

Environmental Health Services Hazardous Materials Program (CUPA) 2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403 Phone:(650) 372-6200 Fax: (650) 627-8244 smchealth.org/cupa

HAZARDOUS WASTE GENERATOR CLOSURE NOTIFICATION & PROCEDURES

Before filling out this form, download it and save to your computer. Fill out the saved version.

This document includes:

- 1. A notification form that must be used to notify San Mateo County Certified Unified Program Agency (CUPA) of the closure of operations that generate hazardous waste or change of ownership.
- 2. Procedures for closure of both Large Quantity Generators (LQGs) and Small Quantity Generators (SQGs).
- 3. A closure work plan template (Appendix A) that may be used by SQGs.

FACILITY INFORMATION

A complete facility closure notification must be submitted to San Mateo County Environmental Health Services CUPA 30 days before closure activities begin. The CUPA may require a pre-closure walk-through before approving the work or closure plan.

Facility Name:	Facility ID: FA00	
Phone:	EPA ID #:	
Address:		
Forwarding Address:		Zip:
Contact Name:	Title:	
Email:	Phone:	
Business Owner (if different from above):		Phone:
Address:		
Property Owner (if different from above):	P	Phone:
Address:	City:	Zip:
Facility status at the time of closure (Check all t	that apply):	
 Large Quantity Generator Tiered Permitting Facility Permit by R Unregistered Site with CUPA 	Rule 🗌 Conditionally Authorized 🗌 Co	nditionally Exempt
APPLICANT INFORMATION		
Name:	Title:	
Company Name (if different from above):		
Email:		hone:
Address:	City:	Zip:

HAZARDOUS WASTE GENERATOR CLOSURE NOTIFICATION

CLOSURE TYPE	
Complete Facility Closure Partial Closur	re 🗌 Ownership Change Proposed closure date:
SUMMARY OF CLOSURE ACTIVITIES	
Check all boxes that apply to the closure o	of the facility:
Useable chemicals: Transfer Dispose	Donate Process hazardous waste tank closure: Yes No
Hazardous waste disposal: Yes	No Sampling to confirm effective decontamination or no releases: ☐ Yes ☐ No
Hazardous waste tank closure: Yes	□ No
Large quantity generators or tiered permitting facilities a Small quantity generators should submit a work plan to a	are also required to submit a closure plan for approval. o document the closure activities and may use the template in Appendix A.
CERTIFICATION	
I certify that the submitted information is true, accurate, a significant penalties for submitting false information.	, and complete to the best of my knowledge and that I am aware that there are
Facility Contact Signature:	Date:
Applicant Signature:	Date:
DIVISION USE ONLY	
FA00	PR00
Comments:	
Inspector:	
Closure Fees Required: Yes \$	No
Approval of the algourg/work plan is valid for 6 months	and thereafter facilities will need to cond an undeted notification

Approval of the closure/work plan is valid for 6 months, and thereafter facilities will need to send an updated notification. Facilities may need to pay additional fees if scope of work has changed.

Closure Activities	Required (Y/N)	Date	Comments
Pre-closure walk-through			
Inspection: confirmation of sampling locations			
Sampling observation			
Post-closure walk-through			
Closure documentation/report			

See next page for the Hazardous Waste Generator Closure Procedures

HAZARDOUS WASTE GENERATOR CLOSURE PROCEDURES

A business that has generated hazardous waste during operations in San Mateo County must close according to specific closure standards required under California hazardous waste regulations. Closure requirements protect the environment, business owners, communities, and property owners. At the time of closure, hazardous waste generators are required to demonstrate **the proper removal and disposal of hazardous wastes and chemicals, the absence of visible contamination, and that there has been no release to the environment**. San Mateo County requires hazardous waste generators to close their facilities following the guidelines outlined in this procedure.

A business that generates hazardous waste in San Mateo County must follow appropriate closure procedures in any of the following situations:

Full facility closure: Business is ceasing hazardous waste operations.

Partial facility closure: Business is terminating a permitted process (e.g. a waste treatment unit), or the business is closing part of its hazardous waste operations and the space will be used by another business. **Ownership change:** No modifications in operations; only a Closure Notification may be required.

A facility closure that includes an above ground or underground storage tank or groundwater well may require additional submittals. A facility that also generates medical waste must comply with San Mateo County's medical waste requirements (contact Darrell Cullen at (650) 464-3825, or email dacullen@smcgov.org for additional information).

The legal references that define closure standards include Title 40 Code of Federal Regulations and Title 22, California Code of Regulations sections 66262.34 (a) (1), 66265.197, 66265.197 (a), 66265.445 (c) (1) (A), 66265.1102, 66265.1102(a), 66265.111, and 66265.114.

1. HAZARDOUS WASTE GENERATOR CLOSURE NOTIFICATION

A business must submit a completed facility closure notification to San Mateo County Environmental Health Services Certified Unified Program Agency (CUPA) **30 days before beginning closure activities**. Large Quantity Generators (LQG) and Tiered Permitting (TP) facilities are required to submit a Closure Plan for approval.

Conditionally Exempt Small Quantity Generator (CESQG) and Small Quantity Generators (SQG) should submit a work plan in addition to the Closure Notification if decontamination or sampling is required to be conducted. These facilities may use Appendix A to complete the work plan. A work plan is a simplified closure plan to document the sampling and decontamination procedures and any relevant facility history.

The CUPA may authorize a Non-RCRA LQG hazardous waste generator to use the work plan template based on the complexity of the site. Contact your district inspector for approval.

2. CLOSURE/WORK PLAN ELEMENTS

A closure/work plan must describe the proposed procedures to properly remove and dispose of hazardous waste and chemicals, to eliminate any visible contamination, and to demonstrate that there has been no release to the environment.

Depending on the complexity of the closure not all of these may be required. Failure to provide comprehensive and accurate information will delay the approval process.

A. **History and Background:** Describe the history of chemical and hazardous waste storage at the facility (quantities and locations). Describe any spills and provide spill records and reports, inspection reports, historic site assessments (e.g., Phase I investigations) and any remedial action reports. Provide any additional relevant information about previous operations at the site.

B. **Chemical Inventory:** Provide current and previous (if relevant) chemical inventories; the Hazardous Material Business Plan (HMBP) may help facilitate this step. Provide maps identifying current and historic chemical and hazardous waste storage locations, process/drain lines or piping, notations of known contaminated areas, and current and historic waste storage areas.

C. **Proposed Schedule:** Provide a timeline of activities to be performed during the closure.

D. **Decontamination Procedures:** All surfaces and equipment where hazardous waste or chemicals were stored or used need to be cleaned to remove any liquid or solid residues. In addition, surfaces and equipment where hazardous waste or direct chemical contact occurred need to be decontaminated using a solution to effectively remove any chemical residue. Examples of areas that need to be decontaminated: secondary containment areas, process piping, chemical or hazardous waste storage tanks. Describe the procedures and solutions to be used for decontamination and cleaning.

E. **Sampling and Analysis Plan:** Sampling could be required to validate the effectiveness of any **required decontamination,** and to demonstrate that there has been no release to the environment. **If a release has occurred**, proposed sampling locations should be selected based on knowledge of the release or operations that may have caused direct contact between chemicals and hazardous waste and the media. Provide a sampling plan that identifies sample locations, analytical parameters, sampling methods, handling procedures, management and tracking, and the name of the State certified laboratory that will be used for sample analysis.

F. **Project Management Team:** List project managers and emergency coordinators, their qualifications (licenses, hazardous material certifications, training) and 24-hour phone number. Include proposed contractors and their qualifications, required employee training for all closure activities (HAZWOPER, CCR Title 22, respirator, etc.), a site safety plan, certificates of insurance and relevant Standard Operating Procedures.

G. **Health and Safety Plan:** Provide a copy of the Health and Safety Plan that outlines specific hazards and protective measures to be used during site closure activities at the facility. Site closure activities must be conducted by employees with adequate training per CAL/OSHA regulations in CCR Title 8 and 29 CFR 1910.120.

H. **Notifications:** List all other agencies overseeing facility closure (e.g. local fire departments, building departments, sewer district, etc.).

I. **Management of Closure Derived Hazardous Waste:** Identify characterization procedures for waste that will be generated during closure activities. Describe waste containerization, storage locations, labeling, transportation and disposal (TSDF, recycling, on-site treatment), inspections, etc. All chemical products must be removed from the building, and their disposition must be documented. Address the management of any equipment that could be classified as hazardous waste or universal waste if disposed, such as mercury switches, lamps, ballasts, etc.; document the disposal.

3. INSPECTIONS

A. **Pre-Closure Inspection:** The CUPA inspector may require a pre-closure walk-through before approving the work plan or closure plan, after which closure activities may begin.

B. **Sampling Locations Verification:** The CUPA inspector may request an inspection to confirm the sampling locations on site after all chemicals and equipment have been removed, and will notify of this request at the time of the work plan/closure plan approval.

C. **Sampling Observation:** The CUPA inspector must be present for any sampling required during closure activities.

D. **Final Inspection:** The CUPA inspector will conduct a final site inspection when all closure activities are completed. The areas and equipment to be inspected must be accessible and prepared for visual inspection. For example, drawers and cabinets must be open. The CUPA inspector must be notified at least 48 hours prior to the requested inspection date.

4. FINAL DOCUMENTATION

Facilities must notify the Department of Toxic Substances Control to inactivate their EPA ID number once closure activities are completed, and all hazardous waste is disposed.

Closure Documentation for Small Quantity Generator:

These types of facilities are required to submit documentation to demonstrate that closure activities have been completed. This could include hazardous waste manifest, receipts, sampling report(s), etc. The CUPA inspector will detail the required documentation during the work plan approval process. A full report may not be necessary.

Closure Report for LQG and Tiered Permitting: A final report must document the actual decontamination work performed, and the proper removal of chemicals and equipment. It must be provided to the CUPA for review within 45 days after the final inspection. This report must include sampling results and discussions, manifests, bills of lading, and documentation to verify chemical/waste disposition (e.g., bill of lading, consolidated manifests, uniform hazardous waste manifests, etc.). In addition to the closure report, facilities that operated a treatment unit under Tiered Permitting requirements must submit a closure certification upon completion of all closure activities.

5. FEES

Hazardous waste generator facilities registered with the CUPA are not required to pay additional fees for the oversight of closure activities under most circumstances. If the closure procedures described in this policy are not followed, or the closure activities extend beyond the scope of the approved closure plan, facilities will be charged hourly rate fees.

Facilities that are not registered with the CUPA at the time of the initial closure notification will be charged hourly rate fees under the following circumstances:

CUPA oversight is necessary for hazardous waste generator closure activities, or the property owner requires the hazardous waste generator to obtain CUPA verification of closure of their operations. This will be available only for facilities that generated hazardous waste at any time during operations.

6. SATISFACTORY CLOSURE DOCUMENTATION

The CUPA inspector may issue a closure letter or closing statement to document that the closure activities are completed to the satisfaction of the inspector. This will be issued within 15 days after the CUPA inspector receives *all* required closure documentation (see section 4).

Supercedes: Hazardous Waste Generator Facility Closure Application, and Hazardous Waste Generator Facility Closure Policy



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HAZARDOUS WASTE GENERATOR CLOSURE WORK PLAN FOR SMALL QUANITITY GENERATORS

APPENDIX A

Provide the following information as part of your facility's closure work plan. Enter "N/A" or "Not Applicable" if something doesn't apply to the closure activities to be conducted. Use additional pages if required.

Facility Name:

Address:

FACILITY HISTORY

Describe the types of operations conducted at the facility, including chemical and hazardous waste storage and use (quantities and locations) for the area to be closed.

PROJECT SCHEDULE

Provide a schedule of activities to be performed during the closure.

MANAGEMENT TEAM AND CONTRACTORS (if applicable)

List project managers, emergency coordinators, and contractors. Include their qualifications and training.

NAME	TITLE & RESPONSIBILITIES (Project lead, emergency contact, etc.)	24 HR PHONE NUMBER	COMPLETED TRAINING AND CERTIFICATIONS

SPILL HISTORY		
Did you have any spills during the operation of your business?	Yes	No
If yes, describe the location, incident type, materials spilled, and	actions taken at the	e time of the spill:

CHEMICAL INVENTORY REMOVAL

List the chemicals on site at the time of closure. All chemicals must be removed; returned to the supplier, reused as materials at a different facility, or disposed of as hazardous waste.

CHEMICAL NAME	QUANTITY	DESTINATION (Use or disposal)

DECONTAMINATION

All surfaces and equipment where hazardous waste or chemicals were stored or used need to be cleaned to remove any liquid or solid residues. In addition, surfaces and equipment where hazardous waste or direct chemical contact occurred need to be decontaminated using a solution to effectively remove any chemical residue. Describe the decontamination process used.

SAMPLING

State certified laboratory name:

LOCATION (Name of the area)	TYPE OF SAMPLING (e.g. soil, water, etc)	TYPE OF ANALYSIS (e.g. metals, solvents, etc)

DISPOSAL			
Will hazardous waste be generated	as part of the closure activities?	Yes	🗌 No
If yes, indicate the type of hazardous waste generated and the name of the hazardous waste hauler:			
Will universal waste be generated a	s part of the closure activities?	Yes	🗌 No
If yes, indicate the type of universal waste and how it will be disposed:			
Will any hazardous waste be left at t	he facility?	Yes	□ No
If yes, indicate the type of hazardous waste and the reason why it will be left behind:			
ADDITIONAL DOCUMENTATIO			
ADDITIONAL DOCUMENTATIO			
Check the appropriate boxes to indi	cate any other document submitted a	as part of the work pla	ın.
Chemical Inventory			
E Facility Map			
Health and Safety Plan			

Other: _____

Other:

DIVISION USE ONLY

FA00 _____

PR00

Comments:	
	-

Inspector Signature:

Approval Date: