMPROVEMENT AGREEMENT** includes:

- Deficiencies identified during the evaluation
- Non-corrected deficiencies from previous evaluations
- Actions required to correct deficiencies
- Corrective action timeframes
- Documentation required to confirm correction
- Observations and recommendations

Please review this agreement and certify that all deficiencies will be corrected as specified. **The evaluation team may visit the CUPA to review information in an effort to determine the status of some deficiencies.**

Unified Program Designee		
_____	_____	_____
NAME (Print)	SIGNATURE	DATE
Title:	Email:	
CUPA Representative:		
_____	_____	_____
NAME (Print)	SIGNATURE	DATE
Title:	Email:	
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. 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.	Deficiency Progress Report submittal dates for the first year following the evaluation are as follows: Update 1: April 23, 2015 Update 2: July 23, 2015 Update 3: October 23, 2015 Update 4: January 23, 2016	

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DEFICIENCIES CARRIED OVER FROM THE 2011 EVALUATION	
1.	<p>DEFICIENCY:</p> <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>CITATION:</p> <p>HSC, Chapter 6.7, Section 25288 (a) CCR, Title 23, Chapter 16, Section 2712 (e) [SWRCB]</p>
	<p>CORRECTIVE ACTION:</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>
2.	<p>DEFICIENCY:</p> <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</p>
	<p>CORRECTIVE ACTION:</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</p>

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	<p>SWRCB 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>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>
	<p>CITATION:</p> <p>HSC, Chapter 6.7, Section 25288 (b) [SWRCB]</p>	
<p>3.</p>	<p>DEFICIENCY:</p> <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 SWRCB.</p>	<p>CORRECTIVE ACTION:</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

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		<p>staff can and cannot witness annual monitoring certifications,</p> <ul style="list-style-type: none"> 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>CITATION: HSC, Chapter 6.7, Section 25288 (b) [SWRCB]</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>
<p>4.</p>	<p>DEFICIENCY: The CUPA is not collecting, tracking or accurately reporting SOC information on a semi-annual basis.</p> <p>The CUPA has received letters from SWRCB the last two (2) reporting periods because of late submittals.</p> <p>CITATION: CCR, Title 23, Section 2713 (c) [SWRCB] CCR, Title 27, Section 15290 (b)(1)(2)</p>	<p>CORRECTIVE ACTION: From this point forward, the CUPA will report its SOC information to SWRCB 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>

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5.	<p>DEFICIENCY:</p> <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>CITATION:</p> <p>HSC, Chapter 6.7, Section, 25288 (a) CCR, Title 23, Section, 2712 (e) [SWRCB]</p>	<p>CORRECTIVE ACTION:</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 SWRCB 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>
6.	<p>DEFICIENCY:</p> <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 SWRCB have observed that many facility files did not contain current inspection reports.</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</p>	<p>CORRECTIVE ACTION:</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 will provide quarterly updates of its progress towards ensuring inspection reports are completed after each inspection until this deficiency is corrected. The</p>

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	<p>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>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>
	<p>CITATION: CCR, Title 27, Section 15200 (a) [CalEPA, Cal OES, SWRCB, OSFM]</p>	
<p>*</p>	<p>DEFICIENCY: The CUPA is not inspecting each Hazardous Materials Release Responses Plan (HMRRP) facility once every three years.</p> <p>CITATION: HSC, Chapter 6.95, Section 25508 (b)[Cal OES]</p>	<p>CORRECTIVE ACTION: This deficiency was carried over from the 2011 evaluation. However, the CUPA was able to demonstrate to Cal OES and OSFM during the in office portion of the July 2014 evaluation that this deficiency has been corrected.</p>
<p>DEFICIENCIES IDENTIFIED IN 2011, CONSIDERED CORRECTED AND FOUND AGAIN</p>		
<p>7.</p>	<p>DEFICIENCY: 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 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>CITATION: HSC, Chapter 6.7, Section 25285 (b) [SWRCB] CCR, Title 23, Section 2712 (e)</p>	<p>CORRECTIVE ACTION: 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 SWRCB 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 SWRCB 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</p>

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		the issuance of operating permits for facilities not in compliance or properly found all facilities to be in compliance.
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 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, (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, (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 SWRCB 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>
	CITATION:	
	CCR, Title 23, Chapter 16, Section 2630 (a) CCR, Title 23, Chapter 16, Section 2631 (g) CCR, Title 23, Chapter 16, Section 2632 (b) CCR, Title 23, Chapter 16, Section 2634 (b) CCR, Title 23, Chapter 16, Section 2640 (a) CCR, Title 23, Chapter 16, Section 2641 (a) CCR, Title 23, Chapter 16, Section 2712 (f) [SWRCB]	

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9.	<p>DEFICIENCY:</p> <p>The CUPA is not ensuring that businesses annually resubmit or certify their hazardous materials inventory information.</p> <p>Hazardous materials inventories are currently accepted though the CUPA’s local reporting portal and through CERS.</p> <p>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>CITATION:</p> <p>HSC , Chapter 6.95, Section 25502, HSC , Chapter 6.95, Section 25505 (a)(1), and HSC , Chapter 6.95, Section 25508 (a)(2) and (c) [Cal OES] CFC, Chapter 50, Section 5001.5.2 [OSFM]</p>	<p>CORRECTIVE ACTION:</p> <p>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> <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>
10.	<p>DEFICIENCY:</p> <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>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</p>	<p>CORRECTIVE ACTION:</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>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</p>

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<p>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>require copies of inspection reports, or an in-person review of the CUPA's records prior determining this deficiency corrected.</p>
<p>CITATION:</p> <p>HSC, Chapter 6.5, Section 25201.4 (b) CCR, Title 27, Section 15200 (a)(3) [DTSC]</p>	

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NEW DEFICIENCIES:		
11.	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	The CUPA has received a grant to revise this Area Plan the term of the grant is November 1, 2014 – September 30, 2015.
	CITATION: HSC, Chapter 6.95 Section 25503 (d)(2) [Cal OES]	By September 30, 2015, the CUPA shall submit a certified copy of the Area Plan Revision to CalEPA and Cal OES for review.
12.	DEFICIENCY:	CORRECTIVE ACTION:
	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. 22 out of 207 APSA regulated facilities have been inspected in the last three years.	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. 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. 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.
	CITATION: HSC Chapter 6.67 Section 25270.5 (a) [OSFM]	
13.	DEFICIENCY:	CORRECTIVE ACTION:
	The CUPA is not ensuring full access to, and the availability of, the hazardous materials business plan information to its first responders. The CUPA stores its business plan information in paper files, Envision data	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. In addition, by April 23, 2015, the CUPA will provide a

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	<p>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>CITATION:</p> <p>HSC, Chapter 6.95, Sections 25500 (a), 25502, 25504 (c), 25507.2 (c) [Cal OES]</p>	<p>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>
<p>14.</p>	<p>DEFICIENCY:</p> <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>CITATION:</p> <p>CCR Title 27 Section 15330 (b) CCR Title 27 Section 15200 (b) CCR Title 27 Section 15280 (b) [CalEPA][DTSC]</p>	<p>CORRECTIVE ACTION:</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>

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<p>15.</p>	<p>DEFICIENCY:</p> <p>The CUPA is not ensuring that inspectors receive health and safety training required for CUPA technical staff.</p> <p>CITATION:</p> <p>CCR Title 27 section 15260 (d)(3)(A) [CalEPA]</p>	<p>CORRECTIVE ACTION:</p> <p>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.</p>
<p>16.</p>	<p>DEFICIENCY:</p> <p>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.</p> <p>CITATION:</p> <p>HSC, Chapter 6.5, Section 25185(c)(1), CCR Title 27, 15110(e)(1)[DTSC]</p>	<p>CORRECTIVE ACTION:</p> <p>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.</p>
<p>17.</p>	<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>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>

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<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> 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>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.</p> <p>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.</p> <p>Appendix VI is missing inspection reports for the hazardous waste and tiered permitting programs.</p>	
<p>CITATION:</p>	
<p>CCR, Title 27, Sections 15200 (a) and (b) CCR Title 27, Section 15220 (a)(2) [CalEPA, DTSC]</p>	

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<p>18.</p>	<p>DEFICIENCY:</p> <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>CITATION:</p> <p>CCR, Title 27, Section 15200 (a)(13) [DTSC]</p>	<p>CORRECTIVE ACTION:</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
<p>19.</p>	<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>CITATION:</p> <p>CCR, Title 27, Section 15290 (b) [CalEPA]</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>

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The observations and recommendations provided in this section address activities the CUPA is implementing and/or may include areas for continuous improvement not specifically required of the CUPA by regulation or statute.

1.	OBSERVATION:
	<p>The CUPA is not accepting CERS submittals within a timely manner. Less than 400 of nearly 7000 submittals have been accepted in CERS. In many cases, it was noted that submittals from as far back as 2012 were still listed as “Under Review” while newer records had been submitted in the years 2013 & 2014. Based on interviews with CUPA staff, submittals are accepted upon technical staff review for correctness. In addition, the CUPA is not consistent in changing the status of CERS submittals from submitted to under review. At least one inspector indicates that inspection staff has not been instructed or trained to perform these duties.</p> <p>During the SWRCB oversight inspections and office visit, SWRCB evaluators sat down with inspectors and briefly demonstrated the process on how to change the submittal status and how to review and accept or not accept submittals.</p> <p>In addition, SWRCB reminded inspectors that they must be ICC certified to accept the UST submittals and has also shown CUPA staff the FAQ’s which have been put on the CERS website.</p>
	RECOMMENDATION:
	<p>CalEPA, SWRCB Cal OES, and OSFM strongly recommend that the CUPA expeditiously review information required in CERS and accept or reject submittals within a reasonable period.</p> <p>If the CUPA requires some training in how to properly review, accept or reject UST submittals, please give Mr. Farrow a call at 916-324-7493 or email at sean.farrow@waterboards.ca.gov requesting training.</p>
2.	OBSERVATION:
	<p>SWRCB witnessed four UST oversight inspections. One of the four inspections was incomplete. This incomplete inspection occurred at an emergency generator facility that the inspector had never been to prior to this inspection. The incompleteness occurred when the inspector failed to inspect the product line and where it went once it was diverted into a trench and left the main room through a wall. SWRCB staff asked the inspector where the generators (not in the main room) were and if there were day tanks, sensors, etc. and the inspector could not answer the questions. When the inspector looked at the plot plan at the facility, it was incomplete and the inspector noted this in his inspection report. The other three inspections captured the required UST laws and regulations.</p>
	RECOMMENDATION:
	<p>SWRCB recommends that all CUPA inspectors spend more time preparing for an inspection if they have never been to the facility. This preparation will direct the inspector to ask</p>

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	questions and give them the ability to perform a complete inspection. In addition, this will enable the inspector to guide the monitoring certification process and determine if the technician has performed a complete test.
3.	OBSERVATION: The CUPA seems to have trouble retaining inspection staff. Prior to the evaluation, SWRCB requested and received a list from the CUPA with the number of inspectors and time on the job. This list included 12 inspectors where three inspectors had six or more years on the job and the remaining nine had 14 months or less. During the evaluation, the CUPA lost two of the three senior inspectors leaving them with one senior inspector.
	RECOMMENDATION: None
4.	OBSERVATION: CUPA staff does not use their Envision database to note and track violation information. All files reviewed by SWRCB in the Envision database showed that inspectors are not using the database as it was intended. When questioning the CUPA about this, the CUPA said it was not aware of this function until just recently. The CUPA has been using the Envision database for at least three years. During the 2011 evaluation, a deficiency was noted that the CUPA was not following up and/or documenting return to compliance for businesses cited for violations. Part of the corrective actions was to develop and use an excel spreadsheet to document enforcement, until the automated system was updated to Envision Connect. This spreadsheet is not being used as it was intended. Staff indicates that they have been instructed to look at the last few months of inspections and report back the violations noted on inspection reports including violation classification. The CUPA supervisor provided examples of electronic copies of the spreadsheet that a few of the staff use. However, it is not apparent if staff updates this information on a regular basis. In addition, a review of the spreadsheets provided to SWRCB shows that return to compliance is at times too long and in many instance, no return to compliance was indicated.
	RECOMMENDATION: SWRCB recommends that the CUPA use the available tools it has to their fullest. Decade has a training program to train staff on the abilities of the Envision database.
5.	OBSERVATION: One inspector mentioned that on July 15, 2014 he conducted an UST annual compliance inspection at a facility with raised sensors. The SWRCB evaluator explained to him the requirements regarding raised sensors and he stated he would put together an enforcement packet and submit to his supervisor.
	RECOMMENDATION: SWRCB recommends that the CUPA supervisor follow up on this.

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<p>6.</p>	<p>OBSERVATION:</p> <p>During an oversight inspection of the Hazardous Material Business Plan (HMBP) program, the inspector conducted a scheduled compliance inspection of a refueling station. A Field-Based Laptop computer was used to efficiently complete required documentation and acquire the facility manager’s signature to quickly capture electronically reported data. The inspector was highly prepared with all documentation, and very familiar with the facility’s operations. Prior to the event, the inspector accessed the HMBP information and reviewed the most current on-site employee training and inventory documentation. The inspector was quite thorough throughout the inventory verification process and communicated CERS usage and any regulatory concerns with the facility manager.</p> <p>RECOMMENDATION:</p> <p>None.</p>
<p>7.</p>	<p>OBSERVATION:</p> <p>The Los Angeles Fire Department CUPA recently reorganized from a unit to a section, elevating the status of the CUPA within the fire department and making it closer to the Bureau decision makers. The CUPA Section is now under new leadership, has added new inspectors into the program, and the Administrative Enforcement Order (AEO) program has been approved by the Fire Chief and is going to the Board of Fire Commission for final approval. In addition, the CUPA now has legal staff and support staff dedicated to this program. OSFM anticipates that due to the positive changes, the CUPA will be able to implement all program elements more efficiently. OSFM specifically looks forward to the full implementation of the APSA program under the new lead APSA inspector and management.</p> <p>RECOMMENDATION:</p> <p>OSFM recommends that the CUPA continue the positive momentum, and maintain dedicated staffing in order to ensure that the APSA program is implemented.</p>
<p>8.</p>	<p>OBSERVATION:</p> <p>Within the last fiscal year, over 1200 business facilities were added to the CUPA’s hazardous materials business plan (HMBP) program. The CUPA is implementing measures to increase inspection frequencies for these and all facilities in order to comply with it’s I & E plan. The CUPA experienced a high turnover of personnel in 2013. The CUPA conducted extensive hazardous business plan inspector’s training for their new inspectors and other fire personnel to conduct HMBP inspections.</p> <p>RECOMMENDATION:</p> <p>Cal OES and OSFM recommend that the CUPA maintain the resources, support and training necessary to ensure all inspectors are able to adequately perform their duties and that the CUPA is able to maintain and that the CUPA is able to maintain the inspection requirements.</p>

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9.	OBSERVATION: The HWG inspection report and checklist developed by the CUPA's PA does not contain a section for an inspector to check off the category of hazardous waste program the facility is regulated under (ex. RCRA LQG, LQG, SQG, or CESQG). While this information is not required, it is important to note so inspectors can determine the applicable regulations at the beginning of inspections. It will also assist in reporting RCRA LQG information.
	RECOMMENDATION: DTSC recommends that the PA modify its HWG inspection report to include the type of hazardous waste facility being inspected.
10.	OBSERVATION: The PA does not classify all violations as Class 1, Class 2, or minor in its inspection reports. Additionally, the PA is not consistently documenting EPA ID numbers on HWG and TP inspection reports.
	RECOMMENDATION: DTSC recommends that the PA begin classifying violations as Class 1, Class 2, or minor on its inspection reports. The PA may modify its inspection reports to include checkbox columns where classifications may be recorded by inspectors. Documenting violation classifications will allow for better efficiency when violation data is entered into the PA's Envision data management system and more effective enforcement. DTSC further recommends that the PA include EPA ID numbers in reports for all HWG and TP inspections.
11.	OBSERVATION: 37 hazardous waste generator facility files were reviewed by DTSC. Files include a facility summary sheet, which includes the EPA ID number and the regulatory size of the generator, however the data is not always available, or in some cases is not up to date. The inspection reports consist of two portions, a section, which is prepared in the field and given to the facility, and an inspection summary section that is prepared once the inspector returns back to the office. The inspection summary section is written with more detail; in some cases it contains details in regards to the observed violations; however this report is not provided to the facilities. The inspection reports consistently document consent, and the checklists are filled out. In the majority of the files reviewed, there was enough detail for each violation that outlined the factual basis for the violations as well as the corrective actions, but there are some inconsistencies and this process can be improved.
	RECOMMENDATION: DTSC recommends that the CUPA provide the inspection summary section of the reports to the facilities once the inspection reports are finalized. In addition, DTSC recommends that the CUPA update their facility summary sheets, and add any missing information.

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12.	OBSERVATION: The CUPA does not possess expertise for the hazardous waste generator and tiered permitting programs and it is therefore difficult for the CUPA to assess the PA's performance adequately.
	RECOMMENDATION: DTSC recommends that the CUPA acquire the expertise necessary to assess its PAs performance and implementation of the hazardous waste generator and tiered permitting program. CUPA staff should consider taking basic hazardous waste training courses at the annual CUPA conference as well as more specific instruction in the tiered permitting program in order to become familiar with basic processes, which will enable the CUPA to better assess its PA.
13.	OBSERVATION: During a conference call between CalEPA, DTSC, and the PA, it was agreed that, to accommodate the needs of the PA, that DTSC would perform an abbreviated evaluation of the PA. It was discussed that time is of the essence and DTSC would need to have documentation in advance/available during the evaluation to enable the evaluators to complete their review in the time allowed. The CUPA and PA were unable to meet the timeframe necessary to accommodate DTSC's needs in a manner that would facilitate an adequate truncated review.
	RECOMMENDATION: DTSC recommends against performing abbreviated evaluations in the future. DTSC further recommends that the CUPA establish a more clear line of communication with its PA, and follow up periodically to ensure the CUPA has up to date information.