

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM*For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction**Authority Cited: Health and Safety Code §25503.3(c); 19 CCR §2729.5(c)*To: Agency Name: **San Luis Obispo County Environmental Health Services**Agency Mailing Address: **PO Box 1489 San Luis Obispo, 943406****FAX 805-781-4211****Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:**Facility Name: **Cambria community Services District - Emergency Water Supply Project****Facilities**Facility Street Address: **990 San Simeon Creek road** City: **Cambria**

Date of Current HMBP: _____

I certify that: *(Check the appropriate box.)*

I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. *(See bottom of page for details.)* If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

or

Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is complete and accurate and is being implemented. A copy of the revisions has been electronically submitted or is enclosed with this Certification along with a signed UPCF Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials that would require updating of the HMBP.

Name of Owner/Operator *(Print)*: **Jerome D. Gruber** Title: **General Manager**Phone: **805-927-6223** Signature: _____ Date: **1/13/2015**

By checking the upper box on this form, you are certifying that:

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; **and**
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; **and**
- The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; **and**
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; **and**
- There have been no substantial changes in the facility's operations that would require revision of the current HMBP.

Exhibit 15.1