



HAZARDOUS MATERIALS DISCLOSURE SURVEY

A separate survey form is required for each business name and/or address in San Joaquin County.

Business Name: _____ Telephone: _____

Business Site Address: _____

Mailing Address (if different from above): _____

Business Owner(s) Name: _____ Telephone: _____

Business Owner Address: _____

Nature of Business: _____ Fire District: _____

Q1. ☐ Yes ☐ No Does your business handle a hazardous material in any quantity at any one time in the year?
See the definition of hazardous material on page 2 of this form.

☐ Yes ☐ No Does your business generate, treat, or store a hazardous waste in any quantity? (used oil, used antifreeze, waste solvent, etc.)

If your answer is "No" to both questions in Q1, please print, sign, and date the bottom of this form and return to the address above.

Q2. ☐ Yes ☐ No Does your business handle a hazardous material, or a mixture containing a hazardous material, in a quantity equal to or greater than 55 gallons, 500 pounds, or 200 cubic feet at any one time in the year?

If "Yes", how long have you handled these materials at your business? _____

If "Yes", check any of the following conditions that apply to your business:

- ☐ A. The hazardous materials handled by this business are contained solely in a consumer product packaged for direct distribution to and use by the general public.
- ☐ B. This business operates a farm for purposes of cultivating the soil, raising or harvesting an agricultural or horticultural commodity.

Q3. ☐ Yes ☐ No Does your business handle an Acutely Hazardous Material? See definition on page 2.

Q4. ☐ Yes ☐ No Is your business within 1,000 feet of the outer boundary of a school? (Grades K-12)

I have read the information on this form and understand my requirements under Chapter 6.95 of the California Health and Safety Code (HSC). I understand that if I own a facility or property that is used by tenants, it is my responsibility to notify the tenants of the requirements which must be met prior to issuance of a Certificate of Occupancy or beginning of operations. I declare under the penalty of perjury that the information provided on this disclosure survey is true and accurate to the best of my knowledge.

If you answered "Yes" to Question 2, please go online to cers.calepa.ca.gov to submit your hazardous materials information.

Owner or Authorized Agent:

Print Name: _____ Date: _____

Signature: _____ Title: _____

San Joaquin County Environmental Health Department

HAZARDOUS MATERIALS PROGRAM

This survey form is intended to identify businesses which need to comply with the hazardous materials emergency planning and reporting requirements of the California Health and Safety Code (HSC) Chapter 6.95. This Chapter requires businesses which handle hazardous materials to prepare emergency plans for their employees to use in an emergency. Businesses must submit this information, along with an annual inventory of their hazardous materials, online to the California Environmental Reporting System (CERS) found at cers.calepa.ca.gov for use in protecting emergency responders and the general public. In San Joaquin County, the Environmental Health Department (EHD) has been authorized to administer this program as the Certified Unified Program Agency or CUPA. Should you have any questions about the CUPA program or this form, please contact EHD at (209) 468-3420.

Please consider the following guidelines when completing the questions on page 1:

Question 1:

The (HSC) section 25501(p) defines a "Hazardous Material" as any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the workplace or the environment. "Hazardous Materials" include but are not limited to, hazardous substances, hazardous waste, and any material that a handler or the administering agency has a reasonable basis for believing that it would be injurious to the health and safety of persons or harmful to the environment if released into the workplace or the environment. This includes, but is not limited to, fuels, petroleum products, paints, propane, oxygen, ammonia, chlorine, pesticides, fertilizers, and used oil. If a business generates any amount of hazardous waste they must enroll in the EHD Hazardous Waste Generator Program. Answer "Yes" if you use a material that meets the definition above in any quantity at least once in the year. If you are unsure, contact the EHD at (209) 468-3420 for assistance. If you answer "No" and at a later date your business, or a tenant on your property, begins handling hazardous materials, you must inform the EHD within 30 days.

Question 2:

If you answer "Yes", you must meet the requirements of HSC Chapter 6.95. The EHD will be contacting you to provide assistance. These requirements must be met prior to issuance of a certificate of occupancy. If you answer "No", our office may conduct an inspection after you begin operations to verify your exemption.

The HSC establishes some modified requirements or program exemptions for certain uses of hazardous materials. If you answered "Yes" to questions 1 and 2, a determination must be made if your business meets one of the exemptions listed. Check the appropriate boxes on page 1 and submit the hazardous materials information online at cers.calepa.ca.gov. Please contact the EHD to determine if your business meets the exemptions. However, even if an exemption is met for the Business Plan program, you may still be a hazardous waste generator and will need to report in cers.calepa.ca.gov as a hazardous waste generator.

- A. Retail Exemption – Products packaged for direct distribution to the general public are exempt from the program. This exemption may not apply if any of the following conditions exist:
 1. The quantity handled creates an unacceptable public hazard
 2. The material is being used directly by the business as part of its operation in addition to being sold to the general public
 3. The general public doesn't have ready access to the product as stored by the business (e.g. in a warehouse).
- B. Modified Farm Exemption – Farms, as stated in Question 2B on page 1, must meet modified program requirements. The definition of a farm in the law doesn't include businesses providing commercial pest control services, fertilizer application services, product processing services, or packing shed services for farmers. Farms qualifying for the exemption are still required to submit an annual chemical inventory, site map, and other requirements online to cers.calepa.ca.gov and pay a fee to the San Joaquin County Environmental Health Department (EHD). Please contact the EHD at (209) 468-3420 for assistance. Businesses operating a commercial business in addition to a farm as defined must comply with the requirements of the Hazardous Materials Program for those materials associated with the commercial business.

Question 3:

The Federal and State governments have defined approximately 366 chemicals as an "Acutely Hazardous Material" (AHM). The most common AHM used in the county include: Chlorine, Ammonia, Sulfuric Acid, Methyl Bromide, Acrolein, Sulfur Dioxide, Formaldehyde, Nitric Acid, Vinyl Acetate Monomer, Hydrogen Peroxide, and many types of Pesticides.

Answer "Yes" if you use any of these specific chemicals in any quantity at any one time of the year. Contact the EHD if you're unsure for assistance.

Question 4:

Answer "Yes" if the boundary of your property or facility is or will be within 1,000 feet of the boundary of a school. (K – 12)



Water Usage Information

PROJECT INFORMATION			
Application Number:		Application Type:	
Project Address:		Project APN:	
Applicant Name:		Title:	
Applicant Address:		City/Zip:	
Applicant Phone:		Email:	
Property Owner Name:			
Property Owner Address:		City/Zip:	
Property Owner Phone:		Email:	
SERVICES INFORMATION			
Please provide description below:			
Water Supply:		☐ Surface Water (Attach Water Rights Information)	
Domestic Wastewater Disposal:			
Process Wastewater Discharge:	Ponds:	Applicable WDR:	
Storm Drainage System:			
WATER USAGE DATA			
Provide for total water usage at full buildout		Number Persons/Day	Gallons/Person/Day
Domestic Water Usage by Employees/Customers:			Total Gallons/Day
		Type of Process/Irrigated Lands	Total Gallons/Day
Process Water Usage:			
Process Water Usage:			
Irrigation Water Usage:			
			Total Gallons Per Day:

PROPOSED WELL LOCATION					
Well Location Address:				City:	
Well Location APN:					
Well Latitude:		Well Longitude:			
Flood Plain Designation:		Well Elevation:			
PROPOSED WELL INFORMATION					
Well Total Depth (ft):		Acres to be Served by Well:			
Use of Well:	☐ Domestic ☐ Irrigation ☐ Small Public Water Supply ☐ Municipal Public Water Supply ☐ Industrial ☐ Stock ☐ Other:				
Depth of Corcoran Clay (ft):					
Proposed Well Capacity (gal/ft):		Estimated Pumping Rate (gal/min):			
Anticipated Pumping Schedule (gal/day):		Estimated Annual Extraction Volume (acre-feet):			
Estimated Cumulative Extraction Volume before January 1, 2020 (acre-feet):					
SITING INFORMATION					
Distance To Nearest (ft):	Onsite:	Offsite:	Distance To Nearest (ft):	Onsite:	Offsite:
Wastewater Treatment System:			Sources of Contamination:		
Other Wells:			Pond/Lake:		
Sewer Lines:			Stream/River:		
Animal or Fowl Enclosure:			Navigable Waterway:		
Storm Drainage System:			Potential Recharge Features:		
GROUNDWATER INFORMATION					
	Depth (ft):	Source/Date of Reference:		Groundwater Subbasin:	
Current Depth to Water:				☐ Cosumnes Subbasin (2-22.16)	
Highest Depth to Water:				☐ Eastern San Joaquin Subbasin (5-22.01)	
Lowest Depth to Water:				☐ Tracy Subbasin (5-22.15)	

EXISTING WELLS INFORMATION				
Total Number Existing Wells on Property:		<i>Please complete the information below for every well on property. Use extra paper if needed.</i>		
Well #1 Information				
Use of Well:	☐ Domestic ☐ Irrigation ☐ Small Public Water Supply ☐ Municipal Public Water Supply ☐ Industrial ☐ Stock ☐ Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	☐ Estimated ☐ Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	
Well #2 Information				
Use of Well:	☐ Domestic ☐ Irrigation ☐ Small Public Water Supply ☐ Municipal Public Water Supply ☐ Industrial ☐ Stock ☐ Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	☐ Estimated ☐ Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	
Well #3 Information				
Use of Well:	☐ Domestic ☐ Irrigation ☐ Small Public Water Supply ☐ Municipal Public Water Supply ☐ Industrial ☐ Stock ☐ Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	☐ Estimated ☐ Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	

MAP INFORMATION
A project site map must be attached to this form and shall include the following information:
• Legal lot and parcel dimensions.
• All well locations on legal lot and parcel with type and use information shown for each well.
• All onsite sewage treatment systems, stormwater ponds, process water ponds, and other sources of potential contamination.
• Distance from proposed well to any potential sources of pollution onsite and on adjacent properties, including:
o Existing or proposed onsite sewage treatment systems, wells, animal or fowl enclosures, transmission lines, sewer lines.
o Distance from ponds, lakes, rivers and streams within 300 feet and navigable water ways within one mile.
o For wells below Corcoran clay, map must show location of canals, ditches, pipelines, utility corridors, and roads within two miles.



WATER PROVISION DECLARATION

Facility Business Name: _____

Facility Address: _____
Street City Zip

Facility Business Owner Name: _____ Phone: _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____
Street City Zip

WATER PROVISION INFORMATION

1. Number of **houses, mobile homes, or other occupied buildings** served by the water well(s): _____

2. Number of **employees** at the facility per shift: _____ Number of shifts: _____

3. Total number of **employees, customers, and visitors** at the facility per month, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

4. Number of days that total number of **customers, visitors and employees** frequent the facility per month:

January		April		July		October	
February		May		August		November	
March		June		September		December	

5. Number of **yearlong residents**: _____

6. Number of **residents per month**, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

I declare under penalty of perjury that the statements on this application are correct to my knowledge. It is the owner's responsibility to notify this office if the water provision information of the facility changes.

Facility Business/Property Owner: _____ Date: _____
Signature



SAN JOAQUIN
—COUNTY—

Greatness grows here.