

TIERED PERMITTING PHASE I ENVIRONMENTAL ASSESSMENT CHECKLIST

<p>SECTION I: FACILITY INFORMATION</p> <p>Instructions: Complete the following descriptive information about your facility. This information accurately describes the location of your facility and establishes mailing and phone contacts. If facility location and mailing address are identical, you may put "same" into facility mailing address spaces.</p> <p>Type of Permit: Permit by Rule _____ Conditional Authorization _____</p>	
1. CURRENT FACILITY NAME:	
PAST NAMES (Attach additional pages if necessary):	
2. EPA I.D. NUMBER:	
3. NAME OF FACILITY OWNER (see definition of owner):	
4. NAME OF FACILITY OPERATOR:	
5. NAME OF PROPERTY OWNER:	
6. FACILITY LOCATION ADDRESS:	
STREET:	
CITY:	
COUNTY:	
STATE:	ZIP CODE:
7. FACILITY MAILING ADDRESS (if different from FACILITY LOCATION ADDRESS):	
STREET:	
CITY:	
STATE:	ZIP CODE:
8. FACILITY TELEPHONE NUMBER:	
9. FACILITY FAX NUMBER:	
10. NAME OF FACILITY CONTACT PERSON:	
11. TITLE OF FACILITY CONTACT PERSON:	
12. PHONE NUMBER OF FACILITY CONTACT PERSON:	

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13. ADDRESS OF FACILITY CONTACT PERSON:

STREET:

CITY:

STATE: ZIP CODE:

SECTION II: FACILITY HISTORY		
<p>Instructions: Complete this section regarding facility history based on reasonably available knowledge of the facility. This section will determine if past operating practices and significant historical events that occurred at the facility indicate potential areas of contamination. Current and past employees who know about the facility's past operating practices can be an asset in completing this section of the checklist. Yes answers to these questions mean that careful attention must be paid to these areas and considerations when completing the facility walk-through inspection.</p>		
	YES	NO
1. Has an environmental assessment and/or a site investigation report ever been completed for the facility? If this assessment meets the criteria for substituting for this checklist (see Instructions), use the Signature and Certification Page to record this exemption. You need not release confidential assessments. However, if these reports indicate existing or potential contamination, you must use the information relied on by the confidential report to help reach a conclusion in this assessment.		
2. To your knowledge, have areas of the facility that contain hazardous materials ever been flooded?		
3. To your knowledge, has the facility ever been damaged by an earthquake that could cause contamination?		
4. To your knowledge, has the location for the facility ever been used for industrial purposes prior to its current use? If YES, then consider potential contamination from the type of industry that the location was formerly used for.		
5. To your knowledge, has there been any disposing of hazardous chemicals or hazardous wastes in, on, or under the property?		
6. To your knowledge, has the facility ever had electrical transformers, capacitors, or hydraulic equipment including, but not limited to elevators and auto lifts, at the facility which may have released PCBs or oil to the environment? (Not including small quantities of fluorescent light ballasts and capacitors if these materials were not disposed of or dismantled at the facility) If YES, was the equipment ever tested for the presence of PCBs?		
7. To your knowledge, has testing of any groundwater wells on the property ever revealed possible contamination?		
8. Do you have in your possession, or do you know of the existence of any photographs, geophysical reports, analytical test data, and/or air sampling data that indicates the possible presence of hazardous materials and/or waste in unwarranted or unexpected areas of the facility?		
9. To your knowledge, has the facility ever had liquid/sludge containment area(s), surface impoundment(s), collection pond(s), and/or lagoon(s)?		

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10.	To your knowledge, have land-farming or bioremediation been used at the facility?		
11.	To your knowledge, has the facility ever burned hazardous wastes, unidentified waste materials, tires, or automotive batteries at the facility?		
12.	To your knowledge, have ash and/or combustion residuals been disposed of at the facility?		
13.	To your knowledge, have any underground storage tank(s) been removed, abandoned, or taken out of service from the facility? Tanks removed, abandoned, or taken out of service under the oversight of a responsible agency need not be considered if the agency addressed potential contamination at the tank location.		
14.	To your knowledge, has any contaminated soil been discovered and/or remediated at the facility without oversight by an appropriate regulatory agency?		
15.	To your knowledge, have there been fires and/or explosions at the facility which may have caused a release of hazardous waste or materials?		
16.	To your knowledge, has the facility ever received complaints from any employees, neighbors, or the public about the facility's practices for managing hazardous wastes, or any actual or potential releases to air, water, or soil, or other environmental issues?		
17.	To your knowledge, have nearby residents complained to a governmental agency of any type of illnesses or unusual illnesses as having been caused or suspectedly caused by or related to activities at the facility? (Note: this item does not require questioning the facility's neighbors) If YES, indicate below the person and/or agency who recorded the complaint. _____		
	If YES, to your knowledge, has any evidence been submitted to a physician to substantiate the claim?		
18.	To your knowledge, are there any areas at the facility which were formerly used for hazardous waste or hazardous materials transfer (e.g. tank loading areas, drum transfer areas)?		
19.	To your knowledge, are there, or have there been lawsuits or administrative proceedings concerning an actual, alleged, or threatened release of any hazardous substance against the facility by another party? Only actions concluded by settlement or litigation need be considered.		

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SECTION IV: FACILITY WALK-THROUGH INSPECTION - OTHER AREAS		
<p>Instructions: This section of the checklist requires the owner and/or operator of the facility to conduct a walk-through inspection of the those portions of the facility not addressed in <u>Section III</u> in order to identify possible environmental problems, environmental warning signs or potential exposure to people, animals, or plants. Some of the problems that may be discovered during this inspection include abandoned storage tanks, spill areas, surface impoundments, etc. Some of the environmental warning signs include stains, discolored vegetation, and/or unnatural terrain. During the inspection, were any of the following present:</p>		
	YES	NO
1.	Does the facility have vent pipes, fill pipes, and/or access routes that may indicate the presence of an underground storage tank?	
2.	Does the facility have stains and/or discolorations of the soil, flooring, drains and/or walls at the facility which may indicate a release to the environment that has not or is not being addressed under the oversight of an appropriate agency?	
3.	Does the facility have areas of soil at the facility that appear disturbed and which may indicate onsite disposal or land treatment of hazardous materials or remediation of releases without oversight by an appropriate agency?	
4.	Does the facility have areas at the facility where the terrain appears unnatural, such as unexplained mounds or depressions?	
5.	Does the facility have unusual smells or odors emanating from the soil, floor, drains, and/or walls at the facility?	
6.	Does the facility have dead, abnormal, or distressed-looking vegetation or conspicuous absence of vegetation at the facility that is not directly explainable by a deliberate action and/or lack of water at the site?	
7.	<p>Where does rain and/or washwater drain to at the facility? (circle all that apply) Note: slightly contaminated storm or washwater can seriously contaminate evaporation or settling areas (with no drainage) over a period of time.</p> <p>a. Storm Drain d. Open Land b. Sewer e. Areas of pooling, settling, or evaporation c. Drainage Ditch f. Other _____</p>	

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AREA OF CONCERN DATASHEET	
<p>Instructions: Complete the following questions in detail for EACH release or suspected release identified in <u>Section III FACILITY WALK-THROUGH INSPECTION - SPECIFIC AREAS</u> or <u>SECTION IV FACILITY WALK-THROUGH INSPECTION - OTHER AREAS</u> and any other known or suspected releases. Do not include areas that have been or are being remediated under the oversight of an appropriate agency.</p> <p>If answers to questions are not known, then state "unknown".</p>	
1.	Facility name:
2.	<p>This sheet is being completed for a:</p> <p>Known release _____ Suspected release _____</p>
3.	<p>How was this release or suspected release discovered?</p> <p>During the walk-through inspection? _____ Previously known release? _____</p> <p>What checklist question(s) are related to this release (section/question) _____</p>
4.	When did the release occur?
5.	What was released and how much?
6.	What caused the release?
7.	Indicate the approximate area of the release (e.g. 3 feet in diameter, 5 feet X 4 feet.)
8.	Was the release remediated? If YES, explain how. (Note: A datasheet need not be completed for releases remediated or being remediated under the oversight of an appropriate agency.
9.	Were samples collected? If yes, what were the results?
10.	<p>List any environmental reports or studies performed on the area of concern and attach copies or summaries of the reports not submitted to the Department.</p> <p style="padding-left: 40px;">Name of preparer:</p> <p style="padding-left: 40px;">Title of preparer:</p> <p style="padding-left: 40px;">Date:</p>

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**SIGNATURE AND CERTIFICATION
FOR
PERMIT-BY-RULE AND CONDITIONAL AUTHORIZATION**

Instructions: Carefully read the certification below. If you feel uncomfortable signing this certification, review the instructions and the information developed in the preparation of the checklist and correct any deficiencies you have found. Be sure that you check one of the boxes below to record your decision regarding further investigation. If you are claiming exemption from completing a Phase I Environmental Assessment, complete that section below.

Either the owner, operator, or independent professional engineer, geologist, or an environmental assessor who is registered in the State of California, shall certify to the following statement by signing on the appropriate lines below:

- ___ Yes, further investigation is needed to determine the existence, nature, and/or extent of contamination at the facility; or
- ___ No, further investigation is not necessary to determine the existence, nature, and/or extent of contamination at the facility.
- ___ I am exempt from completing the checklist and/or from resulting followup work. [Please state reason for exemption below and supply documentary evidence (see instructions)]. Explanation:

“Under penalty of perjury, I certify that I have personally examined and am familiar with the information submitted in this document and all attachments, and based on my inquiry of those individuals immediately responsible for obtaining it, the information is true, accurate, and complete to the best of my knowledge. Thus informed, I certify to my best judgement that the conclusion recorded above regarding further investigation or exemption from completion of the Phase I Environmental Assessment is correct.”

Owner's Signature	Name, Title, and Company Name	Date
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Or:

Operator's Signature (If Owner is not Operator)	Name, Title, and Company Name	Date
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Or: Certification by an independent professional engineer, geologist, or environmental assessor who is registered in the State of California. Certification by a registered professional is optional for Permit-By-Rule and Conditionally Authorized Generators. Sign and affix stamp.

Signature	Name, Title, Registration Number	Date
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SECTION III: FACILITY WALK-THROUGH INSPECTION - SPECIFIC AREAS

Instructions: List each area of the facility where hazardous materials are present. The listing area is divided into functional divisions for convenience. Individual units may be grouped on the chart, but must be individually inspected. Carefully examine each of these areas during the walk-through inspection to determine the presence of releases or possible releases and record the results in the appropriate column, date and initial the entry. Complete a Release Information Data Sheet for each actual and possible release found. Using your best judgement, decide if any actual or suspected releases found require further investigation and record the results on the Release Information Data Sheet and in the appropriate column on this chart. If you need additional space, photocopy this sheet.

HAZARDOUS MATERIAL AREA	INSPECTED (Yes or No)	ACTUAL OR SUSPECTED RELEASE (Yes or No)	REQUIRES FURTHER INVESTIGATION (Yes or No)
LOADING/UNLOADING AREAS			
HAZARDOUS MATERIALS USE AREAS			
HAZARDOUS WASTE GENERATION AREAS			
HAZARDOUS WASTE TREATMENT/STORAGEAREAS			