STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM*

HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

* This form is for use in counties where there is no CUPA and DTSC is authorized to continue its authority pursuant to HSC section 25404.3(f)(2).

a. Initial Certification	ion	☐ b. Ame	ended Certi	ification	Ш	c. Annual Certific	cation		Page	of
	I. I	FACILITY)N (P	Put an asterisk in the left margin	n next to the an	nended information)		
BUSINESS NAME (Same	as FACILITY NA	AME or DBA – Doir	ng Business A	s)						3
FACILITY ID#					1	FACILITY EP ID#				2
TYPE OF OPERATION	☐ a.	PBR-FTU	b	o. CA		c. Other				701
			II.	ESTIMAT	red (CLOSURE COST	ΓS			
NOTE: In addition to the	dollar figure	below, a writte	en estimate	e of closure co	osts mi	ust be attached when yo	ou submit th	nis section of this page.		
			ESTI	MATED CLO	OSUR	E COSTS \$				702
	III.	EXEMPT	ION FR	OM FINA	NCI	IAL ASSURANCI	E REQU	IREMENTS		
1. I am not required to	provide a med	chanism becaus	se:							
☐ a. I certify that my closure cost estimate is less than or equal to \$10,000, or						703				
										704
☐ b. Specify other real	asons									
		T. 1		a ar. a		1 1 0	. 1			705
2. As a PBR owner	r or operator,	-		•				o Conditional Authorization)		
					JAL	ASSURANCE M				708
I am required to provide a mechanism and it is attached to EFFECTIVE DATE OF CLOSURE ASSURANCE MECH			707			ANISM ID NUMBER(S):				
					T			Multiple Financial Mask		709
(Check one item only)	MECHANISM TYPE a. Closure Trust Fund Check one item only) b. Surety Bond		□ d. Closure Insurance□ e. Financial test and Corporate Guarant			cantaa	□ g. Multiple Financial Mech□ h. Certificate of Deposit	anisms		
c. Closure Letter of Credit			☐ f. Alternative Mechanism ☐ i. Saving Account							
FINANCIAL INSTITUT								1. Saving Account		710
	iori, misch	AIVEL ON BEI	KETT CO.	M1711V17 O1	TILIC	SKG/HVIZ/11101V				
ADDRESS										711
CITY					712	STATE	713	ZIP CODE		714
		V.	. OWNE	ER OR OP	PERA	TOR CERTIFIC	ATION			
SIGNER OF THIS CERT	IFICATION		☐ a. O			☐ b. Ope				715
								in accordance with a system design		sure
directly responsible for ga	thering the ir	nformation, the	information	on is, to the b	est of 1	my knowledge and belie	ef, true, acc	r persons who manage the system, our ate and complete. I am aware the violations. (22 CCR Section 6627)	at there	are
SIGNATURE OF OWNE	R/OPERATO	OR				DATE				716
NAME OF OWNER/OPERATOR (Print) 717			TITLE OF OWNER	OPERATO)R		718			

UPCF (1/99) 35 Formerly DTSC 1232

Certification Of Financial Assurance

This page is to be completed by the owner or operator of a Fixed Treatment Unit operating under Permit by Rule (PBR), or a generator operating pursuant to a grant of Conditional Authorization (CA). If this is a new facility, this certification should be attached to the Onsite Hazardous Waste Treatment Notification - Facility page. If this is an existing facility and you have previously submitted a Notification, the certification and the financial assurance mechanism may be submitted without another notification.

Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (22 CCR? 67450.13(b) and HSC 25245.4). However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000 (22 CCR 67450.13(d)). PBR operations that operated less than thirty (30) days in any calendar year are also eligible for an exemption (22 CCR? 67450.13(e)). Complete the page even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See 22 CCR '67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility. If your cost estimate now exceeds \$10,000 for the first time, you must submit this Certification and a closure cost estimate within 30 days to your CUPA or authorized agency. If the cost estimate adjustment results in an increase and requires a change in your financial mechanism, submit this certification and revised mechanism within 60 days ('66265.143). Any change in information affecting the closure cost estimate or mechanism must be submitted within 30 days to your CUPA or authorized agency. Refer to 22 CCR '67450.13 for financial assurance requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps the Department of Toxic Substances Control (DTSC) identify whether the submittal is complete and if any pages are separated.

- 1. FACILITY ID NUMBER Leave this blank. This number is assigned by Stanislaus County. This is the unique number which identifies your facility.
- 2. EPA ID NUMBER Enter the EPA ID number for the facility.
- 3. BUSINESS NAME Enter the full legal name of the business.

700. CERTIFICATION STATUS - Check the reason the certification is being completed.

701. TYPE OF OPERATION - Check the type of operation. If type of operation is not listed, check "other" and indicate type in the space provided.

702. ESTIMATED CLOSURE COSTS - Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs. The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. Following is a model closure cost estimate:

ACTIVITY	COST
1. Removal, treatment (on-site or off-site), or disposal of waste inventories	
2. Removal and disposal of soil	
3. Decontamination of equipment and structure	
4. Demolition and removal of containment system components or structure	
5. Transportation	
6. Sampling and analysis of waste, soil, equipment, and structure	
7. Certification or other demonstration of closure ("clean" closure or specified level of decontamination)	
8. Other expenses (specify)	
9. Less Assets (salvage value of waste, equipment or property)	
TOTAL COST OF CLOSURE	

NOTE: For PBR only, if you have operated under PBR for less than 30 days in any calendar year, you qualify for an exemption. If eligible for the exemption, enter "EXEMPT" in this space.

- 703. EXEMPTION FROM FINANCIAL ASSURANCE Check to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to \$10,000.

 A model letter using the required certifications must be submitted to claim this exemption.
- 704. EXEMPTION FROM FINANCIAL ASSURANCE OTHER Check to claim "other" reason for exemption from financial assurance requirements. Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.
- 705. EXEMPTION FROM FINANCIAL ASSURANCE <30 DAYS PER YEAR Check to claim the exemption from financial assurance requirements for owner or operator under PBR only and operating no more than thirty days in any calendar year.
- 706. REQUIREMENT FOR FINANCIAL ASSURANCE Check to indicate whether the financial assurance mechanism is attached.
- 707. DATE OF CLOSURE ASSURANCE MECHANISM Enter the effective date of the closure financial assurance mechanism.
- 708. MECHANISM ID NUMBER If applicable, enter the number of the closure assurance mechanism, for example, the insurance policy number.
- 709. CLOSURE ASSURANCE MECHANISM Check to indicate the type of financial mechanism established to provide the closure cost assurance. Eligible types are contained in 22 CCR §67450.13(a)(5). They are:
 - 1. A closure trust fund, as provided in 22 CCR 66265.143(a); DTSC Form 1154
 - 2. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR 66265.143(b); either DTSC Form 1155 or 1156 with DTSC Form 1154
 - 3. A closure letter of credit, as described in 22 CCR 66265.143(c); DTSC Form 1157
 - 4. Closure insurance, as described in 22 CCR 66265.143(d); DTSC Form 1158
 - 5. A financial test and corporate guarantee for closure, as described in 22 CCR 66265.143(e); either DTSC Form 1159 or 1173
 - 6. An alternative mechanism for closure costs, as described in 22 CCR 67450.13(c); (no form)
 - 7. Use of multiple financial mechanisms for closure costs, as described in 22 CCR 66265.143(g); (no form)
 - 8. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code; (no form) or,
 - 9. A savings account, as described in section 4-104(a) of the Uniform Commercial Code; (no form).

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from the CUPA or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA, rather than DTSC.

For items 710 - 714, enter the name and address of the financial institution, insurance company,
surety company, or other appropriate organization used to establish the closure
financial assurance. Indicate your company if you are using a corporate guarantee and
financial test.

715. SIGNER OF CERTIFICATION - Check to indicate whether the person certifying is the owner or the operator of the facility.

SIGNATURE - The business owner, or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. The authorized signatory must be completed as specified in Title 22, CCR, section 66270.11. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriate authorized person is signing for the company. Original signatures are required on all documents submitted.

716. DATE CERTIFIED - Enter the date that the document was signed

717. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.

718. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

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