

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
RECYCLABLE MATERIALS REPORT – PAGE 1
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

Page ____ of ____

| | | | | |
|--------------|--|----|----------|----|
| FACILITY ID# | | 1. | EPA ID # | 2. |
|--------------|--|----|----------|----|

| | |
|--|----|
| BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) | 3. |
|--|----|

| | | | | |
|---------------------------|----------------|------|-------------|------|
| DATES OF REPORTING PERIOD | BEGINNING DATE | 500. | ENDING DATE | 501. |
|---------------------------|----------------|------|-------------|------|

I. TYPE OF RECYCLING ACTIVITIES
If yes, please follow instructions.

| | | |
|--|------|--|
| 1. Do you recycle more than 100 kg./month of excluded or exempted recyclable material at the same location at which the material was generated (on-site recycling)? <input type="checkbox"/> YES <input type="checkbox"/> NO | 502. | 4 If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V. |
|--|------|--|

| | | |
|--|------|---|
| 2. Do you recycle more than 100 kg./month of non-manifested, excluded recyclable materials received from an off-site location (off-site recycling)? <input type="checkbox"/> YES <input type="checkbox"/> NO | 503. | 4 If YES, you are an off-site recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials. |
|--|------|---|

--Businesses that only send recyclable materials to off-site recyclers are not required to file this report--

II. OFF-SITE GENERATOR OF RECYCLABLE MATERIAL
Complete only when the generator is different from the recycler.

| | | | |
|---|------|----------------------------|------|
| OFF-SITE GENERATOR OF RECYCLABLE MATERIAL | 504. | OFF-SITE GENERATOR EPA ID# | 505. |
|---|------|----------------------------|------|

| | | | |
|----------------|------|-------|------|
| STREET ADDRESS | 506. | PHONE | 507. |
|----------------|------|-------|------|

| | | | | | |
|------|------|-------|------|----------|------|
| CITY | 508. | STATE | 509. | ZIP CODE | 510. |
|------|------|-------|------|----------|------|

| | |
|--------------------------------|------|
| MAILING ADDRESS (IF DIFFERENT) | 511. |
|--------------------------------|------|

| | | | | | |
|------|------|-------|------|----------|------|
| CITY | 512. | STATE | 513. | ZIP CODE | 514. |
|------|------|-------|------|----------|------|

III. CERTIFICATION SECTION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

| | | | | |
|------------------------|------|------|---------------------------|------|
| SIGNATURE OF CERTIFIER | DATE | 515. | NAME OF DOCUMENT PREPARER | 516. |
|------------------------|------|------|---------------------------|------|

| | | | |
|------------------------|------|-----------------|------|
| NAME OF SIGNER (print) | 517. | TITLE OF SIGNER | 518. |
|------------------------|------|-----------------|------|

Recyclable Materials Biennial Report - Page 1 Instructions

Complete this form if you recycle more than 100 kilograms (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material qualifies for an exclusion or exemption pursuant to H&SC §25143.2. Facilities that recycle at the same location where the material is generated (on-site recyclers), and facilities that recycle materials generated at an off-site location (off-site recyclers), must complete this report. Persons who send materials to another location to be recycled, and who do not recycle material on-site under a claim to an exclusion or exemption provided in H&SC §25143.2, do not need to complete this report.

Complete a separate Page 2 of this report for each individual recyclable material. Off-site recyclers must complete one report for each generator from whom they receive recyclable materials and provide a copy of the completed report to the generator of the material recycled.

Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

1. FACILITY ID NUMBER - This space is for agency use only.
2. EPA ID NUMBER - Enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California identification number. For facilities in California, the number usually starts with the letters "CA." If you do not have a number, contact the DTSC Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 618-6942, to obtain one.
3. BUSINESS NAME - Enter the complete Facility Name.
500. BEGINNING DATE OF REPORTING PERIOD - Enter the beginning date of the reporting period for this report. This report is for two calendar years and is due on July 1 of every even-numbered year.
501. ENDING DATE OF REPORTING PERIOD - Enter the ending date of the reporting period for this report.
502. ON-SITE RECYCLING - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material generated on-site under a claim that the material qualifies for an exclusion or exemption pursuant to H&SC §25143.2. Check "No" if the recycling facility does not recycle on-site.
503. OFF-SITE RECYCLING - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion, or exemption pursuant to H&SC §25143.2, and that material was received from one or more off-site locations. Check "No" if the recycling facility does not recycle material generated off-site.
504. OFF-SITE GENERATOR NAME - If the generator is different from the recycler, enter the name of the person or facility that generated the recyclable material. Complete a separate report for each generator.
505. OFF-SITE GENERATOR EPA ID NUMBER - Enter the generator's 12-character U.S. Environmental Protection Agency (EPA) identification number.
506. OFF-SITE GENERATOR STREET ADDRESS - Complete items 506-510 for each generator of recyclable material.
507. OFF-SITE GENERATOR PHONE NUMBER
508. OFF-SITE GENERATOR CITY
509. OFF-SITE GENERATOR STATE
510. OFF-SITE GENERATOR ZIP CODE
511. OFF-SITE GENERATOR MAILING ADDRESS - Complete items 511-514 if the mailing address for the off-site generator is different from the street address.
512. CITY FOR MAILING ADDRESS
513. STATE FOR MAILING ADDRESS
514. ZIP CODE FOR MAILING ADDRESS
- SIGNATURE OF CERTIFIER - The business owner/operator of the recycling facility shall sign in the space provided. This signature certifies that the signer believes that the information submitted is true, accurate, and complete.
515. DATE CERTIFIED - Enter the date that the certification was signed.
516. NAME OF DOCUMENT PREPARER - Enter the name of the person who prepared the report.
517. CERTIFIER NAME - Enter the full printed name of the certifier.
518. CERTIFIER TITLE - Enter the title of the person signing the report.

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
RECYCLABLE MATERIALS REPORT – PAGE 2
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

(One description per material recycled. Attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS _____ 519. Page ____ of ____

FACILITY ID# _____ 1. BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) _____ 3.

**IV. RECYCLABLE MATERIAL INFORMATION
A. DESCRIPTION**

| | | | |
|---------------------------------------|---|--|---|
| RECYCLABLE MATERIAL NUMBER _____ 520. | COMMON NAME OF RECYCLABLE MATERIAL _____ 521. | QUANTITY DURING TWO YEAR REPORTING PERIOD _____ 522. | UNITS <input type="checkbox"/> a. Gallons <input type="checkbox"/> c. Tons <input type="checkbox"/> b. Pounds <input type="checkbox"/> d. Kilograms _____ 523. |
|---------------------------------------|---|--|---|

RECYCLABLE MATERIAL DESCRIPTION _____ 524.

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL _____ 525.

| | |
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| AUTHORIZING PROVISION OF H&SC SECTION 25143.2 _____ 526. | BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION _____ 527. |
|--|---|

B. PRODUCT AND CONSTITUENT INFORMATION: OFF-SITE ONLY

Only complete if recyclable material was used to make or substitute for a product and operating pursuant to H&SC Section 25143.2(b) or (d)(5) or (6).

| HAZARDOUS CONSTITUENT | HAZARDOUS CONSTITUENT CONCENTRATION | | LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S) |
|-----------------------|---|---|---|
| | In Recyclable Material | In Final Product | |
| 528. | 529. | 531. | 533. |
| | UNITS _____ 530. <input type="checkbox"/> a. percent <input type="checkbox"/> b. ppm | UNITS _____ 532. <input type="checkbox"/> a. percent <input type="checkbox"/> b. ppm | |
| 534. | 535. | 537. | 539. |
| | UNITS _____ 536. <input type="checkbox"/> a. percent <input type="checkbox"/> b. ppm | UNITS _____ 538. <input type="checkbox"/> a. percent <input type="checkbox"/> b. ppm | |
| 540. | 541. | 543. | 545. |
| | UNITS _____ 542. <input type="checkbox"/> a. percent <input type="checkbox"/> b. ppm | UNITS _____ 544. <input type="checkbox"/> a. percent <input type="checkbox"/> b. ppm | |
| 546. | 547. | 549. | 551. |
| | UNITS _____ 548. <input type="checkbox"/> a. percent <input type="checkbox"/> b. ppm | UNITS _____ 550. <input type="checkbox"/> a. percent <input type="checkbox"/> b. ppm | |

If more than four constituents are recycled, attach additional sheets using this same format.

V. DOCUMENTATION OF KNOWN MARKET (Off-site recyclers only)

DOCUMENTATION IS ATTACHED: Off-site recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable materials and provide a copy of this report to the generator when the report is submitted to the CUPA. [H&SC Section 25143.10(a)(3)(A)]

Recyclable Materials Biennial Report - Page 2 Instructions

Complete a separate Page 2 of this Report for each recyclable material.

Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

519. TOTAL NUMBER OF RECYCLABLE MATERIALS - Enter the total number of recyclable materials which will be described in this report. Complete a separate report page 2 for each recyclable material and verify that the number of pages is the same as the total number listed here.
520. RECYCLABLE MATERIAL NUMBER - Assign a unique identification number to each recyclable material included in this report. In this section of the form, enter the number assigned to the recyclable material addressed by this page of the report .
521. COMMON NAME (RECYCLABLE MATERIAL) - Enter the common name of the material recycled (e.g. Antifreeze). This is the same as item 207, the Common Name on your Hazardous Materials Business Plan inventory page.
522. QUANTITY DURING TWO YEAR REPORTING PERIOD - Enter the total quantity of this recyclable material recycled during the two-year reporting period. Round to the nearest decimal.
523. UNITS - Enter the unit of measure for the quantity reported in item 522.
524. RECYCLABLE MATERIAL DESCRIPTION - Describe the recyclable material that was used in the recycling process, if not described in item 521, COMMON NAME.
525. RECYCLABLE MATERIAL PROCESS DESCRIPTION - Describe the recycling process and, if the recyclable material was used to provide a product, or was used as a substitute for a product, describe the beneficial use of the recyclable material.
526. AUTHORIZING PROVISION OF H&SC SECTION 25143.2 - Enter the subdivision(s), and subparagraph(s), if applicable, of H&SC §25143.2 that serve as your basis for the claim to exemption or exclusion [e.g. H&SC §25143.2(d)(2)(C)].
527. BASIS FOR CLAIM TO EXCLUSION OR EXEMPTION - Explain the basis for your the claim to an exclusion or exemption.
528. HAZARDOUS CONSTITUENT 1-4 - Describe up to four hazardous constituents of the recyclable material (use the common name, if appropriate). If more than four constituents of the recyclable material are recycled, attach additional sheets using the same format as on this form. (Report for constituents 2 through 4 in the spaces numbered 534, 540, and 546.)
529. CONCENTRATION RECYCLABLE MATERIAL 1-4 - Enter the concentrations of up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in the spaces numbered 535, 541, and 547.)
530. UNITS RECYCLABLE MATERIAL 1-4 - Enter the unit of measure of the concentration that is most appropriate, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in the spaces numbered 536, 542, and 548.)
531. CONCENTRATION FINAL PRODUCT 1-4 - Enter the concentrations in the final product of up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 537, 543, and 549.)
532. UNITS FINAL PRODUCT 1-4 - Enter the unit of measure of the concentration in the final product, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in the spaces numbered 538, 544, and 550.)
533. FINAL PRODUCT/USES FOR CONSTITUENT 1-4 - Describe the final product(s) that resulted from the recycling process and how each product was beneficially used. (Report for constituents 2 through 4 in the spaces numbered 539, 545, and 551.)
552. DOCUMENTATION - For off-site recyclers, check the box to indicate that documentation of known market is provided. Documentation is required pursuant to H&SC §25143.10(a)(3)(A) to show that there was a known market for disposition of the recyclable material and any products manufactured from it.