UNIFIED PROGRAM AGENCY

MODEL APPLICATION FORM

FOR

CORRECTIVE ACTION DELEGATION

UNIFIED PROGRAM AGENCY
MODEL APPLICATION FORM FOR CORRECTIVE ACTION DELEGATION

Form DTSC 1447A
UPA Applicant Identification and Tier Selection

Name of Unified Program Agency applying for delegation
1.

Street address
2.

City
3.

Zip code
4.

Name of Unified Program Agency authorized representative/contact
5.

Phone number
6.

Email address
7.

Application date (m/d/yy)
8.

Tier selection for delegation (select one of the following)
9. Application for Tier 1 ☐
10. Application for Tier 2 ☐

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Form DTSC 1447B
Personnel Expertise (Option 1)

A separate form must be completed for each individual UPA technical staff designated to perform duties for the Tier 1 AND Tier 2 Corrective Action Program.

Personnel Identification	
Staff name	UPA position title
11.	12.

Personnel Expertise: Classification Equivalence
Area of equivalence (select one): Select the California State Classification Equivalent for the UPA position for the personnel identified above and ***attach a copy of the official UPA job classification specifications***.
13. ☐ Equivalent to the Hazardous Substances Scientist, established July 1, 1994
14. ☐ Equivalent to the Hazardous Substances Engineer, established June 21, 1994, revised January 19, 2000
15. ☐ Equivalent to the Engineering Geologist, established September 24, 2002

Description of Technical Expertise	
Provide a brief narrative description of related experience.	Indicate years of experience
16.	17.

Training/Proficiency			
Field of proficiency	Title	Training provider	Date (m/d/yy)
Hydrology	18.	19.	20.
Fate & Transport	21.	22.	23.
Environmental Chemistry	24.	25.	26.
Toxicology	27.	28.	29.
Preliminary Endangerment Assessment	30.	31.	32.
Analytical QA/QC	33.	34.	35.
Statistics	36.	37.	38.
Other related technical discipline	39.	40.	41.
42. ☐ Copies of official training records are attached			

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Form DTSC 1447C
Personnel Expertise (Option 2)

A separate form must be completed for each individual UPA technical staff designated to perform duties for the Tier 1 AND Tier 2 Corrective Action Program.

Personnel Identification	
Staff name	UPA position title
43.	44.

Personnel Expertise: Educational Background		
College/University attended	Degree and major	Year completed
45.	46.	47.
48.	49.	50.
51.	52.	53.

Areas of study	No. semester units
Environmental, biological, chemical, physical or soil science	54.
Environmental or public health	55.
Environmental, civil or chemical engineering	56.
57. Other directly related scientific field (specify:)	58.

Description of Technical Expertise	
Provide a brief narrative description of related experience.	Indicate years of experience
59.	60.

Training/Proficiency			
Field of proficiency	Title	Training provider	Date (m/d/yy)
Hydrology	61.	62.	63.
Fate & Transport	64.	65.	66.
Environmental Chemistry	67.	68.	69.
Toxicology	70.	71.	72.
Preliminary Endangerment Assessment	73.	74.	75.
Analytical QA/QC	76.	77.	78.
Statistics	79.	80.	81.
Other related technical discipline	82.	83.	84.
85. ☐ Copies of official training records are attached			

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Form DTSC 1447D
Tier 2 Personnel Expertise

For each UPA technical staff designated to perform duties for the Tier 2 Corrective Action Program a separate Form DTSC 1447D must be completed and accompanied by Form DTSC 1447B or DTSC 1447C.

Personnel Identification
Staff name
86.

Minimum Tier 2 Training Requirements			
Field of proficiency	Title	Training provider	Date (m/d/yy)
Risk Assessment	87.	88.	89.
Groundwater Investigation	90.	91.	92.
Remedy Selection	93.	94.	95.
Other related technical discipline	96.	97.	98.
99. ☐ Copies of official training records are attached			

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Form DTSC 1447E
Tier 2 UPA Personnel with Specialized Geological Expertise

For UPA staff with specialized technical expertise designated to perform duties for the Tier 2 Corrective Action Program a separate Form DTSC 1447E must be completed and accompanied by Form DTSC 1447B or DTSC 1447C.

Personnel Identification
Staff specialist name
100.

Geological Specialist Professional Qualifications			
Title of California professional registration	101.		
Registration number	102.		
Expiration date (m/d/yy)	103.		
Education	Name of College/University	Degree/Major	Year Completed
	104.	105.	106.
Commitment to corrective action activities (hours/month)	107.		

Specialized Technical Training		
Title	Training provider	Date (m/d/yy)
108.	109.	110.
111.	112.	113.
114.	115.	116.

117.

☐ Copies of official training records are attached

118. ☐ Check this box if specialized expertise is being provided by UPA personnel working under an agreement with another agency

119. Name of agency providing service:

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Form DTSC 1447F
Tier 2 UPA Personnel with Specialized Toxicological Expertise

For each UPA technical staff designated to perform duties for the Tier 2 Corrective Action Program a separate Form DTSC 1447F must be completed and accompanied by Form DTSC 1447B or DTSC 1447C.

Personnel Identification
Staff specialist name
120.

Toxicological Specialist Professional Qualifications			
121. ☐ DABT Certification (copy attached)		122. Expiration date (m/d/yy):	
Degree	Name of College/University	Major	Year Completed
123. ☐ M.S. 124. ☐ Ph.D.	125.	126.	127.
Related toxicological experience	128.		
Years of toxicological experience		129.	
Commitment to corrective action activities (hours/month)		130.	

Specialized technical training		
Title	Training provider	Date (m/d/yy)
131.	132.	133.
134.	135.	136.
137.	138.	139.
140. ☐ Copies of official training records are attached		
141. ☐ Check this box if specialized expertise is being provided by UPA personnel working under an agreement with another agency 142. Name of agency providing service:		

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Form DTSC 1447G
Tier 2 Specialist Contractor Identification and Qualifications

This form is to be used only if geological and/or toxicological expertise is being provided by contract with outside services. A separate form must be completed for each contractor providing specialized technical expertise for Tier 2 Corrective Action Program activities.

Contractor Identification	
Contractor name (company/agency/individual)	143.
Availability to the program (time commitment)	144.
Terms of contract	145.
Duration of contract	146.

Geological Specialist Professional Qualifications	
Title of registration or license	147.
Registration/license number	148.
Expiration date (m/d/yy)	149.
Related experience	150.

Toxicological Specialist Professional Qualifications			
151. ☐ DABT Certification (copy attached)		152. Expiration date (m/d/yy):	
Degree	Name of College/University	Major	Year Completed
153. ☐ M.S. 154. ☐ Ph.D.	155.	156.	157.
Related experience	158.		
Years of experience		159.	

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Form DTSC 1447H
UPA Past Experience

UPA past experience (check boxes indicating the areas of UPA past experience)
160. ☐ Minimum 2 years issuing administrative enforcement orders
161. ☐ Minimum 2 years experience conducting hazardous waste generator inspections
162. ☐ Minimum 3 years participation in a Site Designation program Or 163. ☐ Minimum 3 years participation in a Local Oversight Program, Or 164. ☐ Minimum 3 years experience conducting response actions

UPA triennial evaluation	
165. ☐ Copy of latest completed UPA triennial evaluation attached	166. Date of last evaluation (m/d/yy):

Certification of ability to issue administrative enforcement orders (required only if administrative enforcement is not performed by the UPA through CUPA authorization)
167. ☐ A signed certification by an authorized UPA representative is attached

Relevant corrective action projects	
Project A	
Project title	168.
Site address	169.
Start date (m/d/yy)	170.
Completion date (m/d/yy)	171.
Responsible staff	172.
173. ☐ Project A summary and UPA project oversight documentation are attached	
Project B	
Project title	174.
Site address	175.
Start date (m/d/yy)	176.
Completion date (m/d/yy)	177.
Responsible staff	178.
179. ☐ Project B summary and UPA project oversight documentation are attached	
Project C	
Project title	180.
Site address	181.
Start date (m/d/yy)	182.
Completion date (m/d/yy)	183.
Responsible staff	184.
185. ☐ Project C summary and UPA project oversight documentation are attached	

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Form DTSC 1447I
Tier 2 UPA Past Experience

Additional qualification requirements for Tier 2 delegation
186. ☐ Minimum 5 years total experience in a Local Oversight Program overseeing 10 tank removals with two full time staff and one supervisor, Or 187. ☐ Minimum 5 years experience conducting response actions.

Relevant Tier 2 corrective action projects	
Project D	
Project title	188.
Site address	189.
Start date (m/d/yy)	190.
Completion date (m/d/yy)	191.
Responsible staff	192.
193. ☐ Project D summary and UPA project oversight documentation are attached	
Project E	
Project title	194.
Site address	195.
Start date (m/d/yy)	196.
Completion date (m/d/yy)	197.
Responsible staff	198.
199. ☐ Project E summary and UPA project oversight documentation are attached	

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Form DTSC 1447J
Ability to Implement Environmental Assessment and Corrective Action

Project Implementation
200. ☐ Tier 1 applicants only: A process flow diagram is attached for implementing corrective action in accordance with 68400.16 at less complex sites.
201. ☐ Tier 2 applicants only: A process flow diagram is attached for implementing corrective action in accordance with 68400.16 at complex sites.

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Form DTSC 1447K
Adequacy of Staff Resources

Staff resources
202. ☐ Additional staff resources are required. A UPA corrective action organizational chart is attached.
203. ☐ No additional staff resources are required. 204. Please explain:

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Form DTSC 1447L
Recordingkeeping and Accounting Systems

Are additional resources required to implement the environmental assessment and corrective action program?

205. ☐ No additional resources are required.

206. Please explain:

207. ☐ Additional resources will be required and are described as follows.

Recordkeeping and accounting systems
Description of budget and accounting process (500 word limit)
208.
Description of tracking systems (500 word limit)
209.
Description of file management systems (500 word limit)
210.

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Form DTSC 1447M
Local Ordinance Authority to Recover Costs

Local ordinance authorizing corrective action cost recovery
211. ☐ A copy of a local ordinance authorizing corrective action cost recovery is attached.