

Fee \$  
Check [ ] Cash [ ]

Name Pearson Trucking & Rigging, Inc. Phone (310) 921-2344  
Mailing Address 13555 Excelsior Drive City Norwalk State CA Zip 90650

Occupant Name Pearson Trucking & Rigging, Inc. Phone (310) 921-2344  
Site Address 13555 Excelsior Drive City Norwalk, CA Zip 90650  
Mailing Address 13555 Excelsior Drive City Norwalk, State CA Zip 90650  
Contact Person Don Martin Title President

OWNER/OPERATOR AS CONTRACTOR [ ]  
Name Pearson Trucking & Rigging, Inc. Phone (310) 921-2344  
State License No. 168681 Class B


- TYPE REQUESTED:
- PERMANENT, TANK REMOVAL (See Conditions A and C Attached)  
How many underground tanks will remain after this closure? 0
  - PERMANENT, CLOSURE IN PLACE (See Conditions A and D Attached)
  - TEMPORARY (See Conditions A and B Attached)

DESCRIPTION:	PLOT PLAN ATTACHED [ <input checked="" type="checkbox"/> ]			EXISTING HMUSP NO. _____
No.	Tank Mat'l	Age	Capacity	Materials Stored (Past/Present)
	Steel	14	10,000	Gasoline
	Steel	14	10,000	Diesel

- ANSWER THE FOLLOWING:
- Has an unauthorized release ever occurred at this site? [ ] YES [ ] NO
  - Have structural repairs ever been made to these tanks? [ ] YES [ ] NO
  - Will new underground tanks be installed after closure? [ ] YES [ ] NO
  - Will any wells, including monitoring wells, be abandoned? [ ] YES [ ] NO

CONTAMINATED TANKS AND RESIDUES THAT MAY BE LEFT IN TANKS TO BE  
A HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT  
TO SECTION 6.5, CALIFORNIA HEALTH & SAFETY CODE. FAILURE TO COMPLY MAY BE  
PUNISHED AS A FELONY VIOLATION.

The signature below the applicant certifies that all statements and  
disclosures above are true and correct and that they have read and  
will abide by this permit and all conditions and limitations attached.

Applicant's Signature  Date August 16  
(Print Name) Donald R. Martin Phone (310) 921-2344  
Owner [] Operator [] Contractor []

THIS PERMIT IS TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS  
IN ACCORDANCE WITH SECTION 11.80.070B, LOS ANGELES COUNTY CODE, PERMISSION IS  
GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED  
CONDITIONS AND LIMITATIONS [X]. THIS PERMIT EXPIRES 180 DAYS FROM THE DATE OF ISSUANCE.



Closure report shall be submitted to the County of Los Angeles Department of Public Works, Waste Management Division, P.O. Box 1460, Alhambra, California 91802-1460, containing:

1. File number of facility and closure permit number.
2. Plot plan to scale showing locations of tanks, sampling points, buildings, adjacent streets, and north arrow.
3. Description of methods for obtaining, handling, and transporting samples.
4. Time and date samples were obtained.
5. Soil sampling certification (including but not limited to soils classification, boring logs, sample procedures, sample locations, initiating chain-of-custody, and groundwater location) for UST closure shall be certified by a California registered geologist, a California certified engineering geologist, or a California registered civil engineer with sufficient experience in soils. The certification must clearly state that all work was performed under the supervision of the person signing.
6. Chain-of-custody documentation initiated by person obtaining sample through person at CAL/EPA Department of Toxic Substance Control certified laboratory.
7. Disposal destination of tanks and evidence of legal disposal.
8. Analysis results by a State certified laboratory submitted on laboratory letterhead showing analysis date, methods of extraction, and methods of analysis.
9. Documentation as to depth of groundwater at facility.
10. Manifests to document hazardous waste disposal of any removed soil and tank rinseate.
11. Any observations of site contamination.
12. Remedial action plan to mitigate contamination.
13. Report to be signed by a California registered geologist, a California certified engineering geologist, or a California registered civil engineer with sufficient experience in soils.

Signature Name BILL ATKINS

*Bill Atkins*

8/17/93



ation regulations, Health and Safety Codes, Water Codes, and  
to Los Angeles County Code, Section 11.78.045, and the Conditions and Limitations of  
ed Hazardous Materials Underground Storage Closure Authorization, you are required  
te ALL of the agency notifications indicated below within the time period specified prior  
acement of work on this closure.

HOURS - DEPARTMENT OF PUBLIC WORKS INDUSTRIAL WASTE ENGINEERING  
SPECTOR:

Unless otherwise noted DPW inspectors are available at the following offices,  
Monday through Friday, between 8:00 a.m. and 9:30 a.m. ONLY. <<<

- ✓ | BELLFLOWER AREA - (310) 804-2584  
16600 Civic Center Dr., Suite 200, Bellflower, CA 90607
- | CENTINELA VALLEY AREA - (310) 534-4862 or 534-4859  
24320 S. Narbonne Ave., Lomita, CA 90717
- | LENNOX AREA - (310) 534-4862 or 534-4859  
24320 S. Narbonne Ave., Lomita, CA 90717
- | SAN GABRIEL VALLEY AREA - (818) 574-0962  
125 S. Baldwin Ave., Arcadia, CA 91007
- | SAN DIMAS AREA - M, W, & F - (818) 574-0961 or T & TH - (818) 961-9611  
125 S. Baldwin Ave., Arcadia, CA 91007
- | EAST LOS ANGELES AREA - (213) 260-3466  
5119 E. Beverly Blvd., Los Angeles, CA 90022
- | NEWHALL AREA - (805) 253-7207  
23757 W. Valencia Blvd., Santa Clarita, CA 91355

HOURS (OR AS REQUIRED) - LOCAL FIRE DEPARTMENT FIRE PREVENTI  
SPECTOR:

- | City of \_\_\_\_\_
- ✓ | Los Angeles County Fire Department (213) 860 8014

HOURS - SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
(909) 396-2000

COUNTY SERVES AS BUILDING OFFICIAL, SEE ATTACHED.

TO PROVIDE NOTICE AS REQUIRED ABOVE MAY RESULT IN PERMIT REVOCAT  
NAL SITE ASSESSMENT REQUIREMENTS, AND/OR ADMINISTRATIVE PENALTIE  
D BY LAW.







WAREHOUSE

OFFICE

40'

Existing Island

T1  
10,000  
GALLONS

T2  
10,000  
GALLONS

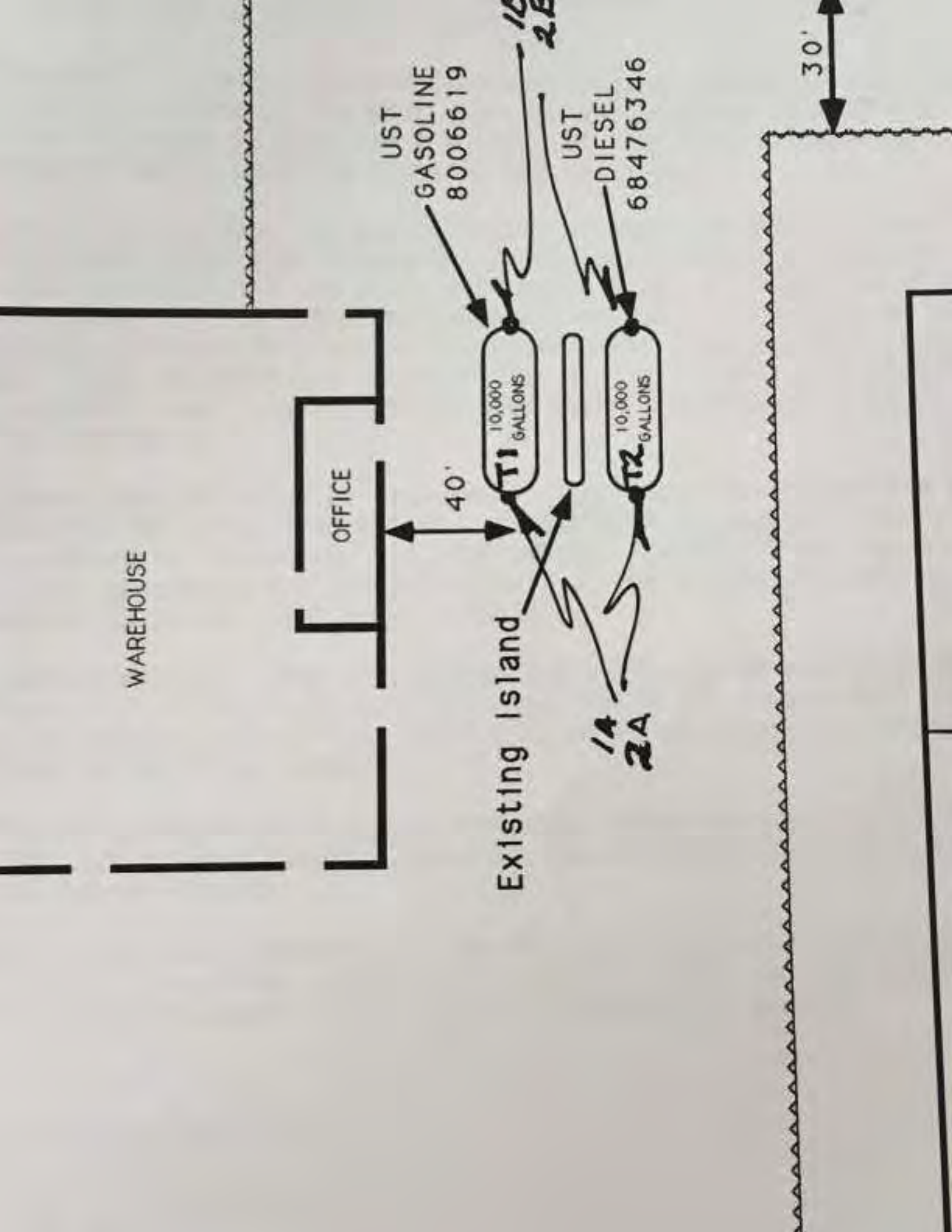
UST  
GASOLINE  
8006619

UST  
DIESEL  
68476346

1A  
2A

1C  
2E

30'





# NON-HAZARDOUS WASTE DATA FORM

NAME: PERSON TRUCKING & RIGGING EPA ID NO: CA1098168H144  
 ADDRESS: 1355 EXETER DR.  
 CITY, STATE, ZIP: NORWALK, CAL. PHONE NO: (310) 921-2344

DESIGNATED TRO FACILITY: CROSBY & SWETON, INC. EPA ID NO: CA1010284090119  

	WEIGHT OR VOLUME	UNITS
TANK PUMP A/B	300	GALLONS

CONTAINERS: 1 TYPE:  TANK TRUCK  DRUM  DUMP TRUCK  CARTONS  OTHER  
 WASTE DESCRIPTION: BETTER WATER 99% GENERATING PROCESS: TANK CLEANING - RIGGING  

COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%
<u>WATER</u>	<u>GREATER</u>	<u>99%</u>			
<u>GLYCOL &amp; DIESEL</u>	<u>LESS</u>	<u>1%</u>			

PROPERTIES:  SOLID  LIQUID  SLUDGE  SLURRY  OTHER  
 HANDLING INSTRUCTIONS: GLOVES & GOGGLES

GENERATOR CERTIFICATION: This is to certify that the above named waste materials are 100% non-hazardous and are not regulated according to either 40 CFR (EPA) or applicable state regulations. In addition the above named waste materials are properly described, packaged, marked, labeled and are in proper condition for transportation according to all applicable regulations.  
\* DONALD R. MARTIN [Signature] 9-8-93  
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE

NAME: CAL-JAC EPA ID NO: CA1098814090119  
 ADDRESS: 10850 SUDMAKER AV. BULK ORDER NO: VERIDON  
 CITY, STATE, ZIP: SANTA FE SPRING, CA. 90670 PICK UP DATE: 9-8-93  
 PHONE NO: (310) 446-4444  
RIK BALTAZAR [Signature] 9-8-93  
 TRUCK UNIT ID NO. TYPED OR PRINTED FULL NAME & SIGNATURE DATE

NAME: CROSBY & SWETON, INC. EPA ID NO: CA1010284090119  
 ADDRESS: 1610 W. 16TH ST. DISPOSAL METHOD:  LANDFILL  OTHER 15  
 CITY, STATE, ZIP: LONG BEACH, CA. 90803  
 PHONE NO: (310) 432-5445  
[Signature] 9/10/93  
 QUANTITY: TYPED OR PRINTED FULL NAME & SIGNATURE DATE



*Original*

NS  
CLSP

Tank Removal  
and

Remedial Action/Final Closure Report

for

Pearson Trucking & Rigging, Inc.

13555 Excelsior Drive  
Norwalk, California 90650

Submitted to

County of Los Angeles  
Department of Public Works  
Waste Management Division

*Original*  
RECEI

October 20, 1993

NOV 03  
DEPARTMENT OF P  
WASTE MANAGEN

LOP FILE NO. I-21116



Name Pearson Trucking & Rigging, Inc. Phone (310) 921-2344  
 Mailing Address 13555 Excelsior Drive City Norwalk State CA Zip 90650

CITY:  
 Occupant Name Pearson Trucking & Rigging, Inc. Phone (310) 921-2344  
 Site Address 13555 Excelsior Drive City Norwalk, CA Zip 90650  
 Mailing Address 13555 Excelsior Drive City Norwalk, CA State CA Zip 90650  
 Contact Person Don Martin Title President

ACTOR [ ], complete below: OWNER/OPERATOR AS CONTRACTOR [ ]  
 Name Pearson Trucking & Rigging, Inc. Phone (310) 921-2344  
 State License No. 168681 Class B

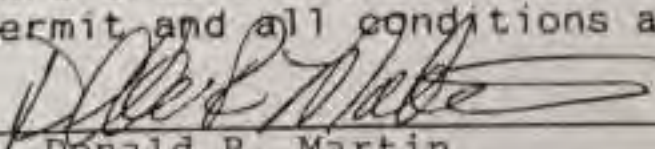
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No.	Tank Mat'l	Age	Capacity	Materials Stored (Past/Present)
	Steel	14	10,000	Gasoline
	Steel	14	10,000	Diesel

THE FOLLOWING: YES NO  
 Has an unauthorized release ever occurred at this site? [ ] [ ]  
 Have structural repairs ever been made to these tanks? [ ] [ ]  
 Will new underground tanks be installed after closure? [ ] [ ]  
 Will any wells, including monitoring wells, be abandoned? [ ] [ ]

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 A HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT  
 TO SECTION 6.5, CALIFORNIA HEALTH & SAFETY CODE. FAILURE TO COMPLY MAY BE  
 PUNISHED AS A FELONY VIOLATION.

By signature below the applicant certifies that all statements and  
 disclosures above are true and correct and that they have read and  
 will abide by this permit and all conditions and limitations attached

Applicant's Signature  Date August 16  
 (Print Name) Donald R. Martin Phone (310) 921-2344  
 Owner [] Operator [] Contractor []



WAREHOUSE

OFFICE

UST  
GASOLINE

UST  
DIESEL

40'

30'

10,000  
GALLONS  
T1

10,000  
GALLONS  
T2

Existing Island

See inset at Left

FIELD SERVICES DIVISION

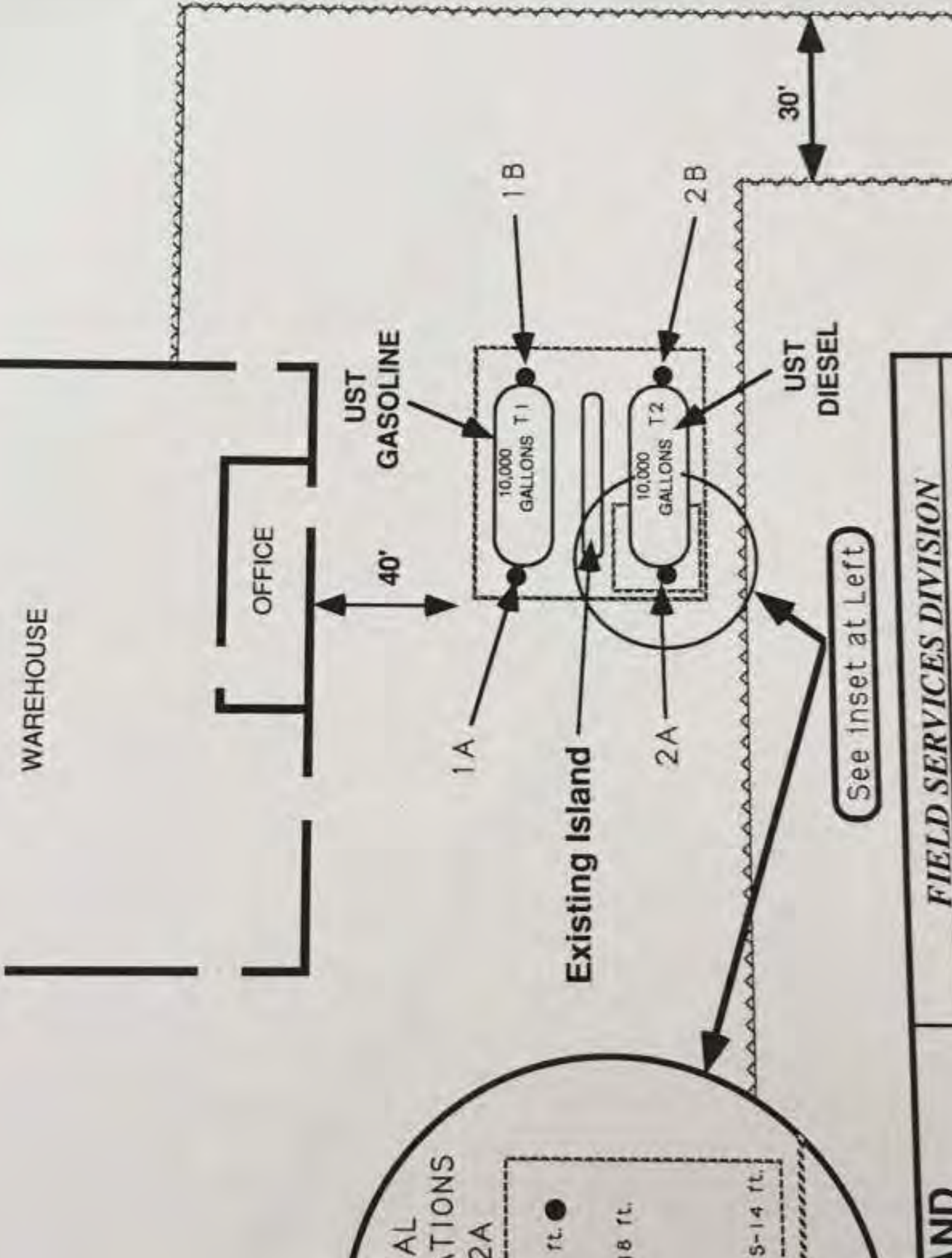
AL  
ATIONS  
2A

ft. ●

18 ft.

5-14 ft.

ND





## Tank Information

The two atmospheric underground storage tanks were located in front of this building near the southwest corner in the driveway leading to the offices. Both tanks were carbon steel and 10,000 gallons in size. The tank nearest the building was an unleaded fuel tank and the tank furthest away was a diesel tank. The dispenser island was situated above and between the two tanks. The fill end of the tanks was to the east and the turbine pump end of the tanks with supply to the dispenser was to the west. (See attached site map.)

The plans for the installation of the tanks were approved on December 11, 1981 and the installation date was on or about February 1, 1982, which made them eleven years and seven months old as of September 1993. Both tanks were in very good condition upon removal, with no apparent leaks or serious corrosion. These tanks were removed at about 9:00 a.m. on September 9, 1993. Soil sampling from beneath this tank location followed immediately at 10:00 a.m. The disposal documents (signed through receiving facility) can be found later in this report (see Section K).



## Tank Preparation

The 10,000 gallon diesel tank was cleaned first, followed by the unleaded tank. The process included triple rinsing and removal of rinseate followed by testing for the lower explosive limit (LEL). Although already safed, this procedure was followed by placement of dry ice in the tank (minimum 15 lbs/1000 gallons capacity) as an added safety precaution. The LEL was then measured again, confirmed safe by the inspector, and a cold chisel used to put a square hole in the top of the tank from which a high pressure washer could be used to triple rinse again. The rinseate was evacuated into the same vacuum truck and hauled by Cal-Vac Environmental, Inc. to Crosby & Overton, Inc. in Long Beach, California. (See Nonhazardous Waste Data From No. 805296, attached.)

Both tanks were sampled using this same monitoring instrument prior to triple rinsing. The results showed that the organic vapor concentration within each tank was below 700 ppm (measured as methane) so degassing under SCAQMD Rule 1149 was not required.



NON-HAZARDOUS WASTE DATA FORM

ADDRESS 13555 EXCELLENCE DR.  
 CITY, STATE, ZIP STOCKTON, CALIF.

EPA ID NO. CA101918110184121  
 PHONE NO. (310) 921-2311

DESIGNATED TSD FACILITY: PROSBA - ENVIRONMENTAL INC.

EPA ID NO. CA1010121814101911

WASTE DESCRIPTION	WEIGHT OR VOLUME	UNIT
<u>Water from use Aid</u>	<u>300</u>	<u>GALLONS</u>

CONTAINERS: 1 TYPE:  TANK TRUCK  DRUMS  DUMP TRUCK  CARTONS  OTHER

WASTE DESCRIPTION	COMPONENTS OF WASTE	PPM	GENERATING PROCESS	COMPONENTS OF WASTE	PPM
<u>Water</u>	<u>Water</u>	<u>99%</u>	<u>TANK CLEANING - SPARK</u>		
<u>Gasoline &amp; dirt/mud</u>	<u>Less</u>	<u>1%</u>			

PROPERTIES: pH 6  SOLID  LIQUID  SLUDGE  SLURRY  OTHER

LOADING INSTRUCTIONS CRATES & BOXES

GENERATOR CERTIFICATION: This is to certify that the above named waste materials are 100% non-hazardous and are not regulated under either 40 CFR (USEPA) or applicable state regulations. In addition the above named waste materials are properly described, packaged, labeled and are in proper condition for transportation according to all applicable regulations.

\* [Signature] 7-8-93  
 TYPED OR PRINTED FULL NAME & SIGNATURE

ADDRESS 10630 SUDMANN DR.  
 CITY, STATE, ZIP SOUTH RIVER SPRINGS, CA 90670

EPA ID NO. CA10191812141419  
 SERVICE ORDER NO. VERI-DOM  
 PICK UP DATE 7-8-93

PHONE NO. (310) 946-4194  
 UNIT ID NO. [Signature]  
 TYPED OR PRINTED FULL NAME & SIGNATURE

EPA ID NO. CA1010121814101911

DESIGNATED TSD FACILITY: PROSBA - ENVIRONMENTAL INC.  
 ADDRESS 1611 W. 147th St.

EPA ID NO. CA1010121814101911  
 DISPOSAL METHOD:  LANDFILL  OTHER



The tanks, once clean, were inspected by a Certified Industrial Hygienist, Mr. Dan Napier, Certificate No. 2267. Each tank was certified clean and organic vapor free on September 8, 1993. The tanks were removed following on-site inspection and approval by the County of Los Angeles Fire Department. The on-site witness from the Fire Department was Mr. John Mazzocco. The tanks were removed from the excavation site using an appropriately sized crane and lifted onto flatbed trailers. They were then transported to B&D Salvage in El Monte for disposal on September 10, 1993. Attached is a copy of the Certificate of Disposal/ Destruction, and the shipping documents associated with the tanks' arrival at B&D Salvage.

The excavated soil was sampled every 15 minutes using an organic vapor analyzer or equivalent instrument pursuant to SCAQMD Rule 1166. All of these samples resulted in readings indicating that organic vapors were not detected.



Unified Industrial Hygienist Certificate

Survey Requested

Cal-Van

Last known Contents:

Diesel Gasoline

Owner of UST:

Parson Trucking + Rigging

Location of Tank:

13555 Excelsior Dr  
Norwalk, CA

Date of survey:

9/8/93

Test Method: direct instrument reading  
Calibration

Tank Description:

2 Steel

Date 9/8/93 Inst# HNU

Capacity:

2 @ 10,000 Gallons

Time Survey Completed:

— 1800 —

Instructions: Remove tank and immediately place on the transport vehicle. Immediately transport to site of demolition.

The above tank or tanks have been triple rinsed, or the equivalent, pressure wash with minimum 3000-psi water pressure. The Environmental Protection Agency's cleaning criteria for empty containers (40 CFR 261.7 Residues of Hazardous Waste in Empty Containers) was used by Danier & Associates as an appropriate means of ascertaining the cleanliness of the equipment, according to 40 CFR 261.7:

A container or inner liner removed from a container that has held an acute hazardous waste listed in EPA 261.31,32,33E (EPA HW No F, K, P, U) is empty if it has been triple rinsed using a solvent capable of removing the commercial chemical product or it has been cleaned by another method that has been shown in the scientific literature to achieve equivalent removal.

The above tank(s) has (have) been tested and the Lower Explosion Level (LEL) is equal to or less than 0% (zero percent).

undersigned acknowledges receipt of this Certificate Section 2-3 of NFPA 306-1980 and understands conditions and limitations under which it was issued"

Richard L. Burt/ys 9-8-93  
Signature Date

This Certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualification and instructions.

Signed Dr Kaplan  
CIH Cert. Number 8801  
2267



(NAME OF CARRIER)

Origin B&D Salvage  
12301 Valley  
El Monte, Ca. Zip

FROM: Shipper Pearson Trucking & Rigging  
Street 13555 Excelsior Dr.  
Origin Norwalk, Ca. Zip 90650

Phone: 818-444-9530

Vehicle Number

HAZARD CLASS	I.D. Number	PACKING GROUP	WEIGHT (kg or lb)	RATE	LABELS REQUIRED (see examples)
TANK and associated piping & pumps					
<p>REC. by: DANIEL CASTILLO B&amp;D 09-10-93</p>					

C.O.D. to: State: Zip:

COD Amt: \$

C.O.D. Prepaid Collect

When the rate is designated on value shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

Labels in the last 7 of the conditions of this shipment is to be furnished to the warehouse and not to be on the warehouse, the warehouse shall sign the following statement: The carrier shall be liable for the shipment without payment of freight and all other special charges

FREIGHT PREPAID

IF FINED: subject to the classification and liability rate tariffs in effect on the date of issue of this Bill of Lading, the property described above in agreement with the carrier, except as noted and incidents of carriage of packages unknown, marked, consigned, and delivered as indicated above which said carrier (the word carrier being understood throughout this contract as any person or corporation in possession of the property under the contract) agrees in carry to its usual place of delivery at and destination, if on its route, otherwise to deliver to another place of destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time, all to any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by him and accepted for himself and his agents.

Labels for the above named materials are properly classified, packaged, marked and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

PLACARDS REQUIRED

PLACARDS SUPPLIED

LIVES LING FURNISH DRIVERS SIGNATURE

ADDITIONAL INSTRUCTIONS:

When the applicable tariff provisions specify a limitation of the carrier's liability (NMFC Item 17 or value declaration by the shipper, and the shipper does not declare a value or release the liability shall be limited to the extent provided by NMFC Item 172 California interstate shipper NMFC Item 172

CARRIER: Pearson Trucking  
9/9/93

CARRIER: Pearson Trucking  
PER:  
DATE: 9/9/93

AGENCY RESPONSE

Monitored at all times the Hazardous Material is in including storage incidental to transportation (17.2.60A)

WEIGHMASTER CERTIFICATE  
TICKET SCALE

B & D AUTO AND TRUCK SALVAGE

\*\*\*\*\* I N T A K E \*\*\*\*\*

Received From:  
MASON TRUCKING & RIGGING  
255 EXCELSIOR DR  
MILK

TICKET #: T51502

B & D AUTO AND TRUCK SALVAGE  
12301 E VALLEY BLVD  
EL MONTE, CA 91732

# RC3353

#	I.D. #	I.C. #	Driver	Order #	Customer B/L #			
9C24997	9C24997	95119						
COMMODITY	GROSS	TARE	NET	ADJ REASON	PD WT	RD CNT	RD WGT	RD EXT
HEAVY MELTING STEEL TO SHER	425200	321000	104200		10420	0	0	.00

LS	42520	32100	10420	10420	0	0	
----	-------	-------	-------	-------	---	---	--

WEIGHMASTER: JOSE D CASTILLO

TARE WEIGHMASTER: JOSE D CASTILLO

Date In	09/10/93	NET TON
Time In	11:09	5.210
Date Out	09/10/93	
Time Out	11:09	

WEIGHMASTER SIGNATURE \_\_\_\_\_

1. B-SCHL 2. PINK-TRUCKER 3. YELLOW-CUSTOMER 4. GOLDEN-FILE 5. WHITE-VENDOR FILE 6. BLUE-REMITTANCE  
 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50.



B & D Salvage  
 12301 Valley  
 El Monte, Ca. Zip  
 814-944-9530

FROM: Shipper *Person Trucking & Rigging*  
 Street *13555 Exclusive Dr.*  
 Origin *Norwalk, Ca.* Zip *90650*  
 Vehicle Number

| HM | Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME) | HAZARD CLASS | I.D. Number | PACKING GROUP | WEIGHT (LBS OR KG) | RATE | LABELS REQUIRED (See 172.604) |
|----|---|--------------|-------------|---------------|--------------------|------|-------------------------------|
|    | <i>Tank and associated Piping &amp; pumps</i>   |              |             |               |                    |      |                               |
|    | <i>Rec. by Daniel Castillo<br/>B &amp; D<br/>9-10-93</i>                                  |              |             |               |                    |      |                               |

D.D. to: State: Zip:

COD Amt: \$  
 C.O.D. FE  
 Prepaid   
 Collect   
 FREIGHT CH  
 PREPAID

subject to the classifications and lawfully laid tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted from...

INSTRUCTIONS:  
*Person Trucking & Rigging*  
*9/9/93*

PLACARDS REQUIRED  
 PLACARDS SUPPLIED  YES  NO - FURNISHED BY DRIVERS SIGNATURE  
 CARRIER: *Person Trucking & Rigging*  
 PER:  
 DATE: *9/9/93*

RESPONSE NUMBER: *1*

Monitored at all times the Hazardous Material is in transport including storage incidental to transportation (172.604)

MASTER CERTIFICATE  
SCALE

B & D AUTO AND TRUCK SALVAGE

\* \* \* \* I N T A K E \* \* \* \*

TRUCK # :  
KING & RIGGING  
FOR DR  
TICKET # : TS1511  
CA 90650

B & D AUTO AND TRUCK SALVAGE  
12301 E VALLEY BLVD  
EL MONTE, CA 91732      # RC3355

| L.D. #            | I.C. #             | Driver     | Order # | Customer B/L #   |
|-------------------|--------------------|------------|---------|------------------|
| 9024994           | 95127              |            |         |                  |
| ING STEEL TO SHEA | GROSS TARE NET     | ADJ REASON | PD WT   | RD CNT RD WGT RD |
|                   | 44460M 35320M 9140 |            | 9140    | 0 0              |

|                     |             |                         |          |          |         |
|---------------------|-------------|-------------------------|----------|----------|---------|
| 44460               | 35320       | 9140                    | 9140     | 0        | 0       |
| ER: JOSE D CASTILLO | TARE WEIGHT | MASTER: JOSE D CASTILLO | Date In  | 09/10/93 | NET TON |
|                     |             |                         | Time In  | 11:35    | 4.57    |
|                     |             |                         | Date Out | 09/10/93 |         |
|                     |             |                         | Time Out | 11:36    |         |

SCALE 2    C=SCALE 3    D=SCALE 4    M=MANUAL WEIGHT  
 PINK-TRUCKER    YELLOW-CUSTOMER    GOLDENROD-FILL    WHITE-VENDOR FILE    BLUE-REMITTANCE



atory Results For :  
 n Trucking  
 Excelsior Drive  
 k, CA

Date Received : 9/9/93  
 Date Analyzed : 9/10/93  
 Analyst : R.E. Teague  
 Lab No. 930099

Matrix ; Soils

|                | Benzene<br>mg/kg | Toluene<br>mg/kg | Ethylbenzene<br>mg/kg | Xylenes<br>mg/kg | Tot Pet Hy<br>mg/kg |
|----------------|------------------|------------------|-----------------------|------------------|---------------------|
|                | ND               | ND               | ND                    | ND               | ND Gas              |
|                | ND               | ND               | ND                    | ND               | ND Gas              |
|                | ND               | ND               | ND                    | 8.805            | 1830 Di             |
|                | ND               | ND               | ND                    | ND               | ND Di               |
| Spikes<br>very | 89               | 88               | 92                    | 91               | 88 Ga               |
| Spike<br>very  | *****            |                  |                       |                  | 86 D                |

Results Reported in Milligrams per Kilogram

on Detectable ; EPA 8020 (.002 mg/kg)  
 EPA 8015 Modified for Gasoline (1 mg/kg)  
 EPA 8015 Modified for Diesel (10 mg/kg)

s of Volatile Aromatics ; EPA 8020  
 s of Total Petroleum Hydrocarbons ; EPA 8015 Modified for  
 s of Total Petroleum Hydrocarbons ; EPA 8015 Modified for

ate Number : E739

*Jeff Johnson*  
 Jeff Johnson, Che

Laboratory Results For :  
H. Trucking  
Excelsior Drive  
Bakersfield, CA

Date Received : 9/14/93  
Date Analyzed : 9/15/93  
Analyst : R.E. Teague  
Lab No. 930101

Matrix : Soils

|                 | Benzene<br>mg/kg | Toluene<br>mg/kg | Ethylbenzene<br>mg/kg | Xylenes<br>mg/kg | Tot Pet Hyds<br>mg/kg |
|-----------------|------------------|------------------|-----------------------|------------------|-----------------------|
| 8'              | ND               | ND               | ND                    | ND               | ND                    |
| 4'              | ND               | ND               | ND                    | ND               | ND                    |
| 16'             | ND               | ND               | ND                    | ND               | ND                    |
| 4'              | ND               | ND               | ND                    | ND               | ND                    |
| Spikes<br>every | 90               | 88               | 93                    | 90               | 86 Dies               |

Results Reported in Milligrams per Kilogram

Lower Limit of Detectable : EPA 8020 (.002 mg/kg)

EPA 8015 Modified for Diesel (10 mg/kg)

Lower Limit of Volatile Aromatics ; EPA 8020

Lower Limit of Total Petroleum Hydrocarbons ; EPA 8015 Modified for Diesel

Report Number : E739

  
Jeff Johnson, Chemist







# PEARSON TRUCKING

SITE ADDRESS

13555 Excelsior, Norwalk

NO. OF CONTAINERS

8015 (m) Diesel  
8020

SAMPLE LOCATION DESIGNATION

SAMPLE MATRIX

GRAB

COMP

X Soil Btm Ctr. of remed.  
 X " South Side wall @ 14'  
 X " NE Cntr. Ctr. of Excav  
 X " West Side wall @ 14'

1 X X  
 1 X X  
 1 X X  
 1 X X

| DATE    | TIME    | RECEIVED BY (SIGNATURE) | RELINQUISHED BY (SIGNATURE) | DATE | TIME | RECE |
|---------|---------|-------------------------|-----------------------------|------|------|------|
|         |         |                         |                             |      |      | RECE |
| 9/16/03 | 9:45 AM | <i>[Signature]</i>      |                             |      |      |      |



# APPENDIX D - LABORATORY REQUIREMENTS

## ANALYTICAL TEST RESULT<sup>a</sup>

Reporting Unit (Circle One): μg/kg μg/l

| DATE ANALYZED                            |  | 9/10/93         | 9/10/93         | 9/10/93         | 9/10/93         |     |
|--|--|-----------------|-----------------|-----------------|-----------------|-----|
| DATE EXTRACTED                           |  | 9/9/93          | 9/9/93          | 9/9/93          | 9/9/93          |     |
| EXTRACTION METHOD                        |  | P/T             | P/T             | P/T             | P/T             |     |
| EXTRACTION MATERIAL                      |  | CS <sub>2</sub> | CS <sub>2</sub> | CS <sub>2</sub> | CS <sub>2</sub> |     |
| EXTRACTION DURATION (hr <u>min</u> )     |  | 30              | 30              | 30              | 30              |     |
| DILUTION FACTOR                          |  | 10              | 10              | 10              | 10              |     |
| LAB SAMPLE I.D.                          |  | 1A              | 1B              | 2A              | 2B              |     |
| CLIENT SAMPLE I.D.                       |  | 1A              | 1B              | 2A              | 2B              |     |
| PETROLEUM HYDROCARBONS                   |  | MDL             | MB              |                 |                 |     |
| Total Petroleum Hydrocarbons (EPA 418.1) |  |                 |                 |                 |                 |     |
| Gasoline (EPA 8015M)                     |  | 10,000          | ND/ND           | ND              |                 |     |
| Jet Fuel (EPA 8015M)                     |  |                 |                 |                 |                 |     |
| Kerosene (EPA 8015M)                     |  |                 |                 |                 |                 |     |
| Diesel (EPA 8015M)                       |  | 10,000          |                 | 1830,000        | ND              |     |
| Other (identified below)                 |  |                 |                 |                 |                 |     |
|  |  |                 |                 |                 |                 |     |
|  |  |                 |                 |                 |                 |     |
| SURROGATE                                |  | SPK CONC        | ACP%            | MB %RC          | %RC             | %RC |
| N/A                                      |  |                 |                 |                 |                 |     |
| N/A                                      |  |                 |                 |                 |                 |     |
| N/A                                      |  |                 |                 |                 |                 |     |

Report Any Value ≥ MDL.  
 = Method Detection Limit; MB = Method Blank; ND = Not Detected (Below MDL); NA = Not Analyzed  
 CONC = Spiking Concentration; ACP % = Acceptable Range of Percent; %RC = % Recovery

### REQUIREMENTS

Provide details of corrective actions in any out of control events (e.g., re-calibration, blank contamination, etc.).

Analytical results are not to be blank adjusted.

Lowest concentration injected for initial calibration should not exceed three times of laboratory MDL.

Chemical standards for QC check samples and calibration should be obtained from different supply sources.



# APPENDIX D - LABORATORY REQUIREMENTS

## ANALYTICAL TEST RESULT<sup>a</sup>

Reporting Unit (Circle One): μg/kg μg/l

|  |                 |                 |                 |                 |                 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| DATE ANALYZED                            |                 | 9/15/93         | 9/15/93         | 9/15/93         | 9/15/93         |
| DATE EXTRACTED                           |                 | 9/14/93         | 9/14/93         | 9/14/93         | 9/14/93         |
| EXTRACTION METHOD                        |                 | P/T             | P/T             | P/T             | P/T             |
| EXTRACTION MATERIAL                      |                 | CS <sub>2</sub> | CS <sub>2</sub> | CS <sub>2</sub> | CS <sub>2</sub> |
| EXTRACTION DURATION (hr (min))           |                 | 30              | 30              | 30              | 30              |
| DILUTION FACTOR                          |                 | 10              | 10              | 10              | 10              |
| LAB SAMPLE I.D.                          |                 | 2A-C-1E         | 2A-5-14         | 2A-NE-10        | 2A-W-11         |
| CLIENT SAMPLE I.D.                       |                 | 2A-C-1E         | 2A-5-14         | 2A-NE-10        | 2A-W-11         |
| <b>PETROLEUM HYDROCARBONS</b>            |                 | <b>MDL</b>      | <b>MB</b>       |                 |                 |
| Total Petroleum Hydrocarbons (EPA 418.1) |                 |                 |                 |                 |                 |
| Gasoline (EPA 8015M)                     |                 | 10,000          | ND/ND           | ND              |                 |
| Jet Fuel (EPA 8015M)                     |                 |                 |                 |                 |                 |
| Kerosene (EPA 8015M)                     |                 |                 |                 |                 |                 |
| Diesel (EPA 8015M)                       |                 | 10,000          |                 | ND              | ND              |
| Other (identified below)                 |                 |                 |                 |                 |                 |
|  |                 |                 |                 |                 |                 |
|  |                 |                 |                 |                 |                 |
|  |                 |                 |                 |                 |                 |
| <b>SURROGATE</b>                         | <b>SPK CONC</b> | <b>ACP%</b>     | <b>MB %RC</b>   | <b>%RC</b>      | <b>%RC</b>      |
| N/A                                      |                 |                 |                 |                 |                 |
| N/A                                      |                 |                 |                 |                 |                 |
| N/A                                      |                 |                 |                 |                 |                 |

<sup>a</sup> = Report Any Value ≥ MDL.  
 MDL = Method Detection Limit; MB = Method Blank; ND = Not Detected (Below MDL); NA = Not Analyzed  
 SPK CONC = Spiking Concentration; ACP % = Acceptable Range of Percent; %RC = % Recovery

### REQUIREMENTS

1. Provide details of corrective actions in any out of control events (e.g., re-calibration, blank contamination, etc.).
2. Analytical results are not to be blank adjusted.
3. Lowest concentration injected for initial calibration should not exceed three times of laboratory MDL.
4. Chemical standards for QC check samples and calibration should be obtained from different supply sources.



# APPENDIX D - LABORATORY REQUIREMENTS

## QA/QC REPORT

Reporting Unit (Circle One): mg/kg mg/l

### I. Matrix Spike (MS)/Matrix Spike Duplicate (MSD)

DATE PERFORMED: 9/15/93

BATCH #: \_\_\_\_\_

LAB SAMPLE I.D.: 930099

| ANALYTE  | SPK CONC | MS  | % MS | MSD | % MSD | RPD  | ACP %MS | ACP RPD |
|----------|----------|-----|------|-----|-------|------|---------|---------|
| Gasoline | 1000     | 880 | 88   | 900 | 90    | 2.25 | 60-110  | ±15%    |
| Diesel   | 1000     | 860 | 86   | 830 | 83    | 3.55 | 50-120  | ±15%    |
|          |          |     |      |     |       |      |         |         |

### II. Laboratory Quality Control Check Sample

DATE PERFORMED: 9/15/93

BATCH #: \_\_\_\_\_

LAB SAMPLE I.D.: 930099

| ANALYTE  | SPK CONC | RESULT | %RECOVERY | ACP %  |
|----------|----------|--------|-----------|--------|
| Gasoline | 1000     | 850    | 85        | 80-120 |
| Diesel   | 1000     | 820    | 82        | 80-120 |

### III. Calibration Standard

3a. Submit Copies of Calibration Curves and Reference Standard

3b. Fill in Table Below If Quantification of Sample Result Is Based On Response Factor (RF)

| COMPOUND | INITIAL CALIBRATION DATE: <u>9/15/93</u> |           | DAILY CALIBRATION DATE: <u>9/15/93</u> |                 |
|----------|--|-----------|--|-----------------|
|          | INITIAL RF <sub>ave</sub>                | %RSD ≤20% | DAILY RF                               | %DIFF w/RF ≤±15 |
| Gasoline | 1620                                     | 15        | 1580                                   | 2.47            |
| Diesel   | 580                                      | 18        | 650                                    | 12.1            |
|          |  |           |  |                 |

SPK CONC = Spiking Concentration; %MS = Percent Recovery of MS; %MSD = Percent Recovery of MSD

RPD = Relative Percent Difference; ACP = Acceptable Range of Percent

INITIAL RF<sub>ave</sub> = Average Response Factor From Initial Calibration

DAILY RF = Response Factor From Daily Calibration

%RSD = Percent Relative Standard Deviation; %DIFF = Percent Difference



ANALYTICAL TEST RESULT<sup>®</sup>Reporting Unit (Circle One): µg/kg µg/l

| DATE ANALYZED                   | 9/10/93 | 9/10/93 | 9/10/93 | 9/10/93 |    |
|---------------------------------|---------|---------|---------|---------|----|
| DATE EXTRACTED                  | 9/10/93 | 9/10/93 | 9/10/93 | 9/10/93 |    |
| DILUTION FACTOR                 | 1       | 1       | 1       | 1       |    |
| LAB SAMPLE I.D.                 | 1A      | 1A      | 2A      | 2B      |    |
| CLIENT SAMPLE I.D.              | 1A      | 1B      | 2A      | 2B      |    |
| COMPOUND <sup>b</sup>           | MDL     | MB      |         |         |    |
| Bromobenzene                    |         |         |         |         |    |
| Bromodichloromethane            |         |         |         |         |    |
| Bromoform                       |         |         |         |         |    |
| Bromomethane                    |         |         |         |         |    |
| Carbon tetrachloride            |         |         |         |         |    |
| Chloroethane                    |         |         |         |         |    |
| Chloroform                      |         |         |         |         |    |
| 1-Chlorohexane                  |         |         |         |         |    |
| Chloromethane                   |         |         |         |         |    |
| Dibromochloromethane            |         |         |         |         |    |
| Dibromomethane                  |         |         |         |         |    |
| Dichlorodifluoromethane         |         |         |         |         |    |
| 1,1-Dichloroethane (1,1-DCA)    |         |         |         |         |    |
| 1,2-Dichloroethane (1,2-DCA)    |         |         |         |         |    |
| 1,1-Dichloroethylene (1,1-DCE)  |         |         |         |         |    |
| trans-1,2-Dichloroethylene      |         |         |         |         |    |
| Dichloromethane                 |         |         |         |         |    |
| 1,2-Dichloropropane             |         |         |         |         |    |
| cis-1,3-Dichloropropylene       |         |         |         |         |    |
| trans-1,3-Dichloropropylene     |         |         |         |         |    |
| 1,1,1,2-Tetrachloroethane       |         |         |         |         |    |
| 1,1,2,2-Tetrachloroethane       |         |         |         |         |    |
| Tetrachloroethylene (PCE)       |         |         |         |         |    |
| 1,1,1-Trichloroethane (111-TCA) |         |         |         |         |    |
| 1,1,2-Trichloroethane (112-TCA) |         |         |         |         |    |
| Trichloroethylene (TCE)         |         |         |         |         |    |
| 1,2,3-Trichloropropane          |         |         |         |         |    |
| Trichlorofluoromethane          |         |         |         |         |    |
| Vinyl chloride                  |         |         |         |         |    |
| Benzene                         | 2       | ND/ND   | ND      | ND      | ND |
| Chlorobenzene                   |         |         |         |         |    |
| 1,2-Dichlorobenzene             |         |         |         |         |    |
| 1,3-Dichlorobenzene             |         |         |         |         |    |
| 1,4-Dichlorobenzene             |         |         |         |         |    |
| Ethyl benzene                   | 2       | ND/ND   | ND      | ND      | ND |
| Toluene                         | 2       | N/D/N/D | ND      | ND      | N  |



| COMPOUND                  |                 | RESULT (cont'd) |        |     |      |     |
|---------------------------|-----------------|-----------------|--------|-----|------|-----|
|                           |                 | MDL             | MB     |     |      |     |
| Xylenes                   | } Total Xylenes |                 |        |     |      |     |
| ene                       |                 | 2               | ND/ND  | ND  | 8805 | ND  |
| one                       |                 |                 |        |     |      |     |
| lein                      |                 |                 |        |     |      |     |
| lonitrile                 |                 |                 |        |     |      |     |
| ochloromethane            |                 |                 |        |     |      |     |
| tylbenzene                |                 |                 |        |     |      |     |
| Butylbenzene              |                 |                 |        |     |      |     |
| -Butylbenzene             |                 |                 |        |     |      |     |
| loroethylvinyl ether      |                 |                 |        |     |      |     |
| orotoluene                |                 |                 |        |     |      |     |
| orotoluene                |                 |                 |        |     |      |     |
| orodifluoromethane        |                 |                 |        |     |      |     |
| ,2-Dichloroethylene       |                 |                 |        |     |      |     |
| ichloropropane            |                 |                 |        |     |      |     |
| ichloropropane            |                 |                 |        |     |      |     |
| ichloropropylene          |                 |                 |        |     |      |     |
| ene dibromide (EDB)       |                 |                 |        |     |      |     |
| hlorobutadiene            |                 |                 |        |     |      |     |
| opylbenzene               |                 |                 |        |     |      |     |
| propyltoluene             |                 |                 |        |     |      |     |
| l Ethyl Ketone            |                 |                 |        |     |      |     |
| l Isobutyl Ketone         |                 |                 |        |     |      |     |
| malene                    |                 |                 |        |     |      |     |
| pylbenzene                |                 |                 |        |     |      |     |
| e                         |                 |                 |        |     |      |     |
| Trichlorobenzene          |                 |                 |        |     |      |     |
| Trichlorobenzene          |                 |                 |        |     |      |     |
| Trimethylbenzene          |                 |                 |        |     |      |     |
| Trimethylbenzene          |                 |                 |        |     |      |     |
| Trichloro-trifluoroethane |                 |                 |        |     |      |     |
| SURROGATE                 | SPK CONC        | ACP%            | MB %RC | %RC | %RC  | %RC |
| N/A                       |                 |                 |        |     |      |     |
|                           |                 |                 |        |     |      |     |
|                           |                 |                 |        |     |      |     |

Value  $\geq$  MDL; b = Listed Compounds Are Ordered by Laboratory Analytical Methods: Halogenated, Remaining Compounds Identified by GC/MS.  
 Working Concentration ( $\leq 5 \times$  PQL); ACP % = Acceptable Range of Percent; %RC = % Recovery  
 Detection Limit; MB = Method Blank; ND = Not Detected (Below MDL); NA = Not Analyzed







Calibration Standard (cont'd)

| COMPOUND <sup>c</sup>            | INITIAL<br>RF <sub>ave</sub> | %RSD <sup>d</sup> | DAILY<br>RF | %DIFF <sup>e</sup><br>W/RF <sub>ave</sub> |
|----------------------------------|------------------------------|-------------------|-------------|---|
| 1,1-Trichloroethane<br>(1,1-TCA) |                              |                   |             |   |
| 1,2-Trichloroethane<br>(1,2-TCA) |                              |                   |             |   |
| Trichloroethylene (TCE)          |                              |                   |             |   |
| 1,2,3-Trichloropropane           |                              |                   |             |   |
| Trichlorofluoromethane           |                              |                   |             |   |
| Vinyl chloride* (VC)             |                              |                   |             |   |
| Benzene                          | 20,000                       | 12                | 18,500      | 7.50                                      |
| Chlorobenzene                    |                              |                   |             |   |
| o-Dichlorobenzene                |                              |                   |             |   |
| m-Dichlorobenzene                |                              |                   |             |   |
| p-Dichlorobenzene                |                              |                   |             |   |
| Styrene*                         | 19,000                       | 12                | 17,000      | 10.5                                      |
| Toluene*                         | 21,000                       | 10                | 19,300      | 8.1                                       |
| m-Xylenes } Total Xylenes        | 55,000                       | 8                 | 51,500      | 6.4                                       |
| p-Xylene }                       |                              |                   |             |   |
| Hexane                           |                              |                   |             |   |
| Heptane                          |                              |                   |             |   |
| Octane                           |                              |                   |             |   |
| Acrylonitrile                    |                              |                   |             |   |
| n-Butylbenzene                   |                              |                   |             |   |
| o-Butylbenzene                   |                              |                   |             |   |
| m-Butylbenzene                   |                              |                   |             |   |
| Chloroethylvinyl<br>ether        |                              |                   |             |   |
| o-Chlorotoluene                  |                              |                   |             |   |
| m-Chlorotoluene                  |                              |                   |             |   |
| p-Chloro-<br>fluoromethane       |                              |                   |             |   |
| o-Dichloroethylene               |                              |                   |             |   |
| m-Dichloroethylene               |                              |                   |             |   |
| 1,2-Dichloropropane              |                              |                   |             |   |
| 1,3-Dichloropropane              |                              |                   |             |   |
| 1,2-Dichloropropylene            |                              |                   |             |   |
| 1,2-Dibromoethane (EDB)          |                              |                   |             |   |



CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
LOS ANGELES REGION

LABORATORY REPORT FORM FOR VOLATILE ORGANIC COMPOUNDS

Laboratory Name: MOBILE LABS, INC.

Address: 5327 Wingfoot Drive, Bakersfield, CA 93306

Telephone: 805/872-4750

Laboratory Certification  
(ELAP) No.: E739 Expiration Date: March 1994

Laboratory Director's Name (Print): Jeff Johnson

Laboratory Director's Signature: *Jeff Johnson*  
Jeff Johnson, Chemist

Client: Pearson Trucking & Rigging, Inc.

Project No.: 930099

Analytical Method: EPA 502.1 EPA 503.1 EPA 502.2 EPA 524.2  
(Circle One) EPA 524.2  
EPA 601 EPA 602 EPA 624  
EPA 8010 EPA 8020 EPA 8021 EPA 8240  
EPA 8260  
Other \_\_\_\_\_

Date Sampled: 9/14/93  
Date Received: 9/14/93  
Date Reported: 9/15/93

Sample Matrix: Soils  
Extraction Method: P/T  
Extraction Material: \_\_\_\_\_

Chain of Custody Received: Yes No  
Sample Condition: Good

-- Sample Headspace Description (%): Zero  
-- Sample Container Material: Soil Sleeve



ANALYTICAL TEST RESULT<sup>o</sup>Reporting Unit (Circle One): ug/kg ug/l

| DATE ANALYZED      | 9/15/93 | 9/15/93 | 9/15/93  | 9/15/93 |
|--------------------|---------|---------|----------|---------|
| DATE EXTRACTED     | 9/15/93 | 9/15/93 | 9/15/93  | 9/15/93 |
| DILUTION FACTOR    | 1       | 1       | 1        | 1       |
| LAB SAMPLE I.D.    | 2A-C-18 | 2A-S-14 | 2A-NE-16 | 2A-W-14 |
| CLIENT SAMPLE I.D. | 2A-C-18 | 2A-S-14 | 2A-NE-16 | 2A-W-14 |

| COMPOUND <sup>b</sup>           | MDL | MB    |    |    |    |
|---------------------------------|-----|-------|----|----|----|
| Bromobenzene                    |     |       |    |    |    |
| Bromodichloromethane            |     |       |    |    |    |
| Bromoform                       |     |       |    |    |    |
| Bromomethane                    |     |       |    |    |    |
| Carbon tetrachloride            |     |       |    |    |    |
| Chloroethane                    |     |       |    |    |    |
| Chloroform                      |     |       |    |    |    |
| 1-Chlorohexane                  |     |       |    |    |    |
| Chloromethane                   |     |       |    |    |    |
| Dibromochloromethane            |     |       |    |    |    |
| Dibromomethane                  |     |       |    |    |    |
| Dichlorodifluoromethane         |     |       |    |    |    |
| 1,1-Dichloroethane (1,1-DCA)    |     |       |    |    |    |
| 1,2-Dichloroethane (1,2-DCA)    |     |       |    |    |    |
| 1,1-Dichloroethylene (1,1-DCE)  |     |       |    |    |    |
| trans-1,2-Dichloroethylene      |     |       |    |    |    |
| Dichloromethane                 |     |       |    |    |    |
| 1,2-Dichloropropane             |     |       |    |    |    |
| cis-1,3-Dichloropropylene       |     |       |    |    |    |
| trans-1,3-Dichloropropylene     |     |       |    |    |    |
| 1,1,1,2-Tetrachloroethane       |     |       |    |    |    |
| 1,1,2,2-Tetrachloroethane       |     |       |    |    |    |
| Tetrachloroethylene (PCE)       |     |       |    |    |    |
| 1,1,1-Trichloroethane (111-TCA) |     |       |    |    |    |
| 1,1,2-Trichloroethane (112-TCA) |     |       |    |    |    |
| Trichloroethylene (TCE)         |     |       |    |    |    |
| 1,2,3-Trichloropropane          |     |       |    |    |    |
| Trichlorofluoromethane          |     |       |    |    |    |
| Vinyl chloride                  |     |       |    |    |    |
| Benzene                         | 2   | ND/ND | ND | ND | ND |
| Chlorobenzene                   |     |       |    |    |    |
| 1,2-Dichlorobenzene             |     |       |    |    |    |
| 1,3-Dichlorobenzene             |     |       |    |    |    |
| 1,4-Dichlorobenzene             |     |       |    |    |    |
| Ethyl benzene                   | 2   | ND/NA | ND | ND | ND |
| Toluene                         | 2   | ND/ND | ND | ND | ND |



# APPENDIX D - LABORATORY REQUIREMENTS

2A-C-18 2A-5-14  
 2A-5-14 2A-5-14 2A-5-14  
 ANALYTICAL TEST RESULT (cont'd) ZONE 16 2A-W-16

| COMPOUND <sup>a</sup>           | MDL             | MB          |               |            |            |            |
|---------------------------------|-----------------|-------------|---------------|------------|------------|------------|
| m,p-Xylenes                     | 2               | ND/ND       | ND            | ND         | ND         | ND         |
| o-Xylene                        |                 |             |               |            |            |            |
| } Total Xylenes                 |                 |             |               |            |            |            |
| Acetone                         |                 |             |               |            |            |            |
| Acrolein                        |                 |             |               |            |            |            |
| Acrylonitrile                   |                 |             |               |            |            |            |
| Bromochloromethane              |                 |             |               |            |            |            |
| n-Butylbenzene                  |                 |             |               |            |            |            |
| sec-Butylbenzene                |                 |             |               |            |            |            |
| tert-Butylbenzene               |                 |             |               |            |            |            |
| 2-Chloroethylvinyl ether        |                 |             |               |            |            |            |
| 2-Chlorotoluene                 |                 |             |               |            |            |            |
| 4-Chlorotoluene                 |                 |             |               |            |            |            |
| Dichlorodifluoromethane         |                 |             |               |            |            |            |
| cis-1,2-Dichloroethylene        |                 |             |               |            |            |            |
| 1,3-Dichloropropane             |                 |             |               |            |            |            |
| 2,2-Dichloropropane             |                 |             |               |            |            |            |
| 1,1-Dichloropropylene           |                 |             |               |            |            |            |
| Ethylene dibromide (EDB)        |                 |             |               |            |            |            |
| Hexachlorobutadiene             |                 |             |               |            |            |            |
| Isopropylbenzene                |                 |             |               |            |            |            |
| p-Isopropyltoluene              |                 |             |               |            |            |            |
| Methyl Ethyl Ketone             |                 |             |               |            |            |            |
| Methyl Isobutyl Ketone          |                 |             |               |            |            |            |
| Naphthalene                     |                 |             |               |            |            |            |
| n-Propylbenzene                 |                 |             |               |            |            |            |
| Styrene                         |                 |             |               |            |            |            |
| 1,2,3-Trichlorobenzene          |                 |             |               |            |            |            |
| 1,2,4-Trichlorobenzene          |                 |             |               |            |            |            |
| 1,2,4-Trimethylbenzene          |                 |             |               |            |            |            |
| 1,3,5-Trimethylbenzene          |                 |             |               |            |            |            |
| 1,1,2-Trichloro-trifluoroethane |                 |             |               |            |            |            |
| <b>SURROGATE</b>                | <b>SPK CONC</b> | <b>ACP%</b> | <b>MB %RC</b> | <b>%RC</b> | <b>%RC</b> | <b>%RC</b> |
| N/A                             |                 |             |               |            |            |            |
|                                 |                 |             |               |            |            |            |
|                                 |                 |             |               |            |            |            |
|                                 |                 |             |               |            |            |            |

<sup>a</sup> = Report Any Value  $\geq$  MDL; <sup>b</sup> = Listed Compounds Are Ordered by Laboratory Analytical Methods; Halogenated, Aromatic, then Remaining Compounds Identified by GC/MS.  
 SPK CONC = Spiking Concentration ( $\leq 5 \times$  PQL); ACP % = Acceptable Range of Percent; %RC = % Recovery  
 MDL = Method Detection Limit; MB = Method Blank; ND = Not Detected (Below MDL); NA = Not Analyzed







III. Calibration Standard (cont'd)

| COMPOUND <sup>c</sup>                | INITIAL<br>RF <sub>ave</sub> | %RSD <sup>d</sup> | DAILY<br>RF | %DIFF <sup>e</sup><br>w/RF <sub>ave</sub> |
|--------------------------------------|------------------------------|-------------------|-------------|---|
| 1,1,1-Trichloroethane<br>(1,1,1-TCA) |                              |                   |             |   |
| 1,1,2-Trichloroethane<br>(1,1,2-TCA) |                              |                   |             |   |
| Trichloroethylene (TCE)              |                              |                   |             |   |
| 1,2,3-Trichloropropane               |                              |                   |             |   |
| Trichlorofluoromethane               |                              |                   |             |   |
| Vinyl chloride* (VC)                 |                              |                   |             |   |
| Benzene                              | 20,000                       | 12                | 17,300      | 13.5                                      |
| Chlorobenzene*                       |                              |                   |             |   |
| 1,2-Dichlorobenzene                  |                              |                   |             |   |
| 1,3-Dichlorobenzene                  |                              |                   |             |   |
| 1,4-Dichlorobenzene                  |                              |                   |             |   |
| Ethyl benzene*                       | 19,000                       | 12                | 16,800      | 11.6                                      |
| Toluene*                             | 21,000                       | 10                | 18,000      | 14.3                                      |
| m,p-Xylenes } Total Xylenes          | 55,000                       | 8                 | 49,900      | 10.2                                      |
| o-Xylene }                           |                              |                   |             |   |
| Acetone                              |                              |                   |             |   |
| Acrolein                             |                              |                   |             |   |
| Acrylonitrile                        |                              |                   |             |   |
| n-Butylbenzene                       |                              |                   |             |   |
| sec-Butylbenzene                     |                              |                   |             |   |
| tert-Butylbenzene                    |                              |                   |             |   |
| 2-Chloroethylvinyl<br>ether          |                              |                   |             |   |
| 2-Chlorotoluene                      |                              |                   |             |   |
| 4-Chlorotoluene                      |                              |                   |             |   |
| Dichloro-<br>difluoromethane         |                              |                   |             |   |
| cis-<br>1,2-Dichloroethylene         |                              |                   |             |   |
| trans-<br>1,2-Dichloroethylene       |                              |                   |             |   |
| 1,3-Dichloropropane                  |                              |                   |             |   |
| 2,2-Dichloropropane                  |                              |                   |             |   |
| 1,1-Dichloropropylene                |                              |                   |             |   |
| Ethylene dibromide (EDB)             |                              |                   |             |   |
| Hexachlorobutadiene                  |                              |                   |             |   |



|    |    |    |      |       |      |
|----|----|----|------|-------|------|
| 0  | 3  | 34 | 3.4  | 069.6 | 68.6 |
| 12 | 16 | 54 | -0.4 | 073.4 | 72.4 |
| 4  | 14 | 55 | -3.9 | 078.9 | 73.9 |
| 11 | 23 | 55 | -3.3 | 076.3 | 75.3 |
| 4  | 26 | 56 | -2.2 | 075.2 | 74.2 |

|      |   |    |    |    |       |       |      |      |      |
|------|---|----|----|----|-------|-------|------|------|------|
| 1051 | 5 | 12 | 13 | 55 | -3.9  | 077.4 | 73.5 | 75.9 | 72.0 |
|      |   | 4  | 26 | 56 | -1.2  | 075.2 | 74.0 | 73.2 |      |
|      |   | 11 | 30 | 56 | -7.3  | 081.5 |      | 76.5 |      |
|      |   | 4  | 10 | 57 | -6.2  | 080.2 |      | 78.2 |      |
|      |   | 10 | 23 | 57 | -11.0 | 085.0 |      | 83.0 |      |
|      |   | 5  | 2  | 58 | -8.6  | 082.6 |      | 80.6 |      |
|      |   | 11 | 25 | 58 | -12.4 | 086.4 |      | 84.4 |      |
|      |   | 4  | 21 | 59 | -12.5 | 086.5 |      | 84.5 |      |
|      |   | 12 | 8  | 59 | -13.4 | 087.4 |      | 85.4 |      |
|      |   | 4  | 14 | 60 | -16.1 | 090.1 |      | 88.1 |      |
|      |   | 11 | 30 | 60 | -18.6 | 092.6 |      | 90.6 |      |
|      |   | 4  | 10 | 61 |       |       |      |      |      |
|      |   | 11 | 13 | 62 | -21.1 | 095.1 |      | 93.1 | 72.0 |
|      |   | 3  | 20 | 63 | -17.3 | 093.3 |      | 91.3 |      |
|      |   | 11 | 12 | 63 | -19.6 | 093.6 |      | 91.6 |      |
|      |   | 4  | 6  | 64 | -13.9 | 087.9 |      | 85.9 |      |
|      |   | 11 | 11 | 64 | -16.7 | 090.7 |      | 88.7 |      |
|      |   | 11 | 11 | 64 | -16.7 |       |      | 88.7 |      |
|      |   | 4  | 20 | 65 | -13.3 | 087.3 |      | 85.3 |      |
|      |   | 4  | 20 | 65 | -13.3 |       |      | 85.3 |      |
|      |   | 11 | 3  | 65 |       |       |      |      |      |

|      |   |    |    |    |      |      |      |      |      |
|------|---|----|----|----|------|------|------|------|------|
| 1051 | Y | 11 | 8  | 67 | -8.6 | 75.6 | 67.0 | 74.6 | 66.0 |
|      |   | 4  | 10 | 68 | -4.2 | 71.2 |      | 70.2 |      |
|      |   | 11 | 6  | 68 | -8.2 | 75.2 |      | 74.2 |      |
|      |   | 4  | 16 | 69 |      |      |      |      |      |

|      |   |   |    |    |      |      |      |      |      |
|------|---|---|----|----|------|------|------|------|------|
| 1051 | W | 1 | 31 | 67 | 1.3  | 75.0 | 76.3 | 72.5 | 73.8 |
|      |   | 2 | 29 | 67 | 6.3  | 70.0 |      | 67.5 |      |
|      |   | 3 | 31 | 67 | 14.3 | 67.0 |      | 59.5 |      |
|      |   | 4 | 30 | 67 | 15.3 | 61.0 |      | 58.5 |      |
|      |   | 5 | 31 | 67 | 11.3 | 65.0 |      | 62.5 |      |
|      |   | 6 | 30 | 67 | 10.3 | 66.0 |      | 63.5 |      |
|      |   | 7 | 31 | 67 | 2.3  | 74.0 |      | 71.5 |      |







|    |    |    |       |      |      |      |
|----|----|----|-------|------|------|------|
| 10 | 28 | 73 | -4.7  | 89.0 | 78.5 | 73.2 |
| 11 | 18 | 73 | -6.5  | 81.0 | 79.5 |      |
| 12 | 23 | 73 | -1.5  | 76.0 | 74.5 |      |
| 1  | 20 | 74 | -0.7  | 74.0 | 72.5 |      |
| 2  | 24 | 74 | -0.5  | 75.0 | 73.5 |      |
| 3  | 24 | 74 | -0.5  | 77.0 | 73.5 |      |
| 4  | 28 | 74 | -2.5  | 81.0 | 79.5 |      |
| 5  | 26 | 74 | -6.5  | 80.0 | 78.5 |      |
| 6  | 23 | 74 | -5.5  | 89.0 | 87.5 |      |
| 7  | 28 | 74 | -14.5 | 87.0 | 85.5 |      |
| 8  | 18 | 74 | -14.5 | 83.0 | 81.5 |      |
| 9  | 29 | 74 | -13.5 | 81.0 | 79.5 |      |
| 10 | 27 | 74 | -8.5  | 78.0 | 75.5 | 73.8 |
| 11 | 17 | 74 | -6.5  | 76.0 | 72.5 |      |
| 12 | 29 | 74 | -1.7  | 75.0 | 72.5 |      |
| 1  | 26 | 75 | 0.5   | 74.0 | 71.5 |      |
| 2  | 16 | 75 | 1.5   | 77.0 | 74.5 |      |
| 3  | 16 | 75 | 1.5   | 85.0 | 83.5 |      |
| 4  | 28 | 75 | 2.5   | 90.0 | 88.5 |      |
| 5  | 25 | 75 | -0.7  | 88.0 | 86.5 |      |
| 6  | 29 | 75 | -9.7  | 92.0 | 90.5 |      |
| 7  | 27 | 75 | -14.7 | 90.0 | 88.5 |      |
| 8  | 24 | 75 | -12.7 | 87.0 | 85.5 |      |
| 9  | 28 | 75 | -14.7 | 84.0 | 82.5 |      |
| 10 | 27 | 75 | -14.7 | 82.0 | 80.5 |      |
| 11 | 30 | 75 | -11.7 | 78.0 | 76.5 |      |
| 12 | 28 | 75 | -8.7  | 82.0 | 80.5 |      |
| 1  | 18 | 76 | -6.7  | 85.0 | 83.5 |      |
| 2  | 29 | 76 | -2.7  | 90.0 | 88.5 |      |
| 3  | 28 | 76 | -6.7  | 93.0 | 91.5 |      |
| 4  | 25 | 76 | -9.7  | 94.0 | 92.5 |      |
| 5  | 30 | 76 | -14.7 | 96.0 | 94.5 |      |
| 6  | 26 | 76 | -17.7 | 92.0 | 90.5 |      |
| 7  | 25 | 76 | -18.7 | 96.0 | 94.5 |      |
| 8  | 29 | 76 | -20.7 | 92.0 | 90.5 |      |
| 9  | 26 | 76 | -16.7 | 96.0 | 94.5 |      |
| 10 | 31 | 76 | -16.7 | 92.0 | 90.5 |      |

|    |    |    |       |       |       |   |
|----|----|----|-------|-------|-------|---|
| 12 | 25 | 77 | -23.7 | 90.0  | 97.5  | 2 |
| 1  | 29 | 78 | -14.7 | 88.0  | 88.5  | 2 |
| 2  | 25 | 78 | -12.7 | 83.0  | 86.5  | 2 |
| 3  | 26 | 78 | -7.7  | 80.0  | 81.5  | 2 |
| 4  | 30 | 78 | -4.7  | 84.0  | 83.5  | 2 |
| 5  | 28 | 78 | -8.7  | 83.0  | 81.5  | 2 |
| 6  | 25 | 78 | -7.7  | 83.0  | 81.5  | 2 |
| 7  | 30 | 78 | -14.7 | 90.0  | 89.5  | 2 |
| 8  | 27 | 78 | -3.7  | 84.0  | 82.5  | 2 |
| 9  | 24 | 78 | -20.7 | 95.0  | 94.5  | 2 |
| 10 | 29 | 78 | -20.7 | 89.0  | 94.5  | 2 |
| 11 | 26 | 78 | -13.7 | 90.0  | 87.5  | 2 |
| 12 | 29 | 79 | -14.7 | 90.0  | 88.5  | 2 |
| 13 | 28 | 79 | -14.7 | 85.0  | 88.5  | 2 |
| 14 | 30 | 80 | -9.7  | 90.0  | 88.5  | 2 |
| 15 | 26 | 80 | -14.7 | 92.0  | 90.5  | 2 |
| 16 | 25 | 81 | -16.7 | 92.0  | 90.5  | 2 |
| 17 | 28 | 81 | -16.7 | 92.0  | 90.5  | 2 |
| 18 | 25 | 82 | -2.7  | 82.0  | 76.5  | 2 |
| 19 | 29 | 82 | -15.7 | 85.0  | 87.5  | 2 |
| 20 | 24 | 83 | -6.7  | 92.0  | 80.5  | 2 |
| 21 | 30 | 83 | -9.7  | 92.0  | 83.5  | 2 |
| 22 | 28 | 84 | -16.7 | 92.0  | 90.5  | 2 |
| 23 | 30 | 85 | -2.7  | 94.0  | 76.5  | 2 |
| 24 | 30 | 85 | -18.7 | 94.0  | 92.5  | 2 |
| 25 | 30 | 86 | -4.7  | 92.0  | 78.5  | 2 |
| 26 | 30 | 86 | -13.7 | 92.0  | 90.5  | 2 |
| 27 | 30 | 87 | -16.7 | 92.0  | 90.5  | 2 |
| 28 | 26 | 87 | -7.7  | 83.0  | 81.5  | 2 |
| 29 | 25 | 88 | -12.7 | 98.0  | 86.5  | 2 |
| 30 | 28 | 88 | 50.6  | 24.7  | 23.5  | 2 |
| 31 | 30 | 89 | -12.7 | 88.0  | 86.5  | 2 |
| 32 | 30 | 90 | -31.7 | 107.0 | 105.5 | 2 |
| 33 | 31 | 91 | -10.7 | 86.0  | 84.5  | 2 |
| 34 | 27 | 91 | 55.6  | 019.7 | 18.2  | 2 |
| 35 | 27 | 91 | -19.7 | 095.0 | 93.5  | 2 |
| 36 | 30 | 92 | -11.7 | 087.0 | 85.5  | 2 |
| 37 | 25 | 66 | -14.7 | 78.7  | 77.2  | 1 |
| 38 | 3  | 66 | -13.0 | 77.5  | 75.5  | 1 |
| 39 | 25 | 66 | -13.0 | 77.5  | 74.8  | 1 |
| 40 | 3  | 66 | -13.0 | 77.5  | 74.8  | 1 |



Location and Description: 469' No. E of Alondra Blvd,  
128.5' W. E of Carmelita Rd,  
14' E of Municipal Supply  
Use: Municipal Supply

Elev. of average grd. at well: \_\_\_\_\_ U. S. G. S. Datum  
Elev. of grd. adjacent to well: (73.2) (6.29.75)  
(75.3)

Water surface reference points:  
(a) From \_\_\_\_\_ To \_\_\_\_\_ Elev. 76.3 How det. Owners Levels  
Description: Airgage, 3.1' above grd.

(b) From \_\_\_\_\_ To \_\_\_\_\_ Elev. \_\_\_\_\_ How det. \_\_\_\_\_  
Description: \_\_\_\_\_

(c) From 6-29-75 To \_\_\_\_\_ Elev. 75.3 How det. Survey by  
Description: 2" mess. pipe at pumpbase, 1.5  
above ground.

(d) From \_\_\_\_\_ To \_\_\_\_\_ Elev. \_\_\_\_\_ How det. \_\_\_\_\_  
Description: \_\_\_\_\_

Type of well: Rotary Drilled-Reverse Circulation Size 18" - 8-33'  
14" - 36-750'

Original depth: 1250' Soundings: \_\_\_\_\_

Pumping equipment: Worthington Turbine, Ho. 100000000 250 HP  
200-2-1-20-1-53

Power used: \_\_\_\_\_  
Capacity: \_\_\_\_\_ Drawdown: \_\_\_\_\_

Date drilled: 6-8-64 By Beylik Drilling Co.



|     |     |   |      |      |   |
|-----|-----|---|------|------|---|
| 70  | 80  | Sand and gravel                                     | 874  | 924  | Gray silty clay   |
| 80  | 190 | Clay & thin gravel layers                           | 924  | 930  | Sea shells with gray clay                               |
| 190 | 195 | Sand & small gravel                                 | 930  | 980  | Black silty clay thin layers fine gravel                |
| 195 | 210 | Soft clay & coarse sand layers                      | 980  | 1011 | Dark brown sandy clay                                   |
| 210 | 250 | Soft brown clay                                     | 1011 | 1020 | Black clay interbedded with coarse sand and fine gravel |
| 250 | 289 | Soft silty clay                                     | 1020 | 1024 | Sand & gravel to 1/4 inch                               |
| 289 | 294 | 1/2" gravel & sand                                  | 1024 | 1059 | Dark gray clay with thin layers sand                    |
| 294 | 297 | Gray silty clay                                     | 1059 | 1071 | Sand and gravel thin layers of clay                     |
| 297 | 340 | Brown clay thin layers coarse sand                  | 1071 | 1088 | Clay thin layers of gravel                              |
| 340 | 362 | Dark gray clay with silt & wood                     | 1088 | 1089 | Silt stone  |
| 362 | 415 | Soft brown clay with thin layers of coarse sand     | 1089 | 1118 | Plastic clay  |
| 415 | 418 | Sand & gravel coarse                                | 1118 | 1123 | Sand and gravel to 3/4 inch                             |
| 418 | 435 | Brownish red clay layers of sand & fine gravel      | 1123 | 1156 | Dark brown silty clay                                   |
| 435 | 436 | Coarse sand & gravel to one inch                    | 1156 | 1170 | Coarse gravel to one inch                               |
| 436 | 480 | Brown clay (soft) with layers of sand & fine gravel | 1170 | 1220 | Silty clay with layers of coarse sand                   |
| 480 | 537 | Blue gray clay (silty)                              | 1220 | 1250 | Plastic clay (brown)                                    |
| 537 | 546 | Coarse sand & gravel to 1 1/2 inch                  |      |      |   |
| 546 | 602 | Light brown sandy clay                              |      |      |   |
| 602 | 624 | Coarse sand & gravel to 3/4 inch                    |      |      |   |
| 624 | 760 | Blue plastic clay                                   |      |      |   |
| 760 | 862 | Brown sandy clay thin layers fine sand (soft)       |      |      |   |

Perforations 336' - 1218'



# Non-Hazardous Waste Data Form

Name PEARSON Trucking & Rigging, Inc EPA ID No. CAD98168424  
 Mailing Address P.O. Box 0899, BREA, CA 92622-0899 Phone 310 905-2250  
 Generating Site 13555 Excelsior Dr, Norwalk, CA 90650

Waste:  Liquid  Soil  
 Estimated Volume \_\_\_\_\_ BBLs/GALS 6-8 TONS/YDS

Waste Description:

| Components of the Waste | PPM | %    | Components of the Waste | PPM | % |
|-------------------------|-----|------|-------------------------|-----|---|
| Soil                    | 99% | 100% |                         |     |   |
|                         |     |      |                         |     |   |
|                         |     |      |                         |     |   |

Special Handling Instructions  Gloves  Goggles  Other \_\_\_\_\_

I hereby certify that the waste as described is 100% non-hazardous.

[Signature] Date 10-8-93  
 Signature of Authorized Agent

Name J. & L. Construction Co  
 Address 20528 Downey Way AVE  
DAKEWOOD, CA 90715

EPA ID No. \_\_\_\_\_  
 Phone 310-531-1897  
 Truck Unit ID \_\_\_\_\_  
 Pick Up Date 10-11-93  
 Order No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility

- CAD980883177  
Gibson Environmental  
End of Commercial Dr.  
Bakersfield, CA 93308  
(805) 327-0413
- CAD981458466  
Gibson Environmental  
401 Canal Avenue  
Wilmington, CA 90748  
(310) 549-9117
- CAD043260702  
Gibson Environmental  
475 Seaport Blvd  
Redwood City, CA 940  
(415) 368-5511

Disposal Method: Recycle Release # 10460 Actual Tons/Gals \_\_\_\_\_  
[Signature] 10/11/93  
 Signature Date



ental  
UE, SUITE 200  
301

ORIGIN: **PEARSON**

DATE **10/11/93**

MANIFEST# **NH2**

DESTINATION: **GIBSON ENVIRONMENTAL  
END OF COMMERCIAL DRIVE  
BAKERSFIELD, CA 93308**

INVOICE TO: **PRICE:**

| CARRIER            | RELEASE#                                 | COMMODITY                 | TDS              | PH | GRAV.    | NET GALLONS /BBLs                |
|--------------------|--|---------------------------|------------------|----|----------|----------------------------------|
|                    | <b>11462</b>                             | <b>SOIL</b>               |                  |    |          |                                  |
| AM<br>PM           | START TO UNLOAD                          |                           | FINISH UNLOADING |    | AM<br>PM | SOLIDS % <b>100%</b>             |
|                    |  | UNLOADED TO<br><b>TTU</b> |                  |    |          | WASHOUT<br>GALLONS               |
| RE<br><b>11/15</b> | DRIVER'S SIGNATURE<br><b>[Signature]</b> |                           |                  |    |          | DEDUCT<br>B S & W %              |
|                    |  |                           |                  |    |          | NET<br>BARRELS                   |
|                    |  |                           |                  |    |          | RECEIPT TICKET<br><b>B 19129</b> |



016155-021691 1K

NORM REEVES INC

13555 E EXCELSIOR DR

NORWALK

90650



January 13, 1994

IN REPLY PLEASE  
REFER TO FILE

WM-1

21116-1K

Pearson Trucking & Rigging Inc.  
13555 Excelsior Drive  
Norwalk, CA 90650

**HAZARDOUS MATERIALS UNDERGROUND STORAGE  
CLOSURE CERTIFICATION**

**FACILITY LOCATION:** 13555 Excelsior Drive  
**CLOSURE APPLICATION NUMBER** 70295

This office has reviewed the final closure report dated October 20, 1993 required as a part of the subject closure permit. Based on the information submitted, we find that all closure requirements have been completed. With the provision that the information provided to this agency was accurate and representative of existing conditions, it is our position that no further action is required at this time.

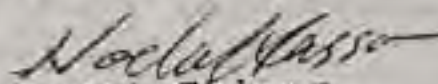
Please be advised that this letter does not relieve you of any liability under the California Health and Safety Code or Water Code for past, present, or future operations at this site. Nor does it relieve you of the responsibility to clean up existing, additional, or previously unidentified conditions at the site which cause or threaten to cause pollution or nuisance or otherwise pose a threat to water quality or public health.

Additionally, be advised that changes in the present or proposed use of the site may require further site characterization and mitigation activity. It is the proper owner's responsibility to notify this agency of any changes in report content, future contamination findings, or site usage.

If you have any questions regarding this matter, please contact Tan Phan of this office at (818) 458-3513, Monday through Thursday, 7:00 a.m. to 5:30 p.

Very truly yours,

T. A. TIDEMANSON  
Director of Public Works

  
Carl W. Sjöberg  
Chief, Industrial Waste Planning & Control  
Waste Management Division

UST1/CL205 REV. 08/18/93

cc: California Regional Water Quality Control Board  
Public Environmental

FILE #: 016155-021691 NAME: NORM REEVES INC

ADD: 13555 E EXCELSIOR DR  
NORWALK, CA 90650

AREA: 1K SMD: 15

STREET: CARMELITA RD

THOMAS GUIDE: 0082-D3

CONTACT: CHICO RAMIREZ - MGR

TEL: 562 402 3844

PROC: STORMWATER SAMPLE REQUIRED? N SAMPLE #: \_\_\_\_\_

INFO: \_\_\_\_\_

TYPE: I 01 OPERATING PERMIT-LOCAL SEWER STATUS: PERMITTED  
URIS: C LOCAL ORDINANCE/CSDLAC EXEMPT  
STRY: 202 AUTOMOTIVE REPAIR  
LITY: 4E >1250 GAL, 3 COMP, PRECAST  
SIC: 7542 CAR WASHES  
RDS: RDS AREA:

|            | FREQUENCY | LAST PERFORMED | NEXT DUE |
|------------|-----------|----------------|----------|
| INSPECTION | 04        | 01/21/00       | 09/16/00 |
| SAMPLE     | 00        |                |          |
| F-MONITOR  | 00        |                |          |

TO: WHITTIER FIELD OFFICE

SECT: FIELD INSPECTION UNIT

=====

TS: Min BMPs implemented on site.

KS: \_\_\_\_\_

OR: I. Azic

INSPECTION DATE: 07-31

SP: 1A/COMP



Inspection  Routine Inspection  Response to Complaint  Facility has closed or new Facility Information (see attached)

Name: Norm Reeves, Inc. Site Address: 13555 E. Exzelson Area (R/C) Code: 1K

Name: Chico Ramirez Phone: 502/402-3844 Business Type/Activity: Auto Repair SIC: 7542

Facility within the County unincorporated area?  Yes  No City: NORWALK

Facility covered under any other permits? (Check all that apply)
   
 Hazmat business plan  None
   
 Hazardous waste generator  Underground Storage Tanks  Aboveground storage tanks
   
 Other: \_\_\_\_\_

Facility covered under a storm water permit?  Does not need coverage  No, but may need to (Refer to Regional Board)
   
 General (filed NOI)  Individual NPDES

Facility have a SWPPP?  Yes  No

### ACTIVITIES ASSESSMENT CHECKLIST

| ACTIVITIES - Check each activity present at the site and evaluate its potential for pollutant discharge (PPD): 1 = low potential, 2 = medium potential, 3 = high potential | APPLICABLE ACTIVITY                 |                          |                                     | EFFECTIVENESS RATING*    |                          |                          |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Yes                                 | No                       | PPD                                 | 1                        | 2                        | 3                        | 4                        | 5                                   |
| MINIMUM BMPs - APPLICABLE TO ALL FACILITIES<br>Ps employed: <u>1, 2, 3, 4, 9</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VEHICLE AND EQUIPMENT FUELING<br>Ps employed: _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| VEHICLE AND EQUIPMENT WASHING/STEAM CLEANING<br>Ps employed: <u>2</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VEHICLE AND EQUIPMENT MAINTENANCE AND REPAIR<br>Ps employed: <u>2, 3, 6, 9</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| INDOOR LOADING/UNLOADING OF MATERIALS<br>Ps employed: _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| INDOOR PROCESS EQUIPMENT OPERATIONS AND MAINTENANCE<br>Ps employed: _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| INDOOR STORAGE OF RAW MATERIALS/PRODUCTS/CONTAINERS<br>Ps employed: _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| WASTE HANDLING AND DISPOSAL<br>Ps employed: <u>3, 4, 6, 9</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| POLLUTANT CONTAMINATED OR ERODIBLE SURFACE AREAS<br>Ps employed: _____   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| PAVING AND GROUNDS MAINTENANCE<br>Ps employed: <u>2, 4</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ROOF EQUIPMENT<br>Ps employed: <u>1, 4</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| INDOOR DRAINAGE FROM INDOOR AREAS<br>Ps employed: _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| OTHER (describe): _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

1) BMPs used and stormwater pollution likely    2) Some BMPs used but not effective    3) Some BMPs used and moderately effective  
 4) All necessary control BMPs used and very effective/structural BMPs needed    5) All necessary BMPs used and very effective

This report is not a citation. It is furnished to the facility representative to assist in designing and evaluating Best Management Practices to reduce pollutant discharges to the storm drainage system. A reinspection of your facility ( is required)  is not required) to review correction of deficiencies. Please call 502-906-8427 by \_\_\_\_\_ between 8:00 a.m. to 9:30 a.m. to arrange for a reinspection.



FILE #: 016155-021691 NAME: NORM REEVES INC

ADD: 13555 E EXCELSIOR DR  
NORWALK, CA 90650

AREA: 1K SMD: 15

XSTREET: CARMELITA RD

THOMAS GUIDE: 0082-D3

CONTACT: CHICO RAMIREZ MGR

TEL: 310 402 3844

PROC: STORMWATER SAMPLE REQUIRED? N SAMPLE #: \_\_\_\_\_

NSP INFO: CLARIFIER LOCATION: OUTSIDE SOUTH OF CARWASH AREA SECOND CONTACT LEE STACY OPS MGR (LOCATED AT CERRITOS)

PERM TYPE: I 01 OPERATING PERMIT-LOCAL SEWER STATUS: PERMITTED

JURIS: C LOCAL ORDINANCE/CSDLAC EXEMPT

INDUSTRY: 202 AUTOMOTIVE REPAIR

FACILITY: 4E >1250 GAL, 3 COMP, PRECAST

SIC: 7542 CAR WASHES

RDS: RDS AREA: SQ FT

|              | FREQUENCY | LAST PERFORMED | NEXT DUE |
|--------------|-----------|----------------|----------|
| INSPECTION   | 04        | 06/24/98       | 05/16/00 |
| SAMPLE       | 00        |                |          |
| SELF-MONITOR | 00        |                |          |

ASSGN TO: WHITTIER FIELD OFFICE

SECT: FIELD INSPECTION UNIT

RESULTS: All necessary BMPs used on site.

REMARKS:

INSPECTOR: J. Azze

INSPECTION DATE: 01-21-00

DISP: 1A/COMP



Phone: 602/402-3844 Business Type/Activity: Car Wash SIC: 7542  
 Facility within the County unincorporated area?  Yes  No City: NORWALK  
 Facility covered under any other permits? (Check all that apply)  
 Hazmat business plan  None  Industrial  
 Hazardous waste generator  Underground Storage Tanks  Aboveground storage  
 Other gas and drums for w/o & anti-freeze  
 Facility covered under a storm water permit?  Does not need coverage  No, but may need to (Refer to Regional Board)  
 General (filed NOI)  Individual NPDES  
 Facility have a SWPPP?  Yes  No

### ACTIVITIES ASSESSMENT CHECKLIST

ACTIVITIES - Check each activity present at the site and evaluate its potential for discharge (PPD): 1 = low potential, 2 = medium potential, 3 = high potential  
 Circled BMPs require your immediate attention - see back of this report.

| ACTIVITY  | APPLICABLE ACTIVITY                 |                          |                                     | EFFECTIVENESS RATING*    |                          |                          |                                     |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
|   | Yes                                 | No                       | PPD                                 | 1                        | 2                        | 3                        | 4                                   | 5                                   |
| MINIMUM BMPs - APPLICABLE TO ALL FACILITIES<br>Employees employed: <u>1-4, 9, 10</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| VEHICLE AND EQUIPMENT FUELING<br>Employees employed: <u>1, 10</u>                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| VEHICLE AND EQUIPMENT WASHING/STEAM CLEANING<br>Employees employed: <u>2</u>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| VEHICLE AND EQUIPMENT MAINTENANCE AND REPAIR<br>Employees employed: <u>2, 3, 6, 9</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| DOOR LOADING/UNLOADING OF MATERIALS<br>Employees employed:                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| DOOR PROCESS EQUIPMENT OPERATIONS AND MAINTENANCE<br>Employees employed:              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| DOOR STORAGE OF RAW MATERIALS/PRODUCTS/CONTAINERS<br>Employees employed:              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| WASTE HANDLING AND DISPOSAL<br>Employees employed: <u>2, 4, 6, 9</u>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| UNPAVED OR ERODIBLE SURFACE AREAS<br>Employees employed:                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| PAVING AND GROUNDS MAINTENANCE<br>Employees employed: <u>2, 4</u>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| TOP EQUIPMENT<br>Employees employed: <u>1</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| DOOR DRAINAGE FROM INDOOR AREAS<br>Employees employed:                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (describe):   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

1) All BMPs used and stormwater pollution likely 2) Some BMPs used but not effective 3) Some BMPs used and moderately effective  
 4) All structural BMPs used and very effective/structural BMPs needed 5) All necessary BMPs used and very effective

This report is not a citation. It is furnished to the facility representative to assist in designing and evaluating Best Management Practices to be installed to the storm drainage system. A reinspection of your facility ( is required  is not required) to review correction of deficiencies. Please call 902-906-8227 by 12/21/00 between 8:00 a.m. to 9:30 a.m. to arrange for a reinspection.

Facility Representative Signature: Francisco Ramirez "Chico" Date: 01-21-00  
 Inspector: J. Aguirre



NORM REEVES INC  
P.O. BOX 3010  
CERRITOS, CA 90703

13555 EXCELSIOR DR  
LEE STACY, OPER MGR  
(310) 402-3844

PERMIT NO. 38-003 DPW 12/86  
EFFECTIVE DATE 05/16/94  
EXPIRATION DATE 05/16/95

TREAT/STORE/DISPOSE INDUSTRIAL WASTE MATERIALS LOCATED AT THE FACILITY ABOVE UNDER THE SANITARY SEWER AND INDUSTRIAL WASTE ORDINANCE FOR:

CITY OF NORWALK  
LOCAL ORDINANCE/CSDLAC EXEMPT

AREA/CITY  
JURISDICTION

MC, A7, CH3, S7300  
AUTOMOTIVE REPAIR

ORDINANCE/MUNICIPALITY  
INDUSTRY

INDUSTRIAL WASTE OPERATIONS REGULATED BY THIS PERMIT CONSIST OF THE FOLLOWING:

WASTE GENERATING OPERATIONS: CAR WASHING  
CONSTITUENTS: DILUTED SOAP, ENGINE DEGREASER, AND WATER  
DISCHARGE TIME: FROM 08.00.00 TO 17.00.00 DISCHARGE DAYS: M T W TH F SA  
AVERAGE FLOW: 96 GAL PER DAY PEAK FLOW: 8 GAL PER MIN

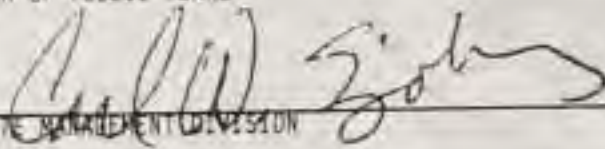
THIS PERMIT IS SUBJECT TO THE FOLLOWING REQUIREMENTS:

01 ON-SITE, PUBLIC SEWER  
02 GENERAL CONDITIONS & LIMITATIONS

B1 NOT AUTHORIZED, PUBLIC SEWER  
D1 EFFLUENT LIMITS, LOCAL, JOINT OUTFALL

PLANS APPROVED IN CONJUNCTION WITH THIS PERMIT AND ANY PLANS REFERENCED HEREIN ARE MADE PART OF THIS PERMIT. AN INDUSTRIAL WASTE ENGINEERING INSPECTOR IN YOUR AREA WILL EXPLAIN THE PERMIT CONDITIONS, AND MAKE PERIODIC INSPECTIONS OF YOUR OPERATIONS. THIS PERMIT IS SUBJECT TO ANNUAL INDUSTRIAL WASTE INSPECTION FEES.

A. TIDEMANSON  
DIRECTOR OF PUBLIC WORKS



DATE OF ISSUANCE: 05/16/94

38-003 DPW 12/86

WASTE MANAGEMENT DIVISION

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS  
WASTE MANAGEMENT DIVISION  
BOX 1460  
BREA, CA 91802-1460 TEL: (818) 458-3517

INDUSTRIAL WASTE DISPOSAL PERMIT  
OPERATING PERMIT-LOCAL SEWER

PERMIT NO. 38-003 DPW 12/86  
EFFECTIVE DATE 05/16/94  
EXPIRATION DATE 05/16/95

PERMISSION IS HEREBY GRANTED TO:

NORM REEVES INC  
P.O. BOX 3010  
CERRITOS, CA 90703



FILED  
FACILITY  
PRIMARY CONTACT  
CONTACT PHONE

TREAT/STORE/DISPOSE INDUSTRIAL WASTE MATERIALS LOCATED AT THE FACILITY ABOVE UNDER THE SANITARY SEWER AND INDUSTRIAL WASTE ORDINANCE FOR:

CITY OF NORWALK  
LOCAL ORDINANCE/CSDLAC EXEMPT

AREA/CITY  
JURISDICTION

MC, A7, CH3, S7300  
AUTOMOTIVE REPAIR

ORDINANCE/MUNICIPALITY  
INDUSTRY

POST THIS AT YOUR LOCATION



INDUSTRIAL WASTE DISPOSAL PERMIT CONDITIONS AND LIMITATIONS

ON-SITE DISPOSAL - PUBLIC SANITARY SEWER

Disposal of industrial wastewater to the public sanitary sewer system shall be limited to the flow rate indicated below:

- a. Local Sewer. The maximum permitted peak flow rate to the sewer shall be 7.5 gallons per minute (gpm).
- b. Trunk Sewer. Maximum permitted daily flow to the sewer shall be no greater than 25% in excess of the value on line 16 of the attached Permit for Industrial Wastewater Discharge.

Treatment, monitoring and control facilities required under this permit shall consist of the system(s) indicated below:

- a. Sampling point prior to combining industrial wastewater flow with domestic wastewater.
- b. Final gravity separator (clarifier) 1500 gallon capacity, 3 stage.
- c. pH measurement and recording system.
- d. Automatic pH control.
- e. Flow measurement.
- f. Automatic rainwater diversion system with alarm capable of diverting storm flow in excess of the first 0.10 inch of rain from the sanitary sewer system.

g. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Industrial wastewater shall at all times meet the following effluent quality limitations prior to discharge to the sanitary sewer system:

- a. As specified in Part D -- Effluent Quality Limitations.
- b. Additional quality limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The permittee shall submit the following periodic reports:

- a. Self-monitoring and/or industrial wastewater treatment surcharge reports as may be required by the Sanitation Districts of Los Angeles County. **NOTE: These reports are to be submitted directly to Sanitation Districts.**
- b. Self-monitoring compliance reports as described in Part E of this permit.

Required industrial wastewater collection, pretreatment, monitoring, disposal and sampling facilities must be in accordance with approved plans and prior to initiating any discharge to the sewer system.



## INDUSTRIAL WASTE DISPOSAL PERMIT

## Part D - EFFLUENT QUALITY LIMITATIONS - JOINT OUTFALL PERMIT

| CONSTITUENTS           | PHASE 1<br>LOCAL EFFLUENT LIMITS, mg/L |
|------------------------|--|
| Arsenic                | 3                                      |
| Cadmium                | 15                                     |
| Chromium (Total)       | 10                                     |
| Copper                 | 15                                     |
| Cyanide (Total)        | 10                                     |
| Dissolved Sulfides     | 0.1                                    |
| Lead                   | 40                                     |
| Mercury                | 2                                      |
| Nickel                 | 12                                     |
| pH Range               | never lower than 6                     |
| Silver                 | 5                                      |
| Zinc                   | 25                                     |
| Floatable Oil & Grease | None Visible                           |
| Temperature            | 140°F                                  |

REVISED 07/21/9

IW/PARTD





# DEPARTMENT OF PUBLIC WORKS

900 SOUTH FREMONT AVENUE  
ALHAMBRA, CALIFORNIA 91803-1331  
Telephone: (818) 438-5100

THOMAS A. TIDEMANSON, Director

ADDRESS ALL CORRESPONDENCE TO  
P.O. BOX 1460  
ALHAMBRA, CALIFORNIA 91802-1460

May 5, 1994

IN REPLY PLEASE  
REFER TO FILE

WM-1  
21691-1K

Mr. Lee Stacy  
Norm Reeves, Incorporated  
P.O. Box 3010  
Cerritos, CA 90703

Dear Mr. Stacy:

**APPLICATION FOR INDUSTRIAL  
WASTEWATER DISPOSAL PERMIT (A93366)  
13555 EXCELSIOR DRIVE, NORWALK**

The application/plans you have submitted have been reviewed by this office, and are NOT approved because additional information is required to allow proper evaluation of your operations and their possible effects on the sewerage system and environment. The plans are hereby returned less one reference copy for our file. Please revise your submittal in accordance with the items indicated below:

1. Show the connection to the public sewer on the plans.
2. Show the continuation of the waste line extending out from the west side of the building.
3. Show all floor drains, floor sinks, service sinks, and waste lines and facilities for handling industrial wastewater from the point of origin to the connection to the public sewer. All equipment or facilities generating industrial wastewater must be identified on plans.
4. Separate sanitary wastes originating from restrooms, lavatories, drinking fountains, etc., from industrial process wastewater until all industrial wastewater pretreatment or flow measurement steps are completed.
5. A gravity separation interceptor with sampling box is required (County Standard 2041-0, enclosed). Provide and show on plans. Per County Plumbing Code, Title 28, a trap, cleanout, and vent are required. The capacity of the interceptor should be designed for minimum of 30 minutes retention time for peak flow discharge rate or minimum of 510 gallons, whichever is larger.
6. Submit MSDS for all the chemicals used in the industrial process.
7. Provide and show on plans all storage areas for chemicals and waste materials stored at the subject facility, with a tank



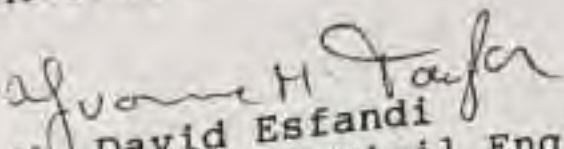
such materials may potentially enter the sewer system and contaminate the soil. Spill containment should be designed to contain the volume of the largest tank or 10 percent of the drum (whichever is greater), plus 6 inches of rainfall over the containment area (if outdoors). Submit a typical detail of the containment curb and specify the materials of construction.

8. Interior walls and floors within all spill containment areas shall be cleaned, repaired, and sealed with an epoxy type sealant which is compatible with materials located within said areas. Provide this office with manufacturer's literature of sealant and indicate on drawing areas to be sealed.
9. The contact joint for spill containment walls or floors shall be constructed on existing concrete, masonry, or asphalt and bonded to the existing surface. Provide this office with manufacturer's literature of the selected bonding agent and indicate on drawing areas to be bonded.
10. No floor drains shall be within spill containment areas.
11. Place the name and address of the company having the waste discharge on the lower right-hand corner of each sheet of plans.
12. Please return four sets of plans and all supporting information to this office within 30 days from the date of this letter.

If you have any questions regarding this matter, please contact Mr. Orville L. Sabado of this office at (818) 458-3557, Monday through Thursday, 7:00 a.m. to 5:30 p.m.

Very truly yours,

HARRY W. STONE  
Acting Director of Public Works

*for*   
Mr. David Esfandi  
Supervising Civil Engineer I  
Waste Management Division



il 29, 1994

Dave Esfandi  
City of Los Angeles  
Department of Public Works  
Box 1460  
Camarillo, CA 91802-1460

RECEIVED

MAY - 3 1994

DEPARTMENT OF PUBLIC WORKS  
WASTE MANAGEMENT DIVISION

Industrial Waste Disposal Permit  
13555 Excelsior Drive  
Norwalk, CA 90650

Mr. Esfandi:

This letter is in reference to our application for an Industrial Waste Disposal Permit at the above offsite location. The plans and accompanying cover letter were hand delivered to your office on April 21, 1994.

We understand that there is a backlog of applications and you are processing them as quickly as possible. But is there any possibility that our application could be expedited?

At Norm Reeves Honda we have found ourselves in a particularly hard position. We are in the midst of major construction and remodeling at our main facility. It has become increasingly difficult to rise to the demand of providing washed and detailed and used cars at this facility.

Our intent was to be operational at the Excelsior offsite by now, eliminating this present condition.

It seems that no matter how well a company attempts to plan for possible scenarios, there are inevitably unforeseen circumstances that occur relative to contractors, bids, completion dates, timing, etc.

Due to the contractors and subcontractors at our main facility producing their schedules, the workable space for our car washing and detailing activities continue to diminish. Our operations are approaching a gridlock.



office to assist us in the predicament we find ourselves in,  
will be greatly appreciated.

Thank you for your consideration.

Sincerely,



Stacy  
Systems & Operations Manager

Yvonne Taylor  
Mark Murray, General Manager



April 20, 1994

County of Los Angeles  
Department of Public Works  
P.O. Box 1460  
Alhambra, Ca 91802-1460

Gentlemen:

Norm Reeves Honda Superstore is opening a off-site location to Distribute Parts, Repair Used Cars, Pre-deliver New Cars, wash and detail new and used cars. The process of washing cars is why we are applying for a Industrial Waste Disposal Permit. We will be installing a wash area and a Clarifier to intercept grease and dirt. Our plan is to wash cars with soap and water and the run off will go into the Clarifier. We would use approximately 1 gallon of soap per day. We will also be washing the engines of our used cars and that requires engine degreaser to remove the dirt. We would use about .5 gallons of degreaser per day. Our Clarifier will be checked every six months for build up of sludge and will be pumped out when necessary.

If anyone has any questions don't hesitate to give me a call at (310)402-3844 ext.432.

Sincerely,

Lee Stacy  
System and Operation Manager

Lee Stacy  
Systems/Operations Manager  
Ext. 432



1 day  
8 hrs  
1 hour  
60 min

OS AUTO SQUARE (310) 402-3844  
10, Cerritos, CA 90703-3010 (714) 761-2558

OS AUTO SQUARE  
A 90701-5398 • (310) 402-3844 (714) 761-25

# LISTED DOUBLE WALL TANKS

| Q. | DIMENSIONS<br>H x W x L | GAUGE<br>STEEL | SHIPPING<br>WEIGHT |
|----|-------------------------|----------------|--------------------|
|    | 36x30x30                | 12             | 320 lbs.           |
|    | 36x36x32                | 12             | 400 lbs.           |
|    | 36x36x50                | 12             | 567 lbs.           |
|    | 36x40x58                | 12             | 641 lbs.           |
|    | 36x40x72                | 12             | 760 lbs.           |
|    | 36½x40x87               | 12             | 810 lbs.           |
|    | 37x40x112               | 12             | 1100 lbs.          |
|    | 48x40x100               | 11             | 1500 lbs.          |
|    | 48x40x117               | 11             | 1729 lbs.          |
|    | 53½x57x112              | 10             | 2200 lbs.          |

F.O.B. Superior

is time

## DES

\*\* inspection fill hatch with lock device.  
 d & float gauge for primary tank.  
 g gauge rod for secondary tank (ANNULAR SPACE).  
 opening.  
 venting for primary & secondary tanks.  
 lift skids to keep tank off ground. (Optional heights available)  
 color of your choice.

## ONAL

systems with environmental cover.  
 protection devices.  
 shop service — Environmental Consulting Services to obtain  
 necessary permits.\*\*  
 — Installation service available.  
 agencies regarding requirements and permits before attempting to install ANY

## TED SINGLE WALL ALSO AVAILABLE

ing the oil and automotive industry,  
 S 45 years of experience without a  
 aim is reflected in its sturdy all steel  
 UL Listed double wall tank.

Distributed by:

ERIOR offers quality, warranty and



NAME NORM REEVEY INC. Uninc. Co. Territory \_\_\_\_\_  
 ADDRESS 13555 EXCELSIOR DR. City of NORWALK  
 Co. Engr. is City Engr. Yes \_\_\_ No \_\_\_  
 Check By OLS

OK  
4  
COUNTY  
76.00  
-  
-  
2041.0  
-  
LOCAL  
7.5 gpm  
I-21691  
-  
 Yes \_\_\_ No X

Required No. of Plans \_\_\_\_\_  
 I.W. Plans and Details \_\_\_\_\_  
 Permit Application (County, City, San. Dists.) \_\_\_\_\_  
 Permit Application Fee Received \_\_\_\_\_  
 City Authorization Received \_\_\_\_\_  
 I.W. Statement \_\_\_\_\_  
 Critical Parameter Report/Addl. Infor. Questionnaire \_\_\_\_\_  
 Type of I.W. Facilities (I-2-510, Nottingham 750, etc.) \_\_\_\_\_  
 I.W. Facilities Adequate \_\_\_\_\_  
 Method of Disposal (local, trunk, ground, haul, etc.) \_\_\_\_\_  
 Allocable Sewer Capacity (Peak Flow in gpm) \_\_\_\_\_  
 File Request Form (Indicate I-No. & Region, if assigned) \_\_\_\_\_  
 Permit Form \_\_\_\_\_  
 Rainwater Diversion System Required Yes \_\_\_ No \_\_\_  
 Plans/Application Approved for Transmittal to San. Districts \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Trap Card Required Yes \_\_\_ No \_\_\_

**UP-INSTRUCTION:**

Bas Guide Page No. & C/D 82-03 NTG: 777-C4  
 Page No. 2081  
 City Code 4E  
 of Rain Diversion System \_\_\_\_\_  
 Square Footage of Unroofed Area \_\_\_\_\_  
 ward Industrial Classification No. 7542  
 City Code 204



WASTE MANAGEMENT DIVISION  
CLEARANCE

FOR INDUSTRIAL WASTES  
Facilities for the collection and disposal of liquid industrial wastes including any floor drains, floor sinks and interceptors or other pretreatment facilities shall be installed as shown on this plan with the traps, vents or other appurtenances required by the Plumbing Code. No additions or alterations of these facilities shall be made without the written permission of the Dept. of Public Works. This clearance does not permit or approve the violations of the provisions of any ordinance or statute.

By David M. Nam Date 5-12-1994  
WASTE MANAGEMENT DIVISION

-E-003

WASTE STORAGE AREA

ABOVE GROUND HAISTS

AUTOMOBILE SERVICE AREA

FRESH OIL TANKS  
DOUBLE WALL

RESTROOMS INCLUDING SINKS

MEN

WOMEN

RESTROOM  
SEWER  
HOOK-UP

WASH AREA

CLARIFIER  
1500 GALS

WASTE

CLARIFIER

WASH DRY

9,285 SQ. FT.  
75°

CANOPY

SUB (POWER)

TO WREN

WALKS - WITH  
MOBAY CURB (HORIZONTAL)

123 PARKING SPACES (90 DEGREE, 9' X 18' TYPICAL)  
4 STANDARD HANDICAPPED SPACES  
1 HANDICAPPED VAN ACCESSIBLE SPACE

EXIST. CONCRETE GUTTER

38

MEN  
WOMEN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

H.C. VAN

160.3'

6' CHAIN LINK FENCE

32

29'

353.7'



SUBJECT TO CORRECTIONS  
IN RED

COUNTY OF  
DEPT. OF  
WASTE MGMT.  
CLEANUP  
FOR INDUSTRIAL

Facilities for the collection and disposal of any floor drains, floor sinks and other fixtures shall be installed as shown on the drawings. These facilities shall be made without the approval of the Public Works. This clearance does not constitute approval of any ordinance or regulation.

By *Paul M. Adams*  
WASTE MANAGEMENT DIVISION

DRAINS

ALL CONCRETE  
1/4" PER FOOT

HALF ROUND CURB

CONCRETE SLOPES AT  
1/4" PER FOOT TO DRAINS

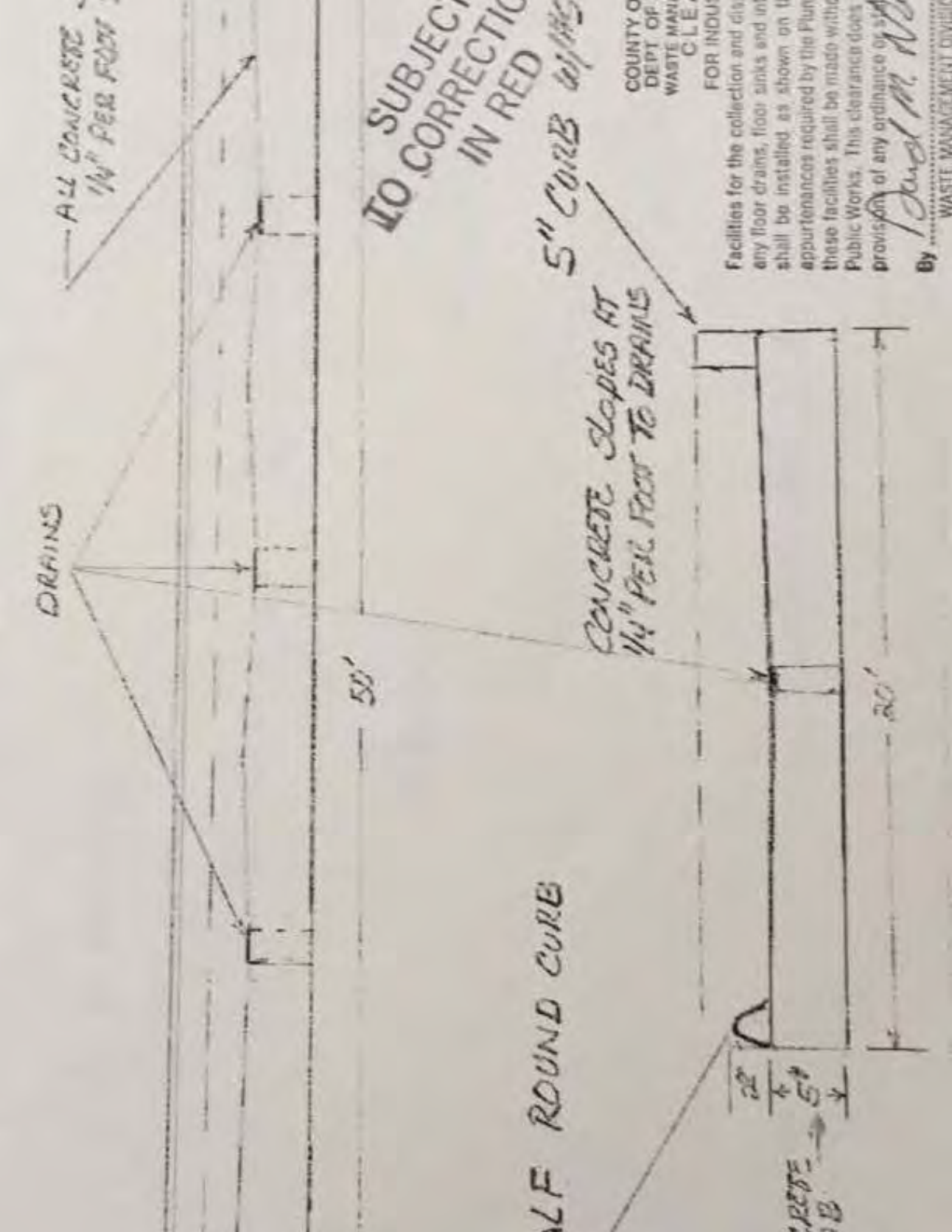
5" CORB WIPES

50'

20'

2" / 4" / 5" / 4"

CONCRETE  
CURB



TOP OF WAREHOUSE

SUBJECT

TO CORRECTIONS

IN RED

84'

CANOPY

COUNTY OF LOS ANGELES  
DEPT. OF PUBLIC  
WASTE MANAGEMENT  
CLEAN  
FOR INDUSTRIAL

Facilities for the collection and disposal of any floor drains, floor sinks and interceptors shall be installed as shown on this plan appurtenances required by the Plumbing Code. These facilities shall be made without the provisions of any ordinance or statute.

By *David M. Nam*  
WASTE MANAGEMENT DIVISION

CAR WASH SLAB

50'

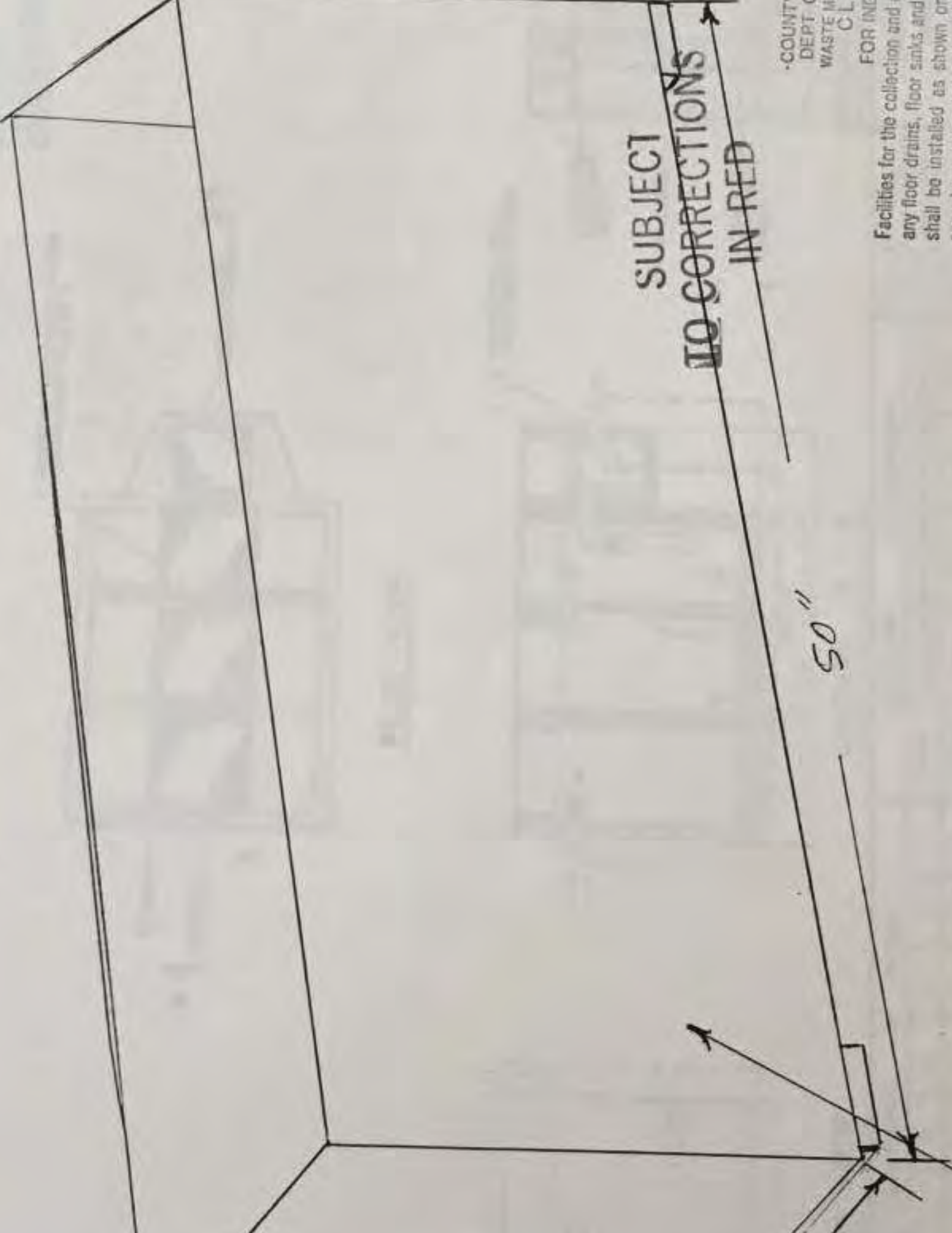


SUBJECT  
TO CORRECTIONS  
IN RED

50"

-COUNTY  
DEPT. OF  
WASTE MANG  
CLE

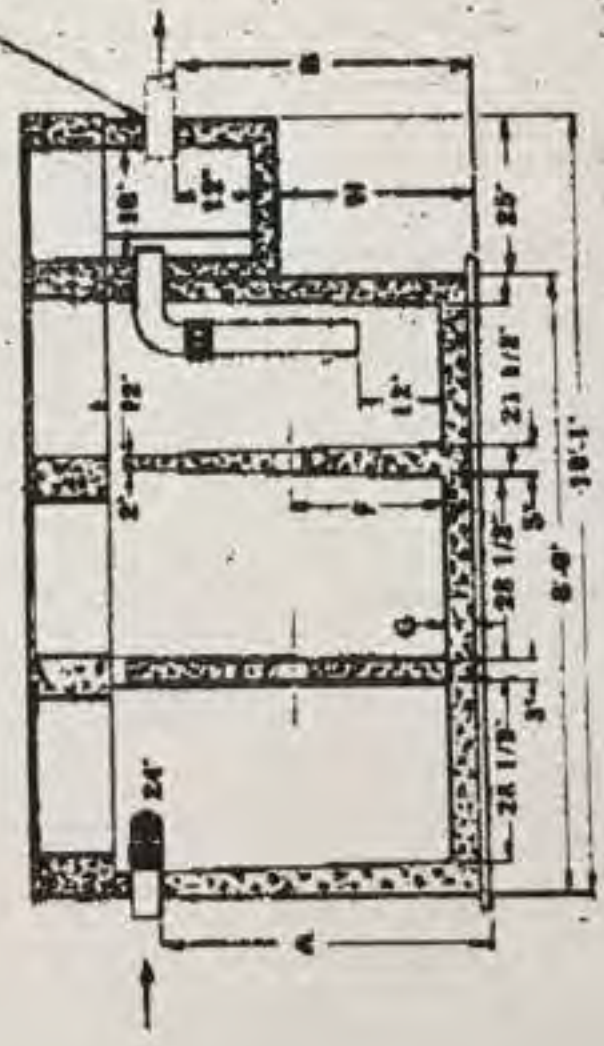
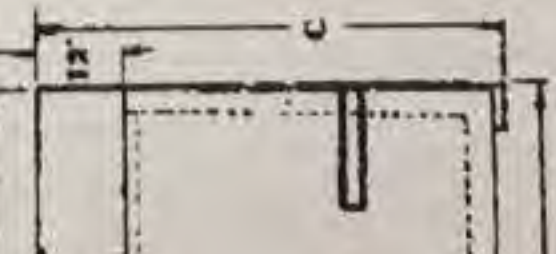
FOR INDU  
Facilities for the collection and di  
any floor drains, floor sinks and i  
shall be installed as shown on  
add





**PLAN VIEW**

FITTING SEAL SEE SPEC. SHEET NO. S-250



**SECTION A - A**

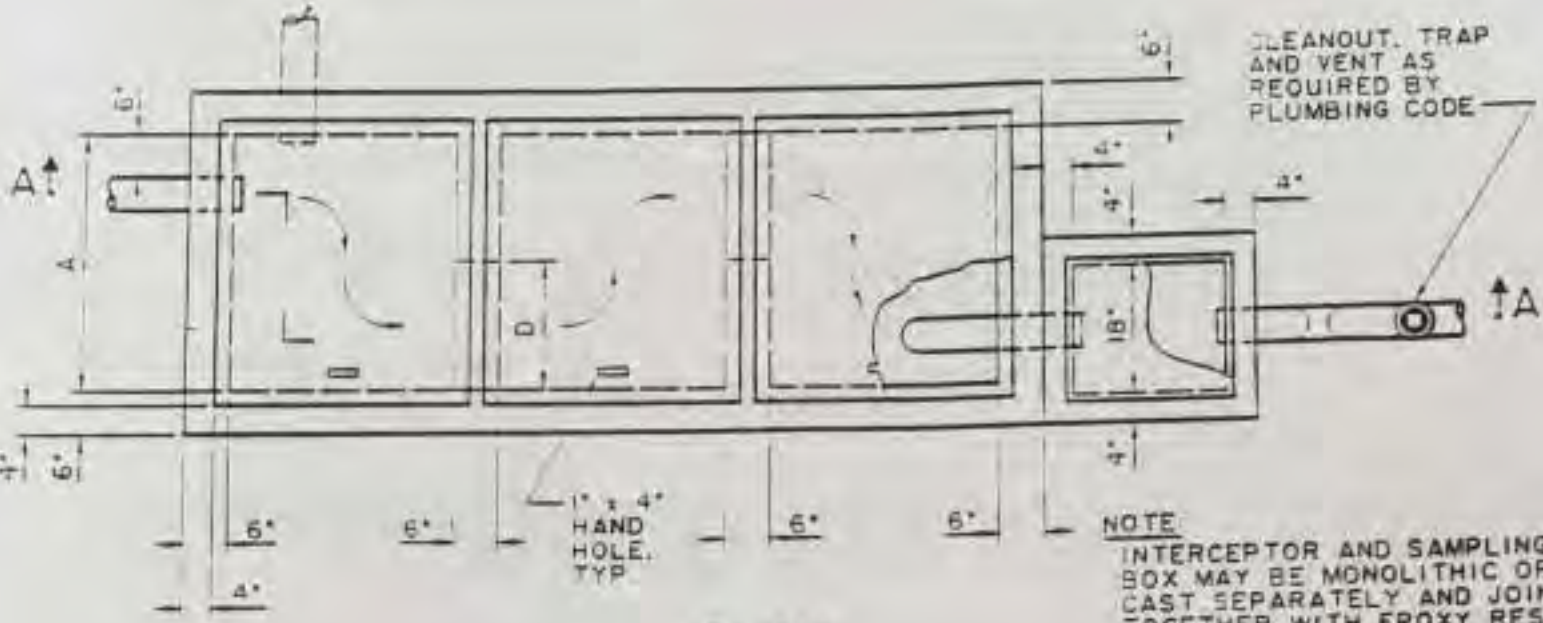


**OUTLET**

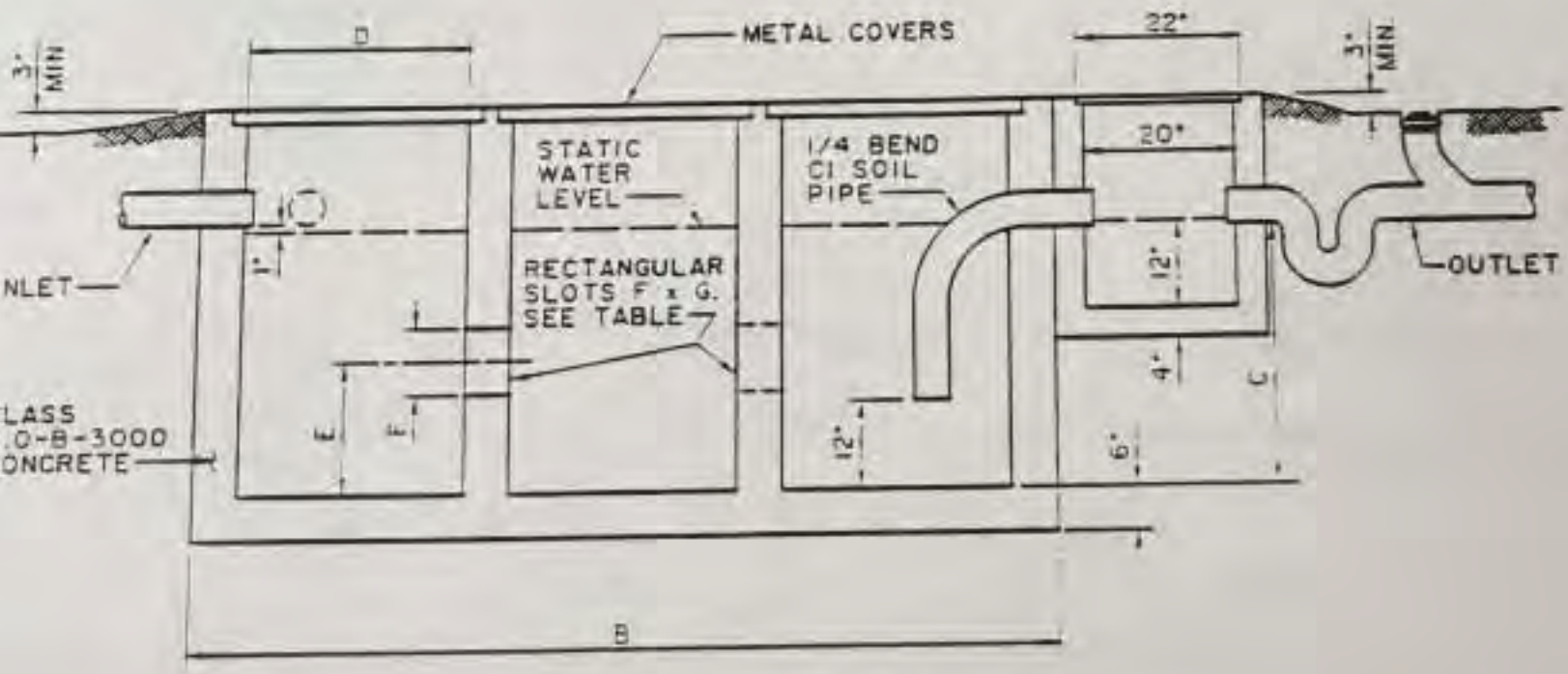
**VIEW**

| DIMENSIONS IN INCHES |    |        |       | EXCAVATION SPECIFICATIONS |            |            | DWG. NO. 1085       |
|----------------------|----|--------|-------|---------------------------|------------|------------|---------------------|
| B                    | F  | F      | G     | MODEL                     | PC         | PC         | SCALE: 3/8" = 1'-0" |
| 74                   | 75 | 15 3/4 | 4 1/2 | LENGTH                    | 12'-0"     | 12'-0"     | SHEET 1 of 1        |
|                      |    |        |       |                           | 12'-0"     | 12'-0"     |                     |
|                      |    |        |       |                           | PC 5G-750  | PC 5G-1000 |                     |
|                      |    |        |       |                           | PC 5G-1200 | PC 5G-1500 |                     |





PLAN



SECTION A-A

| CAPACITY<br>GALLONS | DIMENSIONS |        |       |       |     |        |     |                | COVER<br>SIZE       | METAL<br>COVERS | PIP<br>SIZE |
|---------------------|------------|--------|-------|-------|-----|--------|-----|----------------|---------------------|-----------------|-------------|
|                     | A          | B      | C     | D     | E   | F      | G   |                |                     |                 |             |
| 10                  | 3'-0"      | 9'-6"  | 3'-0" | 2'-6" | 18" | 4 1/2" | 18" | 2'-10" x 3'-4" | 1/4" STEEL PLATE    | 4" M            |             |
| 66                  | 3'-8"      | 10'-3" | 4'-0" | 2'-9" | 24" | 6"     | 21" | 3'-1" x 3'-10" | 3/8" ALUMINUM PLATE | 4" M            |             |
| 60                  | 4'-0"      | 12'-6" | 4'-0" | 3'-6" | 24" | 6"     | 24" | 3'-10" x 4'-4" | 3/8" ALUMINUM PLATE | 4" M            |             |





Stability: NONE

Stability Decomposition Products: SEE SECTION IV

Stability Polymerization: WILL NOT OCCUR

Stability: STABLE

\*\*\*\*\* Section VII SPILL OR LEAK PROCEDURES \*\*\*\*\*

To be taken in Case Material is Released or Spilled: SOAK UP WITH INERT, ABSORBANT MATERIAL. SCOOP UP AND PLACE IN A PROPER DISPOSAL CONTAINER.

Disposal Methods: DISPOSE OF IN ACCORDANCE WITH STATE AND LOCAL REGULATIONS.

\*\*\*\*\* Section VIII PROTECTIVE EQUIPMENT TO BE USED \*\*\*\*\*

Respiratory Protection: USE OUTDOORS

Eye Protection: N/A

Hand Protection: NOT NECESSARY

Foot Protection: NOT NECESSARY

Protective Equipment: NONE

\*\*\*\*\* Section IX SPECIAL PRECAUTIONS AND OTHER COMMENTS \*\*\*\*\*

Precautions: FOLLOW DIRECTIONS ON THE CONTAINER FOR PROPER USE OF THIS PRODUCT.

Work Practices: USE COMMON SENSE AND CARE AROUND CHEMICALS. NEVER MIX CHEMICALS. CONSULT YOUR SUPERVISOR FOR OTHER PRACTICES. ALL PRACTICES DEPEND ON YOUR SPECIFIC BUSINESS.

Work Practices: SEE WORK PRACTICES.

Precautions to be Taken in Storing and Handling: STORE IN A COOL DRY PLACE, OUT OF DIRECT SUNLIGHT. KEEP OUT OF REACH OF CHILDREN.

Notes for Other Notes in Section II

To the best of our knowledge, the information contained herein is accurate. However, HOC Products does not assume responsibility, whatsoever, for the accuracy or completeness of this information. Final determination of suitability of any product is the sole responsibility of the user. All materials may present unknown health hazards & should be used with caution. Product use, which is not in conformance with this DATA SHEET, or which involves using the product in combination with any process, is the sole responsibility of the user.

- Not Applicable, N/E - Not Established, N/X - Not Known, N/D - Not Determined, N/R - Not Required, N/L - Not Listed \*



\*\*\*\*\* Section I PRODUCT IDENTIFICATION \*\*\*\*\*

PRODUCTS CO., INC.  
 6 MONTAGUE STREET  
 OMA, CA 91331

Product Identity as used on label and lists:  
 [ 345 ENGINE DEGREASER ]

\*\*\*\*\* Section II HAZARDOUS INGREDIENTS \*\*\*\*\*

| Chemical Name    | %  | PEL/OSHA | TLV-ACGIH | CAS NUMBER | OTHER NOTES (See Explanation in Section I) |
|------------------|----|----------|-----------|------------|--|
| METHYL SPIRITS   | 60 | 500 PPM  | 100 PPM   | 8052-41-3  |  |
| ETHYL BUTYLETHER | 5  | 50 PPM   | 25PPM     | 111-76-2   |  |
| ENE              | 5  | 200 PPM  | 100 PPM   | 108-08-3   |  |

\*\*\*\*\* Section III PHYSICAL DATA \*\*\*\*\*

Boiling Point: 279 Specific Gravity: .910 Vapor Pressure: N/A Volatiles: 100 % Vapor Density (Air=1) N  
 Solubility: 0% Evaporation Rate (Water=1): .93 Appearance & Odor: CLEAR LIQUID WITH A HYDROCARBON ODO

\*\*\*\*\* Section IV FIRE AND EXPLOSION DATA \*\*\*\*\*

Flash Point: 96 F Health Flammability Reactivity  
 Flammability Levels: LEL 4.0 %  
 Extinguishing Media: REGULAR FOAM OR CARBON DIOXIDE OR DRY CHEMICAL  
 Hazardous Decomposition Products: MAY FORM TOXIC MATERIALS: CARBON DIOXIDE AND CARBON MONOXIDE, VARIOUS HYDROCARBONS, ETC.  
 Special Fire Fighting Procedures: WEAR SELF CONTAINED BREATHING APPARATUS WITH A FULL FACEPIECE OPERATED IN THE POSITIVE P  
 AND MODE WHEN FIGHTING FIRES.

Special Fire & Explosion Hazards: VAPORS ARE HEAVYER THAN AIR AND MAY TRAVEL ALONG THE GROUND OR MOVED BY VENTILATION AND  
 , PILOT LIGHTS, OR OTHER FLAMES AND IGNITION SOURCES AT LOCATIONS DISTANT FROM MATERIAL HANDLING POINT.

\*\*\*\*\* Section V HEALTH HAZARD DATA \*\*\*\*\*

Possible Exposure Level: 100 PPM  
 Signs of Overexposure -  
 Acute and Chronic: EYES- CAN CAUSE IRRITATION  
 IN PROLONGED OR REPEATED CONTACT CAN CAUSE SEVERE IRRITATION, DEFATTING, DERMATITIS.  
 INHALATION- EXCESSIVE INHALATION OF VAPORS CAN CAUSE NASAL AND RESPIRATORY IRRITATION, CENTRAL NERVOUS SYSTEM EFFECTS INC  
 LASSITUDE, HEARINESS, FATIGUE, NAUSEA, HEADACHE AND POSSIBLE UNCONSCIOUSNESS, AND EVEN DEATH.  
 SWALLOWING- CAN CAUSE GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING, AND DIARRHEA. ASPIRATION OF MATERIAL INTO THE LUNG  
 CAN CAUSE CHEMICAL PNEUMONITIS WHICH CAN BE FATAL.

Toxicity: NTP N/L IARC N/L OSHA N/L  
 Signs and Symptoms of Exposure: SEE SECTION V  
 Conditions Aggravated by Exposure: DERMATITIS

First Aid Procedures: SKIN- THOROUGHLY WASH EXPOSED AREA WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING BEFORE RE-USE.  
 EYES- FLUSH WITH LARGE AMOUNTS OF WATER, LIFTING UPPER AND LOWER LIDS OCCASIONALLY, GET MEDICAL ATTENTION.  
 INHALATION- DO NOT INDUCE VOMITING, KEEP PERSON WARM, QUIET, AND GET MEDICAL ATTENTION. ASPIRATION OF MATERIAL INTO THE  
 LUNG CAN CAUSE CHEMICAL PNEUMONITIS WHICH CAN BE FATAL.  
 INGESTION- REMOVE INDIVIDUAL TO FRESH AIR. IF BREATHING IS DIFFICULT ADMINISTER OXYGEN. KEEP PERSON WARM QUIET & GET MED



ous Decomposition Products: SEE SECTION IV  
ous Polymerization: CANNOT OCCUR

Stability: STABLE

\*\*\*\*\* Section VII SPILL OR LEAK PROCEDURES \*\*\*\*\*  
to be taken in Case Material is Released or Spilled: ABSORB LIQUID ON PAPER, VERMICULITE, FLOOR ABSORBENT OR OTHER ABSORBENT P  
AL AND TRANSFER TO PROPER WASTE DISPOSAL CONTAINER.  
E SPILL: ELIMINATE ALL IGNITION SOURCES (FLARES, FLAMES INCLUDING PILOT LIGHTS, ELECTRICAL SPARKS). PERSONS NOT WEARING PROTE  
EQUIPMENT SHOULD BE EXCLUDED FROM AREA OF SPILL UNTIL CLEAN-UP HAS BEEN COMPLETED. STOP SPILL AT SOURCE, DIKE AREA OF SPILL  
REVENT SPREADING, PUMP LIQUID TO SALVAGE TANK, FOLLOW SMALL SPILL PROCEDURES FOR REMAINING LIQUID. FOLLOW ALL REGULATIONS.  
Disposal Method: DISPOSE OF IN ACCORDANCE WITH ALL LOCAL, STATE AND FEDERAL REGULATIONS.

\*\*\*\*\* Section VIII PROTECTIVE EQUIPMENT TO BE USED \*\*\*\*\*  
atory Protection: IF WORKPLACE EXPOSURE LIMITS OF PRODUCT OR ANY COMPONENT EXCEED A NIOSH/MSHA APPROVED AIR SUPPLIED RESPIATOR  
ADVISED IN ABSENCE OF PROPER ENVIRONMENTAL CONTROL. OSHA REGULATIONS ALSO PERMIT NIOSH/MSHA RESPIRATORS, NEGATIVE PRESSURE TY

tion: PROVIDE SUFFICIENT MECHANICAL VENTILATION TO MAINTAIN EXPOSURE BELOW TLV(S).

ive Gloves: WEAR RESISTANT GLOVES SUCH AS: NITRILE RUBBER.

tection: CHEMICAL SPLASH GOGGLES IN COMPLIANCE WITH OSHA REGULATIONS ARE ADVISED.

protective Equipment: TO PREVENT REPEATED OR PROLONGED SKIN CONTACT, WEAR IMPERVIOUS CLOTHING AND BOOTS.

\*\*\*\*\* Section IX SPECIAL PRECAUTIONS AND OTHER COMMENTS \*\*\*\*\*  
ontrols: TREAT CONTAINERS WITH ALL PRECAUTIONS THAT MATERIAL SHOULD BE TREATED AS CONTAINER RETAINS TRACE QUANTITIES.

actices: WATCH ALL EXPOSURE LIMITS TO KEEP EXPOSURE BELOW TLV(S) AND PEL

Practices: CHEMICAL RESISTANT GLOVES AND GOGGLES ARE RECOMMENDED

ons to be Taken in Storing and Handling: FOLLOW ALL PRECAUTIONS GIVEN BY MSDS.

ions for Other Notes in Section II

To the best of our knowledge, the information contained herein is accurate. However, MDC Products does not assume  
liability, whatsoever, for the accuracy or completeness of this information. Final determination of suitability of  
product is the sole responsibility of the user. All materials may present unknown health hazards & should be used with care  
product use, which is not in conformance with this DATA SHEET, or which involves using the product in combination with  
process, is the sole responsibility of the user.

- Not Applicable, N/E - Not Established, N/K - Not Known, N/D - Not Determined, N/R - Not Required, N/L - Not Listed





(x) Corporation  
( ) Partnership  
( ) Individual

APPLICANT (Firm Name) NORM REEVES, INC.

( Please Print)

MAILING ADDRESS P.O. Box 3010, Cerritos, CA 90703  
Street (P. O. Box) City State Zip

OWNER, TENANT, ETC. Tenant OF PROPERTY @: 13555

LOCATION ADDRESS Excelsior Dr. Norwalk 90650 TELEPHONE (310) 402-3844  
Street City Zip

TYPE OF INDUSTRY

FEDERAL SIC NO.

General Description - Describe for each disposal method - Attach additional sheets

RAW MATERIALS USED Soap, Water and Engine Degreaser

PRODUCTS PRODUCED (SERVICES) Wash new and used cars

WASTEWATER PRODUCING OPERATIONS Car washing

METHOD OF DISPOSAL: ( ) PUBLIC SEWER, ( ) PRIVATE UNDERGROUND DISPOSAL SYSTEM  
( ) SURFACE WATERS, STREAM OR STORM DRAIN, ( ) HAUL TO LEGAL DISPOSAL POINT, ( ) OTHER

(DESCRIBE): \_\_\_\_\_

Note: Multiple disposal methods may require separate permits.

CONSTITUENTS OF WASTE DISCHARGE Diluted soap, Engine Degreaser and Water.

ESTIMATED WASTE QUANTITY (Gallons per day) 125 G

ESTIMATED WASTE PEAK FLOW RATE (Gallons per minute) Less than 1 gallon

ESTIMATED QUANTITY AND DISPOSITION OF SOLID WASTES None

As a condition of the issuance of the permit herein applied for, the applicant agrees to submit additional information as may be required by the director of Public Works. Permits may be subject to additional conditions and limitations. An inspection fee may be required upon permit issuance.

PERSON RESPONSIBLE FOR WASTE DISCHARGE:

NAME (Please Print) LEE STACY TITLE SYS. & OPS. MGR.

I AFFIRM THAT ALL INFORMATION FURNISHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE [Signature] DATE 4/12/94

RETURN THIS APPLICATION, REQUIRED PLANS, SUPPORTING INFORMATION AND AN APPLICATION FEE OF \$ PAYABLE TO LOS ANGELES COUNTY DIRECTOR OF PUBLIC WORKS

TO:

Los Angeles County, Dept. of Public Works  
900 South Fremont Ave.  
Alhambra, California 91803-1331

016155-051469

1K

STC STORAGE LLC

1355 E EXCELSIOR DR

NORWALK

90650





PERMISSION IS HEREBY GRANTED TO:

STC STORAGE LLC  
13555 E EXCELSIOR DR  
NORWALK, CA 90650

<< CERTIFICATE HOLDER

016155 051469 1K  
13555 E EXCELSIOR DR  
JUDY BURTSCHER, MANAGER/OWNER  
(562) 821-8231

<<<< FILE NUMBER  
<<<< FACILITY ADDRESS  
<<<< PRIMARY CONTACT  
<<<< CONTACT PHONE

TO GENERATE, STORE/DISPOSE INDUSTRIAL WASTE MATERIALS LOCATED AT THE FACILITY INDICATED ABOVE, UNDER THE SANITARY SEWER AND INDUSTRIAL WASTE CONTROL ORDINANCE FOR:

CITY OF NORWALK  
LOCAL ORDINANCE/CSDLAC EXEMPT

<<<< AREA/CITY  
<<<< JURISDICTION

MC TITLE 13 CH 13.12  
OCC AUTO REPR, CAR WASH, WASH DOWN

<<<< ORDINANCE NUMBER  
<<<< INDUSTRY

INDUSTRIAL WASTE OPERATIONS REGULATED BY THIS PERMIT CONSIST OF THE FOLLOWING:

GENERATING OPERATIONS: CLEANING VEHICLES  
CONSTITUENTS: GREASE, DIRT, SOAP, WATER  
DISCHARGE TIME: FROM 07.00.00 TO 18.00.00 DISCHARGE DAYS: M T W TH F  
AVERAGE FLOW: 300 GAL PER DAY PEAK FLOW: 8 GAL PER MIN  
FACILITY: >1250 GAL, 3 COMP, PRECAST  
SPEC INFO: 1500 GALLON CAPACITY CLARIFIER

THIS PERMIT IS SUBJECT TO THE FOLLOWING CONDITIONS:

CONDITIONS: A2 COND & LIM, PUBLIC SEWER  
WASTES NOT AUTHORIZED, PUBLIC SEWER AND ON-SITE  
EFFLUENT LIMITS, JOINT OUTFALL

A2 COND & LIM, PUBLIC SEWER (CONTD)  
C1 GENERAL CONDITIONS & LIMITATIONS

PERMITS APPROVED IN CONJUNCTION WITH THIS PERMIT AND ANY PLANS REFERENCED HEREIN ARE MADE PART OF THIS PERMIT. THE COUNTY INDUSTRIAL WASTE CONTROL ENGINEERING INSPECTOR IN YOUR AREA WILL EXPLAIN THE PERMIT CONDITIONS, AND MAKE PERIODIC INSPECTIONS OF YOUR OPERATIONS. THIS PERMIT IS SUBJECT TO ANNUAL INDUSTRIAL WASTE INSPECTION FEES.

MANAGER  
OF PUBLIC WORKS

DATE OF ISSUANCE: 12/11/08

38-003 DPW 12/86

ENVIRONMENTAL PROGRAMS DIVISION

ALAMEDA COUNTY DEPARTMENT OF PUBLIC WORKS  
ENVIRONMENTAL PROGRAMS DIVISION  
1460  
ALHAMBRA, CA 91802-1460 TEL: (626) 458-3517

INDUSTRIAL WASTE DISPOSAL PERMIT

PERMIT NUMBER  
EFFECTIVE DATE  
EXPIRATION DATE

PERMISSION IS HEREBY GRANTED TO:

STC STORAGE LLC  
13555 E EXCELSIOR DR  
NORWALK, CA 90650

<< CERTIFICATE HOLDER

016155 051469 1K  
13555 E EXCELSIOR DR  
JUDY BURTSCHER, MANAGER/OWNER  
(562) 821-8231

<<<< FILE NUMBER  
<<<< FACILITY ADDRESS  
<<<< PRIMARY CONTACT  
<<<< CONTACT PHONE

TO GENERATE, STORE/DISPOSE INDUSTRIAL WASTE MATERIALS LOCATED AT THE FACILITY INDICATED ABOVE, UNDER THE SANITARY SEWER AND INDUSTRIAL WASTE CONTROL ORDINANCE FOR:

CITY OF NORWALK  
LOCAL ORDINANCE/CSDLAC EXEMPT

<<<< AREA/CITY  
<<<< JURISDICTION

MC TITLE 13 CH 13.12  
OCC AUTO REPR, CAR WASH, WASH DOWN

<<<< ORDINANCE NUMBER  
<<<< INDUSTRY

POST THIS AT YOUR LOCATION



Check One:  New permit  Permit Revision  Change of Ownership (Effective Date \_\_\_\_\_)  Non-use permit

APPLICANT (OPERATOR) STC STORAGE LLC Tel. \_\_\_\_\_  
(Company Name)  Corporation  Partnership  Individual

OPERATION ADDRESS 13555 EXCELSIOR DR NORWALK CA 90650 Fax 562-802-7500  
Street City State Zip

MAILING ADDRESS 13555 EXCELSIOR DR NORWALK CA 90650  
Street City State Zip

TYPE OF INDUSTRY RV STORAGE (General Description) (Federal SIC No.)

PROPERTY OWNER/ADDRESS 487 WASHINGTON BLVD, MARINA DEL REY, CA 90292

ASSESSORS PARCEL IDENTIFICATION: Map Book \_\_\_\_\_ Page \_\_\_\_\_ Parcel # \_\_\_\_\_ (From tax map)  
NUMBER OF EMPLOYEES (Full Time) 2 (Part Time) \_\_\_\_\_ Lot Size (SQ. FT.) \_\_\_\_\_

GENERAL DESCRIPTION - Describe for each disposal method. Multiple disposal methods may require separate permits. Attach additional sheets if necessary. A minimum of four sets of engineered plans are required.

Method of disposal:  Public sewer,  Private underground disposal system,  Surface waters, stream or storm drain,  Haul to legal disposal point,  Other (describe) \_\_\_\_\_

Compliance with local standards:  Yes  No If yes, approved QPW (cfs) \_\_\_\_\_

Materials used (attach MSDs where appropriate) SOAP & WATER

Wastewater produced CLEANED VEHICLES

Water producing operations CLEAN VEHICLES

Components of waste discharge GREASE, DIRT, SOAP, WATER

Plant operation 7 AM to 6 PM Days per week (Check days)  M  T  W  Th  F  Sa

Daily wastewater flow rate (gal. per day) 300 Time of discharge \_\_\_\_\_ to \_\_\_\_\_

Peak five-minute wastewater flow rate (gal. per min.) 7.5 Days per week  M  T  W  Th  F  Sa

Describe any daily, monthly, and seasonal variation, if any: \_\_\_\_\_

In consideration of the issuance of the permit herein applied for, the applicant agrees to submit additional information as may be required by the Director of Public Works. Permits may be subject to additional conditions and limitations. An inspection fee may be required for issuance.

PERSON RESPONSIBLE FOR WASTE DISCHARGE:

I, \_\_\_\_\_, STATE THAT ALL INFORMATION FURNISHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Please print) JUDY BURTSCHER TITLE MANAGING MEMBER

Signature: Judy Burtischer DATE 7/23, 08

PHONE 562-921-8231

THIS APPLICATION, REQUIRED PLANS, AND ENGINEERING INFORMATION AND AN APPLICATION/PLAN FEE OF \$196.00 PAYABLE TO COUNTY OF LOS ANGELES DEPT. OF PUBLIC WORKS ENVIRONMENTAL PROGRAMS DIVISION



Date 06-23-2008 File No. 016155-051469  
To Judy Burtscher, Manager/Owner Permit No. \_\_\_\_\_  
Site Name STC STORAGE LLC Violation No. 575387  
Site Address 13555 E. Excelsior Dr, NORWALK, CA 90650  
Mailing Address \_\_\_\_\_

PERMIT REQUIRED

It has come to the attention of this office that you are utilizing or are presently responsible for the maintenance of Industrial Waste Treatment or Disposal Facilities at the subject site. You are required to submit the items checked below, within 30 days from the date of this Notice, to continue use of your facility:

- ] Complete and sign the enclosed permit application
  - ] Complete and sign the enclosed Additional Information Questionnaire for Permit Applicants
  - ] An Application Fee of \$ 0.00 , and Plan Check Fee of \$ 0.00  
Total \$ 0.00 payable to the [  ] County of Los Angeles Department of Public Works, [  ] City of \_\_\_\_\_
  - ] Other : The discharge of wastewater, from trailers/campers, into plumbing cleanout of interceptor, is in violation of city of Norwalk industrial waste ordinance. You are directed to install a trailer sewage disposal station, per LA County San Districts standard plan. See attached copy for detail. A prior approval of any proposed sewage disposal station is required. You are directed to submit 2 sets of your proposed plans of sewage disposal station to the Chief Engineer, Chin at the Alhambra HQ, at (626)458-5173, 7:00AM-5:30PM, Mon-Thur only.
- an annual Industrial Waste Inspection Fee may be required upon permit issuance. If you have any questions regarding this matter, please contact Mr I. Azie Monday through Friday, 8 a.m. to 9:30 a.m., at (562) 906-8427.

Very truly yours,

NALD L. WOLFE  
Director of Public Works

Address all correspondence to:

*I. Azie*  
I. Azie

Environmental Programs Division

LA County Dept. of Public Works  
Environmental Programs Division  
South Whittier District Office  
13523 E. Telegraph Rd.  
WHITTIER, CA 90605-3438  
Fax#: (562) 906-8425



Date 06-23-2008 File No. 016155-051469  
To Judy Burtscher, Manager/Owner Permit No. \_\_\_\_\_  
Site Name STC STORAGE LLC Violation No. 575383  
Site Address 13555 E. Excelsior Dr, NORWALK, CA 90650  
Mailing Address \_\_\_\_\_

PERMIT REQUIRED

It has come to the attention of this office that you are utilizing or are presently responsible for the maintenance of Industrial Waste Treatment or Disposal Facilities at the subject site. You are required to submit the items checked below, within 30 days from the date of this Notice, to continue use of your facility:

- Complete and sign the enclosed permit application  
 Complete and sign the enclosed Additional Information Questionnaire for Permit Applicants  
 An Application Fee of \$ 198.00 , and Plan Check Fee of \$ 0.00  
Total \$ 198.00 payable to the  County of Los Angeles Department of Public Works,  City of \_\_\_\_\_  
 Other The IW Disposal Permit issued to Sydney Development Corp, for autowash facility, is for zero-discharge only. You are directed to submit IW application and fee of \$198.00, for a use permit of the autowash facility. Note that any plumbing changes to the autowash facility call for submittal of as-built plans and plan review fee.  
An annual Industrial Waste Inspection Fee may be required upon permit issuance. If you have any questions regarding this matter, please contact Mr I. Azie Monday through Friday, 8 a.m. to 9:30 a.m., at (562) 906-8427

Very truly yours,

DONALD L. WOLFE  
Director of Public Works

Address all correspondence to:

*I. Azie*

I. Azie

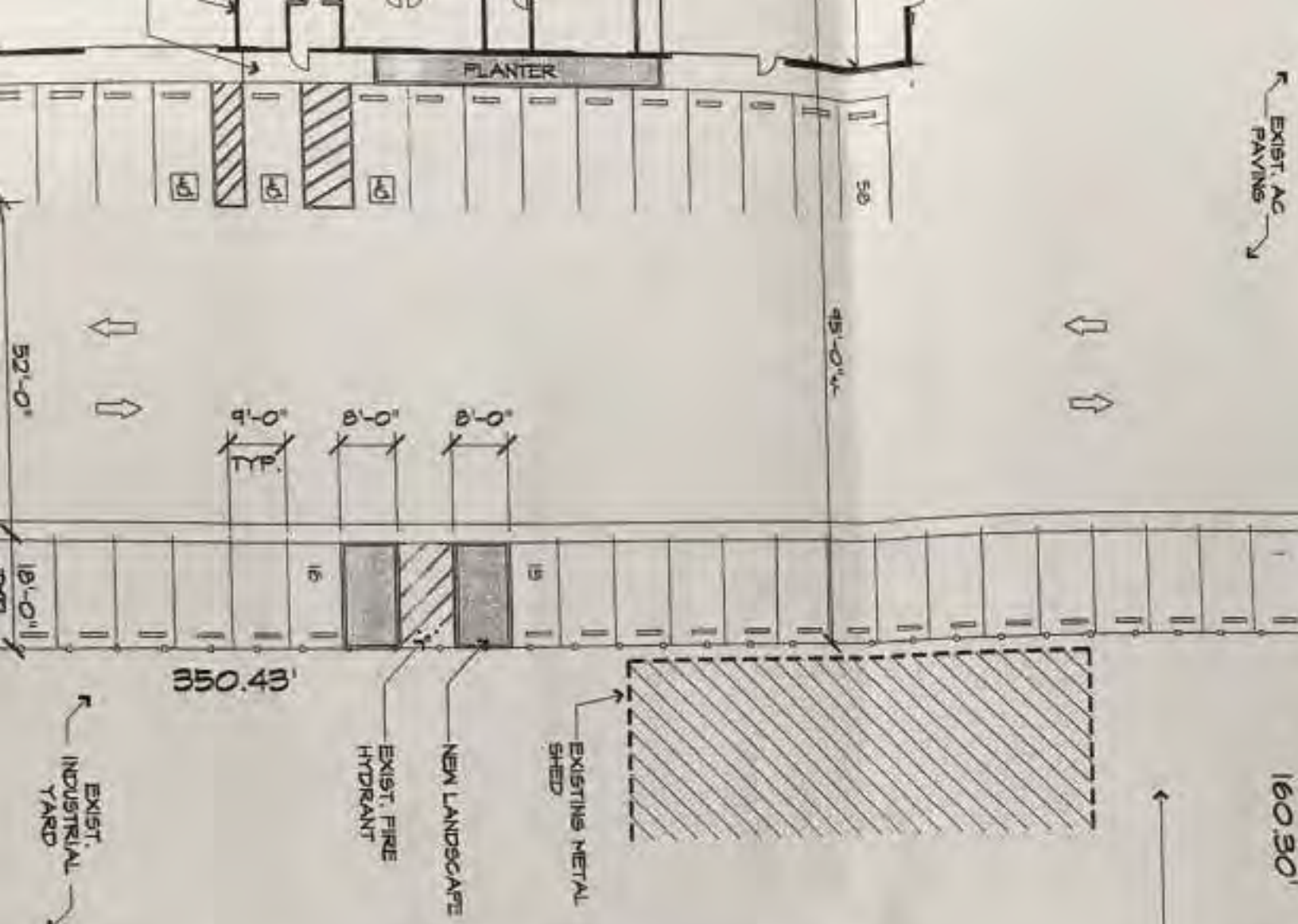
Environmental Programs Division

LA County Dept. of Public Works  
Environmental Programs Division  
South Whittier District Office  
13523 E. Telegraph Rd.  
WHITTIER, CA 90605-3438

Fax#: (562) 906-8425







**LEGAL DESCRIPTION**

COUNTY: ..... LA  
 TRACT: .....  
 BLOCK: ..... 8064  
 LOT: ..... 4  
 ASSESSORS PARCEL #: ..... 8064-002-061

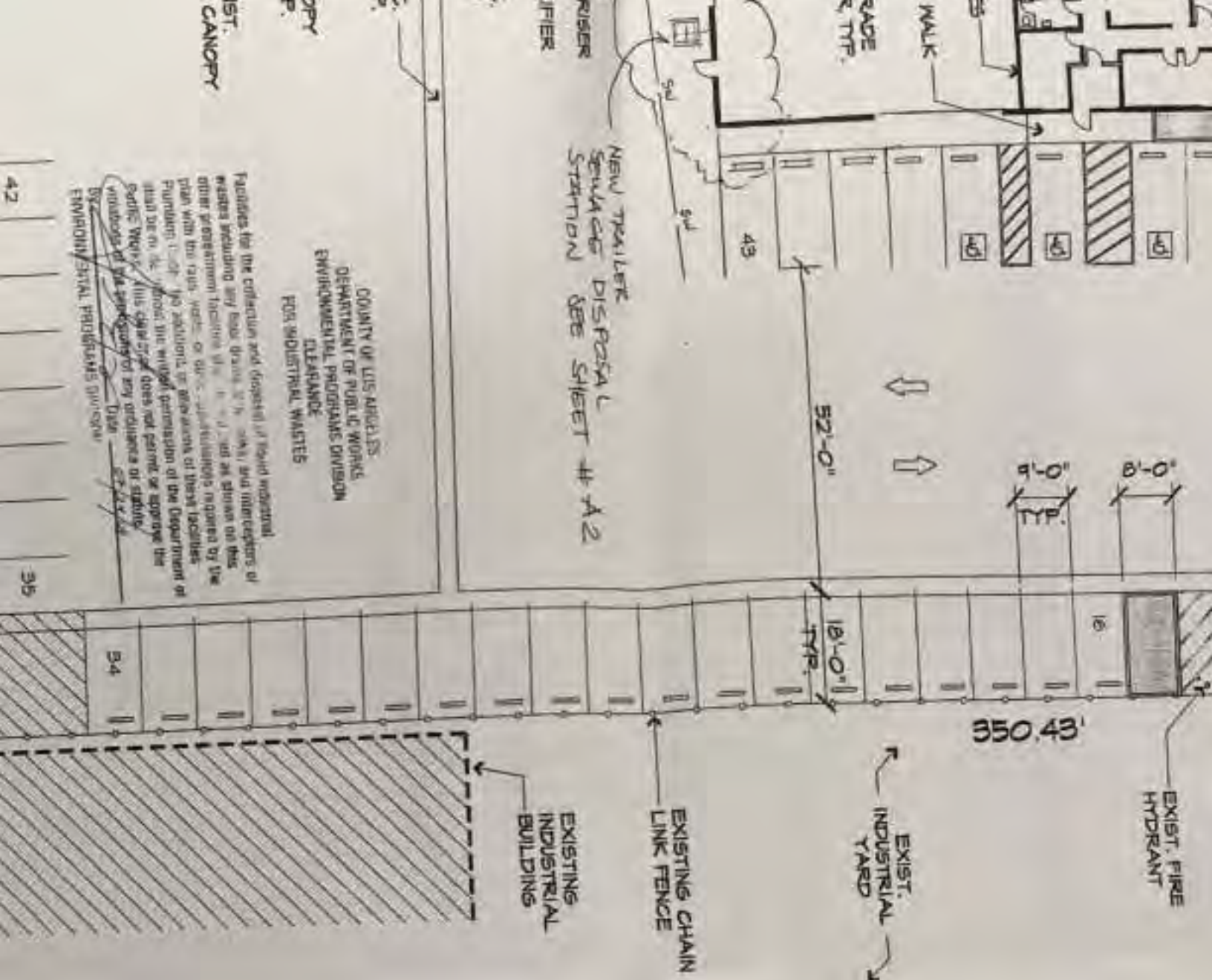
**LEGAL ADDRESS**

13955 E. EXCELSIOR DR  
 NORWALK, CA 90650

**SHEET INDEX**

- ARCHITECTURE**
- A-1 SITE PLAN & SUMMARY
  - A-2 TRAILER SEWAGE DETAIL





Facilities for the collection and disposal of liquid industrial wastes including any base drains, s/s, s/s/s, and interceptors of other pretreatment facilities. It is the intent of this plan with the rain, yard, or other activities required by the permitting process. The addition, or replacement of these facilities shall be on the ground, the original permission of the Department of Public Works. This detail does not permit or approve the violation of any provisions of any ordinance or statute. Date: 5/11/14

ENVIRONMENTAL PROGRAMS DIVISION

**SHEET INDEX**

**ARCHITECTURE**  
 A-1 SITE PLAN & SUMMARY  
 A-2 TRAILER SEWAGE DETAIL

**PROJECT SUMMARY**

ZONING: M-2  
 CONST. TYPE: TYPE V-B  
 NO. STORES: ONE  
 BUILDING HEIGHT: 11'-5"  
 SPRINKLED: NO

**VICINITY MAP**



EXIST. TRANSFORMER ON CONC. SLAB



EXIST. CONC. SLAB

POWER POLE

OUTDOOR RV STORAGE AREA

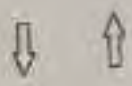
EXIST. AC PAVING

FIRE HYDRANT

EXIST. CHAIN LINK FENCE

127'-0"

EXIST. CONC. RAMP TO ADJACENT BUILDING (NO LONGER USED)



EXIST. CONC. APRON  
EXIST. FIRE SPRINKLER RISER

INDOOR RV STORAGE AREA

15'-0"

120'-0"

(S)  
OUTDOOR RV STORAGE AREA  
EXIST. AC PAVING

470.31'



EXIST. INDUSTRIAL YARD

330.31'

300'-0"

EXIST. CONC. SLAB

POWER POLE

75'-0"

UTILITY BOX

OUTDOOR RV STORAGE AREA

EXIST. AC PAVING

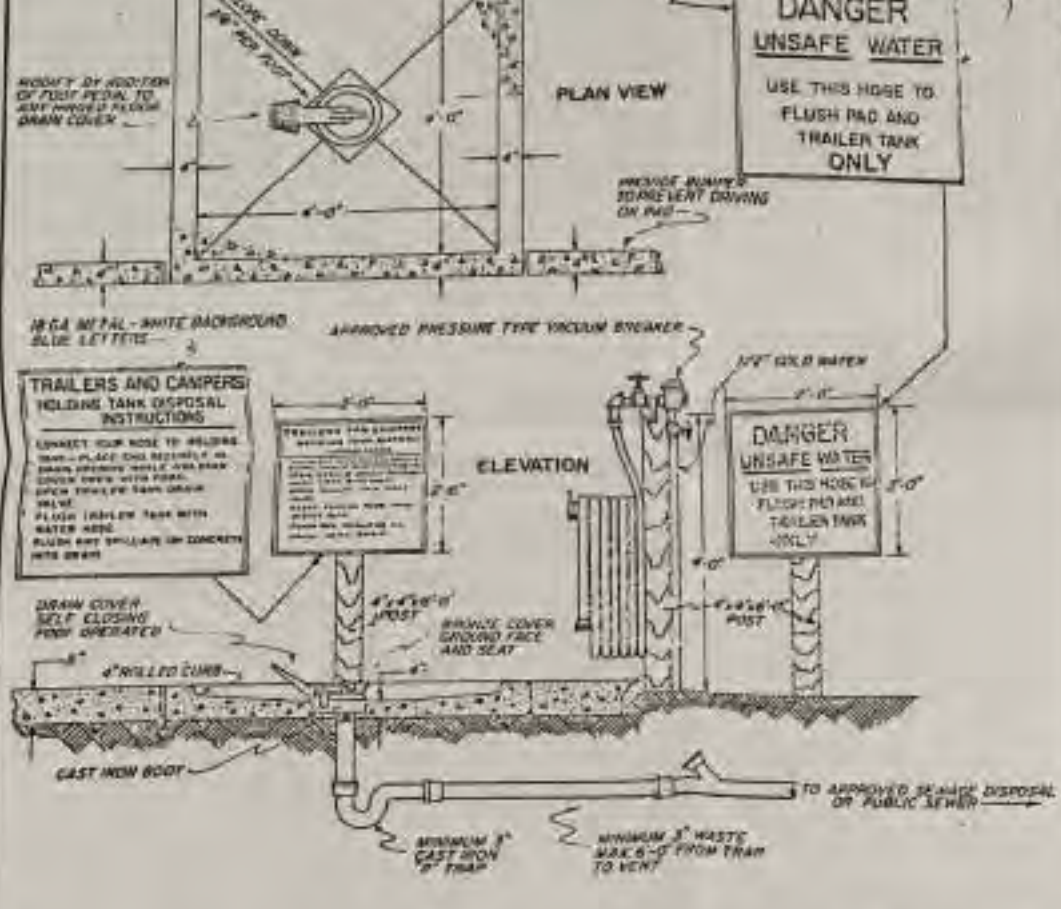
EXIST. TRANSFORMER CONC. SLAB

60'-0"

EXISTING ONE-STORY CONCRETE TILT-UP BLDG.

INDOOR RV STORAGE AREA



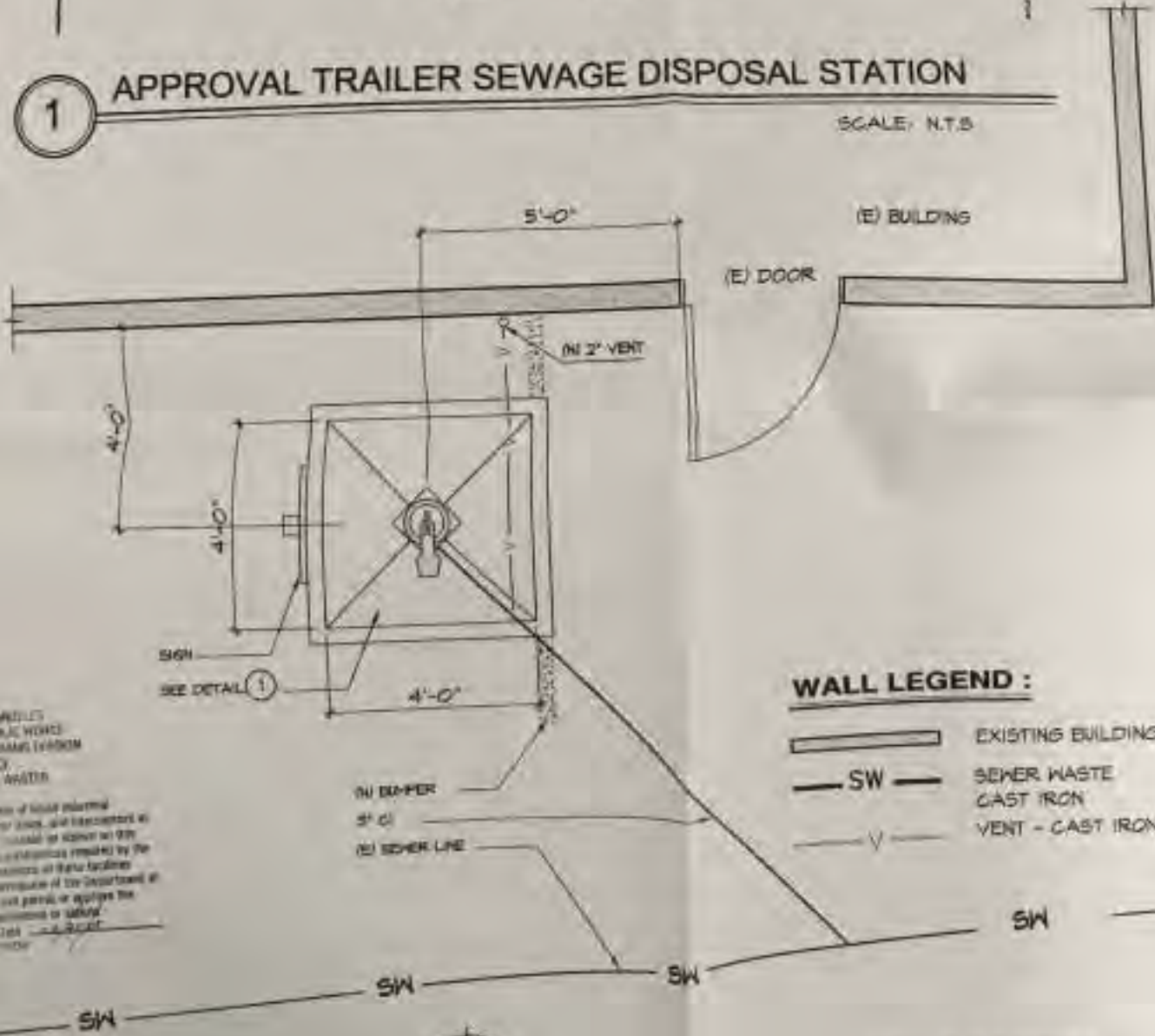


UNITS INDICATED ON THESE DRAWINGS SHALL HAVE THE SAME MEANING AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE SPECIFIED. CONTRACTORS SHALL VERIFY ALL CONDITIONS ON THE JOB AND SHALL BE RESPONSIBLE FOR ALL WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT AND ALL APPLICABLE REGULATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT AND ALL APPLICABLE REGULATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT AND ALL APPLICABLE REGULATIONS.

1

**APPROVAL TRAILER SEWAGE DISPOSAL STATION**

SCALE: N.T.S.



**WALL LEGEND :**

|  |                       |
|--|-----------------------|
|  | EXISTING BUILDING     |
|  | SEWER WASTE CAST IRON |
|  | VENT - CAST IRON      |

**KIVOTOS MONTENEGRO PARTNERS INC.**  
ARCHITECTS & ENGINEERS



PROJECT LOCATION:  
**NEW TRAILER DISPOSAL STATION**  
OWNER'S NAME:  
**JUDY BURTSCH**

JOB ADDRESS:  
**13555 E. EAGLE CREEK  
NORWALK, CA**



DESIGN BY: **MM.**  
CHECKED BY: **PM.**  
SCALE: **AS SHOWN**  
JOB NUMBER: **13555 E. EAGLE CREEK**  
DATE: **11/15/00**  
TRAILER SEWAGE DISPOSAL STATION





# COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400  
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998  
Telephone: (562) 699-7411, FAX: (562) 692-5103  
www.lacsd.org

JAMES F. STAHL  
Chief Engineer and General Manager

## PERMIT FOR RECREATIONAL VEHICLE SANITARY WASTE DISPOSAL STATION

(Please type or print with black ballpoint pen on hard surface)

A separate application must be filed for each station. Please complete all applicable items, or your application may be returned.

- New Permit Application
- Permit Renewal, Current Permit No:
- Other, please specify \_\_\_\_\_

APPLICATION IS MADE BY: STC STORAGE LLC  
PLEASE PRINT (INDIVIDUAL OR LEGAL COMPANY NAME) (FICTITIOUS NAME, IF ANY)

- Corporation
- Partnership
- Sole Proprietorship

Mailing Address: 13555 EXCELSIOR DR. NORWALK CA 90650  
PLEASE PRINT (STREET) (CITY) (STATE) (ZIP)

Contact Person: JUDY BURTSCHER Title: MANAGER/OWNER  
PLEASE PRINT (NAME) PLEASE PRINT

Station Address: SAME  
PLEASE PRINT (if different from address above) (STREET) (CITY) (STATE) (ZIP)

Phone: 562-927-3337       562-927-3347  
COMPANY OFFICE STATION (if different) FAX E-MAIL (if available)

City or County Health Department Backflow Prevention Device Registration No.:

### CERTIFICATION (To be signed by an authorized company official: owner, partner, officer or facility manager)

I certify under penalty of law that I have personally examined and understand the information in this application form and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I certify that I, my agent and employees shall dispose of wastewater from the recreational vehicle sanitary waste disposal station in accordance with the Wastewater Ordinance of the County Sanitation Districts of Los Angeles County and all applicable federal, state, county and city regulations.

I understand that I am responsible for all materials discharged at the recreational vehicle sanitary waste disposal station, regardless of who discharges the materials. I further acknowledge that I have read the management and permitting requirements located on the second page of this form, and I agree to comply with them.

**This Box for Permit Processing Use Only**

Permit No.: 17096 in 1Pics

Account No.: 2103397

Expiration Date:        
(Month) (Day) (Year)

NORWALK CA  
(CITY) (STATE)

Date: 4/28/06

Signed: Judy Burtcher  
AUTHORIZED COMPANY OFFICER

PRINT NAME: JUDY BURTSCHER  
PRINT TITLE: MANAGER/OWNER

Approved by the County Sanitation Districts of Los Angeles County

Date: 4/28/06

James F Stahl  
NAME AND TITLE OF HEAD OF AGENCY

By: George Blaszczak  
AUTHORIZED OFFICIAL

PRINT NAME: George Blaszczak PRINT TITLE: \_\_\_\_\_

White Copy - Agency; Yellow Copy - will be returned to applicant. Do not separate.



**ADR Environmental Group, Inc.**  
*Due Dillgence and Risk Management Services Natlonwide*

225 30<sup>th</sup> Street, Suite 202  
Sacramento, CA 95816  
Toll Free: (888) 622-3734  
Phone: (916) 921-0600  
Fax: (916) 648-6688

May 3, 2017

Los Angeles County Sanitation District  
1955 Workman Mill Road  
Whittier, California 90607  
Phone (562) 908-4288  
Fax (562) 908-4224

To Whom It May Concern:

Our firm is currently performing a Phase I Environmental Site Assessment on a site located in Los Angeles County. We are required to investigate current and past use of the property and adjacent properties to help determine if there have been any recognized environmental concerns that have impacted the following sites:

**14838 & 14850 Carmentia Road, Norwalk, California 90650**

If you have any information regarding septic systems, industrial wastes, hazardous wastes or permits for hazardous materials for the above-mentioned properties, please fax to 909-803-0403 or email richardm@highpointenv.com. If you have any questions or need additional information, please call me at 909-600-8827.

Sincerely,

Richard McCondichie, EP  
Environmental Project Manager

No records found

5/4/17





# INSPECTION REPORT

Report Date Range: 1/1/2000 to 5/2/2017

Facility Name: COMMERCIAL TIRE NETWORK, LLC

Facility ID: 2093055

Situs Address: 14830 CARMENITA Road  
Norwalk, CA 90650

TG: C3 737 Dist No.: 18

Sample Location: Other

**Date of Inspection:** 3/23/2004 12:00 am to 12:00 am Duration: Hr **Inspection Type:** Historical **Task Type:** Historical Inspection

**Sample Location:** Other **Task ID:** 65508 **Inspection ID:** 65508

**Inspector(s):** Stephen Sealy **Contact(s):**

**Task Comments:**

COMPANY RETREADS TRUCK TIRES, USING BANDAG BRAND TREAD RUBBER. APPARENTLY NO WATER USED IN AUTOCLAVES THAT CURE THE BOND BETWEEN THE TREAD AND THE CASING, ONLY HEAT AND PRESSURE. NO IWW SOURCES LOCATED.

**Additional Comments:**

**Inspection Special Messages**

Comments: NO VIOLATIONS OBSERVED



# INSPECTION REPORT

Report Date Range: 1/1/2000 to 5/2/2017

Facility Name: STC STORAGE  
Situs Address: 13555 EXCELSIOR Drive  
Norwalk, CA 90650  
Sample Location: 017096A

Facility ID: 2108891  
TG: C4 737 Dist No.: 18

Date of Inspection: 3/15/2017 1:30 pm to 1:50 pm Duration: 0.33 Hr Inspection Type: Annual Task Type: Recreational Vehicle Disposal Site Inspection

Sample Location: 017096A Task ID: 1362697 Inspection ID: 309063

Inspector(s): James McCurdy Contact(s): Darrell (unknown) Manager

## Inspection Results:

Recreational Vehicle wastewater disposal

| Inspection Area                                  | Result          |
|--|-----------------|
| Sewage Spill Containment?                        | YES             |
| Backflow device installed?                       | YES             |
| Cleanup water hose present?                      | YES             |
| No drinking water warning sign posted?           | YES             |
| Disposal drain cap locked at close of business?  | NO              |
| Description of cap securing method               | perimeter fence |
| Disposal drain cap secured by other means?       | YES             |
| Adequate rainwater diversion control?            | YES             |
| CSDLAC warning sign installed?                   | YES             |
| Permit issued and information package delivered? | YES             |
| Reviewed permit requirements with contact?       | NO              |
| CSDLAC warning sign delivered?                   | YES             |

## Additional Comments:

### Inspection Summary

Comments: This was the annual inspection for the recreational vehicle (RV) disposal station. Facility provides a variety of services to RV owners who rent spaces out, including inside/outside storage, window washing, tire pressure check/filling, and vehicle washing. The latter service includes an additional charge so is not utilized much according to the contact. Wash pad is covered so rainwater intrusion is not an issue. Situs has a single disposal station in a 2-foot by 2-foot elevated concrete berm of approximately two inches. Port is sunken into the pad to minimize sewage spills and the berms prevent rainwater intrusion. Wash hose appears to have a back flow preventer installed at the hose connection to the spigot. All signs prohibiting illegal dumping and drinking the water from the hose are posted.

Date of Inspection: 11/4/2016 12:02 pm to 1:01 pm Duration: Hr Inspection Type: General Task Type: General Inspection

Sample Location: 017096A Task ID: 1360913 Inspection ID: 307948

Inspector(s): Traci Stahl Contact(s): Judy Beutscher Owner

## Additional Comments:



# Inspection Results Summary

## Inspection Summary

Comments: RV disposal station in a storage facility. Cap is locked to the RV dump during off hours. Backflow device is present and LACSD placard is in place. No problems noted, no sign of any unusual activity.

---

**Date of Inspection:** 8/16/2016 10:39 am to 11:39 am Duration: Hr **Inspection Type:** Annual **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1334989 **Inspection ID:** 298795  
**Inspector(s):** Traci Stahl **Contact(s):** Jerry Garcia

## Inspection Results:

Recreational Vehicle wastewater disposal

| Inspection Area                                  | Result |
|--|--------|
| Sewage Spill Containment?                        | YES    |
| Backflow device installed?                       | YES    |
| Cleanup water hose present?                      | YES    |
| No drinking water warning sign posted?           | YES    |
| Disposal drain cap locked at close of business?  | YES    |
| Adequate rainwater diversion control?            | YES    |
| CSDLAC warning sign installed?                   | YES    |
| Permit issued and information package delivered? | YES    |
| Reviewed permit requirements with contact?       | YES    |
| CSDLAC warning sign delivered?                   | YES    |

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**Date of Inspection:** 1/22/2015 9:46 am to 10:46 am Duration: Hr **Inspection Type:** Annual **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1309436 **Inspection ID:** 289578  
**Inspector(s):** Traci Stahl **Contact(s):** Jerry Garcia

## Inspection Results:

Recreational Vehicle wastewater disposal

| Inspection Area                                  | Result |
|--|--------|
| Sewage Spill Containment?                        | YES    |
| Backflow device installed?                       | YES    |
| Cleanup water hose present?                      | YES    |
| No drinking water warning sign posted?           | YES    |
| Disposal drain cap locked at close of business?  | YES    |
| Adequate rainwater diversion control?            | YES    |
| Permit issued and information package delivered? | NO     |
| Reviewed permit requirements with contact?       | YES    |
| CSDLAC warning sign delivered?                   | NO     |

## Additional Comments:

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## Inspection Summary

Comments: RV disposal site inspection, No problems noted. verified spill containment, back flow device, security, and adequate Rainwater protection. Noted that LACSD sign is badly faded , will return to deliver a new one to be posted.

# Inspection Results Summary

**Date of Inspection:** 6/26/2014 10:50 am to 11:05 am Duration: 0.25 Hr **Inspection Type:** Annual **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1280439 **Inspection ID:** 279368  
**Inspector(s):** Steven Lajkowitz **Contact(s):** Judy Beutscher Owner

## Inspection Results:

### Recreational Vehicle wastewater disposal

| Inspection Area                                  | Result                         |
|--|--------------------------------|
| Sewage Spill Containment?                        | YES                            |
| Backflow device installed?                       | YES                            |
| Cleanup water hose present?                      | YES                            |
| No drinking water warning sign posted?           | YES                            |
| Disposal drain cap locked at close of business?  | NO                             |
| Description of cap securing method               | Facility is locked after hours |
| Disposal drain cap secured by other means?       | YES                            |
| Adequate rainwater diversion control?            | YES                            |
| Permit issued and information package delivered? | NO                             |
| Reviewed permit requirements with contact?       | YES                            |
| CSDLAC warning sign delivered?                   | NO                             |

## Additional Comments:

### Inspection Summary

Comments: Annual RV liquid waste disposal station inspection. Name of facility is Rabsio (DBA for STC Storage). Disposal station is only operated by employees. Drain cap is not locked but the facility is locked after hours. Warning sign and no drinking water sign are posted. Two clean-up hoses with backflow devices are next to the concrete disposal station. Station bermed to provide sewage spill containment and to divert rainwater. No issues noted at this time.

6/26/14 SL

**Date of Inspection:** 6/5/2013 12:25 pm to 12:40 pm Duration: 0.25 Hr **Inspection Type:** Annual **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1245234 **Inspection ID:** 264118  
**Inspector(s):** Jason Finn **Contact(s):** Judy Beutscher Owner  
Jerry Garcia

## Inspection Results:

### Recreational Vehicle wastewater disposal

| Inspection Area                                  | Result |
|--|--------|
| Sewage Spill Containment?                        | YES    |
| Backflow device installed?                       | YES    |
| Cleanup water hose present?                      | YES    |
| No drinking water warning sign posted?           | YES    |
| Disposal drain cap locked at close of business?  | YES    |
| Adequate rainwater diversion control?            | YES    |
| Permit issued and information package delivered? | NO     |



# Inspection Results Summary

Reviewed permit requirements with contact? NO

CSDLAC warning sign delivered? NO

## Additional Comments:

### Inspection Summary

Comments: RV Liquid waste disposal inspection

This facility goes under the DBA of RABSIO but is still STC Storage. This is a full service storage facility. Employees are the only ones authorized to discharge into the disposal drain. Additionally the facility is locked and video monitored after office hours. Signage is appropriate. Backflow preventer installed. Berm intact around RV drain. No issues noted at the RV dump station. There is a clarifier connected to the covered wash pad. This is a permit exempt connection.

06/05/13 JF

---

**Date of Inspection:** 6/18/2012 10:20 am to 10:40 am Duration: 0.33 Hr **Inspection Type:** Annual **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1219936 **Inspection ID:** 254387  
**Inspector(s):** Sanjay Patel **Contact(s):** Jerry Garcia

### Inspection Results:

Recreational Vehicle wastewater disposal

| Inspection Area                                  | Result |
|--|--------|
| Sewage Spill Containment?                        | YES    |
| Backflow device installed?                       | YES    |
| Cleanup water hose present?                      | YES    |
| No drinking water warning sign posted?           | YES    |
| Disposal drain cap locked at close of business?  | YES    |
| Adequate rainwater diversion control?            | YES    |
| CSDLAC warning sign installed?                   | YES    |
| Permit issued and information package delivered? | NO     |
| Reviewed permit requirements with contact?       | NO     |
| CSDLAC warning sign delivered?                   | YES    |

## Additional Comments:

### Inspection Summary

Comments: This is a RV storage area operated by the same owner. According to the contact, the business has been very slow since last year so not alot of washing is done at the facility. The three stage clarifier and the sample box looked fine. Field result was: pH=7.4, Q=0 GPM, and colorless with black particulates. No issues were observed at the disposal area. Disposal site was well maintained; it was bermed all around and clean. No strong odor was observed from the disposal site.

Findings: RV inspection

---

**Date of Inspection:** 6/2/2011 1:57 pm to 1:57 pm Duration: 1.00 Hr **Inspection Type:** Annual **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1194486 **Inspection ID:** 244755  
**Inspector(s):** Neil Tran **Contact(s):** Jerry Garcia

### Inspection Results:

Recreational Vehicle wastewater disposal

| Inspection Area | Result |
|-----------------|--------|
|-----------------|--------|

# Inspection Results Summary

|  |     |
|--|-----|
| Sewage Spill Containment?                        | YES |
| Backflow device installed?                       | YES |
| Cleanup water hose present?                      | YES |
| No drinking water warning sign posted?           | YES |
| Disposal drain cap locked at close of business?  | YES |
| Adequate rainwater diversion control?            | YES |
| CSDLAC warning sign installed?                   | YES |
| Permit issued and information package delivered? | NO  |
| Reviewed permit requirements with contact?       | NO  |
| CSDLAC warning sign delivered?                   | YES |

## Additional Comments:

### Inspection Summary

Comments: Contact said that business was very slow; washing area was rarely used. Ww from the w/area discharged to a 3 stage clr + sbx.  
No issues noted at the dump/station  
Findings: Annual inspection

**Date of Inspection:** 7/6/2010 11:14 am to 11:14 am Duration: 1.00 Hr **Inspection Type:** Annual **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1168370 **Inspection ID:** 234781  
**Inspector(s):** Neil Tran **Contact(s):** Jerry Garcia

### Inspection Results:

#### Recreational Vehicle wastewater dis

| Inspection Area                                  | Result |
|--|--------|
| Sewage Spill Containment?                        | YES    |
| Cleanup water hose present?                      | YES    |
| Disposal drain cap locked at close of business?  | YES    |
| Adequate rainwater diversion control?            | YES    |
| Permit issued and information package delivered? | YES    |
| Reviewed permit requirements with contact?       | YES    |
| CSDLAC warning sign delivered?                   | YES    |

## Additional Comments:

### Inspection Summary

Comments: .  
Findings: Inspected RV liquid waste disposal station. No problems noted.

**Date of Inspection:** 8/26/2009 3:44 pm to 3:44 pm Duration: 1.00 Hr **Inspection Type:** Annual **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1143483 **Inspection ID:** 223634  
**Inspector(s):** Neil Tran **Contact(s):** Judy Beutscher Owner

### Inspection Results:

#### Recreational Vehicle wastewater dis

| Inspection Area | Result |
|-----------------|--------|
|-----------------|--------|



# Inspection Results Summary

|  |     |
|--|-----|
| Sewage Spill Containment?                        | YES |
| Backflow device installed?                       | YES |
| Cleanup water hose present?                      | YES |
| No drinking water warning sign posted?           | YES |
| Disposal drain cap locked at close of business?  | YES |
| Adequate rainwater diversion control?            | YES |
| CSDLAC warning sign installed?                   | YES |
| Permit issued and information package delivered? | YES |
| Reviewed permit requirements with contact?       | YES |
| CSDLAC warning sign delivered?                   | YES |

## Additional Comments:

### Inspection Summary

Comments: .

Findings: Inspection of RV Liquid waste disposal station. No issues noted

---

**Date of Inspection:** 6/8/2009 10:50 am to 10:50 am Duration: 1.00 Hr **Inspection Type:** General **Task Type:** General Inspection  
**Sample Location:** 017096A **Task ID:** 1170800 **Inspection ID:** 235500  
**Inspector(s):** Neil Tran **Contact(s):**

## Additional Comments:

### Inspection Summary

Comments: .

Findings: No one was here. Will f/up for an inspection

---

**Date of Inspection:** 8/26/2008 8:00 am to 9:00 am Duration: Hr **Inspection Type:** General **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** 017096A **Task ID:** 1129546 **Inspection ID:** 216084  
**Inspector(s):** Georgia Blaszcak **Contact(s):** Judy Beutscher Owner

## Additional Comments:

### Inspection Summary

Comments: The new dump station has been installed and waiting for final approval from DPW. Everything looks OK for the sewer issue. They do not have a backflow device on the incoming water. Looking cap is not really needed since the area is manned and operated only by owner. (See attachment).

---

**Date of Inspection:** 6/6/2008 10:00 am to 11:30 am Duration: Hr **Inspection Type:** General **Task Type:** General Inspection  
**Sample Location:** 017096A **Task ID:** 1122173 **Inspection ID:** 214289  
**Inspector(s):** Georgia Blaszcak **Contact(s):**

## Additional Comments:

### Inspection Summary

Comments: Spoke to the manager, Jerry. Owner was not in. Advised him of referral from DPW inspector, Aziz, who said he saw fecal material in the sample box. Contact said he had scheduled pumping this week. Company will need to install separate washpad with backflow device. Company to comply. Advised Jerry to contact city building dept for appropriate permits.

# Inspection Results Summary

**Date of Inspection:** 5/7/2008 - 5/11:00 am to 11:30 am Duration: Hr **Inspection Type:** Biennial **Task Type:** Recreational Vehicle Disposal Site Inspection  
**Sample Location:** Task ID: 1108754 Inspection ID: 209850  
**Inspector(s):** Georgia Blaszcak **Contact(s):** Judy Beutscher Owner

**Inspection Results:**

Recreational Vehicle wastewater disposal

| Inspection Area                                  | Result                            |
|--|-----------------------------------|
| Sewage Spill Containment?                        | NO                                |
| Backflow device installed?                       | NO                                |
| Cleanup water hose present?                      | YES                               |
| No drinking water warning sign posted?           | NO                                |
| Disposal drain cap locked at close of business?  | NO                                |
| Description of cap securing method               | Personnel ONLY is allowed to dump |
| Disposal drain cap secured by other means?       | YES                               |
| Adequate rainwater diversion control?            | YES                               |
| CSDLAC warning sign installed?                   | YES                               |
| Permit issued and information package delivered? | NO                                |
| Reviewed permit requirements with contact?       | YES                               |
| CSDLAC warning sign delivered?                   | YES                               |

**Enforcements/Violations:**

| Date    | Violation          | Ordinance Section                              | Substance | Limit | Result | Comments   |
|---------|--------------------|--|-----------|-------|--------|--|
| 5/14/08 | Interceptor Loaded | 412 Failure to Maintain Pretreatment Equipment |           |       |        | Clarifier needs pumping Violation Dismissed, violation date is before 10/1/2013 and has no related enforcement. DJS 07-09-2014 |

**Additional Comments:**

**Inspection Summary**

Comments: Site does not have a backflow device. Discussed with P.Lo who suggested that a referral be sent to the DHS. will submit. The clean-out after the sample box will be allowed as the dump area per B.Garrett.. Checked sample box and noted no evidence of any sewage in box. The personnel are the only people allowed to access the dump drain. There is no berm around the drain and there are no r/w intrusion issues. Recommended to contact to have a berm to keep any splashes of sewage contained. CSD sign posted. Sample box full of sludge and needs pumping.

**Date of Inspection:** 6/21/2006 12:00 am to 12:00 am Duration: Hr **Inspection Type:** Historical **Task Type:** Historical Inspection  
**Sample Location:** 017096A Task ID: 91813 Inspection ID: 91813  
**Inspector(s):** Georgia Blaszcak **Contact(s):**

**Task Comments:**

INSPECTION REQUEST PER FRED CANNIZZARO WHO INDICTED RV PERMIT WAS NOT FILLED IN CORRECTLY. SUBMITTED PER REQUEST. GAVE YELLOW COPY TO CONTACT FOR FILES. CSD WARNING SIGN POSTED. DEPT OF HEALTH REFERRAL WAS TYPED UP AND MAILED.



# Inspection Results Summary

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## Additional Comments:

---

### Inspection Special Messages

Comments: NO VIOLATIONS OBSERVED

---

**Date of Inspection:** 4/28/2006 12:00 am to 12:00 am Duration: Hr **Inspection Type:** Historical **Task Type:** Historical Inspection

**Sample Location:** 017096A **Task ID:** 91814 **Inspection ID:** 91814

**Inspector(s):** Georgia Blaszcak **Contact(s):**

### Task Comments:

ISSUED PERMIT #17096 FOR THE RV DUMP STATION. WROTE A REFERRAL TO THE HEALTH DEPT SINCE WASTE IS PRESENLTLY GOING TO A CLEAN-OUT AFTER THE CLARIFIER. SITE ALSO DOES NOT HAVE A BACJFKLOW DEVICE ON THE HOSE BIB. IF THE FLEX HOSE COMES OUT OF THE CLEAN-OUT, WASTE COULD FLOW OUT ONTO PARKING LOT. SOME TYPE OF BERMING IS REQUIRED. HEALTH DEPT MAY REQUIRE TOTALLY NEW PLACE TO CONNECT TO SEWER. WILL WAIT TO SEE WHAT THEY REQUIRE. GAVE CONTACT A SIGN TO POST. NO SIGN FOR POTABLE WATER. ALL DUMPS ARE HANDLES BY COMPANY PERSONNEL AND ARE LOGGED.

## Additional Comments:

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### Inspection Correction

Comments: PERMIT VALID

### Inspection Special Messages

Comments: NOTIFIED OF VIOLATIONS

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**Date of Inspection:** 4/5/2006 12:00 am to 12:00 am Duration: Hr **Inspection Type:** Historical **Task Type:** Historical Inspection

**Sample Location:** 017096A **Task ID:** 91815 **Inspection ID:** 91815

**Inspector(s):** Georgia Blaszcak **Contact(s):**

### Task Comments:

FACILITY IS A RV STORAGE FACILITY. SITE HAS RV DUMP STATION. ADMINISTERED BY THE COMPANY- NO INDIVIDUALS CAN DUMP THEIR OWN RV WASTE. THE DUMP SITE IS A CLEAN-OUT AFTER THE CLARIFIER WHICH A FLEX HOSE IS ATTACHED. NO DOMESTIC WASTE ENTERS THE SEWER. THE CLARIFIER SERVICES A COVERED RV WASHRACK.ABOUT 6 INCHES OF SLUDGE IN S/BOX. ADVISED TO PUMP OUT. COMPANY KEEPS A LOG OF WHICH RVS TANKS ARE DISPOSED. PERMIT WILL BE ISSUED. WW WAS GREY WITH A PAPER PH OF 7. SLIGHT SULFIDE SMELL. WILL TREAT WITH BLEACH. ASSIGNED BATCH 6503 UNTIL IT CAN CE CHANGED TO 6509.

## Additional Comments:

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### Inspection Special Messages

Comments: NOTIFIED OF VIOLATIONS

### Inspection Violation

Comments: Failure to Submit Information

Additional Comment: 052

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# COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400  
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998  
Telephone: (562) 699-7411, FAX: (562) 692-5103  
www.lacsd.org

JAMES F. STAHL  
Chief Engineer and General Manager

## PERMIT FOR RECREATIONAL VEHICLE SANITARY WASTE DISPOSAL STATION

(Please type or print with black ballpoint pen on hard surface)

A separate application must be filed for each station. Please complete all applicable items, or your application may be returned.

- New Permit Application
- Permit Renewal, Current Permit No:
- Other, please specify \_\_\_\_\_

APPLICATION IS MADE BY: STC STORAGE LLC  
PLEASE PRINT (INDIVIDUAL OR LEGAL COMPANY NAME) (FICTITIOUS NAME, IF ANY)

- Corporation
- Partnership
- Sole Proprietorship

Mailing Address: 13555 EXCELSIOR DR. NORWALK CA 90650  
PLEASE PRINT (STREET) (CITY) (STATE) (ZIP)

Contact Person: JUDY BURTSCHER Title: MANAGER/OWNER  
PLEASE PRINT (NAME) PLEASE PRINT

Station Address: SAME  
PLEASE PRINT (if different from address above) (STREET) (CITY) (STATE) (ZIP)

Phone: 562-927-3337       562-927-3347  
COMPANY OFFICE STATION (if different) FAX E-MAIL (if available)

City or County Health Department Backflow Prevention Device Registration No.:

### CERTIFICATION (To be signed by an authorized company official: owner, partner, officer or facility manager)

I certify under penalty of law that I have personally examined and understand the information in this application form and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I certify that I, my agent and employees shall dispose of wastewater from the recreational vehicle sanitary waste disposal station in accordance with the Wastewater Ordinance of the County Sanitation Districts of Los Angeles County and all applicable federal, state, county and city regulations.

I understand that I am responsible for all materials discharged at the recreational vehicle sanitary waste disposal station, regardless of who discharges the materials. I further acknowledge that I have read the management and permitting requirements located on the second page of this form, and I agree to comply with them.

**This Box for Permit Processing Use Only**

Permit No.: 17096 in 1Pics

Account No.: 2103397

Expiration Date:        
(Month) (Day) (Year)

NORWALK CA  
(CITY) (STATE)

Date: 4/28/06

Signed: Judy Burtcher  
AUTHORIZED COMPANY OFFICER

PRINT NAME: JUDY BURTSCHER  
PRINT TITLE: MANAGER/OWNER

Approved by the County Sanitation Districts of Los Angeles County

Date: 4/28/06

James F Stahl  
NAME AND TITLE OF HEAD OF AGENCY

By: George Blaszczak  
AUTHORIZED OFFICIAL

PRINT NAME: George Blaszczak PRINT TITLE: \_\_\_\_\_

White Copy - Agency; Yellow Copy - will be returned to applicant. Do not separate.



|           |  |
|-----------|--|
| AS<br>it. |  |
| M         | THERE WERE QUESTIONS AS TO WHAT THE DRUMS<br>TOO. FILE   |
| M         | SITE VISIT 001 'HW'. 001 HM INSPECTION. CONSIDER<br>MARCO, CONSTRUCTION WORKER. CONFIRMED DYN<br>SERVICES NO WORKER OPERATING AT THIS LOCAT<br><del>DOES</del> NO HAZ WASTE OR HAZ MAT IS REPORTABLE<br>OBSERVED. DID OBSERVE 1/5 GALLON CONTAINER 1/2<br>WITH COMPOUND CLEANING LIQUID. UNABLE TO<br>THIS WAS MATERIAL LEFT BY PREVIOUS BUSINESSES<br>PRODUCT BEING USED BY CONTRACTORS<br>SITE VISIT CONTRACTORS ON SITE CLAIM CLEANING<br>DOES NOT BELONG TO THEM |
|           | PHONE DISCUSSION WITH DOUG ALMOND (310) 821-<br>PROPERTY MANAGER. MR ALMOND INFORMED OF<br>LIQUID. WILL RESEARCH AND RETR  |
| M         | PHONE DISCUSSION WITH CARLOS ANAYA, DYNAMIC<br>MR ANAYA CLAIMS <del>SAID</del> CLEANING LIQUID IS NOT<br>REQUEST FINRA DISPOSAL DOCUMENTATION. CONA<br>O/B STATUS AS 8/2003. FINRA DISPOSAL DOCUMENT<br>RETURNED FILE TO FOLLOW UP CLEANING LIQUID H<br>FINRA WASTE DISPOSAL 10/30/03 PER MR ANAYA<br>STATUS TO EFF. DATE 11/1/03  |



Findings / Remarks

DOCUMENTATION REQUESTED FOLLOW-UP.

PHONE CALL FROM JOSE CASTANEDA. MR.

CLAIMS THAT SOME OF THE DRUMS WERE ~~OUT~~ PICKED UP BUT SOME STILL REMAIN. HE WAS INSTRUCTED TO

~~DO~~ DOCUMENTATION AFTER ALL DRUMS WERE ~~EXPECTED~~ TIME OF COMPLETION - ~~BY~~ THE END OF THE FOLLOW-UP.

PHONE DISCUSSION WITH NORLA. LEFT MESSAGE W/

TOM MILLER TO CONTACT THIS OFFICE REGARDING OR EMPTY (CONTAMINATED) DRUMS, RETURN

SITE VISIT. OJZ HW INSPECTION WITH JOSE ~~CASTANEDA~~

FACILITY STILL HAS 5- DRUMS (NOT LEGAL

ON SITE. PER NORLA ~~THE~~ CORBURN (714) 534-

DYNAMIC SERVICES, DRUMS BELONG TO NORWALK

AND WERE INTERFERED ~~WITH~~ WHEN THE

OCCUPIED/LEASED THIS SITE. SHE CLAIMS THAT

THE PROCESS OF DISPOSING THESE DRUMS



| HMS<br>Init. | Findings /Remarks  |
|--------------|--|
| MM           | SITE VISIT REINSPECTION WITH JOSE OZHW. FACILITY IS USING 2/55 ATRU TO STORE HAZ WASTE, <del>THE</del> BUSINESS IS W FOR <del>HAVE</del> PICK UP OF 6 EMPTY DRUMS PENDING - RETURN FILE. (M)   |
| MM           | PHONE DISCUSSION WITH CHRIS MILLER, WAS INSTRUCTED TO PROVIDE THE LAST 3 OI RECEIPTS FROM 9-26-01. <sup>AND DISPOSAL RECEIPT</sup> AND DISPOSAL DOCU FOR EMPTY DRUMS. RETURN FILE. (M)   |
| MM           | DYSOA RECEIPTS (POSTED) MARKED 12/1/01 AND REVIEWED. <del>RECEIPTS</del> RECEIPTS FOR THESE RECEIPTS ALONG WITH DELIVERY STATE <del>QUALITY</del> REASONABLE COMPLIANCE THE DATED 9-26-01 <del>ASSURED</del> PENDING DISPOSAL FOR EMPTY DRUMS. RETURN FILE |
| MM           | PHONE DISCUSSION WITH CHRIS MILLER, REQUEST INFO REGARDING DRUM DISPOSAL   |



| MS<br>it. | Findings /Remarks   |
|-----------|---|
| M         | SITE VISIT OOI HMI, OOI HW INSPECTION CO<br>WITH JOSE CASTANEOA, MANAGER. AUTO<br>DETAILING, HAS REPUTABLE QUANTITIES OF HA<br>AND REGULATES HAZ WASTE. NW ISSUED<br>CONTACT. CONP OFFICE FOR INFO. |
| M         | PHONE DISCUSSION WITH LORY SCOTT. DSA<br>& START DATE OBTAINED. COMPANY WILL<br>NUMBER OF EMPTY DRUM, <del>2</del> LICENSE AS<br>FOR NW FOLLOW UP REVISIT. RETURN                                   |
| M         | UP FORMS & SAMPLE UP FORMS REQUESTED<br>LORY SCOTT. NW EXPLAINED TO MS SC<br>SCOTT ALSO STATED THAT EMPTY DRUM<br>TO NQZAN RECEIVES REQUEST COPY OF<br>RECEIPT. H DISPOSAL OF EMPTY DRUM.           |
| N         | UP FORMS, DISPOSAL DOCUMENTATION REC<br>AND REVIEWED, <del>2</del> CHEMICAL DESCR   |



DEC 19 2003

Type: GARDEN GROVE, CA 92843  
Phone: 714-534-8300  
Address: 11821 WOODBURY RD.  
GARDEN GROVE, CA 92843

Care of:

### INFORMATION

ality ID: FA0031410  
Name: DYNAMIC SERVICES INC  
oyee: 18  
ation: 13555 EXCELSIOR DR UNIT 2  
NORWALK, CA 90650  
Phone: 714-534-8300  
dress: 11821 WOODBURY RD.  
GARDEN GROVE, CA 92843

Email Address:

are of: TOM MILLER  
strict: SE - SOUTHEAST  
Code: NRWK  
ction: CO

Hours:  
Code: 7542 NOB: CARWASHER  
Code: 09  
ode 1): 020  
& B #:  
1 (D1): 09/01/00

### GENERAL HEALTH PROGRAM ELEMENTS

| Program Element          | Current Status         | EPA # | Effective Date<br>D1 (Beg.) & C1 (End) |
|--------------------------|------------------------|-------|--|
| HW GEN, 6-19 EMPLOYEES   | Inactive, non-billable |       | 09/01/00 10/30/03                      |
| HM HANDLER, FEE GROUP 01 | Inactive, non-billable |       | 09/01/00 10/30/03                      |

ne: 714-534-8300  
 ss: 11821 WOODBURY RD.  
 GARDEN GROVE, CA 92843  
 e of:  
 ype:

**FORMATION**

D: FA0031410  
 e: DYNAMIC SERVICES INC  
 e: 18  
 n: 13555 EXCELSIOR DR UNIT 2  
 NORWALK, CA 90650  
 e: 714-534-8300  
 s: 11821 WOODBURY RD.  
 GARDEN GROVE, CA 92843  
 of: TOM MILLER  
 ct: SE - SOUTHEAST  
 le: NRWK  
 n: CO

E-Mail Address:

rs: Days: Hours:  
 e: 7542 Carwashes  
 de: 09 UNKNOWN  
 on: 020  
 ational: 09/01/00

Nature of Business: CARWASH

**GENERAL HEALTH PROGRAM ELEMENTS**

| Program Element    | Current Status     | EPA # | Effective Date |     | Program E |
|--------------------|--------------------|-------|----------------|-----|-----------|
|                    |                    |       | Bcg            | End |           |
| 5-19 EMPLOYEES     | Active, billable   |       | 09/01/00       |     |           |
| PLER, FEE GROUP 01 | Active, billable   |       | 09/01/00       |     |           |
| ement:             | INACTIVATE HW & HM |       | EFFECTIVE      |     | 1030      |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |



| Trade Secret   | Chemical Name               | Hazardous Components (For mixture only) | EHS | CAS #     | Type and Physical State     | Quantities                  |               |                    | Units                                     |
|----------------|-----------------------------|---|-----|-----------|-----------------------------|-----------------------------|---------------|--------------------|---|
|                |                             |   |     |           |                             | Max. Daily                  | Average Daily | Largest Cont.      |   |
| MANER          | ACETONE                     | 50.0                                    |     | 67-64-1   | M                           | 55                          | 27            | 55.00              | A   |
|                | ISOPROPYL ALCOHOL           | 15.0                                    |     | 67-63-0   | M: Mix. P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site: | Storage Container: | A:<br>B: Cu. Feet<br>C: Pounds<br>D: Tons |
|                | TOLUENE                     | 30.0                                    |     | 108-88-3  | L                           |                             |               |                    | Waste Code:                               |
|                | VMSP NAPHTHA, MED ALIPHATIC | 20.0                                    |     | 1330-20-7 | L: Liquid S: Solid G: Gas   |                             | 365           | D                  |   |
|                | XYLENES                     | 15.0                                    |     |           |                             |                             |               |                    |   |
| ENTS,<br>ERIC) | ACETONE                     | 35.0                                    |     | 67-64-1   | W                           | 110                         | 55            | 55.00              | A   |
|                | ISOPROPYL ALCOHOL           | 15.0                                    |     | 67-63-0   | M: Mix. P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site: | Storage Container: | A:<br>B: Cu. Feet<br>C: Pounds<br>D: Tons |
|                | ACETATE                     | 8.0                                     |     |           | L                           |                             |               |                    | Waste Code:                               |
|                | LACQUER DILUENT             | 35.0                                    |     | 1330-20-7 | L: Liquid S: Solid G: Gas   |                             | 365           |                    |   |
|                | XYLENES                     | 15.0                                    |     |           |                             |                             |               |                    |   |

FROM: BONNIE CHASE  
EE0000520 - REYNA, MINA  
HHMD



COMPLAINT ID: CO0004768

FA0031410 - DYNAMIC SERVICES INC

Requires further action? *N*

DEC 19 2003

**OWNER INFORMATION**

032166 - DYNAMIC SERVICES INC  
DBA : DYNAMIC SERVICES INC  
Site Address : 11821 WOODBURY RD  
GARDEN GROVE, CA 92843  
Mailing Address : 11821 WOODBURY RD,  
GARDEN GROVE,  
Phone:

**FACILITY INFORMATION**

FA0031410 - DYNAMIC SERVICES INC  
Location :  
Site Address : 13555 EXCELSIOR DR UNIT 2  
NORWALK, CA 90650  
Mailing Address : 11821 WOODBURY RD.  
GARDEN GROVE, CA 92843 USA  
Phone: 1st: 714-534-8300



HAZ

COMPLAINT ID NUMBER: CO0004768

COMPLAINT MODE : DATA OPERATIONS REFERRAL

Service Code: \_\_\_\_\_  
Action Code: \_\_\_\_\_  
Result Code: \_\_\_\_\_

District : SE

**SOURCE OF REQUEST:**

Complainant: Complainant Not Specified  
Address: Address Not Specified

Home/Cell Phone : Phone Not Specified  
Work Phone : Phone Not Specified  
Email Address :

**DESCRIPTION:** *(Please clearly describe the changes / corrections)*

**STATUS : 16 - OUT OF BUSINESS**

INFORMATION SUBMITTED BY DYNAMIC SERVICES INDICATING LOCATION HAS BEEN CLOSED. SIGNATURE ON ANNUAL CERTIFICATION NOT LEGIBLE.

Michael Uyehara - Business name Dynamic Services Inc. has gone OUT OF BUSINESS effective 10/30/03. INACTIVATE Haz Waste & Haz Operations moved to 17806 Bellflower, Bellflower Haz Waste & Haz Mat status unknown. For the new location Inspector Mike Bravo was not

|               |                              | Date / Time |          |
|---------------|------------------------------|-------------|----------|
| Received by : | EE0000520 - REYNA, MINA      | 11/25/03    | 11:21:52 |
| Assigned to : | EE0000103 - UYEHARA, MICHAEL | 12/2/03     | 10:52:20 |

List dates, times, types of notices, names address and phone numbers of people involved. Describe conditions and actions taken.

|        |       |
|--------|-------|
| to     | _____ |
| ing In | _____ |
| ne Out | _____ |
| u/Min  | _____ |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



BONNIE CHASE  
EE0000520 - REYNA, MINA  
HHMD



LEFT MESSAGE FOR  
MILLER TO

PLAINT ID: CO0004768

031410 - DYNAMIC SERVICES INC

COMPLAINANT INFORMATION

031410 - DYNAMIC SERVICES INC  
DBA: DYNAMIC SERVICES INC  
Address: 11821 WOODBURY RD  
GARDEN GROVE, CA 92843  
Address: 11821 WOODBURY RD.  
GARDEN GROVE,  
Phone:

FACILITY INFORMATION

FA0031410 - DYNAMIC SERVICES INC  
Location  
Site Address: 13555 EXCELSIOR DR UNIT 2  
NORWALK, CA 90650  
Mailing Address: 11821 WOODBURY RD.  
GARDEN GROVE, CA 92843 USA  
Phone: 1st: 714-534-8300

PLAINT ID NUMBER: CO0004768

Service Code: \_\_\_\_\_  
Action Code: \_\_\_\_\_  
Result Code: \_\_\_\_\_

COMPLAINT MODE: DATA OPERATIONS REFERRAL

District: SE

TYPE OF REQUEST:

Complainant: Complainant Not Specified  
Address: Address Not Specified

Home/Cell Phone: Phone Not Specified  
Work Phone: Phone Not Specified  
Email Address:

STATUS: 16 - OUT OF BUSINESS

DESCRIPTION:

INFORMATION SUBMITTED BY DYNAMIC SERVICES INDICATING LOCATION HAS BEEN CLOSED. SIGNATURE ON ANNUAL CERTIFICATION NOT LEGIBLE.

Received by: EE0000520 - REYNA, MINA

Date / Time  
11/25/03 11:21:52

Assigned to: ~~EE0000082 - WESTCOTT, WILLIAM~~

11/25/03

Michael Uyehara

DEC 02 2003

Assigned items, types of rooms, names address and phone numbers of people involved. Describe conditions and actions taken.

Empty box for notes or additional information.

12-10-03 SITE VISIT. CONFIRMED OUT OF BUSINESS STATUS, EFFECTIVE 10-30-03 HWL & HWL INACTIVATED. OPERATIONS MOVED TO 17806 BELLFLOWER, BELLFLOWER. BUNCH HAS WASTE & HAS MAT FOR THE NEW LOCATION.

RECEIVED  
STATUS UNKNOWN  
DEC - 1 2003

See number of ACTIONS

ATTN/Care of: GARDEN GROVE, CA 92843

F C ✓

**GENERAL INFORMATION**

On Site Regulated Substance

Facility ID: FA0031410

Facility Name: DYNAMIC SERVICES INC

Location: 13555 EXCELSIOR DR UNIT 2

NORWALK, CA 90650

Phone: 714-534-8300

Address: 11821 WOODBURY RD.

GARDEN GROVE, CA 92843

Person/Care of: TOM MILLER

E-Mail Address:

SIC Code: 7542

Nature of Business: CARWASHER

Operating Hours: Days: Hours:

Station: 020

Operational: 09/01/00

**GENERAL CONTACT INFORMATION**

TOM MILLER  
11821 WOODBURY RD  
GARDEN GROVE CA 92843

Phone: 714-534-8300

\* No Site  
Please

\* Please Fill-Out

**CONTACT INFORMATION**

PRIMARY CONTACT:

SECONDARY CONTACT:

CARLOS ANAYA

THOMAS MILLER

AREA MANAGER

PRESIDENT

Phone: 949-283-5006

714-534-8300

Phone: 949-283-5006

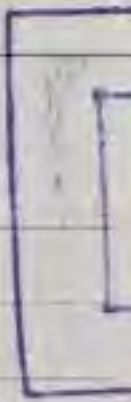
714-981-4835

Not Specified

714-266-7233

**ADDITIONAL INFORMATION**

PARCEL NUMBER \_\_\_\_\_





| Chemical Name                             | Trade Secret | Hazardous Components<br>(For mixture only) |            | EHS | CAS #     | Type and Physical State    | Quantities                  |               |                     |
|---|--------------|--|------------|-----|-----------|----------------------------|-----------------------------|---------------|---------------------|
|   |              | % Weight                                   | Max. Daily |     |           |                            | Average Daily               | Largest Cont. |                     |
| PAINT<br>CONTAINERS<br>EMERGENCY<br>(EBC) |              | ACETONE                                    | 35.0       |     | 67-64-1   | W                          | 110                         | 55            | 55.00               |
|   |              | ISOPROPYL ALCOHOL                          | 15.0       |     | 67-63-0   | M: Mix P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site: | Storage Container:* |
|   |              | ACETATE                                    | 8.0        |     |           | L                          |                             |               |                     |
|   |              | LACQUER DILUENT                            | 35.0       |     |           |                            |                             |               |                     |
| 2D GUN<br>PRIMER<br>VENT<br>TED           |              | XYLENES                                    | 15.0       |     | 1330-20-7 | L: Liquid S: Solid G: Gas  |                             | 365           |                     |
|   |              | ACETONE                                    | 50.0       |     | 67-64-1   | M                          | 55                          | 27            | 55.00               |
|   |              | ISOPROPYL ALCOHOL                          | 15.0       |     | 67-63-0   | M: Mix P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site: | Storage Container:* |
|   |              | TOLUENE                                    | 30.0       |     | 108-88-3  | L                          |                             |               |                     |
|   |              | VM&P NAPHTHA, MED ALIPHATIC                | 20.0       |     |           |                            |                             |               |                     |
|   |              | XYLENES                                    | 15.0       |     | 1330-20-7 | L: Liquid S: Solid G: Gas  |                             | 365           | D                   |

Phone: 714-534-8300  
Address: 11821 WOODBURY RD  
GARDEN GROVE, CA 92843

OCT 04 2000

are of:

### FORMATION

ID: FA0031410  
Name: DYNAMIC SERVICES INC  
Employee: 17  
Address: 13555 EXCELSIOR DR UNIT 2  
NORWALK, CA 90650  
Phone: 562-402-3844  
Address: 11821 WOODBURY RD  
GARDEN GROVE, CA 92843

Email Address:

re of:  
District: SE - SOUTHEAST  
Code: NRWK  
Location: CO  
Hours:  
Code: 7542  
Code: 09  
Code 1): 020  
& B #:  
(D1): 09/01/00

NOB: CARWASHER

### GENERAL HEALTH PROGRAM ELEMENTS

| Program Element          | Current Status   | EPA # | Effective Date D1 (Beg.) & C1 (End) | Designation Emp |
|--------------------------|------------------|-------|-------------------------------------|-----------------|
| HW GEN, 6-19 EMPLOYEES   | Active, billable |       | 09/01/00                            | EE0             |
| HM HANDLER, FEE GROUP 01 | Active, billable |       | 09/01/00                            | EE0             |



GARDEN GROVE, CA 92843  
 Phone: 714-534-8300  
 Address: 11821 WOODBURY RD  
 GARDEN GROVE, CA 92843  
 Care of:  
 Job Type:

**FORMATION**

Agency ID: FA0031410  
 Name: DYNAMIC SERVICES INC  
 Employee: 18  
 Location: 13555 EXCELSIOR DR UNIT 2  
 NORWALK, CA 90650  
 Phone: 714-534-8300  
 Address: 11821 WOODBURY RD.  
 GARDEN GROVE, CA 92843

E-Mail Address:

District: SE - SOUTHEAST  
 Code: NRWK  
 Location: CO

Hours: Days: Hours:  
 Code: 7542 Carwashes

Nature of Business: CA

Code: 09 UNKNOWN

ation: 020

Operational: 09/01/00

**GENERAL HEALTH PROGRAM ELEMENTS**

| Program Element       | Current Status   | EPA # | Effective Date |     | Pro |
|-----------------------|------------------|-------|----------------|-----|-----|
|                       |                  |       | Beg.           | End |     |
| EN, 6-19 EMPLOYEES    | Active, billable |       | 09/01/00       |     |     |
| HANDLER, FEE GROUP 01 | Active, billable |       | 09/01/00       |     |     |

|            |  |  |  |  |
|------------|--|--|--|--|
| Quarter    |  |  |  |  |
| Months, Yr |  |  |  |  |

**GENERAL CONTACT INFORMATION**

*Please clearly make changes*

Phone : Not Specified

\* Please Fill-Out

**PROPERTY CONTACT INFORMATION**

PRIMARY CONTACT:

SECONDARY CONTACT:

|         |               |               |
|---------|---------------|---------------|
| Phone : | Not Specified | Not Specified |
| Phone : | Not Specified | Not Specified |
| :       | Not Specified | Not Specified |

**INSPECTIONS**

| Program Element | Service | Result | Action | Violation Code |
|-----------------|---------|--------|--------|----------------|
| 1002            | 001     | 02     | 01     |                |
| 3001            | 001     | 02     | 01     |                |
| 3001            | 052     | 10     | 00     |                |
| 1002            | 052     | 09     | 00     |                |
| 3001            | 053     | 01     | 02     |                |
| 1002            | 002     | 09     | 03     |                |
| 1002            | 052     | 09     | 00     |                |



5555 EXCELSION DR

NORWALK

OF INSPECTION AS FOLLOWS:

I. OPENING CONFERENCE  
IV. CLOSING CONFERENCE

II. WALK THROUGH  
V. VIOLATIONS

SECTION W/ JOSE CASTANEDA  
- Empty

1/3 RAIN WATER

5 -  
SECTION FREE NOTICE & BUSINESS CARD ISSUED

UP CALL FROM JOSE CASTANEDA, MR CASTANEDA  
DRUMS ARE SCHEDULED TO PICKED UP WITHIN 1  
TO HAZ DISPOSAL DOCUMENTATION

DISPOSAL OF EMPTY DRUMS

IVE DETAILS

DING, SPOT PAINTING

48 QT.

RAY CANS.

LAQ THINNER

WASTE LAQ THINNER / PAINT (1/2)

EMPTY

FULL LAQ THINNER

LAQ

11

4

(1/3)

LAQ

JUST - DIFFERENT CO

PAINTIC COST



# 5 VIOLATIONS

HAZ MAT LIC

1/85. LA

NO BUSINESS PLAN

9/55 WAS

SITE MAP

HAZ MAT INVENTORY.

( CHECK  
FEE

## WASTE VIOLATION.

HAZ WASTE LABELLING

OK - 11-20-01.

DISPOSE ACC. WASTE

OK

~~HAZ WASTE~~ DISPOSE DOC

EMPTY CONTAINERS - MANAGE

WAITING

55 EXCURSION DL # 1

November

OF INSPECTION AS FOLLOWS:

- I. OPENING CONFERENCE
- IV. CLOSING CONFERENCE

- II. WALK THROUGH
- V. VIOLATIONS

CASTINEDA

LABELLING APPLIED

PTM DRUMS WAITING TO BE PICKED UP ON EAST SIDE OF PROPERTY.

CONFERENCE:

INSTRUCTED JUAN TO RECEIVE COPY OF DISPOSAL OF EMPTY DRUMS. DRUMS WILL BE PICKED UP BY JUAN

DISPOSAL OF EMPTY DRUMS.



SECTION AS FOLLOWS:

I. OPENING CONFERENCE  
IV. CLOSING CONFERENCE

II. WALK THROUGH  
V. VIOLATIONS

III.

JOSE ~~BOYD~~ CASTANEDA  
NORA CORBURN (714) 534-8300

WORK TO - NORM REEVES - OK'D BY NORA

↳ GETTING DRUMS

- APPEAR EMPTY - ORDERED DRUMS PICKED UP

RESIDUAL AMT WEEK

↳ NOT LEGALLY EMPTY

TO HAVE DRUMS PICKED UP WITHIN 2 W

- SOMEONE HAS COME BY AND TAKEN SAMPLE

FROM DRUMS

CONVERSATION WITH - NORA CORBURN -

S BELONG TO NORM REEVES. AND SHE HAS NOT

FROM NORM REEVES TO HAVE DRUMS PICK

DISPOSED, SHE CLAIMS TO HAVE CALLED LAST

ARRANGE A PICKUP OF THE DRUMS. SHE W

METER TO DISPOSE WITHIN 2 WEEKS ~~AND~~

SEND DISPOSAL DOCUMENTATION. IF O



Work ZIP: 90650

on this notice and issued to you represent violations of the California Code of Regulations (CCR) or the California Health and Safety Code. These violations may result in non compliance fees, permit revocation, and/or civil/criminal penalties. Any those granted for correction or enforcement action by this Department or other agencies. You are hereby directed to correct the violations within the time specified. Failure to do so may result in enforcement action by this Department or other agencies. You are hereby directed to correct the violations within the time specified. Failure to do so may result in enforcement action by this Department or other agencies. Referenced titles & chapters: Titles 19, 22, 23, 27 of the CCR, Chapters 6.5, 6.7, 6.95 of the H&S Code and Title 12 of the Los Angeles Administrative Code.

**PERMIT** (HAZARDOUS WASTE & HAZARDOUS MATERIALS) Correction Program Facility Permit by submitting a completed consolidated permit application package (CPP) (LA Co Ord. 12.00) (APPLICABLE UNIFIED PROGRAM FORMS)

# HAZARDOUS WASTE GENERATOR REQUIREMENTS

## HAZARDOUS WASTE DETERMINATION

Correction Date 1/1/

hazardous waste determination for the following

- 508  Discontinue treatment of hazardous waste [H&S 25201(a)].
- 509  Discontinue transfer of hazardous waste [H&S 25201(a)].
- 510  Discontinue permit or authorization for treatment, storage, or disposal of hazardous waste [H&S 25201(a)].
- 511  Discontinue storage of hazardous waste [H&S 25201(a)].
- 512  Discontinue off-site hazardous waste [H&S 25201(a)].
- 513  Discontinue hazardous waste in other than tanks, drums, or containers [H&S 25201(a)].
- 514  Discontinue hazardous waste at a transfer station [H&S 25201(a)].

ASATED 10-23-01

Knowledge of the hazard characteristic and/or regulatory requirements, provide supporting documentation (H&S 252.11).

## STORAGE

## IDENTIFICATION NUMBER

Correction Date 1/1/

EPA Identification number prior to treating, storing, or transportation of hazardous waste (EPA at 916-324-1781, Fed EPA at 415-495-8222 (EPA identification number)).

Transfer or TSDF that has a valid Identification Number for transportation, treatment, storage, or disposal of hazardous waste [22CCR 66262.12(c)].

- 508  Discontinue treatment of hazardous waste [H&S 25201(a)].
- 509  Discontinue transfer of hazardous waste [H&S 25201(a)].
- 510  Discontinue permit or authorization for treatment, storage, or disposal of hazardous waste [H&S 25201(a)].
- 511  Discontinue storage of hazardous waste [H&S 25201(a)].
- 512  Discontinue off-site hazardous waste [H&S 25201(a)].
- 513  Discontinue hazardous waste in other than tanks, drums, or containers [H&S 25201(a)].
- 514  Discontinue hazardous waste at a transfer station [H&S 25201(a)].



with contents (22CCR 66265.172).  
of hazardous waste closed, except when  
ng contents [22CCR 66265.173(a)].  
s of hazardous waste in a manner which  
g ruptures/leaks [22CCR 66265.173(b)].  
ing incompatible wastes which may  
n the same container [22CCR 66265.177

east weekly, where containers are stored,  
eteriorating containers and containment  
66265.174).

of hazardous waste is accumulated within  
ly with the following:

ole/reactive waste at least 15 meters (50  
site property line (22CCR 66265.176).

protect by a berm or other device,  
hazardous waste which are incompatible  
stes or materials stored nearby.

5.177(c)].

materials in undamaged containers within  
manage as a hazardous waste [22CCR

CONTAINERS

Correction Date 10, 26, 01

or inner liners greater than 5 gallons with  
1. Legally manage containers within one  
[22CCR 66261.7(e)(f)].

ous waste all containers, or inner liners of  
ontained hazardous waste and which are not  
per CCR 66261.7(b) or (d) [22CCR

STORAGE REQUIREMENTS

Correction Date 10, 26, 01

- 533  Label each container and tank of hazardous waste with the words "Hazardous Waste" [22CCR 66262.34(f)(3)].
- 534  Label each hazardous waste container with the following information: composition, physical state, hazardous waste contained therein and the name and address of the generator [22CCR 66262.34(f)(3)].
- 535  Label hazardous materials container properly and handle as a hazardous waste [22CCR 66262.34(f)(3)].

11-2-01

PROPERLY LABEL ALL CONTAINERS USED TO STORE HAZARDOUS WASTE - ACETONE

TANKS

Correction Date

- 536  Determine whether a tank is leaking or damaged. If a tank is leaking, repair or replace the tank or its secondary containment system without secondary containment. If a tank is damaged, conduct an integrity assessment certified by a registered professional civil engineer (22CCR 66265 et seq).
- 537  Ensure that a tank system is designed to have sufficient structural strength, and is properly maintained [22CCR 66265.191(b)].
- 538  For tank systems installed after 07/14/88, conduct a required written assessment certified by a registered professional engineer for tank testing to ensure sufficient structural integrity [22CCR 66265.193(c)(4)].
- 539  Provide secondary containment capable of detecting within 24 hours any leakage [22CCR 66265.193(c)(4)].
- 540  Discontinue placing hazardous waste, or other materials, in a tank system which will cause the tank system or ancillary equipment to leak [22CCR 66265.194(a)].
- 541  Store or treat ignitable or reactive hazardous waste in a manner that will prevent the possibility of igniting or reacting [22CCR 66265.198(a)].
- 542  Utilize control practices which prevent leaks [22CCR 66265.194(b)].
- 543  Maintain sufficient freeboard of at least 10% in uncovered tanks [22CCR 66265.194(b)].

■ Conduct daily inspections of tanks for the following:

- 544  Discharge control equipment.
- 545  Corrosion.
- 546  Releases.



...ter zone requirements for tanks containing reactive hazardous waste per NFPA'S Combustible Liquids Fire Code [22CCR

**RIALS**

Correction Date \_\_\_/\_\_\_/\_\_\_  
batteries in closed containers which are preventing release of acid and are labeled with accumulation date [22CCR 66266.81(b)].

Correction Date \_\_\_/\_\_\_/\_\_\_  
contaminating used oil with hazardous waste (Section 25250.7).

oil to prevent discharge to sewer, drainage water, ground water, watercourses, or land. "Prevent" incineration of used oil or oil. [H&S 25250.05(a)].

the use of used oil or recycled oil as a dust insect or weed control agent [H&S 25250.5(b)].  
following requirements for handling used oil

used oil filters as hazardous waste, or . . . . [22CCR 66266.130(a)].

recycle used oil filters as scrap metal within [22CCR 66266.130(b)].

in closed containers labeled with the words "Used Oil Filters" and the accumulation start date [22CCR 66266.130 (c)(C)(3)].

oil that has been drained from used oil filters as hazardous waste [22CCR 66266.130(c)(6)].

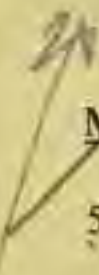
- 572  Water at an adequate volume and pressure for water hose streams and foam-producing automatic sprinkler [22CCR 66265.34]
- 573  Test/maintain all communication and alarm systems for protection, spill control, or decontamination [22CCR 66265.34]
- 574  Provide for immediate access to emergency communication and/or alarm systems for hazardous waste handling [22CCR 66265.34].
- 575  Maintain adequate aisle space for personnel and emergency equipment [22CCR 66265.34].
- 576  Make arrangements to familiarize police, fire, and emergency response services and or emergency response coordinators with potential hazards at the facility [22CCR 66265.37(a)].
- 577  Document in the operating records when local authorities refuse to enter into arrangements for emergency response [22CCR 66265.37(b)].

~~PROVIDE COPIES OF THE DISPOSAL MANIFEST FOR ACETONE/PAINT WASTE THIS DATE WITHIN 30 DAYS~~

**DOCUMENT REVIEW**

**MANIFEST SYSTEM**

- 578  Prepare a complete Uniform Hazardous Waste Manifest for hazardous waste transported or stored [22CCR 66262.20(a)].
- 579  Designate a facility on the manifest to handle the hazardous waste [22CCR 66262.21(a)].
- 580  Properly complete, sign, and date the manifest sections [22CCR 66262.23(a)(1),(2)].
- 581  Submit generator manifest copies to the Department of Toxic Substances Control within 30 days of hazardous waste [22CCR 66262.23(b)].
- 582  Provide the appropriate manifest copies to the receiving facility [22CCR 66262.23(b)].





manifest copy is not received within 35 days [42(a)].

on Report to DTSC within 45 days when the copy is not received [22CCR66262.42 (a)].

**RESTRICTIONS (LDR)**

Correction Date \_\_\_\_/\_\_\_\_/\_\_\_\_

notification to the receiving facility with stating whether the hazardous waste meets standards [22CCR 66268.7(a)].

include the following:

hazardous waste number or California Hazardous Waste Code for non-RCRA hazardous waste listed in 268.29.

performance standards or technology set forth in Article 4 and 11 [22CCR 66268.7(a)(2)].

manifest number associated with the waste shipment.

analysis data, where available [22CCR 66268.7(a)(3)].

written notice and certification for LDR waste that does not require further treatment [22CCR 66268.7(a)(4)].

notification to the receiving facility that a waste is exempt from an exemption [22CCR 66268.7(a)(3)].

maintain a copy of all notices, certifications, analysis data and other information for at least five years [22CCR 66268.7(a)(5)].

**HAZARDOUS WASTE**

Correction Date \_\_\_\_/\_\_\_\_/\_\_\_\_

exporting hazardous waste to a foreign country from the United States unless notification of intent to export is received from EPA/DTSC and consent of the receiving country [22CCR 66262.52 (a) (1)].

- 604  Retain waste analysis test records for at least 3 years [22CCR 66262.40(b)].
- 605  Retain a copy of the Biennial Report/Exemption Report for at least 3 years [22CCR 66262.40(b)].
- 606  Submit a Biennial Report with required information to DTSC by March 1 of even-numbered years [22CCR 66262.41(a)].
- 607  Submit a written report on a reportable release to the CUPA within 15 days of the event [22CCR 66265.56(j), 66265.77(a)].
- 608  Report to the local CUPA, every two years, the amount of hazardous waste established under section (d), the recycling of more than 100,000 pounds per month of recyclable materials [H&S 25189.5].

**CONTINGENCY PLAN AND EMERGENCY PREPAREDNESS**

Correction Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- 610  For small quantity generators, post emergency contact information and location of emergency equipment next to the waste storage area [CFR 262.34(d)(5)].
- 611  Maintain a contingency plan onsite [22CCR 66265.51 (a)]. *(A California Hazardous Materials Contingency Plan that complies with the contingency plan and contingency plan requirements of Section 25504 and 22CCR 66265.51 (a) may be used to comply with this requirement.)*
- 612  Implement the portion of the business plan or consolidated contingency plan, or other procedures, for any occurrence of releases of hazardous materials/waste that may pose a threat to human health or the environment [22CCR 66265.56].
- 613  Describe the actions needed to respond to releases of hazardous materials/waste [22CCR 66265.52(a)].
- 614  Describe arrangements agreed upon with the receiving facility [22CCR 66265.52(c)].
- 615  Identify the emergency coordinators [22CCR 66265.52(b)].



URCE RECOVERY  
 CO BLDG  
 CA 90023

C A 0 0 0 9 2 5 2 4 0 5

H. Facility Phone (800) 438-2323

| Including proper Shipping Name, Hazard Class, and ID Number | 12. Container |      | 13. Total Quantity | 14. Unit Wt/Vol |
|---|---------------|------|--------------------|-----------------|
|   | No.           | Type |                    |                 |
| ardous waste liquid   | 0101          | D, M | 00020              | G               |
| ardous waste liquid   | 0011          | D, M | 00025              | G               |
| ardous waste solid  | 003           | D, M | 00075              | P               |

LE# 22040404 1.5 soap.  
 LE# 6336 MOTOR OIL  
 LE# 22040404 EMPTY DRUMS

K. Handling Codes for Waste Codes  
 a.  
 c.

Instructions and Additional Information ERG. A 11A) NONE 21B) NONE 11C) NONE  
 APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT  
 EMERGENCY CONTACT: CHEMTREC 800-424-9300 OR NIKK WALDORF 949-387-3270

CERTIFICATION: I hereby declare that the contents of this assignment are fully and accurately described above by proper shipping name and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

As a regularly scheduled generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined. I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future environmental impact. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management option that I can afford.

Signature *[Signature]*

Knowledge of Receipt of Materials  
 Signature *[Signature]*

Signature *[Signature]*

Signature *[Signature]*

Signature *[Signature]*

Signature *[Signature]*



| Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers |      | 13. Total Quantity | 14. Unit Wt/Vol | 15. Waste State |
|--|----------------|------|--------------------|-----------------|-----------------|
|  | No             | Type |                    |                 |                 |
|  |                |      |                    |                 | EPA/State       |
|  |                |      |                    |                 | EPA/State       |
|  |                |      |                    |                 | EPA/State       |

Instructions and Additional Information

1. For Materials Listed Above, I am Generator

2. For Materials Listed Above, I am Transporter

3. For Materials Listed Above, I am Receiver

K. Handling Codes for Wastes Listed Above

|    |    |
|----|----|
| a. | b. |
| c. | d. |

**CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

**Small Quantity Generator:** I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined is feasible; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management option that I can afford.

Signature: *[Signature]* Month: 01

Acknowledgment of Receipt of Materials  
Signature: *[Signature]* Month: 01

Acknowledgment of Receipt of Materials  
Signature: *[Signature]* Month: 01

Operator Certification of receipt of hazardous materials covered by this manifest receipt as noted in item 19  
Signature: \_\_\_\_\_

| Gallons | Days Since<br>Last Delivery | Pumpable | Non-Pump | Mainfest# |
|---------|-----------------------------|----------|----------|-----------|
| 55      | 0                           | 27       | 0        | 20273451  |
| 53      | 7                           | 38       | 0        | 20273467  |
| 53      | 7                           | 33       | 0        | 20273671  |
| 55      | 8                           | 31       | 0        | 20274019  |
| 43      | 5                           | 27       | 0        | 20274030  |
| 53      | 8                           | 35       | 0        | 20267271  |
| 55      | 8                           | 28       | 0        | 20268456  |
| 45      | 7                           | 28       | 0        | 20268750  |
| 30      | 6                           | 18       | 0        | 20269129  |
| 35      | 7                           | 15       | 0        | 20269380  |
| 48      | 7                           | 33       | 0        | 20416789  |
| 37      | 6                           | 28       | 0        | 20416887  |
| 55      | 7                           | 34       | 0        | 20417157  |
| 53      | 8                           | 35       | 0        | 20420078  |
| 45      | 7                           | 28       | 0        | 20420375  |
| 32      | 7                           | 25       | 0        | 20420337  |
| 40      | 8                           | 25       | 0        | 20431502  |
| 24      | 6                           | 20       | 0        | 20431556  |
| 53      | 7                           | 41       | 0        | 20431586  |
| 53      | 8                           | 31       | 0        | 20433655  |
| 35      | 5                           | 27       | 0        | 20433633  |
| 50      | 9                           | 35       | 0        | 20433621  |
| 20      | 6                           | 18       | 0        | 02060698  |

**\*\* CONTINUED ON NEXT PAGE \*\***



| Gallons | Days Since<br>Last Delivery | ----- WASTE ----- |          | Manifest# |
|---------|-----------------------------|-------------------|----------|-----------|
|         |                             | Pumpable          | Non-Pump |           |

\*\* CONTINUED FROM PREVIOUS PAGE \*\*

|    |   |    |    |          |
|----|---|----|----|----------|
| 40 | 6 | 25 | 0  | 20606121 |
| 40 | 8 | 25 | 0  | 20606096 |
| 22 | 6 | 15 | 0  | 20606078 |
| 40 | 9 | 35 | 0  | 20606094 |
| 37 | 6 | 24 | 0  | 20778824 |
| 50 | 7 | 40 | 0  | 20778863 |
| 55 | 8 | 50 | 0  | 20893994 |
| 40 | 6 | 27 | 0  | 20778826 |
| 52 | 6 | 32 | 0  | 20894672 |
| 47 | 8 | 40 | 0  | 20498156 |
| 53 | 8 | 40 | 0  | 20498184 |
| 40 | 5 | 35 | 0  | 20498196 |
| 50 | 9 | 55 | 0  | 20609824 |
| 50 | 6 | 30 | 0  | 20609834 |
| 55 | 7 | 44 | 11 | 20699785 |
| 53 | 8 | 42 | 0  | 20700878 |
| 50 | 6 | 35 | 0  | 20695579 |
| 48 | 8 | 37 | 0  | 20701443 |
| 25 | 6 | 0  | 0  | 00000000 |
| 38 | 8 | 40 | 0  | 20702612 |
| 27 | 7 | 25 | 0  | 20925367 |

\*\* CONTINUED ON NEXT PAGE \*\*

| Gallons | Days Since Last Delivery | --- WASTE ---<br>Pumpable | Non-Pump | Mainfest# |
|---------|--------------------------|---------------------------|----------|-----------|
|---------|--------------------------|---------------------------|----------|-----------|

\*\* CONTINUED FROM PREVIOUS PAGE \*\*

|    |   |    |   |          |
|----|---|----|---|----------|
| 20 | 6 | 0  | 0 | 00000000 |
| 30 | 7 | 0  | 0 | 00000000 |
| 35 | 7 | 35 | 0 | 20926648 |
| 35 | 8 | 15 | 0 | 20926792 |
| 23 | 7 | 0  | 0 | 00000000 |
| 25 | 6 | 50 | 0 | 20925870 |
| 42 | 8 | 0  | 0 | 20927971 |
| 35 | 7 | 28 | 0 | 20929276 |

2179

6

1484

11

ed above has been recycled in accordance with federal regulations.

ops and car dealers participating in the waste recycling program now apply a 70% default solvent percent to each waste stream and clean-up solvents and claim a 100% waste credit in their annual analysis. This default solvent percent does not apply to still bottom solids. Facilities claiming high quality waste must provide a certified lab analysis for each waste stream to receive a 100% waste credit. Copies of all applicable waste manifests are available for proper credit.

July 15, 1993, all solvents delivered to the PCL S



| Gallons | Days Since Last Delivery | --- WASTE --- |          | Manifest# | D  |
|---------|--------------------------|---------------|----------|-----------|----|
|         |                          | Pumpable      | Non-Pump |           |    |
| 40      | 0                        | 0             | 0        | 00000000  | pc |
| 30      | 14                       | 0             | 0        | 00000000  | pc |
| 30      | 14                       | 25            | 0        | 20930796  | pc |
| 40      | 16                       | 20            | 0        | 20932263  | pc |
| 30      | 13                       | 20            | 0        | 20932296  | pc |
| 53      | 14                       | 30            | 0        | 20933348  | pc |
| 54      | 14                       | 23            | 0        | 21407919  | pc |

285

12

118

0

bed above has been recycled in accordance with federal regulations.

shops and car dealers participating in the waste recycling program now apply a 70% default solvent percent to each waste stream for clean-up solvents and claim a 100% waste credit in lieu of a lab analysis. This default solvent percent does not apply to sludge and still bottom solids. Facilities claiming higher solvent percentages must provide a certified lab analysis for each waste stream to receive a 100% waste credit. Copies of all applicable waste manifests are available for proper credit.

solvents delivered to the PCL S

ne: 714-534-8300  
ss: 11831 WOODBURY AVE  
GARDEN GROVE, CA 92843

of:

### FORMATION

o: FA0031410  
e: DYNAMIC SERVICES INC  
e: 17  
n: 13555 EXCELSIOR DR UNIT 2  
NORWALK, CA 90650  
e: 562-402-3844  
s: 11831 WOODBURY AVE  
GARDEN GROVE, CA 92843

of:  
t: SE - SOUTHEAST  
e: NRWK  
n: CO

s:  
e: 7542  
e: 09  
l): 020  
#: 09/01/00

NOB: CARWASHER

## GENERAL HEALTH PROGRAM ELEMENTS

| Program Element       | Current Status   | EPA # | Effective Date<br>D1 (Beg.) & C1 (End) |
|-----------------------|------------------|-------|--|
| GEN, 6-19 EMPLOYEES   | Active, billable |       | 09/01/00                               |
| HANDLER, FEE GROUP 01 | Active, billable |       | 09/01/00                               |

11851 - RD  
11821 RD

ENT  
OCT

RD

11851 - RD

Email Address:

11821 RD



|               |     |                   |
|---------------|-----|-------------------|
| ANGELES       | 108 | UNINCORPORATED    |
| OPERATOR NAME | 109 | BUSINESS OPERATOR |

**32166** II. BUSINESS OWNER

|                   |     |                             |
|-------------------|-----|-----------------------------|
| WIRE SERVICES INC | 111 | OWNER PHONE<br>714 534-8300 |
|-------------------|-----|-----------------------------|

|              |  |                  |
|--------------|--|------------------|
| ADDRESS      |  |                  |
| WOODBURY AV. |  |                  |
| GARDEN GROVE |  | 114 STATE CA 115 |

**4539** III. ENVIRONMENTAL CONTACT

|         |  |     |               |
|---------|--|-----|---------------|
| ADDRESS |  | 117 | CONTACT PHONE |
|---------|--|-----|---------------|

|         |  |     |       |     |
|---------|--|-----|-------|-----|
| ADDRESS |  | 120 | STATE | 121 |
|---------|--|-----|-------|-----|

PRIMARY- IV. EMERGENCY CONTACTS

|                             |     |                |              |
|-----------------------------|-----|----------------|--------------|
| <del>CHRIS MILLER</del>     | 123 | NAME           | TOM MILLER   |
| <del>REGIONAL MANAGER</del> | 124 | TITLE          | PRESIDENT    |
| <del>(714) 534-8300</del>   | 125 | BUSINESS PHONE | 714 534-8300 |
|                             | 126 | 24-HOUR PHONE  |              |
| 714 981-4864                | 127 | PAGER #        | 714 981-4864 |

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

|           |    |      |                                   |
|-----------|----|------|-----------------------------------|
| EMPLOYEES | 17 | 133b | FEDERAL TAX IDENTIFICATION NUMBER |
|-----------|----|------|-----------------------------------|

MAILING/ BILLING INFORMATION

|      |              |              |       |
|------|--------------|--------------|-------|
| 133d | CITY         | 133e         | STATE |
|      | WOODBURY AV. | GARDEN GROVE | CA    |

On my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I am familiar with the information submitted and believe the information is true, accurate, and complete.

|                                       |      |                 |                  |
|---------------------------------------|------|-----------------|------------------|
| OPERATOR OR DESIGNATED REPRESENTATIVE | DATE | 134             | NAME OF DOCUMENT |
|                                       | 136  | TITLE OF SIGNER |                  |



Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),  
 Operator Contingency Plan (22 CCR Section 66264.52), and,  
 Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632  
 are not included in this packet.

The duplication in the preparation and use of emergency response plans at the same facility  
 response personnel and local, state and federal emergency responders during an emergency  
 the Consolidated Contingency Plan need to be completed for your facility. If you are  
 to, refer to the Business Activities Page.

| PROGRAMS             | SECTION(S) TO BE COMPLETED                     |
|----------------------|--|
| Business Plan (HMBP) | Cover Page, Section I, and Site Map(s)         |
| Operator (HWG)       | Cover Page, Section I, and Site Map(s)         |
| Tank (UST)           | Cover Page, Sections I and II, and Site Map(s) |
|                      | Cover Page, Sections I and II, and Site Map(s) |

Submitted to your local CUPA and at least one copy of the plan shall be maintained at  
 for inspection by the local agency. Describe below where a copy of your Contingency  
 and Site Map(s), is located at your business:

**BINDER IN THE WORK BAY DESK**

### PLAN CERTIFICATION

I certify that I have personally examined and I am familiar with the information provided by  
 information is accurate, complete, and true.

|                |   |
|----------------|---|
| <b>ES, INC</b> | Title of Owner/Operator<br><b>TOM MILLER, PRESIDENT</b> |
|                | Date  |

businesses in completing these plans and will assist in every possible way. If you ha



|            |     |                                |
|------------|-----|--------------------------------|
| ANAYA      |     | THOMAS MILLER                  |
| MANAGER    | 124 | TITLE<br>PRESIDENT             |
| 9-283-5006 | 125 | BUSINESS PHONE<br>714 534-8300 |
| 9-283-5006 | 126 | 24-HOUR PHONE<br>714-981-4835  |
| N/A        | 127 | PAGER #<br>N/A                 |

**I. EMERGENCY RESPONSE PLANS AND PROCEDURES**

by State Law to provide an immediate verbal report of any release or threatened release to emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of the State Fire Marshal. In the event of a release or threatened release of hazardous materials, immediately call:  
**FIRE/PARAMEDICS/POLICE/SHERIFF**  
**PHONE: 911**

Emergency response personnel are notified, you shall then notify this Unified Program Agency at the following telephone numbers:  
 Agency: (323) 890-4317  
 Service: (800) 852-7550 or (916) 262-1621  
 (800) 424-8802

- Information to be provided during Notification:
- Your Name and the Telephone Number from where you are calling.
  - Exact address of the release or threatened release.
  - Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
  - Material and quantity of the release, to the extent known.
  - Current condition of the facility.
  - Extent of injuries, if any.
  - Possible hazards to public health and/ or the environment outside of the facility.

**Emergency Medical Facility**  
 Emergency medical facility that will be used by your business in the event of a release or threatened release of hazardous material.

**Emergency Medical Facility:**  
 Community HOSPITAL  
 PHONE NO:  
 562-863 4763



MATERIALS ARE PAINT & THINNER. NO  
ARE TO BE CLOSED AT ALL TIMES. NO  
IGNITORS ARE ALLOWED IN THE AREA  
TRAINING & MEETINGS ARE DONE ON SITE

(reduce the hazard) - Describe what is done to lessen the harm or the damage to people or property that has occurred from getting worse or spreading. What is your immediate response plan in the event of a release at your business?

EQUIPMENT IS ON SITE (EYE WASH)  
USED AS AN ABSORBANT FOR SPILL  
AND/OR THINNER

(remove the hazard) - Describe what you would do to stop and remove the hazard from the site, including stopping a release, cleaning up, and disposing of released materials at your facility?

ALL DRUMS ARE AVAILABLE FOR  
OF HAZARDOUS WASTE



|                                 |  |                    |
|---------------------------------|--|--------------------|
| Monitoring Equipment (describe) |  |                    |
| Protective Aprons/Coats         |  |                    |
| Protective Boots                |  |                    |
| Protective Gloves               |  |                    |
| Protective Suits (describe)     |  |                    |
|                                 |  |                    |
| Stations (describe)             |  | FIRST AID KIT      |
|                                 |  |                    |
| Wash Stations                   |  |                    |
| Wash Kits (i.e. bottle type)    |  |                    |
| tridges (describe)              |  |                    |
| Splash Goggles                  |  |                    |
|                                 |  |                    |
| Breathing Apparatuses (SCBA)    |  |                    |
|                                 |  |                    |
| Sprinkler Systems               |  |                    |
| kes/Stations                    |  |                    |
| her Systems (describe)          |  | PROVIDED BY DEALER |
|                                 |  |                    |
| (describe)                      |  | SAND               |
| (describe)                      |  |                    |
| on Equipment (describe)         |  |                    |
| ks (describe)                   |  |                    |
|                                 |  |                    |
| Leak Repair Kits (describe)     |  |                    |
| (describe)                      |  |                    |
| ns                              |  |                    |
| e)                              |  |                    |
| )                               |  |                    |
| ns (describe)                   |  |                    |
| Systems                         |  |                    |
|                                 |  |                    |
| ank Leak Detection Monitors     |  |                    |

Address: 11821 WOODBURY RD  
GARDEN GROVE, CA 92843

Name of:

On Site Regulated Substances

INFORMATION

ID: FA0031410  
Name: DYNAMIC SERVICES INC  
Address: 13555 EXCELSIOR DR UNIT 2  
NORWALK, CA 90650  
Phone: 714-534-8300  
Address: 11821 WOODBURY RD.  
GARDEN GROVE, CA 92843  
Name of: TOM MILLER  
Code: 7542  
Hours: Days: Hours:  
Location: 020  
Operational: 09/01/00

E-Mail Address:  
Nature of Business: CARWASHER

CONTACT INFORMATION

~~CHRIS MILLER~~ **TOM Miller**  
11821 WOODBURY RD  
GARDEN GROVE CA 92843

Phone : 714-534-8300

Please Fill-Out

CONTACT INFORMATION  
PRIMARY CONTACT:

SECONDARY CONTACT:

~~CHRIS MILLER~~ **CARLOS ANAYA**  
**AREA**  
~~GENERAL~~ MANAGER  
**1949-283-5006 cell**  
~~714-500-3846~~  
**1949-283-5006 cell**  
~~714-981-4864~~

THOMAS MILLER  
PRESIDENT  
714-534-8300  
714-981-4835  
714-266-7233

Not Specified

INFORMATION



| Name                | Trade Secret                | Chemical Name     | Components (For mixture only) | EHS       | CAS #                     | Type and Physical State    | Quantities              |               |                   |
|---------------------|-----------------------------|-------------------|-------------------------------|-----------|---------------------------|----------------------------|-------------------------|---------------|-------------------|
|                     |                             |                   |                               |           |                           |                            | Max. Daily              | Average Daily | Largest Cont.     |
|                     |                             |                   | % Weight                      |           |                           |                            | Curies (If radioactive) | Days On Site  | Storage Container |
| ANT<br>B,<br>S<br>) |                             | ACETONE           | 35.0                          |           | 67-64-1                   | W                          | 110                     | 55            | 55.00             |
|                     |                             | ISOPROPYL ALCOHOL | 15.0                          |           | 67-63-0                   | M: Mix P: Pure<br>W: Waste |                         |               |                   |
|                     |                             | ACETATE           | 8.0                           |           |                           | L                          |                         |               |                   |
|                     |                             | LACQUER DILUENT   | 35.0                          |           | 1330-20-7                 | L: Liquid S: Solid G: Gas  |                         | 365           |                   |
| SUN<br>R<br>T       |                             | XYLENES           | 15.0                          |           |                           |                            |                         |               |                   |
|                     |                             | ACETONE           | 50.0                          |           | 67-64-1                   | M                          | 55                      | 27            | 55.00             |
|                     |                             | ISOPROPYL ALCOHOL | 15.0                          |           | 67-63-0                   | M: Mix P: Pure<br>W: Waste |                         |               |                   |
|                     |                             | TOLUENE           | 30.0                          |           | 108-88-3                  | L                          |                         |               |                   |
|                     | MONO NAPHTHA, MED ALIPHATIC | 20.0              |                               |           |                           |                            |                         |               |                   |
|                     | XYLENES                     | 15.0              |                               | 1330-20-7 | L: Liquid S: Solid G: Gas |                            |                         | 365           | D                 |

**HAZARDOUS MATERIALS**

purpose) hazardous materials at or above 55 gallons for liquids, or 200 cubic feet for compressed gases (including cylinders), or the applicable Federal threshold quantity for an hazardous substance specified in 40 CFR Part 355, Appendix A or other applicable materials in quantities for which an emergency plan is required by 40 CFR Parts 30, 40 or 70?

YES  NO 4

- ✓ HAZARDOUS MATERIALS INVENTORY - CH
- ✓ CONSOLIDATED EMERGENCY PLAN (Section I)
- ✓ TRAINING PLAN

**UNDERGROUND STORAGE TANKS (USTs)**

1. Are there any underground storage tanks (USTs) on the site?

2. Are there any existing or install new USTs?

3. Are you closing a UST?

YES  NO 5

YES  NO 8

YES  NO 7

- ✓ UST FACILITY
- ✓ UST TANK (petroleum)
- ✓ UST FACILITY
- ✓ UST TANK (petroleum)
- ✓ UST INSTALLATION
- OF COMPLIANCE
- ✓ UST TANK (petroleum)

**ABOVE-GROUND PETROLEUM STORAGE TANKS (ASTs)**

4. Are there any ASTs above these thresholds: capacity is greater than 660 gallons, or total capacity for the facility is greater than 1,320 gallons?

YES  NO 6

NO FORM REQUIRED

**HAZARDOUS WASTE**

5. Do you generate any hazardous waste?

6. Do you generate more than 100 kg/month of excluded or exempted hazardous materials (per HSC 25143.2)?

7. Do you have any hazardous waste on site?

8. Are you subject to financial assurance requirements (for CERCLA and Conditional Authorization)?

9. Do you generate hazardous waste generated at a remote site?

10. Do you have a plan for the closure/removal of a tank that was classified as a UST and cleaned onsite?

YES  NO 9

YES  NO 10

YES  NO 11

YES  NO 12

YES  NO 13

YES  NO 14

- ✓ EPA ID NUMBER on this page.
- ✓ As a generator, you must register and complete W-900.
- ✓ RECYCLABLE WASTE
- ✓ ONSITE HAZARDOUS WASTE TREATMENT - I
- ✓ ONSITE HAZARDOUS WASTE TREATMENT - II
- ✓ CERTIFICATE OF FINANCIAL ASSURANCE
- ✓ REMOTE WASTE TREATMENT SITE ANNUAL REPORT
- ✓ HAZARDOUS WASTE TREATMENT CERTIFICATION

**COMPLETED**

**REGULATED SUBSTANCES**

11. Do you have any regulated substances (RS) including Extremely Hazardous Substances in quantities greater than the threshold planning quantities under the California Accidental Release Program (Cal ARP)?

YES  NO 15a

- In addition to HMT requirements, you must:
- ✓ Regulated Substances Inventory
- ✓ Risk Management Plan

**HAZARDOUS WASTE TREATMENT**

12. Do you have any hazardous materials stored on site at or above a threshold amount under CUPA's or PA's local ordinance?

13. Do you have a plan for the closure/removal of a tank that was classified as a UST and cleaned onsite?

YES  NO 15b

YES  NO 15c

- ✓ Consult local jurisdiction for reporting requirements
- ✓ Waste Generation



STORAGE

SPRAY AREA

PAINT STORAGE

SUMP

MECHANICS BAYS

DETAIL AREA

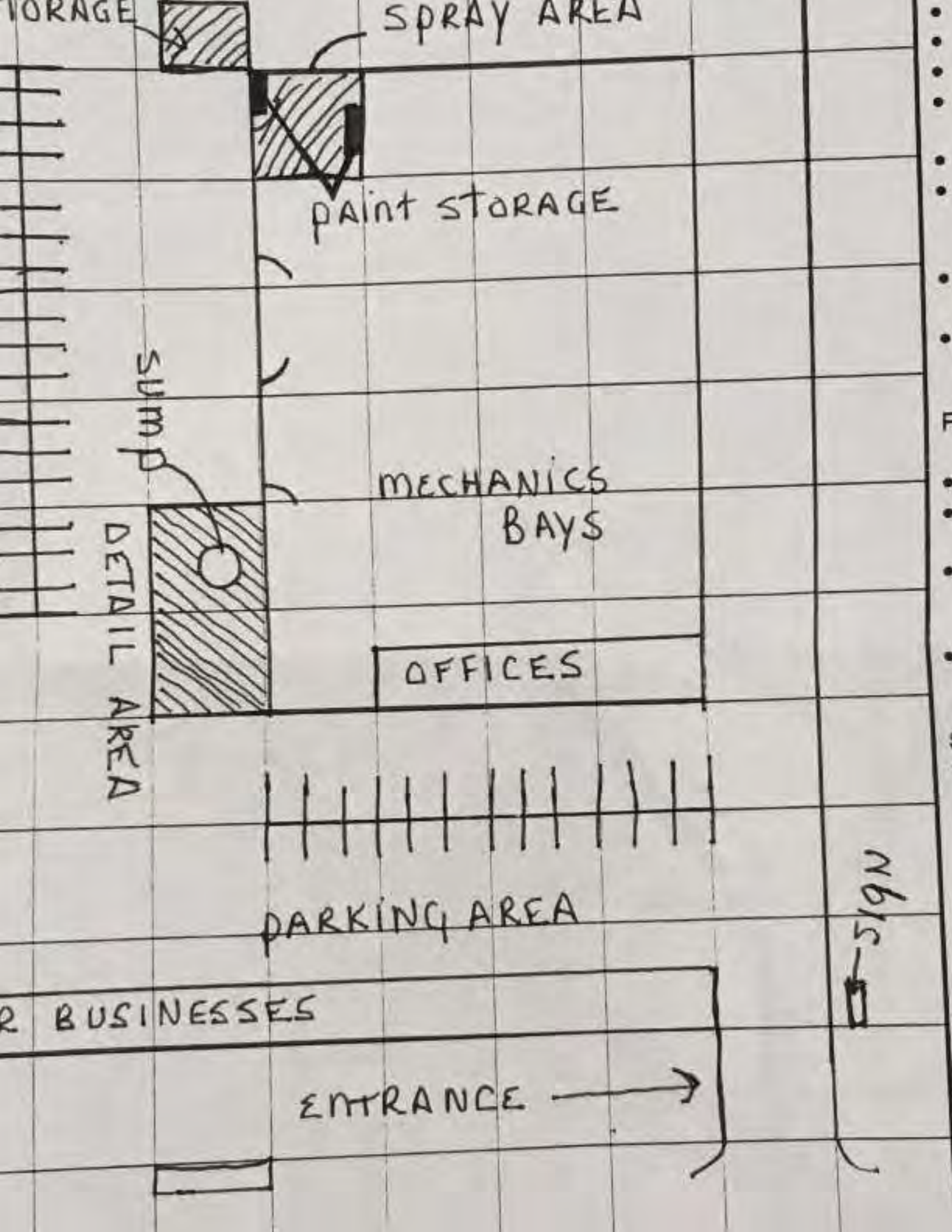
OFFICES

PARKING AREA

R BUSINESSES

ENTRANCE →

N615-519N





207 EHS\*   
 208 \*If EHS is "Yes", all amounts below must be reported

CLASSES (Complete if required by CUPA)

a. PURE  b. MIXTURE  c. WASTE 211 RADIOACTIVE  Yes  No 212

a. SOLID  b. LIQUID  c. GAS 214 LARGEST CONTAINER 55 GAL

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE

55 GAL 110 GAL GAL 4000

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS  
\* If EHS, amount must be in pounds

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

HAZARDOUS COMPONENT (For mixture or waste only) EHS

ACETONE 217  Yes  No 218 67

ISOPROPYL ALCOHOL 217  Yes  No 218 67

ACETATES 217  Yes  No 218

LACQUER DILUENT 217  Yes  No 218

XYLENE, TOLUENE 217  Yes  No 218

ADDITIONAL INFORMATION

Sign Here: If chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each

DATE RECEIVED REVIEWED BY



|  |                      |   |   |   |
|--|----------------------|---|---|---|
| SOLVENT  |                      | 205   | TRADE SECRET  | <input type="checkbox"/>  |
| CL 2002D GUN CLEANER SOLVENT   |                      | 207   | EHS*  | <input type="checkbox"/>  |
|  |                      | 209   | *If EHS is "Yes", all amounts below                                 |   |
| CLASSES (Complete if required by CLIA)   |                      |   |   |   |
| <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE  |                      | 211   | RADIOACTIVE   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS  |                      | 212   | LARGEST CONTAINER   | 55 GAL  |
| <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE  |                      | <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> d. CHRONIC H  |   |   |
| 217  | MAXIMUM DAILY AMOUNT | 218   | ANNUAL AMOUNT   | STATE   |
| GAL  | 55 GAL               |   |   |   |
| <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS  |                      | 219   | DAYS ON   | 36  |
| <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> o. |                      | <input type="checkbox"/> j. CAN <input type="checkbox"/> l. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> p.              |   |   |
| <input type="checkbox"/> k. INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. BOX <input type="checkbox"/> o. TOTE BIN  |                      | <input type="checkbox"/> q. STEEL DRUM <input type="checkbox"/> n. SILO <input type="checkbox"/> r. CYLINDER <input type="checkbox"/> p. TANK WAGON |   |   |
| <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT   |                      | <input type="checkbox"/> d. CRYOGENIC   |   |   |
| <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC                                       |                      |   |   |   |
| HAZARDOUS COMPONENT (For mixture or waste only)  |                      |   | EHS   |   |
| ACETONE  |                      |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 218 67-6  |
| TOLUENE  |                      |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 219 108-  |
| ISOPROPYL ALCOHOL  |                      |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 220 67-   |
| METHYL NAPHTHA, MED. ALIPHATIC   |                      |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 221 6474  |
| XYLENE   |                      |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 222 1330-   |
| ADDITIONAL INFORMATION   |                      |   |   |   |
| Sign Here<br>Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each E   |                      |   |   |   |
| DATE RECEIVED  |                      |   | REVIEWED BY   |   |







|  |   |  |
|--|---|--|
| <p>Does your facility...<br/> <u>HAZARDOUS MATERIALS</u><br/>         (e) hazardous materials at or above 55 gallons for liquids, or 200 cubic feet for compressed gases (include the applicable Federal threshold quantity for an amount specified in 40 CFR Part 355, Appendix A or other materials in quantities for which an emergency plan is required by 40 CFR Parts 30, 40 or 70?</p>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4   | <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL<br><input checked="" type="checkbox"/> CONSOLIDATED EMERGENCY PLAN (Section I and II)<br><input checked="" type="checkbox"/> TRAINING PLAN  |
| <p><u>UNDERGROUND STORAGE TANKS (USTs)</u><br/>         Do you have underground storage tanks?<br/>         Are you planning to acquire, lease, or install new USTs?</p>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7   | <input checked="" type="checkbox"/> UST FACILITY<br><input checked="" type="checkbox"/> UST TANK (one page)<br><input checked="" type="checkbox"/> UST FACILITY<br><input checked="" type="checkbox"/> UST TANK (one page)<br><input checked="" type="checkbox"/> UST INSTALLATION AND MAINTENANCE OF COMPLIANCE<br><input checked="" type="checkbox"/> UST TANK (closure)   |
| <p><u>PETROLEUM STORAGE TANKS (ASTs)</u><br/>         Do you have ASTs above these thresholds:<br/>         - Single tanks greater than 660 gallons, or<br/>         - Aggregate capacity for the facility is greater than 1,320 gallons?</p>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8   | NO FORM REQUIRED   |
| <p><u>HAZARDOUS WASTE</u><br/>         Do you generate hazardous waste?<br/>         Do you have more than 100 kg/month of excluded or exempted hazardous waste on site?<br/>         Do you have financial assurance requirements (for a Conditional Authorization)?<br/>         Do you have hazardous waste generated at a remote site?<br/>         Do you have the closure/removal of a tank that was classified as a UST and cleaned onsite?</p> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14 | <input checked="" type="checkbox"/> EPA ID NUMBER on this page.<br><input checked="" type="checkbox"/> As a generator, you must register and complete Waiver<br><input checked="" type="checkbox"/> RECYCLABLE HAZARDOUS WASTE<br><input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - F<br><input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - I<br><input checked="" type="checkbox"/> CERTIFICATE OF FINANCIAL ASSURANCE<br><input checked="" type="checkbox"/> REMOTE WASTE SITE ANNUAL INSPECTION<br><input checked="" type="checkbox"/> HAZARDOUS WASTE TREATMENT CERTIFICATION |
| <p><u>HAZARDOUS WASTE TREATMENT SITES</u><br/>         Do you have Treatment, Storage, and Disposal Units (TSUs) including Extremely Hazardous Substances (EHS) in excess of the threshold planning quantities (TPQs) via an Accidental Release Program (Cal ARP)?</p>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15a   | In addition to HMT requirements, you must:<br><input checked="" type="checkbox"/> Regulated Substances<br><input checked="" type="checkbox"/> Risk Management  |







WASTES 'THINNERS (GENERIC)

If Subject to EPC

207 EHS\*  
209 \*If EHS is "Yes", all amounts

ASSES (Complete if required by CUPA)

a. PURE  b. MIXTURE  c. WASTE 211 RADIOACTIVE  Yes  No

a. SOLID  b. LIQUID  c. GAS 214 LARGEST CONTAINER 55 G

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CH

217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219  
7 GAL 2 GAL 40 390-480

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS  
\* If EHS, amount must be in pounds.

GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  
GROUND TANK  f. CAN  j. BAG  n. PLASTIC BOT  
SIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

| HAZARDOUS COMPONENT (For mixture or waste only) | EHS   |         |
|---|---|---------|
| ETONE   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 227 228 |
| PROPYL ALCOHOL                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 231 232 |
| ETATES  | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 235 236 |
| QUER DILUENT                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 239 240 |
| ENE, TOLUENE                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 243 244 |

present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets

LECTED INFORMATION



SOLVENT

7002D GUN CLEANER SOLVENT

EHS\*

\*If EHS is "Yes", all amounts bel

SSES (Complete if required by CUPA)

a. PURE  b. MIXTURE  c. WASTE

211

RADIOACTIVE  Yes  No

212

a. SOLID  b. LIQUID  c. GAS

214

LARGEST CONTAINER 53 GAL

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STA

GAL

5.5 GAL

1140 - 1200

21

DAYS

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS  
\* If EHS, amount must be in pounds

3

GROUND TANK  
UNDERGROUND TANK  
INSIDE BUILDING  
DRUM

e. PLASTIC/NONMETALLIC DRUM  
 f. CAN  
 g. CARBOY  
 h. SILO

i. FIBER DRUM  
 j. BAG  
 k. BOX  
 l. CYLINDER

m. GLASS BOTTLE  
 n. PLASTIC BOTTLE  
 o. TOTE BIN  
 p. TANK WAGON

a. AMBIENT

b. ABOVE AMBIENT

c. BELOW AMBIENT

a. AMBIENT

b. ABOVE AMBIENT

c. BELOW AMBIENT

d. CRYOGENIC

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

227

Yes  No

228

67-

ETONE

231

Yes  No

232

108

BLUENE

235

Yes  No

236

67

ISOPROPYL ALCOHOL

239

Yes  No

240

647

EP NAPHTHA, MED. ALIPHATIC

243

Yes  No

244

1330

YLENE

are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets

COLLECTED INFORMATION



Findings /Remarks

MS  
nit.

AM

FINAL DISPOSAL DOCUMENTATION RECEIVED AND  
 DISPOSAL DOCUMENTATION <sup>PRO</sup> 10-29-03 → 10-31-03  
 REPRESENT WASTES STREAM PREVIOUSLY ASSESS  
 HWL & HML INACTIVATED EFFECTIVE 10-31-  
 NOTE: BUSINESS MOVED & USED CAR OPERATION  
 17308 BARHOWER BL BELLFLOWER, ~~ARIZONA~~  
~~ARIZONA~~ FILE

~~H~~  
OCT. 31, 03.  
 Service Bellflower  
 Oct. 27



## Findings / Remarks

RETURNED MAN RECEIVED. SITE VISIT 001 HW:  
 INSPECTION CONDUCTED WITH CHICO RAMIREZ, M  
 BUSINESS NO LONGER DETAILS VEHICLES AT THIS  
 ANOTHER COMPANY NOW ~~PROVIDE~~ DETAILS THE VEHICLE  
 SIGNIFICANT REDUCTION IN NUMBER OF EMPLOYEES  
 REQUESTED DOCUMENTATION INDICATING NUMBER OF  
 FOR CONSIDERATION OF ~~THE~~ CHANGE IN HAZ MAT  
 ALSO, NEED TO CHANGE HAZ MAT ~~FOR~~ GROUP  
 NOW ISSUED FOR OTHER HW VIOLATIONS. RETURN  
 DISPOSAL DOCUMENTATION RECEIVED - REASONABLE  
 HAZ MAT INVENTORY COLLECTED AND SUBMITTED FOR  
 DOCUMENTATION FORWARDED TO DATA OPS. REASON  
 COMPLIANCE. HW: HM NOV DATED 9-26-01 A  
 DOCUMENTATION RECEIVED INDICATING 23 EMPLOYEES  
~~FROM~~ SITE VISIT - RESPONSE TO O/B REQUEST ~~BY~~ <sup>FROM</sup> O/B  
 SERVICES, 2ND BUSINESS OPERATING AT THIS LOCATION  
~~OPERATING~~ NOW RECEIVES NO LONGER OPERATING  
 LOCATION/ NO REPORTABLE QUANTITIES OF HAZ MAT



Received and reviewed  
contingency plan with attached MSDS information  
Satisfactory. <sup>Company in</sup> Compliance with NOV dated 12/1

~~\_\_\_\_\_~~  
Routine Inspector Inspected for Hg  
and Hg waste. NO NOV issued.

Phone call to investigate mail return  
spoke w/ the site operator indicated  
this business still in operation same  
owner mailing address still the s  
site visit had delivered return mail  
and obtain form 2730 for mailing address  
change.

File reviewed to investigate mail  
2730 was issued on 1/13/99 to c  
mailing address. New mailing address  
mat process. 2730 will be resubmitted.

Phone call to verify the mailing address  
spoke with Oper Office Manager.

Visited Ojima at 18500 Studebaker  
to deliver Hg Mat recertification +



PHL Investigation. New occupant at this address is a generator of hazardous waste. Site Record at this address deleting PHL # 510589 and adding PHL # 811662 for new occupant, DBA: Norm Reeves Handy. New business involves some automotive repair.

Inspection. NOV issued regarding labeling waste and providing receipts for used oil filter disposal to this office, completing small generator business/contingency plan copy to this office, providing manifest copies for and waste solvent to this office and keeping manifests on site 3 years. Company has been keeping manifests/receipts ~~them~~ at corporate headquarters in Cerritos. date 12/15/94.

Phone conversation with Lee Stacy of Norm Reeves Superstore <sup>(310) 402 3844 Ext. 432, 380</sup> regarding items on NOV. (A)

Per telephoned request, received faxed copies of all to this facility since it opened (6/1/94) from Sandy Secretary to Lee Stacy. Lee advised that business plan will be sent to this office by 12/30/94 (A)

Phone conversation with Sandy Solomon, who advised



W Follow up visit 03 - all violations  
been abated. The problem is a site m  
plan was not submitted to this office. I  
was not in at time of inspection. I left  
to call the office on Wed 8-2-89

JW Don Martin called. I explained I did  
the mitigation plan to review what was  
He said Whittier Drum + Vacuum tested  
& hauled material out. I requested  
receipts + description of what was done  
would be reviewed w/Ken Smith.

JR PHL Investigation in response to PHL renewal  
to Tax Collector's Office as undeliverable. C  
business is out of this location through site v  
Previous status change deleting this account  
never entered. New Site Record compl  
deleting PHL # 510589 and adding PHL #  
for Norm Reeves Honda Superstore, <sup>the</sup> new co  
at this address, which generates haza

Address: 13555 EXCELSIOR DR  
NORWALK, CA 90650  
Type:  
Phone: 714-761-2558  
Address: P O BOX 3010  
CERRITOS, CA 907033010



Care of:

## FORMATION

ty ID: FA0009963  
ame: **NORM REEVES HONDA USED CARS**

oyee: 23  
ation: 13555 EXCELSIOR DR # 1  
NORWALK, CA 90650  
hone: 562-402-3844  
ress: P O BOX 3010  
CERRITOS, CA 907033010

Email Address:

are of: LEE STACY  
istrict: SE - SOUTHEAST

Code: NRWK  
ction: CO

Hours:  
Code: 7538

NOB: GENERAL AUTOMOTIVE RE

Code:  
de 1): 020

& B #:  
(D1):

## GENERAL HEALTH PROGRAM ELEMENTS

| Program Element          | Current Status         | EPA # | Effective Date D1 (Beg.) & C1 (E |
|--------------------------|------------------------|-------|----------------------------------|
| HM HANDLER, FEE GROUP 03 | Inactive, non-billable |       | 04/01/87 10/31                   |
| HW GEN, 20-100 EMPLOYEES | Inactive, non-billable |       | 07/01/94 10/31                   |



Address: P O BOX 3010  
CERRITOS, CA 907033010

Owner of:

Type:

### INFORMATION

ID: FA0009963  
Name: NORM REEVES HONDA USED CARS  
Age: 23  
Address: 13555 EXCELSIOR DR # 1  
City: NORWALK, CA 90650  
Phone: 562-402-3844  
Address: P O BOX 3010  
City: CERRITOS, CA 907033010  
Owner of: LEE STACY

E-Mail Address:

Product: SE - SOUTHEAST  
Code: NRWK  
Region: CO

Hours: Days: Hours:  
Code: 7538 General automotive repair shops

Nature of Business: GEN

Code: 020  
Description: Rational:

### GENERAL HEALTH PROGRAM ELEMENTS

| Program Element     | Current Status   | EPA # | Effective Date |     | Program |
|---------------------|--|-------|----------------|-----|---------|
|                     |  |       | Beg.           | End |         |
| OWNER, FEE GROUP 03 | Active, billable   |       | 04/01/87       |     |         |
| 20-100 EMPLOYEES    | Active, billable   |       | 07/01/94       |     |         |
| Comment:            | INACTIVATE HAZ MAT AND HAZ WASTE<br>10-31-03. BUSINESS MOVED TO 17308 BEL<br>Belflower |       |                |     |         |

# CONTACT INFORMATION

## PRIMARY CONTACT:

LEE STACY

V.P-CORPOR OPS

562-402-3844

562-822-9250

Not Specified

## SECONDARY CONTACT:

PAUL CONANT

ASSIST. V.P., CORP. OPS.

562-402-3844

562-822-9251

Not Specified

# VIOLATIONS

| Program<br>Element | Service | Result | Action | Violation<br>Code |
|--------------------|---------|--------|--------|-------------------|
| 003                | 001     | 01     | 00     | 0                 |
| 003                | 001     | 01     | 00     | 0                 |
| 003                | 001     | 02     | 01     |                   |
| 003                | 001     | 02     | 01     |                   |
| 003                | 053     | 01     | 02     |                   |
| 003                | 053     | 01     | 02     |                   |

# LIST

| Program<br>Element | Viol<br>Status | Service | Result | Action | Violation<br>Code | Violation<br>Degree |          |
|--------------------|----------------|---------|--------|--------|-------------------|---------------------|----------|
|                    |                | 001     | 02     | 01     | 0587              | 2                   | Retain U |
|                    |                | 001     | 02     | 01     | 0585              | 2                   | Retain M |
|                    |                | 001     | 02     | 01     | 0587              | 2                   | Retain U |
|                    |                | 001     | 02     | 01     | 0584              | 2                   | Retain S |
|                    |                | 001     | 02     | 01     | 0200              | 0                   | Haz Ma   |



ES HONDA RECONDITIONING  
 SIOR  
 A 90650

Bill To:  
 NORM REEVES HONDA SUPERS  
 P O BOX 3010  
 CERRITOS, CA 90703

HARD 562/802-3487

| EPA NO.   |  | TERMS       |           | PURCHASE ORDER NUMBER |         |      |  |
|---|--|-------------|-----------|-----------------------|---------|------|--|
| D981684244  |  | NET 30 DAYS |           | RICHARD               |         |      |  |
| BOE NO.   |  | Billgroup   | OIL ROUTE | PROFILE               | PROFILE | MC   |  |
|   |  |             | 4010      |                       |         |      |  |
| Item Description                                      |  |             |           | Manifest No.          |         | Unit |  |
| HYDROCHLOR FIELD TEST                                 |  |             |           | #                     |         |      |  |
| HOURLY TRANSPORTATION VACUUM                          |  |             |           | #                     |         | M 26 |  |
| WASHOUT FEE   |  |             |           | #                     |         |      |  |
| STEAM CLEANER   |  |             |           | #                     |         |      |  |
| SOLID SURCHARGE GALLONS                               |  |             |           | #                     |         |      |  |
| Oil & Water, Non-RCRA Hazardous Waste, Liquid [CA221] |  |             |           | #                     |         |      |  |
| NON-HAZARDOUS WATER COLLECTION SERVICE                |  |             |           | # NH 2898             |         |      |  |
| VACUUM SERVICES                                       |  |             |           | #                     |         |      |  |
| HOURLY LABOR  |  |             |           | #                     |         |      |  |

AND NEED SERVICE NEXT WEEK\*\*PER KAREN C

Consolidated Manifest

Evergreen Env. Svc.  
 Road 30B  
 Davis, CA 95926  
 CAD982446874

Evergreen Env. Svc.  
 4139 N. Valentine  
 Fresno, CA 93711  
 CAD982446882

AJS Filter  
 15131 Clark Ave.  
 Industry, CA 91745  
 CAD000097432

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evergreen Env. Svc.

CFR

CPR

Greenleaf Env. Svc.



IRONMENTAL SERVICES

CAD982413262

800-972-5284

Name and Site Address

9. US EPA ID Number

10. Facility's Phone

Environmental Services  
Pedro Street

CAD981696420

310-769-0022

Name and Description

12. Containers

No. Type

Waste, liquid

26% SOLIDS

001

TT

Instructions and Additional Information

Handling Codes for Wastes Listed

11a.

01

Nothing  
Emergency call: CHEMTREC 800-424-9300

Invoice: 9677  
Sales Order:

CERTIFICATION: I certify the materials described above on this manifest are not subject to state or federal regulations for reporting, tracking, or

Signature

Signature of Recipient of Materials

Signature

MORTALES

Additional Space



OR  
90650

CERRITOS, CA 90703

WELL 562/802-3487

|           |             |                       |         |         |
|-----------|-------------|-----------------------|---------|---------|
| ORDER NO. | TERMS       | PURCHASE ORDER NUMBER |         |         |
| 081684244 | NET 30 DAYS |                       |         |         |
| BOE NO.   | Billgroup   | OIL ROUTE             | PROFILE | PROFILE |
|           |             | 4010                  |         |         |

| Item Description  | Manifest No.          | Unit |
|---|-----------------------|------|
| Used Oil, Non-RCRA Hazardous Waste, Liquid [CA 221] Ind/Lub | # <del>22606155</del> |      |
| Used Auto. Antifrz Non-RCRA Hazardous Waste, Liquid [CA134] | # <del>22606155</del> |      |
| Oil Contaminated with Halogens [CA 221 F001/F002]           | # _____               |      |
| Oil & Water, Non-RCRA Hazardous Waste, Liquid [CA221]       | # _____               |      |
| CHLOR-D-TECT FIELD TEST                                     | <b>PASS</b> ppm       |      |
| GREASE SWEEP  | # _____               |      |
| HOUSEHOLD HAZARDOUS WASTE DAY                               | # _____               |      |
| DIY USED OIL COLLECTION SERVICE                             | # _____               |      |
| HOURLY LABOR AND/OR TRANSPORTATION BOBTAIL                  | # _____               |      |
| TRANSFORMER OIL COLLECTION SERVICE                          | # _____               |      |
| SURCHARGE   | # _____               |      |

Consolidated Manifest

Evergreen Env. Svc.  
Road 30B  
Davis, CA 95926  
CAD982446874

Evergreen Env. Svc.  
4139 N. Valentine  
Fresno, CA 93711  
CAD982446882

AIS Filter  
15131 Clark Ave.  
Industry, CA 91745  
CAD000097432

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evergreen Env. Svc.  
745 A West Betteravia

CFR  
944 E. Slauson Ave.  
Los Angeles, CA 90011

CFR  
33210 Western  
Union City, CA 94587

Greenleaf Env. Svc.  
3474 Toyon Circle  
Valley Spring, CA 95151

ELL 562/802-3487

| NO.  | TERMS                 | PURCHASE ORDER NUMBER |         |         |            |  |
|--|-----------------------|-----------------------|---------|---------|------------|--|
| 1684244  | NET 30 DAYS           |                       |         |         |            |  |
| BOE NO.  | Billgroup             | OIL ROUTE             | PROFILE | PROFILE | PR         |  |
|  |                       | 4010                  |         |         | RICH       |  |
| Item Description                                       | Manifest No.          |                       |         |         | Unit Price |  |
| EMPTY DRUM DISPOSAL SERVICE                            | # _____               |                       |         |         | 10         |  |
| Non-RCRA Hazardous Waste Solids (oily debris) [CA223]  | # <del>22610428</del> |                       |         |         |            |  |
| Painted Used Oil Filters                               | # _____               |                       |         |         |            |  |
| DRUM SET UP  | # _____               |                       |         |         |            |  |
| HOURLY LABOR AND/OR TRANSPORTATION DRUM                | # _____               |                       |         |         |            |  |
| DRUMMED SOLIDS GREASE                                  | # _____               |                       |         |         |            |  |
| DRUMMED SOLIDS COLLECTION SERVICE <i>TANK disposal</i> | # _____               |                       |         |         | 117.50     |  |
| SOLVENTS-COLLECTION SERVICES <i>-NON-RCRA LIQUIDS</i>  | # <del>22610428</del> |                       |         |         |            |  |
| <i>Ab Pack - Flammable</i>                             | 22610428              |                       |         |         |            |  |
| <i>Flammable Cylinders - Empty</i>                     |                       |                       |         |         | 65         |  |
| <i>Non-Flammable Cylinders - Empty</i>                 |                       |                       |         |         | 47         |  |

Consolidated Manifest

Evergreen Env. Svc.  
Road 30B  
Davis, CA 95926  
CAD982446874

Evergreen Env. Svc.  
4139 N. Valentine  
Fresno, CA 93711  
CAD982446882

AJS Filter  
15131 Clark Ave.  
Industry, CA 91745  
CAD000097432

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evergreen Env. Svc.  
745 A West Betteravia  
Santa Maria, CA 93454  
CAD982446858

CFR  
944 E. Slauson Ave.  
Los Angeles, CA 90011  
CAL000110021

CFR  
33210 Western  
Union City, CA 94587  
CAL000091507

Greenleaf Env. Svc.  
3474 Toyon Circle  
Valley Spring, CA 95352  
CAL000214411



CERRITOS, CA 907033010

THIS NO OPER CLOSED LAST

of:

On Site Regulated Substances : Ye

RMATION

D: FA0009963

e: NORM REEVES HONDA USED CARS

n: 13555 EXCELSIOR DR # 1

NORWALK, CA 90650

e: 562-402-3844

s: P O BOX 3010

CERRITOS, CA 907033010

of: LEE STACY

E-Mail Address:

le: 7538

Nature of Business: GENERAL AUTOMOTIVE REP

rs: Days: Hours:

on: 020

ational:

CONTACT INFORMATION

ACY

3010

OS

CA 90703

Phone : 562-402-3844

\* No Site M Please S

se Fill-Out

ACT INFORMATION

PRIMARY CONTACT:

SECONDARY CONTACT:

LEE STACY

PAUL CONANT

V.P-CORPOR OPS

ASSIST. V.P., CORP. OPS.

562-402-3844

562-402-3844

562-822-9250

562-822-9251

Not Specified

Not Specified

MATION

EL NUMBER



**IS AT SITE**

| 4. Hazardous Components (For mobile only)        | 5. Type and Physical State | 6. Quantities |               |               | 7. Storage   |
|--|----------------------------|---------------|---------------|---------------|--|
|  |                            | Max. Daily    | Average Daily | Largest Cont. |  |
| Chemical Name                                    | EHS                        | CAS#          | Units         | Units         | Storage  |
| % Weight   | M                          | 107-21-1      | 400           | 150           | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
| ETHYLENE GLYCOL                                  | M                          | 107-21-1      | 400           | 150           | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
| SILICATES  | L                          |               | 365           | N             | A: Amb<br>B: > Air<br>C: < Air<br>D: Cry                         |
| TRANSMISSION OIL (FLUID)                         | M                          |               | 300           | 250           | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
| REFINED PETROLEUM DISTILLATES (HEAVY PARAFFINIC) | M                          | 64742-54-7    | 110           | 55            | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
| POTASSIUM HYDROXIDE                              | M                          | 1310-58-0     | 110           | 55            | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
| 1-TERT-BUTOXY-2-PROPANOL                         | M                          | 87018-52-7    | 110           | 55            | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
| DIUM DODECYLBENZENE SULFONATE                    | L                          | 25155-30-0    | 365           | D             | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
| SODIUM TRIPOLYPHOSPHATE                          | L                          | 7758-29-4     | 365           | D             | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
| SODIUM METASILICATE                              | M                          | 64742-54-7    | 750           | 650           | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |





Phone: 714-761-2558

Address: P O BOX 3010

CERRITOS, CA 907033010

OCT 31 2001

are of:

## FORMATION

Company ID: FA0009963

Company Name: NORM REEVES HONDA USED CARS

Employee: 23

Address: 13555 EXCELSIOR DR # 1

NORWALK, CA 90650

Phone: 562-402-3844

Address: P O BOX 3010

CERRITOS, CA 907033010

Name of: DAVID M. CONANT

District: SE - SOUTHEAST

Code: NRWK

Location: CO

Hours:

Code: 7538

Code:

Code 1): 020

B #:

(D1):

Email Address:

NOB: GENERAL AUTOMOTIVE REPA

## GENERAL HEALTH PROGRAM ELEMENTS

| Program Element          | Current Status   | EPA # | Effective Date<br>D1 (Beg.) & C1 (End) |
|--------------------------|------------------|-------|--|
| SM HANDLER, FEE GROUP 03 | Active, billable |       | 04/01/87                               |
| W GEN, 20-100 EMPLOYEES  | Active, billable |       | 07/01/94                               |



Address: P O BOX 3010  
CERRITOS, CA 907033010  
City: \_\_\_\_\_  
State: \_\_\_\_\_

**INFORMATION**

FA0009963  
NORM REEVES HONDA USED CARS  
30  
13555 EXCELSIOR DR  
NORWALK, CA 90650  
562-402-3844  
P O BOX 3010

1355  
NORW

CERRITOS, CA 907033010

DAVID M. CONANT

E-Mail Address:

SE - SOUTHEAST

NRWK

CO

Days: Hours:  
7538 General automotive repair shops

Nature of Business:

020

Additional:

**GENERAL HEALTH PROGRAM ELEMENTS**

| Program Element  | Current Status   | EPA # | Effective Date |     | Proj |
|------------------|------------------|-------|----------------|-----|------|
|                  |                  |       | Beg.           | End |      |
| COLLER, FEE GROU | Active, billable |       | 04/01/87       |     |      |
| 20-100 EMPLOY    | Active, billable |       | 07/01/94       |     |      |

CHANGES AS INDICATED ABOVE.

Comment:





NO LONGER OPERATING AT THIS SITE

AMIC DETAILS NOW OPERATING IN REAR

II ATF. 110g  
MOTOR OIL 440g

L SATURATE

WASTES → WASTE

WASTED → WASTE

TRASH

FLUID

MM TURNING WASTE → TRASH

TANK → WASTE OIL

2/7/01

5/7/01

9

6/12/01

WASTE COOLANT

u u

LASELINS

Diesel - F/SUM CLOVER MATTING  
WASH

DISPOSABLE

WASTE ASSISTANT

LASELINS

WEL SERVICE. 8/31/01. INV # 934234

WASTE ANTIFREEZE

ENVIRONMENTAL SERVICES. CAD 98241

GREEN ENV. SVC. 16604 S. SAN PEDRO

01. USED. ANTIFREEZE. 21091715. 110G.

01. USED OIL. 21091707. 450G.

01. u u 21095517. 425G.



# WASTERS

SON ST. #A EL MONTE 91731.

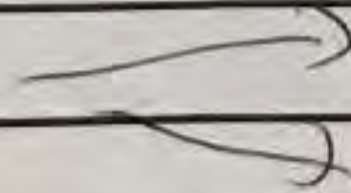
|               |    |           |      |
|---------------|----|-----------|------|
| HAZ WASTE LIQ | AQ | BRAKE SOL | 2100 |
| "             | "  | "         | 206  |
| "             | "  | "         | 2100 |

## REFERENCE.

REINSPECTION fee let me know  
 DESCRIPTION FORM, ISSUED AND EXPIRES  
 ALSO TOLD TO PROTECT LABELS  
 AND DRUMS BECOME IN USE AGAIN.  
 REQUESTED COPY OF - CO SANITATION PERMITS &  
 CLARIFIER CLEANING

## ACTIONS.

INVENTORY



DRSEL

DENNEAS

(THE HAWK)

WASTEOIL.



Code. These violations may result in non compliance fees, permit revocation, and/or...  
any enforcement action by this Department or other agencies. You are hereby directed to correct the violations within the  
ional violation. (Referenced titles & chapters: Titles 19, 22, 23, 27 of the CCR, Chapters 6.5, 6.7, 6.95 of the H&S Co

Correction Date

MENT  
Program Facility Permit by submitting a completed consolidated permit application package (CPP) (LA Co Ord. Sec

COPIES OF THE LAST 3 DISPOSAL MANIFESTS  
THE FOLLOWING HAZARDOUS WASTE:

- WASTE OIL (9-26-01) & (8-2-01 PROVIDED) - PROVIDE 1
- PARTS WASHER WASTE
- USED OIL FILTERS
- WASTE ANTIFREEZE (9-26-01 PROVIDED). PROVIDE
- WASTE ABSORBANT.

OCLOSE BY SUBMITTING A COMPLETED CE  
PTION FORM FOR THE FOLLOWING IDENTIFI  
TIES OF THE FOLLOWING HAZARDOUS M  
RED HAWK DEGREASER (2X55)  
DIESEL. (2X55)

S OF HQ TA/ QUARTERLY REPORTING FORM VALID  
S FROM 7/1/01.  
DOCUMENTATION TO THIS OFFICE



DA RECONDITIONING

CUSTOMER SERVICE  
NORM REEVES HONDA RECONDITIONING  
13555 EXCELSIOR  
NORWALK, CA 90650

|          |       |            |             |                 |              |
|----------|-------|------------|-------------|-----------------|--------------|
| Ship Via |       | F.O.B.     |             | Terms           |              |
|          |       | Origin     |             | NET 30 DAYS     |              |
| er       | Route | Order Date | Salesperson | Manifest Number | Order Number |
|          | 4010  | 09/05/01   | 270         | 21091966        | 96596356     |

| Item Number | Description   | Tax |
|-------------|---|-----|
| 0 OIL       | Used Oil, Non-RCRA Hazardous Waste, Liquid [CA 221] Ind/Lub | N   |

*WSP*

SEP 7 8

50

562/802-3487

| TERMS  |                 | PURCHASE ORDER NUMBER |         |         |    |
|--|-----------------|-----------------------|---------|---------|----|
| 84244  | NET 30 DAYS     | 197116                |         |         |    |
| BOE NO   | Bill group      | OIL ROUTE             | PROFILE | PROFILE | P  |
|  |                 | 4016                  |         |         | CL |
| Item Description                                       | Manifest No     | Unit Price            |         |         |    |
| Oil, Non-RCRA Hazardous Waste, Liquid [CA 221] Ind/Lub | # 21041406      | FX                    |         |         |    |
| Auto. Antifrz Non-RCRA Hazardous Waste, Liquid [CA134] | #               |                       |         |         |    |
| contaminated with Halogens [CA 221 F001/F002]          | #               |                       |         |         |    |
| Water, Non-RCRA Hazardous Waste, Liquid [CA221]        | #               |                       |         |         |    |
| OR-D-TECT FIELD TEST                                   | # DEF. * 45 ppm |                       |         |         |    |
| BASE SWEEP   | #               |                       |         |         |    |
| HOUSEHOLD HAZARDOUS WASTE DAY                          | #               |                       |         |         |    |
| USED OIL COLLECTION SERVICE                            | #               |                       |         |         |    |
| EXTRA LABOR AND/OR TRANSPORTATION                      | #               |                       |         |         |    |
| TRANSFORMER OIL COLLECTION SERVICE                     | #               |                       |         |         |    |
| DRUM SET UP/ACCESSORIES                                | #               |                       |         |         |    |
| SECONDARY CONTAINMENT DRUM SET UP                      | #               |                       |         |         |    |
| SAFETY DRUM  | #               |                       |         |         |    |
| POLLUTANT CONTAMINATED FUEL-COLLECTION SERVICES        | #               |                       |         |         |    |
| DISPOSAL CHARGE  | #               |                       |         |         |    |



CUSTOMER P.O. NUMBER: 48259  
 CUSTOMER PHONE #: 562-462-3660  
 TAX CODE: 05-095-5976  
 ASSOC. CODE: 00A  
 SERVICE TERM: 60A

| MARKS/PRICE | QUAN. | CHARGE | SALES TAX | TOTAL CHARGE | WASTE MIN. | SOLVENT/DRUMS |            | CC  | SERVICE TERM | CHANGE SERVICE TERM (WEEKS/INITIAL) | CHANGE IN SCH. DATE (YY MM) |
|-------------|-------|--------|-----------|--------------|------------|---------------|------------|-----|--------------|-------------------------------------|-----------------------------|
|             |       |        |           |              |            | CLEAN         | # OF CONT. |     |              |                                     |                             |
|             | 1     | 89.50  | 7.16      | 96.66        | 0.00       | 4             | 1          | 039 | 6            |                                     |                             |
|             | 1     | 89.50  | 7.16      | 96.66        | 0.00       | 4             | 1          | 039 | 6            |                                     |                             |
|             | 1     | 89.50  | 7.16      | 96.66        | 0.00       | 4             | 1          | 039 | 6            |                                     |                             |
|             | 1     | 89.50  | 7.16      | 96.66        | 0.00       | 4             | 1          | 039 | 6            |                                     |                             |
| 9000        |       |        |           |              |            |               |            |     |              |                                     |                             |

GENERATOR USEPA ID NO.: 28.64  
 GENERATOR STATE ID NO.: 306.64  
 GENERATOR USEPA ID NO.: CAP981684244

CHECK APPROPRIATE BOXES →  
 MACHINE CONDITION & CLEANLINESS:  GOOD  POOR  
 LAMP ASSEMBLY CONDITION:  GOOD  POOR  
 DECALS IN PLACE AND LEGIBLE:  YES  NO  
 FUSIBLE LINK INSTALLED:  YES  NO  
 EMERGENCY CLOSING OF LID UNOBSTRUCTED:  YES  NO

12. CONTAINERS NO.: 4  
 13. TOTAL QUANTITY: 16  
 14. UNIT WT/VOL: 6  
 SK DOT NUMBER: 839

CARRIER SHIPPING NAME, HAZARD CLASS, AND ID.:  
 ILLINOIS NO. 5. 9 NA3022 PG III  
 US BRAKE SOLUTION 0.3# GAL

ADDRESS: SAFETY-KEM SYSTEMS, INC.



| QUAN.  | CHARGE                 | SALES TAX              | TOTAL CHARGE | WASTE MIN. | SOLVENT/DRUMS     |            | CC             | SERVICE TERM    | CHANGE SERVICE TERM (WEEKS)(INITIAL) | CHANGE SCH. DATE (YY WW) |
|--|------------------------|------------------------|--------------|------------|-------------------|------------|----------------|-----------------|--------------------------------------|--------------------------|
|  |                        |                        |              |            | CLEAN/SPENT       | # OF CONT. |                |                 |                                      |                          |
| 1  | 89.50                  | 7.16                   | 96.66        | 0.00       | 4                 | 1          |                | b               |                                      |                          |
| 1  | 89.50                  | 7.16                   | 96.66        | 0.00       | 4                 | 1          |                | b               |                                      |                          |
| 1  | 89.50                  | 7.16                   | 96.66        | 0.00       | 4                 | 1          |                | b               |                                      |                          |
| 1  | 89.50                  | 7.16                   | 96.66        | 0.00       | 4                 | 1          |                | b               |                                      |                          |
|  |                        |                        | 7.90         |            |                   |            |                | 0               |                                      |                          |
|  |                        |                        | 389.54       |            |                   |            |                |                 |                                      |                          |
|  |                        |                        | 358.00       | 26.64      |                   |            |                |                 |                                      |                          |
| GENERATOR 2 ID NO.   | GENERATOR USEPA ID NO. | GENERATOR STATE ID NO. |              |            |                   |            |                |                 |                                      |                          |
|  | CAD981664244           |                        |              |            |                   |            |                |                 |                                      |                          |
| SHIPPING NAME, HAZARD CLASS, AND ID.)  |                        |                        |              |            |                   |            |                |                 |                                      |                          |
| N.O.S. 9 NA3032 PG III   |                        |                        |              |            |                   |            |                |                 |                                      |                          |
| BRAKE SOLUTION 3.3#GAL   |                        |                        |              |            |                   |            |                |                 |                                      |                          |
|  |                        |                        |              |            | 12 CONTAINERS NO. | 13. TYPE   | TOTAL QUANTITY | 14. UNIT WT/MOL | SK DOT NUMBER                        |                          |
|  |                        |                        |              |            | 3                 | DF         | 12             | G               | 839                                  | 3                        |
| CHECK APPROPRIATE BOXES →<br>MACHINE CONDITION & CLEANNESS <input checked="" type="checkbox"/> POOR <input type="checkbox"/><br>LAMP ASSEMBLY CONDITION <input checked="" type="checkbox"/> <input type="checkbox"/><br>DECALS IN PLACE AND LEGIBLE <input type="checkbox"/><br>RUSBLE LINK INSTALLED <input checked="" type="checkbox"/><br>EMERGENCY CLOSING OF LID UNOBSTRUCTED <input checked="" type="checkbox"/> |                        |                        |              |            |                   |            |                |                 |                                      |                          |
| I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE.  |                        |                        |              |            |                   |            |                |                 |                                      |                          |
| PRESS SAFETY-KLEEN SYSTEMS, INC.<br>EL MONTE CA 91731<br>USA EPA ID  |                        |                        |              |            |                   |            |                |                 |                                      |                          |



7 24 4

PROGRAM SIGNUP

| SALES REPRESENTATIVE'S NUMBER | INTERVAL | FOLLOW-UP CALL |
|-------------------------------|----------|----------------|
| 25624 <del>7192</del>         |          |                |

| GREEN CUSTOMER #S | COMMENTS |
|-------------------|----------|
|                   |          |
|                   |          |
|                   |          |
|                   |          |

COLLATERAL/ENVIRONMENTAL CHARGE SECTION

| by having the customer initial in the box. For any boxes that do not apply, have the (Applicable).            | CUSTOMER'S INITIALS | P |
|---|---------------------|---|
| displayed in the window of this business.   | X CR                |   |
| ster has been displayed on a wall in this business.   | X CR                |   |
| card/counter mat has been set up in this business.  | X CR                |   |
| am/concept has been fully explained.  | X CR                |   |
| an itemized voluntary environmental fee on consumer orders/invoices. (Business will not be using such a fee.) | X CR                |   |
| ees will be informed/trained on WE CARE.  | X CR                |   |

DISCLAIMER/CUSTOMER ACKNOWLEDGEMENT AREA

SEE REVERSE SIDE FOR ADDITIONAL TERMS

GROUP: NONWASTEWATERS

IDENTIFICATION:

PHENOL  
ETHYLENE

ALL OTHERS

---





DO 562/802-3487

|         |             |                       |                 |
|---------|-------------|-----------------------|-----------------|
| NO.     | TERMS       | PURCHASE ORDER NUMBER |                 |
| 1684244 | NET 30 DAYS | 140262                |                 |
| BOE NO. | Billgroup   | OIL ROUTE             | PROFILE PROFILE |
|         |             | 4016                  |                 |

| Item Description                                      | Manifest No. |
|---|--------------|
| EMPTY DRUM DISPOSAL SERVICE                           | # _____      |
| Non-RCRA Hazardous Waste Solids (oily debris) [CA223] | # _____      |
| Strained Used Oil Filters                             | # _____      |
| EMPTY DRUM  | # _____      |
| DRUM SET UP   | # _____      |
| SECONDARY CONTAINMENT DRUM SET UP                     | # _____      |
| HOURLY LABOR AND/OR TRANSPORTATION                    | # _____      |
| DRUMMED SOLIDS GREASE                                 | # _____      |
| DRUMMED SOLIDS COLLECTION SERVICE                     | # _____      |
| SOLVENTS-COLLECTION SERVICES                          | # _____      |
| LAB PACK  | # _____      |



0650

P O BOX 3070  
CERRITOS, CA 90703

562/802-3487

|         |             |                       |         |         |
|---------|-------------|-----------------------|---------|---------|
| NO.     | TERMS       | PURCHASE ORDER NUMBER |         |         |
| 1684244 | NET 30 DAYS | 173186                |         |         |
| BOE NO. | Billgroup   | OIL ROUTE             | PROFILE | PROFILE |
|         |             | 4016                  |         |         |

| Item Description                                      | Manifest No |
|---|-------------|
| EMPTY DRUM DISPOSAL SERVICE                           | # _____     |
| Non-RCRA Hazardous Waste Solids (oily debris) [CA223] | # _____     |
| Contained Used Oil Filters                            | # _____     |
| EMPTY DRUM  | # _____     |
| DRUM SET UP   | # _____     |
| SECONDARY CONTAINMENT DRUM SET UP                     | # _____     |
| HOURLY LABOR AND/OR TRANSPORTATION                    | # _____     |
| DRUMMED SOLIDS GREASE                                 | # _____     |
| DRUMMED SOLIDS COLLECTION SERVICE                     | # _____     |
| SOLVENTS-COLLECTION SERVICES                          | # _____     |
| 55 GAL DRUM PACK                                      | # _____     |

DO 562/802-3487

|           |             |                     |         |         |
|-----------|-------------|---------------------|---------|---------|
| PA NO     | TERMS       | PURCHASE ORDER NUMB |         |         |
| 981684244 | NET 30 DAYS | 133722              |         |         |
| BOE NO    | Billgroup   | OIL ROUTE           | PROFILE | PROFILE |
|           |             | 4016                |         |         |

| Item Description                                      | Manifest No. |
|---|--------------|
| EMPTY DRUM DISPOSAL SERVICE                           | #            |
| Non-RCRA Hazardous Waste Solids (oily debris) [CA223] | #            |
| Drained Used Oil Filters                              | #            |
| EMPTY DRUM  | #            |
| DRUM SET UP   | #            |
| SECONDARY CONTAINMENT DRUM SET UP                     | #            |
| HOURLY LABOR AND/OR TRANSPORTATION                    | #            |
| DRUMMED SOLIDS GREASE                                 | #            |
| DRUMMED SOLIDS COLLECTION SERVICE                     | #            |
| SOLVENTS-COLLECTION SERVICES                          | #            |
| LAB PACK  | #            |



|             |   |             |                 |              |     |
|-------------|---|-------------|-----------------|--------------|-----|
| Ship Via    |   | F.O.B.      |                 | Terms        |     |
|             |   | Origin      |                 | NET 30 DAYS  |     |
| Route       | Order Date  | Salesperson | Manifest Number | Order Number |     |
| 4010        | 10/06/00  | 270         | 20133000        | 96524589     |     |
| Item Number | Description   |             |                 |              | Tax |
| 0 ANTIFRZ   | Used Auto. Antifrz Non-RCRA Hazardous Waste, Liquid [CA134] |             |                 |              | N   |

LSR

10/06/00  
 001

0650

P O BOX 3010  
CERRITOS, CA 90703

562/802-3487

|         |             |                       |         |         |    |
|---------|-------------|-----------------------|---------|---------|----|
| NO.     | TERMS       | PURCHASE ORDER NUMBER |         |         |    |
| 1684244 | NET 30 DAYS | 128806                |         |         |    |
| BOE NO. | Billgroup   | OIL ROUTE             | PROFILE | PROFILE | BE |
|         |             | 4016                  |         |         |    |

| Item Description  | Manifest No.        | Unit |
|---|---------------------|------|
| Used Oil, Non-RCRA Hazardous Waste, Liquid [CA 221] Ind/Lub | # _____             |      |
| Used Auto. Antifrz Non-RCRA Hazardous Waste, Liquid [CA134] | # <u>20133000</u>   |      |
| Contaminated with Halogens [CA 221 F001/F002]               | # _____             |      |
| & Water, Non-RCRA Hazardous Waste, Liquid [CA221]           | # _____             |      |
| FLOR-D-TECT FIELD <u>TEST</u>                               | <u>Detector</u> ppm |      |
| PLEASE SWEEP  | # _____             |      |
| HOUSEHOLD HAZARDOUS WASTE DAY                               | # _____             |      |
| USED OIL COLLECTION SERVICE                                 | # _____             |      |
| HOURLY LABOR AND/OR TRANSPORTATION                          | # _____             |      |
| TRANSFORMER OIL COLLECTION SERVICE                          | # _____             |      |
| DRUM SET UP/ACCESSORIES                                     | # _____             |      |
| SECONDARY CONTAINMENT DRUM SET UP                           | # _____             |      |
| EMPTY DRUM  | # _____             |      |
| CONTAMINATED FUEL-COLLECTION SERVICES                       | # _____             |      |
| RECHARGE  | # _____             |      |



Name and Site Address

ENVIRONMENTAL SERVICES  
SAN PEDRO STREET  
746

10. US EPA ID Number

C | A | D | 9 | 8 | 1 | 6 | 9 | 6 | 4 | 2 | 0

G. State Facility's ID

C | A | D | 9 | 8 | 1

H. Facility's Phone

(Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

No.

Type

Remotive Anti-Freeze  
Hazardous waste, Liquid

0 | 0 | 1

T | T

0 | 0 | 0 | 5 | 0

For Materials Listed Above

K. Handling Codes for Wastes

a.

c.

Instructions and Additional Information

Emergency Response Telephone No.: CHEMTREC 1-800-424-9300

WEAR PROTECTIVE CLOTHING

Invoice #

Sales Order # 9645

DECLARATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

As the generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future risk to man and the environment. If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best management option that I can afford.

Signature of Receiver  
[Signature]

Signature

[Signature]

Signature of Receiver  
T. FLOWERS

Signature

[Signature]

Signature

|          |            |             |                 |              |  |
|----------|------------|-------------|-----------------|--------------|--|
| Ship Via |            | F.O.B.      |                 | Terms        |  |
|          |            | Origin      |                 | NET 30 DAYS  |  |
| Route    | Order Date | Salesperson | Manifest Number | Order Number |  |
| 4010     | 10/24/00   | 270         | NH1892          | 96527940     |  |

| Item Number      | Description                            | Tax |
|------------------|--|-----|
| 0.00 VACTRKTIM   | HOURLY TRANSPORTATION                  | N   |
| 0 VACNONHAZWATER | NON-HAZARDOUS WATER COLLECTION SERVICE | N   |

NOV 30 2000

*Ray Burt Rose*  
 AUTHORIZATION FOR PAYMENT  
 Norwalk



802-3487

|         |  |             |           |                       |         |
|---------|--|-------------|-----------|-----------------------|---------|
| D.      |  | TERMS       |           | PURCHASE ORDER NUMBER |         |
| 34244   |  | NET 30 DAYS |           |                       |         |
| BOE NO. |  | Billgroup   | OIL ROUTE | PROFILE               | PROFILE |
|         |  |             | 4016      |                       |         |
|         |  |             |           |                       | BE      |

| Item Description                                | Manifest No.  | Unit |
|---|---------------|------|
| ROCHLOR FIELD TEST                              | # _____       |      |
| EARLY TRANSPORTATION                            | # _____       |      |
| WITHOUT FEE                                     | # _____       |      |
| AM CLEANER                                      | # _____       |      |
| FILING FEE                                      | # _____       |      |
| D SURCHARGE GALLONS                             | # _____       |      |
| Water, Non-RCRA Hazardous Waste, Liquid [CA221] | # _____       |      |
| -HAZARDOUS WATER COLLECTION SERVICE             | # <u>1892</u> |      |
| SUPERVISOR / PROJECT MANAGER                    | # _____       |      |
| EQUIPMENT                                       | # _____       |      |
| LABORATORY ANALYSIS                             | # _____       |      |
| VACUUM SERVICES                                 | # _____       |      |
| EARLY LABOR                                     | # _____       |      |
| CONFINED SPACE ENTRY                            | # _____       |      |

*of source*

STOR DR

P. O. BOX 344  
CERRITOS, CA 90703  
(562) 402-3844

90658  
3844

|                |              |                        |      |
|----------------|--------------|------------------------|------|
| PURCHASE ORDER | SALESMAN     | CONTACT                |      |
| <b>74234</b>   | 90           | VICTOR                 |      |
| SHIPPED VIA    | DATE ENTERED | CUSTOMER EPA ID NUMBER | HALI |
| ASBURY         | 4/02/78      | CAD981684244           |      |

| DESCRIPTION  | U/M | QUANTITY |         |     | CU |
|--|-----|----------|---------|-----|----|
|  |     | ORDERED  | SHIPPED | B/O |    |
| DRAINED USED OIL FILTERS<br>CROSS STREETS: W   |     | 4        |         |     |    |
| ***** PLEASE NOTE *****<br>ASBURY NOW SELLS NEW ANTIFREEZE PRODUCT<br>CALL FOR DETAILS |     |          |         |     |    |

**WASTE DISPOSAL INFORMATION**  
 U.S. (USED OILS & MIXED OILS)  
 RCRA  
 NO PLACARD REQUIRED  
 OIL FILTER

**PAYMENT**  
 GALLONS: \_\_\_\_\_ AMOUNT (if any)  
 DRUMS: 3 CHECK NUMBER \_\_\_\_\_  
 P.O. NUMBER \_\_\_\_\_  
 CASH RECEIPT \_\_\_\_\_

Cardoon, 2000 N. Alameda Street, Compton, CA 90222, CAT080013352

*check 2480 Cerritos Ave Spt.*

NOTES TO DRIVER  
 NEXT SERVICE DATE

*20*



CA 90650

2-3844

|                |              |                        |
|----------------|--------------|------------------------|
| PURCHASE ORDER | SALESMAN     | CONTACT                |
| 75949          | 12           | CHICO X289             |
| SHIPPED VIA    | DATE ENTERED | CUSTOMER EPA ID NUMBER |
| ASBURY         | 5/06/98      | CAD981684244           |

| DESCRIPTION   | U/M | QUANTITY |         |     |
|---|-----|----------|---------|-----|
|   |     | ORDERED  | SHIPPED | B/O |
| WASTE OIL<br>CROSS STREETS: W   |     | 350      |         |     |
| <p>***** PLEASE NOTE *****<br/>           ASBURY NOW SELLS NEW ANTIFREEZE PRODUCT<br/>           CALL FOR DETAILS</p> |     |          |         |     |

WASTE DISPOSAL INFORMATION

N.O.S. (USED OILS & MIXED OILS)

ON-RCRA LIQUID NO PLACARD REQUIRED

USED OIL FILTER

PA

AMOUNT: 700

CHECK M

P.O. NUM

CASH R

NO: 1122115

38

5/20/99

Menno/Kerdoon, 2000 N. Alameda Street, Compton, CA 90222, CAT080013352

NOTES TO DRIVER

NEXT SERVICE DATE \_\_\_\_\_



|  |  |                      |  |                         |  |
|--|--|----------------------|--|-------------------------|--|
| Company Name                             |  | E. US EPA ID Number  |  | E. State Transporter ID |  |
| 000638                                   |  |                      |  |                         |  |
| Facility Name and Site Address           |  | 10. US EPA ID Number |  | F. Transporter's Phone  |  |
| GREEN CORP.<br>1000 I STREET<br>CA 93654 |  | CAD 093459485        |  | CAD 093459485           |  |
|  |  |                      |  | H. Facility's Phone     |  |

| Description (including Proper Shipping Name, Hazard Class, and ID Number)                       | 12. Containers |      | 13. Total Quantity |
|---|----------------|------|--------------------|
|   | No.            | Type |                    |
| HAZARDOUS WASTE, LIQUID, N.O.S.<br>PG III (D006, D039) (ERG#171)<br>PARTS CLEANER               | 005            | DM   | 00073              |
| HAZARDOUS WASTE, LIQUID, N.O.S. 9<br>PG III (D039, D040) (ERG#171)<br>BRAKE SOLUTION (8.6#/GAL) | 004            | DF   | 00016              |
|   |                |      |                    |
|   |                |      |                    |

|   |                             |    |
|---|-----------------------------|----|
| Instructions for Materials Listed Above | K. Handling Codes for Waste |    |
|   | 14                          | 01 |

Instructions and Additional Information: 9820 95300667 213226 7-058-03-3  
 RESP#800-468-1760 24HR

**AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, A:** 10087 **B:** 11236 **C:**

**CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, hazard class, and are in all respects in proper condition for transport by highway according to applicable international and national regulations.

As a small quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree practicable, and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the quantity of waste generated, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the method that I can afford.

|           |                    |
|-----------|--------------------|
| Signature | <i>[Signature]</i> |
|-----------|--------------------|

|                                   |                    |
|-----------------------------------|--------------------|
| Knowledge of Receipt of Materials | Signature          |
| <i>[Signature]</i>                | <i>[Signature]</i> |

|                                   |                    |
|-----------------------------------|--------------------|
| Knowledge of Receipt of Materials | Signature          |
| <i>[Signature]</i>                | <i>[Signature]</i> |



REEVES HONDA  
 3010  
 CA 90703-3010

NORM REEVES HONDA  
 13555 EXCELSIOR DR  
 NORWALK CA 90650

| DESCRIPTION           | QUANTITY | UOM | UNIT COST | TAX   |
|-----------------------|----------|-----|-----------|-------|
| ABSORBENT, DRUM       | 1        | DR  | 90.00     | 7.43  |
| MACHINE SERVICE 14000 | 1        | EA  | 64.00     | 5.28  |
| MACHINE SERVICE 14000 | 1        | EA  | 64.00     | 5.28  |
| MACHINE SERVICE 30300 | 1        | EA  | 114.00    | 9.41  |
| MACHINE SERVICE 30300 | 1        | EA  | 114.00    | 9.41  |
| MACHINE SERVICE 30300 | 1        | EA  | 114.00    | 9.41  |
| MACHINE SERVICE 30300 | 1        | EA  | 114.00    | 9.41  |
| MACHINE SERVICE 30300 | 1        | EA  | 114.00    | 9.41  |
| MACHINE SERVICE 30300 | 1        | EA  | 114.00    | 9.41  |
| INVOICE TOTAL         |          |     |           | 65.04 |

DEC 23 1997

CALL SK SERVICING LOCATION: (714) 435-0605 SANTA ANA CA

a proud sponsor of America Recycles Day on November 15th.  
 a nationwide event that will feature the public's use of re  
 e of the nation's largest recyclers of contaminated waste, S  
 ncorage the use of "America's Choice" re-refined oil. You  
 l at all Goodyears and Wal-Marts. Look for the "We Care" 1  
 recycle everyday using Safety-Kleen's services.



| CUSTOMER P.O. NUMBER  | CUSTOMER PHONE #       | TAX CODE               | HANDLING CODE      | ASSOC. CODE | SERVICE            |               |               |                     |       |
|---|------------------------|------------------------|--------------------|-------------|--------------------|---------------|---------------|---------------------|-------|
| 67387   | 562-422-3444           | 5-045-5076             |                    |             |                    |               |               |                     |       |
| QUAN.   | CHARGE                 | SALES TAX              | TOTAL CHARGE       | WASTE MIN.  | SOLVENT FOR SK DOT | CC            | SERVICE TERM  | CHANGE SERVICE TERM | DRUMS |
| 5   | 134.00                 | 5.04                   | 139.04             | 5.00        | 5 4                |               |               |                     |       |
| 3   | 64.00                  | 5.04                   | 69.04              | 5.00        | 5 4                |               |               |                     |       |
| 1   | 134.00                 | 9.43                   | 143.43             | 5.00        | 1715               |               |               |                     |       |
| 1   | 134.00                 | 9.43                   | 143.43             | 5.00        | 1716               |               |               |                     |       |
| 1   | 134.00                 | 9.43                   | 143.43             | 5.00        | 1716               |               |               |                     |       |
| 1   | 134.00                 | 9.43                   | 143.43             | 5.00        | 1715               |               |               |                     |       |
| 1   | 134.00                 | 9.43                   | 143.43             | 5.00        | 1717               |               |               |                     |       |
| 1   | 90.00                  | 7.43                   | 97.43              |             |                    |               |               |                     |       |
| <p>Generator State ID No. 11000</p> <p>Generator User EPA ID No. 6279156444</p> <p>Generator Shipping Name, Hazard Class, and ID: LIQUID, N.D.S. (PETROLEUM NAFTHA) (H004) (H004)</p> <p>LE LIQUID, N.D.S. (PETROLEUM NAFTHA) (H004) (H004)</p> |                        |                        |                    |             |                    |               |               |                     |       |
| TRANSPORTER ID NO.  | GENERATOR USEPA ID NO. | GENERATOR STATE ID NO. | 12. CONTAINERS NO. | 13. TYPE    | TOTAL QUANTITY     | 14. UV INTRON | SK DOT NUMBER |                     |       |
|   | 6279156444             | 6279156444             | 2                  | 008         | 008                |               |               |                     |       |
|   |                        |                        | 5                  | 079         | 079                |               |               |                     |       |
| <p>DETAILED PAGE APPLICABLE</p> <p>FEEDBACK INSTALLED</p> <p>EMERGENCY CONTACT INFORMATION</p>  |                        |                        |                    |             |                    |               |               |                     |       |

5/11/98  
 5/12/98

SAFETY-KLEEN CORP.

USA EPA ID NO.  
 STATE ID NO.



Company Name: \_\_\_\_\_ B. US EPA ID Number: \_\_\_\_\_  
 E. State Transporter's ID: \_\_\_\_\_  
 F. Transporter's Phone: \_\_\_\_\_  
 Home and Site Address: 000504 10. US EPA ID Number: \_\_\_\_\_  
 G. State Facility's ID: CAT000613976  
 N CORP. YALE ST CA 92704 CAT 000613976  
 H. Facility's Phone: 714 \_\_\_\_\_

| (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers |      | 13. Total Quantity | 14. Weight |
|---|----------------|------|--------------------|------------|
|   | No.            | Type |                    |            |
| A HAZARDOUS WASTE LIQUID<br>GLYCOL SOLUTION (LESS THAN 50%)   | 201            | DM   | 2030               | G          |
|   |                |      |                    |            |
|   |                |      |                    |            |
|   |                |      |                    |            |

Instructions for Materials Listed Above: \_\_\_\_\_  
 K. Handling Codes for Wastes Listed Above:  
 a. 14 01  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

Instructions and Additional Information: PP# 043917 MFST R/T# 93165258 7-083-  
 RESP 800-468-1760 (24 HR). IF UNDELIVERABLE RETURN TO  
 AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS N

SKDOT# A: 651 B: C:  
 CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping  
 and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national

As a waste generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree  
 practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes  
 health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation  
 by the method that is available to me and that I can afford.

Signature: Ramirez  
 Acknowledgement of Receipt of Materials  
 Signature: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials  
 Signature: \_\_\_\_\_



Kleen Corp.  
Facility)

EPA ID NO.

CAT000613976

(DESIGNATED FACILITY)

2120 S. YALE ST.

SANTA ANA, CA. 92704

Manifest number CLL 70253 the generator noted below is shipping to you a waste determined under California Health and Safety Code. In accordance with the California Health and Safety Code 66268.10, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this notice must be kept by the generator and facility for five (5) years from the date of waste shipment.

| WASTE NAME  |                          | THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS | TREATMENT (mg/kg) (PCWA) |
|-------------|--------------------------|---|--------------------------|
| Refrigerant | CA WASTE CODE<br><br>343 | Non-RCRA Liquids with Organics (less than 1% ss)            | less than 0.5 ppm or     |

Standards for the above mentioned waste are based on the following:

Sections 66268.112(a) and 66268.29(j) identify the treatment standards for Aqueous and Liquid Organic. The concentration of the hazardous constituents which may not exceed 0.5 mg/l.

Company:  
Reeves Honda

EPA ID NO.: Cal 9816

Signature:  
[Signature]

Date: 12-1-97



324-24250-9236136 NORM REEVES HONDA

ORIGINAL  
WE ARE AN EQUAL  
OPPORTUNITY EMPLOYER

ROUTE NO. L6040  
 INVOICE DATE 5/15/98  
 MAKEUP CHANGE 21 1.00  
 WIPER INFORMATION 35 0001  
 CLEANING COST OF PAGE 36 26  
 ORDER NO. 12 1  
 YES

562-926-2377  
 A/R 24250  
 CA 90701 S.B.  
 SPEC. IMP. 15

**DETACH HERE WITH PAYMENT**  
 UNIFORMS, T-SHIRTS, MOPS, COVERS, FRESHENERS AND OTHERS  
 ENTERING  
 RIGHT POCKET  
 BACK

| ORDER NO. | QUANTITY        | AMOUNT | SHIRTS |            |            | PANTS |            |        | JACKETS |     |        | MISC. A |        |        |
|-----------|-----------------|--------|--------|------------|------------|-------|------------|--------|---------|-----|--------|---------|--------|--------|
|           |                 |        | TYPE   | QTY        | AMOUNT     | TYPE  | QTY        | AMOUNT | TYPE    | QTY | AMOUNT | TYPE    | QTY    | AMOUNT |
| 9         | 6               | 4.10   | B1     | B94        | 1002053430 | 11    | 1002053230 | 11     | 752110  | 12  |        |         | 855305 |        |
| 10        |                 | 27.24  | H2     | 294        | 1002053230 | 11    | 1002053426 | 11     |         |     |        |         | 802124 |        |
| 12        |                 | 6.20   | D5     | 594        | 1060053230 | 11    | 1002053432 | 11     |         |     |        |         |        |        |
| 13        |                 | 5.15   | B2     | 797020209  | 1002053228 | 11    | 1002053631 | 11     |         |     |        |         |        |        |
| 15        |                 | 5.15   | B2     | 294020209  | 1002053329 | 11    |            |        |         |     |        |         |        |        |
| 20        |                 | 5.15   | B2     | 696020209  |            |       |            |        |         |     |        |         |        |        |
| 25        |                 | 5.70   | B2     | 1096020209 |            |       |            |        |         |     |        |         |        |        |
| 29        |                 | 5.15   | B2     | 294020209  |            |       |            |        |         |     |        |         |        |        |
| 36        | TOTAL CONTINUED |        |        |            |            |       |            |        |         |     |        |         |        |        |

HANGER  
 FOLD  
 TOTAL



|                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|
| TAX CODE                  |  |  |  |  |  |  |  |  |  | TAX CODE                  |  |  |  |  |  |  |  |  |  |
| 205706                    |  |  |  |  |  |  |  |  |  | 205706                    |  |  |  |  |  |  |  |  |  |
| 050915976                 |  |  |  |  |  |  |  |  |  | 050915976                 |  |  |  |  |  |  |  |  |  |
| GENERATOR USA EPA ID. NO. |  |  |  |  |  |  |  |  |  | GENERATOR USA EPA ID. NO. |  |  |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |

**PROGRAM SIGN-UP**

|                               |          |                |     |
|-------------------------------|----------|----------------|-----|
| SALES REPRESENTATIVE'S NUMBER | INTERVAL | FOLLOW-UP CALL | BR  |
| 6688                          | 8        | 92-04          | 708 |

| SEEN CUSTOMER #'S | COMMENTS |
|-------------------|----------|
| 71                | P.W.     |
|                   |          |
|                   |          |
|                   |          |

**COLLATERAL/ ENVIRONMENTAL CHARGE SECTION**

| Leaving the customer initial in the box. For any boxes that do not apply, (Not Applicable). | CUSTOMER'S INITIALS | PART NO. |
|---|---------------------|----------|
| Displayed in the window of this business.   | X CR                | 9156     |
|   |                     |          |
|   | N/A                 |          |
|   |                     |          |
|   | X CR                | 9119     |
|   |                     |          |
|   | X CR                |          |
|   |                     |          |
|   | X CR                |          |
|   |                     |          |

**DISCLAIMER / CUSTOMER ACKNOWLEDGEMENT AREA**



633 AQUEOUS SOLUTION, PARTS WASHER D006 SKDD  
 D006 D039  
 DUP: NONWASTEWATERS

| DESCRIPTION AND<br>TREATMENT/REGULATORY SUBCATEGORY OR<br>IDENTIFIED HAZARDOUS CONSTITUENT | TREATMENT STANDARD<br>CONCENTRATION OR<br>TECHNOLOGY CODE |
|--|---|
| (CD)   | 1.0 MG/L TCLL   |
| 1,1-DICHLOROETHYLENE   | 6.0 MG/KG **  |

839 AQUEOUS BRAKE SOLUTION D039 SKDD  
 D039 D040  
 DUP: NONWASTEWATERS

| DESCRIPTION AND<br>TREATMENT/REGULATORY SUBCATEGORY OR<br>IDENTIFIED HAZARDOUS CONSTITUENT | TREATMENT STANDARD<br>CONCENTRATION OR<br>TECHNOLOGY CODE |
|--|---|
| 1,1-DICHLOROETHYLENE   | 6.0 MG/KG **  |
| 1,2-DICHLOROETHYLENE   | 6.0 MG/KG **  |

NOTES

COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE TREATMENT METHODS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH

Box 3010  
 Cerritos, Ca. 90703-3010

Start Date 06/01/99  
 # of shifts 1 Operating hours 0

|  |                    |                    |   |   |
|--|--------------------|--------------------|---|---|
| A Waste Code                                 | 1                  | 2                  | 3 | 4 |
| amt (PGT) Pounds, Gallons, Tons; per quarter | 221<br>300 gallons | 213<br>270 gallons |   |   |

MD  B&S  Fire  IW  OSHA  SDHS

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28  
 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62

| Start Time | Insp | Action | Time Invested | Special Circ |
|------------|------|--------|---------------|--------------|
| 15:30      | 090  | I, N   | 01:15         |              |
| 16:30      | 090  | P      | 00:30         |              |
| :          | :    | :      | :             | :            |
| :          | :    | :      | :             | :            |

*Wm E. Reid*

Complaint E-Enforce H-Hearing I-Insp M-site Mit N-NOV O-no viol P-PHL Inv R-Revisit S-Samples T-Time ext

General Automotive Repair for Dealership - new and to sale of

Oil -  
 Change → 55 gallon drums  
 Seven drums on premises  
 Not all labeled - (NOV)

Wash → Safety-Kleen  
 30 gallon drums  
 Three drums on premises

Oil change → Four collection buckets  
 5 gallon buckets  
 Two 55 gallon drums

No manifests on site -  
 All records kept at dealership in Cerritos

Picked up by (8) Brake Metal dust to



4.5, Ch 10, Sec 66260.1 et seq), and/or Health & Safety Code Chapter 6.5 (H&S, Div 26, ...  
civil and criminal penalties. Time granted for correction of violations does not preclud  
Department or other agencies. You are directed to correct the violations within the  
considered an additional violation.

### HAZARDOUS WASTE DETERMINATION

Correction Date 1/1

is waste determination for  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correction Date 6/30/09

legal disposal of hazardous waste  
hazardous waste to an unauthorized  
(5):  
ground;  
em with a permit;  
ity.  
posal of hazardous materials  
re not legally empty (CCR 66261.7)

*(check next in petition)*

### PERMITS

Correction Date 1/1

g from the Cal-EPA:  
n Number (contact Cal-EPA,  
r ID number) (CCR 66262.12);  
tment/disposal permit for

ous waste permit for handling and

### STORAGE AND MANAGEMENT CONTAINERS

Correction D

Discontinue the on-site accumulation  
waste:

- 10  longer than 90 days without an ext  
DTSC (CCR 66262.34(c));
- 11  longer than 90 days after 100 kg h  
accumulated (CCR 66262.34(b));
- 12  longer than 1 year or 90 days after  
00 been accumulated at satellite storage
- 22  Label the waste container with the f  
the words, "HAZARDOUS WASTE
- 14  description of contents / hazardous  
waste / generator name and address
- 13  accumulation start date (CCR 66262
- 15  Provide hazardous waste containers  
in good condition (CCR 66265.171);
- 16  compatible with waste contents (C
- 17  closed/sealed during storage (CCR
- 18  handled/stored/segregated to mini  
release/reaction (CCR 66265.177(c));
- 19  inspected at least weekly (CCR 662
- 25  Label hazardous materials properly  
handle as hazardous waste (CCR 662
- 26  Store hazardous materials properly  
handle as hazardous waste (CCR 662
- 20  Properly manage used oil filters (C
- 21  Properly manage spent lead-acid st  
(CCR 66266.81).

(22)(14)(13) All drums of waste  
labeled in accordance with  
(20) send copies of all used oil  
for this address to Paramount

### TANK REGULATIONS



Celsius Drive

City Norwalk

402 - 3844 Emergency Phone( 714 ) 559 - 5932

Auto Parts Distribution, cleanings, mechanic  
Preparation, Storage and related uses.

45 Operating Hours(M-F) 7:30am - 5:30pm Sat

David M. Conant Home Phone Number( 714 ) 64

hland City Newport Beach Z

dney Development Corp Phone Number( 310 ) 821

Material / Waste Activities - List all Chemicals at your business.

| RAW MATERIALS |                                    |                              |                        | HAZARD                   |
|---------------|------------------------------------|------------------------------|------------------------|--------------------------|
| or            | Specific Usage                     | Quantity of Chemicals Stored | Manner of Storage      | Quantity of Waste Stored |
| 50            | Lubricating base oil               | 300 gals                     | Double walled          | oil tank                 |
|               | Drain oil from vehicles            | n/a                          | n/a                    | 330 gals                 |
| ner<br>lea.   | Clean Carburetors & Metal Parts    | 10 gals                      | Cleaning Unit          | n/a                      |
| t             | Cleaning & degreasing metal parts. | 54 gals                      | Cleaning Unit          | n/a                      |
|               | Lubricating oil                    | 75 gals                      | Double walled oil tank | n/a                      |



es will be followed.

Using Oil / Solvent Absorbant  
the spilled material will be contained and prevented from going onto  
the ground or off the property.

The absorbed Waste Oil / Solvent  
will be placed in a leak-proof container with tight fitting lid,  
labelled "Hazardous Waste" and held as hazardous waste until  
lawfully disposed.

Based on the:

Material Safety Data Sheet

Personal knowledge

Other \_\_\_\_\_

of the Material, the following precautions should be  
taken when handling the spilled material:

Wear:

Gloves and goggles

Respirator

Boots and Apron



Parts Dept.

Waste oil  
Waste oil  
Service Dept.

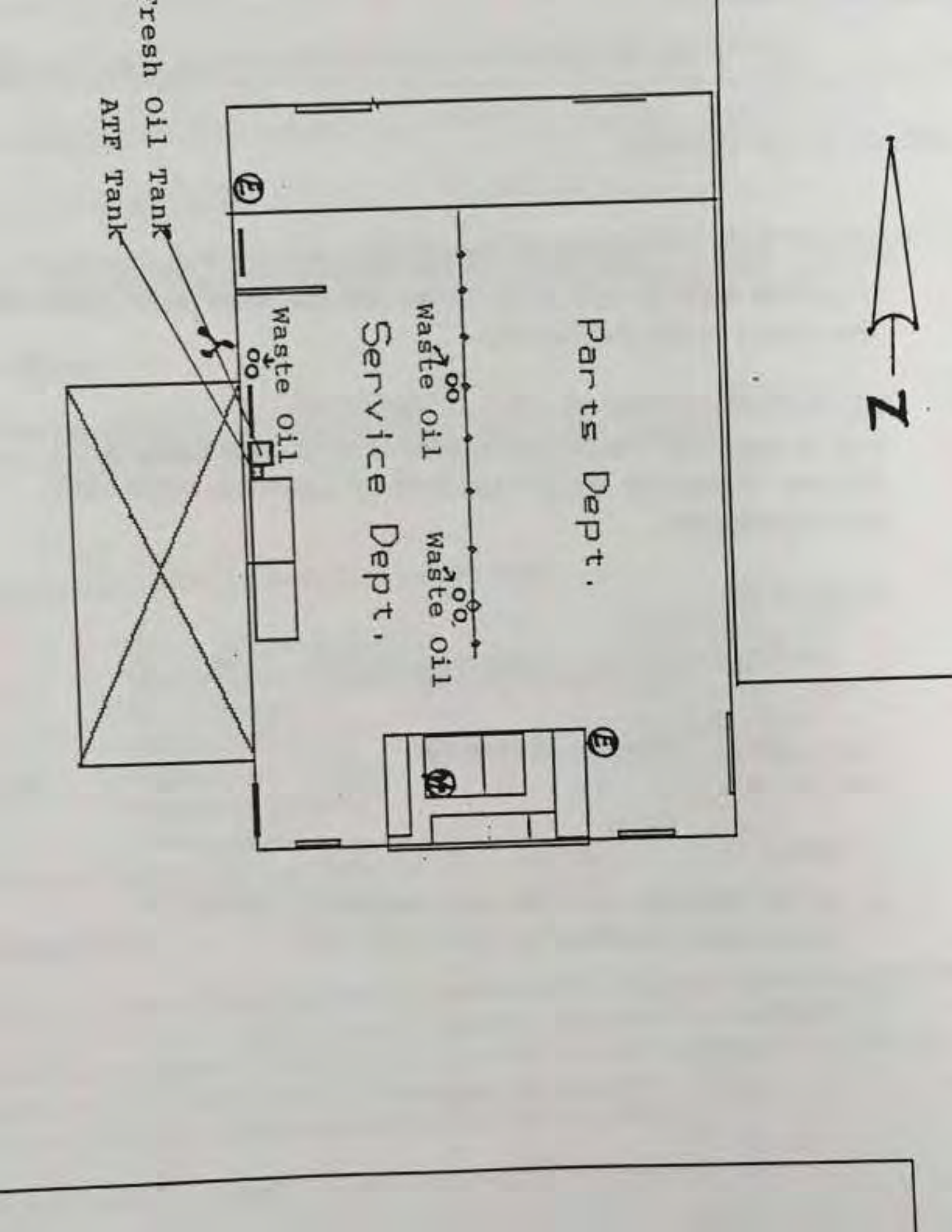
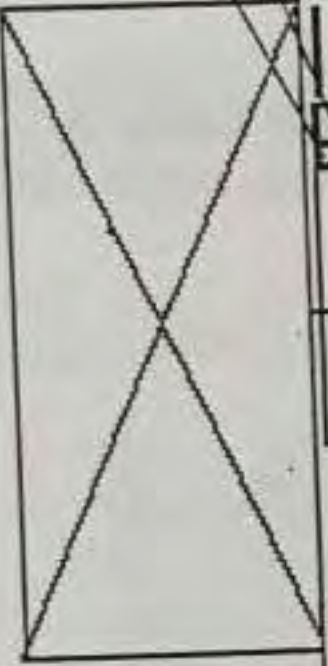
Waste Oil

(E)

(E)

(W)

Fresh Oil Tank  
ATF Tank







5 mg/m3 (mist)

OSHA PEL

SOLVENT-DEWAXED  
NAME: DISTILLATES, (PETROLEUM),

SOLVENT-DEWAXED LIGHT PARAFFINIC  
5 mg/m3 (mist) ACGIH TWA  
10 mg/m3 (mist) ACGIH STEL  
5 mg/m3 (mist) OSHA PEL

< 15.0%

**COMMENT:**

Components of this material are on the Toxic Substances Control Act Substances Inventory.

This product fits the ACGIH definition for mineral oil mist. The ACGIH TWA is 5 mg/m3, the OSHA PEL is 5 mg/m3.

Threshold Limit Value  
Short-term Exposure Limit  
Permissible Quantity  
Action Limit  
Appendix A Categories

TWA - Time Weighted Average  
TPQ - Threshold Planning Quantity  
PEL - Permissible Exposure Limit  
CAS - Chemical Abstract Service Number  
( ) - Change Has Been Proposed

**HAZARD IDENTIFICATION**

**HEALTH EFFECTS**

This substance is not expected to cause prolonged or significant eye irritation. This hazard evaluation is based on the data from similar materials.

This substance is not expected to cause prolonged or significant skin irritation. The systemic toxicity of this substance has not been evaluated. However, it should be practically non-toxic to internal organs if it gets on the skin. This hazard evaluation is based on data from similar materials.



# INFORMATION

---

: Health 1; Flammability 1; Reactivity 0;  
(Low-1, Moderate-2, High-3, Extreme-4). These values are  
based on the guidelines of published evaluations prepared by the  
National Fire Protection Association (NFPA) or the National Paint and  
Coatings Association (for HMIS ratings).

## STATEMENT:

This updates Section 1 (Product Identification).

---

\*\*\*\*\*

This information is based on the data of which we are aware and is  
intended to be correct as of the date hereof. Since this information may  
change under conditions beyond our control and with which we may be  
unable to account and since data made available subsequent to the date hereof  
may vary from the information, we do not assume any responsibility  
for the results of its use. This information is furnished upon  
the understanding that the person receiving it shall make his own determination  
of the suitability of the material for his particular purpose.

DATE: MARCH 3, 1993

NAME: HONDA ATF

NAME: MIXTURE

NA

FAMILY: PETROLEUM BASED-LUBRICATING OIL

ER: NA

R: NA

### Hazard Rating

Health

Fire

Reactivity →

P/N 08206-9001

## INGREDIENTS

MSDS AND OSHA CARCINOGENS AND CHEMICALS SUBJECT TO THE REPORTING REQUIREMENTS OF SARA TITLE III SECTION 302.

|                                  | % (BY WEIGHT) | PEL    | TLV    |
|----------------------------------|---------------|--------|--------|
| REFINED LIGHT PARAFFINIC<br>39-5 | 40-70%        | 5MG/M3 | 5MG/M3 |

PEL/TLV IS FOR OIL MIST

## PHYSICAL DATA

Color: RED OILY LIQUID

Specific Gravity: 0.8807

Solubility in Water: INSOLUBLE

NA

## EMERGENCY RESPONSE INFORMATION



solvent # 213

clean

Manifest # 93652889

gallons

Safety Kleen

# 93674187

5

94 Safety Kleen

# 93656467

gallons

4 Asbury Env. Services

# 221

gallons Manifest # 93722562

94 Asbury Env. Services

Manifest # 93716620

gallons

4 Asbury Env. Services

gallons Manifest # 93714135

4 Asbury Env. Services

gallon drums used oil filters

Safety Kleen

# 93508611

gallons

| SERVICE CHARGE   | SALES TAX | TOTAL CHARGE     | SOLVENT |       | SERVICE TERM | SERVICE TERM (WEEKS) (INITIAL) | SCHEDULED DATE (YY WW) | RV. CODE |
|------------------|-----------|------------------|---------|-------|--------------|--------------------------------|------------------------|----------|
|                  |           |                  | CLEAN   | SPENT |              |                                |                        |          |
|                  |           |                  | XXXXX   |       | CE           |                                |                        |          |
| 46.35            | .00       | 46.35            | XXXXX   |       | CE           |                                |                        |          |
| 46.35            | .00       | 46.35            | XXXXX   |       | CE           |                                |                        |          |
| <del>67.27</del> | .00       | <del>67.27</del> | XXXXX   |       | C4           |                                |                        |          |
| <del>67.27</del> | .00       | <del>67.27</del> | XXXXX   |       | C4           |                                |                        |          |
| 34.55            | .00       | 34.55            |         |       | 4            | 8                              |                        |          |
| 34.55            | .00       | 34.55            |         |       | 4            | 8                              |                        |          |

pullco  
pullco  
place  
place

361.80  
~~327.24~~  
361.80  
~~287.24~~

CHECK APPROPRIATE BOXES ON RIGHT) →

|                                 |  |                               |                                 |   |                             |
|---------------------------------|--|-------------------------------|---------------------------------|---|-----------------------------|
| MACHINE CONDITION & CLEANLINESS | GOOD <input checked="" type="checkbox"/> | POOR <input type="checkbox"/> | DECALS IN PLACE AND LEGIBLE     | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| LAMP ASSEMBLY CONDITION         | <input checked="" type="checkbox"/>      | <input type="checkbox"/>      | FUSE LINK INSTALLED             | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    |
|                                 |  |                               | EMERGENCY CLOSING OF LUBRICATOR | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    |

USEPA MONITOR ID NO. ILE984908202 GENERATOR USEPA ID NO. CAD981454594 GENERATOR STATE ID NO.

| CONTAINER NO. | CONTAINERS TYPE | TOTAL QUANTITY | UNIT WT/VOL | SK DOT NUMBER |
|---------------|-----------------|----------------|-------------|---------------|
| 2             | DF              | 8              | G           | 501           |
| 2             | DF              | 34             | G           | 585           |

NAME AND ADDRESS: SAFETY-KLEEN CORP., SANTA ANA, CA 92706  
 USA EPA ID NO. STATE ID NO.

PRODUCT SALES SECTION

| DESCRIPTION | MSDS GIVEN               | PRICE | LUM | QUANTITY DELIVERED | SALES AMOUNT |
|-------------|--------------------------|-------|-----|--------------------|--------------|
|             | <input type="checkbox"/> |       |     |                    |              |
|             | <input type="checkbox"/> |       |     |                    |              |
|             | <input type="checkbox"/> |       |     |                    |              |
|             | <input type="checkbox"/> |       |     |                    |              |







| CHARGE | TAX  | CHARGE | CLEAN | SPENT | TERM | (WEEKS) | (INITIAL) | (MY W/W) | DATE |
|--------|------|--------|-------|-------|------|---------|-----------|----------|------|
|        |      |        |       |       | 08   |         |           |          |      |
| 46.35  | 3.82 | 50.17  |       |       | 08   |         |           |          | 9443 |
| 46.35  | 3.82 | 50.17  |       |       | 08   |         |           |          | 9443 |

92.70 **764** **100.34**

CHECK APPROPRIATE BOXES ON RIGHT →

|                                 |  |                               |                                       |   |                             |
|---------------------------------|--|-------------------------------|---------------------------------------|---|-----------------------------|
| MACHINE CONDITION & CLEANLINESS | GOOD <input checked="" type="checkbox"/> | POOR <input type="checkbox"/> | DEALS IN PLACE AND LESIBLE            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| LAMP ASSEMBLY CONDITION         | <input type="checkbox"/>                 | <input type="checkbox"/>      | RUSSEL LINK INSTALLED                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    |
|                                 |  |                               | EMERGENCY CLOSING OF LID UNOBTAINABLE | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    |

USEPA REPORTER ID NO. **ILD984908202** GENERATOR USEPA ID NO. **CA0981684244** GENERATOR STATE ID NO.

| CONTAINING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) | 12. CONTAINERS NO. | 13. TYPE  | 11. TOTAL QUANTITY | 14. UNIT WT/VOL | SK DOT NUMBER |
|---|--------------------|-----------|--------------------|-----------------|---------------|
| <b>LIQUID, N.O.S.</b>                                   |                    |           |                    |                 |               |
| <b>(A) NA1993 PGI II (D001)</b>                         | <b>2</b>           | <b>DF</b> | <b>8</b>           | <b>6</b>        | <b>501</b>    |
| <b>(D035, D039, D040) (ERG 27)</b>                      |                    |           |                    |                 |               |

NAME AND ADDRESS: **SAFETY-KLEEN CORP.**  
**SANTA ANA, CA 92704**

USA EPA ID NO. \_\_\_\_\_ STATE ID NO. \_\_\_\_\_

**PRODUCT SALES SECTION**

| DESCRIPTION | MSDS GIVEN               | PRICE | QTY | QUANTITY DELIVERED | SALES AMOUNT |
|-------------|--------------------------|-------|-----|--------------------|--------------|
|             | <input type="checkbox"/> |       |     |                    |              |
|             | <input type="checkbox"/> |       |     |                    |              |
|             | <input type="checkbox"/> |       |     |                    |              |



|                                       |  |  |              |
|---------------------------------------|--|--|--------------|
|                                       | D018,<br>D035,<br>D039,<br>D040,                                     | Benzene<br>Methyl Ethyl Ketone<br>Tetrachloroethylene<br>Trichloroethylene   |              |
| um<br>140                             | D001,<br>D006,<br>D008,<br>D018,<br>D039,                            | Ignitable Liquid (High TOC Subcategory)<br>Cadmium<br>Lead<br>Benzene<br>Tetrachloroethylene   | INCIN, FSUBS |
| ific<br>ble)                          | D006,<br>D008,<br>D018,<br>D039,<br>D040,                            | Cadmium<br>Lead<br>Benzene<br>Tetrachloroethylene<br>Trichloroethylene   |              |
| um<br>edges from<br>Service<br>ations | D001,<br>D006,<br>D008,<br>D018,<br>D039,                            | Ignitable Liquid (High TOC Subcategory)<br>Cadmium<br>Lead<br>Benzene<br>Tetrachloroethylene   | INCIN, FSUB  |
| ound<br>id/<br>eaner 699              | D006,<br>D008,<br>D018,<br>D021,<br>D027,<br>D035,<br>D039,<br>D040, | HOC's $\geq$ 1000 mg/l<br>Cadmium<br>Lead<br>Benzene<br>Chlorobenzene<br>1, 4-Dichlorobenzene<br>Methyl Ethyl Ketone<br>Tetrachloroethylene<br>Trichloroethylene | INCIN        |

| SPECIFIC GRAVITY | EXCESS FLUID IN DRUM?<br>(MS>2/3)(IC>1/3)(Y/N) | OFF-COLOR?<br>(Y/N) | MORE THAN 30% SOLIDS?(Y/N) |
|------------------|--|---------------------|----------------------------|
|                  |  |                     |                            |
|                  |  |                     |                            |
|                  |  |                     |                            |
|                  |  |                     |                            |







|   |  |  |                       |  |
|---|--|--|-----------------------|--|
|   | D008,<br>D018,<br>D035,<br>D039,<br>D040,                            | Lead<br>Benzene<br>Methyl Ethyl Ketone<br>Tetrachloroethylene<br>Trichloroethylene   |                       | 5.0 (no<br>Not<br>Not<br>Not<br>Not                          |
|   | D001,<br>D006,<br>D008,<br>D018,<br>D039,                            | Ignitable Liquid (High TOC Subcategory)<br>Cadmium<br>Lead<br>Benzene<br>Tetrachloroethylene   | INCIN, FSUBS, or RORG | 1.0 (no<br>5.0 (no<br>Not<br>Not                             |
|   | D006,<br>D008,<br>D018,<br>D039,<br>D040,                            | Cadmium<br>Lead<br>Benzene<br>Tetrachloroethylene<br>Trichloroethylene   |                       | 1.0 (no<br>5.0 (no<br>Not<br>Not<br>Not                      |
| m | D001,<br>D006,<br>D008,<br>D018,<br>D039,                            | Ignitable Liquid (High TOC Subcategory)<br>Cadmium<br>Lead<br>Benzene<br>Tetrachloroethylene   | INCIN, FSUBS, or RORG | 1.0 (no<br>5.0 (no<br>Not<br>Not                             |
| g | D006,<br>D008,<br>D018,<br>D021,<br>D027,<br>D035,<br>D039,<br>D040, | HOC's $\geq$ 1000 mg/l<br>Cadmium<br>Lead<br>Benzene<br>Chlorobenzene<br>1, 4-Dichlorobenzene<br>Methyl Ethyl Ketone<br>Tetrachloroethylene<br>Trichloroethylene | INCIN (40 CFR 2       | 1.0 (no<br>5.0 (no<br>Not<br>Not<br>Not<br>Not<br>Not<br>Not |

| SPECIFIC GRAVITY | EXCESS FLUID IN DRUM?<br>(MS>2/3)(IC>1/3)(Y/N) | OFF - COLOR?<br>(Y/N) | MORE THAN 30% SOLIDS?(Y/N) | UNUSUAL ODOR? |
|------------------|--|-----------------------|----------------------------|---------------|
|                  |  |                       |                            |               |
|                  |  |                       |                            |               |
|                  |  |                       |                            |               |
|                  |  |                       |                            |               |

P O BOX 3010  
CERRITOS, CA 907033010

of:  
ee:

**INFORMATION**

FA0009963

NORM REEVES HONDA USED CARS

30

13555 EXCELSIOR DR

NORWALK, CA 90650

562-402-3844

P O BOX 3010

CERRITOS, CA 907033010

DAVID M. CONANT

E-Mail Address:

SE - SOUTHEAST

NRWK

CO

Days:

Hours:

Nature of Business:

7538

General automotive repair shops

020

Additional:

**GENERAL HEALTH PROGRAM ELEMENTS**

| Program Element    | Current Status   | EPA # | Effective Date | Program |
|--------------------|------------------|-------|----------------|---------|
| HANDLER, FEE GROU  | Active, billable |       | 04/01/87       |         |
| EN, 20-100 EMPLOYE | Active, billable |       | 07/01/94       |         |

ment:

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|



### VIOLATIONS LIST

| am<br>ent | Service | Result | Action | Violation<br>Code | Violation<br>Degree | Description |
|-----------|---------|--------|--------|-------------------|---------------------|-------------|
|-----------|---------|--------|--------|-------------------|---------------------|-------------|

|                 |  |     |  |          |
|-----------------|--|-----|--|----------|
| 13555 Excelsior |  | 104 | CA   | ZIP CODE |
| Norwalk         |  |     |  |          |
| EET             |  | 106 |  | SIC CODE |
|                 |  | 108 | UNINCORPORATED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> |          |
| OR NAME         |  | 109 | BUSINESS OPERATOR PHC<br>562-402-  |          |
| David M. Conant |  |     |  |          |

### II. BUSINESS OWNER

|                    |  |     |             |           |
|--------------------|--|-----|-------------|-----------|
| t Name, Last Name) |  | 111 | OWNER PHONE |           |
| David M. Conant    |  |     | 562-402-    |           |
| DDRESS             |  |     |             |           |
| PO Box 3010        |  |     |             |           |
|                    |  |     | 114         | STATE 115 |
| Cerritos           |  |     | Ca.         |           |

### III. ENVIRONMENTAL CONTACT

|                       |  |     |               |           |
|-----------------------|--|-----|---------------|-----------|
| irst Name, Last Name) |  | 117 | CONTACT PHONE |           |
| Lee Stacy             |  |     | 562-402-      |           |
| G ADDRESS             |  |     |               |           |
| PO Box 3010           |  |     |               |           |
|                       |  |     | 120           | STATE 121 |
| Cerritos              |  |     | Ca.           |           |

### IV. EMERGENCY CONTACTS

| PRIMARY                       |  | SECONDARY                        |  |
|-------------------------------|--|----------------------------------|--|
| ast Name)                     |  | NAME (First Name, Last Name)     |  |
| Lee Stacy                     |  | Paul Conant                      |  |
| 123                           |  | 124                              |  |
| resident Corporate Operations |  | Assistant Vice President, Corpor |  |
| 125                           |  | 125                              |  |
| 562-402-3844                  |  | 562-402-3844                     |  |
| 126                           |  | 126                              |  |
| 714-559-5932                  |  | 949-650-1319                     |  |
| 127                           |  | 127                              |  |
| PAGER                         |  |                                  |  |

### V. ADDITIONAL LOCALLY COLLECTED INFORMATION

|      |      |                               |
|------|------|-------------------------------|
| YEES | 133b | TAX ID # or SOCIAL SECURITY # |
|------|------|-------------------------------|

### MAILING/BILLING INFORMATION

|             |          |       |
|-------------|----------|-------|
| 150         | CITY 151 | STATE |
| PO Box 3010 | Cerritos | Ca    |

my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have p  
ation submitted in this inventory and believe the information is true, accurate, and complete.



## II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form**

| Does your facility . . .  | If Yes, please complete these pages                                 |   |
|---|---|---|
| <p><b><u>HAZARDOUS MATERIALS</u></b><br/>                     (purpose) hazardous materials at or above 55 gallons for liquids, or 200 cubic feet for compressed gases (DOTs and USTs); or the applicable Federal threshold for any extremely hazardous substance specified in 40CFR Part 355, or the applicable Federal threshold for handling radiological materials in quantities for which an OES permit is required pursuant to 10CFR Parts 30, 40 or 70?</p>  | <input checked="" type="radio"/> YES <input type="radio"/> NO   4.  | <ul style="list-style-type: none"> <li>• HAZARDOUS MATERIALS (one page per tank)</li> <li>• CHEMICAL DESCRIPTION (one page per tank)</li> </ul>   |
| <p><b><u>UNDERGROUND STORAGE TANKS (USTs)</u></b><br/>                     Do you have an underground storage tank?<br/>                     Do you have an existing or install new USTs?</p>   | <input type="radio"/> YES <input checked="" type="radio"/> NO   5.  | <ul style="list-style-type: none"> <li>• UST FACILITY (Formerly Form B)</li> <li>• UST TANK (one page per tank)</li> </ul>  |
| <p>Do you have an existing or install new USTs?</p>   | <input type="radio"/> YES <input checked="" type="radio"/> NO   6.  | <ul style="list-style-type: none"> <li>• UST FACILITY</li> <li>• UST TANK (one per tank)</li> <li>• UST INSTALLATION - COMPLIANCE (one per page)</li> <li>• UST TANK (closure portion) (one per page)</li> </ul>  |
| <p>Do you have an existing or install new USTs?</p>   | <input type="radio"/> YES <input checked="" type="radio"/> NO   7.  | <ul style="list-style-type: none"> <li>• UST TANK (closure portion)</li> </ul>  |
| <p><b><u>PETROLEUM STORAGE TANKS (ASTS)</u></b><br/>                     Do you have ASTS above these thresholds:<br/>                     - Single tank capacity is greater than 660 gallons, or<br/>                     - Total capacity for the facility is greater than 1,320 gallons?</p>   | <input checked="" type="radio"/> YES <input type="radio"/> NO   8.  | NO FORM REQUIRED  |
| <p><b><u>HAZARDOUS WASTE</u></b><br/>                     Do you have hazardous waste?<br/>                     Do you have more than 100 kg/month of excluded or exempted hazardous materials (per HSC §25143.2)?<br/>                     Do you have hazardous waste on site?<br/>                     Do you have hazardous waste on site subject to financial assurance requirements (for Permit by Exception or Conditional Authorization)?<br/>                     Do you have hazardous waste generated at a remote site?<br/>                     Do you have hazardous waste on site at the closure/removal of a tank that was classified as a remote site and cleaned onsite?</p> | <input checked="" type="radio"/> YES <input type="radio"/> NO   9.  | <ul style="list-style-type: none"> <li>• EPA ID NUMBER --provide</li> </ul>   |
| <p>Do you have hazardous waste on site?</p>   | <input type="radio"/> YES <input checked="" type="radio"/> NO   10. | <ul style="list-style-type: none"> <li>• RECYCLABLE MATERIALS (one per recycler)</li> </ul>   |
| <p>Do you have hazardous waste on site?</p>   | <input type="radio"/> YES <input checked="" type="radio"/> NO   11. | <ul style="list-style-type: none"> <li>• ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 17)</li> <li>• ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one per unit) (Formerly DTSC Form 17)</li> </ul> |
| <p>Do you have hazardous waste on site subject to financial assurance requirements (for Permit by Exception or Conditional Authorization)?</p>  | <input type="radio"/> YES <input checked="" type="radio"/> NO   12. | <ul style="list-style-type: none"> <li>• CERTIFICATION OF FINANCIAL ASSURANCE (Formerly Form 17)</li> </ul>   |
| <p>Do you have hazardous waste generated at a remote site?</p>  | <input type="radio"/> YES <input checked="" type="radio"/> NO   13. | <ul style="list-style-type: none"> <li>• REMOTE WASTE/CONSOLIDATION ANNUAL NOTIFICATION (Formerly DTSC Form 1196)</li> </ul>  |
| <p>Do you have hazardous waste on site at the closure/removal of a tank that was classified as a remote site and cleaned onsite?</p>  | <input type="radio"/> YES <input checked="" type="radio"/> NO   14. | <ul style="list-style-type: none"> <li>• HAZARDOUS WASTE TREATMENT CERTIFICATION (Formerly Form 17)</li> </ul>  |
| <p><b><u>PERMITS</u></b></p>  |   | <p>In addition to Hazardous Materials</p>   |



Contingency Plan provides businesses a format to comply with the emergency planning requirements for ten hazardous materials emergency response plans required in California:

Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),  
 Waste Generator Contingency Plan (22 CCR Section 66264.52), and,  
 and Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and

designed to reduce duplication in the preparation and use of emergency response plans at the same facility. Coordination between facility response personnel and local, state and federal emergency responders during an emergency is charted below to determine which sections of the Consolidated Contingency Plan need to be completed. If unsure as to which programs your facility is subject to, refer to the Business Activities Page.

| PROGRAMS                | SECTIONS TO BE COMPLETED                       |
|-------------------------|--|
| Materials Business Plan | Cover Page, Section I, and Site Map(s)         |
| Waste Generator         | Cover Page, Section I, and Site Map(s)         |
| Storage Tank            | Cover Page, Sections I and II, and Site Map(s) |
| -                       | Cover Page, Sections I and II, and Site Map(s) |

This plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for an emergency response and for inspection by the local agency. Describe below where a copy of the plan, including the hazardous material inventories and Site Map (s), is located at your business:

**PLAN CERTIFICATION**

I hereby certify that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge, the information is accurate, complete and true.

|           |  |
|-----------|--|
| NAME      | OWNER/OPERATOR TITLE<br><i>U.P. CORP. OPERATIONS</i> |
| SIGNATURE | DATE<br><i>01/19/01</i>                              |



**II. EMERGENCY CONTACTS**

| PRIMARY                              |     | SECONDARY                                  |  |
|--------------------------------------|-----|--|--|
| Last Name)                           | 123 | NAME (First Name, Last Name)               |  |
| <b>Lee Stacy</b>                     |     | <b>Paul Conant</b>                         |  |
|                                      | 124 | TITLE                                      |  |
| <b>Resident Corporate Operations</b> |     | <b>Assistant Vice President, Corporate</b> |  |
|                                      | 125 | BUSINESS PHONE                             |  |
| <b>562-402-3844</b>                  |     | <b>562-402-3844</b>                        |  |
|                                      | 126 | 24-HOUR-PHONE                              |  |
| <b>714-559-5932</b>                  |     | <b>949-650-1319</b>                        |  |
|                                      | 127 | PAGER                                      |  |

**III. EMERGENCY RESPONSE PLANS AND PROCEDURES**

ations

quired by State Law to provide an immediate verbal report of any release or threatened release of emergency response personnel, this Administering Agency and the Office of Emergency Services release of hazardous material, immediately call:  
**FIRE/AMBULANCE/POLICE/SHERIFF**

gency response personnel are notified, you shall then notify this Administering Agency and the C

am Agency: (323) 890-4000  
 Agency Services (800) 852-7550 or (916) 262-1621  
 Center: (800) 424-8802

rovided during Notification:

- Your Name and the Telephone Number from where you are calling.
- Contact address of the release or threatened release.
- Date, time, cause and type of incident (e.g. fire, air release, spill, etc.)
- Material and quantity of the release, to the extent known.
- Current condition of the facility.
- Extent of injuries, if any.
- Possible hazards to public health and/or the environment outside of the facility.

**Emergency Medical Facility**

Emergency medical facility that will be used by your business in the event of an accident or in threatened release of hazardous materials.

**Valley View Medical**

PHONE NO:

**714-562-**



release or threatened release of hazardous materials.

**AL CONTRACTOR**

at will provide cleanup in the event of a release.

OR

**Evergreen Environmental Services**

PHONE NO:

**800-645**

**Pomona**

ZIP CODE:

**917**

**Arrangements with Emergency Responders**

Special (i.e., contractual) arrangements with any police department, fire department, hospital, coroner, or emergency response team to coordinate emergency services, describe those arrangements on the lines below:

**Evacuation Plan**

Alarm signal(s) will be used to begin evacuation of the facility (check all which apply):

- Telephone (incl. cell)  Alarm System  Intercom
- Portable Radio  Public Address System  Other

Map is prominently displayed throughout the facility.

Person(s) responsible for coordinating evacuation including spreading the alarm and confirming the evacuation:

**Lee Stacy**

**Seismic Vulnerability**

Areas of the facility where releases could occur or would require immediate inspection or isolation due to earthquake related ground motion.

- Waste/Hazardous Material Storage Areas  Waste Treatment  Process Lines
- Production Floor  Other

Mechanical systems where releases could occur or would require immediate inspection or isolation due to earthquake related ground motion.

- Process Piping  Pressure Vessels  Cabinets  Shelves  Other



205

TRADE SECRET

If subject to EPC

207

EHS \*

**Antifreeze--Ethylene Glycol**

209

\* if EHS is "Yes", all

**107-21-1**

CLASSES (Complete if required by CUPA)

|  |     |  |     |        |
|--|-----|--|-----|--------|
| <input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE | 211 | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 212 | CURIES |
|--|-----|--|-----|--------|

|  |     |                   |          |
|--|-----|-------------------|----------|
| <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS | 214 | LARGEST CONTAINER | <b>1</b> |
|--|-----|-------------------|----------|

CATEGORIES

 FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

217

MAX DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE

**400****1000**

CODE

 GAL CU FT LBS TONS

221

DAYS ON S

\* If EHS, Amount must be reported in pounds

CONTAINER

 DRUM TANK E. PLASTIC/NONMETALLIC DRUM I. FIBER DRUM M. GLASS BOTTLE Q. DRUM TANK F. CAN J. BAG N. PLASTIC BOTTLE R. BUILDING G. CARBOY K. BOX O. TOTE BIN TANK H. SILO L. CYLINDER P. TANK WAGON

TEMPERATURE

 A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

TEMPERATURE

 A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CR

HAZARDOUS COMPONENT (for mixture or waste only)

EHS

| HAZARDOUS COMPONENT (for mixture or waste only) | EHS  |
|---|--|
| <b>Ethylene Glycol</b>                          | 227<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 228 |
| <b>Silicates</b>                                | 231<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 232 |
|   | 235<br><input type="checkbox"/> YES <input type="checkbox"/> NO 236            |
|   | 239<br><input type="checkbox"/> YES <input type="checkbox"/> NO 240            |
|   | 243<br><input type="checkbox"/> YES <input type="checkbox"/> NO 244            |

If present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL INFORMATION



## II. CHEMICAL INFORMATION

|                                     |     |  |
|-------------------------------------|-----|--|
|                                     | 205 | TRADE SECRET<br>If subject to EPCRA,                           |
| <b>Automatic Transmission Fluid</b> | 207 | EHS * <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>647426650</b>                    | 209 | * If EHS is "Yes", all amounts                                 |

ASSESS (Complete if required by CUPA)

|   |     |   |
|---|-----|---|
| 211<br><input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE<br><br><input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS | 212 | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><br>LARGEST CONTAINER<br><div style="text-align: right; font-weight: bold; font-size: 1.2em;">150</div> |
|---|-----|---|

REGULATORY CATEGORIES

FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

|   |   |     |  |     |                  |              |
|---|---|-----|--|-----|------------------|--------------|
| 217   | MAX DAILY AMOUNT<br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">300</div> | 218 | ANNUAL WASTE AMOUNT<br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">n/a</div> | 219 | STATE WASTE CODE |              |
| <input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS |   |     |  |     | 221              | DAYS ON SITE |

\* If EHS, Amount must be reported in pounds

CONTAINER

|             |  |  |  |                                  |
|-------------|--|--|--|----------------------------------|
| GROUND TANK | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> I. FIBER DRUM | <input type="checkbox"/> M. GLASS BOTTLE   | <input type="checkbox"/> Q. ROLL |
| GROUND TANK | <input type="checkbox"/> F. CAN                      | <input type="checkbox"/> J. BAG        | <input type="checkbox"/> N. PLASTIC BOTTLE | <input type="checkbox"/> R. OIL  |
| BUILDING    | <input type="checkbox"/> G. CARBOY                   | <input type="checkbox"/> K. BOX        | <input type="checkbox"/> O. TOTE BIN       |                                  |
|             | <input type="checkbox"/> H. SILO                     | <input type="checkbox"/> L. CYLINDER   | <input type="checkbox"/> P. TANK WAGON     |                                  |

TEMPERATURE

A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

TEMPERATURE

A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CRYSTALLINE

| HAZARDOUS COMPONENT (for mixture or waste only) | EHS   | CA |
|---|---|----|
| 227   | 228<br><input type="checkbox"/> YES <input type="checkbox"/> NO |    |
| 231   | 232<br><input type="checkbox"/> YES <input type="checkbox"/> NO |    |
| 235   | 236<br><input type="checkbox"/> YES <input type="checkbox"/> NO |    |
| 239   | 240<br><input type="checkbox"/> YES <input type="checkbox"/> NO |    |
| 243   | 244<br><input type="checkbox"/> YES <input type="checkbox"/> NO |    |

present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL INFORMATION



|                                 |     |                                     |
|---------------------------------|-----|-------------------------------------|
|                                 | 205 | TRADE SECRET<br>If subject to EPCRA |
| <b>Lubricating Oils, Grease</b> | 207 | EHS * <input type="checkbox"/>      |
| <b>64742-54-7</b>               | 209 | * if EHS is "Yes", all are          |

D CLASSES (Complete if required by CUPA) **9**

|  |     |   |            |        |
|--|-----|---|------------|--------|
| SERIAL (by)  | 211 | RADIOACTIVE   | 212        | CURIES |
| <input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE |     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |            |        |
| <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS   | 214 | LARGEST CONTAINER   | <b>500</b> |        |

D CATEGORIES  
 FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

|   |     |     |                     |     |                |
|---|-----|-----|---------------------|-----|----------------|
| MAX DAILY AMOUNT  | 217 | 218 | ANNUAL WASTE AMOUNT | 219 | STATE WAS CODE |
| <b>750</b>  |     |     | <b>n/a</b>          |     |                |
| <input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS |     |     |                     | 221 | DAYS ON SITE   |

\* If EHS, Amount must be reported in pounds

CONTAINER

|               |  |  |  |                             |
|---------------|--|--|--|-----------------------------|
| GROUND TANK   | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> I. FIBER DRUM | <input type="checkbox"/> M. GLASS BOTTLE   | <input type="checkbox"/> Q. |
| GROUND TANK   | <input type="checkbox"/> F. CAN                      | <input type="checkbox"/> J. BAG        | <input type="checkbox"/> N. PLASTIC BOTTLE | <input type="checkbox"/> R. |
| SIDE BUILDING | <input type="checkbox"/> G. CARBOY                   | <input type="checkbox"/> K. BOX        | <input type="checkbox"/> O. TOTE BIN       |                             |
| DRUM          | <input type="checkbox"/> H. SILO                     | <input type="checkbox"/> L. CYLINDER   | <input type="checkbox"/> P. TANK WAGON     |                             |

PRESSURE  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

TEMPERATURE  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CRITICAL

| HAZARDOUS COMPONENT (for mixture or waste only) |                              | EHS | C  |
|---|------------------------------|-----|--|
| 26  | <b>Petroleum distillates</b> | 227 | 228<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 30  |                              | 231 | 232<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 34  |                              | 235 | 236<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 38  |                              | 239 | 240<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 42  |                              | 243 | 244<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |

If components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONALLY COLLECTED INFORMATION



**II. CHEMICAL INFORMATION**

|                         |     |  |
|-------------------------|-----|--|
|                         | 205 | TRADE SECRET<br>If subject to EPCRA, r                         |
| <b>Waste Antifreeze</b> | 207 | EHS * <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                         | 209 | * If EHS is "Yes", all amount                                  |

**CLASSES** (Complete if required by CUPA) **9**

|  |     |  |     |        |
|--|-----|--|-----|--------|
| <input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE<br><input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS | 211 | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 212 | CURIES |
|  | 214 | LARGEST CONTAINER <span style="float: right;"><b>55</b></span>                     |     |        |

**CATEGORIES**  
 FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

|   |                                |                              |                                    |     |                  |
|---|--------------------------------|------------------------------|------------------------------------|-----|------------------|
| 217                                     | MAX DAILY AMOUNT<br><b>225</b> | 218                          | ANNUAL WASTE AMOUNT<br><b>1500</b> | 219 | STATE WASTE CODE |
| <input checked="" type="checkbox"/> GAL | <input type="checkbox"/> CU FT | <input type="checkbox"/> LBS | <input type="checkbox"/> TONS      | 221 | DAYS ON SITE     |

\* If EHS, Amount must be reported in pounds

**CONTAINER**

|                                      |  |  |  |                                      |
|--------------------------------------|--|--|--|--------------------------------------|
| <input type="checkbox"/> UNDRUM TANK | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> I. FIBER DRUM | <input type="checkbox"/> M. GLASS BOTTLE   | <input type="checkbox"/> Q. RAIL CAR |
| <input type="checkbox"/> UNDRUM TANK | <input type="checkbox"/> F. CAN                      | <input type="checkbox"/> J. BAG        | <input type="checkbox"/> N. PLASTIC BOTTLE | <input type="checkbox"/> R. OTHER    |
| <input type="checkbox"/> BUILDING    | <input type="checkbox"/> G. CARBOY                   | <input type="checkbox"/> K. BOX        | <input type="checkbox"/> O. TOTE BIN       |                                      |
| <input type="checkbox"/> OTHER       | <input type="checkbox"/> H. SILO                     | <input type="checkbox"/> L. CYLINDER   | <input type="checkbox"/> P. TANK WAGON     |                                      |

**PRESSURE**  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

**TEMPERATURE**  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CRYOGENIC

| HAZARDOUS COMPONENT (for mixture or waste only) | EHS  | CAS#             |
|---|--|------------------|
| <b>Ethylene Glycol</b>                          | 227<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 228<br><b>10</b> |
| <b>Water</b>                                    | 231<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 232              |
|   | 235<br><input type="checkbox"/> YES <input type="checkbox"/> NO            | 236              |
|   | 239<br><input type="checkbox"/> YES <input type="checkbox"/> NO            | 240              |
|   | 243<br><input type="checkbox"/> YES <input type="checkbox"/> NO            | 244              |

present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic; attach additional sheets of paper capturing the required information.

**ADDITIONAL INFORMATION COLLECTED**

Where applicable, attach copies of all reports required by EPCRA. (Reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)



# Waste Oil

207

EHS \*

209

\* if EHS is "Yes", all

D CLASSES (Complete if required by CUPA)

**9**

|               |  |     |                   |   |     |            |
|---------------|--|-----|-------------------|---|-----|------------|
| MATERIAL (by) | <input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE | 211 | RADIOACTIVE       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 212 | CURIE      |
|               | <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS   | 214 | LARGEST CONTAINER |   |     | <b>500</b> |

D CATEGORIES

 FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

|   |     |                                |                              |                               |     |               |
|---|-----|--------------------------------|------------------------------|-------------------------------|-----|---------------|
| QTY                                     | 217 | MAX DAILY AMOUNT               | 218                          | ANNUAL WASTE AMOUNT           | 219 | STATE W. CODE |
| <b>0</b>                                |     | <b>650</b>                     |                              | <b>10000</b>                  |     |               |
| <input checked="" type="checkbox"/> GAL |     | <input type="checkbox"/> CU FT | <input type="checkbox"/> LBS | <input type="checkbox"/> TONS | 221 | DAYS ON       |

\* If EHS, Amount must be reported in pounds

CONTAINER

|                 |  |  |  |                          |
|-----------------|--|--|--|--------------------------|
| GROUND TANK     | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> I. FIBER DRUM | <input type="checkbox"/> M. GLASS BOTTLE   | <input type="checkbox"/> |
| GROUND TANK     | <input type="checkbox"/> F. CAN                      | <input type="checkbox"/> J. BAG        | <input type="checkbox"/> N. PLASTIC BOTTLE | <input type="checkbox"/> |
| INSIDE BUILDING | <input type="checkbox"/> G. CARBOY                   | <input type="checkbox"/> K. BOX        | <input type="checkbox"/> O. TOTE BIN       |                          |
| DRUM            | <input type="checkbox"/> H. SILO                     | <input type="checkbox"/> L. CYLINDER   | <input type="checkbox"/> P. TANK WAGON     |                          |

PRESSURE

 A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

TEMPERATURE

 A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D.

HAZARDOUS COMPONENT (for mixture or waste only)

EHS

|     |                              |     |   |     |
|-----|------------------------------|-----|---|-----|
| 226 | <b>Petroleum distillates</b> | 227 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 228 |
| 230 | <b>Water &amp; Dirt</b>      | 231 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 232 |
| 234 |                              | 235 | <input type="checkbox"/> YES <input type="checkbox"/> NO            | 236 |
| 238 |                              | 239 | <input type="checkbox"/> YES <input type="checkbox"/> NO            | 240 |
| 242 |                              | 243 | <input type="checkbox"/> YES <input type="checkbox"/> NO            | 244 |

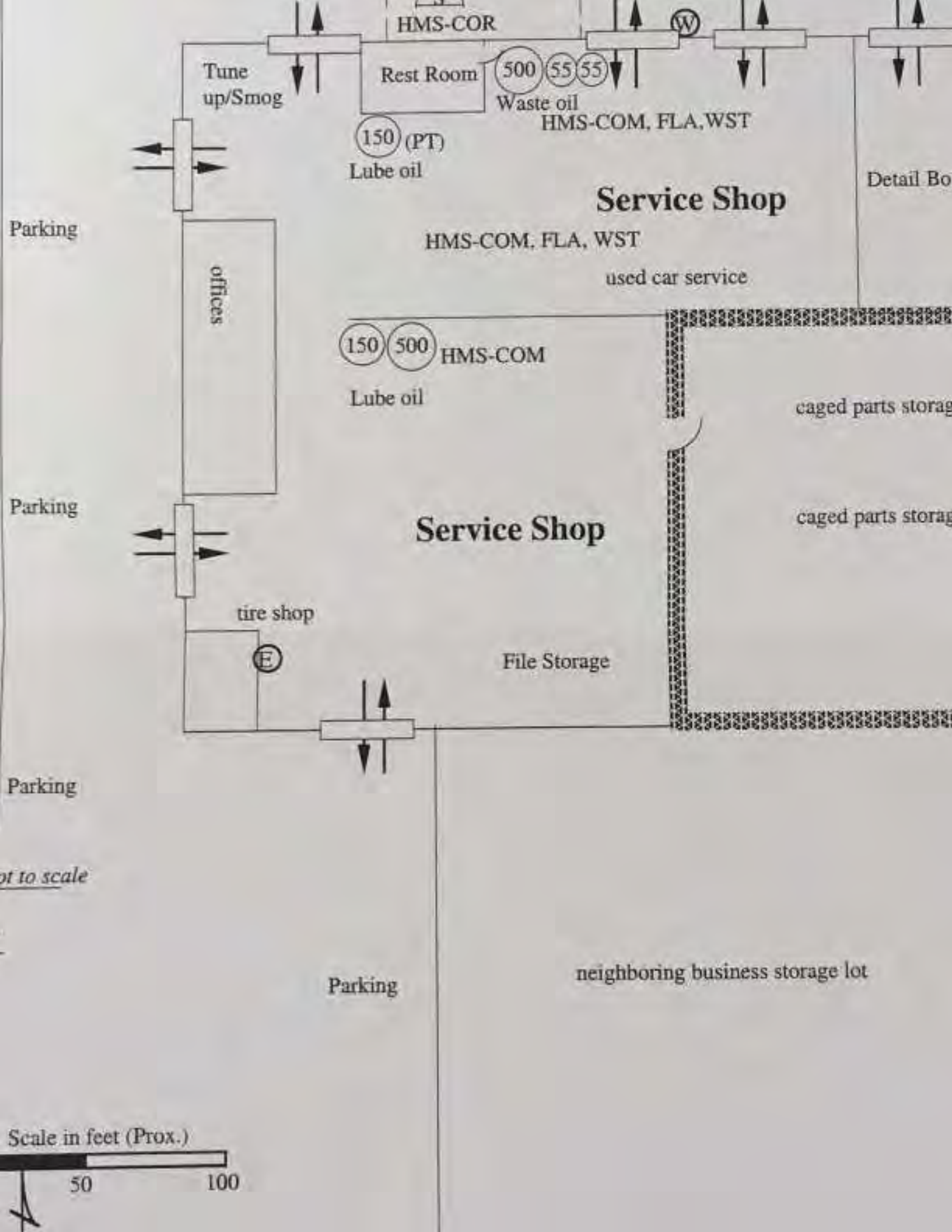
Components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic. attach additional sheets of paper capturing the required information.

ADDITIONALLY COLLECTED INFORMATION

Sign Here

Chemicals subject to EPCRA

(reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)



HMS-COR

Tune up/Smog

Rest Room

500 55 55

Waste oil  
HMS-COM, FLA, WST

150 (PT)  
Lube oil

**Service Shop**

HMS-COM, FLA, WST

used car service

offices

150 500  
Lube oil  
HMS-COM

**Service Shop**

tire shop

E

File Storage

caged parts storage

caged parts storage

neighboring business storage lot

Parking

Parking

Parking

Parking

not to scale

Scale in feet (Prox.)

50

100



Dunn / Brad :

eral automotive repair shops  
M HANDLER, FEE GROUP 03

Previous Recor

SOUTHEAST

Station : 020

**Inventory Tracking Milestones**

To Do

|                             |          |
|-----------------------------|----------|
| Report Year                 | 2003     |
| Package Sent Date           | 10/15/03 |
| Package Received Date       | 12/09/03 |
| Correction Notice Sent Date |          |
| Correction Received Date    |          |

*Inactive  
Elen*

Note LEE STACY, VP-CORPOR OPS, 12/05/03

**CCP Tracking Milestones**

|                             |                  |
|-----------------------------|------------------|
| Report Date                 | October 30, 2001 |
| Next Report Year            | 2004             |
| Package Sent Date           | 11/13/01         |
| Package Received Date       |                  |
| Correction Notice Sent Date |                  |
| Correction Received Date    |                  |
| Note                        |                  |

n -- RS : No

REC

Phone: 714-761-2558  
Address: P O BOX 3010  
CERRITOS, CA 907033010  
are of:

*This site is No longer operating Closed*

On Site Regulated Substances :

**FORMATION**

ID: FA0009963  
Name: NORM REEVES HONDA USED CARS

Address: 13555 EXCELSIOR DR # 1  
NORWALK, CA 90650  
Phone: 562-402-3844  
Address: P O BOX 3010  
CERRITOS, CA 907033010

Name of: LEE STACY

**E-Mail Address:**

Nature of Business: GENERAL AUTOMOTIVE REPAIR

Code: 7538

Hours: Days: Hours:  
Location: 020

Operational:

**CONTACT INFORMATION**

LEE STACY  
P O BOX 3010  
CERRITOS CA 90703

Phone: 562-402-3844

\* No Site Map  
Please See

Please Fill-Out

**CONTACT INFORMATION**

PRIMARY CONTACT:

SECONDARY CONTACT:

LEE STACY

PAUL CONANT

V.P-CORPOR OPS

ASSIST. V.P., CORP. OPS.

562-402-3844

562-402-3844

562-822-9250

562-822-9251

Not Specified

Not Specified

**FORMATION**

CELL NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



| Trade Name | Hazardous Components (For mixture only) | Chemical Name   | % Weight | EHIS | CAS #      | Type and Physical State    | Max. Daily                  | Average Daily        | Largest Cont.           | Units  |
|------------|---|---|----------|------|------------|----------------------------|-----------------------------|----------------------|-------------------------|--|
|            |   | ETHYLENE GLYCOL                                       | 90.0     |      | 107-21-1   | M                          | 400                         | 150                  | 1.00                    | A  |
|            |   | SILICATES   | 1.0      |      |            | M: Mix P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site:<br>365 | Storage Container:<br>N | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
|            |   | TRANSMISSION OIL (FLUID)                              |          |      |            | L                          |                             |                      |                         |  |
|            |   |   |          |      |            | M                          | 300                         | 250                  | 150.00                  | A  |
|            |   |   |          |      |            | M: Mix P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site:<br>365 | Storage Container:<br>A | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
|            |   | HYDROTREATED PETROLEUM DISTILLATES (HEAVY PARAFFINIC) | 95.0     |      | 64742-54-7 | M                          | 110                         | 55                   | 55.00                   | A  |
|            |   |   |          |      |            | M: Mix P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site:<br>365 | Storage Container:<br>D | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
|            |   | POTASSIUM HYDROXIDE                                   |          |      | 1310-58-8  | L                          |                             |                      |                         |  |
|            |   | 1-tert-BUTOXY-2-PROPANOL                              |          |      | 57018-52-7 | M                          | 110                         | 55                   | 55.00                   | A  |
|            |   | SODIUM DODECYLBENZENE SULFONATE                       |          |      | 25155-30-0 | M: Mix P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site:<br>365 | Storage Container:<br>D | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |
|            |   | SODIUM TRIPOLYPHOSPHATE                               |          |      | 7758-29-4  | L                          |                             |                      |                         |  |
|            |   | SODIUM METASILICATE                                   |          |      | 6834-92-0  | L: Liquid S: Solid G: Gas  |                             |                      |                         |  |
|            |   | HYDROTREATED PETROLEUM DISTILLATES (HEAVY PARAFFINIC) | 95.0     |      | 64742-54-7 | M                          | 750                         | 650                  | 500.00                  | A  |
|            |   |   |          |      |            | M: Mix P: Pure<br>W: Waste | Curies:<br>(If radioactive) | Days On Site:<br>365 | Storage Container:<br>D | A: Gallons<br>B: Cu. Feet<br>C: Pounds<br>D: Tons<br>Waste Code: |







|                 |     |   |
|-----------------|-----|---|
| 106             |     | SIC CODE  |
| Los Angeles     |     | 108 UNINCORPORATED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| NAME            | 109 | BUSINESS OPERATOR PHONE<br>562-402-3  |
| David M. Conant |     |   |

**II. BUSINESS OWNER**

|                  |     |             |
|------------------|-----|-------------|
| Name, Last Name) | 111 | OWNER PHONE |
| David M. Conant  |     | 562-402-    |

|             |     |           |
|-------------|-----|-----------|
| ADDRESS     |     |           |
| PO Box 3010 |     |           |
|             | 114 | STATE 115 |
| Cerritos    |     | Ca.       |

**III. ENVIRONMENTAL CONTACT**

|                  |     |               |
|------------------|-----|---------------|
| Name, Last Name) | 117 | CONTACT PHONE |
| Lee Stacy        |     | 562-402-      |

|             |     |           |
|-------------|-----|-----------|
| ADDRESS     |     |           |
| PO Box 3010 |     |           |
|             | 120 | STATE 121 |
| Cerritos    |     | Ca.       |

**IV. EMERGENCY CONTACTS**

| PRIMARY                    |     | SECONDARY                         |  |
|----------------------------|-----|-----------------------------------|--|
| Name)                      | 123 | NAME (First Name, Last Name)      |  |
| Lee Stacy                  |     | Paul Conant                       |  |
|                            | 124 | TITLE                             |  |
| ident Corporate Operations |     | Assistant Vice President, Corpora |  |
|                            | 125 | BUSINESS PHONE                    |  |
| 562-402-3844               |     | 562-402-3844                      |  |
|                            | 126 | 24-HOUR-PHONE                     |  |
| 714-516-1866               |     | 949-650-1319                      |  |
|                            | 127 | PAGER                             |  |

**V. ADDITIONAL LOCALLY COLLECTED INFORMATION**

|    |      |                               |
|----|------|-------------------------------|
| ES | 133b | TAX ID # or SOCIAL SECURITY # |
|----|------|-------------------------------|

**MAILING/BILLING INFORMATION**

|             |     |          |       |
|-------------|-----|----------|-------|
|             | 150 | CITY 151 | STATE |
| PO Box 3010 |     | Cerritos | Ca.   |

Inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally submitted in this inventory and believe the information is true, accurate, and complete.

|                                       |      |     |                      |
|---------------------------------------|------|-----|----------------------|
| OPERATOR OR DESIGNATED REPRESENTATIVE | DATE | 134 | NAME OF DOCUMENT PRE |
|                                       |      |     | David Conant         |



**NOTE: If you check YES to any part of this list,  
 you must submit the Business Owner/Operator Identification page (OES Form 100)**

| Does your facility . . .   | If Yes, please complete these pages   |   |
|--|---|---|
| <p><b>HAZARDOUS MATERIALS</b><br/>           (purpose) hazardous materials at or above 55 gallons for liquids, or 200 cubic feet for compressed gases and USTs); or the applicable Federal threshold for hazardous substance specified in 40CFR Part 355, or for radiological materials in quantities for which an exemption is provided pursuant to 10CFR Parts 30, 40 or 70?</p> | <input checked="" type="radio"/> YES <input type="radio"/> NO   4.  | k HAZARDOUS MATERIALS<br>k CHEMICAL DESCRIPTION   |
| <p><b>UNDERGROUND STORAGE TANKS (USTs)</b><br/>           1. Do you have any USTs?<br/>           2. Are you planning to acquire, lease, or install new USTs?<br/>           3. Are you planning to close or remove a UST?</p>   | <p> <input type="radio"/> YES   <input checked="" type="radio"/> NO   5.<br/> <input type="radio"/> YES   <input checked="" type="radio"/> NO   6.<br/> <input type="radio"/> YES   <input checked="" type="radio"/> NO   7.         </p> | k UST FACILITY (Form 100)<br>k UST TANK (one page)<br>k UST FACILITY<br>k UST TANK (one per tank)<br>k UST INSTALLATION<br>k COMPLIANCE (one page)<br>(Formerly Form C)<br>k UST TANK (closure page)                  |
| <p><b>PETROLEUM STORAGE TANKS (ASTs)</b><br/>           Do you have any ASTs with a capacity greater than 660 gallons, or a total capacity for the facility is greater than 1,320 gallons?</p>   | <input checked="" type="radio"/> YES <input type="radio"/> NO   8.  | NO FORM REQUIRED  |
| <p>9. Do you have any hazardous waste?<br/>           10. Do you have more than 100 kg/month of excluded or exempted materials (per HSC §25143.2)?</p>   | <input checked="" type="radio"/> YES <input type="radio"/> NO   9.<br><input type="radio"/> YES <input checked="" type="radio"/> NO   10.   | k EPA ID NUMBER --<br>k RECYCLABLE MATERIALS (one per recycler)   |
| <p>11. Do you have any hazardous waste on site?<br/>           12. Do you have financial assurance requirements (for Permit by Exception or Conditional Authorization)?</p>  | <input type="radio"/> YES <input checked="" type="radio"/> NO   11.<br><input type="radio"/> YES <input checked="" type="radio"/> NO   12.  | k ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 100)<br>k ONSITE HAZARDOUS WASTE TREATMENT - UNDERGROUND STORAGE TANK (Formerly DTSC Form 100)<br>k CERTIFICATION OF FINANCIAL ASSURANCE (Form 100) |
| <p>13. Do you have any hazardous waste generated at a remote site?<br/>           14. Do you have any tanks that were closed or removed and cleaned onsite?</p>  | <input type="radio"/> YES <input checked="" type="radio"/> NO   13.<br><input type="radio"/> YES <input checked="" type="radio"/> NO   14.  | k REMOTE WASTE/ANNUAL NOTIFICATION (Formerly DTSC Form 1196)<br>k HAZARDOUS WASTE TREATMENT CERTIFICATION (Form 100)  |



|                                    |     |                                      |
|------------------------------------|-----|--------------------------------------|
|                                    | 205 | TRADE SECRET<br>If subject to EPCRA, |
| <b>Antifreeze--Ethylene Glycol</b> | 207 | EHS * <input type="checkbox"/> Y     |
| <b>107-21-1</b>                    | 209 | * if EHS is "Yes", all amount        |

ASSES (Complete if required by CUPA)

**Combustible Liquid IIIB**

|  |     |  |     |        |
|--|-----|--|-----|--------|
| <input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE<br><input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS | 211 | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 212 | CURIES |
|  |     | LARGEST CONTAINER  |     |        |
|  |     | <b>1</b>   |     |        |

CATEGORIES  
 FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

|   |                                |                              |                                    |     |                  |
|---|--------------------------------|------------------------------|------------------------------------|-----|------------------|
| 217                                     | MAX DAILY AMOUNT<br><b>400</b> | 218                          | ANNUAL WASTE AMOUNT<br><b>1000</b> | 219 | STATE WASTE CODE |
| <input checked="" type="checkbox"/> GAL | <input type="checkbox"/> CU FT | <input type="checkbox"/> LBS | <input type="checkbox"/> TONS      | 221 | DAYS ON SITE     |

\* If EHS, Amount must be reported in pounds

RE  
 ND TANK  E. PLASTIC/NONMETALLIC DRUM  I. FIBER DRUM  M. GLASS BOTTLE  Q. P  
 ND TANK  F. CAN  J. BAG  N. PLASTIC BOTTLE  R. C  
 BUILDING  G. CARBOY  K. BOX  O. TOTE BIN  
 H. SILO  L. CYLINDER  P. TANK WAGON

RE  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  
 RATURE  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CRY

| HAZARDOUS COMPONENT (for mixture or waste only) | EHS  | C   |
|---|--|-----|
| <b>Ethylene Glycol</b>                          | 227<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 228 |
| <b>Silicates</b>                                | 231<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 232 |
|   | 235<br><input type="checkbox"/> YES <input type="checkbox"/> NO            | 236 |
|   | 239<br><input type="checkbox"/> YES <input type="checkbox"/> NO            | 240 |
|   | 243<br><input type="checkbox"/> YES <input type="checkbox"/> NO            | 244 |

ent at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

COLLECTED INFORMATION







**II. CHEMICAL INFORMATION**

|                                 |     |                                    |
|---------------------------------|-----|------------------------------------|
|                                 | 205 | TRADE SECRET<br>If subject to EPCR |
| <b>Lubricating Oils, Grease</b> | 207 | EHS * <input type="checkbox"/>     |
| <b>64742-54-7</b>               | 209 | * if EHS is "Yes", all am          |

SES (Complete if required by CUPA)

**CLIIIB**

|  |     |  |            |        |
|--|-----|--|------------|--------|
| <input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE | 211 | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 212        | CURIES |
| <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS   | 214 | LARGEST CONTAINER  | <b>500</b> |        |

RIES

FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

|     |  |     |                                   |     |                  |
|-----|--|-----|-----------------------------------|-----|------------------|
| 217 | MAX DAILY AMOUNT<br><b>750</b>   | 218 | ANNUAL WASTE AMOUNT<br><b>n/a</b> | 219 | STATE WASTE CODE |
| 220 | <input type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS | 221 |                                   |     | DAYS ON SITE     |

\* If EHS, Amount must be reported in pounds

|                                   |  |  |  |                             |
|-----------------------------------|--|--|--|-----------------------------|
| <input type="checkbox"/> TANK     | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> I. FIBER DRUM | <input type="checkbox"/> M. GLASS BOTTLE   | <input type="checkbox"/> Q. |
| <input type="checkbox"/> TANK     | <input type="checkbox"/> F. CAN                      | <input type="checkbox"/> J. BAG        | <input type="checkbox"/> N. PLASTIC BOTTLE | <input type="checkbox"/> R. |
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> G. CARBOY                   | <input type="checkbox"/> K. BOX        | <input type="checkbox"/> O. TOTE BIN       |                             |
|                                   | <input type="checkbox"/> H. SILO                     | <input type="checkbox"/> L. CYLINDER   | <input type="checkbox"/> P. TANK WAGON     |                             |

E  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

ATURE  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CRY

|   |     |  |
|---|-----|--|
| HAZARDOUS COMPONENT (for mixture or waste only) | EHS | C  |
| <b>Petroleum distillates</b>                    | 227 | 228<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|   | 231 | 232<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
|   | 235 | 236<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
|   | 239 | 240<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
|   | 243 | 244<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |

at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information



**II. CHEMICAL INFORMATION**

|                         |     |                                     |
|-------------------------|-----|-------------------------------------|
|                         | 205 | TRADE SECRET<br>If subject to EPCRA |
|                         | 207 | EHS * <input type="checkbox"/>      |
| <b>Waste Antifreeze</b> | 209 | * if EHS is "Yes", all an           |
| <b>Mixture</b>          |     |                                     |

EHS (Complete if required by CUPA)

**CLIIIB**

|  |     |  |           |        |
|--|-----|--|-----------|--------|
| <input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE | 211 | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 212       | CURIES |
| <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS   | 214 | LARGEST CONTAINER  | <b>55</b> |        |

|   |                                |     |                                    |     |                   |
|---|--------------------------------|-----|------------------------------------|-----|-------------------|
| <input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH |                                |     |                                    |     |                   |
| 217   | MAX DAILY AMOUNT<br><b>225</b> | 218 | ANNUAL WASTE AMOUNT<br><b>1500</b> | 219 | STATE WAS<br>CODE |
| <input type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS  |                                |     |                                    | 221 | DAYS ON SI        |
| * If EHS, Amount must be reported in pounds   |                                |     |                                    |     |                   |

- |                                   |  |  |  |                             |
|-----------------------------------|--|--|--|-----------------------------|
| <input type="checkbox"/> TANK     | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> I. FIBER DRUM | <input type="checkbox"/> M. GLASS BOTTLE   | <input type="checkbox"/> Q. |
| <input type="checkbox"/> TANK     | <input type="checkbox"/> F. CAN                      | <input type="checkbox"/> J. BAG        | <input type="checkbox"/> N. PLASTIC BOTTLE | <input type="checkbox"/> R. |
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> G. CARBOY                   | <input type="checkbox"/> K. BOX        | <input type="checkbox"/> O. TOTE BIN       |                             |
|                                   | <input type="checkbox"/> H. SILO                     | <input type="checkbox"/> L. CYLINDER   | <input type="checkbox"/> P. TANK WAGON     |                             |

- TEMPERATURE
- A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT
- A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CR

| HAZARDOUS COMPONENT (for mixture or waste only) | EHS   |
|---|---|
| <b>Ethylene Glycol</b>                          | 227 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 228 |
| <b>Water</b>                                    | 231 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 232 |
|   | 235 <input type="checkbox"/> YES <input type="checkbox"/> NO 236            |
|   | 239 <input type="checkbox"/> YES <input type="checkbox"/> NO 240            |
|   | 243 <input type="checkbox"/> YES <input type="checkbox"/> NO 244            |

Component present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.



## II. CHEMICAL INFORMATION

|                  |     |  |
|------------------|-----|--|
|                  | 205 | TRADE SECRET<br>If subject to EPCRA, 1                         |
| <b>Waste Oil</b> | 207 | EHS * <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>Mixture</b>   | 209 | * if EHS is "Yes", all amount                                  |

CLASSIFICATION (Complete if required by CUPA)

|  |              |  |
|--|--------------|--|
|  | <b>CLHIB</b> |  |
| <input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE | 211          | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS   | 214          | LARGEST CONTAINER<br><b>500</b>  |

CATEGORIES

FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

|   |                                |                              |                                     |     |                  |
|---|--------------------------------|------------------------------|-------------------------------------|-----|------------------|
| 217                                     | MAX DAILY AMOUNT<br><b>650</b> | 218                          | ANNUAL WASTE AMOUNT<br><b>10000</b> | 219 | STATE WASTE CODE |
| <input checked="" type="checkbox"/> GAL | <input type="checkbox"/> CU FT | <input type="checkbox"/> LBS | <input type="checkbox"/> TONS       | 221 | DAYS ON SITE     |

\* If EHS, Amount must be reported in pounds

CONTAINER

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> A. DRUM<br><input type="checkbox"/> B. TANK<br><input type="checkbox"/> C. BOTTLE<br><input type="checkbox"/> D. CAN<br><input type="checkbox"/> E. CARBOY<br><input type="checkbox"/> F. SILO | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM<br><input type="checkbox"/> F. CAN<br><input type="checkbox"/> G. CARBOY<br><input type="checkbox"/> H. SILO | <input type="checkbox"/> I. FIBER DRUM<br><input type="checkbox"/> J. BAG<br><input type="checkbox"/> K. BOX<br><input type="checkbox"/> L. CYLINDER | <input type="checkbox"/> M. GLASS BOTTLE<br><input type="checkbox"/> N. PLASTIC BOTTLE<br><input type="checkbox"/> O. TOTE BIN<br><input type="checkbox"/> P. TANK WAGON |
|---|---|--|--|

TEMPERATURE

A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CRITICAL

| HAZARDOUS COMPONENT (for mixture or waste only) |     | EHS   |     |  |
|---|-----|---|-----|--|
| <b>Petroleum distillates</b>                    | 227 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 228 |  |
| <b>Water &amp; Dirt</b>                         | 231 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 232 |  |
|   | 235 | <input type="checkbox"/> YES <input type="checkbox"/> NO            | 236 |  |
|   | 239 | <input type="checkbox"/> YES <input type="checkbox"/> NO            | 240 |  |
|   | 243 | <input type="checkbox"/> YES <input type="checkbox"/> NO            | 244 |  |

present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

### ADDITIONAL INFORMATION



# Petroleum Distillates

If subject to EPCRA

## Diesel Fuel No. 2 Grade

207

EHS \*

### 68476-34-6

209

\* if EHS is "Yes", all un

ES (Complete if required by CUPA)

## CLIIIB

|  |     |  |           |        |
|--|-----|--|-----------|--------|
| <input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE | 211 | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 212       | CURIES |
| <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS   | 214 | LARGEST CONTAINER  | <b>55</b> |        |

RIES  
 FIRE  REACTION  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

|     |   |                               |                                   |           |                   |
|-----|---|-------------------------------|-----------------------------------|-----------|-------------------|
| 217 | MAX DAILY AMOUNT<br><b>110</b>                              | 218                           | ANNUAL WASTE AMOUNT<br><b>n/a</b> | 219       | STATE WAS<br>CODE |
| AL  | <input type="checkbox"/> CU FT <input type="checkbox"/> LBS | <input type="checkbox"/> TONS | 221                               | DAYS ON S |                   |

\* If EHS, Amount must be reported in pounds

|       |  |  |  |                            |
|-------|--|--|--|----------------------------|
| TANK  | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> I. FIBER DRUM | <input type="checkbox"/> M. GLASS BOTTLE   | <input type="checkbox"/> Q |
| TANK  | <input type="checkbox"/> F. CAN                      | <input type="checkbox"/> J. BAG        | <input type="checkbox"/> N. PLASTIC BOTTLE | <input type="checkbox"/> R |
| LDING | <input type="checkbox"/> G. CARBOY                   | <input type="checkbox"/> K. BOX        | <input type="checkbox"/> O. TOTE BIN       |                            |
|       | <input type="checkbox"/> H. SILO                     | <input type="checkbox"/> L. CYLINDER   | <input type="checkbox"/> P. TANK WAGON     |                            |

E  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

TURE  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. CF

| HAZARDOUS COMPONENT (for mixture or waste only) | EHS   |
|---|---|
| <b>Petroleum Mid-Distillate</b>                 | 227 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 228 |
|   | 231 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 232 |
|   | 235 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 236 |
|   | 239 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 240 |
|   | 243 <input type="checkbox"/> YES <input type="checkbox"/> NO 244            |

greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required info

LECTED INFORMATION



**Surfactant Mixture**

If subject to EPC

207

EHS \*

**Red Hot Degreaser**

209

\* if EHS is "Yes", all

**Mixture**

SSES (Complete if required by CUPA)

**CLHIB**

|  |     |  |           |       |
|--|-----|--|-----------|-------|
| <input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE | 211 | RADIOACTIVE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 212       | CURIE |
| <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS   | 214 | LARGEST CONTAINER  | <b>55</b> |       |

## EGORIES

|  |                                   |   |                                       |   |                  |
|--|-----------------------------------|---|---------------------------------------|---|------------------|
| <input checked="" type="checkbox"/> FIRE | <input type="checkbox"/> REACTION | <input type="checkbox"/> PRESSURE RELEASE | <input type="checkbox"/> ACUTE HEALTH | <input type="checkbox"/> CHRONIC HEALTH |                  |
| 217                                      | MAX DAILY AMOUNT<br><b>110</b>    | 218                                       | ANNUAL WASTE AMOUNT<br><b>n/a</b>     | 219                                     | STATE WA<br>CODE |
| <input checked="" type="checkbox"/> GAL  | <input type="checkbox"/> CU FT    | <input type="checkbox"/> LBS              | <input type="checkbox"/> TONS         | 221                                     | DAYS ON          |

\* If EHS, Amount must be reported in pounds

|                                   |  |  |  |                          |
|-----------------------------------|--|--|--|--------------------------|
| <input type="checkbox"/> D TANK   | <input type="checkbox"/> E. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> I. FIBER DRUM | <input type="checkbox"/> M. GLASS BOTTLE   | <input type="checkbox"/> |
| <input type="checkbox"/> D TANK   | <input type="checkbox"/> F. CAN                      | <input type="checkbox"/> J. BAG        | <input type="checkbox"/> N. PLASTIC BOTTLE | <input type="checkbox"/> |
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> G. CARBOY                   | <input type="checkbox"/> K. BOX        | <input type="checkbox"/> O. TOTE BIN       |                          |
|                                   | <input type="checkbox"/> H. SILO                     | <input type="checkbox"/> L. CYLINDER   | <input type="checkbox"/> P. TANK WAGON     |                          |

RE  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT

RATURE  A. AMBIENT  B. ABOVE AMBIENT  C. BELOW AMBIENT  D. C

## HAZARDOUS COMPONENT (for mixture or waste only)

## EHS

|                                |     |   |     |
|--------------------------------|-----|---|-----|
| <b>Potassium Hydroxide</b>     | 227 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 228 |
| <b>1-T-Butoxy-2-Propanol</b>   | 231 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 232 |
| <b>Sodium Dodecylbenzene</b>   | 235 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 236 |
| <b>Sodium Tripolyphosphate</b> | 239 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 240 |
| <b>Sodium Metasilicate</b>     | 243 | <input type="checkbox"/> YES <input type="checkbox"/> NO            | 244 |

ent at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required in

## COLLECTED INFORMATION



HMS-COR

Tune up/Smog

Rest Room

Waste Oil

150 (PT)

Lube oil

HMS-COM, FLA, WST

**Service Shop**

Detail Bo

HMS-COM, FLA, WST

HMS-COM

used car service

55 55

150 500

HMS-COM

Lube oil

caged parts storage

**Service Shop**

caged parts storage

tire shop

E

File Storage

Parking

neighboring business storage lot

in feet (Prox.)



Client: Mullia

14820 Carmentia Rd #A Norwalk CA 90650

| Date | HMS Init. | Findings / Remarks  |
|------|-----------|---|
| 05   | 67.       | An initial hazardous materials inspection revealed Mullia, Inc. handles haz. materials on site (Propane.) NW issued. UP Packet issued. Env updated. Reinspection after 04/05/05. 10 |
|      | n         | A reinspection w/ Jeff Holmager (trainee) revealed UP forms completed NW abated. Forms submitted to date w/ for entry into Enviro. File <u>2</u>                                    |
| 1    | R         | Business → OOB effective 6/30/09. ref to field notes for details. HM inactivated. — File  |

Owner Name: MULIA BVI LTD  
 Owner DBA: MULIA INC  
 Owner Address: 14820 CARMENITA RD UNIT A  
 NORWALK, CA 90650  
 Ownership Type: 1  
 Business Phone: 562-345-2788  
 Billing Address: 14820 CARMENITA RD UNIT A  
 NORWALK, CA 90650

*File*

ATTN/Care of:

**FILE INFORMATION**

Facility ID: FA0035243  
 Facility Name: MULIA INC  
 Number of Employee: 8  
 Site Location: 14820 CARMENITA RD # A  
 NORWALK, CA 90650  
 Phone: 562-345-2788  
 Billing Address: 14820 CARMENITA RD UNIT A  
 NORWALK, CA 90650  
 Operator/Care of: ROBERT C. BOYNTON  
 District: SE - SOUTHEAST  
 City Code: NRWK  
 State Jurisdiction: CO  
 Operation Hours: M-F 7:00-16:30  
 SIC Code: 4225  
 Business Type / Code:  
 Classification (Code 1): 020  
 D & B #:

Account ID: AR0039914

Email Address:

**GENERAL HEALTH PROGRAM ELEMENTS**

| Program Element                  | Current Status         | EPA # | Effective Date<br>DI (Beg.) & CI (End) | Designated Employee | Last Insp<br>Date |
|----------------------------------|------------------------|-------|--|---------------------|-------------------|
| 3001 - HM HANDLER, FEE GROUP 01  | Inactive, non-billable |       | 01/01/05 06/30/2009                    | EE0000143           | 3/2               |
| 8040 - CALIFORNIA ELECTRONIC REP | Inactive, non-billable |       | 06/30/2009                             |                     |                   |



Owner Name: MULIA BY LTD  
 Owner DBA: MULIA INC  
 Owner Address: 14820 CARMENITA RD UNIT A  
 NORWALK, CA 90650  
 Work/Business Phone: 562-345-2788  
 Mailing Address: 14820 CARMENITA RD UNIT A  
 NORWALK, CA 90650  
 ATTN/Care of:  
 Ownership Type: 1

Tax ID: 95-4585243  
Drvr Licns :

**CITY FILE INFORMATION**

Facility ID: FA0035243  
 Facility Name: MULIA INC  
 No. of Employee: 8  
 Site Location: 14820 CARMENITA RD # A  
 NORWALK, CA 90650  
 Phone: 562-345-2788  
 Mailing Address: 14820 CARMENITA RD UNIT A  
 NORWALK, CA 90650  
 Operator/Care of: ROBERT C. BOYNTON  
 District: SE - SOUTHEAST  
 City Code: NRWK **NORWALK**  
 CUPA Jurisdiction: CO  
 Operating Hours: Days: M-F Hours: 7:00-16:30  
 SIC Code: 4225 - General warehousing and storage  
 Business Type / Code:  
 Station: 020

Account ID: AR0039914

*INACTIVE 0  
eff 6/30/00*

E-Mail Address:

**GENERAL HEALTH PROGRAM ELEMENTS**

| ID   | Current Program Element                   | Current Status         | EPA # | Effective Date |            | Ch<br>Program Elem |
|------|---|------------------------|-------|----------------|------------|--------------------|
|      |   |                        |       | Begin          | End        |                    |
| 3001 | HM HANDLER, FEE GROUP 01                  | Inactive, non-billable |       | 01/01/05       | 06/30/2009 |                    |
| 4004 | CALIFORNIA ELECTRONIC REPORTING SURCHARGE | Inactive, non-billable |       |                |            |                    |

Addition Program Element:

| Waste Code                         |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| A Waste Code                       |  |  |  |  |  |
| UNT per quarter                    |  |  |  |  |  |
| LB (PGTY) Pounds<br>or Tons, Yards |  |  |  |  |  |

Received information stating business  
has moved from location (P.O.B.).

E. W. instructed HM effected 6/30/0  
- No propane observed on exterior. Building  
is locked & vacant at time of inspection



Contact :Name: ROBERT BOYNTON  
14820 CARMENITA RD  
NORWALK

Phone : 562-345-2788

Year: CCP Inventory

in & Bradst.: \* Please Fill-Out

## EMERGENCY CONTACT INFORMATION

### PRIMARY CONTACT:

### SECONDARY CONTACT:

|                   |                   |                         |
|-------------------|-------------------|-------------------------|
| Name :            | ROBERT BOYNTON    | RICHARD HARDJADINATA    |
| Title :           | WAREHOUSE MANAGER | DISTRIBUTION CONTROLLER |
| Business Phone :  | 562-345-2788      | 562-345-2788            |
| 24 - Hour Phone : | Not Specified     | Not Specified           |
| Pager # :         | Not Specified     | Not Specified           |

## PREVIOUS INSPECTIONS

| Activity Date | Program Element | Service | Result | Action | Activity Min | Travel Min | Inspector ID |
|---------------|-----------------|---------|--------|--------|--------------|------------|--------------|
| 2/2/2005      | 3001 PR0056454  | 001     | 02     | 01     | 60           | 0          | EE0000113    |
| 2/2/2005      | 0200 FA0035243  | 051     | 00     | 00     | 30           | 15         | EE0000113    |
| 2/2/2005      | 3001 PR0056454  | 002     | 01     | 02     | 30           | 0          | EE0000113    |

## VIOLATIONS LIST

| Activity Date | Program Element | Viol Status | Service | Result | Action | Violation Code | Violation Degree | Description        |
|---------------|-----------------|-------------|---------|--------|--------|----------------|------------------|--------------------|
| 3/22/2005     | 3001            | --          | 001     | 02     | 01     | 0004           | 0                | HM OTHER VIOLATION |

Owner ID: OW0040870

Tax ID :

Drivers License:

Owner Name: **MULIA INC**

Owner DBA:

Owner Address: 14820 CARMENITA RD UNIT A  
NORWALK, CA 90650

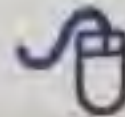
Ownership Type:

Work/Business Phone: 562-345-2788

Mailing Address: 14820 CARMENITA RD UNIT A  
NORWALK, CA 90650

ATTN/Care of: MILINDA NAGLE

MAR 23 2005



**ENTERED**

### CITY FILE INFORMATION

Facility ID: FA0035243

Facility Name: **MULIA INC**

No. of Employee: 8

Site Location: 14820 CARMENITA RD UNIT A  
NORWALK, CA 90650

Phone: 562-345-2788

Mailing Address: 14820 CARMENITA RD UNIT A  
NORWALK, CA 90650

Operator/Care of:

Email Address:

District: SE - SOUTHEAST

City Code: NRWK

JPA Jurisdiction: CO

Operation Hours: M-F 7:00-16:30

SIC Code: 4225

NOB: GENERAL WAREHOUSING AN

Business Type / Code:

Station (Code 1): 020

D & B #:

Date 1 (D1): 03/01/02

### GENERAL HEALTH PROGRAM ELEMENTS

| # | Program Element                 | Current Status   | EPA # | Effective Date<br>D1 (Beg.) & C1 (End) | Designated Employee |
|---|---------------------------------|------------------|-------|--|---------------------|
| 4 | 3001 - HM HANDLER, FEE GROUP 01 | Active, billable |       | 01/01/05                               | EE0000113           |



Owner Name: *Mutia, Inc.* Tax ID:   
 Owner DBA:   
 Owner Address: *14820 Carmentia Rd #A* Drvr Licns: *0W0040870*  
*Normal CA 90650*  
 Business Phone: *Not Specified (562) 345-2793*  
 Mailing Address: *S.A.A.*  
 ATTN/Care of: *Milind Nagle*  
 Ownership Type:

**FILE INFORMATION**

Facility ID: *new facility* *FA0035243*  
 Facility Name: *Mutia, Inc.*  
 # of Employee: *8*  
 Site Location: *14820 Carmentia Rd #A*  
*Normal CA 90650*  
 Phone: *(562) 345-2793*  
 Mailing Address: *S.A.A.*  
 Operator/Care of: *Andi L. Lamendola* E-Mail Address:   
 District: *SE*  
 City Code: *NRK*  
 Jurisdiction: *LA County*  
 Operating Hours: Days: *M-F* Hours: *7<sup>00</sup>-16<sup>30</sup>*  
 SIC Code: *4225* Nature of Business: *Ceramic Tile*  
 Station: *20*  
 Became Operational: *March 2002*

**GENERAL HEALTH PROGRAM ELEMENTS**

| Current Program Element  | Current Status | EPA # | Effective Date  |     | Changes - Program Element |
|--------------------------|----------------|-------|-----------------|-----|---------------------------|
|                          |                |       | Beg.            | End |                           |
| <i>NM Handlex - 3001</i> | <i>Active</i>  |       | <i>01/01/05</i> |     |                           |

Program Element:

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| <i>Unit - generator</i> |  |  |  |  |
|                         |  |  |  |  |
|                         |  |  |  |  |
|                         |  |  |  |  |

*Handwritten signature/initials*

opening Conference: w/ ANDI Lamedola - Controller

ess - Importer/Distribution/Warehousing for ceramic tile/glass block.

employees = 8 wk hrs = 7<sup>00</sup>-16<sup>30</sup>  
start date of March 2002

WALK THROUGH - w/ ANDI Lamedola

unloading of ceramic tile

gas powered forklifts  
electric forklift  
electric jack

(1) 99 gal AST of propane in parking lot south of building.

asked at LA Lift Service

4368 Bandini Bl. Vernon CA 91422  
(323) 202-9111 12/15/04

← Vernon Health Dept  
referral made  
Lyndee Ong Yin

Documents: w/ ANDI Lamedola

Contingency Plan (NOV)

HAZ MAT - Inventory for propane on file. (NOV)

HAZ MAT Handler Permit. (NOV)



Closing Conference / Violations : w/ Andi Lamenasa

NOV. issued to Andi Lamenasa for the following violations:

- 50) Contingency Plan & Haz Mat. Disclosure submitted
- 20) Haz-Mat Handler Permit.



OWNER: **MULIA INC.**  
 14320 Compton Rd. Unit A Norwalk CA 90650  
 FA

Following items, if applicable, have been inspected. This document constitutes a Summary of Violations and Notice to Comply if the violation (V) column is checked. Titles 19 and 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.67, and 6.95 of the Health and Safety Code (HSC), and Titles 11 and 12 of the Los Angeles County Code.

| HAZARDOUS WASTE GENERATOR                   |                    | HAZARDOUS WASTE GENERATOR |  |                                   |
|---|--------------------|---------------------------|--|-----------------------------------|
| SUBJECT                                     | SECTION            | V                         | SUBJECT  | SECTION                           |
| Hazardous waste determination               | CCR 66262.11       | 24                        | Manifest copies retained for 3 years             | CCR 66262.40(a)                   |
| Proper disposal of hazardous waste          | HSC 25189.5 (a)    | 25                        | Consolidated manifest requirements               | HSC 25160.2                       |
| Maintain/operate to prevent release/fire    | CCR 66265.31       | 26                        | Hazardous waste transported by registered hauler | HSC 25163(a)                      |
| Hazardous waste labeling                    | CCR 66262.34(f)    | 27                        | LDR documents retained onsite                    | CCR 66268.7(a)(6)                 |
| Hazardous waste accumulation time           | CCR 66262.34(a-d)  | 28                        | Hazardous waste analysis retained for 3 years    | CCR 66262.40(c)                   |
| Hazardous materials storage and labeling    | CCR 66261.2(f)     | 29                        | Personnel training                               | CCR 66265.16                      |
| Spill/leakage accumulation                  | CCR 66262.34(e)    | 30                        | Contingency plan                                 | CCR 66265.51                      |
| Containers leaking or not in good condition | CCR 66265.171      | 31                        | Emergency preparedness/prevention                | CCR 66265.30-37                   |
| Hazardous waste containers closed           | CCR 66265.173(a)   | 32                        | Source Reduction requirements for LQGs           | CCR 67100.3                       |
| Separation of incompatibles                 | CCR 66265.177      | 33                        | Biennial Report requirements                     | CCR 66262.40-41                   |
| Retrieval/accumulated speculatively         | CCR 66262.10       | 34                        | Excluded recyclable material management          | HSC 25143.2/9                     |
| Empty containers                            | CCR 66261.7        | 35                        | Recyclable Material Report                       | HSC 25143.10                      |
| Used oil management                         | CHSC 25250.4       | 36                        | Site assessment requirements                     | HSC 25187(a)(1)                   |
| Used oil filter management                  | CCR 66266.130      | 37                        | Closure requirements                             | CCR 66265.111/1                   |
| Used battery management                     | CCR 66266.81       | 38                        | Reckless management of hazardous waste           | HSC 25189.6                       |
| Contaminated textile management             | HSC 25144.6        | 39                        | Other violation(s)                               |                                   |
| Container inspection - weekly               | CCR 66265.174      |                           | <b>HAZARDOUS MATERIALS HANDLER</b>               |                                   |
| Spill/leakage inspection - daily            | CCR 66265.195      | 50                        | Contingency plan/inventory submitted             | HSC 25503.5                       |
| Spill/leakage operating requirements        | CCR 66265.194      | 51                        | Plan and inventory updated & accurate            | HSC 25505                         |
| Material ID number [submit DTSC form 1358]  | CCR 66262.12       | 52                        | Regulated substance registration                 | HSC 25533(a)                      |
| Hazardous waste transported with manifest   | CCR 66262.20       |                           | <b>ABOVEGROUND PETROLEUM STORAGE TANK</b>        |                                   |
| Hazardous waste manifest complete           | CCR 66262.23(a)    | 60                        | SPCC Plan Referral to RWQCB (213) 576-6600       | HSC 25270.3                       |
| Manifest copies to DTSC                     | CCR 66262.23(a)(4) | 70                        | PERMIT REQUIRED - Submit UP Forms                | Co Ord 12.50.075<br>HSC 25404.1.1 |

**SIGNIFICANT VIOLATIONS OBSERVED ON DATE OF INSPECTION.**

**NOTICE TO COMPLY: THE VIOLATION(S) CITED MUST BE CORRECTED BY** 04/05/05

**RETURN CERTIFICATION OF COMPLIANCE FOUND ON BACK OF THIS NOTICE.**

The items checked are in violation. A reinspection may occur at any time to verify compliance. Non-compliance could result in reinspection fees, permit revocation, and/or civil/criminal penalties. Any time granted for correction of the violation(s) does not preclude any enforcement action by this Department or other agencies.

Complete UP Forms to provide disclosure of prep work site and a contingency plan for facility to be implemented in case of emergency. (Train employees) Obtain a hazardous materials permit by completing UP forms and submitting to the relevant agency.



# I. FACILITY IDENTIFICATION

|      |           |                                 |
|------|-----------|---------------------------------|
| ID # | AA0035243 | EPA ID # (Hazardous Waste Only) |
|------|-----------|---------------------------------|

Facility Name (Same as Facility Name of DBA-Doing Business As)

MULIA INC.

## II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.**

| Does your facility...   | If Yes, please complete these pages of the UPCA  |   |
|---|--|---|
| <p><b>HAZARDOUS MATERIALS</b></p> <p>Store (for any purpose) hazardous materials at or above 55 gallons for liquids, or 100 pounds for solids, or 200 cubic feet for compressed gases (include aboveground storage tanks and USTs); or the applicable Federal threshold quantity for an aboveground storage tank or underground storage tank for a hazardous substance specified in 40 CFR Part 355, Appendix A or Appendix B; or the applicable Federal threshold quantity for radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    4   | <ul style="list-style-type: none"> <li>✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION</li> <li>✓ CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s))</li> <li>✓ TRAINING PLAN</li> </ul>  |
| <p><b>UNDERGROUND STORAGE TANKS (USTs)</b></p> <p>Own or operate underground storage tanks?</p> <p>Plan to upgrade existing or install new USTs?</p>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    5<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    6   | <ul style="list-style-type: none"> <li>✓ UST FACILITY</li> <li>✓ UST TANK (one page per tank)</li> <li>✓ UST FACILITY</li> <li>✓ UST TANK (one page per tank)</li> <li>✓ UST INSTALLATION - CERTIFICATION OF COMPLIANCE (one page per tank)</li> <li>✓ UST TANK (closure portion - one page)</li> </ul>   |
| <p><b>ABOVEGROUND PETROLEUM STORAGE TANKS (APSTs)</b></p> <p>Own or operate APSTs above this threshold:<br/>—the total capacity for the facility is greater than 1,320 gallons?</p>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    8   | <p>NO FORM REQUIRED TO CUPA</p>   |
| <p><b>HAZARDOUS WASTE</b></p> <p>Generate hazardous waste?</p> <p>Recycle more than 100 kg/month of excluded or exempted materials (per HSC 25143.2)?</p> <p>Store hazardous waste on site?</p>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    9<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    10<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    11 | <ul style="list-style-type: none"> <li>✓ EPA ID NUMBER - provide at this page</li> <li>✓ As a generator, answer YES to questions 9 and 10 and complete Waste Generator Form</li> <li>✓ RECYCLABLE MATERIALS REPORT</li> <li>✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY</li> <li>✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit)</li> <li>✓ CERTIFICATION OF FINANCIAL ASSURANCE</li> <li>✓ REMOTE WASTE / CONSOLIDATED SITE ANNUAL NOTIFICATION</li> <li>✓ HAZARDOUS WASTE TANK CERTIFICATION</li> </ul> |
| <p>Facility subject to financial assurance requirements (for a permit by Rule and Conditional Authorization)?</p> <p>Consolidate hazardous waste generated at a remote site?</p> <p>Plan to report the closure/removal of a tank that was classified as a hazardous waste and cleaned onsite?</p>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    12<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    13<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    14    | <ul style="list-style-type: none"> <li>✓ CERTIFICATION OF FINANCIAL ASSURANCE</li> <li>✓ REMOTE WASTE / CONSOLIDATED SITE ANNUAL NOTIFICATION</li> <li>✓ HAZARDOUS WASTE TANK CERTIFICATION</li> </ul>  |
| <b>ADDITIONAL REQUIREMENTS</b>  |  |   |
| <p><b>REGULATED SUBSTANCES</b></p> <p>Store Regulated Substances (RS) including Extremely Hazardous Substances on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP)?</p>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    15a   | <p>In addition to Hazardous Materials requirements, complete:</p> <ul style="list-style-type: none"> <li>✓ Regulated Substance Register</li> <li>✓ Risk Management Plan (where applicable)</li> </ul>   |
| <p><b>ADDITIONAL REQUIREMENTS</b></p> <p>Store hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?</p> <p>Plan to report the closure/removal of a tank that was classified as a hazardous waste and cleaned onsite?</p>  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    15b<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    15c   | <ul style="list-style-type: none"> <li>✓ Consult local CUPA or PA for reporting requirements</li> <li>✓ Waste Generator Form (LA 100)</li> </ul>  |



NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 BUSINESS PHONE  
(562) 345 2788

INC

SITE ADDRESS  
CARMENITA ROAD # A

NORWALK 104 CA ZIP CODE 90650

STREET 82-639-4405 106 SIC CODE (4 digit #)

LOS ANGELES 108 UNINCORPORATED  Yes  No

OPERATOR NAME 109 BUSINESS OPERATOR PHONE

### II. BUSINESS OWNER

NAME MULIA BVI LTD 111 OWNER PHONE  
(562) 345 2788

MAILING ADDRESS  
14820 CARMENITA ROAD # A

NORWALK 114 STATE CA 115 ZIP CODE 90650

### III. ENVIRONMENTAL CONTACT

NAME ROBERT BOYNTON 117 CONTACT PHONE  
562-345-2788

MAILING ADDRESS  
14820 CARMENITA RD

NORWALK 120 STATE CA 121 ZIP CODE 90650

### IV. EMERGENCY CONTACTS

| PRIMARY  | SECONDARY                                       |
|--|---|
| 123 NAME ROBERT BOYNTON                            | 123 NAME ANDI LAMENDOLA                         |
| 124 TITLE WAREHOUSE MANAGER                        | 124 TITLE DISTRIBUTION CONTROLLER               |
| 125 BUSINESS PHONE 562-345-2788                    | 125 BUSINESS PHONE 562-345-2788                 |
| 126 24-HOUR PHONE                                  | 126 24-HOUR PHONE                               |
| 127 PAGER #  | 127 PAGER #                                     |
| 133a E-MAIL ADDRESS (if any) rboynton@muliainc.com | 133a E-MAIL ADDRESS (if any) andie@muliainc.com |

### V. ADDITIONAL LOCALLY COLLECTED INFORMATION

IDENTIFICATION NUMBER 95-4385243

DATE OF BIRTH

RESIDENCE NUMBER AND STATE

### MAILING/ BILLING INFORMATION

14820 CARMENITA RD 133d CITY NORWALK 133e STATE CA 133f ZIP CODE

Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined the information submitted and believe the information is true, accurate, and complete.

OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE 134 DATE 5/12/05 NAME OF DOCUMENT PREPARER

Robert C Boynton 136 TITLE OF SIGNER  
MANAGER

ONLY UP Form HW HM ARP APST UST TP CUPA



## FACILITY IDENTIFICATION

|               |                    |     |                                    |
|---------------|--------------------|-----|------------------------------------|
| BUSINESS NAME | MULLA, INC.        | 3   | FACILITY ID<br>FA 0538             |
| ADDRESS       | 14820 CARMENITA RD | 103 | CITY NORWALK 104<br>ZIP CODE 91107 |

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning elements of the following three written hazardous materials emergency response plans required in California:

Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732)

Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,

Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This plan is designed to reduce duplication in the preparation and use of emergency response plans at the same time as to provide the coordination between facility response personnel and local, state and federal emergency responder agencies. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

| PROGRAMS                                 | SECTION(S) TO BE COMPLETED                     |
|--|--|
| Hazardous Materials Business Plan (HMBP) | Cover Page, Section I, and Site Map(s)         |
| Hazardous Waste Generator (HWG)          | Cover Page, Section I, and Site Map(s)         |
| Underground Storage Tank (UST)           | Cover Page, Sections I and II, and Site Map(s) |
| HWG, UST                                 | Cover Page, Sections I and II, and Site Map(s) |

The plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of the Emergency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

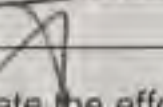
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## PLAN CERTIFICATION

Under penalty of law that I have personally examined and I am familiar with the information provided by me and to the best of my knowledge the information is accurate, complete, and true.

|   |                                    |
|---|------------------------------------|
| Name of Owner/ Operator<br>Robert C Boynton   | Title of Owner/Operator<br>MANAGER |
| Signature of Owner/ Operator<br> | Date<br>5/12/05                    |

We will make the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

|             |               |             |
|-------------|---------------|-------------|
| OFFICE ONLY | DATE RECEIVED | RECEIVED BY |
|-------------|---------------|-------------|



|         |                    |     |                                    |
|---------|--------------------|-----|------------------------------------|
| NAME    | MULLA, INC         | 3   | FACILITY I<br>FA 0035              |
| ADDRESS | 14820 CARMENITA RD | 103 | CITY NORWALK 104<br>ZIP CODE 91107 |

**II. EMERGENCY CONTACTS**

| PRIMARY           |     | SECONDARY      |                         |
|-------------------|-----|----------------|-------------------------|
| BOB BOYNTON       | 123 | NAME           | ANPI LAMENDOLA          |
| WAREHOUSE MANAGER | 124 | TITLE          | DISTRIBUTION CONTROLLER |
| PHONE             | 125 | BUSINESS PHONE | 562 345-2788 x782       |
| PHONE             | 126 | 24-HOUR PHONE  |                         |
|                   | 127 | PAGER #        |                         |

**III. EMERGENCY RESPONSE PLANS AND PROCEDURES**

**Notifications**

It is required by State Law to provide an immediate verbal report of any release or threatened release of hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the State Emergency Services. If you have a release or threatened release of hazardous materials, immediately call  
**FIRE/PARAMEDICS/POLICE/SHERIFF**  
**PHONE: 911**

When local emergency response personnel are notified, you shall then notify this Unified Program Agency and the State Emergency Services.

- Unified Program Agency: (323) 890-4317
- State of Emergency Service: (800) 852-7550 or (916) 262-1621
- Emergency Response Center: (800) 424-8802

**Information to be provided during Notification:**

- ❖ Your Name and the Telephone Number from where you are calling.
- ❖ Exact address of the release or threatened release.
- ❖ Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- ❖ Material and quantity of the release, to the extent known.
- ❖ Current condition of the facility.
- ❖ Extent of injuries, if any.
- ❖ Possible hazards to public health and/ or the environment outside of the facility.

**Emergency Medical Facility**

Identify the local emergency medical facility that will be used by your business in the event of an accident or release caused by a release or threatened release of hazardous material.

|                                 |                        |
|---------------------------------|------------------------|
| CLINIC: Valley View Medical     | PHONE NO: 714-562-8638 |
| 16700 Valley View Ave suite 180 |                        |
| A Mirada CA                     | ZIP CODE: 90638        |

|               |             |
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### Private Emergency Response

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM?  Yes  No

If yes, provide an attachment that describes what policies and procedures your business will follow to notify and coordinate with the on-site emergency response team in the event of a release or threatened release of hazardous materials.

### SPILL/DISPOSAL CONTRACTOR

List the contractor that will provide cleanup services in the event of a release.

CONTRACTOR: N/A

PHONE NO: - -

ZIP CODE:

### Arrangements With Emergency Responders

Describe any special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor or local emergency response team to coordinate emergency services, describe those arrangements on the following page.

N/A

### Evacuation Plan

Which alarm signal(s) will be used to begin evacuation of the facility (check all which apply):

- Telephone (including cellular)
- Alarm System
- Public Address System
- Intercom
- Portable Radio
- Other (specify):

Evacuation map is prominently displayed throughout the facility.

Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business is evacuated:

Robert Boynton

### Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of vulnerability to earthquake related ground motion.

- Hazardous Waste/ Hazardous Materials Storage Areas
- Production Floor
- Process
- Office/ Lab
- Waste Treatment
- Other:

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of vulnerability to earthquake related ground motion.

- Piping
- Sprinkler Systems
- Cabinets
- Shelving
- Tanks
- Pressure Vessels
- Gas Cylinders
- Tank
- Process Piping
- Shutoff Valves
- Other:



## Emergency Procedures

Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:

**PREVENTION** (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

we - TANKS falling over, spilling, Explosive.  
not on forklifts are chained and locked to fence to  
prevent falling over  
move tank away from building & secured in rack.

**MITIGATION** (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

remove employees from building  
Ted Johnson propane company  
Fire Department

**REMOVAL** (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you complete the process of stopping a release, cleaning up, and disposing of released materials at your facility?

propane company and follow their instructions.



Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the  
 Completion of the following Emergency Equipment Inventory Table meets this requirement.

### EMERGENCY EQUIPMENT INVENTORY TABLE

| 1.<br>Equipment<br>Category                                  | 2.<br>Equipment<br>Type  | 3.<br>Location * | 4.<br>Description**                    |
|--|--|------------------|--|
| Respiratory,<br>Protective,<br>Eye,<br>Ear,<br>Hand,<br>Foot | <input type="checkbox"/> Cartridge Respirators                           |                  |  |
|  | <input type="checkbox"/> Chemical Monitoring Equipment (describe)        |                  |  |
|  | <input type="checkbox"/> Chemical Protective Aprons/Coats                |                  |  |
|  | <input type="checkbox"/> Chemical Protective Boots                       |                  |  |
|  | <input type="checkbox"/> Chemical Protective Gloves                      |                  |  |
|  | <input type="checkbox"/> Chemical Protective Suits (describe)            |                  |  |
|  | <input type="checkbox"/> Face Shields                                    |                  |  |
|  | <input checked="" type="checkbox"/> First Aid Kits/Stations (describe)   | E9               | First aid Kit                          |
|  | <input type="checkbox"/> Hard Hats                                       |                  |  |
|  | <input type="checkbox"/> Plumbed Eye Wash Stations                       |                  |  |
|  | <input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)       |                  |  |
|  | <input type="checkbox"/> Respirator Cartridges (describe)                |                  |  |
|  | <input type="checkbox"/> Safety Glasses/Splash Goggles                   |                  |  |
|  | <input type="checkbox"/> Safety Showers                                  |                  |  |
|  | <input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)     |                  |  |
| <input type="checkbox"/> Other (describe)                    |  |                  |  |
| Fire Fighting  | <input checked="" type="checkbox"/> Automatic Fire Sprinkler Systems     | F9               |  |
|  | <input checked="" type="checkbox"/> Fire Alarm Boxes/Stations            | F9               |  |
|  | <input checked="" type="checkbox"/> Fire Extinguisher Systems (describe) |                  | 17 Throughout warehouse                |
|  | <input type="checkbox"/> Other (describe)                                |                  |  |
| Decontamination  | <input type="checkbox"/> Absorbents (describe)                           |                  |  |
|  | <input type="checkbox"/> Berms/Dikes (describe)                          |                  |  |
|  | <input type="checkbox"/> Decontamination Equipment (describe)            |                  |  |
|  | <input type="checkbox"/> Emergency Tanks (describe)                      |                  |  |
|  | <input type="checkbox"/> Exhaust Hoods                                   |                  |  |
|  | <input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe)       |                  |  |
|  | <input type="checkbox"/> Neutralizers (describe)                         |                  |  |
|  | <input type="checkbox"/> Overpack Drums                                  |                  |  |
|  | <input type="checkbox"/> Sumps (describe)                                |                  |  |
|  | <input type="checkbox"/> Other (describe)                                |                  |  |
| Communications   | <input type="checkbox"/> Chemical Alarms (describe)                      |                  |  |
|  | <input type="checkbox"/> Intercoms/ PA Systems                           |                  |  |
|  | <input checked="" type="checkbox"/> Portable Radios                      | E9               |  |
|  | <input checked="" type="checkbox"/> Telephones                           | E9               | with each employee<br>warehouse office |
|  | <input type="checkbox"/> Underground Tank Leak Detection Monitors        |                  |  |
|  | <input type="checkbox"/> Other (describe)                                |                  |  |
| Additional   |  |                  |  |
|  |  |                  |  |
|  |  |                  |  |
|  |  |                  |  |
|  |  |                  |  |

Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.  
 Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional



and storage map must be included with your Contingency Plan. For relatively small facilities, these drawings can be combined into one drawing. Since these drawings are intended for use in emergency response situations, *generally those with complex and/or multiple buildings* should provide an overall site plan and a separate drawing for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. Attach that page or attach any other drawing(s) which contain(s) the information required below.

**Site Plan:** This drawing shall contain, at a minimum, the following information:

- Orientation (north, south, etc.);
- Approximate scale (e.g. "1 inch = 10 feet");
- Date the map was drawn;
- Locations of all buildings and other structures;
- Parking lots and internal roads;
- Hazardous materials loading/unloading areas;
- Outside hazardous materials storage or use areas;
- Storm drain and sanitary sewer drain inlets;
- Wells for monitoring of underground tank systems;
- Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
- Adjacent property use;
- Locations and names of adjacent streets and alleys;
- Access and egress points and roads.

**Storage Map(s):** The map(s) shall contain, at a minimum, the following information:

- General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
- Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. individual tanks, aboveground tanks, storage rooms, paint booths, etc.). Each area shall be identified by a unique number, letter, or name (e.g. "1", "2", "3"; "A", "B", "C", etc.);
- Entrances to and exits from each building and hazardous material/waste room/area;
- Location of each utility emergency shut-off point (i.e. gas, water, electric.);
- Location of each monitoring system control panel (e.g. underground tank monitoring, toxic gas monitoring).

**Map Legend**

| Item and/or Description          | Location Code (LC)                              |
|----------------------------------|---|
| Hazardous materials Storage Area | F12 E9  |
| EXTINGUISHERS                    | C5,8,9 D3,8,9 E4,9 F4,9,10,11,12<br>I4,9 J2,4,9 |
| Evacuation Equipment             | E9  |
| Emergency Exits                  | C1,6,9 E9 F1 H1,9 J1                            |
| Staging Areas                    | F10,11 G10,11 H10,11 I10,11                     |
| Parking Lot                      | B1-12 C,D,E 10,11,12                            |



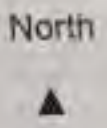
BUSINESS NAME: Mulia Inc.  
 ADDRESS: 14820 Carmenita Rd CITY: Norwalk ZIP CODE: 90650  
 MAP DRAWN: \_\_\_\_\_ MAP #: \_\_\_\_\_ FACILITY ID #: \_\_\_\_\_



- For Site Map
- Scale of Map
  - Loading Areas
  - Parking Lots
  - Internal Roads
  - Storm and Sewer Drains
  - Adjacent Property
  - Locations and Names of Adjacent Streets and Alleys
  - Access and Egress Points and Road
  - Primary and Alternate Evacuation Routes

- For Sub-Site Map
- Scale of Map
  - Location of Each Storage Area
  - Location of Each Hazardous Material Handling Area
  - Location of Emergency Response Equipment

Scale: 1" = \_\_\_\_\_ Ft.



★ Fire Exit

○ ● PROPANE TANK 100 GAL

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LOCATION

201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA)  YES  NO

D# FA 0035243

MAP# (optional) 203 GRID# (optional)

## II. CHEMICAL INFORMATION

NAME Propane 205 TRADE SECRET  Yes  No  
If Subject to EPCRA, refer to instructions

NAME 207 EHS\*  Yes  No 208 RS\*  Yes  No  
 209 \*If EHS or RS is "Yes", all amounts below must be

### HAZARD CLASSES (Complete if required by CUPA)

S MATERIAL (pick one item only)  a. PURE  b. MIXTURE  c. WASTE 211 RADIOACTIVE  Yes  No 212 CURIES

STATE (item only)  a. SOLID  b. LIQUID  c. GAS 214 LARGEST CONTAINER 99 gal

D CATEGORIES (if apply)  a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

DAILY AMOUNT 217 10 gal MAXIMUM DAILY AMOUNT 218 140 gal ANNUAL WASTE AMOUNT 219 N/A STATE WASTE CODE N/A

(item only)  a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 221 DAYS ON SITE: 365  
\* If EHS, amount must be in pounds.

a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  q. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  r. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

PRESSURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

TEMPERATURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

| HAZARDOUS COMPONENT (For mixture or waste only) | EHS                              | RS 246b                          | CAS # |
|---|----------------------------------|----------------------------------|-------|
| 226   | 227 <input type="checkbox"/> Yes | 228 <input type="checkbox"/> Yes |       |
| 230   | 231 <input type="checkbox"/> Yes | 232 <input type="checkbox"/> Yes |       |
| 234   | 235 <input type="checkbox"/> Yes | 236 <input type="checkbox"/> Yes |       |
| 238   | 239 <input type="checkbox"/> Yes | 240 <input type="checkbox"/> Yes |       |
| 242   | 243 <input type="checkbox"/> Yes | 244 <input type="checkbox"/> Yes |       |

us components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the

### LOCALLY COLLECTED INFORMATION

Please Sign Here

Reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA report

|                   |               |             |
|-------------------|---------------|-------------|
| OFFICIAL USE ONLY | DATE RECEIVED | REVIEWED BY |
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# COVER PAGE

## FACILITY IDENTIFICATION

|                           |         |             |
|---------------------------|---------|-------------|
| BUSINESS NAME             | 3       | FACILITY ID |
| Mulia Inc                 |         | 7520        |
| ADDRESS                   | 103     | 104         |
| 14820 Carmenita Rd Unit A | CITY    | ZIP CODE    |
|                           | Norwalk | 9065        |

This Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732)

Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,

Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same time, improve the coordination between facility response personnel and local, state and federal emergency response personnel in an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Page.

| PROGRAMS                                 | SECTION(S) TO BE COMPLETED                     |
|--|--|
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|  |
|--|
|  |
|  |

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|                              |                         |
|------------------------------|-------------------------|
| Signature of Owner/ Operator | Title of Owner/Operator |
|                              |                         |
| Signature of Owner/ Operator | Date                    |
|                              |                         |

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.