

3Roots San Diego Project
Environmental Impact Report
SCH No. 2018041065; Project No. 587128

Appendix K

Phase I Environmental Site
Assessment

June 2019

Prepared for

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Phase I Environmental Site Assessment

Lehigh Hanson Pacific Southwestern Region
San Diego, California
San Diego County Assessor's Parcel Nos. 341-050-38-00
through 341-050-42-00, 341-051-17-00 through
341-051-19-00 & 341-060-82-00

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EXECUTIVE SUMMARY

This Executive Summary presents the results of the Phase I Environmental Site Assessment (ESA) performed by Geosyntec Consultants (Geosyntec) for the property located at 9235, 9245, 9255, and 9265 Camino Santa Fe in San Diego, California (Figure 1; the Site). The Site comprises approximately 412 acres and includes nine contiguous parcels of land identified by the San Diego County Assessors' Office as parcel numbers 341-050-38-00 through 341-050-42-00, 341-051-17-00 through 341-051-19-00, and 341-060-82-00 (Figure 2). This Phase I ESA was prepared in accordance with the scope of work, terms and conditions described in Geosyntec's proposal dated 11 June 2017. Geosyntec understands this Phase I ESA was prepared to help identify potential environmental liabilities associated with the Site in anticipation of a potential property transaction.

The objective of performing this Phase I ESA in accordance with ASTM Standard E 1527-13 was to identify, to the extent feasible, "Recognized Environmental Conditions" (RECs) at the Site as the term "REC" is defined by ASTM E 1527-13. This REC definition eliminates from consideration several conditions that could fall under the general definition of "environmental issues" and focuses on known or potential releases of hazardous substances and petroleum products.

FINDINGS

The Site is located within Carroll Canyon, with Carroll Canyon Creek flowing through the Site from east to west. The Site is located within a mixed use (commercial/residential/industrial) area east of Camino Santa Fe and north of Trade Street (Figures 1 and 2). Prior to the 1940s, historical records indicated the Site was undeveloped, vacant land. Active mining operations initiated in the early 1960s in the southwestern portion of the Site, and operations at the site evolved over time to include concrete and asphalt production, recycling storage and transfer roll-off bins, custom soil blending, and other associated operations. By the late 1990s-early 2000s, the Site configuration was similar to the current layout.

The Site comprises mined land and includes several sub-leased facilities (Figures 2 and 3). In addition to the former onsite mining operations, other operations at the site include A-1 Soils (owned by Lehigh Hanson), and sub-leased facilities including Superior Ready Mix (Superior), Allan Company Recycling, Quikrete, and California Commercial Asphalt, LLC (CCA). An SDG&E electrical substation is also present in the eastern portion of the facility. The northern most portion of the Site is an undeveloped, heavily vegetated canyon. A-1 Soils' blending area is located in the west-central portion of the Site. Several crushed rock stockpiles and an asphalt grindings stockpile are located directly south of the soils blending area. The Site's main road separates the unearthing operations to the north and the subleased facilities to the south. A-1 Soil Aggregates' scale yard, Allan Company Recycling storage facility, and the Superior Batch Plant are located within the southern portion of the Site. Encompassing the south-central portion of the Site is the Quikrete yard and the CCA Asphalt Plant.

In a January 2017 letter to the San Diego Regional Water Quality Control Board (RWQCB) Lehigh Hanson (Hanson) indicated that it ceased all mining, sand and gravel processing, and ready mix concrete production. Reportedly, mining activities were discontinued in October 2016 and Hanson processed the remaining stockpiles before the end of 2016. On 3 January 2017 Hanson surrendered all air permits associated with the operation of the sand and gravel processing and ready mix concrete production. On 28 March 2017 the RWQCB inspected the facility to verify these activities had been terminated and to determine if the waste discharge requirements for the facility under Order No. 95-104 can be rescinded. As part of the ongoing decommissioning activities, Lehigh Hanson was removing three USTs located at the batch plant fuel island station during the site reconnaissance in June 2017. Superior, A-1 Soils, and CCA continue to operate at the Site.

Based on a review of available regulatory records, Lehigh Hanson, prior property owners, and current and historical tenants have stored and used petroleum products and hazardous materials including but not limited to solvents such as PCE and TCE, gasoline, diesel fuel, lubricating oils, waste oil, and other chemicals and products associated with mining, concrete manufacturing, asphalt manufacturing, and maintenance of equipment. Several underground storage tanks (USTs) have been present at the site since the early 1960s for the storage of diesel fuel and gasoline. In addition, current and historical operations have included numerous aboveground storage tanks (ASTs) for the storage of numerous products (including hazardous materials) associated with current and historical operations. Documented onsite use of hazardous substances or petroleum products, and documented incidents include the following:

Lehigh Hanson/ H.G. Fenton Materials:

- In December 1991 during the removal of two 10,000-gallon diesel USTs installed sometime between 1958 and 1961, the County inspector noted stained and odorous soil, and ponded groundwater in the bottom of the excavation at a depth of 14 to 15 feet. Subsequent remedial excavation of diesel impacted soil occurred February 1992. Citing no designated beneficial groundwater use, the San Diego County HMMD closed the case in 1994 (Case H17076-001).
- Diesel-impacted soil was discovered in June 2000 during quarrying operations. Reports indicate that the impacts may have been caused by a historical AST. Soil samples collected from trenches excavated to assess the impacted soil contained TPH at concentrations up to 5,540 ppm and xylenes up to 0.256 ppm. Based on field observations and soil sample results, the extent of TPH-impacted soil was presumably largely delineated and an NFA was requested; the County of San Diego HMMD concurred with a letter dated February 2001 (Case H17076-002).
- In May 2006 Hanson reported that a truck overturned in the quarry and spilled approximately 50 gallons of fuel to the ground. No surface water or stormwater impacts were reported. Cleanup of the soil was noted in the report as “pending.” In

discussion with Hanson representatives, the spill was cleaned up and no further reporting was required due to the limited volume released.

- In January 2014 the RWQCB authorized the enrollment of the Site in Resolution R9-2007-104 (Conditional Waiver No. 9) for discharge of cement slurries to land.
- On 2 April 2014 Hanson reported a release of 15 gallons of hydraulic oil from a broken line on a semi trailer. Cleanup was reported as “in progress,” but a final status was not reported. In discussion with Hanson representatives, the spill was cleaned up and no further reporting was required due to the limited volume released.
- In June 2017 Geosyntec conducted a soil screening for the reportedly hydrocarbon contaminated soil located immediately northwest of the Lehigh Hanson batch plant. Geocon Inc. (Geocon) drilled two borings until native soil was encountered while Geosyntec personnel continuously screened the soil cuttings utilizing a photo-ionizing detector (PID). Screenings indicated low detections of volatile organics, with the highest detection of 2.5 parts per million (ppm) at a depth of 13 feet below ground surface (bgs).
- In July 2017 two 20,000-gallon diesel USTs and one 12,000-gallon diesel UST installed in 1991 were removed. Sixteen soil samples were collected and analyzed for TPH-extended range, BTEX, and oxygenates. With the exception of 80 mg/kg TPH-quantifies as diesel in one sample, none of the samples contained detectable concentrations of TPH, BTEX, or oxygenates. Based on the County’s observations during the UST removal activities and review of the analytical data, the County indicated on 10 August 2017 that the tank closure was complete and no further action would be required.
- Multiple Notices of Violations (NOVs) were issued related to failed integrity tests for the onsite USTs, compliance issues related to the UST systems as noted during routine regulatory inspections, and hazardous materials management.

Superior Ready Mix

- According to information provided by EDR, a release of diesel fuel that reportedly only affected soil occurred in August 1992. The case (H21310-001/9UT2339) was closed on 14 March 2003.
- A County inspection during re-piping for a UST in January 2003 noted stained and odorous soil, and a soil sample contained 25,000 mg/kg TPH-diesel. Because of the great depth to groundwater, the non-beneficial classification of groundwater, the relatively low risk posed by diesel fuel, the use of property for industrial purposes, and the contaminated area continues to be used for fuel dispensing, the Site

Assessment and Mitigation Program (SAM) closed the case 23 February 2007 without asking for further investigation or cleanup.

- Superior currently has an operating 12,000-gallon diesel UST, listed as installed in 1985, that is permitted through May 2018. A 3,000-gallon engine oil AST and a 1,200-gallon waste oil AST are also currently in use at the facility.
- Multiple NOVs were issued related to the onsite USTs, compliance issues related to the UST system as noted during routine regulatory inspections, and hazardous materials management.
- Surface staining from oil and other products used at the Superior facility were observed during the site reconnaissance.

California Commercial Asphalt

- CCA currently operates an asphalt manufacturing plant in the southern portion of the Site. CCA handles hazardous materials and generates hazardous waste including but not limited to asphalt oil, diesel, lubricating oil, heat transfer oil, and distillates.
- The facility has an active 10,000-gallon diesel UST, installed in 1984. A violation in July 2002 for the facility reported their fill box drain was not functional and their backup system was not available.

The Phase I ESA performed by Geosyntec revealed no evidence of recognized environmental conditions in connection with the property, except for the following:

Recognized Environmental Conditions

- The operating California Commercial Asphalt facility contains several ASTs and an active 10,000-gallon UST installed in 1984. No known/documented releases have been reported for the facility; however, the potential exists for a release to have occurred from a UST installed more than 30 years ago. Based on the nature of ongoing operations, the UST represents a REC.
- The Superior facility currently has an operating permit for a 12,000-gallon diesel UST that was reportedly installed in 1985. The facility has several compliance and administrative violations including failed leak tests, and secondary containment issues. At least two diesel fuel releases have occurred at this facility. No additional known/documented releases have been reported for the facility; however, the potential exists for a release to have occurred from a UST installed more than 30 years ago. Based on the nature of operations, the UST represents a REC.
- Elevated levels of pH are likely to be present in near surface soil at the concrete wash-out areas as a result of the lime contained in cement. Since the Site may be redeveloped in the

future for residential use, field investigations should be conducted once operations have ceased and demolition has been completed.

Historical Recognized Environmental Conditions

- Multiple unauthorized releases from multiple USTs and an AST have occurred at the site. The four documented releases at the Hanson and Superior facilities were closed based on the current site use and no further action is currently required. However, a change in site use in the future may warrant the need for additional assessment and/or regulatory involvement.

De Minimis Conditions

De minimis conditions are environmental conditions which generally do not present a threat to human health or the environment and that generally would not be the subject of an enforcement action if brought to the attention of the appropriate governmental agencies. Conditions determined to be *de minimis* are not RECs. *De minimis* conditions observed at the Site included the following:

- The Site has a long history of mining, concrete and asphalt production, recycling storage and transfer roll-off bins, and other similar uses dating back to the early 1960s. During this time large quantities of hazardous substances have been handled and used, and large quantities of hazardous wastes have been generated at the site by the owners and tenants. Minor spills and incidents have likely historically occurred, but it is believed that the minor impacts would not trigger regulatory interest.
- Approximately 100,000-200,000 cubic yards of soil has reportedly been imported to the site for mine reclamation and other purposes during Lehigh Hanson ownership. Reportedly, the imported fill was screened and demonstrated to be clean prior to its usage onsite as engineered fill and backfill for former retention ponds.
- An SDG&E electrical substation is located in the eastern portion of the site. Historically, polychlorinated biphenyls (PCBs) were used in the cooling oil in electrical equipment. No documented incidents were identified for the SDG&E substation.
- Numerous NOVs issued during routine regulatory inspections of the facilities at the site were noted in the documents reviewed.
- Staining observed during the site reconnaissance appeared to be minor and not likely to result in significant subsurface impacts.

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1 INTRODUCTION

This report documents the results of the Phase I Environmental Site Assessment (ESA) performed by Geosyntec Consultants (Geosyntec) for the property located at 9235, 9245, 9255, and 9265 Camino Santa Fe in San Diego, California (Figure 1; the Site). The Site comprises approximately 412 acres and includes nine contiguous parcels of land identified by the San Diego County Assessors' Office as parcel numbers 341-050-38-00 through 341-050-42-00, 341-051-17-00 through 341-051-19-00, and 341-060-82-00 (Figure 2). This Phase I ESA was prepared in accordance with the scope of work, terms and conditions described in Geosyntec's proposal dated 11 June 2017. This report incorporates, by reference, the ASTM International (ASTM) Standard E 1527-13, "Standard Practice for Environmental Assessments: Phase I Environmental Site Assessment Process." Exceptions and limitations are provided in Section 1.5 of this report. Geosyntec performed the Phase I ESA for the sole use of its client, Lehigh Hanson, as described in Section 1.6 of this report.

1.1 Purpose

The purpose of this Phase I ESA was to identify, to the extent feasible, "Recognized Environmental Conditions" (RECs) at the Site as the term "REC" is defined by ASTM E 1527-13. This REC definition eliminates from consideration several conditions that could fall under the general definition of "environmental issues" and focuses on known or potential releases of hazardous substances and petroleum products. Geosyntec understands this Phase I ESA was prepared to help identify potential environmental liabilities associated with the Site in anticipation of a potential property transaction.

1.2 Site Description

The Site is located in a mixed-use (commercial/residential/industrial) area east of Camino Santa Fe and north of Trade Street (Figure 1). Primary access to the Site is gained from a paved road located in the southwestern portion of the Site. Along the entrance of the main road, a direction sign designates locations of the subleased facilities within the Site. Currently, Lehigh Hanson owns A-1 Soils located within the Site, and the subleased facilities include Superior Ready Mix (Superior), Allan Company Recycling, Quikrete, and California Commercial Asphalt, LLC (CCA) (Figure 3).

Prior to the 1940s, historical records reviewed indicated the Site was undeveloped, vacant land. The Site is located within Carroll Canyon, with Carroll Canyon Creek flowing through the Site from east to west. By 1964, mining operations were ongoing in the southwestern portion of the Site where a batch plant appeared to have been established. Additionally, an unpaved major road was established along the western portion of the Site and another unpaved road cut east-west along the center portion of the Site. By 1985 sediment retention ponds were present in the southern portion of the Site. By 1989 extensive mining along the north and central portion of the Site was underway and several unpaved roads were constructed throughout the Site. By 2004 the existing

Camino Santa Fe paved road was established. Active mining activities continued to morph the Site's landscape until active mining ceased in late 2016.

1.2.1 Site Characteristics

The Site includes nine contiguous, irregularly-shaped parcels of land encompassing approximately 412 acres. The Site operated as a sand and gravel mining facility from the 1960s to late 2016. Concrete and asphalt manufacturing, recycling storage and transfer roll-off bins, and custom soil blending operations continue at the Site. Currently, the northern most portion of the Site is an undeveloped, heavily vegetated canyon. Immediately south of the undeveloped canyon lies A-1 Soil Aggregates blending area, comprising the center portion of the Site. Several crushed rock stockpiles and an asphalt grindings stockpile are located directly south of the soils blending area. The Site's main road separates the unearthing operations to the north and the subleased facilities to the south. A-1 Soil Aggregates' scale yard, Allan Company Recycling storage facility, and Superior Ready Mix batch plant are located within the southwestern portion of the Site. Encompassing the south-central portion of the Site is the Quikrete yard and the CCA Asphalt Plant. The Lehigh Hanson Batch Plant is located along the southeastern portion of the Site. Stormwater retention ponds, sediment retention ponds, drainage areas, historical stockpiles, fuel stations, and other Site features are noted on Figure 3.

1.2.2 Surrounding Land Uses

A summary of surrounding land uses is provided below and depicted on Figure 2:

- **North:** Adjoining north and northeast of the Site are residential properties and Vulcan Materials Company. Adjoining northwest of the Site are commercial properties within the Sorrento Valley Business Park including Experts Cleaners Plaza Sorrento Shopping Center.
- **West:** Adjoining west of the Site, across Camino Santa Fe, are commercial properties within Fenton Carroll Canyon.
- **South:** Adjoining south of the Site are several commercial properties within the Carroll Canyon Business Park including Crest Beverage Company and Catalent Pharma Solutions.
- **East:** Adjoining east of the Site are several residential and commercial properties.

1.3 Geologic and Hydrogeologic Summary

The Site is located within the western zone of the Peninsular Ranges geomorphic province in San Diego County, within Carroll Canyon. Based on a review of the San Diego Quadrangle geologic map, surface geology at the Site consists of Holocene aged alluvium and slope wash which overlie the Eocene aged Stadium Conglomerate and Scripps Formation [Kennedy and Tan, 2007]. The Stadium Conglomerate consists of cobble conglomerate with a coarse, sandstone matrix. Medium-grained sandstone with interbedded cobble conglomerate makes up the Scripps Formation.

Topographically, the Site lies within a river valley at an approximate elevations ranging from 215 to 400 feet above Mean Sea Level (MSL) [GoogleEarthPro, 2017].

The Site lies within the Miramar Reservoir Hydrologic Area (906.10) of the Penasquitos Hydrologic Unit. Beneficial uses of groundwater include municipal, agricultural, and industrial supply designations [CRWQCB,1994]. Groundwater was encountered at depths of less than 20 feet below ground surface during the removal of USTs from the central portion of the site in December 1991.

1.4 Scope of Services

Geosyntec was authorized on 21 June 2017 by Mr. Marvin E. Howell of Lehigh Hanson to complete a Phase I ESA for the Site. The scope of services included the following:

- Searching standard local, state, and federal environmental record sources within recommended ASTM search distances;
- Reviewing available physiographic information including topographic, geologic, and hydrogeologic information;
- Reviewing historical aerial photographs;
- Reviewing historical fire insurance maps;
- Performing a Site reconnaissance;
- Conducting an interview with the Site manager and owner; and
- Documenting the procedures, findings, opinions, and conclusions of the Phase I ESA in this report.

This work was completed in accordance with ASTM Practice E 1527-13 with the limitations and exceptions described in Section 1.5 of this report. For the purposes of this Phase I ESA report, Lehigh Hanson represents the “user,” defined as “the party seeking to use Practice E 1527-13 to complete an *environmental site assessment* of the *property*...”

This ESA report was prepared by Ms. Anayeli Picasso, GIT and reviewed by Mr. Veryl Wittig, PG (“environmental professional,” as defined by ASTM Practice E 1527-13) of Geosyntec, in accordance with the peer review policy of the firm. Mr. Wittig’s professional qualifications are presented in Appendix A.

1.5 Limitations and Exceptions

This Phase I ESA was performed according to the agreed upon scope of work with Lehigh Hanson. This Phase I ESA is intended to reduce, but not eliminate, uncertainty regarding the potential for recognized environmental conditions in connection with the Site, and recognizes reasonable limits

of time and cost. Not every property warrants the same level of assessment. Consistent with good commercial or customary practice, the appropriate level of assessment was guided by the type of property subject to assessment and the information developed in the course of the inquiry. A balance between the competing goals of limiting cost and time demands and the reduction of uncertainty about unknown conditions resulting from additional information was identified during the Phase I ESA.

Additional services considered optional by ASTM E 1527-13, such as asbestos-containing building materials, radon, lead-based paint, lead in drinking water, wetlands, regulatory compliance, cultural and historic resources, industrial hygiene, health and safety, ecological resources, endangered species, indoor air quality, biological agents, mold, and high voltage power lines, were not included in the scope of work.

The findings and conclusions presented in this Phase I ESA are the result of professional interpretation of the information collected at the time of this study. This Phase I ESA was not an exhaustive search of all available records, nor does it include detailed assessment of all Phase I ESA findings. Geosyntec cannot “certify” or guarantee that any property is free of environmental impairment; no warranties regarding the environmental quality of the property are expressed or implied.

This Phase I ESA did not include the sampling of rock, soil, groundwater, surface water, soil vapor, air, or onsite substances or materials. Therefore, it is not possible to confirm the presence or absence of hazardous substances or petroleum products in the environments associated with the property.

The findings of this report, to the best of our knowledge, are valid as of the date of this work. However, changes in the conditions of a property can occur with the passage of time, whether due to natural processes or the works of man on this or adjacent properties. In addition, changes in applicable or appropriate regulations and standards may occur, whether they result from legislation, from the broadening of knowledge, or from other reasons. Accordingly, the findings of this report may be invalidated wholly or partially by changes outside our control.

Specified information contained in this report has been obtained from publicly available sources and other secondary sources of information. Although care has been taken in compiling this information, Geosyntec disclaims any and all liability for any errors, omissions, or inaccuracies of the third parties in such information and data.

The work was performed using the degree of care and skill ordinarily exercised under similar circumstances by environmental consultants practicing in this or similar localities. No other warranty or guarantee, expressed or implied, is made as to the findings, opinions, conclusions, and recommendations included in this report.

1.6 User Reliance

This Phase I ESA report has been prepared solely for the benefit of Lehigh Hanson. Geosyntec has issued the Phase I ESA report to its client and grants Lehigh Hanson the right to rely on the report contents. Except as specifically set forth in Geosyntec's proposal to Lehigh Hanson to perform this work, no third party shall have the right to rely on Geosyntec's opinions rendered in connection with the Services without Lehigh Hanson's approval and Geosyntec's written consent which may be conditioned on the third party's agreement to be bound to acceptable conditions and limitations similar to this Agreement.

2 USER PROVIDED INFORMATION

In accordance with ASTM E 1527-13, Geosyntec requested that the user of the Phase I ESA provide information that would assist in identifying the possibility of RECs in connection with the subject property, including but not limited to:

- Reviewing title and judicial records for environmental liens or activity and use limitations recorded against the subject property;
- Communicating specialized knowledge or experience that is material to RECs in connection with the subject property;
- Providing information about previous ownership or uses of the property;
- Providing information on a significantly lower purchase price, if applicable; and
- Designating personnel who are the most knowledgeable for the Site that will be interviewed by Geosyntec personnel.

2.1 Title Records

The user provided title records for the Site. The title report documented ownership, easements, and agreements with various parties in relation to the Site.

2.2 Environmental Liens

The user did not report any environmental liens against the property.

2.3 Specialized Knowledge

The user provided previous environmental assessments, including cement waste reports, for the Site as summarized in Section 3.7 of this report.

2.4 Commonly Known or Reasonably Ascertainable Information

The user did not report commonly known or reasonably ascertainable information pertaining to RECs in connection with the property.

2.5 Valuation Reduction for Environmental Issues

The user did not report any property valuation information for the Site.

2.6 Owner, Property Manager, and Occupant Information

Marvin E. Howell reported that he was the most knowledgeable person about the Site. A summary of Geosyntec's interview with Mr. Howell is provided in Section 4 of this report.

2.7 Reason for Performing Phase I ESA

Geosyntec understands that Lehigh Hanson has requested this Phase I ESA as part of a potential property transaction at the Site.

3 RECORDS REVIEW

3.1 General

The following sections present the results of the environmental database search, review of reasonably ascertainable historical aerial photographs, topographic maps, fire insurance maps, and historical city business directories.

3.2 Database Search Report

A database search report was obtained from Environmental Data Resources, Inc. (EDR) (Appendix C). The report documents findings of various federal, state, and local regulatory database searches regarding properties with known or suspected releases of hazardous materials or petroleum hydrocarbons. The searches were performed according to ASTM standards for Phase I ESA database searches. A list and description of the databases searched are included within the EDR report.

3.2.1 Site

The Site (9235, 9245, 9265, and 9255 Camino Santa Fe) was identified by EDR in 15 listings, including references to the Site as Canyon Recycling, Hanson Aggregates Carroll Canyon, Carroll Canyon Plant, Petrochem Marketing Inc., Hanson Aggregates Pacific Southwest Inc., Fenton H. G. Material Company, Crescent Heights, Superior Ready Mix, and California Commercial Asphalt. The listings for the Site included entries in the following databases: San Diego County HMMD, San Diego County SAM, ENVIROSTOR, LUST, RCRA-LQG, RCRA-SQG, ENF, SWEEPS UST, HIST UST, HIST CORTESE, SLIC, CHMIRS, AST, UST, FINDS, TRIS, ECHO, WDS, EMI, MINES, US MINES and NPDES databases.

Significant findings associated with the Hanson regulatory database listings include:

- US MINES database with mine ID: 0401790.
- HMMD database: the facility is a generator of hazardous waste with active permits including but not limited to PCE, TCE, diesel fuel, gasoline, parts washing solvents, lubricating oils, carboxylated polyether, inorganic cleaning solution, corrosion inhibitor, aerosols, and recycled antifreeze. Various administrative and compliance violations have been reported at the facility, including but not limited to secondary containment issues, test leak detection issues, inadequate employee training for hazardous materials management, and inadequate UST system repairs.
- UST: Listed for one 12,000-gallon diesel and two 20,000-gallon diesel USTs installed 1991 (these USTs were removed in 2017). The facility historically contained two 10,000-gallon diesel USTs that were installed in the late 1950s to early 1960s and removed in 1991.

- Leaking underground storage tank (LUST) and San Diego County SAM databases: for a release of diesel fuel to the subsurface in 1991. Citing no designated beneficial groundwater use, the case attained closure in 1994 (Local Case: H17076-001). A second case involving diesel fuel impacted soil was opened in 2000 and subsequently closed in February 2001 (Local Case: H17076-002).
- CHMIRS database: On 2 April 2014 Hanson reported a release of 15 gallons of hydraulic oil from a broken line on a semi trailer. Cleanup was reported as “in progress,” but a final status was not reported.

California Commercial Asphalt, LLC (CCA) is listed in the UST, EMI, AST, and San Diego County HMMD databases. Significant findings associated with CCA include:

- San Diego County HMMD database: The facility has an active 10,000-gallon diesel UST, installed in 1984. The facility is a generator of hazardous waste including but not limited to antistripping oil, asphalt oil, asphalt solvent, diesel, lubricating oils, propane, waste oil, heat transfer oil, distillates, and used oil filters. A violation in July 2002 for the facility reported their fill box drain was not functional and their backup system was not available.
- AST: the facility is listed for storage of oil and other products associated with asphalt production.

Superior Ready Mix is listed in the FINDS, UST, AST, San Diego County SAM, LUST, EMI, HIST CORTESE, SWEEPS UST, and San Diego County HMMD databases. Significant findings associated with Superior Ready Mix include:

- San Diego County SAM and LUST databases: Two LUST cases; Case H21310-001 was opened in August 1992 for a release of diesel fuel that reportedly only affected soil that was subsequently closed in March 2003, and Case H21310-002 was opened in January 2003 for a release of diesel fuel that reportedly only affected soil that was subsequently closed in February 2007.
- San Diego County HMMD: for an operating 12,000-gallon diesel UST that was installed in 1985 and is permitted through May 2018. A 3,000-gallon engine oil AST and a 1,200-gallon waste oil AST are also currently in use at the facility. The facility is permitted to generate hazardous waste including but limited to, calcium nitrate, diesel, lubricating oil, motor oil, parts cleaning solvents, and antifreeze. Several administrative and compliance violations have been reported, including but not limited to secondary containment issues and improper management of oil filters.
- AST: the facility is listed for storage of products associated with concrete production.

3.2.2 Adjoining Properties

- Several adjoining properties were identified in the databases searched by EDR. Summaries of notable listings are provided below: Catalent Pharma Solutions, also listed as Tesla-Service-Trade Place, located at 9250 Trade Place, adjoining southeast of the Site, is listed in the FINDS, RCRA-LQG, and ECHO databases. According to the RCRA-LQG database, the facility is a large quantity generator of hazardous waste, including ignitables, corrosives, and non-halogenated solvents. Historically, the facility generated non-halogenated solvents including but not limited to, TCE, PCE, and chlorobenzene; no violations were reported. Based on the limited information provided regarding the adjoining property usage as a historic generator of non-halogenated solvents, this property appears to have limited potential to adversely affect the Site.
- Crest Beverage Company, also listed as 7 UP/RC Bottling Company of San Diego and Mesa Distributing Co. Inc., located at 7598 Trade Street, adjoining south of the Site, is listed in the UST, SWEEPS UST, San Diego County HHMD, San Diego County SAM, FINDS, LUST, HIST UST, RCRA-SQG, HIST CORTESE, NPDES, and ECHO databases. The RCRA-SQG and San Diego HHMD databases indicate the facility is a small quantity generator of hazardous waste including but not limited to, motor oil, antifreeze, and propane. Various administrative and compliance violations have been reported, including unauthorized disposal of hazardous waste, secondary containment issues, and erroneously labeled waste containers. The facility is listed as having eight historical USTs, as summarized below:

Tank No.	Installation	Capacity	Contents	Status
1	1981	10,000-gal	Diesel	Removed 1/23/1990
2	1981	10,000-gal	Diesel	Removed 1/23/1990
3	1981	6,000-gal	Unleaded Gasoline	Removed 1/23/1990
4	1981	550-gal	Motor Oil	Removed 1/23/1990
5	1981	550-gal	Motor Oil	Removed 1/23/1990
6	1981	550-gal	Waste Oil	Removed 1/23/1990
7	1990	10,000-gal	Diesel	Removed 9/24/2009
8	1990	5,000-gal	Unleaded Gasoline	Removed 9/24/2009

Several closed leaking underground storage cases are listed for the facility in the SAM and LUST databases. Additional information was not provided for closed LUST cases H14610-001, H14610-002, and H14610-003. In June 2009, two underground storage tanks were removed from the facility and soil samples were collected which documented the presence of TPH (diesel and gasoline ranges). Additional soil samples to delineate the extent of the release indicated TPH-gasoline and diesel were below laboratory detection limits. No further action was recommended and the Department of Environmental Health (DEH) granted closure in July 2010. Based on the regulatory closure attained by the facility, this property is unlikely to have adversely affected the Site.

- C. R. Machado Inc., also listed as Trepte Industrial Park and Trugreen Chemlawn, located at 7692 Trade Street, adjoining south of the Site is listed in the FINDS, RCRA-SQG, ECHO, ENVIROSTOR, SLIC, San Diego HMMD and San Diego SAM databases. The facility is listed as a small quantity generator of hazardous waste in the RCRA-SQG database; no violations were reported. According to the SLIC database, the facility has two cases; case H06912-001 opened in January 2000 and subsequently closed in June 2000 and a voluntary assistance program case (case no. H06912-002) was opened in June 2001 for potential pesticide soil contamination subsequently closed in June 2002. Limited information was available. . Based on the regulatory closure attained by the facility, the property is unlikely to have adversely affected the Site.
- Numerous additional properties adjoining the Site are listed in the RCRA-SQG, SLIC, San Diego County SAM, San Diego County HMMD, and the EDR Historical Auto and Cleaners databases. However, based on the limited information provided, these properties are unlikely to have adversely affected the Site.

3.2.3 Properties within ½-Mile of the Site

Several properties were identified in environmental records databases within ½-mile of the Site. Databases included the following: San Diego County HMMD (41 properties), FINDS (34 properties), ECHO (33 properties), RCRA-SQG (32 properties), San Diego County SAM (24 properties), LUST (23 properties), SWEEPS UST (20 properties), SLIC (16 properties), HIST CORTESE (13 properties), HAZNET (11 properties), HIST UST (9 properties), EDR Hist Auto (9 properties), AST (9 properties), EMI (5 properties), NOTIFY 65 (4 properties), ENVIROSTOR (4 properties), EDR Hist Cleaner (3 properties), CHMIRS (3 properties), UST (3 properties), DRYCLEANERS (1 property), RCRA-TSDF (1 property), RCRA-CESQG (1 property), RCRA NONGEN/NLR (7 properties), RCRA-LQG (6 properties), NPDES (7 properties), FTTS (1 property), HIST FTTS (1 property), SCH (1 property), RESPONSE CORTESE (1 property), HIST CAL-SITES (1 property), HWP (1 property), ICIS (1 property), DEED (1 property), WDS (1 property), and UXO (1 property). A summary of notable database listings is presented below:

- Expert Cleaners Plaza Sorrento Shopping Center, located at 6755 Mira Mesa Boulevard, approximately 0.3 miles northwest of the Site, is listed in the HAZNET, RCRA-LQG,

EMI, SLIC, DRYCLEANERS, San Diego County HMMD, and San Diego County SAM databases. According to the RCRA-LQG database, the facility has been a dry cleaning and laundry service since at least 1991. The facility is a large quantity generator of hazardous waste including but not limited to PCE, TCE, and chlorobenzene; no violations were reported. Additionally, the facility had two cleanup program site cases (lead agency case numbers: H29616-001 and H29616-002) opened in 1999 and 2005, respectively, for potential chlorinated hydrocarbon impacts to soil. The cases attained closure in February 2000 and April 2007, respectively. Based on the distance from the Site, this property is unlikely to have adversely affected the Site.

- Sunflower Properties Inc. (now Westcore Properties Inc.), located at 9755 Distribution Avenue, approximately 0.4 miles south of the Site, is listed in the SLIC, ENVIROSTOR, RESPONSE, CORTESE, San Diego County HMMD, and HIST CAL-SITES databases. According to the SLIC database, the facility has an open remediation status for potential PCE impacts to groundwater. Historically, the facility was in the business of receiving, selling, and distributing PCE. The PCE contamination at the facility is believed to have occurred between 1975 and 1990. Currently, the facility is undergoing active remediation for volatile organic compound (VOCs) impacts to the vadose zone and impacts to groundwater. Based on the distance and hydraulically downgradient direction from the Site, this property is unlikely to have adversely affected the Site.
- Industrial Circuits, located at 7770 Miramar Road, approximately 0.43 miles southeast of the Site, is listed in the FINDS, HIST UST, RCRA-SQG, HAZNET, SWEEPS UST, SLIC, ENVIROSTOR, ICIS, DEED, and ECHO databases. According to the SLIC database, the facility had a cleanup program (lead agency case no. H01514-001) for the waste oil, motor oil, hydraulic oil, and lubricating oil impacts to soil. The case was granted closure in July 1992. Historically, the facility conducted electroplating operations and was a large quantity generator of hazardous waste including but not limited to corrosives, arsenic, and mercury. Limited information for violations were reported. Additionally, the facility is found in the ENVIROSTOR database (identified with EPA Id: CAD982412165) for potential VOC impacts to soil and soil vapor at the facility. Based on the distance from the Site, this property is unlikely to have adversely affected the Site.
- Numerous properties within ½-mile radius of the Site are listed in the LUST, San Diego County SAM, ENVIROSTOR, SLIC, and EDR Historical Auto and Cleaners databases. However, based on the limited information provided, regulatory closure, or downgradient location from the Site, the properties are unlikely to have adversely affected the Site.

3.2.4 Properties within One Mile of the Site

One property was identified in significant databases between ½-mile and 1-mile of the Site. The Miramar Naval Air Station, located 0.80 miles southeast of the Site, is listed in the DOD database.

Limited information was provided. Based on the proximity and topographically downgradient direction from the Site, the property is unlikely to have impacted the Site.

No other properties within one mile of the Site were identified by EDR in the Federal NPL site list, Federal RCRA CORRACTS facilities list, Department of Defense facilities list, or the State or tribal-equivalent NPL lists.

3.2.5 Summary of Database Review

The Site has been operating as a mining facility since at least the mid-1960s. Facilities within the Site generate hazardous waste including but not limited to PCE, TCE, diesel, lubricating oils, motor oils, carboxylated polyether, inorganic cleaning solution, corrosion inhibitor, aerosols, asphalt oil, distillates, and recycled antifreeze. The Lehigh Hanson facility (active mine ID: 041790) reportedly contained two former USTs, and an additional three USTs were removed in 2017. The Hanson facility was listed with two closed LUST cases for the potential release of diesel to the subsurface and a release of hydraulic oil in 2014 with a cleanup reported as “in progress”. The Superior facility had two closed LUST cases for the potential release of diesel to the subsurface. Additionally, the Superior facility has an active UST and two active ASTs. The CCA Plant has an active diesel UST and is listed for the storage of oil and other products associated with asphalt production. Based on the nature of the Site’s historical use, the Lehigh Hanson and Superior’s closed LUST cases represent Historical RECs for the former releases of petroleum products and/or hazardous substances to the subsurface at the Site. Based on the nature of operations at the Site, the active USTs at the Superior and CCA facility represent RECs.

Numerous adjoining properties and properties within ½-mile of the Site are listed in the LUST, ENVIROSTOR, SLIC, San Diego Co. SAM, DRYCLEANERS, and the EDR Historical Auto and Cleaners databases. Based on the available information identified by EDR during their search of regulatory databases, the nature of the listings, regulatory status, the distance of these offsite properties from the Site, the estimated groundwater flow direction, and the results of prior subsurface investigations at some of these identified properties with documented subsurface impacts, suggests adverse impacts to the Site are unlikely.

A review of the list of “orphan sites” identified by EDR in their database search suggests insufficient information is available to accurately plot the properties, but based on the available information presented, the properties do not appear to be located near the Site.

3.3 Historical Aerial Photographs and Topographic Maps

Historical aerial photographs (aerials) from 1949, 1953, 1964, 1966, 1970, 1979, 1985, 1989, 1994, 2005, 2009, 2010, and 2012 and USGS topographic maps (topos) for years 1903, 1930, 1943, 1953, 1967, 1975, 1994, 1996, and 2012 were received from EDR and are provided in Appendices D and E, respectively. Geosyntec also reviewed aerials dated 1953, 1964, 1966, 1972, 1980, 1989, 1994, 1996, 2002, 2003, 2005, 2009, 2010, and 2012, online with www.HistoricAerials.com; and aerials dated 1994, 1996, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, and 2016 with GoogleEarthPro

[HistoricAerials.com, 2017; GoogleEarthPro, 2017]. A summary of pertinent findings from the review of the aerials and topos is included below.

- The earliest available topo from 1903 and the earliest available aerial from 1949 indicates the Site was undeveloped land with a single road located along the southern portion of the Site. The Site is located within Carroll Canyon, with Carroll Canyon Creek flowing through the Site from east to west. The Site vicinity was developed with several roads and a railroad southwest of the Site.
- By 1953 the Naval Reservation facility was constructed southeast of the Site and the Site remained relatively unchanged.
- By 1964 mining operations were visible along the southwestern portion of the Site where a Batch Plant appears to have been established. A major road was paved along the western portion of the Site and another paved road cut east-west along the center portion of the Site. By 1966 it appeared mining migrated further west, outside of the Site, and continued through at least 1970.
- By 1979 the Site vicinity underwent major development, with the construction of residential properties northeast of the Site and commercial properties south of the Site.
- By 1985 sediment retention ponds were visible along the southern portion of the Site and active mining continued northwest of the Site, where the Fenton Carroll Canyon district currently resides. Active mining operations continued to drastically morph the Site's landscape. Vulcan Materials Company appeared to begin mining operations west of the Site. Further development of residential and commercial properties continued in the Site vicinity.
- By 1989 extensive mining along the north and central portion of the Site was underway. The Site vicinity was colonized with residential and commercial properties and appeared similar to current configuration, with the exception of Fenton Carroll Canyon which was established in 2002.
- Between 1994 and 2016 the Site continued to change due to active mining operations but the Site buildings and batch plants appeared similar to its current configuration.

3.4 Sanborn Maps

EDR conducted a search for but did not identify Sanborn® fire insurance maps for the Site and the adjacent area. The EDR Sanborn® Map Report (indicating no coverage) is presented in Appendix F.

3.5 City Directories

City Directories were searched by EDR for selected years from 1903 to 2014 to assess occupancy at the Site and adjoining properties (Appendix F). The Site address (9255 Camino Santa Fe) was listed in 1989 as Pipeline Material Inc., and in 1992 as Across Town Movers, Birman Wm Company, Custom Crete Inc., and Davis Taylor Jett Co. From 2010 to 2014 the Site was listed as, Lehigh Hanson. The Site had an alternative address listed, 9255 Camino Santa Fe Street, and was listed in 2000 as North Co Material Inc. and Strategic Material Inc. In 2006 the Site was listed as A1 Soils Hanson Aggregates and Hanson A1 Soils. From 2000 to 2014 the Site was listed as Petrochemical Marketing Inc. and Pre Mixed Concrete Company. Notable listings for facilities within the Site, with various addresses included:

- California Commercial Asphalt Corporation listed in 1989 and 1992 at 9235 Camino Santa Fe. The facility was also listed in 2000 and 2006 at 9235 Camino Santa Fe Street.
- 9245 Camino Santa Fe had several listings including: Superior Ready Mix Concrete LP in 2010 and 2014, Superior Rock Inc. in 1995, and San Diego Ready Mix Concrete in 1989 and 1992. San Diego Ready Mix concrete in 2000 and 2006, and Superior Rock Inc. in 2006 was listed at 9245 Camino Santa Fe Street.
- Quikrete Companies Inc. listed in 2010 and 2014 at 9265 Camino Santa Fe.

3.6 Local Regulatory Agencies

Geosyntec contacted the following federal, state, and local agencies and accessed associated online databases to identify information pertaining to the Site. Requests for information and documents obtained from the agencies are provided in Appendix B:

- United States Environmental Protection Agency
- California Department of Toxic Substances Control and EnviroStor Database
- Regional Water Quality Control Board – San Diego Region and GeoTracker Database
- California Department of Oil, Gas, and Geothermal Resources Database
- CalRecycle Solid Waste Information System
- San Diego Air Pollution Control District
- San Diego County Department of Environmental Health Hazardous Materials Management Division
- San Diego Fire Department – Fire Prevention
- Cal Fire – Office of the State Fire Marshal

- San Diego Building Department
- City of San Diego Industrial Waste Program

United States Environmental Protection Agency (USEPA)

The USEPA – Region IX indicated no that they had no records for the Site.

California Department of Toxic Substances Control (DTSC) and EnviroStor database

The DTSC –Cypress, Chatsworth, Glendale, and San Diego Offices indicated that they had no files for the Site.

Cases related to the Site and nearby properties were identified in the DTSC's EnviroStor database. A summary of pertinent findings is below:

- Hanson Aggregates Carroll Canyon Facility – 9255 Camino Santa Fe: The Site is listed as with a voluntary cleanup program (VCP) application, dated December 2000. An area of diesel-impacted soil was discovered during quarrying operations, the source was reportedly from an historical AST. Test trenches were excavated and soil samples were detected with TPH at 5,540 ppm and xylenes at 0.256 ppm. Oversight and regulatory concurrence for in-place closure was requested, no additional information was provided.
- Trepte Industrial Park – 7692 Trade Street East: Adjoining southeast of the Site, the facility is listed as a VCP site that specifies to refer to the local agency as of 2 August 2001. Low levels of pesticides including chlorpyrifos, dicamba and pendimethalin were detected in soil, limited information is provided. Based on the limited information provided, this property is unlikely to have adversely affected the Site.
- Sunflower Properties Inc. (now Westcore Properties Inc.) – 9755 Distribution Avenue: Located approximately 0.8 miles southeast of the Site, the facility is listed as an active state response site for the potential impacts of PCE to soil, soil vapor, and groundwater. Additional information about this property is discussed in Section 3.2.3. Based on the distance and hydraulically downgradient direction from the Site, this property is unlikely to have adversely affected the Site.
- Composite Optics, Inc. – 9617 Distribution Avenue: Located approximately 0.9 miles southeast of the Site, the facility has been expanding operations since the early 1980s for manufacturing of aerospace composite hardware. Phase I and Phase II environmental site assessments were conducted for the facility by 2002. A preliminary endangerment assessment (PEA) work plan was prepared for the facility in response to a September 2004 letter from the California Environmental Protection Agency (Cal-EPA) and DTSC describing the evaluation of arsenic in soil and the collection and analysis of soil vapor. The PEA report, dated 16 August 2006, assumed the presence of constituents of potential concerns (COCs) in soil and soil vapor should not present an unacceptable health risk to future workers at the facility, recommending NFA required. On 16 May 2007, the DTSC

conducted a meeting to discuss risk assessment, establishing NFA. Based on the distance from the Site, this property is unlikely to have adversely affected the Site.

- Five properties located within a one-mile radius of the Site are documented with Evaluation and Hazardous Waste site cases. However, these cases are unlikely to have adversely affected the Site due to their distance and direction from the Site.

RWQCB – San Diego Region and GeoTracker Database

The RWQCB indicated they had records for the Site. A summary of notable files is presented below:

- Facility inspection form for a routine non-sampling inspection, dated December 2009. The inspection specifies the identification of Carroll Canyon Creek being the primary source of sedimentation impairment of the Los Penasquitos Lagoon and includes suggestions to upgrade best management practices (BMPs) to prevent turbid changes from occurring at the lagoon. An enforcement follow-up inspection, dated March 2010, recommends immediate termination of discharge from the sediment basin.
- Notice of Violation (NOV) (no. R9-2010-0060) for a required technical report for the Site, dated March 2010. The RWQCB required the facility to submit a technical report including a site status report, a storm water pollution prevention plan (SWPPP) status report, and a long-term corrective action plan.
- Turbidity Reports for Carroll Canyon, dated October 2010 and March 2011. The RWQCB declares increased turbidity indicates the need for increased BMPs.
- Several Annual Monitoring Reports for the Hanson Aggregates Carroll Canyon Plant in accordance with Order No. 95-104. The monitoring reports evaluate groundwater and other on-site conditions to determine potential environmental impacts associated with the discharge of wastes to land. The 2007 report states the volume of recycled washwater at the Site averaged 300,000 gallons. The 2009 report declares an average of 190 tons of solid waste disposal of cement paste. The 2010 and 2011 report state the volume of recycled washwater at the Site averaged 250,000 gallons.
- Notice of Intent (NOI) by Hanson Aggregates to enroll in Resolution R9-2007-104 (Conditional Waiver No. 9) for discharges of slurries to land, dated December 2013. During washout of residual concrete and cement left in trucks, the partially cured remaining material is processed to remove the sand and gravel for re-use and the leftover cement residue is what is being requested to be discharged during reclamation of former mining areas at the site. This product has similar pH levels to concrete and cement and would be applicable for discharge to land under this waiver. A Waste discharge Non-Pollutant Discharge Elimination System (NPDES) permit application was submitted December 2013. Approved enrollment letter for the discharges of slurries to land under no. R9-2007-104, conditional waiver no. 9 for the Hanson Aggregate Carroll Canyon Plant, dated January 2014.

- NOI requesting termination of Waste Discharge Requirements Order No. 95-104 and notice of adoption of Order No. R9-2014-0041 for conditional waivers of waste discharge requirements for low threat discharges in the San Diego Region dated January 2015.
- Letter to the RWQCB dated January 2017 indicating Hanson Aggregates Carroll Canyon facility located at 9255 Camino Santa Fe in San Diego has ceased all mining, sand and gravel processing, and ready mix concrete production. Reportedly, the property discontinued mining activities in October 2016 and processed the remaining stockpiles before the end of 2016. On 3 January 2017 Hanson surrendered all air permits to operate associated with the sand and gravel processing and ready mix concrete production with the Air Pollution Control District San Diego County. On 28 March 2017, the RWQCB inspected the facility to verify these activities had been terminated and to determine if the waste discharge requirements for the facility, Order No. 95-104 can be rescinded, no violations were noted.

Additionally, cases related to the Site and nearby properties were identified in the SWRCB's online GeoTracker database. A summary of pertinent findings is below:

- Hanson Aggregates – 9255 Camino Santa Fe: Located within the Site, the Hanson facility reportedly had a closed Cleanup Program Site and LUST Cleanup Site case, identified by the San Diego County Local Oversight Program (LOP) case numbers H17076-002 and H17076-001 for potentially impacted soil with diesel fuel. The cases were closed February 2001 and August 1994, respectively. Limited additional information is provided. The facility has an active UST permit (facility ID: 37-000-117076).
- Superior Ready Mix – 9245 Camino Santa Fe: Located within the Site, the Superior facility is currently listed with two LUST cases. According to a letter from the County of San Diego DEH department, a single soil sample was taken during a piping replacement of the UST on January 2003. Analytical results detected 25,000 mg/kg of diesel in the single soil sample. Because of the great depth to groundwater, the non-beneficial classification of groundwater, the relatively low risk posed by diesel fuel, the use of property for industrial purposes, and the contaminated area continues to be used for fuel dispensing, the Site Assessment and Mitigation Program (SAM) closed the case in February 2007 without asking for further investigation or cleanup (LOP case no. H213100-002). Additionally, the facility has a LUST case (case no. H21310-001) for potential fuel impacts to soil, closed in March 2003, limited information was provided. The Superior facility has an active UST permit (facility ID: 37-000-121310). Based on the nature of the cases and closed status, these cases likely represent an HREC.
- Expert Cleaners – 6755 Mira Mesa Boulevard: Located approximately 0.3 miles northwest of the Site, the Cleaners facility has been a dry cleaning and laundry service since at least 1991. Additional information can be found in Section 3.2.3. Based on the distance from the Site, this property is unlikely to have adversely affected the Site.
- Flanders Court – 10240 Flanders Court: Located approximately ½-mile northwest of the Site, the Flanders facility is currently listed with a closed cleanup program site case (LOP case no. DEH2013-LSAM-000164). In December 2012, a Phase I ESA conducted at the

facility indicated use of halogenated VOCs such as PCE since the early 1900s. The ESA concluded there was a moderate likelihood that long term use of halogenated VOCs at the facility could have resulted in a REC. The property owner submitted a Voluntary Assistance Program (VAP), opened March 2013. A soil vapor survey conducted by SCS Engineers, December 2012, determined vinyl-chloride, chloroform, carbon tetrachloride, and PCE concentrations above the risk-based screening levels (RBSLs). In February 2013, Geosyntec's soil vapor survey at the facility partially confirmed the results of the December 2012 investigation. Indoor air samples were also collected to directly assess potential vapor intrusion. Measurements indicated concentrations were consistent with outdoor air levels, indicating indoor air concentrations were below RBSLs. Further vapor intrusion assessments to assess the vertical and lateral extent of VOCs in soil and soil vapor beneath the facility was conducted between April and August 2013. Based on the findings, Geosyntec concluded that soil contamination had been defined vertically and laterally at the facility and recommended that DEH grant a NFA for the facility. The DEH granted the facility NFA 24 September 2013. Based on the closed case status and distance from the Site, this property is unlikely to have adversely affected the Site.

- Numerous properties located hydraulically cross-gradient or downgradient within a one-mile radius of the Site are documented with closed LUST cases, closed and open cleanup program site cases, open military cleanup site case, state response case, inspection case, closed and open hazardous waste RCRA cases, and evaluation site case. Based on the distance from the Site, these properties had limited potential to have adversely affected the Site.

California Department of Oil, Gas, and Geothermal Resources (DOGGR) Database

Review of the DOGGR database on 30 June 2017 did not indicate the presence of current or historical oil, gas, or geothermal wells within one mile of the Site.

CalRecycle Solid Waste Information System (SWIS)

Review of the SWIS database on 30 June 2017 did not indicate the presence of a current or former solid waste facility within 1 mile of the Site.

San Diego Air Pollution Control District (SDAPCD)

The SDAPCD provided records for the Site, including the following:

- Permit applications for internal combustion engines and sand and gravel aggregate screen in May 2013.
- Retired permit status for a rock plant, quarry-loading pit, and impact crushers in May 2013.
- Several NOV's from 1995 to 2015 including but not limited to failure to maintaining air pollution control equipment in full operation and failure to ensure collected fines contain adequate moisture to prevent visible emissions.

San Diego County Department of Environmental Health Hazardous Materials Management Division (HMMD)

The San Diego County DEH's HMMD provided voluminous records for 9255 Camino Santa Fe. Notable findings are summarized below:

- The Hanson facility at the Site had several pertinent documents summarized below:
 - Diesel-impacted soil was discovered in June 2000 during quarrying operations. In November 2000, an assessment of diesel fuels in soil was reported for the Site. The source of the diesel impacted soil is assumed to potentially be caused by an historical AST. Trenches were excavated and soil samples were analyzed for TPH, benzene, toluene, ethylbenzene and xylene (BTEX). Analytical results of collected soil samples indicated TPH at 5,540 ppm and xylenes at 0.256 ppm. In December 2000, a voluntary assistance program (VOP) was opened for the Site in response to the discovery of reportedly diesel impacted soil. Based on field observations and soil sample results, the extent of TPH-impacted soil was presumably largely delineated and NFA was suggested, the County of San Diego HMMD concurred with a letter dated February 2001.
 - In May 2006 Hanson reported that a truck overturned in the quarry and spilled approximately 50 gallons of fuel to the ground. No surface water or stormwater impacts were reported. Cleanup of the soil was noted in the report as “pending.”
 - An Underground Storage Tank Operating Permit for the Site details three USTs including a 12,000-gallon diesel tank and two 20,000-gallon diesel tanks with an active permit until September 2018. Several compliance inspections reports dating from 1999 to 2016 reported numerous violations including but not limited to missing hazardous waste labels, monitoring system not functional, and missing maintenance and calibrations records. According to a Hazardous Material Permit Application, the Site reportedly has five ASTs including one 240-gallon used oil tank and four 240-gallon motor oil tanks.
- H.G. Fenton Materials facility, previous owners of the Site, had several pertinent documents summarized below:
 - In December 1991, a hazardous material specialist conducted an inspection for the closure and removal of two 10,000-gallon diesel USTs, installed from 1961 to 1962. The inspection resulted in strong odor and highly stained soil observations at the proposed UST removal location.
 - According to a Limited Site Assessment Report dated February 1992, remedial excavation of diesel impacted soil at the facility were conducted January 1992. During remedial excavation activities, approximately 900 cubic yards of soil was stockpiled on Site. After removal of coarse fragments from the impacted stockpiled soil, approximately 650 cubic yards of soil remained. On December 1992, twenty-six stockpile soil samples and confirmatory soil samples from the

bottom and the side walls of the former tank excavation area were collected and analyzed for TPH. Analytical results of the stockpiled soil and confirmatory soil samples resulted in TPH below laboratory detection limits (<10 mg/kg). The stockpile soil was later used as road base material within the Site. The consultant reported there was no apparent threat to public and environmental health at the facility and suggested regulatory closure of the LUST.

- A NFA letter from the San Diego County HMMD confirmed the completion of the site investigation and remedial action for the LUST at the facility, dated 1 August 1994.
- UST Testing at facility in December 1996 showed three USTs including one 12,000-gallon unleaded tank and two 20,000-gallon diesel tanks. Several compliance and administrative violations for the facility were reported including mislabeling drums and spill buckets containing excess water.
- San Diego Gas & Electric substation is reportedly located on a dirt road past Camino Santa Fe, within the Site. Aerial photographs indicate the substation was constructed between 1985 and 1989, currently located onsite. A compliance inspection report indicated the facility was being inspected as a new business, dated February 2009. An Annual Carcinogen and Reproductive Toxin Reporting List, dated February 2016. Findings include less than 500 pounds of lead and lead compounds, less than 55 gallons of strong inorganic acid mists containing sulfuric acid, and less than 10 pounds of arsenic. The substation stores reportable quantities of dielectric oil on site and a cylinder that holds 198 cubic feet of nitrogen gas. No violations were reported for the facility.
- Superior Ready Mix Concrete, L.P. has a UST operating permit for a 12,000-gallon diesel UST since August 1985, with an expiration of May 2018. The facility has several compliance and administrative violations including failed leak tests, secondary containment issues, and missing hazardous materials business plan. According to a 2003 AST System Assessment Report, the facility has a 3,000-gallon engine oil AST and a 1,200-gallon waste oil AST that, reportedly, appear to be in good working order.
- Compliance Inspection Reports for the Canyon Recycling facility at the Site include various administrative and compliance violations including incorrectly labeled drums, incomplete hazardous materials business plan, and out of date hazardous permits from 1995 to 1998.
- Several previous tenants of the Site were listed with various compliance and administrative violations, limited information was provided.

San Diego Fire Department – Fire Prevention

The Fire Department – Fire Prevention Division indicated they had several hazardous material permit applications for the Site including:

- Installation of a 500-gallon waste oil AST and a 390-gallon motor oil AST for the Hanson facility, dated October 2000.
- Removal of two 10,000-gallon diesel USTs at the Hanson facility, dated December 1991.
- Removal of three USTs at the Hanson facility including one 12,000-gallon diesel and two 20,000-gallon diesel USTs, dated May 2017.

Cal Fire – Office of the State Fire Marshal

The Office of the State Fire Marshal for Cal Fire indicated that they had no records for the Site.

San Diego Building Department

The building department provided certificate of occupancy, building permits, legacy BPIS permits, and approval exception documents for the Site including:

- Electrical Circuitry at new commercial buildings in August and March of 1987.
- Electrical improvement for pallet plant in September 1989, and temporary pole construction in November and December of 1989.
- Electrical work for commercial building and temporary power pole in March 1990.
- Foundation for concrete batch plant and construction of two-story motor control center and batch office in November 1990.
- Construction of two new retaining walls in July 2003.

City of San Diego Industrial Waste Program

As of 8 August 2017, a response from the Industrial Waste Program has not been received. Should information concerning the Site change the findings of this report, Geosyntec will notify the User.

3.7 Previous Site Assessment Reports

The user provided environmental assessment reports for the protocol for handling and placement of cement residue produced at the Carroll Canyon Facility at the Site. The Site's waste discharge requirements (WDR) are detailed in Order No. 95-104, excluding the cement discharge as backfill material. In 2007, the San Diego RWQCB issued Resolution R9-2007-104, which allows for the discharge of cement residues to land. In order for proper waste disposal, Geosyntec prepared a NOI to enroll Carroll Canyon Facility in Resolution 2007-104 (Conditional Waiver No. 9) for discharge of cement slurries to land, the RWQCB authorized discharge cement slurries to land 10 January 2014.

4 INTERVIEWS

The user, Marvin E. Howell, indicated he was the most knowledgeable person about the Site. A summary of the interview is presented below:

4.1 Interview of Property Owner Representatives

On 8 August 2017 Geosyntec conducted a telephone interview with Mr. Marvin E. Howell, the Director of Land Use, Planning and Permitting for Lehigh Hanson. During the interview, questions were asked regarding Site use and conditions, typical of a Phase I ESA interview in accordance with ASTM E 1527-13. Mr. Howell indicated that he has been involved with the Site since 1989.

When asked about property history, Mr. Howell indicated that before Lehigh Hanson ownership of the Site, H.G. Fenton owned the property from August 1986 to November 1999. Mr. Howell reported that the Site has historically operated as a mining facility since at least 1968. Currently, the Site is used for open industrial storage and mining operations including aggregate, concrete, asphalt, and brick manufacturing. Reportedly, numerous hazardous materials are stored onsite within the partially active shop including relatively small amounts of lubricants, oils, and transmission fluid. Mr. Howell indicated there are numerous drums on secondary containment throughout the Site, more specifically within maintenance areas, containing admixture, new oil, and used oil. When asked about the presence of ASTs/USTs at the Site, Mr. Howell indicated that three USTs were recently removed under the County's direction; reportedly no spills were noted and analytical results revealed only a low level detection of TPH-diesel detected (80 mg/kg) in one of the confirmation samples. The County indicated on 10 August 2017 that the tank closure was complete and no further action would be required. Additionally, Mr. Howell stated that the CCA Plant reportedly stores ASTs containing asphalt oil. Mr. Howell indicated approximately 100,000-200,000 cubic yards of outsourced fill has been used onsite throughout Lehigh Hanson ownership. Reportedly, the outsourced fill was screened and demonstrated to be suitable for onsite use as engineered fill and backfill for former retention ponds. Historically, polychlorinated biphenyls (PCBs) were frequently used in the cooling oil in electrical transformers (pre-1980). Mr. Howell does not have knowledge of the Site's transformers, but he reported they are owned by SDG&E.

When asked about knowledge of any spills, leaks, or environmental incidents associated with the property, the Mr. Howell indicated that limited staining from heavy equipment has occurred throughout the Site. However, drip pans were used in practice and limited spills on dirt would be removed and handled adequately. Mr. Howell indicated that during mining operations, Lehigh Hanson found stained soil reportedly produced by previous owners H.G. Fenton. However, Mr. Howell indicated that the stained soil was minimal and less than a barrel of soil had been removed.

4.2 Interview of State and/or Local Officials

No current case managers were identified at any of the regulatory agencies which may have had files related to the Site; therefore, interview of regulatory personnel was not performed.

5 SUMMARY OF SITE RECONNAISSANCE

The following section summarizes observations made during the Site reconnaissance performed by Ms. Anayeli Picasso, GIT and Chris Lieder, P.G., of Geosyntec on 27 June 2017.

5.1 Methodology

The Site reconnaissance included a driving survey of the Site. The California Commercial Asphalt facility and the Superior facility were not inspected due to active operations. The adjoining properties were inspected by driving on public roads. Figure 2 and 3 depict the Site features and vicinity layout as identified during the Site reconnaissance. Photographs taken during the Site reconnaissance are included in Appendix H.

5.2 Reconnaissance Observations

A summary of reconnaissance observations is provided in Table 1. Notable observations are summarized below:

- Lehigh Hanson facility parks their onsite fuel truck at the south central portion of the Site, no visible stains were noted.
- The removal of three USTs including a 12,000-gallon diesel and two 20,000-gallon diesel underground storage tanks was ongoing at the time of reconnaissance. The USTs were located within the Lehigh Hanson batch plant's former fuel island station in the southeastern portion of the Site. No visible stains were noted.
- Several drums contained on secondary containers and properly labeled containing aerosol cans were located in the southeastern portion of the Site, immediately south of the SDG&E substation. ASTs containing admix were visible within the former Lehigh Hanson batch plant, located in the southeastern portion of the Site.
- Several stockpiles were located throughout the Site including, organic soil stockpiles, sand and gravel stockpiles, an asphalt grindings stockpile, and an adlar paste stockpile. According to Hanson, these stockpiles will be recycled and sold off-site.
- A former stormwater retention pond is visible in the southwestern portion of the Site, immediately north of the main access road. Currently, the Lehigh Hanson facility operates one industrial sediment retention pond in the south-central portion of the Site. The active retention pond intakes the facility's wash water and the City of San Diego potable water, recycles it and uses it to fill their onsite Water Truck.
- Superior Batch Plant, located in the southwestern portion of the Site, has an active Fuel Station located at the center of the facility. The facility reportedly stores one 12,000-gallon diesel UST, its exact location is unknown. The facility reportedly stores a 3,000-gallon engine oil and a 1,200-gallon waste oil ASTs, the exact locations are unknown.

Additionally, the facility had some *de minimis* ground staining potentially caused by onsite trucks is located on the southeast side of the facility. At the time of reconnaissance, due to active operations, only the exterior of the Superior facility was inspected.

- The CCA facility, located in the southcentral portion of the Site, is an active asphalt plant that stores numerous ASTs containing asphalt oil, the exact contents and sizes were unknown at the time of reconnaissance. Additionally, the facility reportedly stores a 10,000-gallon diesel UST, the exact location is unknown. At the time of reconnaissance, due to active operations, only the exterior of the CCA facility was inspected.
- Limited scrap metal and transfer roll-off bins were observed at the Allan Company Recycling storage facility located within the southwestern portion of the Site.

6 SUMMARY OF FINDINGS

Geosyntec has performed a Phase I Environmental Site Assessment in conformance with the scope and limitations of ASTM Practice E 1527-13 in anticipation of a potential property transaction for the Lehigh Hanson facility and sub-leased facilities, located at 9235, 9245, 9255, and 9265 Camino Santa Fe in San Diego, California. This assessment has revealed the following:

6.1 Site Conditions and Use

The Site is located within Carroll Canyon, with Carroll Canyon Creek flowing through the Site from east to west. The Site is located within a mixed use (commercial/residential/industrial) area east of Camino Santa Fe and north of Trade Street (Figures 1 and 2). Prior to the 1940s, historical records indicated the Site was undeveloped, vacant land. Active mining operations initiated in the early 1960s in the southwestern portion of the Site, and operations at the site evolved over time to include concrete and asphalt production, recycling storage and transfer roll-off bins, custom soil blending, and other associated operations. By the late 1990s-early 2000s, the Site configuration was similar to the current layout.

The Site comprises mined land and includes several sub-leased facilities (Figures 2 and 3). In addition to the former onsite mining operations, other operations at the site include A-1 Soils (owned by Lehigh Hanson), and sub-leased facilities including Superior Ready Mix (Superior), Allan Company Recycling, Quikrete, and California Commercial Asphalt, LLC (CCA). An SDG&E electrical substation is also present in the eastern portion of the facility. The northern most portion of the Site is an undeveloped, heavily-vegetated canyon. A-1 Soils' blending area is located in the west-central portion of the Site. Several crushed rock stockpiles and an asphalt grindings stockpile are located directly south of the soils blending area. The Site's main road separates the unearthing operations to the north and the subleased facilities to the south. A-1 Soil Aggregates' scale yard, Allan Company Recycling storage facility, and the Superior Batch Plant are located within the southern portion of the Site. Encompassing the south-central portion of the Site is the Quikrete yard and the CCA Asphalt Plant.

In a January 2017 letter to the San Diego Regional Water Quality Control Board (RWQCB) Lehigh Hanson (Hanson) indicated that it ceased all mining, sand and gravel processing, and ready mix concrete production. Reportedly, mining activities were discontinued in October 2016 and Hanson processed the remaining stockpiles before the end of 2016. On 3 January 2017 Hanson surrendered all air permits associated with the operation of the sand and gravel processing and ready mix concrete production. On 28 March 2017 the RWQCB inspected the facility to verify these activities had been terminated and to determine if the waste discharge requirements for the facility under Order No. 95-104 can be rescinded. As part of the ongoing decommissioning activities, Lehigh Hanson was removing three USTs located at the batch plant fuel island station during the site reconnaissance in July 2017. Superior, A-1 Soils, and CCA continue to operate at the Site.

Based on a review of available regulatory records, Lehigh Hanson, prior property owners, and current and historical tenants have stored and used petroleum products and hazardous materials

including but not limited to solvents such as PCE and TCE, gasoline, diesel fuel, lubricating oils, waste oil, and other chemicals and products associated with mining, concrete manufacturing, asphalt manufacturing, and maintenance of equipment. Several underground storage tanks (USTs) have been present at the site since the early 1960s for the storage of diesel fuel and gasoline. In addition, current and historical operations have included numerous aboveground storage tanks (ASTs) for the storage of numerous products (including hazardous materials) associated with current and historical operations. Documented onsite use of hazardous substances or petroleum products, and documented incidents include the following:

Lehigh Hanson/ H.G. Fenton Materials:

- In December 1991 during the removal of two 10,000-gallon diesel USTs installed sometime between 1958 and 1961, the County inspector noted stained and odorous soil, and ponded groundwater in the bottom of the excavation at a depth of 14 to 15 feet. Subsequent remedial excavation of diesel impacted soil occurred February 1992. Citing no designated beneficial groundwater use, the San Diego County HMMD closed the case in 1994 (Case H17076-001).
- Diesel-impacted soil was discovered in June 2000 during quarrying operations. Reports indicate that the impacts may have been caused by a historical AST. Soil samples collected from trenches excavated to assess the impacted soil contained TPH at concentrations up to 5,540 ppm and xylenes up to 0.256 ppm. Based on field observations and soil sample results, the extent of TPH-impacted soil was presumably largely delineated and an NFA was requested; the County of San Diego HMMD concurred with a letter dated February 2001 (Case H17076-002).
- In May 2006 Hanson reported that a truck overturned in the quarry and spilled approximately 50 gallons of fuel to the ground. No surface water or stormwater impacts were reported. Cleanup of the soil was noted in the report as “pending.” In discussion with Hanson representatives, the spill was cleaned up and no further reporting was required due to the limited volume released.
- In January 2014 the RWQCB authorized the enrollment of the Site in Resolution R9-2007-104 (Conditional Waiver No. 9) for discharge of cement slurries to land.
- On 2 April 2014 Hanson reported a release of 15 gallons of hydraulic oil from a broken line on a semi trailer. Cleanup was reported as “in progress,” but a final status was not reported. In discussion with Hanson representatives, the spill was cleaned up and no further reporting was required due to the limited volume released.
- In June 2017 Geosyntec conducted a soil screening for the reportedly hydrocarbon contaminated soil located immediately northwest of the Lehigh Hanson batch plant. Geocon Inc. (Geocon) drilled two borings until native soil was encountered while

Geosyntec personnel continuously screened the soil cuttings utilizing a photo-ionizing detector (PID). Screenings indicated low detections of volatile organics, with the highest detection of 2.5 parts per million (ppm) at a depth of 13 feet below ground surface (bgs).

- In July 2017 two 20,000-gallon diesel USTs and one 12,000-gallon diesel UST installed in 1991 were removed. Sixteen soil samples were collected and analyzed for TPH-extended range, BTEX, and oxygenates. With the exception of 80 mg/kg TPH-quantifies as diesel in one sample, none of the samples contained detectable concentrations of TPH, BTEX, or oxygenates. Based on the County's observations during the UST removal activities and review of the analytical data, the County indicated on 10 August 2017 that the tank closure was complete and no further action would be required.
- Multiple Notices of Violations (NOVs) were issued related to failed integrity tests for the onsite USTs, compliance issues related to the UST systems as noted during routine regulatory inspections, and hazardous materials management.

Superior Ready Mix

- According to information provided by EDR, a release of diesel fuel that reportedly only affected soil occurred in August 1992. The case (H21310-001/9UT2339) was closed on 14 March 2003.
- A County inspection during re-piping for a UST in January 2003 noted stained and odorous soil, and a soil sample contained 25,000 mg/kg TPH-diesel. Because of the great depth to groundwater, the non-beneficial classification of groundwater, the relatively low risk posed by diesel fuel, the use of property for industrial purposes, and the contaminated area continues to be used for fuel dispensing, the Site Assessment and Mitigation Program (SAM) closed the case 23 February 2007 without asking for further investigation or cleanup.
- Superior currently has an operating 12,000-gallon diesel UST, listed as installed in 1985, that is permitted through May 2018. A 3,000-gallon engine oil AST and a 1,200-gallon waste oil AST are also currently in use at the facility.
- Multiple NOVs were issued related to the onsite USTs, compliance issues related to the UST system as noted during routine regulatory inspections, and hazardous materials management.
- Surface staining from oil and other products used at the Superior facility were observed during the site reconnaissance.

California Commercial Asphalt

- CCA currently operates an asphalt manufacturing plant in the southern portion of the Site. CCA handles hazardous materials and generates hazardous waste including but not limited to asphalt oil, diesel, lubricating oil, heat transfer oil, and distillates.
- The facility has an active 10,000-gallon diesel UST, installed in 1984. A violation in July 2002 for the facility reported their fill box drain was not functional and their backup system was not available.

6.2 Offsite Conditions and Use

The Site is located within a mixed-use area. Adjoining north and northeast of the Site are residential properties, northwest of the Site are commercial properties within the Sorrento Valley Business Park including Experts Cleaners Plaza Sorrento Shopping Center; west of the Site across Camino Santa Fe are commercial properties within Fenton Carroll Canyon; south of the Site are several commercial properties within the Carroll Canyon Business Park including Crest Beverage Company and Catalent Pharma Solutions; east of the Site is Vulcan Materials Company, along with several residential and commercial properties.

Numerous adjoining properties and properties within ½-mile of the Site are listed in the LUST, ENVIROSTOR, SLIC, San Diego Co. SAM, DRYCLEANERS, and the EDR Historical Auto and Cleaners databases. Based on the available information identified by EDR during their search of regulatory databases, the nature of the listings, regulatory status, the distance of these offsite properties from the Site, the estimated groundwater flow direction, and the results of prior subsurface investigations at some of these identified properties with documented subsurface impacts, suggests adverse impacts to the Site are unlikely.

6.3 Data Gaps

In accordance with ASTM E1527-13, this section documents data gaps in the information obtained and reviewed as part of this Phase I ESA and discusses the associated significance. A data gap is defined in ASTM E1527-13 as being “... a lack of or inability to obtain information required by this practice despite good faith efforts by the environmental professional to gather such information”. Data gaps were identified, however, Geosyntec does not believe that these data gaps are significant enough to change the conclusions of this report. Data gaps included a lack of response from the City of San Diego Industrial Waste Program.

6.4 Recognized Environmental Conditions

We have performed a Phase I Environmental Site Assessment in conformance with the scope and limitations of ASTM Practice E 1527-13 of the Site which encompasses approximately 412 acres located at 9255 Camino Santa Fe in San Diego, California. Any exceptions to, or deletions from, this practice are described in Section 6.3 Data Gaps of this report. This assessment has revealed

no evidence of recognized environmental conditions in connection with the property, except for the following:

Recognized Environmental Conditions

- The operating California Commercial Asphalt facility contains several ASTs and an active 10,000-gallon UST installed in 1984. No known/documented releases have been reported for the facility; however, the potential exists for a release to have occurred from a UST installed more than 30 years ago. Based on the nature of ongoing operations, the UST represents a REC.
- The Superior facility currently has an operating permit for a 12,000-gallon diesel UST that was reportedly installed in 1985. The facility has several compliance and administrative violations including failed leak tests, and secondary containment issues. At least two diesel fuel releases have occurred at this facility. No additional known/documented releases have been reported for the facility; however, the potential exists for a release to have occurred from a UST installed more than 30 years ago. Based on the nature of operations, the UST represents a REC.
- Elevated levels of pH are likely to be present in near surface soil at the concrete wash-out areas as a result of the lime contained in cement. Since the Site may be redeveloped in the future for residential use, field investigations should be conducted once operations have ceased and demolition has been completed.

Historical Recognized Environmental Conditions

- Multiple unauthorized releases from multiple USTs and an AST have occurred at the site. The four documented releases at the Hanson and Superior facilities were closed based on the current site use and no further action is currently required. However, a change in site use in the future may warrant the need for additional assessment and/or regulatory involvement.

De Minimis Conditions

De minimis conditions are environmental conditions which generally do not present a threat to human health or the environment and that generally would not be the subject of an enforcement action if brought to the attention of the appropriate governmental agencies. Conditions determined to be *de minimis* are not RECs. *De minimis* conditions observed at the Site included the following:

- The Site has a long history of mining, concrete and asphalt production, recycling storage and transfer roll-off bins, and other similar uses dating back to the early 1960s. During this time, large quantities of hazardous substances have been handled and used, and large quantities of hazardous wastes have been generated at the site by the owners and tenants. Minor spills and incidents have likely historically occurred, but it is believed that the minor impacts would not trigger regulatory interest.

- Approximately 100,000-200,000 cubic yards of soil has reportedly been imported to the site for mine reclamation and other purposes during Lehigh Hanson ownership. Reportedly, the imported fill was screened and demonstrated to be clean prior to its usage onsite as engineered fill and backfill for former retention ponds.
- An SDG&E electrical substation is located in the eastern portion of the site. Historically, polychlorinated biphenyls (PCBs) were used in the cooling oil in electrical equipment. No documented incidents were identified for the SDG&E substation.
- Numerous NOVs issued during routine regulatory inspections of the facilities at the site were noted in the documents reviewed.

Staining observed during the site reconnaissance appeared to be minor and not likely to result in significant subsurface impacts.

7 CERTIFICATION

This environmental site assessment (ESA) was prepared in accordance with the scope of work, terms and conditions described in Geosyntec's proposal dated 11 June 2017. This proposal incorporated by reference the ASTM Standard E 1527-13, *Standard Practice for Environmental Assessments: Phase I Environmental Site Assessment Process*.

"I declare that, to the best of my professional knowledge and belief, I meet the definition of Environmental Professional as defined in §312.10 of 40CFR 312 and I have the specific qualifications based on education, training, and experience to assess a property of the nature, history, and setting of the subject property. I have developed and performed the all appropriate inquiries in conformance with the standards and practices set forth in 40 CFR part 312."



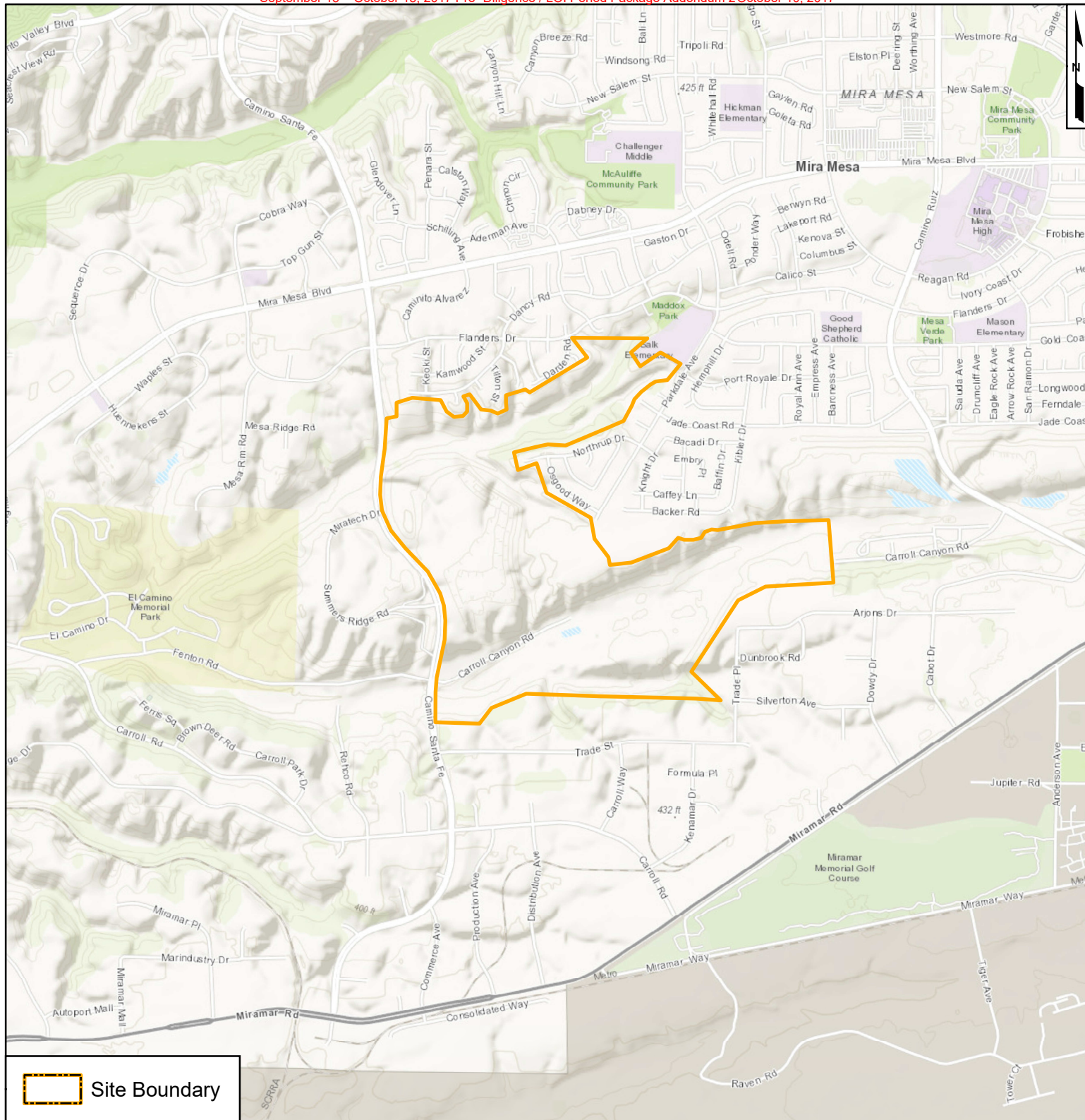
Veryl Wittig
California Professional Geologist No. 7115

____21 August 2017____
Date

8 REFERENCES

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- EDR, 2017. The EDR Certified Sanborn Map Report, Inquiry No. 4974839.3, Environmental Data Resources, Inc., 22 June 2017.
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- GoogleEarthPro, 2017. 9255 Camino Santa Fe, San Diego, California 92121. Accessed 23 June 2017.
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- San Diego Regional Water Quality Control Board (RWQCB), 2011. Water Quality Control Plan for the San Diego Basin (9). 8 September 1994, amended 4 April 2011.

FIGURES



 Site Boundary



2,000 1,000 0 2,000 Feet



Site Location

Carroll Canyon
9255 Camino Santa Fe
San Diego, California

Geosyntec
consultants

Figure

1

San Diego

August 2017



V:\GIS\SC0897_CarrollCanyon\SiteVicinity.mxdAPicasso

Site Boundary

700 350 0 700 Feet	
Site Vicinity Carroll Canyon 9255 Camino Santa Fe San Diego, California	
Geosyntec consultants	
San Diego	August 2017
Figure 2	



Site Features

Carroll Canyon
9255 Camino Santa Fe
San Diego, California

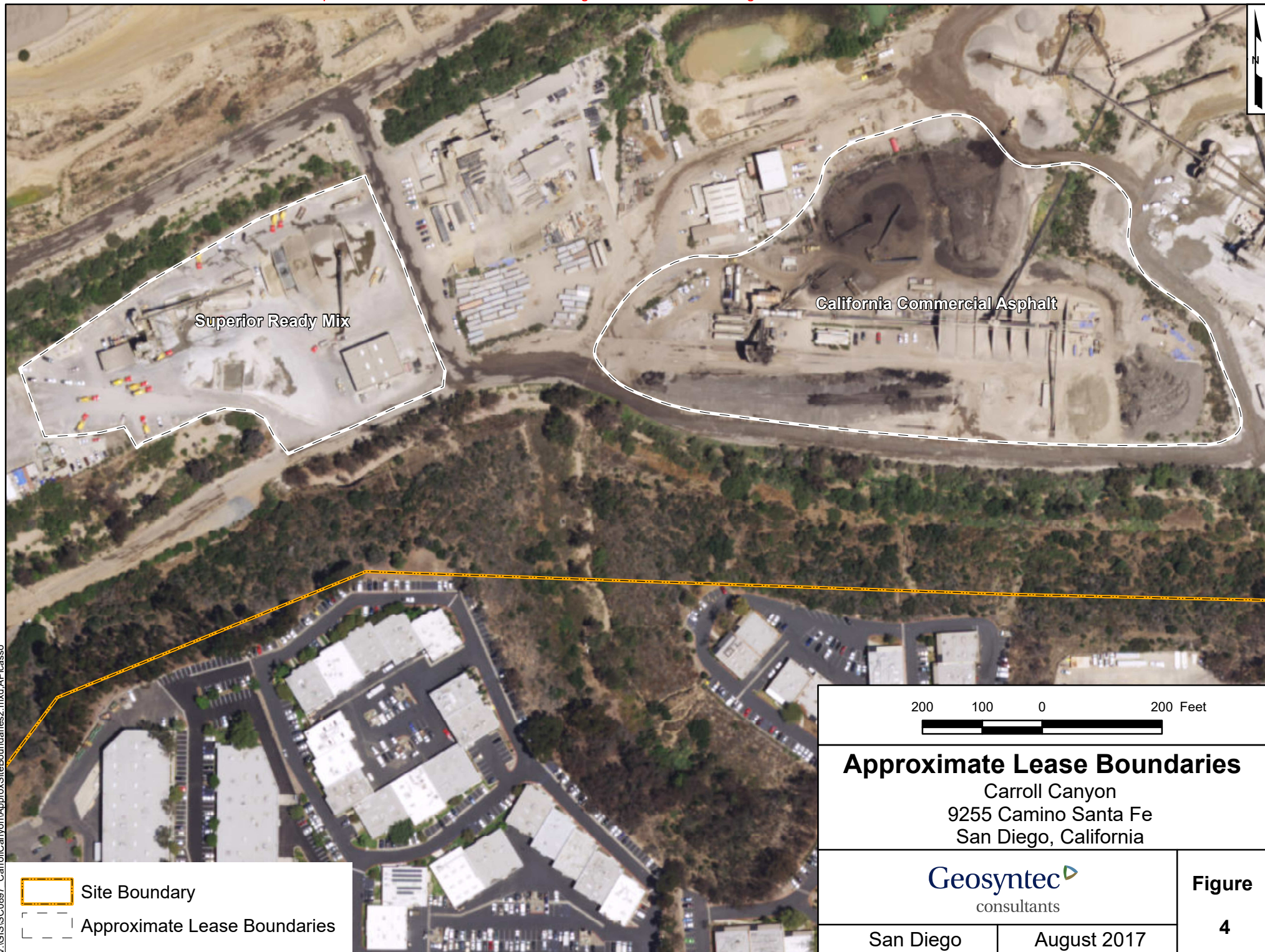
Geosyntec
consultants

Figure
3

San Diego

August 2017

V:\GIS\SC0897 CarrollCanyon\SiteFeatures.mxd\APicasso



TABLES

TABLE 1
Summary of Site Reconnaissance
Phase I ESA
9255 Camino Santa Fe
Carroll Canyon

ASTM Section	Feature or Condition	Description
General Site Setting		
9.4.1.1 & 9.4.1.2	Current and Former Property Usage	Historically, the northern and central portions of the Site had been actively mined since at least the early 1960s; mining activities ceased in 2016. The southern portion of the Site has several facilities including the Lehigh Hanson batch plant, A-1 Soil Aggregates, Superior, Allen Co. Recycling, Quikrete, and California Commercial Asphalt, LLC (CCA).
9.4.1.3 & 9.4.1.4	Current and Former Adjoining Property Usage	Prior to 1949, the Site vicinity appeared to be undeveloped land. By 1979 the Site vicinity underwent major redevelopment with the construction of commercial and residential properties. Currently, adjoining north and northeast of the Site are residential properties. Adjoining northwest of the Site are commercial properties within Sorrento Valley including Experts Cleaners Plaza Sorrento Shopping Center. West of the Site, across Camino Santa Fe, are commercial properties within Fenton Carroll Canyon and south of the Site are several commercial properties within the Carroll Canyon Business Park including Crest Beverage Company and Catalent Pharma Solutions. Adjoining east of the Site is the Vulcan Materials Company, along with several residential and commercial properties.
9.4.1.5	Current and Former Use of Surrounding Area	Prior to 1949, the Site vicinity appeared to be undeveloped land. By 1979 the Site vicinity underwent major redevelopment with the construction of commercial and residential properties. Currently, the Site vicinity is developed with residential properties north of the Site and commercial properties are located east, west, and south of the Site.
9.4.1.6	Geology, Hydrogeology, Hydrology, Topography of Site and Adjoining Properties	Topographically, the Site lies within a river valley at an approximate elevations ranging from 215 to 400 feet above Mean Sea Level (MSL). Groundwater was encountered at depths of less than 20 feet below ground surface during the removal of USTs from the central portion of the site in December 1991.
9.4.1.7	Onsite Structures	The Site ceased mining operations by 2016, and includes several subleased facilities including A-1 Soil Aggregates, Superior, Allen Co. Recycling, Quikrete, and California Commercial Asphalt, LLC (CCA).
9.4.1.8	Roads and Parking Areas	One main paved access road is located along the southwestern portion of the Site with several dirt roads throughout the Site.
9.4.1.9	Potable Water supply	According to Hanson, potable and reclaimed water was historically used to water the vegetation on the slopes at the Site.
9.4.1.10 & 9.4.4.7	Sewage Disposal or Septic Systems	According to Hanson, the Site has a sanitary sewage connection. Reportedly, one trailer had a septic tank that discharged to a black tank connected to the side of the building.
Interior and Exterior Observations		
9.4.2.3 & 9.4.2.8	Hazardous Substances or Petroleum Products	The Superior batch plant, located in the southwestern portion of the Site, has an active Fuel Station. The Lehigh Hanson facility parks their onsite Fuel Truck at the south central portion of the Site. An asphalt stockpile is observed at the northern portion of the Site. An adlar paste stockpile can be found within the Lehigh Hanson Batch Plant.
9.4.2.4	Underground Storage Tanks	The Superior facility and has an active 12,000-gallon diesel UST and the CCA facility has an active 10,000-gallon diesel UST. The Lehigh Hanson facility reportedly had 3 USTs, located within their batch plant, including a 12,000-gallon diesel UST and two 20,000-gallon diesel USTs; removed in July 2017.
9.4.2.4	Above-ground Storage Tanks	The Superior facility reportedly holds a 3,000-gallon engine oil AST and a 1,200-gallon waste oil AST. The CCA facility had visible ASTs and the facility is reportedly listed for the storage of oil and other products with asphalt productions. The Lehigh Hanson batch plant had two visible admix ASTs.
9.4.2.5	Odors	Petroleum hydrocarbon odors associated with the onsite fueling dispensers were noted.
9.4.2.6	Pools of Liquids	Pools of liquid were observed at the Lehigh Hanson batch plant, where their admix ASTs were located.
9.4.2.7	Drums and Containers > 5 Gallons	Properly labeled drums reportedly containing aerosol cans were seen on secondary containment at the Lehigh Hanson batch plant.
9.4.2.9	Unidentified Substances/Containers	No unidentifiable substances or containers were observed at the Site.
9.4.2.10	PCB Items	An SDG&E substation, located within the eastern portion of the Site. Historically, polychlorinated biphenyls (PCBs) were used in the cooling oil in electrical equipment. No documented incidents were identified for the SDG&E substation. No other visible staining was found in regards to PCBs.
Interior Observations		
9.4.3.1	Heating and Cooling Systems	The onsite trailers reportedly had small heating and cooling systems.
9.4.3.2	Stains/Corrosion	Stains were noted at the exterior of the Superior Batch Plant facility. Due to active operations, interior reconnaissance was not performed at the Superior and CCA facilities.
9.4.3.3	Drains and Sumps	According to Hanson, no sumps are located on Site.
Exterior Observations		
9.4.4.1	Pits, Ponds, or Lagoons (Onsite and Adjoining)	The Site has a former stormwater retention pond located in the southeastern portion of the Site. Currently, the Site has an active industrial sediment retention pond located in the southcentral portion of the Site. Any stormwater was diverted into these ponds and reused on site.
9.4.4.2	Stained Soil or Pavement	De minimis staining was observed at the Superior Batch Plant facility.
9.4.4.3	Stressed Vegetation	No areas of stressed vegetation were observed.
9.4.4.4	Solid Waste	Limited scrap metal and transfer roll-off bins were observed at the Allen Company Recycling Facility within the Site.
9.4.4.5	Wastewater or Stormwater Discharge	The Site has one active sediment retention pond, drainage areas, and a former sediment retention pond.
9.4.4.6	Wells	According to Hanson, the Site does not have any wells onsite.

APPENDIX A

Qualifications of the Environmental Professional



VERYL WITTIG, PG, CHG
Principal Hydrogeologist

Environmental Site Assessments
Environmental Liability Valuation
Hazardous Materials Site Investigations
Hydrogeologic Field Investigations
Contaminated Site Mitigation/Remediation
Hazardous Materials Management
Landfill Characterizations and Mitigation
Litigation Support

CAREER SUMMARY

Mr. Wittig possesses a varied background in the geological and environmental sciences and has more than 25 years of diverse experience in planning, conducting, and managing multi-disciplinary due diligence projects involving Phase I Environmental Site Assessments (ESAs), contaminant investigations, vapor intrusion studies, human health risk assessments, engineering feasibility studies, hazardous materials mitigation/remediation (including metals, solvents, petroleum hydrocarbons, pesticides, and asbestos), environmental liability evaluations, and regulatory coordination and litigation support for a variety of private and public sector clients.

Environmental Assessment and Due Diligence Services

Mr. Wittig has conducted and/or managed more than 150 Phase I ESAs throughout the United States between 1992 and the present in accordance with ASTM standards to evaluate the presence of Recognized Environmental Conditions (RECs) associated with the subject properties. The Phase I ESAs have involved a variety of property usages including existing and potential school sites, commercial/retail, manufacturing, agricultural, office/light industrial, and rural/forest land. Several of these projects involved linear features such as pipeline or rail corridors, multiple sites and/or very large acreages. The range of properties assessed includes:

- Electricity generating/transmission facilities
- Industrial manufacturing facilities
- Petroleum distribution facilities/pipelines
- Apparel manufacturing
- Aviation/aerospace manufacturing
- Rail and transit facilities
- Pesticide manufacturing/distribution
- Mining and aggregate processing
- Concrete and asphalt production/distribution
- Plating shops
- Agricultural activities, livestock, and dairies
- Salvage yards
- Commercial wholesale and retail activities
- Dry cleaners
- Biosolids processing and composting
- Service stations
- Schools
- Landfills and burn dumps
- Residential properties
- Former military facilities

Based on the results of Phase I ESAs, additional due diligence services have included numerous

Phase II site characterizations to assess potential impacts resulting from historical activities. Activities conducted include surface geophysical surveys; asbestos and lead-based surveys and abatement; soil, soil vapor, groundwater and surface water assessments; human health risk assessments; feasibility studies; developing estimated site cleanup costs and liability valuation; developing cleanup goals based on the current and/or future intended site usage; regulatory support and coordination; and litigation support.

Examples of the range of due diligence services provided by Mr. Wittig include:

25-Site Portfolio, Confidential Home Improvement Retailer, California, Arizona, Nevada, New Mexico, Texas, Illinois, Kentucky, Ohio. Mr. Wittig directed a staff of 10 professionals and two subcontractors during the expedited performance of 25 Phase I ESAs for sites located in 8 different states. Mr. Wittig identified key staff and assembled a team of highly qualified professionals from five separate branches. Geosyntec's work was performed on an expedited basis and included reviewing voluminous historical databases, aerial photographs, topographic and fire insurance maps, and report preparations. Field reconnaissance and interviews were conducted confidentially. Mr. Wittig peer reviewed each document in accordance with Geosyntec's peer review policies, prior to uploading the to a private and confidential FTP site to facilitate the client's review of the 25 independent Phase I ESA reports.

Due Diligence Portfolio, Confidential Waste Disposal Company, Kansas. Mr. Wittig served as a Senior Technical Advisor and Peer Reviewer in support of expedited due diligence services for a confidential client with the potential acquisition of a large, active landfill with a gas manufacturing plant, leachate injection wells, and several closed cells, including one listed on the National Priority List; an active construction and demolition landfill; and an inactive cement kiln dust landfill and active quarry facility.

Due-Diligence Evaluation, Class I Landfill, Central California. Mr. Wittig coordinated a team of engineers and environmental scientists in the due-diligence evaluation for a potential buyer of the active Class I disposal facility. Due diligence efforts included detailed evaluation of the landfill design, LCRS system, remaining airspace, history of regulatory violations, licenses and permits, waste-acceptance procedures, effectiveness of the groundwater monitoring network, annual and lifetime operation and maintenance costs, and pending legal actions by regulatory agencies and opponents of the landfill.

Confidential Home Improvement Retailer, Phase I and Phase II Environmental Site Assessments, Various Locations. Since 2003 Mr. Wittig has provided due diligence services for more than 50 properties comprising Phase I ESAs in accordance with current ASTM E 1527 Standard Practice for ESAs, Phase II site characterizations, and Phase III remediation and monitoring. The services are provided through counsel on a privileged and confidential basis.

Multi-Property Portfolio, Various Locations, Kentucky, and Tennessee. Directed multiple due diligence projects involving Phase I and II ESAs associated with a beverage company.

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Geosyntec was contracted to perform Phase I ESAs at numerous facilities in Kentucky and Tennessee. Former USTs were identified at some of the properties and Geosyntec was contracted to conduct Phase II ESAs to further evaluate potential impacts attributable to the former USTs. Soil, soil vapor, and groundwater sampling were performed to complete the Phase II ESAs.

Phase I ESA Portfolio, Foundation Windpower, Four Industrial Facilities Throughout California. To assist in the risk management for construction of four windmill turbines, Mr. Wittig directed four Phase I Environmental Site Assessments on an expedited basis at facilities spanning California. Facilities included an Anheuser Busch brewery, wastewater treatment plant, agricultural packing house, and casino. The scope of work was successfully completed within two weeks.

Sunrise Powerlink, San Diego and Imperial Counties, California. Geosyntec performed an expedited Phase I ESA of the 120-mile project alignment to fulfill the compliance requirements in the EIR approved by the California Public Utilities Commission, and was presented in a concise, user-friendly, interactive report. Following completion of the Phase I ESA, Mr. Wittig directed a team of 15 to 20 staff during the completion of numerous Phase I ESA Addenda, Phase II investigations to further investigate RECs identified during the Phase I ESA and evaluate SDG&E's liability associated with documented environmental issues; remediating mitigation properties; and environmental compliance construction monitoring services.

Five Site Portfolio: Phase I ESAs, Used Oil Recycling Facilities, Florida and Georgia. Mr. Wittig directed expedited Phase I ESAs for five existing used oil recycling facilities in Florida and Georgia. Staffing was coordinated with four Geosyntec offices in the southeast to perform site reconnaissance, property owner interviews, and file reviews for each site to capitalize on local knowledge for each site.

Confidential Landfill Client, Northern California. Through the client's legal counsel, directed an environmental compliance assessment for 7 inactive landfills to evaluate long-term regulatory requirements and potential costs associated with the inactive landfills. Assessment included site reconnaissance at each of the landfills; developing a list of priority and non-priority sites; historical document review; development of corrective action cost estimates for known or reasonably foreseeable releases and routine monitoring and maintenance. The project was performed on an accelerated schedule and involved working closely with the client's technical staff to develop costs representing the anticipated level of effort for ongoing and future "routine" maintenance of the landfill properties, and a reasonable response to further investigate the nature and extent of potential and/or existing impacts in response to potential future regulatory action.

Coal-Fired Power Plant, New Mexico. Mr. Wittig directed performance of a Phase I ESA and Phase II Site Characterization to evaluate potential environmental liabilities associated with the client's divestiture in the facility. Due to the extensive site history, large facility size, and client's planned end use of the study, the Phase I ESA report was prepared using a unique table and

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figure-based report format that tabulated and visualized the Recognized Environmental Conditions (RECs) identified at the Site. Based on the findings of the Phase I ESA, previous investigations onsite, and discussions with the client, Phase II site characterization was performed to enhance due diligence investigation, refine the site conceptual model, and to provide information used in the environmental liability evaluation.

Former “Mother Lode” Gold Mine Property, Jackson, California. Managed Phase I ESA of a property within the Mother Lode region of California surrounded by numerous former gold mine sites that operated from the mid-1800s to mid-1900s. Site characterization data indicated elevated arsenic concentrations in soil as a result of historical mining activities on and around the site, but relatively benign impacts to groundwater. Prepared a Human Health Risk Assessment and Removal Action Workplan describing soil management procedures and engineering controls to be implemented during construction and post-construction involving onsite management of approximately 275,000 cubic yards of arsenic-containing soil through placement in deep fills and covering with asphalt paving or concrete slabs. Provided environmental support through the public participation and environmental review process.

Multiple Turbine Plants, Phase I ESAs, NRG/Dynegy, San Diego County, California. Managed Phase I ESA and Phase II Site Characterization of the former SDG&E gas-fired turbine plants at 32nd Street Naval Station, Naval Air Station North Island, El Cajon, Kearney Mesa, and Miramar on behalf of NRG/Dynegy during pre-acquisition due diligence.

Circuit Board Manufacturing Facility, Poway, California. Mr. Wittig directed a Phase I ESA and compliance evaluation for an operating circuit board manufacturing facility. The facility included evaluation of a 70,600 square-foot structure including plating baths for more than 40 hazardous substances, an intricate secondary containment and sump conveyance system, wastewater treatment systems, and waste management protocols. Following completion of the property transaction, Mr. Wittig assisted the Europe-based client with regulatory coordination and the process of transferring operational permits from the prior owner.

Otay Mesa Generating Project, Pacific Gas & Electric, San Diego, California. Performed a Phase I ESA to identify potential environmental liabilities associated with the property; coordinated dozens of contractors and local, State and Federal regulatory agencies, and tracked environmental compliance tasks specified by the California Energy Commission. Environmental compliance tracking included biological, cultural and paleontological resources, air and water quality, noise, stormwater management and erosion control, and hazardous materials handling services related to construction and operation of a 510-MW natural-gas-fired power plant.

Phase I/Phase II Environmental Assessments, MTDB Light-Rail Extension, San Diego, CA. Mr. Wittig performed a Phase I ESA to identify potential sources of contamination within a 1,000-foot-wide corridor along a 3.2-mile-long railway right-of-way in downtown San Diego, conducted a Phase II subsurface investigation along the length of the right-of-way and focused on

a depressed section of the light-rail extension in an area with significant subsurface hydrocarbon impacts resulting from bulk storage facilities and retail service stations.

Litigation Support Experience

Confidential Client, Encinitas, CA. Working closely with legal counsel on behalf of the current property owner, performed historical research to identify the responsible party and source of subsurface chlorinated solvent impacts at the site which previous due diligence failed to identify. Currently evaluating vapor intrusion concerns, and possible mitigation/remediation.

Otay Land Company, et al. v. U.E. Limited, L.P, et al. Technical lead in support of testifying expert representing defendants in a matter pertaining to the characterization and remediation of a former trap and skeet range in southern San Diego County. Managed review of five decades of historical documents including detailed review of historical aerial photographs and previous due diligence documents; developed basis for opinions related to the nature, extent and remediation costs associated with residual lead, polycyclic aromatic hydrocarbons, and perchlorate at the former range.

U.S. Home Corporation, et al. v. Settlers Crossing, L.L.C., et al. In support of Settlers Crossing prepared an expert rebuttal report, and provided deposition testimony regarding the application of biosolids on agricultural properties and reclaimed mining areas. Mr. Wittig performed a detailed review of historical aerial photography and historical documentation to rebut the opinions of the plaintiff's aerial photography interpretation expert.

Blue Diamond Growers. v. One Market Street Properties, et al. In support of Blue Diamond Growers prepared a declaration which included a detailed review of aerial photographs from the 1950s evaluating historical activities including operation of a landfill at the property.

City of Fresno v. Chevron U.S.A. Inc., et al. Technical lead in support of testifying expert representing Joint Defense Group in matter related to alleged MtBE impacts to municipal drinking water wells. Directed the preparation of thirty-one site-specific expert reports for individual service stations in Fresno and Clovis, California.

JMS Acquisition v. Bayfront Plaza, LLC. Represented defendant on issues associated with due diligence, site characterization, and proposed remedial action associated with impacts from former dry cleaning operations. Prepared expert and rebuttal reports, and deposition testimony.

Cashay, LLC, et al v. V.D.M., Inc. et al. Represented defendant with issues associated with due diligence, site characterization, and impacts from former dry cleaning operation.

San Diego Unified School District v. County of San Diego. Provided landfill, hydrogeologic, and site characterization expertise on behalf of the County regarding a junior high school constructed near an inactive landfill. Areas of testimony included identification of potential impacts to soil vapor and groundwater associated with the inactive landfill, groundwater characterization, regulatory compliance, and post-closure maintenance and monitoring costs.

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Geosyntec
consultants

City of San Marcos v. County of San Diego. Provided landfill, hydrogeologic, and site characterization expertise on behalf of the County regarding dispute involving a public park constructed over an inactive landfill. Designated expert services included site characterization, regulatory compliance, hydrogeological investigations, soil vapor investigations, evaluation of post-closure maintenance and monitoring costs, and general litigation support.

City of Oceanside v. County of San Diego. Provided burn dump, hydrogeologic, and site characterization expertise on behalf of the County regarding dispute involving a little league baseball park constructed over an inactive landfill. Designated expert services included site characterization, regulatory compliance, hydrogeological investigations, groundwater monitoring, evaluation of post-closure maintenance and monitoring costs, and general litigation support.

Private party v. County of San Diego. Provided burn dump and site characterization expertise on behalf of the County regarding dispute involving two parcels where the structures were destroyed during the 2003 San Diego Wildfires. Upon application for permits to reconstruct, the property owners were notified that a former burn dump occupied portions of their property. Expert services included site characterization, regulatory compliance, site mitigation and remediation, and general litigation support.

Private party v. County of San Diego. Provided burn dump and site characterization expertise on behalf of the County regarding dispute involving two property owners where a former burn dump operated in the 1960s encroached upon portions of two parcels. Expert services included site characterization, regulatory compliance, identification of mitigation measures, and general litigation support.

EDUCATION

San Diego State University, B.S., Geological Sciences (Hydrogeology), December 1991

PROFESSIONAL REGISTRATION

California Professional Geologist No. 7115 (2000)

California Certified Hydrogeologist No. 723 (2001)

PROFESSIONAL HISTORY

Geosyntec Consultants, San Diego, California

Senior Hydrogeologist- November 2002 to Principal Hydrogeologist-Present

URS Corporation (formerly Woodward-Clyde Consultants), San Diego, California

Staff Hydrogeologist- January 1992 to Senior Project Hydrogeologist- October 2002

Applied Geosciences, San Diego, California

Intern Geologist, September 1991 - December 1991

Nachant Environmental, San Diego, California

Intern Geologist, June 1990 - September 1991

APPENDIX B

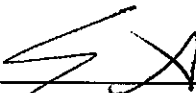
Pertinent Site Documents

REPORT OF FINDINGS

State-Wide Portland Cement Concrete Waste Supplemental Study

April 29, 2005

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BAS JN: 2004.0074

**CALIFORNIA DEPARTMENT OF TRANSPORTATION (CALTRANS)
STATE-WIDE PORTLAND CEMENT CONCRETE WASTE SUPPLEMENTAL STUDY
REPORT OF FINDINGS**

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STATE-WIDE PORTLAND CEMENT CONCRETE WASTE SUPPLEMENTAL STUDY
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SECTION 1.0

INTRODUCTION

1.0 INTRODUCTION

Bryan A. Stirrat & Associates, Inc. (BAS) has been retained by the California Department of Transportation (Department) to perform an investigation to identify the typical characteristics of Portland Cement Concrete (PCC) wastes generated from Department projects. In the past years, it has become increasingly difficult to find appropriate and logistically feasible disposal locations for PCC waste products. In particular, the Department wished to address specifically the waste generated from pavement grinding, grooving, and saw cutting operations. The waste stream generated from these operations includes both slurry and liquid components.

In order to address these issues, the Department has asked BAS to conduct a field program in order to collect samples for chemical and physical analysis, and to perform statistical data analysis associated with the field program necessary to reasonably characterize the waste stream described above. The field program was conducted in accordance with the *Waste Characterization Work Plan* (BAS, October 13, 2004) and the associated Health and Safety Plan (HSP), both of which were approved by the Department.

1.1 PROJECT BACKGROUND

The Department performs a myriad of construction and repair projects throughout the State of California. Working with PCC in some fashion is almost always a part of these projects, and as a result, PCC related wastes are generated. The type and quantity of waste generated depends on the scale of the project and the activities being performed, such as new concrete pours, surface grinding operations, and saw cutting. However, in general, the wastes are comprised of a slurry component (a solid waste containing fine powder from grinding and saw cutting operations) and a liquid component (potentially high pH water with suspended solids from these same operations).

In the past, the need for disposal of the liquid component of these wastes was mitigated through either evaporation or infiltration into underlying soils in unlined washout pits. However, current practice on Department projects is to line washout pits with plastic sheeting, thereby eliminating infiltration and resulting in a net increase in the quantity of PCC liquid waste generated, unless prior approval to allow infiltration has been obtained from the appropriate Regional Water Quality Control Board. Although it has been the contractors' responsibility on these projects to dispose of both slurry and liquid PCC wastes that are generated, it has become

difficult to find appropriate and logistically feasible disposal locations for PCC waste products associated with construction activities. In addition, certain RWQCBs have expressed¹ concern regarding the potential presence of hexavalent chromium (Cr⁺⁶) in PCC wastes.

In 2003, the Department issued Task Order #1 to BAS to evaluate, through identification and review of available published studies and documents, typical PCC waste product constituent levels and identify disposal sites and methods to meet the needs of construction projects within the Department right of way. Results of that Task Order were summarized in two technical memoranda, the first of which made the following findings and conclusions regarding the characteristics of PCC wastes.

Although there are emerging concerns regarding Cr⁺⁶ in Portland Cement and PCC wastes, there are no existing studies that have shown either material to contain Cr⁺⁶ at concentrations above currently established State or federal hazardous waste levels. As a result, for disposal outside of the right of way, at this time there is no need to consider PCC wastes to be comprised of anything other than:

- Solid PCC Wastes: Typical solid inert PCC construction/demolition debris (e.g., concrete with typical mix additives) free of rebar, wood or other debris, and free of any other outside contamination, which can be re-used, sent to a Class III disposal site or concrete recycling facility;
- Liquid PCC Waste: A high pH, non-hazardous liquid waste, which can be neutralized on-site under DTSC² and RWQCB approvals; be disposed of at a Class II off-site disposal facility, or be treated at an off-site recycling/treatment facility. (This material could also be sent to a Class I facility, however this is not recommended due to the fact that the waste is not considered either a State or Federally defined hazardous waste and disposal at a Class I facility would result in an unnecessary increase in future liability). If on-site treatment is being considered, appropriate NPDES permits and/or site specific waste discharge requirements (WDRs) would have to be negotiated with the local RWQCB on a case by case basis before discharging treated water.
- Slurry PCC Waste: A combination of solid and liquid PCC waste but considered a solid waste, which can be neutralized on-site (if necessary) under DTSC and RWQCB approvals; disposed of at Class II off-site disposal facility, or sent to a permitted recycling facility, which accepts this waste stream. (This material could also be sent to a Class I facility, however this is not recommended due to the fact that the waste is not considered either a State or Federally defined hazardous waste and disposal at a Class I facility would result in an unnecessary increase in future liability). If on-site treatment or disposal is being considered,

¹ Regional Water Quality Control Board

² Department of Toxic Substances Control

site specific WDRs would need to be established with the local RWQCB on a case by case basis. The WDRs would likely include requirements and restrictions on the type and quantity of waste discharged, the drying of the waste prior to disposal, the lining of the disposal pit(s), and the capping of the disposal pit. Because the primary concern with regard to the waste material is pH level, long term monitoring is not likely to be required. However, a long term post-closure maintenance program for the disposal pit will likely need to be developed to ensure its integrity.

The second memorandum prepared under that Task Order identified potential disposal sites for slurry and liquid PCC wastes throughout the state.

Subsequent to completion of Task Order #1, the Department determined that more specific information was required regarding the typical characteristics of both slurry and liquid PCC wastes being generated through concrete grinding operations. As such, under the scope of work outlined in Task Order #8, the Department authorized BAS to proceed with this portion of the project, objectives of which are summarized below.

1.2 PROJECT GOALS

The purpose of this investigation is to determine the typical characteristics of PCC waste from the Department PCC grinding projects through the task specific objectives:

- To collect samples of PCC grinding waste for analysis,
- To perform chemical analyses,
- To perform statistical analysis on the data generated, and
- To report the findings which shall be used as a representative waste characterization for future PCC grinding projects.

1.3 SITE LOCATIONS AND DESCRIPTIONS

In order to achieve the project goals as delineated in Section 1.2 a total of six sampling events were conducted at the following Department right of way locations and dates:

- District 8, on the southbound lanes of Interstate 15, north of Interstate 210 and south of Interstate 215, near the cities of Fontana and Rancho Cucamonga on October 26, 2004. (EA 08-0A4224)
- District 3, on northbound Interstate 5, between State Highway 91 and Interstate 605 in the City of Norwalk, on November 1, 2004. (EA 07-226204)

- District 3, on the northbound lanes of Interstate 5, between Florin Road and Franklin Road in the City of Sacramento, on November 5, 2004. (EA 03-2M0804)
- District 7, on the northbound lanes of State Route 101 between Ventura and Santa Barbara, on November 18, 2004. (EA 07-193004)
- District 7, on the southbound lanes of State Route 101 between Ventura and Santa Barbara, on December 21, 2004. (EA 07-193004)
- District 8, on the westbound lanes of Interstate 10, just west of the intersection of Interstate 15, and Interstate 10, in the City of Ontario, on January 19, 2005. (EA 08-0A1803)

Figures 1 through 6 shows each of the above listed sampling locations. Additional site specific information and observations are included in Section 2.0.

SECTION 2.0

FIELD ACTIVITIES

2.0 FIELD ACTIVITIES

The goal of the field activities was to collect representative PCC grinding residue samples from representative construction sites within Department rights-of-way where pavement rehabilitation and installation projects were ongoing. To determine typical characteristics of waste generated during PCC grinding operations within Department rights-of-way, BAS collected grab samples of typical liquid and slurry waste from six different PCC grinding operations within three Department Districts (Districts 3, 7, and 8) as directed by the Department. Photographs illustrating typical sampling areas, waste material, and other project related activities are included in Appendix A.

Based on site availability and construction scheduling, the Department directed BAS to conduct one sampling event in District 3, three sampling events in District 7, and two events in District 8. Sampling occurred within these Districts on different construction projects with one exception. Two sampling events were conducted along Route 101 in District 7 during the same construction activity, and samples were collected from the same fixed processing facility used for the entire construction. However, sampling events were conducted over one month apart to allow for progression of the grinding operation to an area of potentially different characteristics. To the greatest extent possible, the sites were selected to represent a variety of PCC sources and mix designs throughout the state. During sample collection, both slurry and liquid samples were collected directly from vacuum trucks that collected the waste at the site. As described in further detail below, it was necessary to collect the samples from the discharge of the trucks at the disposal locations and not during waste generation at the sites.

Typical PCC grinding and waste collection machinery is shown in Photograph 1. This orientation, the PCC grinder leading the vacuum truck, was observed at each of the sampling sites. The PCC grinders observed were computer operated and typically guided by a technician who walked with the grinder during operation. The technician makes any necessary adjustments to ensure proper equipment operations and is responsible for any related safety issues. A large water tank, which acts as ballast, is part of the grinder but does not contribute water to the operation. All water required for the grinding operation is provided by the vacuum truck. As the grinder levels the PCC surface, the spent water and PCC waste are pumped into the vacuum truck. This water is reused for grinding operations by recycling it from inside the vacuum truck's holding tank. The water is separated from the solids by passing it through screens and/or bevels separating the internal compartments

within the truck. Fresh water is typically located in the front compartments of the truck prior to grinding and the waste generated is pumped into the rear of the truck via two separate hoses (inlet and outlet) connected from the grinder to the tanker (Photograph 3). The PCC grinding operation continues until the water within the truck becomes too turbid to allow for spraying onto the working surface. One truck is typically capable of approximately two hours of operation before being taken off-line. One to two standby trucks are typically available at the site to ensure that the grinding operation is uninterrupted. Once taken off-line, the trucks typically leave the construction site immediately and transport the waste to a designated disposal or recycling facility.

Initially, attempts were made to collect samples of the waste material directly from the trucks at the construction sites. However, it was determined early in the project that this resulted in undo delays for the transporters, created health and safety concerns at the construction site, and did not result in the collection of truly representative samples. Subsequent attempts to collect the liquid and slurry waste samples from the trucks as they discharged their loads at the designated disposal sites proved to be a more efficient sample collection strategy.

The majority of the sampling activities occurred during night-time hours and in the presence of active operating equipment at often remote disposal sites. Consequently, all sampling activities were conducted by a team of two field personnel. One team member collected the samples while the other took notes and acted as a look-out, monitoring the surrounding field activities to ensure the safety of the sampler. The following sections outline further specifics regarding the protocol that was implemented during field activities. Arrangements for access and sampling were made with the Department's Resident Engineer on each project being sampled prior to arrival at each designated site.

2.1 OVERALL FIELD OBSERVATIONS

Upon arrival at a designated site, BAS field personnel performed a preliminary site survey to determine whether any conditions existed at the site or in the surrounding area that may impact sample collection and/or the analytical results. In particular, BAS field personnel identified on-site or nearby potential contaminant sources (if any) which may have affected the results of the proposed sampling and analyses. In performing each initial site survey and reconnaissance, observations were made regarding the overall site conditions, and the specific waste generation activities being conducted. This information was recorded on preprinted field sampling logs (Appendix B). At a minimum, the following information was noted regarding each sites activities:

- Site location (highway number)
- Project EA
- Department Project Description and Contact Person
- Department Site Construction Manager
- Construction activity generating PCC waste
- Contractor(s) performing this construction activity
- Equipment used to generate PCC waste (make/model/ID#)
- Condition of equipment
- Other activities being performed at the site
- Time of day, temperature, and weather conditions when waste-generating construction activities occurred
- Original PCC source(s), if known
- Original aggregate and cement sources, if known
- Original PCC mix specification(s), if known
- On-site location from which PCC waste was generated
- Type of PCC waste being generated
- Method of PCC waste storage/stockpiling
- On-site location of PCC waste storage and/or stockpiling
- Identification of any on-site or nearby potential contaminant sources
- Estimated rate of water usage (gal/meter²) in the grooving, grinding, or saw-cutting process

2.2 SAMPLE COLLECTION

During the period from October 2004 through January 2005, a total of 27 liquid samples and 27 slurry samples were collected for chemical and physical analyses. The objectives of the analyses were to determine composition of typical PCC grinding liquid and slurry waste. With the exception of the initial sampling event during which sample collection procedures were refined, five (5) liquid and five (5) slurry samples were collected during each sampling event. Slurry and liquid samples were collected from either the discharge piping (Photograph 4) of the truck, or from the top hatch covers of the trucks (Photograph 5) prior to discharge. All sampling equipment was decontaminated prior to use and between samples and sampling events. Decontamination procedures included washing with a non-phosphate detergent

solution followed by a double rinse with de-ionized water. The sampling equipment was allowed to air dry prior to use.

All samples were labeled, placed in zip-lock bags, and stored on ice in coolers immediately upon collection. All sample labels included the following information: sample ID, laboratory analysis, date, project ID, and sample collector name as required by EPA sampling protocol. Chain-of-Custody (COC) forms were filled out for each sampling event and accompanied all samples during transport to the laboratory (Appendix C).

2.2.1 Slurry Sample Collection

In general, slurry samples were collected by placing a clean five-gallon plastic bucket into the discharge stream from the truck outlet piping and then digging directly into the slurry material with a stainless steel and/or disposable polyethylene sampling trowel and transferring the material directly into new clean glass sample jars and/or plastic containers with Teflon lined lids. If liquid samples were collected from the same bucket, solid material was allowed to settle to the bottom of the buckets prior to liquid sample collection. The setting time for each sample collected varied based on field conditions and visual observations.

In order to collect material that was representative of the waste produced, BAS personnel collected approximately 15-gallons of waste material discharge from each truck. Prior to discharge, the truck operator, as part of standard practice, typically “stirred” the tank with pressurized air to ensure the PCC grindings became entrained in solution and to prevent clogging of the discharge piping.

Photograph 6 in Appendix A shows a typical discharge pipe from a vacuum truck used to collect and transport the PCC waste. Photographs 7 and 8 show a typical off-site disposal site where the PCC waste was discharged into lined pits. Photograph 9 shows typical sample collection taking place.

2.2.2 Liquid Sample Collection

Liquid samples were collected prior to slurry samples by submerging the clean, laboratory supplied containers with appropriate preservative(s) below the surface of the liquid waste within the five-gallon buckets. All containers were immediately

labeled and placed in field coolers containing ice. All sample containers were filled completely with no head space to the best extent possible. Most samples were collected with little or no problem. However, in some instances the sample reacted with the preservatives resulting in the unavoidable presence of head space in some containers. This reaction was not determined by the analytical laboratory to have affected or compromised the samples. Samples were transported to the testing laboratory under COC protocol as described above.

2.3 SPECIFIC SITE SAMPLING

In order to accurately characterize the PCC waste, five liquid and five slurry samples were collected from five of the Department designated sites and two liquid and two slurry samples were collected from the sixth site. Frequency of sample collection for any particular site was determined in the field based on the quantity of PCC waste being generated, the disposal/recycling facility conditions, discharge procedures at the disposal/recycling facility, and input from the Department Task Order Manager. In general, sampling procedures were selected to represent the greatest amount of PCC waste being generated at the site. Whenever possible, each truck was sampled from the top entryways prior to discharge. If necessary, samples were collected from the discharge piping.

Site-specific relevant observations for each sample collection site for this study are provided below. Field logs included in Appendix B provide pertinent data taken for each site.

2.3.1 Interstate 15, District 8 – 10/26/2004

This sampling event was the initial field event for this project and knowledge gained was applied to later sampling activities. Specifically, it was determined, through consultation with the Department, that the initial sample collection strategy of collecting samples at the grinding site was not feasible due to the nature of the material. After repeated unsuccessful attempts to collect a representative slurry sample it was decided that sample collection at the grinding site was resulting in undo delays in the transport of the material to the disposal site and that these delays could impact the completion of the grinding project. As a result, a revised sampling strategy was developed where samples were collected from the discharge of the truck at the disposal site. This technique proved more successful. However,

because of the time that was expended in developing this sampling strategy only two samples could be collected during this event.

According to the Department representative on-site, the PCC pavement being ground during the sampling event was approximately twenty-five years old. No nearby potential contamination sources were identified at this location. The PCC grinder emitted some notable steam during the grinding process (Photograph 10) but the roadway was never saturated with water. Photograph 11 illustrates the typical depth and width of the grooves created by the grinding process at this site and is typical of all of the sites.

The slurry waste samples generated at this location were grey in color, slightly viscous, and warm (approximately 70° F). The slurry appeared slightly foamy and resembled dirty water. Sample material was obtained from the rear and side discharge piping from the trucks at the disposal site. Three five-gallon buckets of material were obtained for each sample collected. The liquid samples were collected from the decant of the bucket prior to collection of the slurry samples.

2.3.2 Interstate 5, District 3 – 11/01/2004

According to the Department representative on-site, the PCC pavement being ground at this location was approximately twenty years old. Concrete slab removal work was occurring adjacent to the grinding operation at the time waste was being generated. There were no indications that this work in any way impacted the sample collection efforts and/or could potentially impact the quality of the material being generated or the samples being collected.

The slurry waste samples generated at this location were grey-dark grey color,¹ slightly viscous, and warm (approximately 75° F). Sample material was obtained at the disposal site from hatch covers on the trucks transporting the material. Samples were collected by lowering new clean five-gallon buckets into the truck's holding tanks. The liquid samples were obtained first from the decant water from the bucket. Slurry samples were collected from the material remaining in the bucket following collection of liquid samples.

¹ Note: All color references were made in the field based on the observations of the on-site engineer/geologist and are subjective.

2.3.3 Interstate 5, District 7 – 11/05/2004

According to the contractor's representative on-site, the PCC pavement at this location was approximately 20 years old. No site conditions were observed that would be considered potential contaminant sources. The slurry waste samples generated at this location were grey-dark grey color, slightly viscous, and warm (approximately 80° F). Sample material was obtained from hatch covers on the trucks transporting the material to the disposal site. Three five-gallon buckets were used to obtain representative waste material by lowering the buckets into the holding tanks. The liquid samples were collected from the decant water within the bucket. Slurry samples were collected from the residual material within the bucket.

2.3.4 Route 101, District 7 – 11/18/2004 and 12/21/2004

According to the Department representative on-site, the PCC pavement at this location was approximately ten years old. This site had a fixed (for the duration of the job) on-site PCC waste disposal/recycling unit. Trucks collected waste material and discharged it directly to the unit which was equipped with a large centrifuge that separated the solid and liquid material. The liquid material was then filtered and reused on-site. The solid material was sent through a shaker machine (King Cobra Shaker) to separate the fine and coarse materials. The fine, medium, and coarse material was discharged directly into plastic-lined 20-yard metal open bins. Once the bins were full, they were dumped into piles on-site and spread to accelerate the drying process. The dried material was later collected and used in new concrete batches.

The slurry waste samples generated at this location were light-grey color, semi-viscous, and warmer than other sites (approximately 85-90° F). Sample material was obtained from a truck discharge hose prior to connection to the recycling equipment. Three five-gallon buckets of material were obtained from each truck and samples were pulled from this material. Liquid samples were collected first from the decant water within the buckets. Slurry samples were collected from the residual material within the buckets. Froth and foam was noted in the material being discharged from the trucks. According to the contractor, this was due to additives put into the system to prevent the centrifuge from clogging. When obtaining the liquid samples at this site, it was noted by field personnel that the samples reacted

with preservatives in some of the containers. It is speculated that the clogging prevention additive was the cause for this reaction.

The samples obtained for grain size analysis at this location came from the three soil bins holding the fine, medium, and coarse material. The finer material was soft, gelatinous, plastic-like, and almost dry to the touch. The medium and coarse material was more clayey with a larger grain size.

2.3.5 Interstate 10, District 8 – 1/19/2005

This site represented the final sampling event for the project. According to the Department representative on-site, the PCC pavement at this location was well over 10 years old. The grinding occurred in the High Occupancy Vehicle (HOV) lane of the westbound Interstate 10. No site conditions were noted that may have impacted the quality of the PCC waste or the samples collected. The PCC waste was transported to the Cemex Facility in Riverside, California where it was unloaded into a large plastic lined open pit (Photographs 12, 13, and 14). The PCC waste samples were collected from the trucks prior to dumping into the pit.

The slurry waste samples generated at this location were grey color, and slightly warm (approximately 65° F). Sample material was obtained from the first flush of discharge from the trucks at the disposal site. Three five-gallon buckets of material were obtained and samples were obtained from this material. Liquid samples were collected first from the decant water within the buckets. Slurry samples were collected from the residual material within the buckets.

2.4 ANALYTICAL TESTING

All collected samples were sent to Amerisci Labs of Los Angeles, California, a State certified laboratory, for analytical testing. All testing methods, sample names, sampling dates, and analytes tested for are illustrated in Table 1 for all samples. The testing results and COCs for all analyte testing performed are found within Appendix C. The first slurry and liquid samples at each site location were also analyzed for a supplemental list of analytes.

Representative samples of the liquid PCC waste were analyzed for:

Analytical Testing for Liquid PCC Waste Samples

Standard Analyte List (All Liquid Samples)	Supplemental Analyte List (First Liquid Sample From Each Site)
CAM 17 Metals (EPA 6010/7000) Chrome VI (EPA 218.6) pH (EPA 150.1) TDS (EPA 160.1) Hardness (EPA 130.1) Alkalinity (EPA 310.1) TPH Carbon Chain (EPA 8015M) Oil & Grease (EPA 413.1) VOCs (EPA 8260B) SVOCs (EPA 8270)	Pesticides/PCBs (EPA 8081/8082) Fish Bio-Assay - Haz Waste Screen Total Organic Halides (EPA 9020B) Total Organic Carbon (EPA 415.1) Phenols (EPA 420.1) Chloride (EPA 300.0) Nitrate/nitrite (EPA 300) Sulfate (EPA 300) Sulfide (EPA 376.2) COD (EPA 410.4) TSS (EPA 160.2) Electrical Conductivity (EPA 120.1) Calcium (EPA 6010/200.7) Iron (EPA 6010/200.7) Phosphate (EPA 365.2) Phosphorus (EPA 365.2) Manganese, Magnesium, Potassium, Sodium, and Boron (EPA 6010)

Representative samples of the solid PCC waste were analyzed for:

Analytical Testing for Slurry PCC Waste Samples

Standard Analyte List (All Slurry/Solid Samples)	Supplemental Analyte List (First Slurry/Solid Sample From Each Site)
CAM 17 Metals (EPA 6010/7000) Chrome VI (EPA 7196) pH (EPA 150.1) TPH Carbon Chain (EPA 8015M) Oil & Grease (EPA 9071B) VOCs (EPA 8260B) SVOCs (EPA 8270)	Pesticides/PCBs (EPA 8081/8082) Chloride (EPA 300.0) Nitrate/nitrite (EPA 300) Sulfate (EPA 300) Iron (6010/200.7) Phosphate (EPA 365.2) Aluminum (EPA 6010) Grain Size Analysis (Gravel - Clay, w/ Hydrometer -ASTM D 422)

When necessary, given holding time restrictions, certain samples were analyzed by other state-certified laboratories. In addition to the analytical testing listed above, if a total concentration analytical result yielded a total concentration numerically in excess of ten times its established Soluble Threshold Limit Concentration (STLC)

and/or Toxicity Characteristic Leaching Potential (TCLP), leachability testing was performed. Results of analytical testing are included in Appendix C, and discussed in detail in Section 3.0.

All slurry samples were sent to GeoLogic Associates Laboratory of Diamond Bar, California for grain size analyses using ASTM D 422. Twelve (12) approximately 10-pound bags of solid grinding waste were sent to an independent lab, two (2) bags per sampling site location. All samples obtained for these analyses were obtained as composite samples from all available sources at each site location. Analyses and graphs from these data are included in Appendix E.

SECTION 3.0

SAMPLING RESULTS

3.0 SAMPLING RESULTS

The following sections present the results of the sampling and analysis activities described in Section 2.0. The discussions focus on the results obtained through laboratory analysis of the liquid and slurry samples and statistical analysis of the testing results.

3.1 ANALYTICAL TESTING RESULTS

Chemical laboratory analyses of liquid and slurry samples collected for this study were performed primarily by AmeriSci, a state-certified analytical laboratory, located in Los Angeles, California. In addition, certain analyses were also performed by Sequoia Analytical of Sacramento; Aquatic Bioassay and Consulting Laboratories, Inc. of Ventura; Advanced Technologies Laboratories of Signal Hill; and Associated Laboratories of Orange, California. All of these laboratories are state-certified analytical laboratories. Copies of the chemical analyses laboratory reports are included in Appendix C. Results of chemical analytical testing of the collected samples are summarized in Tables 1, 2 (A and B), and 3 (A and B).

Grain size analyses for slurry samples were performed by GeoLogic Associates, Inc. (GLA). Results of physical analytical testing of composited slurry samples are summarized in Table 4, with complete GLA laboratory reports included in Appendix D.

3.1.1 Liquid Analytical Testing Results

As presented in Table 1, all 27 liquid samples were analyzed for four general chemistry parameters, CAM 17 Metals, hexavalent chromium, petroleum hydrocarbons, and volatile and semi-volatile organics. Results of these primary analyses are presented in Table 2A. In addition, one sample from each sampling event was analyzed for supplemental general chemistry parameters, pesticides and PCBs. Results of the supplemental analyses only are presented in Table 2B.

Primary General Chemistry Parameters

As presented in Table 2A, pH of collected liquid samples ranged from 9.4 to 12.1. Only minor variations in pH levels were measured between samples collected during different sampling events, as well as in between samples collected from the same event. Within samples collected during the same sampling event, the most variation in pH level was measured in the samples collected from District 7, Highway 101, on December 21, 2004. The least variability was observed in samples collected in District 8 on Interstate 15 on October 26, 2004, and in District 3 on Interstate 5 on November 1, 2004.

Hardness of collected liquid samples ranged from 240 mg/L to 2,000 mg/L. Greater variations were observed in hardness levels than in pH levels, both between and within events. Hardness levels calculated for samples collected from District 7 on Highway 101 on December 21, 2004, were significantly elevated compared to levels for other sampling sites, although not statistically¹ different from results of sampling at the same location on November 18, 2004.

It should be noted that results of hardness testing could be greatly affected by the source water used in the grinding process.

Levels of total dissolved solids (TDS) in the collected liquid samples varied from 440 mg/L to 5,400 mg/L. Similar to hardness, significant variations in concentrations were observed, especially for samples collected from different sampling events. TDS levels for samples collected from District 3 on Interstate 5 on November 1, 2004, and District 8 on Interstate 10 on January 10, 2005, are significantly lower than concentrations measured for the rest of the samples.

Among the collected liquid samples, alkalinity concentrations ranged from 48 mg/L to 30,000 mg/L. Even more so than the TDS levels, alkalinity varied greatly between samples collected on the same day, as well as samples collected from different sampling events. Nonetheless, alkalinity levels measured for samples collected in District 7 on Interstate 5 on November 5, 2004, were substantially elevated compared to the rest of the collected samples.

¹ Statistical data evaluation is discussed in Section 3.2

Supplemental General Mineral Parameters

As presented in Table 2B, with the exception of sulfide, which was not detected above its PQL in any of the samples, all other supplemental analytes were detected in at least one sample. Ortho-phosphate and manganese were detected above their respective laboratory practical quantitation limits (PQLs) in only one sample each. With the exception of phenols, the concentrations of which were similar between all samples, the levels of other analytes varied greatly between sampling events.

None of the liquid samples used for fish bio-assay testing resulted in fish mortality.

Metals

No detectable concentrations of silver or beryllium were determined to be present in any of the collected liquid samples. Similarly, with the exception of only two samples (collected from different sites), levels of antimony and thallium were below their respective laboratory PQL in all of the collected liquid samples. Conversely, detectable levels of barium, total chromium, vanadium and zinc were found in all of the collected samples. With only a few exceptions, detectable levels of arsenic, cobalt, copper, nickel, selenium and hexavalent chromium were also present in the majority of liquid samples. The remaining analytes were detected in some, but not a majority of the samples above their respective PQLs.

As with general mineral analytes, metal concentrations varied both between and within sampling events. These variations are considered to be reflective of variations in natural cement composition, as well as variations in the water used in the grinding process.

Relative concentration of hexavalent to total chromium ranged from less than 1% to more than 150% in liquid samples. The latter ratio is considered to be an outlier², without which concentrations of hexavalent chromium reach up to 65% of total chromium levels. In samples collected from District 3 on Interstate 5 on November 1, 2004, and District 7 on Interstate 5 on November 5, 2004, this ratio was less than

² Due to significant differences associated with analytical methodology used for total chromium (acid digestion, ICP analysis) and hexavalent chromium (WET extraction, UV analysis), as well as low levels at which both analytes were detected, a ratio of concentrations greater than 100% is not of concern.

15%, although total chromium levels in the November 1, 2004, samples were somewhat higher than for samples collected during other events. These results indicate that hexavalent chromium concentrations can not be predicted by the total chromium levels.

Organic Constituents

As presented in Table 2A, no detectable concentrations of Total Petroleum Hydrocarbons (TPH) of gasoline, diesel or oil ranges were found in any of the liquid samples. Minor concentrations of Oil & Grease were detected in 18 out of 27 collected samples.

With the exception of several detections of chloroform and 1,2,4-trimethylbenzene (TMB) in several samples, no other VOCs were detected in the majority of collected liquid samples. With one exception, all detections of both chloroform and 1,2,4-TMB were measured in samples collected in District 3 on Interstate 5 on November 1, 2004.

Similar to VOC detections, only a handful of semi-volatile compounds were detected in the collected liquid samples. Benzoic acid was detected in 5 samples, benzyl alcohol in three samples, phenol in two samples, n-nitroso-di-n-propylamine and 2-nitrophenol in one sample each.

As presented in Table 2B, neither organochlorine pesticides nor PCBs were detected in any of the liquid samples analyzed for these parameters.

3.1.2 Slurry Analytical Testing Results

As presented in Table 1, all 27 slurry samples were analyzed for pH, CAM 17 Metals, hexavalent chromium, petroleum hydrocarbons, and volatile and semi-volatile organics. Results of these primary analyses are presented in Table 3A. In addition, one sample from each sampling location was analyzed for supplemental general chemistry parameters, pesticides and PCBs. Results of the supplemental analyses are presented in Table 3B. A slurry composite for each sampling location was analyzed for grain size distribution, results of which are presented in Table 4.

General Chemistry Parameters

As presented in Table 3A, pH of collected slurry samples ranged from 9.3 to 11.8. Similar to liquid samples, only minor variations in pH levels were measured between samples collected during different sampling events, as well as in between samples collected from the same event. With regard to samples collected during the same sampling event, the most variations in pH levels were measured during the event in District 8 on Interstate 10 on January 19, 2005. The least variability was measured in samples collected in District 8, on Interstate 15 on October 26, 2004, and in District 3 on Interstate 5 on November 1, 2004, which is the same as for liquid samples. In general, pH of slurry samples was slightly lower than that of liquid samples.

Similarly to the liquid samples, and as presented in Table 3B, no orthophosphate was detected above its PQL in any of the slurry samples analyzed. With regard to the remaining general mineral parameters, a great variability was measured in all analytes, as was the case with the liquid samples.

Grain Size Analyses

100 percent of all grains tested passed the #4 sieve size with the largest grain size obtained appearing just before the #8 sieve size. The grain size decreases approximately logarithmically at a rate of 0.1 mm per 10 percent decrease. Approximately 5 – 10% (by weight) of the material passes the #200 sieve size. Each sieve test by shaker machine took approximately 1440 minutes (24 hours).

Metals

In general, detections of metal analytes in slurry samples were similar to those detected in liquid samples, although PQLs for some slurry samples were elevated due to significant matrix interferences, such as high buffering capacity of several samples, which affected sample preparation (acid digestion).

As shown on Table 3A, no detectable concentrations of silver or beryllium were determined to be present in any of the collected slurry samples. In addition, cadmium, mercury and thallium were likewise undetected in all of the slurry samples. Also similar to liquid samples, antimony was undetected in all slurry

samples, but one. Unlike the liquid samples, arsenic and selenium, were undetected in a majority of slurry samples, whereas the same analytes were detected in a majority of liquid samples. It is therefore possible that detections of arsenic and selenium in liquid samples are attributable to the water used in the grinding process rather than the PCC itself.

Barium and zinc were found above their respective PQLs in all slurry samples. The remaining analytes were found in the majority of collected samples.

Among all metal analytes, only one sample, PCC-08-010-S-2 collected from District 8 on Interstate 10 on January 19, 2005, exceeded 10-times the STLC³ value for lead. In addition, sample PCC-03-005-S-1 collected from District 3 on Interstate 5 on November 1, 2004 exceeded 10-times the TCLP⁴ value for total chromium. None of the remaining samples exceeded any of the respective TTLC⁵, STLC or TCLP values, as shown in Table 3A. Results of STLC analysis of sample PCC-08-010-S-2 for lead and TCLP analysis of sample PCC-03-005-S-1 for chromium showed no detectable levels of either analyte.

The relative concentration of hexavalent to total chromium in slurry samples ranged from less than 1% to just over 10% in slurry samples. These ratios are significantly lower than for liquid samples. In samples collected from District 7 on Interstate 5 on November 5, 2004, and District 8 on Interstate 15 on October 26, 2004, hexavalent chromium was not detected above the laboratory PQL. These results are consistent with the fact that hexavalent chromium compounds are significantly more soluble than other chromium compounds.

Organic Constituents

As presented in Table 3A, no detectable concentrations of Total Petroleum Hydrocarbons (TPH) of gasoline or diesel ranges were found in any of the slurry samples. Detectable concentrations of TPH-oil were found in several samples, while Oil & Grease was detected in 25 out of 27 collected samples.

³ California Soluble Threshold Limit Concentration

⁴ Federal Toxicity Characteristic Leaching Potential

⁵ California Total Threshold Limit Concentration

With the exception of one detection of 1,3,5-TMB and several of 1,2,4-TMB in several samples, no other VOCs were detected in the majority of collected slurry samples. With one exception, all detections of both TMBs were measured in samples collected from District 3 on Interstate 5 on November 1, 2004, which was also the case for detection of 1,2,4-TMB in liquid samples. Comparison of data sets for liquid and slurry samples collected from the District 3 location on November 1, 2004, indicates that the source of these compounds was most likely water used in the grinding operation.

Minor levels of bis(2-ethylhexyl)phthalate [or di(2-ethylhexyl)phthalate, DEHP] were detected in several slurry samples. A common plasticizer, DEHP could have been derived from PCC components or hosing used in the grinding operation.

As presented in Table 3B, PCBs were not detected in any of the slurry samples analyzed. Minor concentrations of two organochlorine pesticides, 4,4-DDD and d-BHC, were detected in slurry samples collected on December 21, 2004 and January 19, 2005, respectively. Concentration of 4,4-DDD was significantly below the respective TTLC and STLC levels, as shown in Table 3B.

3.2 STATISTICAL DATA EVALUATION

The data described above was reviewed and evaluated for statistical significance. The statistical evaluation was based on the following criteria:

- Statistical evaluations were performed on the complete data set for each target analyte from all sampling events. No calculations were performed for individual sites / sampling events.
- Statistical evaluations were not performed for analytes where all results were reported as non-detected.
- Statistical evaluations were not performed for analytes where less than five (5) samples had detected concentrations.
- For analytes where the data set included both detected and non-detected (i.e. below laboratory PQL) concentrations, the full laboratory PQL value was used in the data evaluation as the analytical result for samples with non-detected results.
- For analytes where the data set included both detected and non-detected (i.e. below laboratory PQL) concentrations, AND the PQL values were significantly

elevated when compared to the actual detected concentrations, the non-detected data points were excluded from the statistical evaluation.

- Statistical evaluations were not performed for analytes that were tested for, or detected in, only a small number of samples AND the range of detected values varied over an order of magnitude between minimum and maximum (Note: this applied mostly to compounds on the extended analyte lists)

As presented in Tables 4A and 4B, the majority of the target analytes from the primary analyte lists for both liquid and slurry samples were subjected to statistical evaluation. However, only a limited number of analytes from the extended lists, for both liquid and slurry samples, were evaluated.

Once the data sets were selected, they were initially evaluated for normality using the Shapiro-Wilk method, as provided by the Analyze-it for Excel software package. The results of this evaluation are provided in Appendix D and summarized in Tables 4A and 4B.

As presented in Appendix D and Tables 4A and 4B, not all of the data sets were determined to configure to a normal distribution. A Shapiro-Wilk coefficient of 0.9 or higher was used as a threshold value in determining whether a data set was normally distributed. As presented in Tables 4A and 4B, the only data sets that met this criterion were the pH data set for both liquid and slurry samples, the cobalt data set for liquid samples, and the sulfate data set for slurry samples.

As a result, the majority of both the liquid and slurry analyte data sets were defined as non-parametric distributions and tested by the Bootstrap method, a variation of the Monte Carlo technique, as provided by the Excel Modeling VBA software set. The results of these evaluations are also provided in Appendix D and summarized in Tables 4A and 4B.

Results of the statistical evaluations determined that the pH of the liquid waste stream from Department PCC grinding operations is anticipated, with 95% confidence, to be between 10.78 and 11.26, with a mean of 11.0. This indicates that, with 95% confidence, liquid PCC waste will not constitute a hazardous waste stream. In addition, the following constituents are anticipated to be present in the liquid waste from Department PCC grinding operations: arsenic, barium, cobalt,

chromium, copper, mercury, molybdenum, nickel, lead, selenium, vanadium, zinc, hexavalent chromium, oil & grease and a variety of other general mineral constituents. The data and statistical evaluations furthermore indicated that the liquid waste from Department PCC grinding operations is not anticipated to contain detectable concentrations of silver, beryllium, cadmium, antimony, thallium, sulfide, ortho-phosphate, petroleum hydrocarbons, VOCs, SVOCs, pesticides or PCBs.

The pH of slurry waste generated during Department PCC grinding operations is predicted, with 95% confidence, to be between 10.48 and 10.92, with a mean of 10.7, which is slightly lower than the liquid waste. Although numerous heavy metal constituents were detected in the slurry samples, only barium, cobalt, chromium, copper, molybdenum, nickel, lead, selenium, vanadium, zinc and hexavalent chromium are anticipated to be consistently detected in the slurry waste from Department PCC grinding operations, and none are anticipated to be present at concentrations in excess of applicable Federal and State hazardous waste standards. In addition to these heavy metals constituents, the slurry waste is anticipated to contain detectable levels of TPH-oil, oil & grease, chloride, nitrate, sulfate, iron and aluminum. The data and statistical evaluations furthermore indicate that slurry waste for Department PCC grinding operations are not anticipated to contain detectable concentrations of silver, arsenic, beryllium, cadmium, antimony, thallium, ortho-phosphate, gasoline or diesel range petroleum hydrocarbons, VOCs, SVOCs, pesticides, or PCBs.

SECTION 4.0

CONCLUSIONS

4.0 CONCLUSIONS

Based on the results of the sampling, testing, and data analysis efforts described in the previous sections, the following conclusions can be made with regard to the nature of PCC waste being generated through Department grinding operations conducted throughout the state:

- The detected concentrations of inorganic parameters in both liquid and slurry samples varied between the locations tested and in some cases within a single grinding project. As a result, it is difficult to predict with certainty the exact inorganic chemistry characteristics that would be typical of the PCC waste. However, generally speaking, both the liquid and slurry waste have pH levels of 10 or higher, which are basic but non-hazardous, and detectable, but non-hazardous levels of heavy metals and other inorganic parameters. The most frequently detected heavy metals in liquid samples were arsenic, barium, chromium, cobalt, copper, nickel, selenium, vanadium, and zinc. Silver, beryllium, cadmium, antimony, and thallium were found in fewer than half of the liquid samples. Heavy metals concentrations in slurry samples were detected but inconclusive due to elevated detection limits for some of the samples. However, the most frequently detected heavy metals in slurry samples were barium, cobalt, chromium, copper, molybdenum, nickel, lead, vanadium, and zinc. Silver, arsenic, beryllium, cadmium, mercury, antimony, selenium, and thallium were detected only sporadically, if at all, in slurry samples.
- Chromium and hexavalent chromium were found to be ubiquitous throughout the liquid samples as well as in many of the slurry samples. None of the detected concentrations were at hazardous levels.
- Total petroleum hydrocarbons as gasoline, diesel and oil were at non-detectable levels in almost all liquid and slurry samples. However, detectable levels of oil & grease were consistently detected. The presence of oil and grease is not unexpected given the source of the PCC grinding waste even though no pronounced staining of the PCC pavement was noted in the field observations.
- Volatile and semi-volatile organic compounds were detected only sporadically and at relatively low concentrations. No discernible trends could be identified in these detections, which are thought to be specific to individual sites and not associated with

PCC waste in general. The most frequently detected semi-volatile compound was bis(2-ethylhexyl)phthalate, which is a common laboratory contaminant.

- Organochlorine pesticides and PCBs were generally at non-detectable levels in both liquid and slurry samples with few exceptions.

Based on these results, PCC waste is not considered hazardous and disposal of these wastes can be done at appropriately licensed non-hazardous waste disposal sites or recycling facilities. Tables 4A and 4B provide a statistical summary of the results of all of the analyses performed as part of this Supplemental Study. The information included in these tables can be provided to Department contractors, sub-contractors, and/or disposal facilities to demonstrate the typical chemical composition of PCC waste from Department grooving or grinding operations.

It should be noted that these results are typical of waste generated within Department rights-of-way where no significant near-site or on-site contaminant sources exist. In cases where a notable potential contaminant source is identified near a grooving or grinding operation, additional sampling may be necessary to eliminate the possibility of impacts related to that condition. Examples of potential contaminant sources that may affect the characteristics of the PCC grinding waste include, but are not limited to, any of the following types of facilities or activities that through their location or orientation may allow for accidental or intentional discharges onto the Department right-of-way where the grinding operations are occurring.

- Industrial facilities that manufacture, store, use, or dispose of significant quantities of chemicals,
- Major petroleum refineries, or processing and storage facilities,
- Major industrial or hazardous waste processing, storage, or disposal facilities,
- Sites currently under investigation and/or subject to clean-up and abatement orders issued by the United States Environmental Protection Agency, the California Environmental Protection Agency, the California Department of Toxic Substances Control, any of the California Regional Water Quality Control Boards, or any local enforcement agency.



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Memorandum

Date: 2 December 2013
To: Roger Mitchell, Regional Water Quality Control Board
From: Chris Lieder, Geosyntec
Subject: Additional Information for Notice of Intent (NOI)
Resolution No. R9-2007-104 (Conditional Waiver No. 9)
Hanson Aggregates - Carroll Canyon Plant

This memorandum was prepared to provide additional information in regards to the Notice of Intent by Hanson Aggregate (Hanson) to enroll in Resolution R9-2007-104 (Conditional Waiver No.9) for Discharges of Slurries to Land. During washout of residual concrete and cement left in trucks, the partially cured remaining material is processed to remove the sand and gravel for re-use and the leftover cement residue is what is being requested to be discharged during reclamation of former mining areas at the site. This product has similar pH levels to concrete and cement and would be applicable for discharge to land under this waiver. The following responses to the general waiver conditions are provided below to assist the Regional Water Quality Control Board in their approval process:

1. Prevent the direct or indirect discharge of slurries to any surface waters of the state (including ephemeral streams and vernal pools).

The residual cement material produced through the washout activities will be dewatered and the inert dry material will be spread as a thin layer (2" thick) during backfill operation of the Carroll Canyon Facility as part of their reclamation procedures. The material will then be bladed in with clean backfill from the site. These procedures will thoroughly mix the cement material in the soil, and will be performed in a manner which prevents the discharge to surface water.

2. Slurries must be contained to eliminate the potential for runoff from the site.

Following processing to remove sand and gravel, the resulting cement residue is described as a dried light colored granular material.

3. If slurries are discharged to land for storage, the storage area or sump must be designed to be fully contained and ensure no overflow during discharge with at least 2 feet of freeboard.

The dry cementitious material is a solid and not a slurry, will temporarily stockpiled prior to discharge to land.

4. The floor of the storage area or sump must be at least 5 feet above the highest known historical or anticipated groundwater level.

The solid material is planned to be added to backfilled lifts that are currently at least 40 feet above the highest historical groundwater level.

5. The walls of the storage area or sump must be at least 100 feet away from any surface water body or municipal water well.

The dried cementitious material to be used for onsite backfill during mine reclamation activities will not be stored in a sump and will be stockpiled more than 100 feet away from any surface water body.

6. Slurries cannot contain any toxic or hazardous constituents.

The material is residual leftover cement that cannot be re-used. It does not contain any toxic or hazardous constituents.

7. Slurries discharged to land must not adversely affect the quality or beneficial uses of underlying groundwater.

The dried material is planned to be placed more than 40 feet above the highest groundwater level. It will also be thoroughly mixed in with clean fill material. In addition, Hanson plans to then add over 20 feet of clean fill above the lifts that contain the mixed concrete residue and clean fill.

8. Slurries must be removed and disposed of at an appropriate disposal facility prior to restoring the storage area or sump to pre-discharge conditions.

Not applicable.

9. The storage area or sump must be filled in and restored to pre-discharge conditions.

Not applicable.

10. Discharger must submit a Notice of Intent or technical and/or monitoring program reports when directed by the San Diego Water Board.

Condition noted.

* * * * *

INTRODUCTION

This application package constitutes a Report of Waste Discharge (ROWD) pursuant to California Water Code Section 13260. Section 13260 states that persons discharging or proposing to discharge waste that could affect the quality of the waters of the State, other than into a community sewer system, shall file a ROWD containing information which may be required by the appropriate Regional Water Quality Control Board (RWQCB).

This package is to be used to start the application process for all waste discharge requirements (WDRs) and National Pollutant Discharge Elimination System (NPDES) permits* issued by a RWQCB except:

- a) Those landfill facilities that must use a joint Solid Waste Facility Permit Application Form, California Integrated Waste Management Board Form E-1-77; and
- b) General WDRs or general NPDES permits that use a Notice of Intent to comply or specify the use of an alternative application form designed for that permit.

This application package contains:

- 1. Application/General Information Form for WDRs and NPDES Permits [Form 200 (10/97)].
- 2. Application/General Information Instructions.

Instructions

Instructions are provided to assist you with completion of the application. If you are unable to find the answers to your questions or need assistance with the completion of the application package, please contact your RWQCB representative. *The RWQCBs strongly recommend that you make initial telephone or personal contact with RWQCB regulatory staff to discuss a proposed new discharge before submitting your application.* The RWQCB representative will be able to answer procedural and annual fee related questions that you may have. (See map and telephone numbers inside of application cover.)

All dischargers regulated under WDRs and NPDES permits must pay an annual fee, except dairies, which pay a filing fee only. The RWQCB will notify you of your annual fee based on an evaluation of your proposed discharge. Please do NOT submit a check for your first annual fee or filing fee until requested to do so by a RWQCB representative. Dischargers applying for reissuance (renewal) of an existing NPDES permit or update of an existing WDR will be billed through the annual fee billing system and are therefore requested NOT to submit a check with their application. Checks should be made payable to the State Water Resources Control Board.

Additional Information Requirements

A RWQCB representative will notify you within 30 days of receipt of the application form and any supplemental documents whether your application is complete. If your application is incomplete, the RWQCB representative will send you a detailed list of discharge specific information necessary to complete the application process. The completion date of your application is normally the date when all required information, including the correct fee, is received by the RWQCB.

*** NPDES PERMITS:** If you are applying for a permit to discharge to surface water, you will need an NPDES permit which is issued under both State and Federal law and may be required to complete one or more of the following Federal NPDES permit application forms: Short Form A, Standard Form A, Forms 1, 2B, 2C, 2D, 2E, and 2F. These forms may be obtained at a RWQCB office or can be ordered from the National Center for Environmental Publications and Information at (513) 891-6561.

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



**INSTRUCTIONS
FOR COMPLETING THE APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR:
WASTE DISCHARGE REQUIREMENTS/NPDES PERMIT**

If you have any questions on the completion of any part of the application, please contact your RWQCB representative. A map of RWQCB locations, addresses, and telephone numbers is located on the reverse side of the application cover.

I. FACILITY INFORMATION

You must provide the factual information listed below for ALL owners, operators, and locations and, where appropriate, for ALL general partners and lease holders.

A. FACILITY:

Legal name, physical address including the county, person to contact, and phone number at the facility.
(NO P.O. Box numbers! If no address exists, use street and nearest cross street.)

B. FACILITY OWNER:

Legal owner, address, person to contact, and phone number. Also include the owner's Federal Tax Identification Number.

OWNER TYPE:

Check the appropriate Owner Type. The legal owner will be named in the WDRs/NPDES permit.

C. FACILITY OPERATOR (The agency or business, not the person):

If applicable, the name, address, person to contact, and telephone number for the facility operator. Check the appropriate Operator Type. If identical to B. above, enter "same as owner".

D. OWNER OF THE LAND:

Legal owner of the land(s) where the facility is located, address, person to contact, and phone number. Check the appropriate Owner Type. If identical to B. above, enter "same as owner".

E. ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Address where legal notice may be served, person to contact, and phone number. If identical to B. above, enter "same as owner".

F. BILLING ADDRESS

Address where annual fee invoices should be sent, person to contact, and phone number. If identical to B. above, enter "same as owner".

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**II. TYPE OF DISCHARGE**

Check the appropriate box to describe whether the waste will be discharged to: A. Land, or B. Surface Water.

Check the appropriate box(es) which best describe the activities at your facility.

Hazardous Waste - If you check the Hazardous Waste box, STOP and contact a representative of the RWQCB for further instructions.

Landfills - A separate form, APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS, California Integrated Waste Management Board Form E-1-77, may be required. Contact a RWQCB representative to help determine the appropriate form for your discharge.

III. LOCATION OF THE FACILITY

1. Enter the Assessor's Parcel Number(s) (APN), which is located on the property tax bill. The number can also be obtained from the County Assessor's Office. Indicate the APN for both the facility and the discharge point.
2. Enter the Latitude of the entrance to the proposed/existing facility and of the discharge point. Latitude and longitude information can be obtained from a U.S. Geological Survey quadrangle topographic map. Other maps may also contain this information.
3. Enter the Longitude of the entrance to the proposed/existing facility and of the discharge point.

IV. REASON FOR FILING**NEW DISCHARGE OR FACILITY:**

A discharge or facility that is proposed but does not now exist, or that does not yet have WDRs or an NPDES permit.

CHANGE IN DESIGN OR OPERATION:

A material change in design or operation from existing discharge requirements. Final determination of whether the reported change is material will be made by the RWQCB.

CHANGE IN QUANTITY/TYPE OF DISCHARGE:

A material change in characteristics of the waste from existing discharge requirements. Final determination of whether the reported change would have a significant effect will be made by the RWQCB.

CHANGE IN OWNERSHIP/OPERATOR:

Change of legal owner of the facility. Complete Parts I, III, and IV only and contact the RWQCB to determine if additional information is required.

WASTE DISCHARGE REQUIREMENTS UPDATE OR NPDES PERMIT REISSUANCE:

WDRs must be updated periodically to reflect changing technology standards and conditions. A new application is required to reissue an NPDES permit which has expired.

OTHER:

If there is a reason other than the ones listed, please describe the reason on the space provided. (If more space is needed, attach a separate sheet.)

**CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY**

**State of California
Regional Water Quality Control Board**
**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

It should be emphasized that communication with the appropriate RWQCB staff is vital before starting the CEQA documentation, and is recommended before completing this application. There are Basin Plan issues which may complicate the CEQA effort, and RWQCB staff may be able to help in providing the needed information to complete the CEQA documentation.

Name the Lead Agency responsible for completion of CEQA requirements for the project, i.e., completion and certification of CEQA documentation.

Check YES or NO. Has a public agency determined that the proposed project is exempt from CEQA? If the answer is YES, state the basis for the exemption and the name of the agency supplying the exemption on the space provided. (Remember that, if extra space is needed, use an extra sheet of paper, but be sure to indicate the attached sheet under Section VII. Other.)

Check YES or NO. Has the "Notice of Determination" been filed under CEQA? If YES, give the date the notice was filed and enclose a copy of the Notice of Determination and the Initial Study, Environmental Impact Report, or Negative Declaration. If NO, check the box of the expected type of CEQA document for this project, and include the expected date of completion using the timelines given under CEQA. The date of completion should be taken as the date that the Notice of Determination will be submitted. (If not known, write "Unknown")

VI. OTHER REQUIRED INFORMATION

To be approved, your application MUST include a COMPLETE characterization of the discharge. If the characterization is found to be incomplete, RWQCB staff will contact you and request that additional specific information be submitted.

This application MUST be accompanied by a site map. A USGS 7.5' Quadrangle map or a street map, if more appropriate, is sufficient for most applications.

VII. OTHER

If any of the answers on your application form need further explanation, attach a separate sheet. Please list any attachments with the titles and dates on the space provided.

VIII. CERTIFICATION

Certification by the owner of the facility or the operator of the facility, if the operator is different from the owner, is required. The appropriate person must sign the application form.

Acceptable signatures are:

1. **for a corporation**, a principal executive officer of at least the level of senior vice-president;
2. **for a partnership or individual (sole proprietorship)**, a general partner or the proprietor;
3. **for a governmental or public agency**, either a principal executive officer or ranking elected/appointed official.

DISCHARGE SPECIFIC INFORMATION

In most cases, a request to supply additional discharge specific information will be sent to you by a representative of the RWQCB. If the RWQCB determines that additional discharge specific information is not needed to process your application, you will be so notified.

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

I. FACILITY INFORMATION

A. Facility:

Name:			
Address:			
City:	County:	State:	Zip Code:
Contact Person:		Telephone Number:	

B. Facility Owner:

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____
		Federal Tax ID:	

C. Facility Operator (The agency or business, not the person):

Name:		Operator Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____

D. Owner of the Land:

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____

E. Address Where Legal Notice May Be Served:

Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

F. Billing Address:

Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**II. TYPE OF DISCHARGE**Check Type of Discharge(s) Described in this Application (A or B):☐ **A. WASTE DISCHARGE TO LAND**☐ **B. WASTE DISCHARGE TO SURFACE WATER****Check all that apply:**☐ Domestic/Municipal Wastewater
Treatment and Disposal☐ Cooling Water☐ Mining☐ Waste Pile☐ Wastewater Reclamation☐ Other, please describe: _____☐ Animal Waste Solids☐ Land Treatment Unit☐ Dredge Material Disposal☐ Surface Impoundment☐ Industrial Process Wastewater☐ Animal or Aquacultural Wastewater☐ Biosolids/Residual☐ Hazardous Waste (see instructions)☐ Landfill (see instructions)☐ Storm Water**III. LOCATION OF THE FACILITY**

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)**Facility:****Discharge Point:****2. Latitude****Facility:****Discharge Point:****3. Longitude****Facility:****Discharge Point:****IV. REASON FOR FILING**☐ New Discharge or Facility☐ Changes in Ownership/Operator (see instructions)☐ Change in Design or Operation☐ Waste Discharge Requirements Update or NPDES Permit Reissuance☐ Change in Quantity/Type of Discharge☐ Other: _____**V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

Name of Lead Agency: _____

Has a public agency determined that the proposed project is exempt from CEQA?

☐ Yes☐ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA?

☐ Yes☐ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☐ EIR☐ Negative Declaration

Expected CEQA Completion Date: _____

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
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VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: _____

Title: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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California Environmental Protection Agency Bill of Rights for Environmental Permit Applicants

California Environmental Protection Agency (Cal/EPA) recognizes that many complex issues must be addressed when pursuing reforms of environmental permits and that significant challenges remain. We have initiated reforms and intend to continue the effort to make environmental permitting more efficient, less costly, and to ensure that those seeking permits receive timely responses from the boards and departments of the Cal/EPA. To further this goal, Cal/EPA endorses the following precepts that form the basis of a permit applicant's "Bill of Rights."

1. Permit applicants have the right to assistance in understanding regulatory and permit requirements. All Cal/EPA programs maintain an Ombudsman to work directly with applicants. Permit Assistance Centers located throughout California have permit specialists from all the State, regional, and local agencies to identify permit requirements and assist in permit processing.
2. Permit applicants have the right to know the projected fees for review of applications, how any costs will be determined and billed, and procedures for resolving any disputes over fee billings.
3. Permit applicants have the right of access to complete and clearly written guidance documents that explain the regulatory requirements. Agencies must publish a list of all information required in a permit application and of criteria used to determine whether the submitted information is adequate.
4. Permit applicants have the right of timely completeness determinations for their applications. In general, agencies notify the applicant within 30 days of any deficiencies or determine that the application is complete. California Environmental Quality Act (CEQA) and public hearing requests may require additional information.
5. Permit applicants have the right to know exactly how their applications are deficient and what further information is needed to make their applications complete. Pursuant to California Government code Section 65944, after an application is accepted as complete, an agency may not request any new or additional information that was not specified in the original application.
6. Permit applicants have the right of a timely decision on their permit application. The agencies are required to establish time limits for permit reviews.
7. Permit applicants have the right to appeal permit review time limits by statute or administratively that have been violated without good cause. For state environmental agencies, appeals are made directly to the Cal/EPA Secretary or to a specific board. For local environmental agencies, appeals are generally made to the local governing board or, under certain circumstances, to Cal/EPA. Through this appeal, applicants may obtain a set date for a decision on their permit and, in some cases, a refund of all application fees (ask boards and departments for details).
8. Permit applicants have the right to work with a single lead agency where multiple environmental approvals are needed. For multiple permits, all agency actions can be consolidated under a lead agency. For site remediation, all applicable laws can be administered through a single agency.
9. Permit applicants have the right to know who will be reviewing their application and the time required to complete the full review process.



10875 Rancho Bernardo Road
Suite 200
San Diego, CA 92127

PH 858.674.6559

FAX 858.674.6586

www.geosyntec.com

Memorandum

Date: 22 November 2013
To: Roger Mitchell, Regional Water Quality Control Board
From: Chris Lieder, Geosyntec
Subject: Additional Information for Notice of Intent (NOI)
Resolution No. R9-2007-104 (Conditional Waiver No. 9)
Hanson Aggregates - Carroll Canyon Plant

This memorandum was prepared to provide additional information in regards to the Notice of Intent by Hanson Aggregate (Hanson) to enroll in Resolution R9-2007-104 (Conditional Waiver No.9) for Discharges of Slurries to Land. During washout of residual leftover concrete and cement left in trucks, the partially cured off-specification material is processed to remove the sand and gravel for re-use and the leftover cement residue is what is being requested to be discharged during reclamation of former mining areas at the site. This product has similar pH levels to concrete and cement and would be applicable for discharge to land under this waiver. The following responses to the general waiver conditions are provided below to assist the Regional Water Quality Control Board in their approval process:

1. Prevent the direct or indirect discharge of slurries to any surface waters of the state (including ephemeral streams and vernal pools).

The residual cement material produced through the washout activities will be dewatered and the inert dry material will be spread as a thin layer (2" thick) during backfill operation of the Carroll Canyon Facility as part of their reclamation procedures. The material will then be bladed in with clean backfill from the site. These procedures will thoroughly mix the cement material in the soil, and will be performed in a manner which prevents the discharge to surface water.

2. Slurries must be contained to eliminate the potential for runoff from the site.

Following processing to remove sand and gravel, the resulting cement residue is described as a dried light colored granular material.

3. If slurries are discharged to land for storage, the storage area or sump must be designed to be fully contained and ensure no overflow during discharge with at least 2 feet of freeboard.

Additional Information for NOI
22 November 2013
Page 2

The dry cementitious material is a solid and not a slurry, will temporarily stockpiled prior to discharge to land.

4. The floor of the storage area or sump must be at least 5 feet above the highest known historical or anticipated groundwater level.

The solid material is planned to be added to backfilled lifts that are currently at least 40 feet above the highest historical groundwater level.

5. The walls of the storage area or sump must be at least 100 feet away from any surface water body or municipal water well.

The dried cementitious material to be used for onsite backfill during mine reclamation activities will not be stored in a sump and will be stockpiled more than 100 feet away from any surface water body.

6. Slurries cannot contain any toxic or hazardous constituents.

The material is residual off-specification cement that cannot be re-used. It does not contain any toxic or hazardous constituents.

7. Slurries discharged to land must not adversely affect the quality or beneficial uses of underlying groundwater.

The dried material is planned to be placed more than 40 feet above the highest groundwater level. It will also be thoroughly mixed in with clean fill material. In addition, Hanson plans to then add over 20 feet of clean fill above the lifts that contain the mixed concrete residue and clean fill.

8. Slurries must be removed and disposed of at an appropriate disposal facility prior to restoring the storage area or sump to pre-discharge conditions.

Not applicable.

9. The storage area or sump must be filled in and restored to pre-discharge conditions.

Not applicable.

10. Discharger must submit a Notice of Intent or technical and/or monitoring program reports when directed by the San Diego Water Board.

Condition noted.

* * * * *

INTRODUCTION

This application package constitutes a Report of Waste Discharge (ROWD) pursuant to California Water Code Section 13260. Section 13260 states that persons discharging or proposing to discharge waste that could affect the quality of the waters of the State, other than into a community sewer system, shall file a ROWD containing information which may be required by the appropriate Regional Water Quality Control Board (RWQCB).

This package is to be used to start the application process for all waste discharge requirements (WDRs) and National Pollutant Discharge Elimination System (NPDES) permits* issued by a RWQCB except:

- a) Those landfill facilities that must use a joint Solid Waste Facility Permit Application Form, California Integrated Waste Management Board Form E-1-77; and
- b) General WDRs or general NPDES permits that use a Notice of Intent to comply or specify the use of an alternative application form designed for that permit.

This application package contains:

- 1. Application/General Information Form for WDRs and NPDES Permits [Form 200 (10/97)].
- 2. Application/General Information Instructions.

Instructions

Instructions are provided to assist you with completion of the application. If you are unable to find the answers to your questions or need assistance with the completion of the application package, please contact your RWQCB representative. *The RWQCBs strongly recommend that you make initial telephone or personal contact with RWQCB regulatory staff to discuss a proposed new discharge before submitting your application.* The RWQCB representative will be able to answer procedural and annual fee related questions that you may have. (See map and telephone numbers inside of application cover.)

All dischargers regulated under WDRs and NPDES permits must pay an annual fee, except dairies, which pay a filing fee only. The RWQCB will notify you of your annual fee based on an evaluation of your proposed discharge. Please do NOT submit a check for your first annual fee or filing fee until requested to do so by a RWQCB representative. Dischargers applying for reissuance (renewal) of an existing NPDES permit or update of an existing WDR will be billed through the annual fee billing system and are therefore requested NOT to submit a check with their application. Checks should be made payable to the State Water Resources Control Board.

Additional Information Requirements

A RWQCB representative will notify you within 30 days of receipt of the application form and any supplemental documents whether your application is complete. If your application is incomplete, the RWQCB representative will send you a detailed list of discharge specific information necessary to complete the application process. The completion date of your application is normally the date when all required information, including the correct fee, is received by the RWQCB.

*** NPDES PERMITS:** If you are applying for a permit to discharge to surface water, you will need an NPDES permit which is issued under both State and Federal law and may be required to complete one or more of the following Federal NPDES permit application forms: Short Form A, Standard Form A, Forms 1, 2B, 2C, 2D, 2E, and 2F. These forms may be obtained at a RWQCB office or can be ordered from the National Center for Environmental Publications and Information at (513) 891-6561.

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State of California
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**INSTRUCTIONS
FOR COMPLETING THE APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR:
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I. FACILITY INFORMATION

You must provide the factual information listed below for ALL owners, operators, and locations and, where appropriate, for ALL general partners and lease holders.

A. FACILITY:

Legal name, physical address including the county, person to contact, and phone number at the facility.
(NO P.O. Box numbers! If no address exists, use street and nearest cross street.)

B. FACILITY OWNER:

Legal owner, address, person to contact, and phone number. Also include the owner's Federal Tax Identification Number.

OWNER TYPE:

Check the appropriate Owner Type. The legal owner will be named in the WDRs/NPDES permit.

C. FACILITY OPERATOR (The agency or business, not the person):

If applicable, the name, address, person to contact, and telephone number for the facility operator. Check the appropriate Operator Type. If identical to B. above, enter "same as owner".

D. OWNER OF THE LAND:

Legal owner of the land(s) where the facility is located, address, person to contact, and phone number. Check the appropriate Owner Type. If identical to B. above, enter "same as owner".

E. ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Address where legal notice may be served, person to contact, and phone number. If identical to B. above, enter "same as owner".

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CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
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III. LOCATION OF THE FACILITY

1. Enter the Assessor's Parcel Number(s) (APN), which is located on the property tax bill. The number can also be obtained from the County Assessor's Office. Indicate the APN for both the facility and the discharge point.
2. Enter the Latitude of the entrance to the proposed/existing facility and of the discharge point. Latitude and longitude information can be obtained from a U.S. Geological Survey quadrangle topographic map. Other maps may also contain this information.
3. Enter the Longitude of the entrance to the proposed/existing facility and of the discharge point.

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CHANGE IN DESIGN OR OPERATION:

A material change in design or operation from existing discharge requirements. Final determination of whether the reported change is material will be made by the RWQCB.

CHANGE IN QUANTITY/TYPE OF DISCHARGE:

A material change in characteristics of the waste from existing discharge requirements. Final determination of whether the reported change would have a significant effect will be made by the RWQCB.

CHANGE IN OWNERSHIP/OPERATOR:

Change of legal owner of the facility. Complete Parts I, III, and IV only and contact the RWQCB to determine if additional information is required.

WASTE DISCHARGE REQUIREMENTS UPDATE OR NPDES PERMIT REISSUANCE:

WDRs must be updated periodically to reflect changing technology standards and conditions. A new application is required to reissue an NPDES permit which has expired.

OTHER:

If there is a reason other than the ones listed, please describe the reason on the space provided. (If more space is needed, attach a separate sheet.)

**CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY**

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V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

It should be emphasized that communication with the appropriate RWQCB staff is vital before starting the CEQA documentation, and is recommended before completing this application. There are Basin Plan issues which may complicate the CEQA effort, and RWQCB staff may be able to help in providing the needed information to complete the CEQA documentation.

Name the Lead Agency responsible for completion of CEQA requirements for the project, i.e., completion and certification of CEQA documentation.

Check YES or NO. Has a public agency determined that the proposed project is exempt from CEQA? If the answer is YES, state the basis for the exemption and the name of the agency supplying the exemption on the space provided. (Remember that, if extra space is needed, use an extra sheet of paper, but be sure to indicate the attached sheet under Section VII. Other.)

Check YES or NO. Has the "Notice of Determination" been filed under CEQA? If YES, give the date the notice was filed and enclose a copy of the Notice of Determination and the Initial Study, Environmental Impact Report, or Negative Declaration. If NO, check the box of the expected type of CEQA document for this project, and include the expected date of completion using the timelines given under CEQA. The date of completion should be taken as the date that the Notice of Determination will be submitted. (If not known, write "Unknown")

VI. OTHER REQUIRED INFORMATION

To be approved, your application MUST include a COMPLETE characterization of the discharge. If the characterization is found to be incomplete, RWQCB staff will contact you and request that additional specific information be submitted.

This application MUST be accompanied by a site map. A USGS 7.5' Quadrangle map or a street map, if more appropriate, is sufficient for most applications.

VII. OTHER

If any of the answers on your application form need further explanation, attach a separate sheet. Please list any attachments with the titles and dates on the space provided.

VIII. CERTIFICATION

Certification by the owner of the facility or the operator of the facility, if the operator is different from the owner, is required. The appropriate person must sign the application form.

Acceptable signatures are:

1. **for a corporation**, a principal executive officer of at least the level of senior vice-president;
2. **for a partnership or individual (sole proprietorship)**, a general partner or the proprietor;
3. **for a governmental or public agency**, either a principal executive officer or ranking elected/appointed official.

DISCHARGE SPECIFIC INFORMATION

In most cases, a request to supply additional discharge specific information will be sent to you by a representative of the RWQCB. If the RWQCB determines that additional discharge specific information is not needed to process your application, you will be so notified.

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
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I. FACILITY INFORMATION

A. Facility:

Name:			
Address:			
City:	County:	State:	Zip Code:
Contact Person:		Telephone Number:	

B. Facility Owner:

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	Federal Tax ID:

C. Facility Operator (The agency or business, not the person):

Name:		Operator Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____

D. Owner of the Land:

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____

E. Address Where Legal Notice May Be Served:

Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

F. Billing Address:

Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**II. TYPE OF DISCHARGE**Check Type of Discharge(s) Described in this Application (A or B):☐ **A. WASTE DISCHARGE TO LAND**☐ **B. WASTE DISCHARGE TO SURFACE WATER****Check all that apply:**☐ Domestic/Municipal Wastewater
Treatment and Disposal☐ Cooling Water☐ Mining☐ Waste Pile☐ Wastewater Reclamation☐ Other, please describe: _____☐ Animal Waste Solids☐ Land Treatment Unit☐ Dredge Material Disposal☐ Surface Impoundment☐ Industrial Process Wastewater☐ Animal or Aquacultural Wastewater☐ Biosolids/Residual☐ Hazardous Waste (see instructions)☐ Landfill (see instructions)☐ Storm Water**III. LOCATION OF THE FACILITY**

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)**Facility:****Discharge Point:****2. Latitude****Facility:****Discharge Point:****3. Longitude****Facility:****Discharge Point:****IV. REASON FOR FILING**☐ New Discharge or Facility☐ Changes in Ownership/Operator (see instructions)☐ Change in Design or Operation☐ Waste Discharge Requirements Update or NPDES Permit Reissuance☐ Change in Quantity/Type of Discharge☐ Other: _____**V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

Name of Lead Agency: _____

Has a public agency determined that the proposed project is exempt from CEQA?

☐ Yes☐ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA?

☐ Yes☐ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☐ EIR☐ Negative Declaration

Expected CEQA Completion Date: _____

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: _____

Title: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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California Environmental Protection Agency Bill of Rights for Environmental Permit Applicants

California Environmental Protection Agency (Cal/EPA) recognizes that many complex issues must be addressed when pursuing reforms of environmental permits and that significant challenges remain. We have initiated reforms and intend to continue the effort to make environmental permitting more efficient, less costly, and to ensure that those seeking permits receive timely responses from the boards and departments of the Cal/EPA. To further this goal, Cal/EPA endorses the following precepts that form the basis of a permit applicant's "Bill of Rights."

1. Permit applicants have the right to assistance in understanding regulatory and permit requirements. All Cal/EPA programs maintain an Ombudsman to work directly with applicants. Permit Assistance Centers located throughout California have permit specialists from all the State, regional, and local agencies to identify permit requirements and assist in permit processing.
2. Permit applicants have the right to know the projected fees for review of applications, how any costs will be determined and billed, and procedures for resolving any disputes over fee billings.
3. Permit applicants have the right of access to complete and clearly written guidance documents that explain the regulatory requirements. Agencies must publish a list of all information required in a permit application and of criteria used to determine whether the submitted information is adequate.
4. Permit applicants have the right of timely completeness determinations for their applications. In general, agencies notify the applicant within 30 days of any deficiencies or determine that the application is complete. California Environmental Quality Act (CEQA) and public hearing requests may require additional information.
5. Permit applicants have the right to know exactly how their applications are deficient and what further information is needed to make their applications complete. Pursuant to California Government code Section 65944, after an application is accepted as complete, an agency may not request any new or additional information that was not specified in the original application.
6. Permit applicants have the right of a timely decision on their permit application. The agencies are required to establish time limits for permit reviews.
7. Permit applicants have the right to appeal permit review time limits by statute or administratively that have been violated without good cause. For state environmental agencies, appeals are made directly to the Cal/EPA Secretary or to a specific board. For local environmental agencies, appeals are generally made to the local governing board or, under certain circumstances, to Cal/EPA. Through this appeal, applicants may obtain a set date for a decision on their permit and, in some cases, a refund of all application fees (ask boards and departments for details).
8. Permit applicants have the right to work with a single lead agency where multiple environmental approvals are needed. For multiple permits, all agency actions can be consolidated under a lead agency. For site remediation, all applicable laws can be administered through a single agency.
9. Permit applicants have the right to know who will be reviewing their application and the time required to complete the full review process.

INTRODUCTION

This application package constitutes a Report of Waste Discharge (ROWD) pursuant to California Water Code Section 13260. Section 13260 states that persons discharging or proposing to discharge waste that could affect the quality of the waters of the State, other than into a community sewer system, shall file a ROWD containing information which may be required by the appropriate Regional Water Quality Control Board (RWQCB).

This package is to be used to start the application process for all waste discharge requirements (WDRs) and National Pollutant Discharge Elimination System (NPDES) permits* issued by a RWQCB except:

- a) Those landfill facilities that must use a joint Solid Waste Facility Permit Application Form, California Integrated Waste Management Board Form E-1-77; and
- b) General WDRs or general NPDES permits that use a Notice of Intent to comply or specify the use of an alternative application form designed for that permit.

This application package contains:

- 1. Application/General Information Form for WDRs and NPDES Permits [Form 200 (10/97)].
- 2. Application/General Information Instructions.

Instructions

Instructions are provided to assist you with completion of the application. If you are unable to find the answers to your questions or need assistance with the completion of the application package, please contact your RWQCB representative. *The RWQCBs strongly recommend that you make initial telephone or personal contact with RWQCB regulatory staff to discuss a proposed new discharge before submitting your application.* The RWQCB representative will be able to answer procedural and annual fee related questions that you may have. (See map and telephone numbers inside of application cover.)

All dischargers regulated under WDRs and NPDES permits must pay an annual fee, except dairies, which pay a filing fee only. The RWQCB will notify you of your annual fee based on an evaluation of your proposed discharge. Please do NOT submit a check for your first annual fee or filing fee until requested to do so by a RWQCB representative. Dischargers applying for reissuance (renewal) of an existing NPDES permit or update of an existing WDR will be billed through the annual fee billing system and are therefore requested NOT to submit a check with their application. Checks should be made payable to the State Water Resources Control Board.

Additional Information Requirements

A RWQCB representative will notify you within 30 days of receipt of the application form and any supplemental documents whether your application is complete. If your application is incomplete, the RWQCB representative will send you a detailed list of discharge specific information necessary to complete the application process. The completion date of your application is normally the date when all required information, including the correct fee, is received by the RWQCB.

*** NPDES PERMITS:** If you are applying for a permit to discharge to surface water, you will need an NPDES permit which is issued under both State and Federal law and may be required to complete one or more of the following Federal NPDES permit application forms: Short Form A, Standard Form A, Forms 1, 2B, 2C, 2D, 2E, and 2F. These forms may be obtained at a RWQCB office or can be ordered from the National Center for Environmental Publications and Information at (513) 891-6561.

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



**INSTRUCTIONS
FOR COMPLETING THE APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR:
WASTE DISCHARGE REQUIREMENTS/NPDES PERMIT**

If you have any questions on the completion of any part of the application, please contact your RWQCB representative. A map of RWQCB locations, addresses, and telephone numbers is located on the reverse side of the application cover.

I. FACILITY INFORMATION

You must provide the factual information listed below for ALL owners, operators, and locations and, where appropriate, for ALL general partners and lease holders.

A. FACILITY:

Legal name, physical address including the county, person to contact, and phone number at the facility.
(NO P.O. Box numbers! If no address exists, use street and nearest cross street.)

B. FACILITY OWNER:

Legal owner, address, person to contact, and phone number. Also include the owner's Federal Tax Identification Number.

OWNER TYPE:

Check the appropriate Owner Type. The legal owner will be named in the WDRs/NPDES permit.

C. FACILITY OPERATOR (The agency or business, not the person):

If applicable, the name, address, person to contact, and telephone number for the facility operator. Check the appropriate Operator Type. If identical to B. above, enter "same as owner".

D. OWNER OF THE LAND:

Legal owner of the land(s) where the facility is located, address, person to contact, and phone number. Check the appropriate Owner Type. If identical to B. above, enter "same as owner".

E. ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Address where legal notice may be served, person to contact, and phone number. If identical to B. above, enter "same as owner".

F. BILLING ADDRESS

Address where annual fee invoices should be sent, person to contact, and phone number. If identical to B. above, enter "same as owner".

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**II. TYPE OF DISCHARGE**

Check the appropriate box to describe whether the waste will be discharged to: A. Land, or B. Surface Water.

Check the appropriate box(es) which best describe the activities at your facility.

Hazardous Waste - If you check the Hazardous Waste box, STOP and contact a representative of the RWQCB for further instructions.

Landfills - A separate form, APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS, California Integrated Waste Management Board Form E-1-77, may be required. Contact a RWQCB representative to help determine the appropriate form for your discharge.

III. LOCATION OF THE FACILITY

1. Enter the Assessor's Parcel Number(s) (APN), which is located on the property tax bill. The number can also be obtained from the County Assessor's Office. Indicate the APN for both the facility and the discharge point.
2. Enter the Latitude of the entrance to the proposed/existing facility and of the discharge point. Latitude and longitude information can be obtained from a U.S. Geological Survey quadrangle topographic map. Other maps may also contain this information.
3. Enter the Longitude of the entrance to the proposed/existing facility and of the discharge point.

IV. REASON FOR FILING**NEW DISCHARGE OR FACILITY:**

A discharge or facility that is proposed but does not now exist, or that does not yet have WDRs or an NPDES permit.

CHANGE IN DESIGN OR OPERATION:

A material change in design or operation from existing discharge requirements. Final determination of whether the reported change is material will be made by the RWQCB.

CHANGE IN QUANTITY/TYPE OF DISCHARGE:

A material change in characteristics of the waste from existing discharge requirements. Final determination of whether the reported change would have a significant effect will be made by the RWQCB.

CHANGE IN OWNERSHIP/OPERATOR:

Change of legal owner of the facility. Complete Parts I, III, and IV only and contact the RWQCB to determine if additional information is required.

WASTE DISCHARGE REQUIREMENTS UPDATE OR NPDES PERMIT REISSUANCE:

WDRs must be updated periodically to reflect changing technology standards and conditions. A new application is required to reissue an NPDES permit which has expired.

OTHER:

If there is a reason other than the ones listed, please describe the reason on the space provided. (If more space is needed, attach a separate sheet.)

**CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY**

**State of California
Regional Water Quality Control Board**
**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

It should be emphasized that communication with the appropriate RWQCB staff is vital before starting the CEQA documentation, and is recommended before completing this application. There are Basin Plan issues which may complicate the CEQA effort, and RWQCB staff may be able to help in providing the needed information to complete the CEQA documentation.

Name the Lead Agency responsible for completion of CEQA requirements for the project, i.e., completion and certification of CEQA documentation.

Check YES or NO. Has a public agency determined that the proposed project is exempt from CEQA? If the answer is YES, state the basis for the exemption and the name of the agency supplying the exemption on the space provided. (Remember that, if extra space is needed, use an extra sheet of paper, but be sure to indicate the attached sheet under Section VII. Other.)

Check YES or NO. Has the "Notice of Determination" been filed under CEQA? If YES, give the date the notice was filed and enclose a copy of the Notice of Determination and the Initial Study, Environmental Impact Report, or Negative Declaration. If NO, check the box of the expected type of CEQA document for this project, and include the expected date of completion using the timelines given under CEQA. The date of completion should be taken as the date that the Notice of Determination will be submitted. (If not known, write "Unknown")

VI. OTHER REQUIRED INFORMATION

To be approved, your application MUST include a COMPLETE characterization of the discharge. If the characterization is found to be incomplete, RWQCB staff will contact you and request that additional specific information be submitted.

This application MUST be accompanied by a site map. A USGS 7.5' Quadrangle map or a street map, if more appropriate, is sufficient for most applications.

VII. OTHER

If any of the answers on your application form need further explanation, attach a separate sheet. Please list any attachments with the titles and dates on the space provided.

VIII. CERTIFICATION

Certification by the owner of the facility or the operator of the facility, if the operator is different from the owner, is required. The appropriate person must sign the application form.

Acceptable signatures are:

1. **for a corporation**, a principal executive officer of at least the level of senior vice-president;
2. **for a partnership or individual (sole proprietorship)**, a general partner or the proprietor;
3. **for a governmental or public agency**, either a principal executive officer or ranking elected/appointed official.

DISCHARGE SPECIFIC INFORMATION

In most cases, a request to supply additional discharge specific information will be sent to you by a representative of the RWQCB. If the RWQCB determines that additional discharge specific information is not needed to process your application, you will be so notified.

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

I. FACILITY INFORMATION

A. Facility:

Name:			
Address:			
City:	County:	State:	Zip Code:
Contact Person:		Telephone Number:	

B. Facility Owner:

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____
		Federal Tax ID:	

C. Facility Operator (The agency or business, not the person):

Name:		Operator Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____

D. Owner of the Land:

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____

E. Address Where Legal Notice May Be Served:

Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

F. Billing Address:

Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

CALIFORNIA ENVIRONMENTAL
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GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):☐ A. WASTE DISCHARGE TO LAND☐ B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

☐ Domestic/Municipal Wastewater
Treatment and Disposal☐ Cooling Water☐ Mining☐ Waste Pile☐ Wastewater Reclamation☐ Other, please describe: _____☐ Animal Waste Solids☐ Land Treatment Unit☐ Dredge Material Disposal☐ Surface Impoundment☐ Industrial Process Wastewater☐ Animal or Aquacultural Wastewater☐ Biosolids/Residual☐ Hazardous Waste (see instructions)☐ Landfill (see instructions)☐ Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)

Facility:

Discharge Point:

2. Latitude

Facility:

Discharge Point:

3. Longitude

Facility:

Discharge Point:

IV. REASON FOR FILING

☐ New Discharge or Facility☐ Changes in Ownership/Operator (see instructions)☐ Change in Design or Operation☐ Waste Discharge Requirements Update or NPDES Permit Reissuance☐ Change in Quantity/Type of Discharge☐ Other: _____

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: _____

Has a public agency determined that the proposed project is exempt from CEQA?

☐ Yes☐ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA?

☐ Yes☐ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☐ EIR☐ Negative Declaration

Expected CEQA Completion Date: _____

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

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"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: _____

Title: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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California Environmental Protection Agency Bill of Rights for Environmental Permit Applicants

California Environmental Protection Agency (Cal/EPA) recognizes that many complex issues must be addressed when pursuing reforms of environmental permits and that significant challenges remain. We have initiated reforms and intend to continue the effort to make environmental permitting more efficient, less costly, and to ensure that those seeking permits receive timely responses from the boards and departments of the Cal/EPA. To further this goal, Cal/EPA endorses the following precepts that form the basis of a permit applicant's "Bill of Rights."

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This package is to be used to start the application process for all waste discharge requirements (WDRs) and National Pollutant Discharge Elimination System (NPDES) permits* issued by a RWQCB except:

- a) Those landfill facilities that must use a joint Solid Waste Facility Permit Application Form, California Integrated Waste Management Board Form E-1-77; and
- b) General WDRs or general NPDES permits that use a Notice of Intent to comply or specify the use of an alternative application form designed for that permit.

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All dischargers regulated under WDRs and NPDES permits must pay an annual fee, except dairies, which pay a filing fee only. The RWQCB will notify you of your annual fee based on an evaluation of your proposed discharge. Please do NOT submit a check for your first annual fee or filing fee until requested to do so by a RWQCB representative. Dischargers applying for reissuance (renewal) of an existing NPDES permit or update of an existing WDR will be billed through the annual fee billing system and are therefore requested NOT to submit a check with their application. Checks should be made payable to the State Water Resources Control Board.

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*** NPDES PERMITS:** If you are applying for a permit to discharge to surface water, you will need an NPDES permit which is issued under both State and Federal law and may be required to complete one or more of the following Federal NPDES permit application forms: Short Form A, Standard Form A, Forms 1, 2B, 2C, 2D, 2E, and 2F. These forms may be obtained at a RWQCB office or can be ordered from the National Center for Environmental Publications and Information at (513) 891-6561.

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



**INSTRUCTIONS
FOR COMPLETING THE APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR:
WASTE DISCHARGE REQUIREMENTS/NPDES PERMIT**

If you have any questions on the completion of any part of the application, please contact your RWQCB representative. A map of RWQCB locations, addresses, and telephone numbers is located on the reverse side of the application cover.

I. FACILITY INFORMATION

You must provide the factual information listed below for ALL owners, operators, and locations and, where appropriate, for ALL general partners and lease holders.

A. FACILITY:

Legal name, physical address including the county, person to contact, and phone number at the facility.
(NO P.O. Box numbers! If no address exists, use street and nearest cross street.)

B. FACILITY OWNER:

Legal owner, address, person to contact, and phone number. Also include the owner's Federal Tax Identification Number.

OWNER TYPE:

Check the appropriate Owner Type. The legal owner will be named in the WDRs/NPDES permit.

C. FACILITY OPERATOR (The agency or business, not the person):

If applicable, the name, address, person to contact, and telephone number for the facility operator. Check the appropriate Operator Type. If identical to B. above, enter "same as owner".

D. OWNER OF THE LAND:

Legal owner of the land(s) where the facility is located, address, person to contact, and phone number. Check the appropriate Owner Type. If identical to B. above, enter "same as owner".

E. ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Address where legal notice may be served, person to contact, and phone number. If identical to B. above, enter "same as owner".

F. BILLING ADDRESS

Address where annual fee invoices should be sent, person to contact, and phone number. If identical to B. above, enter "same as owner".

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**II. TYPE OF DISCHARGE**

Check the appropriate box to describe whether the waste will be discharged to: A. Land, or B. Surface Water.

Check the appropriate box(es) which best describe the activities at your facility.

Hazardous Waste - If you check the Hazardous Waste box, STOP and contact a representative of the RWQCB for further instructions.

Landfills - A separate form, APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS, California Integrated Waste Management Board Form E-1-77, may be required. Contact a RWQCB representative to help determine the appropriate form for your discharge.

III. LOCATION OF THE FACILITY

1. Enter the Assessor's Parcel Number(s) (APN), which is located on the property tax bill. The number can also be obtained from the County Assessor's Office. Indicate the APN for both the facility and the discharge point.
2. Enter the Latitude of the entrance to the proposed/existing facility and of the discharge point. Latitude and longitude information can be obtained from a U.S. Geological Survey quadrangle topographic map. Other maps may also contain this information.
3. Enter the Longitude of the entrance to the proposed/existing facility and of the discharge point.

IV. REASON FOR FILING**NEW DISCHARGE OR FACILITY:**

A discharge or facility that is proposed but does not now exist, or that does not yet have WDRs or an NPDES permit.

CHANGE IN DESIGN OR OPERATION:

A material change in design or operation from existing discharge requirements. Final determination of whether the reported change is material will be made by the RWQCB.

CHANGE IN QUANTITY/TYPE OF DISCHARGE:

A material change in characteristics of the waste from existing discharge requirements. Final determination of whether the reported change would have a significant effect will be made by the RWQCB.

CHANGE IN OWNERSHIP/OPERATOR:

Change of legal owner of the facility. Complete Parts I, III, and IV only and contact the RWQCB to determine if additional information is required.

WASTE DISCHARGE REQUIREMENTS UPDATE OR NPDES PERMIT REISSUANCE:

WDRs must be updated periodically to reflect changing technology standards and conditions. A new application is required to reissue an NPDES permit which has expired.

OTHER:

If there is a reason other than the ones listed, please describe the reason on the space provided. (If more space is needed, attach a separate sheet.)

**CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY**

**State of California
Regional Water Quality Control Board**
**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

It should be emphasized that communication with the appropriate RWQCB staff is vital before starting the CEQA documentation, and is recommended before completing this application. There are Basin Plan issues which may complicate the CEQA effort, and RWQCB staff may be able to help in providing the needed information to complete the CEQA documentation.

Name the Lead Agency responsible for completion of CEQA requirements for the project, i.e., completion and certification of CEQA documentation.

Check YES or NO. Has a public agency determined that the proposed project is exempt from CEQA? If the answer is YES, state the basis for the exemption and the name of the agency supplying the exemption on the space provided. (Remember that, if extra space is needed, use an extra sheet of paper, but be sure to indicate the attached sheet under Section VII. Other.)

Check YES or NO. Has the "Notice of Determination" been filed under CEQA? If YES, give the date the notice was filed and enclose a copy of the Notice of Determination and the Initial Study, Environmental Impact Report, or Negative Declaration. If NO, check the box of the expected type of CEQA document for this project, and include the expected date of completion using the timelines given under CEQA. The date of completion should be taken as the date that the Notice of Determination will be submitted. (If not known, write "Unknown")

VI. OTHER REQUIRED INFORMATION

To be approved, your application MUST include a COMPLETE characterization of the discharge. If the characterization is found to be incomplete, RWQCB staff will contact you and request that additional specific information be submitted.

This application MUST be accompanied by a site map. A USGS 7.5' Quadrangle map or a street map, if more appropriate, is sufficient for most applications.

VII. OTHER

If any of the answers on your application form need further explanation, attach a separate sheet. Please list any attachments with the titles and dates on the space provided.

VIII. CERTIFICATION

Certification by the owner of the facility or the operator of the facility, if the operator is different from the owner, is required. The appropriate person must sign the application form.

Acceptable signatures are:

1. **for a corporation**, a principal executive officer of at least the level of senior vice-president;
2. **for a partnership or individual (sole proprietorship)**, a general partner or the proprietor;
3. **for a governmental or public agency**, either a principal executive officer or ranking elected/appointed official.

DISCHARGE SPECIFIC INFORMATION

In most cases, a request to supply additional discharge specific information will be sent to you by a representative of the RWQCB. If the RWQCB determines that additional discharge specific information is not needed to process your application, you will be so notified.

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

I. FACILITY INFORMATION

A. Facility:

Name:			
Address:			
City:	County:	State:	Zip Code:
Contact Person:		Telephone Number:	

B. Facility Owner:

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	Federal Tax ID:

C. Facility Operator (The agency or business, not the person):

Name:		Operator Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____

D. Owner of the Land:

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other: _____

E. Address Where Legal Notice May Be Served:

Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

F. Billing Address:

Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

☐ A. WASTE DISCHARGE TO LAND☐ B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

☐ Domestic/Municipal Wastewater
Treatment and Disposal☐ Cooling Water☐ Mining☐ Waste Pile☐ Wastewater Reclamation☐ Other, please describe: _____☐ Animal Waste Solids☐ Land Treatment Unit☐ Dredge Material Disposal☐ Surface Impoundment☐ Industrial Process Wastewater☐ Animal or Aquacultural Wastewater☐ Biosolids/Residual☐ Hazardous Waste (see instructions)☐ Landfill (see instructions)☐ Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)

Facility:

Discharge Point:

2. Latitude

Facility:

Discharge Point:

3. Longitude

Facility:

Discharge Point:

IV. REASON FOR FILING

☐ New Discharge or Facility☐ Changes in Ownership/Operator (see instructions)☐ Change in Design or Operation☐ Waste Discharge Requirements Update or NPDES Permit Reissuance☐ Change in Quantity/Type of Discharge☐ Other: _____

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: _____

Has a public agency determined that the proposed project is exempt from CEQA?

☐ Yes☐ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA?

☐ Yes☐ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☐ EIR☐ Negative Declaration

Expected CEQA Completion Date: _____

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

See attached memorandum.

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: Marvin Howell

Title: Land Use Planning & Permitting Manager

Signature: *Marvin Howell*

Date: 12-2-13

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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California Environmental Protection Agency Bill of Rights for Environmental Permit Applicants

California Environmental Protection Agency (Cal/EPA) recognizes that many complex issues must be addressed when pursuing reforms of environmental permits and that significant challenges remain. We have initiated reforms and intend to continue the effort to make environmental permitting more efficient, less costly, and to ensure that those seeking permits receive timely responses from the boards and departments of the Cal/EPA. To further this goal, Cal/EPA endorses the following precepts that form the basis of a permit applicant's "Bill of Rights."

1. Permit applicants have the right to assistance in understanding regulatory and permit requirements. All Cal/EPA programs maintain an Ombudsman to work directly with applicants. Permit Assistance Centers located throughout California have permit specialists from all the State, regional, and local agencies to identify permit requirements and assist in permit processing.
2. Permit applicants have the right to know the projected fees for review of applications, how any costs will be determined and billed, and procedures for resolving any disputes over fee billings.
3. Permit applicants have the right of access to complete and clearly written guidance documents that explain the regulatory requirements. Agencies must publish a list of all information required in a permit application and of criteria used to determine whether the submitted information is adequate.
4. Permit applicants have the right of timely completeness determinations for their applications. In general, agencies notify the applicant within 30 days of any deficiencies or determine that the application is complete. California Environmental Quality Act (CEQA) and public hearing requests may require additional information.
5. Permit applicants have the right to know exactly how their applications are deficient and what further information is needed to make their applications complete. Pursuant to California Government code Section 65944, after an application is accepted as complete, an agency may not request any new or additional information that was not specified in the original application.
6. Permit applicants have the right of a timely decision on their permit application. The agencies are required to establish time limits for permit reviews.
7. Permit applicants have the right to appeal permit review time limits by statute or administratively that have been violated without good cause. For state environmental agencies, appeals are made directly to the Cal/EPA Secretary or to a specific board. For local environmental agencies, appeals are generally made to the local governing board or, under certain circumstances, to Cal/EPA. Through this appeal, applicants may obtain a set date for a decision on their permit and, in some cases, a refund of all application fees (ask boards and departments for details).
8. Permit applicants have the right to work with a single lead agency where multiple environmental approvals are needed. For multiple permits, all agency actions can be consolidated under a lead agency. For site remediation, all applicable laws can be administered through a single agency.
9. Permit applicants have the right to know who will be reviewing their application and the time required to complete the full review process.



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Memorandum

Date: 2 December 2013
To: Roger Mitchell, Regional Water Quality Control Board
From: Chris Lieder, Geosyntec
Subject: Additional Information for Notice of Intent (NOI)
Resolution No. R9-2007-104 (Conditional Waiver No. 9)
Hanson Aggregates - Carroll Canyon Plant

This memorandum was prepared to provide additional information in regards to the Notice of Intent by Hanson Aggregate (Hanson) to enroll in Resolution R9-2007-104 (Conditional Waiver No.9) for Discharges of Slurries to Land. During washout of residual concrete and cement left in trucks, the partially cured remaining material is processed to remove the sand and gravel for re-use and the leftover cement residue is what is being requested to be discharged during reclamation of former mining areas at the site. This product has similar pH levels to concrete and cement and would be applicable for discharge to land under this waiver. The following responses to the general waiver conditions are provided below to assist the Regional Water Quality Control Board in their approval process:

1. Prevent the direct or indirect discharge of slurries to any surface waters of the state (including ephemeral streams and vernal pools).

The residual cement material produced through the washout activities will be dewatered and the inert dry material will be spread as a thin layer (2" thick) during backfill operation of the Carroll Canyon Facility as part of their reclamation procedures. The material will then be bladed in with clean backfill from the site. These procedures will thoroughly mix the cement material in the soil, and will be performed in a manner which prevents the discharge to surface water.

2. Slurries must be contained to eliminate the potential for runoff from the site.

Following processing to remove sand and gravel, the resulting cement residue is described as a dried light colored granular material.

3. If slurries are discharged to land for storage, the storage area or sump must be designed to be fully contained and ensure no overflow during discharge with at least 2 feet of freeboard.

The dry cementitious material is a solid and not a slurry, will temporarily stockpiled prior to discharge to land.

4. The floor of the storage area or sump must be at least 5 feet above the highest known historical or anticipated groundwater level.

The solid material is planned to be added to backfilled lifts that are currently at least 40 feet above the highest historical groundwater level.

5. The walls of the storage area or sump must be at least 100 feet away from any surface water body or municipal water well.

The dried cementitious material to be used for onsite backfill during mine reclamation activities will not be stored in a sump and will be stockpiled more than 100 feet away from any surface water body.

6. Slurries cannot contain any toxic or hazardous constituents.

The material is residual leftover cement that cannot be re-used. It does not contain any toxic or hazardous constituents.

7. Slurries discharged to land must not adversely affect the quality or beneficial uses of underlying groundwater.

The dried material is planned to be placed more than 40 feet above the highest groundwater level. It will also be thoroughly mixed in with clean fill material. In addition, Hanson plans to then add over 20 feet of clean fill above the lifts that contain the mixed concrete residue and clean fill.

8. Slurries must be removed and disposed of at an appropriate disposal facility prior to restoring the storage area or sump to pre-discharge conditions.

Not applicable.

9. The storage area or sump must be filled in and restored to pre-discharge conditions.

Not applicable.

10. Discharger must submit a Notice of Intent or technical and/or monitoring program reports when directed by the San Diego Water Board.

Condition noted.

* * * * *



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Draft Memorandum

Date: 23 January 2014
To: Marvin Howell – Hanson Aggregates
From: Chris Lieder and Sam Williams, Geosyntec Consultants
Subject: Protocol for Handling and Placement of Cement Residue
Hanson Aggregates - Carroll Canyon Plant

This memorandum was prepared to provide Hanson Aggregates with information related to the handling and placement of cement residue produced at the Carroll Canyon Facility. Geosyntec understands that the cement residue is generated at the facility from a concrete reclamation process. Return concrete (excess concrete not used at a job site) and wash water is placed in a reclaimer at the concrete plant located at the site. The reclaimer separates these materials into rock/sand and slurry. The slurry is then processed through an Alar system which removes water from the slurry leaving a cement paste residual. The dewatered cement paste residuals are then stockpiled and allowed to dry.

BACKGROUND AND REGULATORY REQUIREMENTS

Current site Waste Discharge Requirements are described in Order No. 95-104. Section A5 of Order 95-104 states that *the discharge of waste in a manner other than as described in the findings of this order or the Report of Waste Discharge is prohibited unless the discharge obtains revised waste discharge requirement that provide for the proposed change.* The cement residue generated at the site has similar characteristics and pH levels to concrete and cement, but is specifically excluded as backfill material under Order No. 95-104. In 2007, the San Diego Regional Water Quality Control Board (RWQCB) issued Resolution R9-2007-104 which allows for the discharge of cement residuals to land. Because the site was already operating under Order No. 95-104, supplemental regulatory approval was needed prior to discharging cement residuals as allowed under Resolution 2007-104. Based on this requirement, Geosyntec prepared a notice of intent (NOI) to enroll the Carroll Canyon Facility in Resolution 2007-104 (Conditional Waiver No. 9) for discharge of cement slurries to land. On 10 January 2014, the RWQCB confirmed the Carroll Canyon Facility was authorized to discharge cement slurries to land in accordance with the NOI.

Included with the NOI submittal was a supplemental memorandum that addressed specific conditions for enrollment in the waiver. One of the conditions was that *Slurries discharged to land must not adversely affect the quality or beneficial uses of underlying groundwater*. The response to this condition stated that “the dried material at the site is planned to be placed more than 40 feet above the highest groundwater level. It will also be thoroughly mixed in with clean fill material. In addition, Hanson plans to then add over 20 feet of clean fill above the lifts that contain the mixed concrete residue and clean fill.” This statement was based on current site conditions and the area that is being backfilled at this time. It was later brought to Geosyntec’s attention that Hanson desires greater flexibility in where the cement residuals are placed including some portions of the site where during future backfilling activities may potentially start at 10 feet above the highest known groundwater level. In addition, in some backfill areas, placement of approximately 15 feet of clean fill material (as opposed to 20 feet as noted in the application package) above the layers where cement residuals are placed would be more practical.

Placement of dried cement residuals 10 feet above the highest groundwater level threshold would still comply with the general waiver conditions of the Resolution which indicates *the floor of the storage area or the sump [for the cement slurries] must be a least 5 feet above the highest known historical or anticipated groundwater level and that slurries discharged to land must not adversely affect the quality or beneficial uses of the underlying groundwater*. In addition, Section 20240 of Title 27-California Code of Regulations states that there will be a minimum of 5 feet above the highest anticipated elevation of underlying groundwater for discharge of waste to land. Hanson’s request to place the cement residue at 10 feet above the highest anticipated groundwater level would be in compliance with the conditions of the Resolution and State Regulations (Title 27).

There is no regulatory requirement in Order 95-104 or Conditional Waiver No. 9 about the thickness of the clean fill placed above the cement residuals. Rather the placement must be performed in a manner which does not adversely affect surface water or groundwater. The placement of 15 feet of clean fill over the cement residuals is conservative, adequately protective of water quality, and compliant with the Resolution and State Regulations.

PROTOCOL FOR HANDLING AND PLACEMENT OF CEMENT RESIDUALS

Below is a brief description for recommended handling and placement of the cement residue material during reclamation activities at the Carroll Canyon Facility for the operations crew:

- Following processing through the Alar system to dewater the cement slurry, the cement paste residual should be stockpiled and allowed to dry to prior to placement for backfilling.
- The cement residual stockpiles should be in areas a minimum of 10 feet above the highest anticipated groundwater level, and at least 100 feet from the nearest surface water body.

- Stockpiles of dewatered cement paste residual should be adequately protected with BMPs to prevent the direct or indirect discharge to surface waters (including seasonal streams or creeks and vernal pools), and to prevent the potential for runoff from the site.
- During backfilling the dried cement paste material should be transported and placed in the area to be backfilled in manner as to not allow direct discharge to surface waters, and to minimize the generation of dust.
- The material should be placed at a minimum of 10 feet above the highest anticipated groundwater level during backfilling operations;
- The dried residual cement material should be placed in approximately 2-foot-thick lifts comprised of approximately 2-inches of cement residue and 22-inches of clean fill during backfill operation of the Carroll Canyon Facility as part of their reclamation procedures; and
- The cement residue material should be bladed in with clean backfill during placement to mix the material to the extent practical.
- Approximately 15 feet of clean fill that does not contain cement residuals should be placed above the uppermost layer of fill containing cement residuals during backfilling.

CLOSING

Geosyntec believes placement of the cement residual material in the manner as described herein would be protective of water quality and human health. Further, this placement will be compliant with Order 95-104, Title 27, and Conditional Waiver No. 9.

* * * * *



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Memorandum

Date: 20 January 2014
To: Marvin Howell – Hanson Aggregates
From: Chris Lieder, Geosyntec
Subject: Procedure for Handling and Placement of Cement Residue
Hanson Aggregates - Carroll Canyon Plant

This memorandum was prepared to provide Hanson Aggregates with information related to the handling and placement of cement residue that is produced at the Carroll Canyon Facility in backfilling operations.

The cement residue is known to have similar pH levels to concrete and cement and was determined to be outside of the general specifications for backfill material under the current site Waste Discharge Requirements (Order No. 95-104) and therefore needed supplemental regulatory approval for discharge at the site under a conditional waiver. Order No. 95-104, Section A5 indicates that *the discharger of waste in a manner other than as described in the findings of this order or the Report of Waste Discharge is prohibited unless the discharge obtains revised waste discharge requirement that provide for the proposed change.* To comply with the change in the WDR requirements, Geosyntec prepared the notice of intent (NOI) to enroll the Carroll Canyon Facility in Resolution No. R9-2007-104 (Conditional Waiver No. 9) for discharge of cement slurries to land with the Regional Water Quality Control Board (RWQCB). In the original NOI submittal there was a supplemental memorandum that addressed certain conditions for the waiver. One of the conditions was that *Slurries discharged to land must not adversely affect the quality or beneficial uses of underlying groundwater.* Response to this comment stated that “the dried material at the site is planned to be placed more than 40 feet above the highest groundwater level. It will also be thoroughly mixed in with clean fill material. In addition, Hanson plans to then add over 20 feet of clean fill above the lifts that contain the mixed concrete residue and clean fill”. This statement was based on current site conditions and the area that is being backfilled at this time. It was later brought to the attention of Geosyntec that Hanson’s Carroll Canyon operations may need to place the material in other areas in the future where the backfilling lifts may potentially start at 10 feet above the highest groundwater level. This 10 foot above the highest groundwater level threshold would still comply with the general waiver conditions of the Resolution which indicates *that the floor of the storage area or the sump must be a least 5 feet above the highest known historical or anticipated groundwater level and that slurries discharged to land must not adversely affect the quality or beneficial uses of the underlying groundwater.* In addition, Section 20240 of Title 27-California Code of Regulations

states that there will be a minimum of 5 feet above the highest anticipated elevation of underlying groundwater for discharge of waste to land. By Hanson recommending discharging the cement residue at 10 feet above the highest anticipated groundwater level, Hanson would be in compliance with all conditions of the Resolution and State Regulations (Title 27).

Below is a brief description for handling and placement of the cement residue at the Carroll Canyon Facility for the operations crew:

- The residual cement material produced through the washout activities will be dewatered and the inert dry material will be spread as a thin layer (2" thick) during backfill operation of the Carroll Canyon Facility as part of their reclamation procedures;
- The material should be handled in manner as to not allow direct discharge to surface waters;
- The material should be placed at a minimum 5 feet above the highest anticipated groundwater level during backfilling operations; and
- The material should be bladed in with clean backfill from the site as to mix the material thoroughly to the extent practical.

* * * * *



Environmental Support Services

Environmental Research & Due Diligence Compliance

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www.EnvironmentalSupportServices.com • Info@EnvironmentalSupportServices.com

July 6, 2017

Project Name: San Diego

Geosyntec Consultants
16644 West Bernardo Drive, Suite 301
San Diego, CA 92127

Attention: Steven Phillips

Dear Mr. Phillips

Attached is the Environmental (Hazardous/Toxic Waste) Records Search Summary of 9255 Camino Santa Fe ("San Diego") site located in San Diego, California. Environmental Support Services ("ESS") received the request on June 22, 2017 (See Appendix A). Should you have any questions regarding the summary, please call.

Sincerely,

Environmental Support Services

Shannon Castagno

Project Manager

Shannon@EnvironmentalSupportServices.com

Records Search Summary

Company: Geosyntec Consultants

Project Name: San Diego

Attention: Steven Phillips

Street Address of Property: 9255 Camino Santa Fe
San Diego, CA
APN's 341-050-38-00 through 341-050-42-00,
341-051-17-00 through 341-051-19-00, and 341-060-82-00

San Diego County Hazardous Materials Management Division

E-mailed request: 6-22-17, Contact: Edwin Andrus

ESS submitted a request for a records search concerning 9255 Camino Santa Fe, San Diego, CA to Mr. Andrus, with the San Diego County Hazardous Materials Management Division (See Appendix B). **ESS** requested information concerning the utilization, manufacture, storage and/or discharge of hazardous materials/waste, and any information concerning previous or on-going site investigations/remediations pertaining to hazardous materials/waste. He informed **ESS** July 3, 2017 that his department did have records for the San Diego site (See Appendix B).

United States Environmental Protection Agency – Region IX

On-line request: 6-22-17, Contact: Ivry Johnson

ESS requested that Ms. Johnson, with the United States Environmental Protection Agency – Region IX, check her records for any files/information (such as treatment, storage and disposal of hazardous waste) concerning 9255 Camino Santa Fe, San Diego, CA. She informed **ESS** on June 22, 2017 that her department received **ESS**' Freedom of Information request and will respond within (20) working days (See Appendix C). Should any information concerning the site surface, **ESS** will immediately forward it to Mr. Phillips at the Geosyntec Consultants' office.

Department of Toxic Substances Control (DTSC) – Cypress Office

E-mailed request: 6-22-17, Contact: Julie Johnson/Jone Barrio

Previous contacts with the DTSC have disclosed that this office only collects and stores information (such as treatment, storage and disposal of hazardous waste) concerning sites which have existing businesses, industries, etc. present. **ESS** requested that Ms. Johnson/Ms. Barrio, with the DTSC, check the file room records for any files/information the concerning 9255 Camino Santa Fe, San Diego, CA (See Appendix D). Ms. Johnson informed **ESS** on June 28, 2017 that her department had no files/information concerning that site (See Appendix D).

Department of Toxic Substances Control (DTSC) – Glendale Office

E-mailed request: 6-22-17, Contact: Glenn Castillo/Robert Hardison

Previous contacts with the DTSC have disclosed that this office only collects and stores information (such as treatment, storage and disposal of hazardous waste) concerning sites which have existing businesses, industries, etc. present. **ESS** requested that Mr. Castillo/Mr. Hardison, with the DTSC, check the file room records for any files/information concerning 9255 Camino Santa Fe, San Diego, CA (See Appendix E). Mr. Hardison informed **ESS** on June 29, 2017 that his department had no files/information concerning that site (See Appendix E).

Department of Toxic Substances Control (DTSC) – San Diego Office

E-mailed request: 6-22-17, Contact: Public Records Section

Previous contacts with the DTSC have disclosed that this office only collects and stores information (such as treatment, storage and disposal of hazardous waste) concerning sites which have existing businesses, industries, etc. present. **ESS** requested that the Records Section, with the DTSC, check the file room records for any files/information concerning 9255 Camino Santa Fe, San Diego, CA (See Appendix F). As of July 6, 2017, the public records section had not completed **ESS**' request. Should any information concerning the site surface, **ESS** will immediately forward it to Mr. Phillips at the Geosyntec Consultants' office.

San Diego Fire Department – Fire Prevention

Mailed request: 6-22-17, Contact: Ramon Po

ESS requested that Mr. Po, with the San Diego Fire Department, check his records concerning the storage of hazardous materials/waste and underground storage tanks with regards to the following: 9255 Camino Santa Fe, San Diego, CA (See Appendix G). As of July 6, 2017, Mr. Po had not completed **ESS**' request. Should any information concerning the site surface, **ESS** will immediately forward it to Mr. Phillips at the Geosyntec Consultants' office.

Cal Fire - Office of the State Fire Marshal

E-mailed request: 6-22-17, Contact: Pubic Records Request

ESS requested that the Public Records Section, with Cal Fire - Office of the State Fire Marshal, check their records concerning the storage of hazardous materials/waste, pipelines and underground storage tanks with regards to the following: 9255 Camino Santa Fe, San Diego, CA (See Appendix H). Anne Henigan, with that department informed **ESS** June 29, 2017 that her department had no records for 9255 Camino Santa Fe, San Diego, CA (See Appendix H).

City of San Diego – Industrial Waste Program

E-mailed request: 6-22-17, Contact: Public Records Unit

ESS requested that the Public Records Unit, with the City of San Diego – Industrial Waste Program, check their records for any information concerning industrial waste discharge permits or violations 9255 Camino Santa Fe, San Diego, CA (See Appendix I). Neil Trainer, with that department informed **ESS** July 5, 2017 that his department had no records for 9255 Camino Santa Fe, San Diego, CA.

San Diego Building Department

Visited: 6-30-17, 8:50 AM, Contact: Yolanda

ESS requested that Yolanda, with the San Diego Building Department, provide the building records (all building permits and certificates of occupancy) for 9255 Camino Santa Fe, San Diego, CA. She provided ESS with all the available building records for the address (See Appendix J). No further information concerning the site was obtained from the building department at the time of the investigation.

San Diego Air Pollution Control District (SDAPCD)

E-mailed request: 6-22-17, Contact: Cynthia Gould

ESS submitted a search request concerning active, inactive and sold files for 9255 Camino Santa Fe, San Diego, CA to Ms. Gould at the SDAPCD (See Appendix K). She informed ESS June 27, 2017 that her department did have records for 9255 Camino Santa Fe, San Diego, CA (See Appendix K).

Regional Water Quality Control Board (RWQCB) – San Diego Region

E-mailed request: 6-22-17, Contact: Public Records Unit

ESS requested that the Public Records Unit, with the RWQCB, provide the files for 9255 Camino Santa Fe, San Diego, CA (See Appendix L). Lucas Lima, with that department informed ESS June 29, 2017 that his department did have records for 9255 Camino Santa Fe, San Diego (See Appendix L). No further information was obtained from the RWQCB at the time of the investigation.

Records Search completed by:



Shannon Castagno
Project Manager
Environmental Support Services

The information provided in this report was obtained by a comprehensive examination of public records, public information and public servant communications. The degree of care performed by ESS is equivalent to that exercised by environmental companies performing similar records searches.

Appendix A

Environmental (Hazardous/Toxic Waste) Records Search Order Form

From: Steven Phillips [SPhillips@Geosyntec.com]
Sent: Thursday, June 22, 2017 11:52 AM
To: Shannon Castagno
Cc: Anayeli Picasso
Subject: Records Request; Carroll Canyon PIESA; Geosyntec
Attachments: SiteBoundary.HCC.SV.pdf

Hi Shannon!

I am beginning a phase I ESA, and I would like to initiate a file review for a nine-parcel property (comprising approximately 415 acres) located at 9255 Camino Santa Fe in San Diego, California, 92121. It is identified by the San Diego County Assessors' Office as parcel numbers 341-050-38-00 through 341-050-42-00, 341-051-17-00 through 341-051-19-00, and 341-060-82-00. I have attached an image which illustrates the Site boundary.

Please contact the following agencies:

- USEPA
- SDHMMMD (County Environmental Health) & DEH SAM department
- DTSC
- RWQCB – SD Region
- South Coast AQMD
- SD County Dept of Public Works (USTs and HazMat)
- SD County – Agriculture, Weights, and Measures – Department of Pesticide Regulation (DPR)
- Cal Fire
- San Diego - Fire Department
- San Diego - Building Department
- San Diego – Industrial Waste Program
- Other pertinent environmental agencies for San Diego

If you have any questions or concerns, please contact us.

Thank you very much,

Steve R Phillips, GIT
Senior Staff Geologist

16644 West Bernardo Drive
Suite 301
San Diego, California 92127
Phone: 858.716.2938
Mobile: 949.291.2859
Email: sPhillips@geosyntec.com

www.Geosyntec.com



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Top Gun St
Viper Dr
Mesa Rim Rd
Flanders Dr
Caminito Alvarez
Keoki St
Dancy Rd
Tilton St
Angerton Dr
Pembroke Ln
Darden Rd
Aberman Ave
Carwell Ct
Chevrolet Ct
Flanders Pl
Hemphill Dr
Port Royale Dr
Tisha St
Embassy Way
Jade Coast Rd
Gold Coast Dr
Saluda Ave
Drumcliff Ave
San Ramon Dr
Camino Ruiz
Bacadi Dr
Embry Ln
Baffin Dr
Kibler Dr
Hendricks Dr
Kaufman Way
Osgood Way
Parkdale Ave
Knight Dr
Caffey Ln
Backer Rd
Juniper Creek Ln
Carroll Canyon Rd
Miralani Dr
Arjons Dr
Dunbrook Rd
Silverion Ave
Dowdy Dr
Capot Dr
Miramar Rd
Antares Dr
Keenan St
Empire St
Kenamar Dr
Kenamar Ct
Trade St
Carroll Way
Fenton Rd
Rehco Rd
Carroll Park Dr
Carroll Rd
Miratech Dr
Summers Ridge Rd
Camino Santa Fe

© 2017 Google

Google earth

lat 32.897194° lon -117.158309° elev 418 ft eye alt 11028 ft

Appendix B

Request for Records Search to the
San Diego County HMMD and
Photocopies Obtained from that Agency



Request # _____

County of San Diego

ELIZABETH POZZEBON
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6700 FAX (858) 505-6848
www.sdcdeh.org

AMY HARBERT
ASSISTANT DIRECTOR

PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name: Shannon Castagno E-Mail: Shannon@EnvironmentalSupportService

Phone: (949) 429-3564 FAX: (949) 429-3563

Company Name: Environmental Support Services

Mailing Address: 30251 Golden Lantern, #E305, LN, CA

(You may attach a business card/overprint with business card if preferred)

Additional information may be accessed from the DEH website, www.sdcdeh.org. Fax or email your completed form to the Public Records Program at (858) 505-6848 or deh.publicrecords@sdcounty.ca.gov. The following information is required. Separate forms are needed for each address or parcel number.

9255 Camino Santa Fe, San Diego, CA 92121

or

Exact Address (Street, City and Zip Code)

Assessor Parcel Number

Optional information (establishment permit number, business name, etc.):

Please indicate the purpose of your search by checking all that apply:

☒ Contaminated Property Investigation(s) (SAM Cases)

☒ SAM Closure Letter/Report

☒ Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)

☐ Other (specify): _____

☐ Monitoring Well Files (select conditions that apply)

☐ Government agency request

☐ Consultant with related case

☐ Written authorization from owner (attach letter)

OFFICE USE ONLY BELOW THIS LINE

Files reviewed by: _____ of _____ Date: _____

Files copied for: _____ of _____ Date: _____

Request cancelled by: _____ Date: _____

Photocopies _____ Cost _____ Picked up/mailed on _____ By _____

A search for DEH records checked above has been conducted and the following apply:

☐ SAM files for the permit number(s) listed below are available.

_____ # _____ # _____ # _____ # _____

☐ HMD/UST files for the permit number(s) listed below are available.

_____ # _____ # _____ # _____ # _____

☐ Original records were purged. Database-only records are available (at: http://sdcounty.ca.gov/deh/doing_business/hazmat_search.html) for the following permit number(s):

_____ # _____ # _____ # _____ # _____

☐ No SAM/HMD/UST records were found for the address/APN you requested.

Signature - DEH Representative

Date

DEH complies fully with the California Public Records Act and the Federal Freedom of Information Act. Please be advised that photocopy and/or scanned file fees may apply.

SD-DEH-HMD Permit # _____

Date: 02/24/2016

San Diego County Department of Environmental Health
Hazardous Materials Management Division
Annual Carcinogen and Reproductive Toxin Reporting List

Business Name: San Diego Gas & Electric substation

Business Address: _____

Business Owner or Operator: San Diego Gas & Electric, 8315 Century Park Court; CP21L, San Diego, CA 92123

Please complete the following by entering the chemical name in the chemical column and then place a “√” in the quantity column that most closely estimates the amount on hand. If measured by volume, check the appropriate gallon column(s). If measured by weight, check the appropriate pound column(s). If the chemical is a trade secret, you should check the trade secret box. For example, if you have one pint of benzene you would write benzene in the chemical column and place a check in the “< 1 gallon” column. **(Please note: the symbol < means less than.)**

Chemical Name	<1 gallon	<1 pound	<10 gallons	<10 pounds	<55 gallons	<500 pounds	Trade Secret
Lead and lead compounds						XX	
Strong inorganic acid mists containing sulfuric acid					XX		
Arsenic				XX			

From: Misleh, John
Sent: Wednesday, March 30, 2016 12:23 PM
To: LUEG-DEH, HMDTOAA
Subject: FW: Send to file: DEH2002-HUPFP-121310 - FW: Annual Leak Monitor Certification TEST REUSULTS for Ready Mix
Attachments: SUPERIOR READY MIX - LMC - MARCH 2016.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed

From: Irkhin, Anastasiya
Sent: Tuesday, March 29, 2016 8:10 AM
To: Misleh, John <John.Misleh@sdcounty.ca.gov>
Subject: Send to file: DEH2002-HUPFP-121310 - FW: Annual Leak Monitor Certification TEST REUSULTS for Ready Mix
Importance: High

Send to file: DEH2002-HUPFP-121310

From: Sarah Pressnall [<mailto:Sarahp@westernpump.com>]
Sent: Thursday, March 24, 2016 6:06 PM
To: Irkhin, Anastasiya <Anastasiya.Irkhin@sdcounty.ca.gov>; LUEG, USTNotifications <USTNotifications.LUEG@sdcounty.ca.gov>
Cc: Mark Bridgwater <markbr@westernpump.com>; smendoza@superiorm.com
Subject: Annual Leak Monitor Certification TEST REUSULTS for Ready Mix
Importance: High

Good Afternoon,

Please see attached the Annual Monitoring Certification **TEST RESULTS** performed on
Monday, March 8th 2016 @ 9:00am.

Superior Ready Mix
9245 Camino Santa Fe
San Diego, CA 92121

Please contact me directly if you have any questions.

Thank you,

Sarah Pressnall | Compliance Coordinator

WESTERN PUMP

3235 F St., San Diego, CA 92102

Office (619) 578-2190 | Fax (619) 239-9925

From: Irkhin, Anastasiya [<mailto:Anastasiya.Irkhin@sdcounty.ca.gov>]

Sent: Friday, February 19, 2016 9:16 AM

To: Sarah Pressnall; LUEG, USTNotifications

Cc: Mark Bridgwater

Subject: RE: Annual Leak Monitor Certification Test Notification Superior Ready Mix

Good Morning Sarah,

I have the following availability for the Annual Monitoring Certification:

Tuesday March 8th @ 9am

Please confirm if this works.

Best Regards,

Anastasiya Irkhin | Environmental Health Specialist | Hazardous Materials Division

P.O. Box 129261, San Diego, CA 92112-9261 | 5500 Overland Avenue, Suite 170, San Diego, 92123

County Of San Diego | Department Of Environmental Health | Tel: (858) 518-7388

[HMD Website](#) | [Access CERS](#)

From: Sarah Pressnall [<mailto:Saraph@westernpump.com>]

To: LUEG, USTNotifications <USTNotifications.LUEG@sdcounty.ca.gov>

Cc: Mark Bridgwater <markbr@westernpump.com>; Irkhin, Anastasiya <Anastasiya.Irkhin@sdcounty.ca.gov>

Subject: Annual Leak Monitor Certification Test Notification Superior Ready Mix

Importance: High

Good Afternoon,

The site below is coming up due for the Annual Monitoring Certification. Do you have
Monday, March 7th 2016 @ 9:00am available for testing?

Superior Ready Mix
9245 Camino Santa Fe
San Diego, CA 92121

Thank you,

Sarah Pressnall | Compliance Coordinator/Service Advisor

WESTERN PUMP

3235 F St., San Diego, CA 92102
Office (619) 578-2190 | Fax (619) 239-9925

WESTERN PUMP, INC.

petroleum & lubrication equipment specialists

County of San Diego Department of Environmental Health

5500 Overland Ave.
Ste 110
San Diego, CA 92123
(858)505-6700

SUBJECT SITE: Annual Leak Monitor Certification Results. Superior Ready Mix, San Diego, CA 92121

Anastasiya Irkhin,

Enclosed please find the compliance test results for the above referenced site. A summary of the results is shown below and all related test documentation is attached.

Agency Notification Date: February 18th, 2016

Test Results Overview:

Annual Leak Monitor Certification



Pass

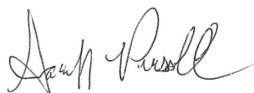


Fail

Western Pump was contracted by the storage tank system owner to insure that this facility complies with all of the rules and regulations that govern the operation of storage tanks and their related components. If any of the components failed or were not tested at this facility, repairs will be made and the site understands that depending on the type of repair, permits may be required and will be obtained in accordance with your agency's guidelines.

If you have any questions please call the undersigned at: (619) 578-2190

Sincerely,



Sarah Pressnall - Compliance Coordinator
O (619) 578-2190 O (619) 846-7748

Attachments: Annual Leak Monitor Certification Results

Cc: Shawn Mendoza, Mark Bridgwater



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____

Permit Number: _____

A. General Information

Facility Name: SUPERIOR READY MIX Bldg. No.: _____

Site Address: 9245 CAMINO SANTA FE City: SAN DIEGO Zip: 92121

Facility Contact Person: SHAWN Contact Phone No.: (858) 695-0666

Make/Model of Monitoring System: VEEDER ROOT TLS 300 Date of Testing/Servicing: 2016-03-08

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/ inspected/serviced:

Tank ID: <u>DIESEL</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-109</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794380-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u> <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>R/J FXIDV</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>847390-109</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: <u>1&2</u> <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☒ System set-up ☒ Alarm history report

Technician Name (print): Jeff Cooper Signature: [Signature]

Certification No.: A22278 License No.: 673853

Testing Company Name: Western Pump, Inc. Phone No.: (619) 239-9988

Testing Company Address: 3235 F Street, San Diego, CA 92102 Date of Testing/Servicing: 2016-03-08

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION**D. Results of Testing/Service**

Permit Number: _____

Software Version Installed: 16.05**Complete the following checklist:**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overflow warning device (i.e. no mechanical overflow prevention valve is installed), is the overflow warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90 _____%
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: _____

DIESEL STP SUMP HAD APPROX 1/2 GALLON OF WATER . REMOVED WATER AND HAD CUSTOMER DISPOSED OF PROPERLY .

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: _____

☒ Check this box if tank gauging is used only for inventory control

☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h. ; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments: _____

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer:		Model:		System Type: <input type="checkbox"/> Pressure; <input type="checkbox"/> Vacuum	
Sensor ID					
	Component(s) Monitored by this Sensor:				
	Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail				
	Component(s) Monitored by this Sensor:				
	Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail				
	Component(s) Monitored by this Sensor:				
	Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail				
	Component(s) Monitored by this Sensor:				
	Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail				
	Component(s) Monitored by this Sensor:				
	Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail				
	Component(s) Monitored by this Sensor:				
	Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail				
	Component(s) Monitored by this Sensor:				
	Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail				
	Component(s) Monitored by this Sensor:				
	Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail				
How was interstitial communication verified?					
<input type="checkbox"/> Leak Introduced at Far End of Interstitial Space; ¹ <input type="checkbox"/> Gauge; <input type="checkbox"/> Visual Inspection; <input type="checkbox"/> Other (<i>Describe in Sec. J, below</i>)					
Was vacuum/pressure restored to operating levels in all interstitial spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If no, describe in Sec. J, below</i>)					

J. Comments (500 characters max. use additional sheets if needed):

N/A

¹ If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P. O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377; 1-800-253-9933
www.sdcounty.ca.gov/deh/hmd/forms_hmd.html



Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION				
Facility Name: SUPERIOR READY MIX			UPF Permit #	
Facility Address: 9245 CAMINO SANTA FE , SAN DIEGO CA 92121			Testing Date: 2016-03-08	
Facility Contact: SHAWN		Phone: (858) 695-0666		
Date Local Agency Was Notified of Testing : _____				
Name of Local Agency Inspector (if present during testing): ANASTASIYA IRKHIN				
2. TESTING CONTRACTOR INFORMATION				
Company Name: Western Pump, Inc.				
Technician Conducting Test: Jeff Cooper				
Credentials ¹ : <input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____				
License Number(s): A22278				
3. SPILL BUCKET TESTING INFORMATION				
Test Method Used: <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other				
Test Equipment Used: TAPE MEASURE			Equipment Resolution: + / - 1/16"	
SPILL BUCKET ID	1	2	3	4
Tank #:	1			
Product contained:	DIESEL			
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	13.5"			
Wait time between applying vacuum/water and start of test:	15 MINUTES			
Test Start Time (T _I):	1:15 PM			
Initial Reading (R _I):	6.75			
Test End Time (T _F):	2:15 PM			
Final Reading (R _F):	6.75			
Test Duration (T _F – T _I):	1 HOUR			
Change in Reading (R _F - R _I):	0			
Pass/Fail Threshold or Criteria:	0 VARIATION			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____

Date: 2016-03-08

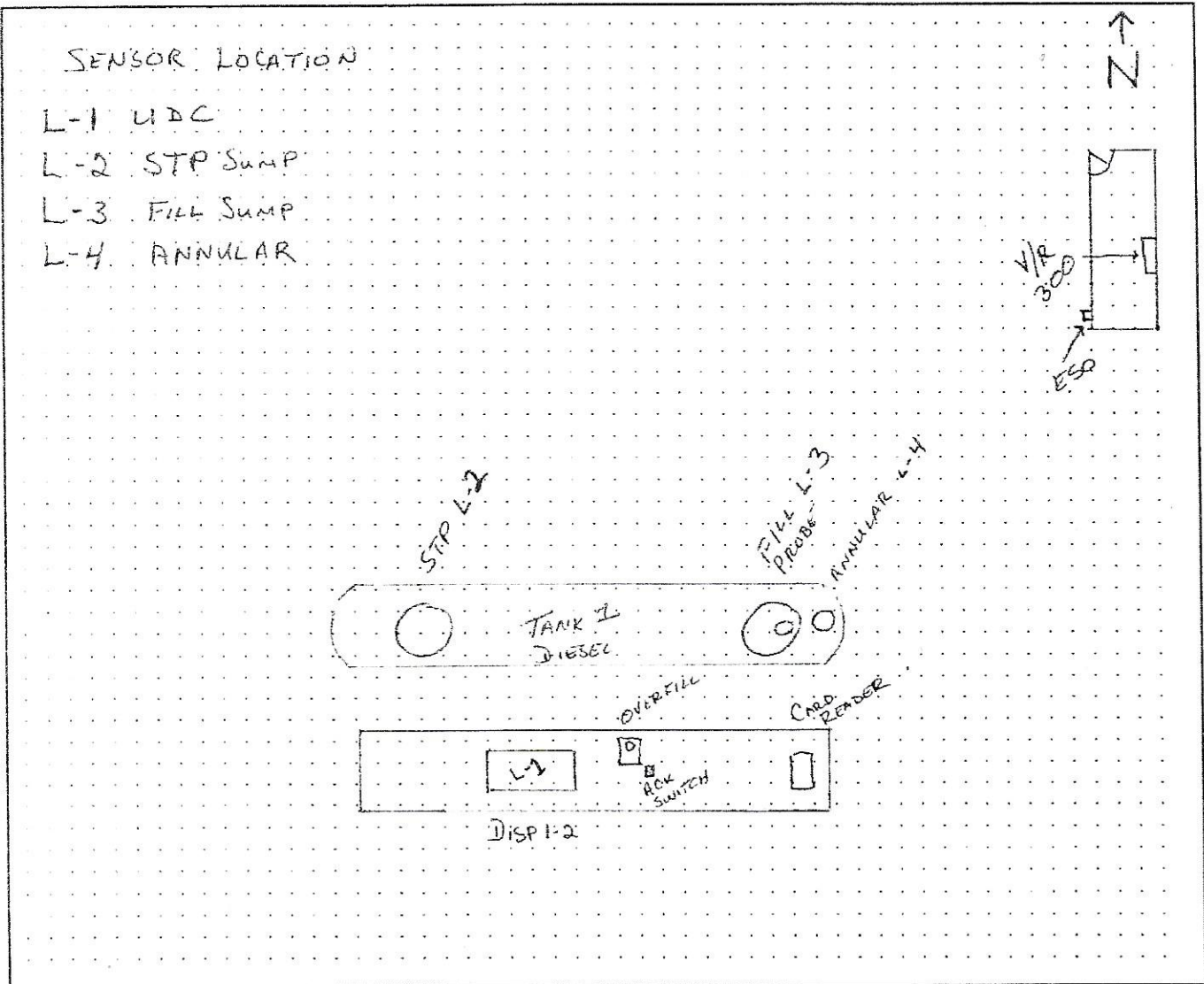
¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address:



Date map was drawn: 3/8/16

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

COMMUNICATIONS SETUP

SYSTEM SETUP

MAR 8, 2016 2:28 PM

SYSTEM UNITS

U.S.

SYSTEM LANGUAGE

ENGLISH

SYSTEM DATE/TIME FORMAT

MON DD YYYY HH:MM:SS XM

SUPERIOR READY MIX

9245 CAMINO SANTA FE

SAN DIEGO CA. 92121

SHIFT TIME 1 : DISABLED

SHIFT TIME 2 : DISABLED

SHIFT TIME 3 : DISABLED

SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS

DISABLED

TANK ANNUAL WARNINGS

DISABLED

LINE PERIODIC WARNINGS

DISABLED

LINE ANNUAL WARNINGS

DISABLED

PRINT TO VOLUMES

ENABLED

TEMP COMPENSATION

VALUE (DEG F) : 60.0

STICK HEIGHT OFFSET

DISABLED

H-PROTOCOL DATA FORMAT

HEIGHT

DAYLIGHT SAVING TIME

ENABLED

START DATE

MAR WEEK 2 SUN

START TIME

2:00 AM

END DATE

NOV WEEK 1 SUN

END TIME

2:00 AM

RE-DIRECT LOCAL PRINTOUT

DISABLED

SYSTEM SECURITY

CODE : 001785

PORT SETTINGS:

COMM BOARD : 2 (RS-232)

BAUD RATE : 9600

PARITY : NONE

STOP BIT : 2 STOP

DATA LENGTH: 8 DATA

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT

DISABLED

AUTO HIGH WATER LIMIT

DISABLED

AUTO OVERFILL LIMIT

DISABLED

AUTO LOW PRODUCT

DISABLED

AUTO THEFT LIMIT

DISABLED

AUTO DELIVERY START

DISABLED

AUTO DELIVERY END

DISABLED

AUTO EXTERNAL INPUT ON

DISABLED

AUTO EXTERNAL INPUT OFF

DISABLED

AUTO SENSOR FUEL ALARM

DISABLED

AUTO SENSOR WATER ALARM

DISABLED

AUTO SENSOR OUT ALARM

DISABLED

RS-232 SECURITY

CODE : 000000

RS-232 END OF MESSAGE

DISABLED

IN-TANK SETUP

T 1:DSL

PRODUCT CODE : 1

THERMAL COEFF : .000450

TANK DIAMETER : 95.00

TANK PROFILE : 1 PT

FULL VOL : 12032

FLOAT SIZE: 2.0 IN. 8496

WATER WARNING : 3.0

HIGH WATER LIMIT: 4.0

MAX OR LABEL VOL: 12032

OVERFILL LIMIT : 90%

HIGH PRODUCT : 10828

DELIVERY LIMIT : 95%

DELIVERY LIMIT : 11430

DELIVERY LIMIT : 15%

DELIVERY LIMIT : 1804

LOW PRODUCT : 1000

LEAK ALARM LIMIT: 8

SUDDEN LOSS LIMIT: 99

TANK TILT : 0.00

MANIFOLDED TANKS

T#: NONE

LEAK MIN PERIODIC: 0%

: 0

LEAK MIN ANNUAL : 0%

: 0

PERIODIC TEST TYPE

STANDARD

ANNUAL TEST FAIL

ALARM DISABLED

PERIODIC TEST FAIL

ALARM DISABLED

GROSS TEST FAIL

ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 10 MIN

LEAK TEST METHOD

TEST ON DATE : ALL TANK
JAN 1, 1996
START TIME : DISABLED
TEST RATE : 0.20 GAL/HR
DURATION : 2 HOURS

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:UDC
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 2:TURBINE SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 3:FILL SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 4:ANNULAR
TRI-STATE (SINGLE FLOAT)
CATEGORY : ANNULAR SPACE

EXTERNAL INPUT SETUP

NONE

OUTPUT RELAY SETUP

R 1:OVERFILL
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:OVERFILL ALARM
ALL:HIGH PRODUCT ALARM
ALL:MAX PRODUCT ALARM

R 2:DSL PSD
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 2:FUEL ALARM
L 1:SENSOR OUT ALARM
L 2:SENSOR OUT ALARM
L 1:SHORT ALARM
L 2:SHORT ALARM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DSL

SETUP DATA WARNING
DEC 21. 1998 10:30 AM

LEAK ALARM
OCT 15. 2013 2:39 PM

HIGH WATER ALARM
MAR 13. 2014 10:26 AM
MAR 13. 2013 12:15 PM
MAR 14. 2012 11:06 AM

OVERFILL ALARM
MAR 8. 2016 3:40 PM
APR 16. 2015 12:41 PM
MAR 13. 2015 10:53 AM

LOW PRODUCT ALARM
MAR 10. 2011 2:44 PM
JAN 17. 2011 1:10 PM
MAR 28. 2008 11:18 AM

SUDDEN LOSS ALARM
OCT 16. 2013 10:04 AM
OCT 15. 2013 3:39 PM

HIGH PRODUCT ALARM
MAR 28. 2008 11:33 AM
MAY 31. 2005 12:48 PM
MAY 31. 2005 12:43 PM

INVALID FUEL LEVEL
MAR 24. 2006 10:54 AM
APR 9. 2005 11:33 AM
MAR 16. 2005 5:41 PM

PROBE OUT
MAR 8. 2016 3:41 PM
MAR 8. 2016 3:39 PM
MAR 13. 2015 11:01 AM

HIGH WATER WARNING
MAR 13. 2014 10:26 AM
MAR 13. 2013 12:15 PM
MAR 14. 2012 11:06 AM

DELIVERY NEEDED
NOV 12. 2015 11:34 AM
MAY 21. 2015 6:34 PM
MAR 13. 2014 11:00 AM

MAX PRODUCT ALARM
MAY 28. 2003 3:12 PM
MAR 26. 2003 1:53 PM
MAR 26. 2003 1:53 PM

LOW TEMP WARNING
MAR 13. 2015 11:02 AM
MAR 13. 2013 11:45 AM
MAR 14. 2012 11:17 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:UDC
DISPENSER PAN
SENSOR OUT ALARM
MAR 8. 2016 3:37 PM

FUEL ALARM
MAR 8. 2016 3:28 PM

SENSOR OUT ALARM
MAR 13. 2015 10:57 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:TURBINE SUMP
STP SUMP
SENSOR OUT ALARM
MAR 8. 2016 3:37 PM

FUEL ALARM
MAR 8. 2016 3:27 PM

FUEL ALARM
MAR 8. 2016 3:25 PM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 3:FILL SUMP
OTHER SENSORS
SENSOR OUT ALARM
MAR 8. 2016 3:37 PM

FUEL ALARM
MAR 8. 2016 3:24 PM

SENSOR OUT ALARM
MAR 13. 2015 10:57 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 4:ANNULAR
ANNULAR SPACE
SENSOR OUT ALARM
MAR 8. 2016 3:37 PM

FUEL ALARM
MAR 8. 2016 3:20 PM

SENSOR OUT ALARM
MAR 13. 2015 10:57 AM

***** END *****

***** END *****



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT & SPILL CONTAINMENT TESTING REPORT FORM

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Permit Number: 117076

Plan Check Number:

1. FACILITY INFORMATION

Facility Name: Hanson Aggregate	Date of Testing: 01-14-2015
Facility Address: 9255 Camino Santa Fe San Diego, CA 92127-92121	Test Type:
Facility Contact: Shane Hancock	Phone: 858-577-2798
Date Local Agency Was Notified of Testing:	<input type="checkbox"/> Initial <input type="checkbox"/> Repair Test
Name of Local Agency Inspector (if present during testing):	<input type="checkbox"/> 6 month <input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> 36 month

2. TESTING CONTRACTOR INFORMATION

Company Name: Jauregui and Culver Inc		
Technician Conducting Test: Andrew Jauregui		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: A, B, C36, Haz	License Number: 708231	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Incon	Tester # 5695703701	09-30-2015
ICC	Tester #8156284	01-17-2017

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
T1 Fill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T2 Manifold Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2 Fill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T3 Manifold Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 Fill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifold Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T1 STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 1-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2 STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 4-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T1 Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 6-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2 Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15W-40 Secondary line S. reel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T1 Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15W-40 Secondary line M. reel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T2 Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15W-40 Secondary line N. reel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T3 Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15W-40 oil Sump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Water was Deemed Non-Hazardous. Water was removed from site to be used on future test sites.

For any equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification ☒ System printout attached.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature:

Date: 01-14-2015

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (<i>Specify</i>)		
Test Method Used:	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (<i>Specify</i>)		
Test Equipment Used: Vacuum Pump and 0 to -30 inhg gauge		Equipment Resolution: 0 loss	

	Tank # 3	Tank # 2	Tank # 1	Tank #
Is Tank Exempt From Testing? ¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	12,000	20,000	20,000	
Tank Material:	Fiberglass	Fiberglass	Fiberglass	
Tank Manufacturer:	Owens Corning	Owens Corning	Owens Corning	
Product Stored:	Diesel	Diesel	Diesel	
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _I):				
Test End Time:				
Final Reading (R _F):				
Test Duration:				
Change in Reading (R _F -R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, & recommended follow-up for failed tests)

Brine filled annulars, not tested

¹ Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}
HM-9169 (02/11)

5. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Nitrogen and 0-15 psi gauge		Equipment Resolution: 0 loss	
	Piping Run # 1	Piping Run # 2	Piping Run # 3
Piping Material:	Fiberglass	Fiberglass	Fiberglass
Piping Manufacturer:	A/o Smith	A/O Smith	A/O Smith
Piping Diameter:	3"	3"	3"
Length of Piping Run:	60'	95'	65'
Product Stored:	Diesel	Diesel	Diesel
Method and location of piping-run isolation:	Testing Boot	Testing Boot	Testing Boot
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min
Test Start Time:	10:30am	10:30am	10:30am
Initial Reading (R _I):	5 psi	5 psi	5 psi
Test End Time:	11:30am	11:30am	11:30am
Final Reading (R _F):	5 psi	5 psi	5 psi
Test Duration:	1 hour	1 hour	1 hour
Change in Reading (R _F -R _I):	0	0	0
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Piping Run #1- T1 Diesel Line

Piping Run #2- T3 Diesel Line

Pining Run #3- T2 Diesel Line

Piping Run #4- T2 Manifold Line

Piping Run #5- T3 Manifold Line

Piping Run #6- N. 15W-40 Oil Line

Piping Run #7- Mid. 15W-40 Oil Line

Piping Run #8- S. 15W-40 Oil Line

SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Nitrogen and 0-15 psi gauge		Equipment Resolution: 0 loss	
	Piping Run # 5	Piping Run # 6	Piping Run # 7
Piping Material:	Fiberglass	Steel/ PVC	Steel/ PVC
Piping Manufacturer:	A/O Smith	N/A	N/A
Piping Diameter:	2"/3"	1"/2 1/2"	1"/2 1/2"
Length of Piping Run:	11'	160'	7'
Product Stored:	Diesel	15W-40 oil	15W-40 oil
Method and location of piping-run isolation:	Testing Boots	Testing Boots	Testing Boots
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	0
Test Start Time:	11:00am	12:15pm	12:15pm
Initial Reading (R _I):	5 psi	5 psi	5 psi
Test End Time:	12:00pm	1:15pm	1:15pm
Final Reading (R _F):	5 psi	5 psi	3 psi
Test Duration:	1 hour	1 hour	1 hour
Change in Reading (R _F -R _I):	0	0	-2 psi
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Piping Run #1- S. Diesel Line
Piping Run #2- N. Diesel Line
Pining Run #3- Mid. Diesel Line
Piping Run #4- T2 Manifold Line
Piping Run #5- T3 Manifold Line
Piping Run #6- N. 15W-40 Oil Line
Piping Run #7- Mid. 15W-40 Oil Line
Piping Run #8- 15W-40 Oil Line

6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STS and Water		Equipment Resolution: + or – 0.002	
	Sump # T1	Sump # T2	Sump # T3
Sump Diameter:	42"	42"	42"
Sump Depth:	51"	32"	23"
Sump Material:	Fiberglass	Fiberglass	Fiberglass
Height from Tank Top to Top of Highest Piping Penetration:	20"	32"	23"
Height from Tank Top to Lowest Electrical Penetration:	12"	17"	18"
Condition of sump prior to testing:	Good	Good	Good
Portion of Sump Tested ²	22"	24"	25"
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5-10 sec.	5-10 sec	5-10 sec.
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min
Test Start Time:	10:44/10:59	10:44/10:59	10:44/10:59
Initial Reading (R _I):	5.3435/5.3427	5.5640/5.5636	5.5075/5.5071
Test End Time:	10:59/11:15	10:59/11:15	10:59/11:15
Final Reading (R _F):	5.3427/5.3424	5.5638/5.5635	5.5071/5.5069
Test Duration:	15 min	15 min	15 min
Change in Reading (R _F -R _I):	-0.0008/-0.0003	-0.0002/-0.0001	-0.0004/-0.0002
Pass/Fail Threshold or Criteria:	+ or – 0.002	+ or – 0.002	+ or – 0.002
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STs and Water		Equipment Resolution: + or – 0.002	
	Sump # Oil Sump	Sump #	Sump #
Sump Diameter:	43"		
Sump Depth:	43"		
Sump Material:	Poly		
Height from Tank Top to Top of Highest Piping Penetration:	25.5"		
Height from Tank Top to Lowest Electrical Penetration:	18"		
Condition of sump prior to testing:	Good		
Portion of Sump Tested ³	28"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5 sec.		
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 min		
Test Start Time:			
Initial Reading (R _I):			
Test End Time:			
Final Reading (R _F):			
Test Duration:	15 min X2		
Change in Reading (R _F -R _I):			
Pass/Fail Threshold or Criteria:	+ or – 0.002		
Test Result:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

³ If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STs and Water		Equipment Resolution: + or – 0.002	
	UDC # 1-2	UDC # 3	UDC # 4-5
UDC Manufacturer:	Bravo	Bravo	Bravo
UDC Material:	Poly	Poly	Poly
UDC Depth:	29"	29"	29"
Height from UDC Bottom to Top of Highest Piping Penetration:	8.5"	11"	8"
Height from UDC Bottom to Lowest Electrical Penetration:	7"	10"	8"
Condition of UDC prior to testing:	Good	Good	Good
Portion of UDC Tested ⁴	11"	13"	10"
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5 sec.	5 sec.	5 sec.
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 min	30 min	30 min
Test Start Time:	1:10/1:27	1:10/1:27	3:08/3:27
Initial Reading (R _i):	4.2756/4.2759	5.3427/5.3430	6.2425/6.2416
Test End Time:	1:26/1:42	1:26/1:42	3:24/3:43
Final Reading (R _f):	4.2757/4.2758	5.3430/5.3428	6.2414/6.2415
Test Duration:	15 min	15 min	15 min
Change in Reading (R _f -R _i):	+0.0001/-0.0001	+0.0003/-0.0002	-0.0011/-0.0001
Pass/Fail Threshold or Criteria:	+ or – 0.002	+ or – 0.002	+ or – 0.002
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

UDC #8 is a fuel rack. Electrical penetrates through the lid of UDC. It does not penetrate through the UDC box.

⁴ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STs and Water		Equipment Resolution: + or – 0.002	
	UDC # 8	UDC #	UDC #
UDC Manufacturer:	Bravo		
UDC Material:	Poly		
UDC Depth:	29"		
Height from UDC Bottom to Top of Highest Piping Penetration:	10"		
Height from UDC Bottom to Lowest Electrical Penetration:	N/A		
Condition of UDC prior to testing:	Good		
Portion of UDC Tested ⁵	12"		
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5 sec.		
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 min		
Test Start Time:	3:08/3:27		
Initial Reading (R _I):	2.7369/2.7397		
Test End Time:	3:24/3:43		
Final Reading (R _F):	2.7368/2.7387		
Test Duration:	15 min		
Change in Reading (R _F -R _I):	-0.0001/-0.001		
Pass/Fail Threshold or Criteria:	+ or – 0.002		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

UDC #8 is a fuel rack. Electrical penetrates through the lid of UDC. It does not penetrate through the UDC box.

⁵ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer SD Protocol <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic SD Protocol <input type="checkbox"/> Other (Specify)				
Test Equipment Used: Water and Measuring Tape			Equipment Resolution: 0 loss	
	Spill Box # T1	Spill Box # T2	Spill Box # T3	Spill Box #
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	12"	12"	12"	
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min	
Test Start Time:	11:00am	11:00am	11:00am	
Initial Reading (R _I):	6"	8"	7 ½"	
Test End Time:	12:00pm	12:00pm	12:00pm	
Final Reading (R _F):	6"	8"	7 ½"	
Test Duration:	1 hour	1 hour	1 hour	
Change in Reading (R _F -R _I):	0	0	0	
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Send Completed Form to:
 County of San Diego,
 Department of Environmental Health,
 Hazardous Materials Division
 UST Group
 P.O. Box 129261
 San Diego CA 92112-9261

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By:		<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol		<input type="checkbox"/> Other (Specify)		
Test Method Used:		<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol		<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STs and Water			Equipment Resolution: + or – 0.002	
	Fill Sump # T1	Fill Sump # T2	Fill Sump # T3	Fill Sump #
Sump Diameter:	42"	42"	42"	
Sump Depth:	51"	48"	47"	
Height from Tank Top to Top of Highest Piping Penetration:	18.5"	17"	18"	
Height from Tank Top to Lowest Electrical Penetration:	19.5"	18"	17"	
Condition of sump prior to testing:	Good	Good	Good	
Portion of Sump Tested	21"	19"	20"	
Sump Material:	Fiberglass	Fiberglass	Fiberglass	
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min	
Test Start Time:	11:40/11:56	11:40/11:56	11:40/11:56	
Initial Reading (R _I):	4.8402/4.8402	3.1067/3.1085	4.0020/4.0019	
Test End Time:	11:56/12:12	11:56/12:12	11:56/12:12	
Final Reading (R _F):	4.8400/4.8401	3.1083/3.1086	4.0019/4.0017	
Test Duration:	15 min	15 min	15 min	
Change in Reading (R _F -R _I):	-0.0002/-0.0001	+0.0016/+0.0001	-0.0001/-0.0002	
Pass/Fail Threshold or Criteria:	+ or – 0.002	+ or – 0.002	+ or – 0.002	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is there a sensor in the sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor alarm when either product or water is detected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

T1 FILL

TEST STARTED 11:40 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 4.8402 IN
 END TIME 11:56 AM
 END DATE 01/14/2015
 END LEVEL 4.8400 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T2 FILL

TEST STARTED 11:40 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 3.1087 IN
 END TIME 11:56 AM
 END DATE 01/14/2015
 END LEVEL 3.1083 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T3 FILL

TEST STARTED 11:40 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 4.0020 IN
 END TIME 11:56 AM
 END DATE 01/14/2015
 END LEVEL 4.0019 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T1 FILL

TEST STARTED 11:56 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 4.8402 IN
 END TIME 12:12 PM
 END DATE 01/14/2015
 END LEVEL 4.8401 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T2 FILL

TEST STARTED 11:56 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 3.1085 IN
 END TIME 12:12 PM
 END DATE 01/14/2015
 END LEVEL 3.1086 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T3 FILL

TEST STARTED 11:56 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 4.0019 IN
 END TIME 12:12 PM
 END DATE 01/14/2015
 END LEVEL 4.0017 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T1 STP

TEST STARTED 10:59 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 5.3427 IN
 END TIME 11:15 AM
 END DATE 01/14/2015
 END LEVEL 5.3424 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T2 STP

TEST STARTED 10:59 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 5.5640 IN
 END TIME 11:15 AM
 END DATE 01/14/2015
 END LEVEL 5.5635 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T3 STP

TEST STARTED 10:59 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 5.5071 IN
 END TIME 11:15 AM
 END DATE 01/14/2015
 END LEVEL 5.5069 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T1 STP

TEST STARTED 10:44 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 5.3435 IN
 END TIME 10:59 AM
 END DATE 01/14/2015
 END LEVEL 5.3427 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T2 STP

TEST STARTED 10:44 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 5.5640 IN
 END TIME 10:59 AM
 END DATE 01/14/2015
 END LEVEL 5.5638 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

T3 STP

TEST STARTED 10:44 AM
 TEST STARTED 01/14/2015
 BEGIN LEVEL 5.5075 IN
 END TIME 10:59 AM
 END DATE 01/14/2015
 END LEVEL 5.5071 IN
 LEAK THRESHOLD 0.002 IN
 TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92121
JAUREGUI AND CULVER

01/14/2015 2:42 PM

SUMP LEAK TEST REPORT

MANFOLD

TEST STARTED 2:27 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 3,8297 IN
END TIME 2:42 PM
END DATE 01/14/2015
END LEVEL 3,8295 IN
LEAK THRESHOLD 0,002 IN
TEST RESULT PASSED

UDC 3

TEST STARTED 1:27 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 5,3430 IN
END TIME 1:42 PM
END DATE 01/14/2015
END LEVEL 5,3428 IN
LEAK THRESHOLD 0,002 IN
TEST RESULT PASSED

UDC 1-2

TEST STARTED 1:27 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 4,2759 IN
END TIME 1:42 PM
END DATE 01/14/2015
END LEVEL 4,2758 IN
LEAK THRESHOLD 0,002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92121
JAUREGUI AND CULVER

01/14/2015 2:19 PM

SUMP LEAK TEST REPORT

MANFOLD

TEST STARTED 2:04 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 3,8303 IN
END TIME 2:19 PM
END DATE 01/14/2015
END LEVEL 3,8295 IN
LEAK THRESHOLD 0,002 IN
TEST RESULT PASSED

UDC 3

TEST STARTED 1:10 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 5,3427 IN
END TIME 1:28 PM
END DATE 01/14/2015
END LEVEL 5,3430 IN
LEAK THRESHOLD 0,002 IN
TEST RESULT PASSED

UDC 1-2

TEST STARTED 1:10 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 4,2756 IN
END TIME 1:26 PM
END DATE 01/14/2015
END LEVEL 4,2757 IN
LEAK THRESHOLD 0,002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA, 92121
JAUREGUI AND CULVER

01/14/2015 3:24 PM

SUMP LEAK TEST REPORT

UDC 4-5

TEST STARTED 3:08 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 6.2425 IN
END TIME 3:24 PM
END DATE 01/14/2015
END LEVEL 6.2414 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA, 92121
JAUREGUI AND CULVER

01/14/2015 3:43 PM

SUMP LEAK TEST REPORT

UDC 4-5

TEST STARTED 3:27 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 6.2418 IN
END TIME 3:43 PM
END DATE 01/14/2015
END LEVEL 6.2415 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 6-7

TEST STARTED 3:08 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 1.2595 IN
END TIME 3:24 PM
END DATE 01/14/2015
END LEVEL 1.2594 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 8

TEST STARTED 3:08 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 2.7369 IN
END TIME 3:24 PM
END DATE 01/14/2015
END LEVEL 2.7368 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 6-7

TEST STARTED 3:27 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 1.2595 IN
END TIME 3:43 PM
END DATE 01/14/2015
END LEVEL 1.2597 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 8

TEST STARTED 3:27 PM
TEST STARTED 01/14/2015
BEGIN LEVEL 2.7397 IN
END TIME 3:43 PM
END DATE 01/14/2015
END LEVEL 2.7387 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

Permit #: 117076
 Facility ID: 37-000-117076
 CERS ID: 10387948



Operating Permit Issued on: 09/14/13
 Operating Permit Expires on: 09/13/18

San Diego County

Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: HANSON AGGREGATES
 Tank Owner's Name: HANSON AGGREGATES PSW
 Tank Operator's Name HANSON AGGREGATES

Site Address: 9255 CAMINO SANTA FE, SAN DIEGO, 92121-2201

**See reverse side for permit conditions and requirements.*

Tank#	Capacity (gallons)	Tank Use	Piping Construction	Contents
1. 24178	20000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL
2. 24179	20000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL
3. 24180	10000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL

Monitoring Alternative

DW TANK, DW PRESSURIZED PIPE W/ WET TANK ANNULAR; POSITIVE SHUT-OFF & FAILSAFE, 3.0 LLD; UDC W/ POSITIVE SHUT-OFF

DW TANK, DW PRESSURIZED PIPE W/ WET TANK ANNULAR; POSITIVE SHUT-OFF & FAILSAFE, 3.0 LLD; UDC W/ POSITIVE SHUT-OFF

DW TANK, DW PRESSURIZED PIPE W/ WET TANK ANNULAR; POSITIVE SHUT-OFF & FAILSAFE, 3.0 LLD; UDC W/ POSITIVE SHUT-OFF

Total Number of Operating Permitted Tanks: 3

 **COPY**

**OPERATING CONDITIONS AND REQUIREMENTS
FOR THE PERMIT TO OPERATE UNDERGROUND STORAGE TANKS**

This permit is valid for 5 years pursuant to the California Health & Safety Code, Chapter 6.7, Section 25285 with an annual renewal fee per San Diego County Code, Title 6, Division 8, Chapter 9, Certified Unified Program Agency. Failure to comply with the following operating conditions, 1998 U.S.T. Upgrading Requirements, and requirements for this permit to operate may cause the HMD to revoke, or modify this permit pursuant to Section 25285.1 of the California Health & Safety Code. NOTE: The owner and operator are subject to all applicable requirements of Chapters 6.7 and 6.75 of the California Health and Safety Code, and CCR Title 23 Division 3, Chapters 16 and 18.

The Underground Storage Tank Facility Owner/Operator shall provide and maintain the following:

1. Obtain appropriate permits from the Department of Environmental Health (DEH). Permits are required to install, operate, close, upgrade or repair an underground storage tank system including associated piping.
2. A copy of this permit and all conditions and attachments, including a copy of the "Operating Permit Application – **Facility Information**" and the "Operating Permit Application – **Tank Information**", must be kept at the underground storage tank location at all times. This permit must be renewed prior to the expiration date.
3. The permittee shall ensure that both the owner and the operator of the tank are provided with a copy of this permit. If the permittee is not the operator of the tank, then the permittee must:
 - a. Enter into a written agreement with the operator of the tank to monitor the tank system as set forth in this permit;
 - b. Provide the operator with a copy or summary of Section 25299 (attached); and
 - c. Notify the DEH of any change of operator.
4. Allow the DEH to inspect the facility, equipment, device or records pursuant to Section 68. 903 of the San Diego County Code and HSC Chapter 6.7, Section 25289.
5. Monitor the underground storage tank using a monitoring method specified on the permit application. Monitoring, maintenance and testing records shall be kept on site for at least 3 years, 6 1/2 years for cathodic protection maintenance records, and 5 years for written performance claims pertaining to release detection systems, and calibration and maintenance records for such systems. Records of repairs, lining, and upgrades shall be maintained on site or at another approved location for the remaining life of the underground storage tank. These records shall be kept on site and made available upon request to the DEH or the State Water Board. Monitoring records shall include:
 - a. The date and time of all monitoring or sampling;
 - b. Monitoring equipment calibration and maintenance records;
 - c. The results of any visual observations;
 - d. The results of all sample analysis performed in the laboratory or in the field, including laboratory data sheets and analysis used;
 - e. The logs of all readings of gauges or other monitoring equipment, ground water elevations, or other test results; and
 - f. The results of any inventory readings and daily inventory reconciliation.
6. A copy of the Designated Operator monthly inspection record with all attachments for the previous 12 months and a list of facility employees who have been trained by the designated operator (including dates of training and dates of hire) shall be kept on site.
7. A copy of the written approved "Underground Storage Tank Monitoring Plan" (referenced in Jan. 17, 2008 Title 23, Section 2632 (d)(1)), emergency response plan, and plot plan shall be kept on site.
8. Maintain all equipment, devices and instruments in good repair. All monitoring and leak detection equipment shall be installed, calibrated, operated, and maintained in accordance with manufacturer's instructions, including routine maintenance and service checks (at least once per calendar year) for operating or running condition. All primary containment shall be product-tight.
9. Owners and operators shall use care to prevent releases due to spilling or overfilling. Before product is delivered, owners, operators, or their agents shall ensure that the space available in the tank is greater than the volume of product to be transferred to the tank and shall ensure that the transfer operation is monitored constantly to prevent overfilling and spilling. In addition, you must report and record all unauthorized releases (leaks) to the DEH within 24 hours [(Phone Number (858) 505-6880)].
10. Report and record all failed integrity tests or inconclusive SIR results to the DEH within 24 hours [Phone Number (858) 505-6880].
11. Submit a copy of all monitoring certification, spill bucket, integrity and secondary containment test results to the DEH within 30 days after the completion of the test. Submit a copy of enhanced leak detection results to the DEH within 60 days after the completion of the test.
12. Notify the DEH in writing within 30 days of a change in ownership, operator, monitoring procedure, equipment or tank usage.
13. Maintain adequate Pollution Liability Insurance (Financial Responsibility) pursuant to Article 3, Chapter 6.75 of the California Health & Safety Code.
14. Additional requirements may be imposed on the tank owner/operator for the permit to operate should the State Water Resources Control Board (SWRCB) adopt new sections or amend the California Health & Safety Code or the California Code of Regulations, Title 23.



P. O. Box 85261
San Diego, CA 92186-5261

H 17076

OFFICE USE ONLY

Est./H

Date/Rec

Tester on file y/n

RECEIVED

TANK LOCATION	ADDRESS <u>9255 CAMINO SANTA FE</u>	
	CITY <u>San Diego, CA</u>	ZIP <u>92112 92121</u>
TANK OPERATOR	NAME <u>Fenton Pre Mix</u>	PHONE ()
TANK OWNER	NAME <u>H.G. FENTON CO.</u>	ENVIRONMENTAL HEALTH SERVICES
	ADDRESS <u>7220 TRADE ST.</u>	PHONE ()
	CITY <u>SAN DIEGO, CA</u>	ZIP <u>92112</u>

Reason for Tank System Testing:

☐ Annual Test ☐ Retest After Repair ☐ Suspected Leak

☐ Triennial Product Suction/Remote Fill Line ☒ Annual Product Pressure Line ☐ Other _____

PRESENCE OF GROUNDWATER MUST BE DETERMINED OR TEST RESULTS WILL BE INVALID

Method for determining groundwater in tank excavation N/A LINES ONLYWas groundwater encountered in tank excavation? ☐ Yes ☐ No

If yes, state groundwater compensation procedure used _____

Automatic Line Leak Detector Tested in accordance with CCR Section 2641 (i) ☒ Yes ☐ NoType of Product Line/Fill Delivery: ☒ Pressurized ☐ Remote Fill ☐ Suction ☐ Other _____Type of Spill/Overfill Prevention: ☐ Positive Shut Off ☒ Ball Floats ☐ High Level Alarm

Tank No.	Tank Capacity	Tank Content	Product Line		Overfilled Tank Test (including Vent, Vapors, Fill)		Under-filled Tank Test (Spill/over-fill prevention equipment Required)		Test Date
			Gal/Hour	Pass/Fail	Gal/Hour	Pass/Fail	Gal/Hour	Pass/Fail	
15	20000	UNL	-0.002	PASS					
23	20000	Diesel	+0.003	PASS					12/7/96
34	20000	NOATH Diesel	+0.000	PASS					12/7/96
									12/7/96

These test results have been conducted and performed, by a tester certified according to the requirements of the tank test equipment manufacturer. The tester is licensed by the Water Resources Control Board Office of Tank Tester Licensing and meets the requirements of Subchapter 17, Title 23, of the CA Code of Regulations (effective January 1, 1990). The tank owner has been notified of these results, and has been advised of the reporting requirements for integrity testing. This UST tightness test is approved by the State Water Resources Control Board (SWRCB), has received third party verification, and meets its applicable limitations.

Testing Company MONTIJO TANK TESTName of Test Equipment PETRO TITE LINE / LD TESTERName of Licensed Tester Tim Montijo License No. 97-1090Signature of Tester [Signature] Date 12/7/96

MONTIJO TANK TECH
P.O. BOX 408
SAN MARCOS, CA 92069
(619) 752-1989
Fax (619) 752-1899


JOB: Fenton Pre Mix
ADDRESS: 9255 Camino Santa Fe
San Diego, CA
DATE: December 7 1996

Product Lines Are: Pressure

LINE ID	TIME	TEST PROCEDURES COMMENTS	PSI BEFORE	PSI AFTER	VOLUME BEFORE	VOLUME AFTER	VOLUME CHANGE	CUMULATIVE CHANGE
Unleaded	930	ISOLATE LINE		50		0.078		
#1	945	1ST READING	50	50	0.078	0.078	0.000	0.000
	1000	2ND READING	49	50	0.078	0.077	-0.001	-0.001
	1015	3RD READING	50	50	0.077	0.077	0.000	-0.001
	1030	4TH READING	49	50	0.077	0.076	-0.001	-0.002
		BLEEDBACK						0.022
Diesel	900	ISOLATE LINE		50		0.054		
#2	915	1ST READING	50	50	0.054	0.054	0.000	0.000
	930	2ND READING	51	50	0.054	0.055	0.001	0.001
	945	3RD READING	51	50	0.055	0.056	0.001	0.002
	1000	4TH READING	51	50	0.056	0.057	0.001	0.003
		BLEEDBACK						0.019
Diesel	900	ISOLATE LINE		50		0.054		
#3	915	1ST READING	50	50	0.054	0.054	0.000	0.000
	930	2ND READING	50	50	0.054	0.054	0.000	0.000
	945	3RD READING	50	50	0.056	0.056	0.000	0.000
	1000	4TH READING	50	50	0.056	0.056	0.000	0.000
		BLEEDBACK						0.018

MONTIJO TANK TECH
P.O. BOX 408
SAN MARCOS, CA 92069
(619)752-1989
FAX (619)752-1899

Annual Tank Monitor Certification

Tank Owner:	H.G. Fenton Co.					
Address:	7220 Trade Street San Diego, CA 92112					
Phone:						
Contact:	Mike Brown					
Test Site:	Fenton Pre Mix					
Address:	9255 Camino Santa Fe San Diego, CA 92112					
Phone:						
Date:	December 7 1996					
Monitor Data	Monitor Manufacture	Tank ID	Line Monitor	Annular Probes	Level Monitor	Repairs Needed Yes/ No
	Gilbarco	Unlead	Pass	Pass	Pass	No
	Gilbarco	Diesel	Pass	Pass	Pass	No
	Gilbarco	Diesel	Pass	Pass	Pass	No
	Gilbarco	Oil	Pass	N/A	N/A	No
Leak Detector Data	Manufacture	Tank #	Pass/Fail			
	RedJacket	Unleaded	Pass			
	RedJacket	Diesel	Pass			
	RedJacket	Diesel	Pass			
Tecnician:	Tim Montijo					
License #:	#97-1090					
Signature:						
Comments:	Test results to be sent to local enforcement agency by customer.					

INVENTORY REPORT
DEC 7, 1996
9:42 AM

TANK 1
UNLEADED GASOLINE
8354 GALLONS FUEL
1374 GALS ULLAGE
72.96 INCHES FUEL
0.0 INCHES WATER
70.0 DEGREES F

TANK 2
DIESEL
17927 GALLONS FUEL
2241 GALS ULLAGE
98.62 INCHES FUEL
0.0 INCHES WATER
66.4 DEGREES F

TANK 3
DIESEL
17914 GALLONS FUEL
2254 GALS ULLAGE
98.54 INCHES FUEL
0.0 INCHES WATER
67.5 DEGREES F

DEC 7, 1996
9:53 AM

SENSOR STATUS

SENSOR 1A NORMAL
SENSOR 1B NORMAL
SENSOR 2A NORMAL
SENSOR 2B NORMAL
SENSOR 3A NORMAL
SENSOR 3B NORMAL
SENSOR 4A NORMAL
SENSOR 4B NORMAL
SENSOR 5A NORMAL
SENSOR 6A NORMAL
SENSOR 6B NORMAL

EXTERNAL INP. STATUS
OPEN

--- SENSOR ALARM ---
SENSOR 2A
FUEL DETECT

DEC 7, 1996
9:32 AM

#2 Diesel
fill sump

--- SENSOR ALARM ---
SENSOR 3A
FUEL DETECT

DEC 7, 1996
9:32 AM

#3 Diesel
fill sump

--- SENSOR ALARM ---
SENSOR 6B
FUEL DETECT

DEC 7, 1996
9:32 AM

Oil sump

--- SENSOR ALARM ---
SENSOR 1A
FUEL DETECT

DEC 7, 1996
9:38 AM

UNC - Fuel Sump

GILBARCO
TANK MONITOR 3

--- SENSOR ALARM ---
SENSOR 5A
FUEL DETECT

DEC 7, 1996
8:44 AM

#3 Diesel
Annular

--- SENSOR ALARM ---
SENSOR 3B
FUEL DETECT

DEC 7, 1996
8:47 AM

#3 Diesel
Turbine
Sump

--- SENSOR ALARM ---
SENSOR 1B
FUEL DETECT

DEC 7, 1996
9:03 AM

#1 UNC
Turbine
Sump

--- SENSOR ALARM ---
SENSOR 2B
FUEL DETECT

DEC 7, 1996
9:03 AM

#2 Diesel
Turbine
Sump

--- SENSOR ALARM ---
SENSOR 4A
FUEL DETECT

DEC 7, 1996
9:16 AM

#1 UNC
Annular

--- SENSOR ALARM ---
SENSOR 4B
FUEL DETECT

DEC 7, 1996
9:16 AM

#2 Diesel
Annular

--- SENSOR ALARM ---
SENSOR 6A
FUEL DETECT

DEC 7, 1996
9:16 AM

VALVE
my



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 17076

DATE 1/29/96

PAGE 1 OF 3

BUS CODE K70

SPECIALIST Scott Weldon

CONTACT Paul Smith

TITLE Manager - Risk Manag

PHONE 566-2000

BUSINESS NAME H.G. Fenton Material Co.
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP San Diego CA 92121

On the above date an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

PROCESSED 3/5/96 HSC

FEB 13 1996

Office Use Only

Routine Inspection

Violations:

1. Written Monitoring Procedure and Response Plan aren't on file at site and haven't been submitted to HMMD
 - fill out the above. Mail copies to the address below within 30 days and maintain originals on file at site
2. Financial responsibility for tanks isn't on file at the site
 - mail a copy of current financial responsibility to the address below within 30 days. Keep a copy at the site
3. Spill buckets are full of water from the rain
 - empty diesel fuel spill buckets into your waste oil tank contents
 - empty the "unloaded" spill bucket into a properly labelled, closed container and dispose of as hazardous waste, if there is any discoloration or smell of fuel to the water.
 - in the future, keep spill buckets dry.
4. There's a 55 gallon drum with a few gallons of water/waste oil that's labelled "non-hazardous"

Signature of Business Representative

1-29-96

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

EST. NUMBER H 17076
 DATE 1 / 29 / 96
 PAGE 2 OF 3

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: _____

4 (cont)

- empty the contents of this drum into your waste oil tank

5. There's a 500 gallon diesel tank that's not clearly labelled as to contents, at the mix plant.

- label this tank as "Diesel Fuel"

- recommend that a concrete pad and berm be built around the tank

6. The lubricating oil tanks by the fuel islands aren't clearly labelled as to contents

- label these as "lubricating oil"

7. Employee training on emergency procedures and proper management of haz materials/wastes is occurring, but documentation couldn't be located

- mail a copy of training documentation done in the last 12 months for 3 employees, to the address below, within 30 days

Remark:

1. During inspection I observed two puddles of fuel at dispensers. Looking closer, I found that the nozzles were full of fuel.
 - train truck drivers not to top off and to be more careful emptying nozzles into fuel tanks.

2. Business Plan was updated on this date

Signature of Business Representative

Title

Department of Health Services, Environmental Health Services, Hazardous Materials Management Division, PO Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD
 YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

EST. NUMBER H 17076

COMPLIANCE INSPECTION REPORT

DATE 1/29/96

PAGE 3 OF 3

BUSINESS ADDRESS: 9255 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:**RECORD KEEPING**

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to CAL-EPA 66262.23
- ☐ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to CAL-EPA 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with CAL-EPA 66262.42
- ☐ Operating TSDF without authorization 25201

V0108 W
V0105 W
V0118 W
V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

STORAGE AND HANDLING

- ☐ Waste stored longer than 90 days 66262.34
- ☐ Waste container missing/improperly labeled 66262.34
- ☒ Haz Materials not properly labeled 25124
- ☐ Waste container not kept closed 66265.173
- ☐ Waste container in poor condition 66265.171
- ☐ Waste container(s) not properly managed 66265.173
- ☐ Damaged container not repackaged 66265.171
- ☐ Container incompatible with waste 66265.172
- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Wastes less than 50 feet 66265.176
- ☐ Ignitable Wastes not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

V0221 W
V0222 W
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ No Extremely Haz. Waste Permit 67430.1

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☒ Training records unavailable 66265.16
- ☒ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81

V0225 W
V0701 W
V0702 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:**GENERAL UST REQUIREMENTS**

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☐ No owner/operator agreement 25293
- ☒ No records of financial coverage 25292.2
- ☐ No maint/monit/calib records available 2712(b), 2641i

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☐ Annual Integrity test not conducted 25292
- ☐ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2648
- ☐ Reconciliation not approved for facility 2648
- ☐ Dispenser meter(s) not calib annually 2648
- ☐ Improper liquid measurements 2648
- ☐ Stick in poor condition 2648
- ☐ Improper monthly reconciliation 2648
- ☐ Failed to report excessive variation 2648
- ☐ Pressurized Product Piping Leak Device not tested annually 25292

V3014 T
V3015 T
V3016 T
V3017 T
V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T
V3025 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☒ Monitoring system not functional 2632
- ☒ No written monitoring procedure 2632
- ☒ Written response plan not available 2632
- ☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Abandoned tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672

V3006 T
V3032 T
V3033 T

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:**RECORD KEEPING**

- ☐ Health Permit not obtained SDCC 68.1105
- ☐ Business Plan not established/implemented 25503.5
- ☐ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☐ Personnel Training Records not available 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

BUSINESS PLAN ELEMENTS

- ☐ Emergency Response Plan inadequate 25504
- ☐ Emergency Contacts not provided/current 25509
- ☐ Personnel Training Program inadequate 25504
- ☐ Inventory is incomplete 25504
- ☐ Site Map is not sufficient 25509
- ☐ Acutely Haz. Mat. not registered 25533

V2201 W
V2203 W
V2301 W
V2005 W
V2202 W
V2009 W

An inspection summary report will be mailed shortly. All violations must be corrected. Please call (619) 338-2222 if you have any questions.

ESTABLISHMENT REPRESENTATIVE

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261, San Diego, CA 92186-5261



COUNTY OF SAN DIEGO

Page 1 of 3

EST. NO. H 17076
 DATE 1-21-97
 TIME START 1:40 END 1:35
 BUS. CODE K70
 SPECIALIST Scott Weldon
 CONTACT Michael Satterlee
 TITLE Superintendent
 PHONE 566-7000

COMPLIANCE INSPECTION REPORT

BUSINESS NAME H.G. Fenton Material Co.
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP San Diego CA 92121

On the above date an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

JAN 29 1997

hjs
1/24/97
A

Routine Inspection

Violations and Corrective Actions:

1. The underground fuel tank monitoring system is broken. This facility has been having problems with the manways being flooded with water, also. Paul Smith stated that H.G. Fenton has already placed a work order to replace two manways.
 - mail a copy of certification that tank monitoring system is operational to the address below within 30 days.
 - monitoring system is to be certified annually
2. A copy of financial responsibility for the underground tanks isn't on file and hasn't been submitted to HMMD
 - provide a copy of financial responsibility to the address below within 30 days.
 - keep a copy at the site
3. Written Monitoring Procedure and Response Plan isn't on file at site and hasn't been submitted to HMMD
 - provide a copy of the above to the address below. Keep a copy at site.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD
 YELLOW-BUSINESS RETAINS

County of San Diego
 Department of Environmental Health



COUNTY OF SAN DIEGO

EST. NUMBER H 17076

DATE 1 / 21 / 97

PAGE 2 OF 3

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: _____

4. Pressurized piping leak detectors haven't been tested in the last year; test results aren't on file at site
 - provide test results for pressurized leak detectors to the address below within 30 days to the address below.
5. There's only one used oil disposal receipt at site for 1996. There should be more
 - locate used oil receipts. keep them on file at site
6. Two 2000 gallon concrete admix tanks weren't labeled as to contents
 - label these tanks as to contents

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 17076DATE 1/21/97PAGE 3 OF 3BUSINESS ADDRESS: 9255 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☒ Waste Manifests/Receipts not on-site for 3 years 66262.40 used oil
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to DTSC 66262.23
- ☐ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to DTSC 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with DTSC 66262.42
- ☐ Operating TSDF without authorization 25201

V0108 W _____
V0105 W _____
V0118 W _____

V0120 W _____
V0115 W _____
V0121 W _____
V0122 W _____
V0123 W _____
V0116 W _____
V0124 W _____

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
- ☐ Failure to clean up hazwaste off of floor surface 66262.10b
- ☐ Waste container missing/improperly labeled 66262.34
- ☐ Haz Materials not properly labeled 25124
- ☐ Waste container not kept closed 66265.173
- ☐ Waste container in poor condition 66265.171
- ☐ Waste container(s) not properly managed 66265.173
- ☐ Damaged container not repackaged 66265.171
- ☐ Container incompatible with waste 66265.172
- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Waste less than 50 feet 66265.176
- ☐ Ignitable Waste not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

V0221 W _____
V0313 W _____
V0222 W _____
V0223 W _____
V0202 W _____
V0205 W _____
V0210 W _____
V0226 W _____
V0207 W _____
V0224 W _____
V0213 W _____
V0214 W _____
V0215 W _____
V0216 W _____

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W _____
V0319 W _____
V0315 W _____
V0316 W _____
V0317 W _____

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☐ Training records unavailable 66265.16
- ☐ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W _____
V0406 W _____
V0501 W _____
V0508 W _____
V0509 W _____
V0609 W _____

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81
- ☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- ☐ Onsite treatment of waste without authorization 25201

V0225 W _____
V0701 W _____
V0702 W _____

V0125 W _____
V0125 W _____

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
- ☐ Business Plan not established/implemented 25503.5
- ☐ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☐ Personnel Training Records not available 19 CCR 2732

V2001 W _____
V2002 W _____
V2007 W _____
V2003 W _____
V2302 W _____

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W _____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☐ No owner/operator agreement 25284
- ☒ No records of financial coverage 25292.2
- ☐ No maint/monit/calib records available 2712(b), 2641(j)
- ☐ Monitoring Equip. not tested annually 2630, 2641

V3002 T _____
V3007 T _____
V3010 T _____
V3011 T _____
V3012 T _____
V3005 T _____
V3013 T _____
V3001 T _____
V3003 T _____

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☐ Integrity test not conducted 25292
- ☐ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2646
- ☐ Reconciliation not approved for facility 2646
- ☐ Dispenser meter(s) not calib annually 2646
- ☐ Improper liquid measurements 2646
- ☐ Stick in poor condition 2646
- ☐ Improper monthly reconciliation 2646
- ☐ Failed to report excessive variation 2646

V3014 T _____
V3015 T _____
V3016 T _____
V3017 T _____
V3018 T _____
V3019 T _____
V3020 T _____
V3021 T _____
V3022 T _____
V3023 T _____
V3024 T _____

- ☒ Pressurized Product Piping Leak Device not tested annually 25292 double walled
- ☐ No written monitoring procedure 2641
- ☐ No written emergency response plan 2641
- ☐ SIR reporting incorrectly done 2646.1

V3025 T _____
V3027 T _____
V3027 T _____
V3004 T _____

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☒ Monitoring system not functional 2632
- ☒ No written monitoring procedure 2632
- ☒ Written emergency response plan not available 2632
- ☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T _____
V3027 T _____
V3028 T _____
V3029 T _____

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

V3009 T _____
V3030 T _____
V3031 T _____

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Unused tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672
- ☐ Failed to apply for temporary closure 25298

V3006 T _____
V3032 T _____
V3033 T _____
V3008 T _____

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

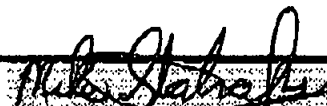
DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261, San Diego, CA 92186-5261

ELECTRICAL POWER SYSTEMS

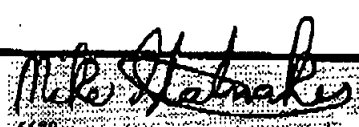
ELECTRONIC TANK MONITORING REPORT

LOCATION	H G FENTON	ADDRESS	9255 CAMINO SANTA FE		
CITY	SAN DIEGO	STATE	CA	ZIP	92126
TELEPHONE	566-2000	OWNER	SAME		
REASON FOR TEST:	YEARLY HMMD TEST				
CONTRACTOR PERFORMING TEST:		TEST PERFORMED		 6678 FEB-12-1998	
ELECTRICAL POWER SYSTEMS		TECH NUMBER			
P.O. BOX 714		DATE OF TEST			
JAMUL CALIF. 91935					
LIC NUMBER 573643					
OFFICE PHONE: 669-0730					
FAX : 669-1987					
PAGER : 979-0117					
MANUFACTURER OF MONITOR :		GTEBARCO		SER. NUMBER : 30157	
POSITIVE SHUTDOWN FOR TURBINS NO					
EXTERNAL HIGH LEVEL ALARM NO		ELECTRONIC LINE LEAK DET NO			
TANK MONITOR	TANK ONE	TANK TWO	TANK THREE	VALVE SUM	OIL SUMP
ALPHA-NUMERIC DISPLAY	PASS	PASS	PASS	PASS	PASS
PRINTER OPERATIONAL	PASS	PASS	PASS	PASS	PASS
PRODUCT LEVEL PRINT	PASS	PASS	PASS	////////	////////
AUDIO/VISUAL ALARM	PASS	PASS	PASS	PASS	PASS
TANK ANNULAR	PASS	PASS	PASS	////////	////////
SUMP ONE	PASS	////////	////////	////////	////////
SUMP TWO	PASS	////////	////////	////////	////////
SUMP THREE	////////	PASS	////////	////////	////////
SUMP FOUR	////////	PASS	////////	////////	////////
SUMP FIVE	////////	////////	PASS	////////	////////
SUMP SIX	////////	////////	PASS	////////	////////
SUMP SEVEN	////////	////////	////////	PASS	////////
SUMP EIGHT	////////	////////	////////	////////	PASS
MECH LINE LEAK DET.	PASS	PASS	PASS	NA	NA

THIS COMPUTER FORM AND ASSOCIATED DOCUMENTATION ARE PROTECTED BY NATIONAL COPYRIGHT LAWS. NO COPYING, REPRODUCTION OR COMPUTER STORAGE OF THIS FORM IN ANYWAY WITHOUT THE EXPRESS WRITTEN PERMISSION OF ELECTRICAL POWER SYSTEMS.

ELECTRICAL POWER SYSTEMS

ELECTRONIC TANK MONITORING REPORT

LOCATION	H G FENTON		ADDRESS	9255 CAMINO SANTA FE		
CITY	SAN DIEGO		STATE	CA	ZIP	92126
TELEPHONE	566-2000		OWNER	SAME		
REASON FOR TEST:	YEARLY HMMD TEST					
CONTRACTOR PERFORMING TEST: ELECTRICAL POWER SYSTEMS P.O. BOX 714 JAMUL CALIF. 91935 LIC NUMBER 573643 OFFICE PHONE: 669-0730 FAX : 669-1907 PAGER : 979-0117			TEST PERFORMED TECH NUMBER DATE OF TEST			 FEB 12 1998
MANUFACTURER OF MONITOR: GILBARCO			SER. NUMBER: 3015			
POSITIVE SHUTDOWN FOR TURBINS NO						
EXTERNAL HIGH LEVEL ALARM NO						
ELECTRONIC LINE LEAK DET NO						
TANK MONITOR	TANK ONE	TANK TWO	TANK THREE	VALVE SUM	OIL SUMP	
ALPHA-NUMERIC DISPLAY	PASS	PASS	PASS	PASS	PASS	
PRINTER OPERATIONAL	PASS	PASS	PASS	PASS	PASS	
PRODUCT LEVEL PRINT	PASS	PASS	PASS	////////	////////	
AUDIO/VISUAL ALARM	PASS	PASS	PASS	PASS	PASS	
TANK ANNULAR	PASS	PASS	PASS	////////	////////	
SUMP ONE	PASS	////////	////////	////////	////////	
SUMP TWO	PASS	////////	////////	////////	////////	
SUMP THREE	////////	PASS	////////	////////	////////	
SUMP FOUR	////////	PASS	////////	////////	////////	
SUMP FIVE	////////	////////	PASS	////////	////////	
SUMP SIX	////////	////////	PASS	////////	////////	
SUMP SEVEN	////////	////////	////////	PASS	////////	
SUMP EIGHT	////////	////////	////////	////////	PASS	
MECH LINE LEAK DET.	PASS	PASS	PASS	NA	NA	

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ELECTRICAL POWER SYSTEMS

ELECTRONIC TANK MONITORING REPORT

LOCATION	H G FENTON		ADDRESS	9255 CAMINO SANTA FE		
CITY	SAN DIEGO		STATE	CA	ZIP	92126
TELEPHONE	566-2000		OWNER	SAME		
REASON FOR TEST: YEARLY HMMD TEST						
CONTRACTOR PERFORMING TEST:			TEST PERFORMED			
ELECTRICAL POWER SYSTEMS			TECH NUMBER			
P.O. BOX 714			DATE OF TEST			
JAMUL CALIF. 91935			6618			
LIC NUMBER 573643			FEB 12, 1998			
OFFICE PHONE: 669-0730						
FAX : 669-1907						
PAGER : 979-0117						
MANUFACTURER OF MONITOR : GILDARCO SER. NUMBER : 30157						
POSITIVE SHUTDOWN FOR TURBINS NO						
EXTERNAL HIGH LEVEL ALARM NO ELECTRONIC LINE LEAK DET NO						
TANK MONITOR	TANK ONE	TANK TWO	TANK THREE	VALVE SUM	OIL SUMP	
ALPHA-NUMERIC DISPLAY	PASS	PASS	PASS	PASS	PASS	
PRINTER OPERATIONAL	PASS	PASS	PASS	PASS	PASS	
PRODUCT LEVEL PRINT	PASS	PASS	PASS	////////	////////	
AUDIO/VISUAL ALARM	PASS	PASS	PASS	PASS	PASS	
TANK ANNULAR	PASS	PASS	PASS	////////	////////	
SUMP ONE	PASS	////////	////////	////////	////////	
SUMP TWO	PASS	////////	////////	////////	////////	
SUMP THREE	////////	PASS	////////	////////	////////	
SUMP FOUR	////////	PASS	////////	////////	////////	
SUMP FIVE	////////	////////	PASS	////////	////////	
SUMP SIX	////////	////////	PASS	////////	////////	
SUMP SEVEN	////////	////////	////////	PASS	////////	
SUMP EIGHT	////////	////////	////////	////////	PASS	
MECH LINE LEAK DET.	PASS	PASS	PASS	NA	NA	

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Sim J. Harris Co.
General Engineering Contractor
ASPHALT & UNDERGROUND / COMMUNICATIONS SPECIALISTS

March 20, 1998

County of San Diego
Department of Environmental Health
Hazardous Materials Management Division
P.O. Box 129261

RECEIVED
APR 2 1 14 PM '98
ENVIRONMENTAL
HEALTH SERVICES

H17076

RE: HAZARDOUS MATERIAL ESTABLISHMENT PERMITS, CHANGE OF OWNER

Enclosed with this letter is a listing and forms for Change of Owner for seven sites. Please process these changes. For your information, Establishment Number H17076 is now owned by Sim J. Harris Co. d.b.a. South Coast Materials Co. The rest of the establishments, Pre-Mixed Concrete Co., A-1 Soils Co. and East County Materials are California Corporations that are all owned by Sim J. Harris Co., a Delaware Corporation.

Regarding the Financial Responsibility Instrument for those sites with underground storage tanks: the letter of credit currently in your files for Sim J. Harris / South Coast Material will be amended to include the acquired sites as soon as possible. A copy will be sent to your division.

Also included with this letter is a renewal with check for Establishment Number #H02325. *gone to M.W. 4.22-98 JC*

Further, in the event these changes trigger site inspections, please be advised that Establishment Number H17076 was inspected on March 12, 1998, which is after the date of change of owner.

If you have any questions or need addition information, please contact the undersigned at 619-277-5481 ext 219.

Sincerely,


Don Hickethier
Regulatory Affairs Manager

HEALTH PERMITS

FACILITY	EST. NO	TYPE	OWNER & ADDRESS	EST NAME & ADDRESS	EXPIRATION
Carroll Canyon inactive as of November 1997	H86926	Solid Waste Facility Solid Wst Fac K01	A-1 Soils Company A-1 Soils Company, Carroll Canyon 7220 Trade Street San Diego, CA 92121	A-1 Soils, Carroll Canyon Fac 10201 Camino Santa Fe San Diego, CA 92121	1/31/98
Carroll Canyon	H17076	Hazardous Material Establishment Haz Mat Estab K07	South Coast Materials P.O. Box 639069 San Diego, CA 92163-9069	South Coast Materials 9225 Camino Santa Fe San Diego, CA 92121-2201	6/30/98
Mission Valley	H05019	Hazardous Material Establishment Haz Mat Estab K18	A-1 Soils Co P.O. Box 639069 San Diego, CA 92163-9069	A-1 Soils 9310 Friars Road San Diego, CA 92108-2702	12/31/97
Escondido	H20320	Hazardous Material Establishment Haz Mat Estab K07	Pre-Mixed Concrete Co. P.O. Box 639069 San Diego, CA 92163-9069	Pre-Mixed Concrete Co 550 N. Tulip Street Escondido, CA 92025-2533	6/30/98
Carlsbad	H20079	Hazardous Material Establishment Haz Mat Estab K07	Pre-Mixed Concrete Co P.O. Box 639069 San Diego, CA 92163-9069	Pre-Mixed Concrete Co 3750 Haymar Drive Carlsbad, CA 92008	6/30/98
Otay	H21341	Hazardous Material Establishment Haz Mat Estab K06	Pre-Mixed Concrete Co P.O. Box 639069 San Diego, CA 92163-9069	Pre-Mixed Concrete Co 389 Hollister Street San Diego, CA 92154-4722	6/30/98
Pala	H28563	Hazardous Material Establishment Haz Mat Estab K01	Pre-Mixed Concrete Co P.O. Box 639069 San Diego, CA 92163-9069	Pre-Mixed Concrete Co 10331 Highway 76 Pala, San Diego Co., CA	8/31/98
East County Mat	H02613	Hazardous Material Establishment Haz Mat Estab K07	East County Materials P.O. Box 639069 San Diego, CA 92163-9069	East County Materials 2266 Willow Glen Drive El Cajon, CA 92019-3907	6/30/98

SECTION A - HAZARDOUS WASTE GENERATION

NOTE: If you know that your business generates, stores or handles hazardous wastes, please continue with Section B of the questionnaire. All others must complete #1 through #6 that follows.

1. Does your business or service generate, store or handle any of the by-products or wastes listed in the box below? YES ☒ NO ☐ Circle the letters of the categories found at your business.

A.	Solvents
a.	Halogenated - chloroform, methyl chloride.
b.	Oxygenated - acetone, butanol, ethyl acetate.
c.	Hydrocarbons - benzene, hexane, stoddard.
<input checked="" type="checkbox"/> d.	Unspecified solvent mixtures.
B.	Sludges - Alum, paint, degreasing, caustic, paper, tetraethyl lead, lime, tank bottom waste and metal sludge.
<input checked="" type="checkbox"/> C.	Waste Oil/Mixed Oil - Waste motor oil, fuel tank cleaning residue, oil separation waste, lube oil processing waste.
D.	Pesticides and Pesticide Rinse Water - Parathion, Malathion, Diazinon, and other pesticides; pesticide residue from container rinsing.
E.	PCB - Mineral oil contaminated-electrical capacitors, ballasts, and electrical transformers.
F.	Monomer/Polymeric Resin Waste - Plastic coating and laminating waste, resin coating, metal binding and coating resin rinse waters.
G.	Biological Waste - Infectious hospital waste, laboratory and pharmaceutical research waste exceeding 100 kg/month.
H.	Organic Liquid/Solids - Polymer extrusion waste, PVC coating residue, adhesive waste, organic stripper from semi-conductor processing waste.
I.	Contaminated Aqueous Solutions:
a.	With reactive anions - azide, bromate, chlorate, cyanide, fluoride, hypochlorate, nitrite, perchlorate, sulfide anions, plating rinse solutions, metal coatings and metal parts cleaning solutions.
b.	With heavy metals - including antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium and zinc.
c.	With organic residues - including degreasing and metal cleaning solutions, equipment cleaning, dry cleaning, anticorrosion and coolant solution wastes.
J.	Acid Solutions - Wastes battery acid, plating waste, printed circuit etching residue, silicon wafer reclamation and cleaning wastes, galvanizing wastes, other acidic solution wastes with $\text{pH} \leq 2$.
K.	Alkaline Solutions - Wastes from metal plating, anodizing and etching, containing sodium or calcium hydroxide, and other solutions with $\text{pH} \geq 12.5$.
L.	Asbestos - Insulation products, old pipe lagging.
M.	Metal Sludges and Dusts - Metal machining coolant sludges, metal pickling sludges, metal machining dusts.
N.	Miscellaneous - Chemical toilet waste, photochemical processing waste, laboratory chemical wastes, drilling mud, soap and detergent production wastes.

2. Do you dispose of any items in #1 by discharging them into the sewer system including down sinks, floor drains, toilets, etc.? YES ☐ NO ☒ If yes, which category(ies) of by-product or wastes?

SECTION A - HAZARDOUS WASTE GENERATION (continued)

3. Do you dispose of any items listed in #1 in a way other than disposal into the sewer system (for example, trash cans, dumpster, storm drain, on the ground, evaporation ponds, land fills, etc)? YES ☐ NO ☒ If yes, which category(ies) of by-products or wastes? _____
-
4. Do you recycle any of the items listed in #1 through another company/contractor or by yourself? YES ☐ NO ☒ If yes, which category(ies) of by-products or wastes? _____
-
5. Do you manifest (prepare the required transportation document for hazardous wastes) any items listed in #1? YES ☒ NO ☐
6. If you answered "yes" to any of the questions (1, 3, 4, or 5) your business or service does generate hazardous waste and a permit from the San Diego County Department of Environmental Health is required. Continue with Section B of the questionnaire.

PLEASE RETURN THIS SECTION

SECTION B - INVENTORY OF HAZARDOUS MATERIALS

A "hazardous substance" is a chemical compound, or product for which a manufacturer or producer is required by law to prepare a Material Safety Data Sheet (MSDS) for that substance. An MSDS is a document (usually 2 or 3 pages) which contains chemical composition information, fire and explosive data, health hazard data, reactivity data, spill or leak procedures, special protection information and special precaution information. An MSDS for a hazardous substance can be obtained from the supplier of that substance. Hazardous substances also include materials requiring placard warnings during transportation.

1. Does your establishment use or handle hazardous substances in quantities equal to or greater than 55 gallons, 500 pounds, or 200 cubic feet of compressed gas at any one time?
Yes ☒ No ☐

2. Review the health hazards data or health and safety section of the Material Safety Data Sheets (MSDS) to see if any chemicals or substances you use are designated as a cancer-causing substance (carcinogen) or substance which may cause birth defects, miscarriages, or damage to the human reproductive system (reproductive toxin). Does your establishment use or handle carcinogens or reproductive toxins?
Yes ☒ No ☐

3. Does your establishment use or handle gases with Threshold Limit Values (TLV) or Time Weighted Average (TWA) of 10 parts per million or less? Yes ☐ No ☒

If you have answered "Yes" to any of the above questions (1, 2, or 3), you do use or handle hazardous materials that are subject to inventory requirements and a permit from the San Diego County Department of Environmental Health is required. Continue with Section C of the questionnaire.

SECTION C - UNDERGROUND STORAGE TANKS

An "underground storage tank" is a tank, including piping, which holds hazardous wastes (as defined in Section A) or hazardous substances (as defined in Section B, regardless of volume) and has 10% or more of the total volume located below grade.

Does your business have underground storage tanks as defined above?
Yes ☒ No ☐

If you answered "yes" a permit from the San Diego County Department of Environmental Health is required.

Underground storage tanks may not be installed, removed, destroyed, repaired or operated without permits from this Department.

Continue with the Hazardous Materials Summary on page 4.

PLEASE RETURN THIS SECTION

HAZARDOUS MATERIALS SUMMARY

Complete the following information regarding the handling of hazardous materials at your business or service. Check one statement.



This business or service does generate hazardous waste, handles hazardous materials subject to the inventory requirements and/or has underground storage tanks that requires a permit from the San Diego County Department of Environmental Health.



I have determined that this business or service does not generate hazardous waste, handle hazardous materials subject to the inventory requirements or has underground storage tanks requiring permits from the San Diego County Department of Environmental Health.

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I consent to all necessary inspections allowed by law and incidental to the issuance of required permit(s) and the operation of this business.

Signature

Don Hickethier

Title

Don Hickethier, Regulatory Affairs

Date

March 17, 1998

Phone

619-277-5481 x 219

Type of Business

Construction Materials

Please complete the business information on the following page and return this questionnaire to the San Diego County Department of Environmental Health in the pre-addressed return envelope or mail using the following address.

SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85261
SAN DIEGO CA 92186-5261

If a San Diego County Hazardous Materials Management Permit is required for your business or service a representative of this Department will complete an inspection of your business. Permit fees will be determined from the inspection and a billing statement will be mailed.

NOTE:

If you do not use hazardous materials, generate hazardous waste, or have underground storage tanks you are still required to return this form.

A representative of the San Diego County Department of Environmental Health may contact you to verify the information provided on this questionnaire.

—FOR OFFICE USE ONLY—

P.O. BOX 85261, SAN DIEGO, CA 92138-5261 PHONE: (619) 338-2222

ESTAB NUMBER H 1 7 0 7 6	CENSUS TR/INC CODE 21	BUS CODE 28	UNITS 31	ANNUAL FEE 35	EXPIR DATE (MO-DAY) 41
SIC-1 45	SIC-2 49	FIRE 53	WATER 55	SEWER 57	ZONING 59
MAP ON FILE 61	STATUS 62	ASSESSOR'S PARCEL NO. 64			

—PLEASE COMPLETE THE FOLLOWING SECTION—

ESTABLISHMENT OWNER NAME S O U T H C O A S T M A T E R I A L S	(AREA) 6 1 9	OWNER PHONE 2 7 7 5 4 8 1
---	-----------------	------------------------------

74 ESTABLISHMENT ADDRESS: STREET NUMBER 9 2 2 5	DIRECTION 125	STREET NAME C A M I N O S A N T A F E	BLDG/SUITE 104
--	------------------	--	-------------------

114 CITY S A N D I E G O	STATE C A	ZIP CODE 9 2 1 2 1 - 2 2 0 1	(AREA) 6 1 9	BUSINESS PHONE 2 7 7 5 4 8 1
--------------------------------	--------------	---------------------------------	-----------------	---------------------------------

151 SECOND NAME OR NAME OF MANAGEMENT COMPANY: R E G U L A T O R Y A F F A I R S	166	168	177
--	-----	-----	-----

187 MAILING ADDRESS (IF DIFFERENT FROM ESTABLISHMENT ADDRESS): STREET NUMBER P O B O X	DIRECTION 228	STREET NAME 6 3 9 0 6 9	BLDG/SUITE 250
---	------------------	----------------------------	-------------------

217 CITY S A N D I E G O	STATE C A	ZIP CODE 9 2 1 6 3 - 9 0 6 9	269	271
--------------------------------	--------------	---------------------------------	-----	-----

254 ESTABLISHMENT NAME: C H A R R O L C A N Y O N	GAS STATION YES = 1 OTHER = 2	314
---	-------------------------------------	-----

284 REASON FOR APPLICATION: 3 1 - NEW 3 - OWNER CHANGE 2 - RE-OPEN	NUMBER OF EMPLOYEES: 420	IF OTHER, LIST TYPE OF BUSINESS:
---	-----------------------------	----------------------------------

315 NAME OF PREVIOUS OWNER H G F E N T O N M A T E R I A L C O	DATE BUS ASSUMED 0 3 1 0 1 9 1 8
--	-------------------------------------

316 CONTACT PERSON D O N H I C K E T H I E R	346
--	-----

***** ALL APPLICANTS PLEASE COMPLETE APPROPRIATE SUPPLEMENTARY FORMS *****

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS MADE PURSUANT TO LAW AND INCIDENTAL TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THIS BUSINESS.

SIGNATURE *J. Hickethier* DATE 3-17-98

RECEIVED
APR 21 1998
ENVIRONMENTAL
HEALTH SERVICES

County of San Diego
Department of Environmental Health



COUNTY OF SAN DIEGO

3/09 3/10/0

Page 1 of 3

COMPLIANCE INSPECTION REPORT

BUSINESS NAME South Coast Materials
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP San Diego CA 92121

EST. NO. H 17076
 DATE 3-9-98 9809
 TIME START 1:00 END 3:34
 BUS. CODE K70
 SPECIALIST Scott Weldon
 CONTACT James Fortlock
 TITLE Manager
 PHONE 566 2000

On the above date an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

Routine Inspection

Violations and Corrective Actions:

1. Employee training on emergency procedures and proper management of hazardous materials and wastes is inadequate and undocumented.
 - train employees on the above in the next 30 days. Document the training. Mail a copy to the address below. Keep a copy at site.
 - update training annually.
2. Ownership of site has changed. Financial responsibility for underground storage tanks isn't current.
 - update financial responsibility. Mail a copy to address below. Keep a copy at site.
3. Written Monitoring Procedure and Written Response Plan isn't at site.
 - fill out the above. Mail a copy to address below. Maintain a copy at site.
4. Certification that monitoring system is working correctly, done in the last year, isn't at site.
 - provide certification done by licensed contractor that monitoring system for UST's is working correctly. Mail to address below within 30 days.
5. I observed two open used oil ^{drums} tanks. One was unlabeled.
 - keep used oil drums tightly closed. Properly label drums.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 17076

DATE 3/9/98

PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

6. Used oil receipts aren't at site. Used oil is pumped and hauled a few hundred yards, on-site, to maintenance shop sub-contractor who has receipts.
- keep a log of used oil each time it's pumped. Include date, volume, and hauler's name.

Remarks:

1. There's a 15 gallon drum floating in a pond in gravel quarry.
 - retrieve this drum and properly dispose of it.
2. It's not clear that the UST system meets 1998 requirements.
 - have a licensed contractor certify that system meets 1998 requirements. This includes: complete shut off PPLD's, overfill protection and corrosion protection.
3. Business Plan was updated today.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 17076

DATE 3/9/98

PAGE 3 OF 3

BUSINESS ADDRESS: 9255 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☒ Waste Manifests/Receipts not on-site for 3 years 66262.40 *Used oil*
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to DTSC 66262.23
- ☐ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to DTSC 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with DTSC 66262.42
- ☐ Operating TSDF without authorization 25201

V0108 W
V0105 W
V0118 W

V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
- ☐ Failure to clean up hazwaste off of floor surface 66262.10b
- ☐ Waste container missing/improperly labeled 66262.34
- ☐ Haz Materials not properly labeled 25124
- ☒ Waste container not kept closed 66265.173
- ☐ Waste container in poor condition 66265.171
- ☐ Waste container(s) not properly managed 66265.173
- ☐ Damaged container not repackaged 66265.171
- ☐ Container incompatible with waste 66265.172
- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Waste less than 50 feet 66265.176
- ☐ Ignitable Waste not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

V0221 W
V0313 W
V0222 W
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☒ Training records unavailable 66265.16
- ☒ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81
- ☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- ☐ Onsite treatment of waste without authorization 25201

V0225 W
V0701 W
V0702 W

V0125 W
V0125 W

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
- ☐ Business Plan not established/implemented 25503.5
- ☐ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☒ Personnel Training Records not available 19 CCR 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☐ No owner/operator agreement 25284
- ☒ No records of financial coverage 25292.2
- ☒ No maint/monit/calib records available 2712(b), 2641(j)
- ☒ Monitoring Equip. not tested annually 2630, 2641

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T
V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☐ Integrity test not conducted 25292
- ☐ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2646
- ☐ Reconciliation not approved for facility 2646
- ☐ Dispenser meter(s) not calib annually 2646
- ☐ Improper liquid measurements 2646
- ☐ Stick in poor condition 2646
- ☐ Improper monthly reconciliation 2646
- ☐ Failed to report excessive variation 2646
- ☐ Pressurized Product Piping Leak Device not tested annually 25292
- ☐ No written monitoring procedure 2641
- ☐ No written emergency response plan 2641
- ☐ SIR reporting incorrectly done 2646.1

V3014 T

V3015 T
V3016 T

V3017 T

V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T

V3025 T
V3027 T
V3027 T
V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☐ Monitoring system not functional 2632
- ☒ No written monitoring procedure 2632
- ☒ Written emergency response plan not available 2632
- ☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Unused tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672
- ☐ Failed to apply for temporary closure 25298

V3006 T
V3032 T
V3033 T
V3008 T

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261, San Diego, CA 92186-5261

INSPECTION DATE

SPECIALIST USE ONLY

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
P. O. BOX 129261, SAN DIEGO, CA 92112-9261 PHONE: 619-338-2222

OFFICE USE ONLY

ESTAB NUMBER H 17076		CENSUS TR/INC CODE		BUS CODE		UNITS		ANNUAL FEE		EXPIR DATE (MO-DAY)	
2 SIC-1		21 SIC-2		28 FIRE		31 WATER		35 SEWER		41 ZONING	
45		49		53		55		57		59	
61		62		64		66		68		70	

FILL IN THE FOLLOWING SECTION

ESTABLISHMENT OWNER NAME

South Coast Materials

(AREA)

OWNER PHONE

619

104

74
ESTABLISHMENT ADDRESS:
STREET NUMBER

9255

DIRECTION

STREET NAME

Camino Santa Fe

BLDG/SUITE

114
CITY

San Diego

125

127
STATE

CA

ZIP CODE

92121

(AREA)

619

147
BUSINESS PHONE

2920

151
SECOND NAME OR NAME OF MANAGEMENT COMPANY:187
MAILING ADDRESS (IF DIFFERENT FROM ESTABLISHMENT ADDRESS):

STREET NUMBER

7220

DIRECTION

STREET NAME

Trade Street

BLDG/SUITE

217
CITY

San Diego

228

230
STATE

CA

ZIP CODE

92121

250

254
ESTABLISHMENT NAME:YES = 1
OTHER = 2

GAS STATION

2

284
REASON FOR APPLICATION:

3

1 - NEW
2 - RE-OPEN

3 - OWNER CHANGE

NUMBER OF EMPLOYEES:

85

314
IF OTHER, LIST TYPE OF BUSINESS:

gravel quarry

315
NAME OF PREVIOUS OWNER

HG Fenton Material Co

DATE BUS ASSUMED

020198

316
CONTACT PERSON

James Portlock

346

***** ALL APPLICANTS PLEASE COMPLETE APPROPRIATE SUPPLEMENTARY FORMS *****

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS MADE PURSUANT TO LAW AND INCIDENTAL TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THIS BUSINESS.

SIGNATURE

Jim Portlock

DATE

3-9-98



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME

Hanson Aggregates

ADDRESS

9255 Camino Santa Fe

CITY/ZIP

San Diego 92121

PAGE 1 OF 2
 EST. NO. H 17076
 DATE 8-19-99
 TIME START 9:00 END 12:30
 BUS. CODE K70
 SPECIALIST P. Neubauer
 CONTACT Craig Treck
 TITLE Plants Mgr.
 PHONE 577-2700

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

- Routine and below grade UST inspection
1. Observation: The three underground storage tanks have double walled piping with restrictive leak detection. This requires an integrity test annually on the piping only. No third party certification available for the "Gilbargo" leak detection monitor.
- Corrective action: Within 30 days have the pipes integrity tested and the "Gilbargo" 3rd party certified. Keep copies onsite and have a copy of the integrity test mailed to this department.
2. Observation: Since there has been a change of ownership the following documents must be updated to reflect the new owner:
- a) Financial Responsibility for the USTs
 - b) Hazardous Material Business Plan
 - c) Written Monitoring and Response Plan for the USTs
 - d) UST permit to operate

Signature of Business Representative

8-19-99

Date Signed

Plants Manager

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

DISTRIBUTION: WHITE- RETURN TO HMD
 YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 17076

DATE 9 / 19 / 99

PAGE 2 OF 2

BUSINESS ADDRESS: 9255 Camino Santa Fe San Diego 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to DTSC 66262.23
- ☐ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to DTSC 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with DTSC 66262.42
- ☐ Operating TSDF without authorization 25201

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
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- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Waste less than 50 feet 66265.176
- ☐ Ignitable Waste not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

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- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ Extremely Haz Waste Permit not obtained 25205.7

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- ☐ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81
- ☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- ☐ Onsite treatment of waste without authorization 25201

V0108 W
V0105 W
V0118 W
V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

V0221 W
V0313 W
V0222 W
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

V0225 W
V0701 W
V0702 W
V0125 W
V0125 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☐ No owner/operator agreement 25284
- ☐ No records of financial coverage 25292.2
- ☐ No maint/monit/calib records available 2712(b), 2641(j)
- ☒ Monitoring Equip. not tested annually 2630, 2641

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T
V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☒ Integrity test not conducted 25292
- ☒ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2646
- ☐ Reconciliation not approved for facility 2646
- ☐ Dispenser meter(s) not calib annually 2646
- ☐ Improper liquid measurements 2646
- ☐ Stick in poor condition 2646
- ☐ Improper monthly reconciliation 2646
- ☐ Failed to report excessive variation 2646
- ☐ Pressurized Product Piping Leak Device not tested annually 25292
- ☐ No written monitoring procedure 2641
- ☐ No written emergency response plan 2641
- ☐ SIR reporting incorrectly done 2646.1

V3014 T
V3015 T
V3016 T
V3017 T
V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T
V3025 T
V3027 T
V3027 T
V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☐ Monitoring system not functional 2632
- ☐ No written monitoring procedure 2632
- ☐ Written emergency response plan not available 2632
- ☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Unused tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672
- ☐ Failed to apply for temporary closure 25298

V3006 T
V3032 T
V3033 T
V3008 T

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
- ☐ Business Plan not established/implemented 25503.5
- ☐ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☐ Personnel Training Records not available 19 CCR 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

BUSINESS PLAN ELEMENTS

- ☐ Emergency Response Plan inadequate 25504
- ☐ Emergency Contacts not provided/current 25509
- ☐ Personnel Training Program inadequate 25504
- ☐ Inventory is incomplete 25504
- ☐ Site Map is not sufficient 25509
- ☐ Acutely Haz. Mat. not registered 25533

V2201 W
V2203 W
V2301 W
V2005 W
V2202 W
V2009 W

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 129261, San Diego, CA 92112-9261

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

To file H-17076



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

BUSINESS ACTIVITIES

Page 1 of

I. FACILITY IDENTIFICATION

FACILITY ID #	3	7	0	0	0	H	1	7	0	7	6	EPA ID # (Hazardous Waste Only)	2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)												3	
Hanson Aggregates PSW													

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
 please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...	If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4 HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) • Own or operate underground storage tanks? • Intend to upgrade existing or install new USTs? • Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7 UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8 NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE • Generate hazardous waste? • Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? • Treat hazardous waste on site? • Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? • Consolidate hazardous waste generated at a remote site? • Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14 EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

- | | |
|--|--|
| MEDICAL WASTE
Generate < 200 lbs/month of Medical/Biohazardous Waste?
Generate ≥ 200 lbs/month of Medical/Biohazardous Waste?
Generate ≥ 200 lbs/month of Medical/Biohazardous Waste and treat any amount of medical waste?
Handle Toxic gases with threshold limit concentration (TLV) ≤ 10 ppm in any quantity? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|--|

Business Activities

Submit the Business Activities page and the Business Owner/Operator Identification page (OES Form 2730), for all submissions. NOTE: The numbering of the instructions follows the data element numbers that are on this form. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary. Please number all pages of your submittal. This helps the San Diego County, Department of Environmental Health (DEH), Hazardous Materials Division (HMD) identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Enter your 5 digit Establishment Number (H#) on your Health Permit. If you do not have a health permit, leave this blank.
2. **EPA ID NUMBER** - Enter your facility's 12-character U.S. EPA ID #. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (800) - 61-TOXIC or (800) 618-6942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
4. **HAZARDOUS MATERIALS ONSITE** - Check the appropriate box to indicate whether you have a hazardous material onsite in the quantities listed in section A of this form. If "Yes", then you must then complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as a complete Hazardous Materials Business Plan (see HMD form DEH:HM952).
5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) Section 25316. If "YES," then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a monitoring program plan (See HMD handout DEH:HM9222).
6. **UPGRADE/INSTALL UST** - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC Section 25316. If "YES," then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan and the DEH installation, upgrade permit applications. Contact the HMD at (800)253-9933.
7. **UST CLOSURE** - Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. Submit a DEH closure application.
8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST)** - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC Section 25270.2 (g)).
9. **HAZARDOUS WASTE GENERATOR** - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC Section 25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. Please contact the HMD to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. **FINANCIAL ASSURANCE** - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR Section 67450.13 (b) and HSC Section 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. **REMOTE WASTE CONSOLIDATION SITE** - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC Section 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. **HAZARDOUS WASTE TANK CLOSURE** - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Your knowledge of the tank and its contents
 - The mixture rule
 - Testing of the tank
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.
 - Inability to remove hazardous materials stored in the tank.
 If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
15. **LOCAL REQUIREMENTS** - If you generate Medical Waste you are required to obtain a Health Permit and submit a Biomedical Waste Management Plan. In addition to this, if you generate ≥ 200 lbs on medical waste per month and treat any amount of medical waste on site you may be required to apply for a medical waste treatment permit with the HMD. TOXIC GASES: If you handle toxic gases with threshold limit concentration (TLV) ≤ 10 ppm in any quantity, you are required to obtain a Health Permit and submit an HMD Hazardous Materials Business Plan.

H# 17076Date Inspected: 4/13/01 C. Hurd

UNIFIED PROGRAM FACILITY/HEALTH PERMIT APPLICATION

☒ This business or service is required to obtain a Unified Program Facility/Health Permit from the San Diego County Department of Environmental Health. I answered "yes" to one or more of the questions on the "Business Activities" form.

☐ I have determined that this business or service does not require a Unified Program Facility/Health Permit from the San Diego County Department of Environmental Health.

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I consent to all necessary inspections allowed by law and incidental to the issuance of required permit(s) and the operation of this business.

Signature: Thomas R. Ferrell Title: Regulatory Affairs Coordinator

Printed Name: Thomas R. Ferrell Date: 4/9/01

Phone: (858) 577-2772 Type of Business: Concrete, Mining

Please complete the business information on the following page and return this application to the San Diego County Department of Environmental Health at:

SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261
SAN DIEGO CA 92112-9261

If a San Diego County Unified Program Facility/Health Permit is required for your business or service a representative of this Department will contact your business. Permit fees will be determined from the contact and a billing statement will be mailed.

NOTE: If you do not use hazardous materials, generate hazardous waste, or have underground storage tanks you are still required to return this form.

A representative of the San Diego County Department of Environmental Health may contact you to verify the information provided on this application.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ____ of ____

I. IDENTIFICATION

FACILITY ID#	37000H17076	BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	Hanson Aggregates PSW	BUSINESS PHONE	858. 577. 2772		
BUSINESS SITE ADDRESS	9255 Camino Santa Fe				
CITY	San Diego	CA	ZIP CODE	92121-2201	
DUN & BRADSTREET	106		SIC CODE (4 digit #)	107	
COUNTY	San Diego				
BUSINESS OPERATOR NAME	Hanson Aggregates PSW	BUSINESS OPERATOR PHONE	858. 577. 2772		

II. BUSINESS OWNER

OWNER NAME	Hanson Aggregates PSW	OWNER PHONE	858. 577. 2772		
OWNER MAILING ADDRESS	P.O. Box 639069				
CITY	San Diego	STATE	CA	ZIP CODE	92163

III. ENVIRONMENTAL CONTACT

CONTACT NAME	Tom Ferrell	CONTACT PHONE	858. 577. 2772		
CONTACT MAILING ADDRESS	P.O. Box 639069				
CITY	San Diego	STATE	CA	ZIP CODE	92163

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	Craig Tieck	NAME	Jim Portlock
TITLE	Concrete Manager	TITLE	Quarry Manager
BUSINESS PHONE	858. 577. 2711	BUSINESS PHONE	858. 577. 2722
24-HOUR PHONE	619. 778. 2756	24-HOUR PHONE	858. 967-9017
PAGER #	—	PAGER #	—

ADDITIONAL LOCALLY COLLECTED INFORMATION:

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
Tom Ferrell	4/09/01	
NAME OF SIGNER (print)	TITLE OF SIGNER	
Tom Ferrell	Regulatory Affairs Coordinator	

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.

1. FACILITY ID NUMBER - Enter your 5 digit Establishment Number (H#) on your Health Permit. If you do not have a health permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
100. BEGINNING DATE - Enter the beginning year and date (YYYYMMDD) of the inventory report, recyclable materials report, or on-site tiered permitting report for PBR sites.
101. ENDING DATE - Enter the ending year and date (YYYYMMDD) of the reports identified in #100.
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #113- #116.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107. SIC CODE - Enter the primary Standard Industrial Classification Code number for primary business activity: NOTE: If code is more than 4 digits, report only the first four.
108. COUNTY - Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator which is the name used for mailing correspondence.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the zip code for the owner's address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who will respond to enforcement activity.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
120. CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for CUPAs or AAs to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

FILE



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANKS - TANK PAGE 1

TANKS (two pages per tank)

Page ____ of ____

TYPE OF ACTION ☐ 1 NEW SITE PERMIT ☐ 4 AMENDED PERMIT ☒ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE CLOSURE
 (Check one item only) Upgrade monitor system ☐ 7 PERMANENTLY CLOSED ON SITE
☐ 3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason - for local use only) ☐ 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Hanson Aggregates PSW 3 FACILITY ID: 37000H17076 431

LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # Tank-005 432 TANK MANUFACTURER OWENS CORNING 433 COMPARTMENTALIZED TANK ☐ Yes ☒ No 434
 If "Yes", complete one page for each compartment.
 DATE INSTALLED (YEAR/MO) 12/90 435 TANK CAPACITY IN GALLONS 10,000 436 NUMBER OF COMPARTMENTS 437
 ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440
☒ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) ☒ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☐ 2. NON-FUEL PETROLEUM ☐ 1b. PREMIUM UNLEADED ☐ DIESEL ☐ 6. AVIATION FUEL
☐ 3. CHEMICAL PRODUCT ☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOLINE ☐ 99. OTHER
☐ 4. HAZARDOUS WASTE (Includes Used Oil) 441 CAS# (from Hazardous Materials Inventory page) 442
☐ 95. UNKNOWN

III. TANK CONSTRUCTION

TYPE OF TANK ☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
 (Check one item only) ☒ 2. DOUBLE WALL ☐ 4. SINGLE WALL IN VAULT ☐ 95. UNKNOWN
☐ 99. OTHER
 TANK MATERIAL - primary tank ☐ 1. BARE STEEL ☒ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN 444
 (Check one item only) ☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPATIBLE W/100% METHANOL ☐ 99. OTHER
 TANK MATERIAL - secondary tank ☐ 1. BARE STEEL ☒ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN 445
 (Check one item only) ☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPATIBLE W/100% METHANOL ☐ 99. OTHER
☐ 10. COATED STEEL
 TANK INTERIOR LINING ☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☒ 5. GLASS LINING ☐ 95. UNKNOWN 446 DATE INSTALLED 447
 OR COATING ☐ 2. ALKYLID LINED ☐ 4. PHENOLIC LINING ☐ 6. UNLINED ☐ 99. OTHER (For local use only) 449
 (Check one item only)
 OTHER CORROSION PROTECTION ☐ 1. MANUFACTURED CATHODIC ☐ 3. FIBERGLASS REINFORCED PLASTIC ☐ 95. UNKNOWN 448
 (Check one item only) ☐ 2. SACRIFICIAL ANODE ☐ 4. IMPRESSED CURRENT ☐ 99. OTHER (For local use only) 449

SPILL AND OVERFILL YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
 (Check all that apply) ☒ 1. SPILL CONTAINMENT -/-/90 ☒ 1. ALARM 01/01/01 ☒ 3. FILL TUBE SHUT OFF VALVE 01/01/01
☒ 2. DROP TUBE -/-/90 ☒ 2. BALL FLOAT 01/01/01 ☐ 4. EXEMPT
☒ 3. STRIKER PLATE -/-/90

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
☐ 1. VISUAL (EXPOSED PORTION ONLY) ☐ 5. MANUAL TANK GAUGING (MTG) ☐ 1. VISUAL (SINGLE WALL IN VAULT ONLY)
☐ 2. AUTOMATIC TANK GAUGING (ATG) ☐ 6. VADOSE ZONE ☒ 2. CONTINUOUS INTERSTITIAL MONITORING
☐ 3. CONTINUOUS ATG ☐ 7. GROUNDWATER ☐ 3. MANUAL MONITORING
☐ 4. STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING ☐ 8. TANK TESTING
☐ 99. OTHER

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 TANK FILLED WITH INERT MATERIAL? 457
 gallons ☐ Yes ☐ No

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR Section 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter your 5 digit Establishment Number (H#) on your Health Permit. If you do not have a health permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business as.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check "other" and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check "other" and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check "other" and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check "other" and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check "other" and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SYSTEM TYPE <input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY	459
CONSTRUCTION <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. LINED TRENCH <input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 95. UNKNOWN	462
MANUFACTURER <input checked="" type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 95. UNKNOWN		<input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER	
MANUFACTURER	461	MANUFACTURER	463
<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL		<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL	
<input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL	
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other		<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER	
<input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION	
<input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION	464	<input type="checkbox"/> 5. STEEL W/COATING <input checked="" type="checkbox"/> 95. UNKNOWN	465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING	SINGLE WALL PIPING
466	467
PRESSURIZED PIPING (Check all that apply):	PRESSURIZED PIPING (Check all that apply):
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)
CONVENTIONAL SUCTION SYSTEMS	CONVENTIONAL SUCTION SYSTEMS (Check all that apply)
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):
<input type="checkbox"/> 7. SELF MONITORING	<input type="checkbox"/> 7. SELF MONITORING
GRAVITY FLOW	GRAVITY FLOW (Check all that apply):
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 8. DAILY VISUAL MONITORING
	<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
SECONDARILY CONTAINED PIPING	SECONDARILY CONTAINED PIPING
PRESSURIZED PIPING (Check all that apply):	PRESSURIZED PIPING (Check all that apply):
10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)	10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)
<input checked="" type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
<input checked="" type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)
SUCTION/GRAVITY SYSTEM	SUCTION/GRAVITY SYSTEM
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
EMERGENCY GENERATORS ONLY (Check all that apply)	EMERGENCY GENERATORS ONLY (Check all that apply)
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)
<input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED	468	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.	
SIGNATURE OF OWNER/OPERATOR <i>[Signature]</i>	DATE <u>4/2/01</u>
NAME OF OWNER/OPERATOR (print) <u>Tom Ferrell</u>	TITLE OF OWNER/OPERATOR <u>Hanson Aggregates</u>

Permit Number (For local use only)

473

Permit Approved (For local use only)

Permit Expiration Date (For local use only)

475

UST - Tank Page 2

Formerly SWRCB Form B

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank's piping system information. CHECK ALL THAT APPLY.

459. PIPING SYSTEM TYPE (ABOVEGROUND)

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank's piping material and corrosion protection.

465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.

467. PIPING LEAK DETECTION (ABOVEGROUND)

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.

C116



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANKS - TANK PAGE 1

TANKS (two pages per tank)

TYPE OF ACTION <input type="checkbox"/> 1 NEW SITE PERMIT <input type="checkbox"/> 4 AMENDED PERMIT <input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE (Check one item only)		<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE Upgrade monitor system		430
<input type="checkbox"/> 3 RENEWAL PERMIT (Specify reason - for local use only)		<input type="checkbox"/> 8 TANK REMOVED (Specify reason - for local use only)		430
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Hanson Aggregates PSW		FACILITY ID: 3 7 0 0 0 H 1 7 0 7 6		
LOCATION WITHIN SITE (Optional)				
I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)				
TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 434		
Tank - 004	Owens Corning	If "Yes", complete one page for each compartment.		
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437		
12/90	20,000			
ADDITIONAL DESCRIPTION (For local use only) 438				
II. TANK CONTENTS				
TANK USE 439	PETROLEUM TYPE 440			
<input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input type="checkbox"/> 99. OTHER			
	COMMON NAME (from Hazardous Materials Inventory page) 441	CAS# (from Hazardous Materials Inventory page) 442		
III. TANK CONSTRUCTION				
TYPE OF TANK (Check one item only)	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443 <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 4. SINGLE WALL IN VAULT <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER			
TANK MATERIAL - primary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN 444 <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER			
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN 445 <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 10. COATED STEEL			
TANK INTERIOR LINING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 3. EPOXY LINING <input checked="" type="checkbox"/> 5. GLASS LINING <input type="checkbox"/> 95. UNKNOWN 446 <input type="checkbox"/> 2. ALKYD LINING <input type="checkbox"/> 4. PHENOLIC LINING <input type="checkbox"/> 6. UNLINED <input type="checkbox"/> 99. OTHER (For local use only)			
OR COATING (Check one item only)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 95. UNKNOWN 448 <input type="checkbox"/> 2. SACRIFICIAL ANODE <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 99. OTHER (For local use only)			
OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 95. UNKNOWN 449 <input type="checkbox"/> 2. SACRIFICIAL ANODE <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 99. OTHER (For local use only)			
SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452	
<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT <input checked="" type="checkbox"/> 2 DROP TUBE <input checked="" type="checkbox"/> 3 STRIKER PLATE	-/-/90 -/-/90 -/-/90		<input checked="" type="checkbox"/> 1 ALARM 01/01/01 <input checked="" type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE 01/01/01 <input checked="" type="checkbox"/> 2 BALL FLOAT 01/01/01 <input type="checkbox"/> 4 EXEMPT	
IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)				
IF SINGLE WALL TANK (Check all that apply) 453		IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454		
<input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING		<input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 8 TANK TESTING <input type="checkbox"/> 99 OTHER		
		<input checked="" type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING		
IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE				
ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456	TANK FILLED WITH INERT MATERIAL? 457		
	gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No		

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR Section 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter your 5 digit Establishment Number (H#) on your Health Permit. If you do not have a health permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business as.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check "other" and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check "other" and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check "other" and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check "other" and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check "other" and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377 1-800-253-9933

UNDERGROUND STORAGE TANKS - TANK PAGE-2

VI. PIPING CONSTRUCTION (Check all that apply)

Page ___ of ___

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SYSTEM TYPE <input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY	459
CONSTRUCTION <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. LINED TRENCH <input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 95. UNKNOWN	462
MANUFACTURER <input checked="" type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 95. UNKNOWN		<input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER	
MANUFACTURER	461	MANUFACTURER	463
<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL		<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	
<input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL	
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other		<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER	
<input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION	
<input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION	464	<input type="checkbox"/> 5. STEEL W/COATING <input checked="" type="checkbox"/> 95. UNKNOWN	465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING 466	SINGLE WALL PIPING 467
PRESSURIZED PIPING (Check all that apply):	PRESSURIZED PIPING (Check all that apply):
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)	<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)
CONVENTIONAL SUCTION SYSTEMS	CONVENTIONAL SUCTION SYSTEMS (Check all that apply)
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	<input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)
<input type="checkbox"/> 7. SELF MONITORING	SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):
GRAVITY FLOW	<input type="checkbox"/> 7. SELF MONITORING
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	GRAVITY FLOW (Check all that apply):
	<input type="checkbox"/> 8. DAILY VISUAL MONITORING
	<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
SECONDARILY CONTAINED PIPING	SECONDARILY CONTAINED PIPING
PRESSURIZED PIPING (Check all that apply):	PRESSURIZED PIPING (Check all that apply):
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
<input checked="" type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
<input checked="" type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)
SUCTION/GRAVITY SYSTEM	SUCTION/GRAVITY SYSTEM
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
EMERGENCY GENERATORS ONLY (Check all that apply)	EMERGENCY GENERATORS ONLY (Check all that apply)
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)
<input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input checked="" type="checkbox"/> NONE Dispenser Pan/no float

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.	
SIGNATURE OF OWNER/OPERATOR <i>Tom Ferrell</i>	DATE 4/2/01
NAME OF OWNER/OPRATOR (print) <i>Tom Ferrell</i>	TITLE OF OWNER/OPERATOR <i>Hanson Aggregates PSW</i>
Permit Number (For local use only) 473	Permit Expiration Date (For local use only) 475

UST - Tank Page 2

Formerly SWRCB Form B

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank's piping system information. CHECK ALL THAT APPLY.

459. PIPING SYSTEM TYPE (ABOVEGROUND)

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank's piping material and corrosion protection.

465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.

467. PIPING LEAK DETECTION (ABOVEGROUND)

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.



**SAN DIEGO COUNTY
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FILE

UNDERGROUND STORAGE TANKS - TANK PAGE 1

TANKS (two pages per tank)

Page 1 of 2

TYPE OF ACTION ☐ 1 NEW SITE PERMIT ☐ 4 AMENDED PERMIT ☒ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE CLOSURE
(Check one item only) Upgrade monitor system ☐ 7 PERMANENTLY CLOSED ON SITE
☐ 3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason - for local use only) ☐ 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Hanson Aggregates PSW 3 FACILITY ID: 37000H17076 1
LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # <u>Tank-003</u> 432	TANK MANUFACTURER <u>OWENS Corning</u> 433	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 434 If "Yes", complete one page for each compartment
DATE INSTALLED (YEAR/MO) <u>12/90</u> 435	TANK CAPACITY IN GALLONS <u>20,000</u> 436	NUMBER OF COMPARTMENTS 437
ADDITIONAL DESCRIPTION (For local use only) 438		

II. TANK CONTENTS

TANK USE 439 <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE 440 <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOLINE <input type="checkbox"/> 99. OTHER
COMMON NAME (from Hazardous Materials Inventory page) 441	
CAS# (from Hazardous Materials Inventory page) 442	

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443 <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 4. SINGLE WALL IN VAULT <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER	TANK MATERIAL - primary tank (Check one item only) <input type="checkbox"/> 1. BARE STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN 444 <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER
TANK MATERIAL - secondary tank (Check one item only) <input type="checkbox"/> 1. BARE STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN 445 <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 10. COATED STEEL	

TANK INTERIOR LINING (Check one item only) <input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 3. EPOXY LINING <input checked="" type="checkbox"/> 5. GLASS LINING <input type="checkbox"/> 95. UNKNOWN 446	DATE INSTALLED 447
OR COATING (Check one item only) <input type="checkbox"/> 2. ALKYD LINING <input type="checkbox"/> 4. PHENOLIC LINING <input type="checkbox"/> 6. UNLINED <input type="checkbox"/> 99. OTHER	(For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) <input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 95. UNKNOWN 448 <input type="checkbox"/> 2. SACRIFICIAL ANODE <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 99. OTHER	(For local use only) 449
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SPILL AND OVERFILL (Check all that apply) <input checked="" type="checkbox"/> 1. SPILL CONTAINMENT <u>-/-/90</u> <input checked="" type="checkbox"/> 2. DROP TUBE <u>-/-/90</u> <input checked="" type="checkbox"/> 3. STRIKER PLATE <u>-/-/90</u>	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED <u>01</u> 452 <input checked="" type="checkbox"/> 1. ALARM <u>01/01/01</u> <input checked="" type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE <u>01/01/01</u> <input checked="" type="checkbox"/> 2. BALL FLOAT <u>01/01/01</u> <input type="checkbox"/> 4. EXEMPT
---	--------------------	---------------------------	---

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency)

IF SINGLE WALL TANK (Check all that apply) 453 <input type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3. CONTINUOUS ATG <input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING	<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6. VADOSE ZONE <input type="checkbox"/> 7. GROUNDWATER <input type="checkbox"/> 8. TANK TESTING <input type="checkbox"/> 99. OTHER	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454 <input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY) <input checked="" type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3. MANUAL MONITORING
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IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 _____ gallons	TANK FILLED WITH INERT MATERIAL? 457 <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR Section 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter your 5 digit Establishment Number (H#) on your Health Permit. If you do not have a health permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business as.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check "other" and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check "other" and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check "other" and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check "other" and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check "other" and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377 1-800-253-9933

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page ___ of ___

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99 OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462
MANUFACTURER	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		
MANUFACTURER				461	MANUFACTURER	463		
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<input type="checkbox"/> 1. BARE STEEL			<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL			
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input checked="" type="checkbox"/> Unknown			<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE w/ CONTENTS	<input type="checkbox"/> 99 Other	<input type="checkbox"/> 3. PLASTIC COMPATIBLE w/ CONTENTS			<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER		
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 4. FIBERGLASS			<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 5. STEEL W/COATING		464	<input checked="" type="checkbox"/> 95. UNKNOWN	465		

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING	466	SINGLE WALL PIPING	467
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.		<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST		<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)		<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)	
CONVENTIONAL SUCTION SYSTEMS		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	
<input type="checkbox"/> 7. SELF MONITORING		<input type="checkbox"/> 7. SELF MONITORING	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply):	
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 8. DAILY VISUAL MONITORING	
		<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)		10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	
<input checked="" type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input checked="" type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF		<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
EMERGENCY GENERATORS ONLY (Check all that apply)		EMERGENCY GENERATORS ONLY (Check all that apply)	
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS	
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)	
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	
<input type="checkbox"/> 17. DAILY VISUAL CHECK		<input type="checkbox"/> 17. DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED	468	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input checked="" type="checkbox"/> NONE Dispenser Pan/no float

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.	
SIGNATURE OF OWNER/OPERATOR	DATE
<i>Tom Ferrell</i>	4/9/01
NAME OF OWNER/OPERATOR (print)	TITLE OF OWNER/OPERATOR
Tom Ferrell	Regulatory Affairs

Permit Number (For local use only)

473

Permit Approved (For local use only)

Permit Expiration Date (For local use only)

475

UST - Tank Page 2

Formerly SWRCB Form B

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank's piping system information. CHECK ALL THAT APPLY.

459. PIPING SYSTEM TYPE (ABOVEGROUND)

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank's piping material and corrosion protection.

465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.

467. PIPING LEAK DETECTION (ABOVEGROUND)

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.

County of San Diego

GARY W. ERBECK
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
LAND AND WATER QUALITY DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-0261
(619) 338-2222 FAX (619) 338-2377
1-800-253-3933

RICHARD HAAS
ASSISTANT DIRECTOR

JRN
VAP file

SB 1248 NOTIFICATION

DATE: December 26, 2000

NUMBER OF PAGES : 7

FAX TO:

John Anderson, Senior Engineering Geologist (San Diego RWQCB) (858) 571-6972

✓ Lori Parnass, Site Mitigation Cleanup Operations (So. California DTSC) (818) 551-2874

FROM:

Nasser Sionit (Voluntary Assistance Program, DEH)

Fax (619) 338-2377
Phone (619) 338-2239

The County of San Diego, Department of Environmental Health proposes to enter into a Remedial Action Agreement with the Responsible Parties/Applicants on sites listed below. Pursuant to the Health and Safety Code, the following information is provided as notification to your agency. Copies of the following applications are attached.

Any Known Regulatory Involvement at Site?

DEH File No:

Site Name & Address

H17076-002	Hanson Aggregates, 9255 Camino Santa Fe, SD
H10868-003	Former Sea Shell, 423 N. Cleveland, Oceanside
H02509-002	Hanson Aggregates, 3701 Haymar, Carlsbad
H04124-002	Spinali Auto, 919 El Cajon Blvd., El Cajon
H34987-001	Shopping Ctr., 7006-7020 University, La Mesa
H39417-001	Brook Hills Develop, La Canada Rd., Fallbrook



Signature

RWQCB / DTSC
(Circle one)

Date

4/10/01

Please sign to acknowledge receipt of this notification. Please fax a copy to Nasser Sionit at (619) 338-2377. Thank you.

"Environmental and public health through leadership, partnership and science"



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Hanson Aggregates
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP San Diego 92121

PAGE 1 OF 2
 EST. NO. H 17076
 DATE 4/3/01
 TIME START 9:00 END 4:30p
 BUS. CODE K70
 SPECIALIST Hart
 CONTACT Tom Ferrell
 TITLE Regulatory Affairs
 PHONE 858-577-2772

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

- Routine Inspection

MAY 03 2001

Office Use Only

Violations and Corrective Actions:

1) There are no TSD signed copies of the Uniform Hazardous Waste Manifests onsite for 2000 or 2001.

- Corrective Action: Contact your waste disposal company and obtain the signed copies of the Uniform Hazardous Waste Manifests for all waste pickups in 2000 and 2001. In the future, ensure you receive these signed copies, and keep them onsite, within 30 days of the waste pickup.

2) 55-gallon drums and an aboveground tank holding hazardous waste used oil were missing hazardous waste labels or illegibly labeled.

- Corrective Action: All containers used to hold hazardous waste need to have correct, complete hazardous waste labels. Prior to use, please label the cardboard box used to hold your hazardous waste solids.

3) There are no maintenance or calibration records for the underground storage tanks ^{monitoring system} since 1998.

- Corrective Action: It is an annual requirement to have your underground storage tank monitoring system certified and maintained by a professional. If this has been done in previous years, obtain those records and keep onsite. If this has not been done in previous years, please do so annually in the future and maintain these records onsite.

4) Annual integrity tests have not been conducted on the underground

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 17076

DATE: 4/3/01

PAGE: 2 OF 2

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe San Diego ZIP CODE: 92121

Storage tanks based on available records.

—Corrective Action: If these integrity tests have been done, obtain copies of the records and maintain onsite for previous years. With the change in your monitoring system to positive shutdown, you will no longer be required to do these tests. Please fill out and submit an application regarding the change in monitoring system (as of 1/6/01) to the County within 30 days.

Remarks:

- 1) Within 30 days of a waste pickup, mail the blue copy of the Hazardous Waste Manifest to the DTSC.
- 2) Determine the contents and appropriately dispose of the 55-gallon drum labeled Polyheed within 30 days and notify me of the disposal.
- 3) Determine if you will apply for an exemption or obtain a Professional Engineer's Assessment for your Aboveground Waste Oil tank and notify me within 30 days. C.HART 4/3/01
- 4) Within 30 days, submit a permit application to ensure we have the correct owner on file, a tank application regarding your change in monitoring system, the written monitoring procedures and emergency response plan for your underground Storage tanks, an updated Hazardous Materials Business Plan.
- 5) Please call the County at (619) 338-2222 and obtain a copy of your Underground Storage Tank Operating Permit. Expires 12/31/01.
- 6) Employee training records are onsite.
- 7) Health permit current, expires 5/31/01.

Signature of Business Representative

Date Signed 4/4/01

Regulatory Affairs Coord.
Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

EST. NUMBER H 17076

COMPLIANCE INSPECTION REPORT

DATE 4 / 3 / 01PAGE 1 OF 1BUSINESS ADDRESS: 9255 Camino Santa Fe San Diego 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
☐ No EPA Identification Number 66262.12
☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
☐ Manifest not properly completed 66262.23
☐ Manifest copy not sent to DTSC 66262.23
☒ TSDF signed-manifest not on-site 66262.40
☐ Biennial report not sent to DTSC 66262.41
☐ LDR Documentation not available 66268.7
☐ Exception Rpt. not filed with DTSC 66262.42
☐ Operating TSDF without authorization 25201

V0108 W
V0105 W
V0118 W

V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
☐ Failure to clean up hazwaste off of floor surface 66262.10b
☒ Waste container missing/improperly labeled 66262.34
☐ Haz Materials not properly labeled 25124
☐ Waste container not kept closed 66265.173
☐ Waste container in poor condition 66265.171
☐ Waste container(s) not properly managed 66265.173
☐ Damaged container not repackaged 66265.171
☐ Container incompatible with waste 66265.172
☐ Incompatibles in the same container 66265.177
☐ Incompatibles not stored separately 66265.177
☐ Ignitable Waste less than 50 feet 66265.176
☐ Ignitable Waste not grounded 66265.31
☐ Storage area not inspected weekly 66265.174

V0221 W
V0313 W
V0222 W
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
☐ Waste determination not made 66262.11
☐ Unlawful transport of haz. waste 25163
☐ Waste transported without manifest 66262.20
☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☐ Training records unavailable 66265.16
☐ Training program not adequate 66265.16
☐ Facility not designed to minimize release 66265.31
☐ Spill control equip not available 66265.32
☐ Aisle space is obstructed 66265.35
☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
☐ Used oil filters improperly managed 66266.130
☐ Damaged batteries improperly managed 66266.81
☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
☐ Onsite treatment of waste without authorization 25201

V0225 W
V0701 W
V0702 W

V0125 W
V0125 W

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
☐ Business Plan not established/implemented 25503.5
☐ Business Plan not submitted to HMMD 25505
☐ Business Plan not amended 25505
☐ Personnel Training Records not available 19 CCR 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
☐ Repair/modify/close permit not obtained 68.1005
☐ UST Permit Application not submitted 25286(a)
☐ Operating permit conditions violated 2712
☐ Failed to notify HMMD of changes 25284
☐ No owner/operator agreement 25284
☐ No records of financial coverage 25292.2
☒ No main/monit/calib records available 2712(b), 2641(j)
☐ Monitoring Equip. not tested annually 2630, 2641

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T
V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
☒ Integrity test not conducted 25292 *Double wall*
☐ Copy of tank test not submitted to HMMD within 30 days 2643
☐ Manual tank gauging (<2000 gal) 2645 not done properly
☐ Reconciliation not done properly 2646
☐ Reconciliation not approved for facility 2646
☐ Dispenser meter(s) not calib annually 2646
☐ Improper liquid measurements 2646
☐ Stick in poor condition 2646
☐ Improper monthly reconciliation 2646
☐ Failed to report excessive variation 2646
☐ Pressurized Product Piping Leak Device not tested annually 25292
☐ No written monitoring procedure 2641
☐ No written emergency response plan 2641
☐ SIR reporting incorrectly done 2646.1

V3014 T
V3015 T
V3016 T

V3017 T

V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T

V3025 T
V3027 T
V3027 T
V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☐ Monitoring system not functional 2632
☐ No written monitoring procedure 2632
☐ Written emergency response plan not available 2632
☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
☐ Release record log not available 2651, 2650
☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
☐ Unused tank not properly closed 25298
☐ Permanent closure req. not completed 2672
☐ Failed to apply for temporary closure 25298

V3006 T
V3032 T
V3033 T
V3008 T

BUSINESS PLAN ELEMENTS

- ☐ Emergency Response Plan inadequate 25504
☐ Emergency Contacts not provided/current 25509
☐ Personnel Training Program inadequate 25504
☐ Inventory is incomplete 25504
☐ Site Map is not sufficient 25509
☐ Acutely Haz. Mat. not registered 25533

V2201 W
V2203 W

V2301 W
V2005 W
V2202 W
V2009 W

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 129261, San Diego, CA 92112-9261

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

To file
H17076



Hanson

RECEIVED

2001 MAY 18 PM 3 51

D. E. H.
MAILROOM

May 14, 2001

Hanson Aggregates
Pacific Southwest Region
P.O. Box 639069
San Diego, CA 92163-9069
9229 Harris Plant Road
San Diego, CA 92145
Tel 858-277-5481
Fax 858-277-4517
www.hansonplc.com

Clarissa Hart
Department of Environmental Health
County of San Diego
P.O. Box 129261
San Diego, CA 92112-9261

RE: Hazardous Materials Compliance Inspection on April 3, 2001 of Hanson Aggregates PSW's Carroll Canyon Facility (H17076)

Dear Clarissa Hart:

After your detailed inspection of Hanson Aggregates PSW's (Hanson) Carroll Canyon facility you made several recommendations that would improve Hanson's hazardous materials handling procedures. These remarks ranged from changing the existing Hazardous Materials Business Plan into a format preferred by the Department of Environmental Health to improving the site record keeping procedures.

Since your inspection almost all of your comments have been initiated. For the comments that were not initiated, I have provided a detailed explanation to explain why it is unnecessary to implement the comment at this time. Your comments are listed below in bold text with the responses following in normal text.

Comment: There are no TSDF signed copies of the Uniform Hazardous Waste Manifest onsite for 2000 and 2001.

Response: I contacted both EFR Environmental and Asbury Environmental and obtained copies of the final TSDF signed copies of the Uniform Hazardous Waste Manifest for 2000 and 2001. These copies have been included with letter as Attachment A.

Comment: 55-gallon drums and an above ground tank holding hazardous waste used oil were missing hazardous waste labels or illegibly labeled.

Response: Since the inspection, all containers and tanks containing hazardous waste have been inspected and labeled correctly. New labels were obtained from Asbury Environmental and filled out with the required information for accumulation which

Hanson Aggregates PSW
DEH Inspection for H17076

May 14, 2001
Page 2

includes: the accumulation start date, the words "hazardous waste", physical state of the waste and its content/composition, and the name and address of Carroll Canyon.

In addition, I have met with the employees responsible for maintaining these areas and stressed how important it is to maintain these labels in clear legible writing.

Comment: There are no maintenance or calibration records for the underground storage tanks monitoring system since 1998.

Response: Maintenance of the underground storage tanks and the monitoring system are performed on a routine basis. The monitoring system has been calibrated in 1999 and 2000; however, I was unable to obtain copies of those records from the calibration company. They assured me that all calibration records are sent directly to the Department of Environmental Health by the calibration company where they are kept on file. In the future, records of all calibration and certification of the underground storage tanks monitoring systems will be kept on file here at Carroll Canyon for your review.

I have also included the 2001 Monitoring System Certification that was conducted with you during your inspection in Attachment D.

Comment: Annual integrity test have not been conducted on the underground storage tanks based on available records.

Response: On the Compliance Inspection Report you listed this as a violation under Monitoring Requirements for Single Walled Tanks. This is not appropriate because all of the underground storage tanks and their associated piping are double walled and have always been double walled. As a result annual integrity test are not required and this should not have been listed as a violation.

Please withdraw this violation or provide me with the appropriate regulations to determine if these integrity test are required for double walled underground storage tank systems. An application regarding the change in monitoring systems has been filled out and submitted with this letter as Attachment B.

Remark 1: Within 30 days of a waste pickup, mail the blue copy of the Hazardous Waste Manifest to the DTSC.

Response: In the future all of the blue copies of the Hazardous Waste Manifest will be mailed within the 30 day time frame. Several blue copies were mailed the day of the inspection to remain in compliance with the requirement.

Remark 2: Determine the contents and appropriately dispose of the 55-gallon drum labeled Polyheed within 30 days and notify me of the disposal.

Response: The concrete department checked out the 55-gallon drum located in the secondary containment structure with the rest of the admixtures and determined it

contained Rheomix 235 which is produced by Master Builders Inc. I have included the MSDS sheet for this material with this letter in Attachment C. The Rheomix 235 is still good and will be consumed in the routine concrete batching process. Except for the empty 55-gallon drum there will be no disposal necessary.

Remark 3: Determine if you will apply for an exemption or obtain a Professional Engineer's Assessment for your above ground waste oil tank.

Response: After meeting with employees and researching the differences between containers and tanks it is Hanson's opinion that this particular waste oil vessel is a container. This waste oil container is approximately 500 gallon capacity and could be easily emptied and lifted or moved with one of the various cranes or front end loaders operated at the plant. Containers do not need a waiver from the Fire Marshal's office or a Professional Engineer's Assessment.

Of further note, I have tried on several occasions to contact the Fire Marshal's office to apply for this waiver with no success. It would help if your office would produce a fact sheet complete with the names and numbers of the Fire Marshal personnel responsible for releasing this waiver. As the designated CUPA for the various hazardous materials regulating agencies the Fire Marshal's Office should provide your department with the "who, where and how to" information for obtaining this waiver.

Remark 4: Within 30 days, submit a permit application to ensure we have the correct owner on file, a tank application regarding your change in monitoring system, the written monitoring procedure and emergency response plan for your underground storage tank.

Response: A permit application has been filled out and included with this letter in Attachment B. I would like to note that the Health Permit issued by your department in 2000 correctly list the owner as Hanson Aggregates. The same permit in 2001 incorrectly list the previous owner, South Coast Materials, as the current owner. For some reason the permit was updated to the current owner in 2000 then reverted back to the previous owner in 2001.

The tank application for the change in monitoring systems has been included with this letter in Attachment B. A monitoring procedures and emergency response plan were shown to you during your inspection; however, a hand written monitoring procedures and emergency response plan, in the preferred Department of Environmental Health format, have been included with this letter in Attachment B.

Remark 5: Please call the County at (619) 338-2222 and obtain a copy of your Underground Storage Tank Operating Permit. Expires 12/31/01.

Response: A copy of the Underground Storage Tank Operating Permit was obtained and is included with this letter in Attachment D.

Hanson Aggregates PSW
DEH Inspection for H17076

May 14, 2001
Page 4

Remarks 6 and 7 do not need a detailed explanation. If you have any questions about any of the information provided in this letter please call me at your convenience at (858) 577-2771.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Ferrell". The signature is fluid and cursive, with the first name "Tom" and last name "Ferrell" clearly distinguishable.

Tom Ferrell
Regulatory Affairs

Attachments A-D.

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

FILE

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. Instructions are printed on the back of this page.

A. General Information

Facility Name: Hanson Aggregate Bldg. No.: _____
 Site Address: 9255 Camino Sante Fe City: San Diego Zip: 92127
 Facility Contact Person: Craig Tieck Contact Phone No.: (858) 577-2711
Veeder Root
 Make/Model of Monitoring System: TLS 350 Date of Testing/Servicing: 4/3/01

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: <u>#1 UL</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>Hydrostatic</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>Float</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>"</u> <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>6050 & V/R</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <u>#2 DSI</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>Hydrostatic</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>Float</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>"</u> <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>6050 & V/R</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: <u>#3 DSI</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>Hydrostatic</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>Float</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>"</u> <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>6050 & V/R</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (check all that apply):

- ☐ System set-up report;
☐ Alarm history report.

Technician Name (print): Rene LeMesnager Cert/Lic. No.: 567-92-1660 Signature: Rene LeMesnager
 Testing Company Name: Le Mesnager Engineering Phone No.: (619) 917-8001

Monitoring System Certification

Site Address: HansonDate of Testing/Service: 4/3/01

D. Results of Testing/Service

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____ %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

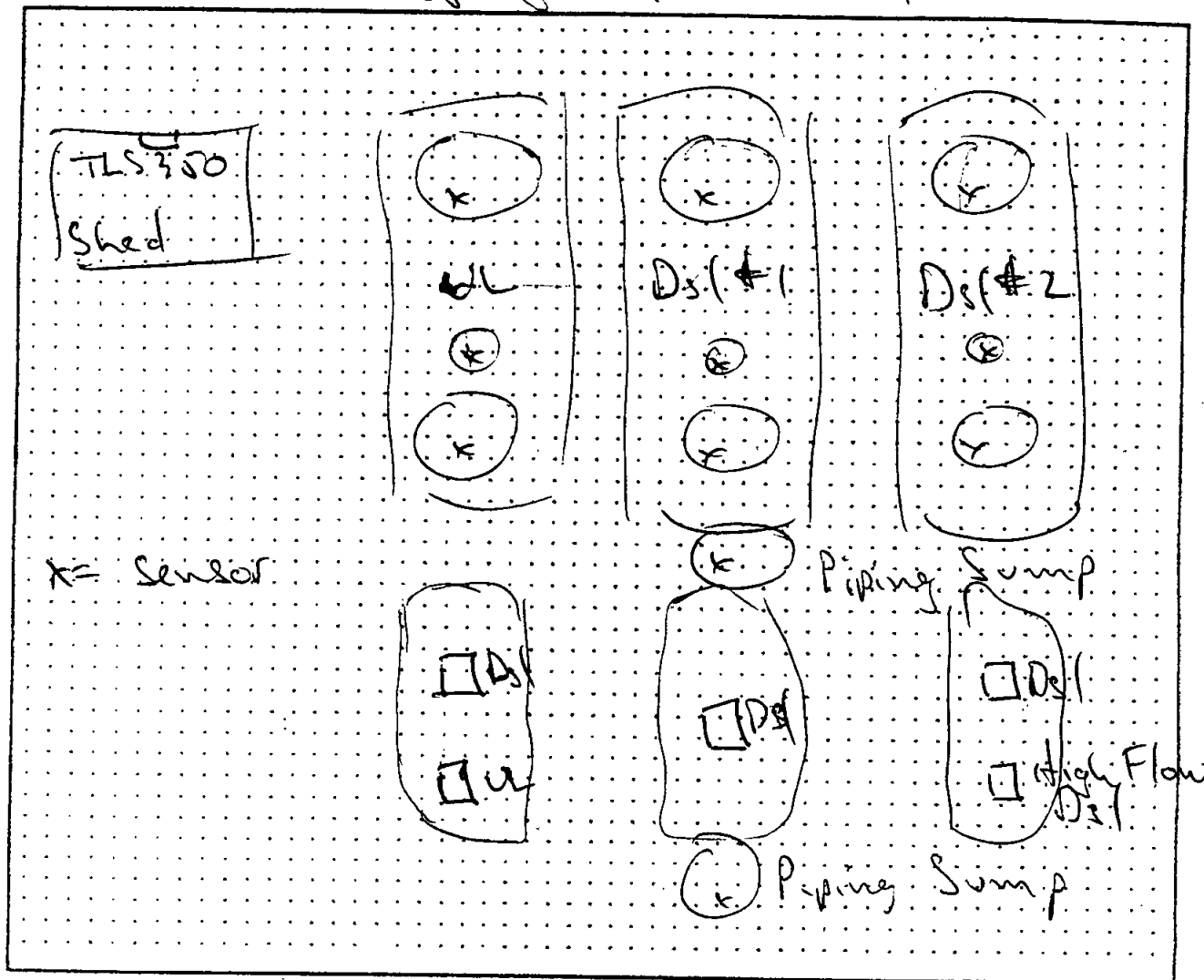
E. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address:

Hansen Aggregate, Carroll Cyn



Date map was drawn: 4/3/01

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Monitoring System Certification

Site Address:

Hanson

Date of Testing/Service:

413101

F. In-Tank Gauging / SIR Equipment:

☒ Check this box if tank gauging is used only for inventory control.

☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

Complete the following checklist.		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h. ¹ ; <input type="checkbox"/> 0.1 g.p.h. ² ; <input type="checkbox"/> 0.2 g.p.h. ² Notes: 1. Required for equipment start-up certification <u>and</u> annual certification. 2. Unless mandated by local agency, certification required only for electronic LLD start-up.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 3
 EST. NO. H 17076
 DATE 4-17-02
 TIME START 830 END 110
 BUS. CODE K70
 SPECIALIST HAHN / GOTHRES
 CONTACT TOM FERRELL
 TITLE REG. AFFAIRS
 PHONE 577-2772

BUSINESS NAME HANSON Aggregates
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP San Diego 92121

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

JUL 01 2002

ROUTINE INSPECTION - HazMat & UST

- Health Permit valid thru 5/31/03
- Business Plan available + current
- Employee training records current
- Emergency Info updated
- Haz waste verified
- Haz Material reviewed + updated, few items to be added.

NOTICE TO COMPLY

Observations, Violations and Corrective Action

- ① Waste container containing oily debris - solids is labeled as haz waste but physical contents part is missing. Also on haz waste label for aerosol can container is also missing physical contents. In lab sulfur waste container missing accumulation start date. All hazwaste containers must be labeled w/ generators info, physical properties + contents, and accumulation start date.
- ② 35 gal drum containing solvent waste has accumulation start date that is faded - appears to be 10/1/01. Within 2 wks. have waste disposed by registered hauler.

Signature of Business Representative

Date Signed

Regulatory Affairs Coord.
Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 17076
 DATE 4/17/02
 PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

~~EST~~ UST.

③ Monitoring System not functional -

③ In diesel turbine sump, small amount of fluid in sump, not enough to set off sensor. Sensor alarm worked; however it did turn off turbine pump. Rene from LeMesnager Electronic & Mechanical Service is working on this problem. FAX document ATTN: SUSAN A. Hahn @ 858-694-3705 and records when Line Leak Detector works

REMARK

- UST paperwork current: Certification of Fin. Resp.
- Monitoring Procedures
- Calibration Records

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 17076

DATE 4, 17, 02

PAGE 3 OF 3

BUSINESS ADDRESS: 9255 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to DTSC 66262.23
- ☐ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to DTSC 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with DTSC 66262.42
- ☐ Operating TSDF without authorization 25201

V0108 W
V0105 W
V0118 W

V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

STORAGE AND HANDLING

- ☒ Waste stored longer than 90, 180, or 270 days 66262.34
- ☒ Failure to clean up hazwaste off of floor surface 66262.10b
- ☒ Waste container missing/improperly labeled 66262.34
- ☐ Haz Materials not properly labeled 25124
- ☐ Waste container not kept closed 66265.173
- ☐ Waste container in poor condition 66265.171
- ☐ Waste container(s) not properly managed 66265.173
- ☐ Damaged container not repackaged 66265.171
- ☐ Container incompatible with waste 66265.172
- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Waste less than 50 feet 66265.176
- ☐ Ignitable Waste not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

V0221 W 209
V0313 W
V0222 W 0202
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☐ Training records unavailable 66265.16
- ☐ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81
- ☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- ☐ Onsite treatment of waste without authorization 25201

V0225 W
V0701 W
V0702 W

V0125 W
V0125 W

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
- ☐ Business Plan not established/implemented 25503.5
- ☐ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☐ Personnel Training Records not available 19 CCR 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☐ No owner/operator agreement 25284
- ☐ No records of financial coverage 25292.2
- ☐ No maint/monit/calib records available 2712(b), 2641(j)
- ☐ Monitoring Equip. not tested annually 2630, 2641

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T
V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☐ Integrity test not conducted 25292
- ☐ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2646
- ☐ Reconciliation not approved for facility 2646
- ☐ Dispenser meter(s) not calib annually 2646
- ☐ Improper liquid measurements 2646
- ☐ Stick in poor condition 2646
- ☐ Improper monthly reconciliation 2646
- ☐ Failed to report excessive variation 2646
- ☐ Pressurized Product Piping Leak Device not tested annually 25292
- ☐ No written monitoring procedure 2641
- ☐ No written emergency response plan 2641
- ☐ SIR reporting incorrectly done 2646.1

V3014 T

V3015 T
V3016 T

V3017 T

V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T

V3025 T
V3027 T
V3027 T
V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☒ Monitoring system not functional 2632
- ☒ No written monitoring procedure 2632
- ☐ Written emergency response plan not available 2632
- ☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T X 3020
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Unused tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672
- ☐ Failed to apply for temporary closure 25298

V3006 T
V3032 T
V3033 T
V3008 T

BUSINESS PLAN ELEMENTS

- ☐ Emergency Response Plan inadequate 25504
- ☐ Emergency Contacts not provided/current 25509
- ☐ Personnel Training Program inadequate 25504
- ☐ Inventory is incomplete 25504
- ☐ Site Map is not sufficient 25509
- ☐ Acutely Haz. Mat. not registered 25533

V2201 W
V2203 W

V2301 W
V2005 W
V2202 W
V2009 W

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED 4/17/02

TITLE Regulatory Affairs Coord.

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 129261, San Diego, CA 92112-9261

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

Tom Ferrell copy 2

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
 Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. Instructions are printed on the back of this page.

A. General Information

Facility Name: Hanson Aggregates Bldg No.: _____
 Site Address: 9255 Camino Santa Fe City: San Diego Zip: 92127
 Facility Contact Person: Tom Ferrell Contact Phone No.: (858) 577-2772
 Make/Model of Monitoring System: V/R TLS 350 Date of Testing/Servicing: 4/17/02

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: #1 U1	Tank ID: #2 D5	Tank ID: #3 D51	Tank ID:
<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u>	<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u>	<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u>	<input type="checkbox"/> In-Tank Gauging Probe. Model: _____
<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>Dual Float</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>Dual Float</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>Dual Float</u>	<input type="checkbox"/> Annular Space or Vault Sensor. Model: _____
<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>Float</u>	<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>Float</u>	<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>Float</u>	<input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____
<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>4</u>	<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>4</u>	<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>4</u>	<input type="checkbox"/> Fill Sump Sensor(s). Model: _____
<input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>R.I.</u>	<input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>R.I.</u>	<input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>R.I.</u>	<input type="checkbox"/> Mechanical Line Leak Detector. Model: _____
<input type="checkbox"/> Electronic Line Leak Detector. Model: _____	<input type="checkbox"/> Electronic Line Leak Detector. Model: _____	<input type="checkbox"/> Electronic Line Leak Detector. Model: _____	<input type="checkbox"/> Electronic Line Leak Detector. Model: _____
<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Audible</u>	<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Audible</u>	<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Audible</u>	<input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____
<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____
<input checked="" type="checkbox"/> Shear Valve(s).	<input checked="" type="checkbox"/> Shear Valve(s).	<input checked="" type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).
<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists, necessary for verification that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (check all that apply):
☒ System set-up report;
☒ Alarm history report.

Technician Name (print): Rene LeMesnager Cert. Lic. No.: 1660 Signature: Rene LeMesnager
 Testing Company Name: LeMesnager Engineering Phone No.: (619) 917-8001

Monitoring System Certification

Site Address: 9255 Camino Santa FeDate of Testing/Service: 1/1

4/17/02

D. Results of Testing/Service

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and not interfere with their proper operation?	positioned so that other equipment will
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down monitoring system detects a leak, fails to operate, or is electrically disconnected? (Check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors; Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.	vn if the piping secondary containment unected? If yes: which sensors initiate 1 Dispenser Containment Sensors.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary mechanical overfill prevention valve is installed, is the overfill warning fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %	g alarm visible and audible at the tank ty does the alarm trigger? <u>90</u> %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors and list the manufacturer name and model for all replacement parts in Section E, below.	s, probes, or other equipment replaced tion E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed for dry systems? (Check all that apply) <input checked="" type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.	s dry systems? (Check all that apply)
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?	

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: STP in tank 3 was not shutting down. Replaced a faulty relay coil that was causing the relay to stay closed when power was removed.

Small amounts of water (< gallon) were found in several sumps.
Sumps were cleaned & resealed.

Monitoring System Certification

Site Address: 9255 Camino Santa FeDate of Testing/Service: 4/17/02

F. In-Tank Gauging / SIR Equipment:

- ☒ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform tank detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

- ☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h. ¹ ; <input type="checkbox"/> 0.1 g.p.h. ² ; <input type="checkbox"/> 0.01 g.p.h. ² Notes: 1. Required for equipment start-up certification and annual certification. 2. Unless mandated by local agency, certification required only for electronic LLD start-up.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

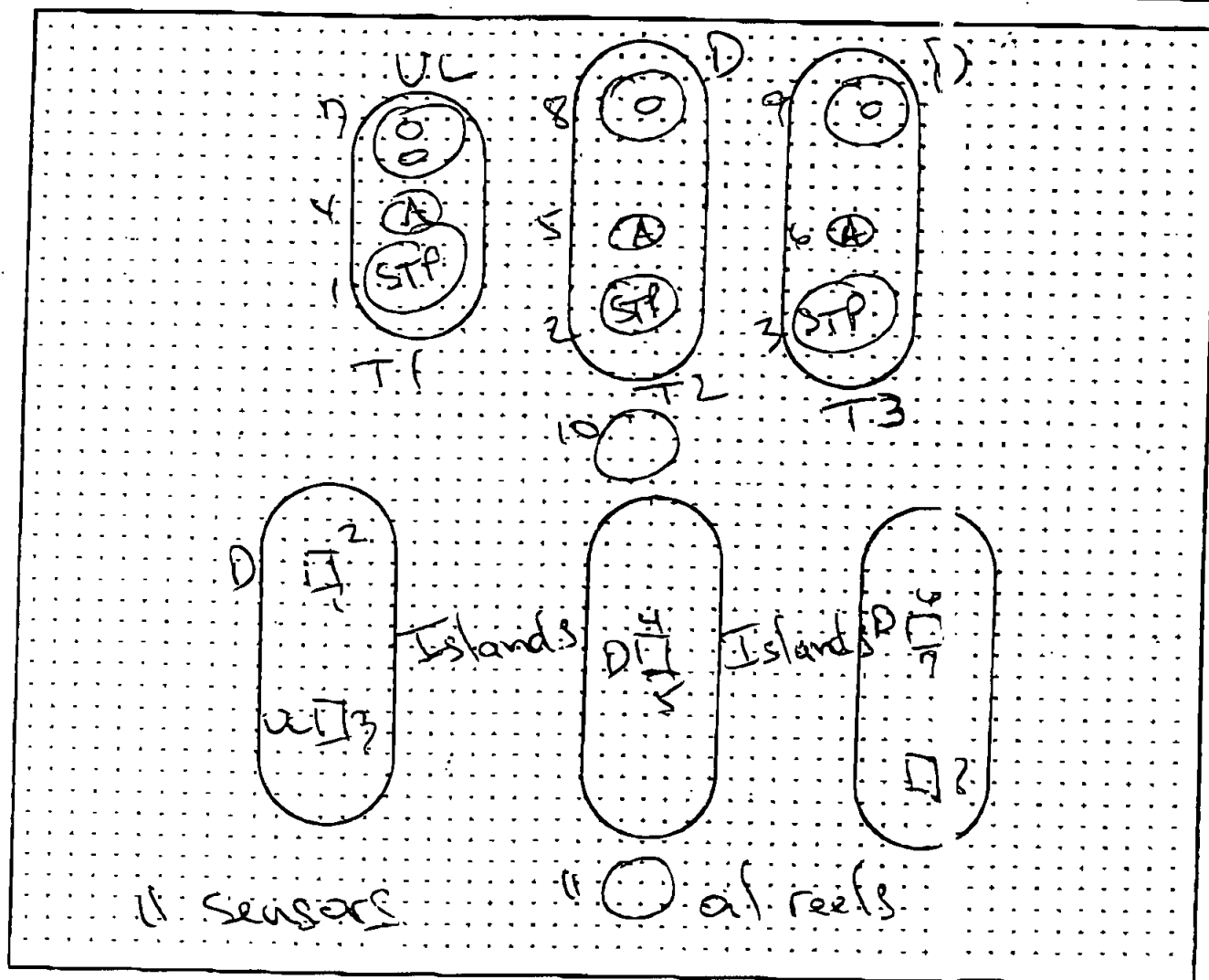
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe



Date map was drawn: ___/___/___

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for tank detection). In the space provided, note the date this Site Plan was prepared.



State of California
State of Water Resources Control Board
Division of Clean Water Programs
P.O. Box 944212
Sacramento, CA 94244-2120

(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the Required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

☐

500,000 dollars per occurrence

☒

or

1 million dollars per occurrence

☒

1 million dollars annual aggregate

☐

or

2 million dollars annual aggregate

B. Hanson Aggregates PSW, Inc. hereby certifies that it is in compliance with the requirements of Section 2807, (Name of Tank Owner or Operator)

Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Irrevocable Letter of Credit	Chase Manhattan Trust Co. One Oxford Centre 301 Grant Street, 1100 Pittsburgh, PA 15219	9865596	\$1,000,000.00 Per occurrence & annual aggregate	Annual	Yes	Yes

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.

<p>D. Facility Name Hanson Aggregates SJH Construction</p>	<p>Facility Address 9229 Harris Plant Road San Diego, California 92103</p>
<p>Facility Name Hanson Aggregates San Marcos Plant</p>	<p>Facility Address 715A So. Twin Oaks Valley Road San Marcos, California 92069</p>
<p>Facility Name Hanson Aggregates Escondido Plant</p>	<p>Facility Address 550 West Tulip Street Escondido, CA 92025</p>
<p>Facility Name Hanson Aggregates El Cajon Plant</p>	<p>Facility Address 2266 Willow Glen Drive El Cajon, CA 92021</p>
<p>E. Signature of Tank Owner or Operator <i>Tom Ferrell</i></p>	<p>Date 1/15/02</p>
<p>Signature of Witness or Notary <i>Don Hickethier</i></p>	<p>Date 1/15/02</p>
<p>Name and Title of Tank Owner or Operator Tom Ferrell for Hanson Aggregates</p>	
<p>Name of Witness or Notary Don Hickethier</p>	

NOTE: Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for Hanson Aggregates Pacific Southwest
(Business name, business address, and correspondence address of owner or operator)

P.O. Box 639069 San Diego CA 92163

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ 10,000.00 per occurrence and \$ 10,000.00 annual aggregate coverage.
(Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

Hanson Aggregates 3701 Haymar Drive Carlsbad, California 92008 and

(Name and address of each facility for which financial responsibility is being demonstrated.)

Hanson Aggregates 550 North Julip Street Escondido, California 92025

- | | |
|---|-----------------------|
| 1. Amount of annual aggregate coverage being assured by this letter..... | \$ <u>10,000.00</u> |
| 2. Total tangible assets..... | \$ <u>315 million</u> |
| 3. Total liabilities..... | \$ <u>48 million</u> |
| 4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... | \$ <u>267 million</u> |

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at San Diego, California
(Place of Execution)

On 1/15/02

(Date)

Tom Ferrell
(Signature)

Tom Ferrell
(Printed Name)

Regulatory Affairs Coordinator
(Title)



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Hanson Aggregates
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP S.D. 92121

PAGE 1 OF 5 DATE 4/22/03
 PERMIT # 117076
 TIME START 8:30 END 2:00
 BUS. CODE K70
 SPECIALIST HATTN
 INSPECTION CONTACT/TITLE Tom Ferrell / Reg. Affairs
 PHONE: (858) 577-2772
pd 6-21-03 on File

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Y N/A

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Unified Program Facility Permit current and available |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous Materials Business Plan available |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Employee Training is adequate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste disposal records available for review |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current <input type="checkbox"/> Updated today |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Chemical inventory current <input type="checkbox"/> Updated today |

Y N/A

- | | | |
|-------------------------------------|--------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Permit Expires on: <u>31 MAY/03.</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contingency Plan available |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Employee Training records available |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers kept closed |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers kept labeled |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers in good condition |

UST + Hazmat Inspection

HAZMAT -

MAY 15 2003

NOTICE TO COMPLY

- ① Not all TSDF signed manifests are on-site.
 2 from lab missing # 22034013 + # 21668819
 and several from other areas. Most likely these
 are at the main office.
 Locate these from main office or contact contractor
~~from SH~~ for copies. FAX copies ATTN: Susan A. Hahn
 @ 858.694.3705

REMARKS:

Several pallets of old concrete, material containing silica
 observed behind next to lab. These bags are opened + exposed,
 material is non-hazardous, recommend disposing or at least
 covering to prevent entering stormwater.
 Site uses 55 gal drums as satellite oil containers then
 pumping into aboveground tank - label these as Satellite Waste Oil.

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of
 Business
 Representative

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdelh.org



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 117076DATE: 4-22-03PAGE: 2 OF 5BUSINESS ADDRESS: 9255 Camino Santa ZIP CODE: 92121

Office Use Only

UST -

Monitoring Cert performed on this day
by Rene LeMesneger.

Updated Financial Responsibility rec'd today.

* Business has under dispenser containers - except
on high flow dispenser - but these do not have
leak detection equipment. These will be required
to have leak detection equipment by 12/31/2003.
The high flow dispenser will also require
an under dispenser container + leak detection.

* Site failed SB 989 testing, having difficulty
scheduling contractors to repair. Letter
rec'd requesting extension til ~~July~~ July 2003.
Keep Specialist informed of date of scheduled
repairs -

* Monitoring Plan + Emergency Response Procedure
are from '95. Please update using
forms provided and submit to address
below on fax ATTN: Susan A. Hahn
c 858. 694.3705

Signature of Business Representative

4/22/03

Date Signed

Rep. Affairs Coord.

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT # 117076
 DATE 4/22/03
 PAGE 3 OF 5
BUSINESS ADDRESS: 9255 Camino Santa FeZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS WASTE REQUIREMENTS

RECORDKEEPING

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V0131 UPF Permit not obtained SDCC. 68.905
	<input type="checkbox"/>	V0132 No EPA Identification Number. 66262.12
	<input type="checkbox"/>	V0133 Manifest copy not sent to DTSC. 66262.23
	<input type="checkbox"/>	V0134 Exception Rpt not filed with DTSC 66262.42
	<input type="checkbox"/>	V0135 Waste Manifests/Receipts not on-site for 3 years. 66262.40
	<input type="checkbox"/>	V0136 No records of battery disposal. 66262.81
	<input type="checkbox"/>	V0137 Manifest not properly completed 66262.23
	<input checked="" type="checkbox"/>	V0138 TSDF signed-manifest not on-site. 66262.40
	<input type="checkbox"/>	V0139 Biennial report not sent to DTSC. 66262.41
	<input type="checkbox"/>	V0140 LDR Documentation not available. 66268.7
	<input type="checkbox"/>	V0141 Operating TSDF without authorization. 25201
	<input type="checkbox"/>	V0142 Failed to notify local CUPA of onsite treatment of hazardous waste. 25201
	<input type="checkbox"/>	V0143 Tiered Permitting notification has incomplete or incorrect information. 25201
	<input type="checkbox"/>	V0144 SB14 compliance doc. not available. 25244.19
	<input type="checkbox"/>	V0145 Excluded recyclable materials report not submitted to HMD. 25143.10

STORAGE AND HANDLING

	<input type="checkbox"/>	V0201 Waste container not kept closed. 66265.173
	<input type="checkbox"/>	V0202 Waste container missing/improperly labeled. 66262.34, 25143.9
	<input type="checkbox"/>	V0203 Damaged container not repackaged. 66265.171
	<input type="checkbox"/>	V0204 Waste container not properly managed. 66265.173
	<input type="checkbox"/>	V0205 Waste container in poor condition. 66265.171
	<input type="checkbox"/>	V0206 Ignitable Waste < 50 feet of property line. 66265.176
	<input type="checkbox"/>	V0207 Facility no maintained/operated to minimize possibility of fire, explosion or release. 66265.31
	<input type="checkbox"/>	V0208 Storage area not inspected weekly. 66265.174
	<input type="checkbox"/>	V0209 Waste stored > 90, 180, or 270 days. 66262.34
	<input type="checkbox"/>	V0210 Hazwaste not cleaned up off floor surface. 66262.10b
	<input type="checkbox"/>	V0211 Incompatibles in the same container. 66265.177
	<input type="checkbox"/>	V0212 Incompatibles not stored separately. 66265.177
	<input type="checkbox"/>	V0213 Container incompatible with waste. 66265.172
	<input type="checkbox"/>	V0214 Waste oil contaminated. 25250.7
	<input type="checkbox"/>	V0215 Used oil filters improperly managed. 66266.130
	<input type="checkbox"/>	V0216 Hazardous materials not properly labeled. 25124

DISPOSAL AND TRANSPORTATION

	<input type="checkbox"/>	V0301 Unauth. disposal of waste to: _____, 25189.5
	<input type="checkbox"/>	V0302 Unlawful transportation of hazardous waste. 25163
	<input type="checkbox"/>	V0303 Waste transported without a manifest. 66262.20
	<input type="checkbox"/>	V0304 Waste determination not made. 66262.11

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V0401 Training records unavailable. 66265.16
	<input type="checkbox"/>	V0402 Training program not adequate. 66265.16
	<input type="checkbox"/>	V0403 Facility not designed to minimize release. 66265.31
	<input type="checkbox"/>	V0404 Spill control equip not available. 66265.32
	<input type="checkbox"/>	V0405 Aisle space is obstructed. 66265.35
	<input type="checkbox"/>	V0406 Contingency plan not prepared and/or on file. 66265.51, 66265.53

HAZARDOUS WASTE TANK SYSTEMS

	<input type="checkbox"/>	V1601 Hazwaste tanks w/o P.E. assessment. 66265.191a, 66265.192a
	<input type="checkbox"/>	V1602 P.E. Assessment report not complete. 66265.191g, 66265.192k
	<input type="checkbox"/>	V1603 Hazwaste tank system no secondary containment. 66265.193a
	<input type="checkbox"/>	V1604 Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
	<input type="checkbox"/>	V1605 No daily tank inspection/inspect. log 66265.195 (b&c)
	<input type="checkbox"/>	V1606 Improper or absent spill/overflow protection. 66265.194b
	<input type="checkbox"/>	V1607 Improper corrosion protection. 66265.191, 66265.192
	<input type="checkbox"/>	V1608 Integrity assessment not done for tanks without secondary containment system. 66265.191
	<input type="checkbox"/>	V1609 Improper use of hazwaste tank system. 66265.196
	<input type="checkbox"/>	V1610 No PE assessment report-repairs/changes. 66265.196g
	<input type="checkbox"/>	V1611 Improper closure of haz waste tank unit. 67383.3, 66265.197

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

	<input type="checkbox"/>	V1001 UPF permit not obtained for Haz. Materials. 68.905
	<input type="checkbox"/>	V1002 Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
	<input type="checkbox"/>	V1003 HMBP not amended to reflect changes 25505
	<input type="checkbox"/>	V1004 HMBP not submitted to HMD. 25505
	<input type="checkbox"/>	V1005 Emergency Contacts not provided/current. 25509
	<input type="checkbox"/>	V1006 Inventory is incomplete. 25504
	<input type="checkbox"/>	V1007 Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
	<input type="checkbox"/>	V1008 Annual carcinogen & reproductive toxin list not submitted to HMD 68.1113
	<input type="checkbox"/>	V1009 Site map is not sufficient. 25509
	<input type="checkbox"/>	V1010 Failure to report a release/threatened release. 25507
	<input type="checkbox"/>	V1011 Personnel Training records not available. 19 CCR 2732
	<input type="checkbox"/>	V1012 SPCC Plan required but not prepared. 25270.5 (c)
	<input type="checkbox"/>	V2504 Owner or operator (O/O) Stationary Source (SS) with >TPQ of a regulated substance (RS) did not comply with Chapter 4.5 (CalARP process). 2745.1
	<input type="checkbox"/>	V2553 O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d)

SIGNATURE OF BUSINESS REPRESENTATIVE

DEH:HM-923 (Revised 09/02) NCR

DATE SIGNED

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT #: 117074
 DATE: 4/22/03
 PAGE: 5 OF 5

 BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP: 92121

UST SYSTEM INSPECTION

REQUIREMENTS FOR DOUBLE WALLED SYSTEMS		TANK #	PRODUCT							
#	VIOLATION DESCRIPTION	VIOL	V	NA	V	NA	V	NA	V	NA
PIPING MONITORING: PRESSURIZED SYSTEMS: OPTIONS 1, 2, 3 & 4										
OPTION 1	Continuous audible and visual alarm with positive shut off? 2636(g)(1) & (2)	3401								
	Pump shuts off when monitor is disconnected or fails? 2636(g)(4)	3402								
OPTION 2	Continuous audible and visual alarm with positive shut off? 2636(f)(1) & (3)	3403								
	Piping integrity test detects .1 gph at 150% pressure? 2636(f)(4)	3404								
OPTION 3	Line leak detector detects 3.0 gph or equivalent? 2636(f)(2)	3405								
	Automatic line leak detector certified annually? 25284.1(a)(4)(C); 2630(d), 2641(j)	3406								
	Piping integrity test detects .1 gph at 150% pressure? 2636(f)(4)	3407								
OPTION 4	Emergency Generators only: Monitoring system checked daily? 2636(g)(5)	3408								
	Em. Generators only: Continuous audible and visual alarm? 2636(g)(1) & (2)	3409								
PIPING MONITORING SUCTION SYSTEMS:										
	Continuous audible and visual alarm? 2636(f)1	3451								
REQUIREMENTS FOR SINGLE WALLED SYSTEMS										
TANK MONITORING REQUIREMENTS										
OPTION 1	Monthly 0.2 gph tank gauging performed? 2643(b)(1)	3501								
OPTION 2	Monthly SIR performed? 25292(b)(1); 2643(b)(3)	3502								
	Stick in good condition with 1/8" increments? 2645, 2646	3503								
	Dispenser meters calibrated? 2646.1	3504								
	SIR capable of detecting 0.2 gph? 2643(b)(3)	3505								
	Biennial 0.1 gph tank integrity testing performed? 2643(b)(3), 2643.1	3506								
	Annual SIR report submitted? 2646.1(j)	3507								
OPTION 3	Weekly manual tank gauging performed? (UST capacity ≤1000 gallons) 2645	3508								
	Annual integrity test performed? (UST capacity 1000 gallons or less) 2645	3509								
PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED; OPTIONS 1, 2, 3 & 4										
	Line leak detector certified annually? 25284.1(a)(4)(C); 2641(j)	3551								
	Line leak detector shuts down turbine & failsafe operational 2666(c)	3552								
OPTION 1	Hourly line leak detector monitoring performed? 25284.1(a)(4) (C); 2643(c)(1)	3553								
	Monthly electronic line leak detection performed? 2643(c)(2)	3554								
OPTION 2	Hourly line leak detector monitoring performed? 25284.1(a)(4) (c); 2643(c)(1)	3555								
	Annual electronic line leak detector monitoring performed? 2643(c)(3)	3556								
OPTION 3	Hourly line leak detector monitoring performed? 25284.1(a)(4)(C); 2643(c)(1)	3557								
	Annual piping integrity test? 2643(c)(3)	3558								
OPTION 4	Hourly electronic line leak detector detects 3 gph leak? 2643(c)(3)	3559								
	Electronic line leak detector detects 0.1 gph at 150% pressure? 2643(c)(3)	3560								
PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING										
	Piping integrity test performed every 3 years? 2643(d)	3601								
	Daily monitoring performed and logged? 2643(d), App.II	3602								
PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING										
	One check valve close to suction pump? 2641(b), 2636(a)(3)	3651								
	Contents drains back to tank if suction is released? 2641(b), 2636(a)(3)	3652								
PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING										
	Piping integrity test performed every 2 years? 2643(d)	3701								
	Enhanced leak detection performed if required? 25292.4(a)	3702								

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT #: 117076
 DATE: 4/22/03
 PAGE: 4 OF 5

 BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP: 92121
 VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections are either in violation (V) with the Underground Storage Tank laws and regulations or Non-Applicable (N/A). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

#	VIOLATION DESCRIPTION	VIOL	V	NA	#	VIOLATION DESCRIPTION	VIOL	V	NA
UST SYSTEM RECORDS					FILE RECORDS				
	UPF Permit current and at facility? 25284; 68.905, 68.1003, 68.1005 ✓	3101				Secondary containment testing conducted at 6mo/36 months 25284.1; 2637(a)	3112		
	Operating Permit current and at facility? 25284(a); 25286(a), 2712 (i), 68.1003 ✓	3102				Secondary Containment testing submitted to CUPA within 30 days 2637(a)(4)	3113		
	UST Repair/modify/closure permit obtained? 68.1005	3103				Releases reported/recorded? 25294, 25295; 2650, 2651, 2652	3151		
	Forms A and B submitted? 25286(a)	3104				Maintenance & Monitoring records available? 2712 (b)	3152		
	Financial Responsibility current? 25292.2(a)	3105				Monitoring certification submitted to CUPA within 30 days? 2637(b)(4)	3153		
	Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b)	3106				Enhanced Leak detection performed if required? 25292.4	3154		
	Monitoring Plan approved? 2632(b), 2634(d), 2711(a)(9)	3107				Contractor trained? 25284.1(a)(5)(D); 2637(b)(1)(B)	3155		
	UST Emergency Response Plan current? 25289(b); 2632(b), 2634(e)	3108				Contractor has Class A, C-10, C34, C36, or C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A)	3156		
	Monitoring plot plan submitted? 2711(a)(8)	3109				No evidence of falsification of records or tampering with monitoring system? 25299(d)	3157		
	Annual certification of ATG and sensors? 2641(j)	3110				All operating permit conditions met? 2712	3158		
	Continuous monitoring system certified annually? 25284.1(a)(4)(C), 2630(d), 2641(j)	3111							

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

UST SYSTEM INSPECTION		TANK #								
Requirements applicable for both, single & double walled systems		PRODUCT								
#	VIOLATION DESCRIPTION	VIOL	V	NA	V	NA	V	NA	V	NA
	Is monitor not in state of alarm at beginning of inspection? 2632(d)	3251								
	Audible and visual alarms functioning properly? 2632(c)(2)(B), 2636(f)(1)	3252								
	Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5)	3253								
	UST system has approved overfill protection? 2635(b)(2)	3254								
	Is spill container in good condition and liquid free? 2635 (b)(1)	3255								
	Fill box drain functional or alternative available? 2635(b)(1)(C)	3256								
	Is containment sump liquid free? 2631(d)(4)	3257								
	Are sensors placed adequately and/or at low point in sumps? 2641(a)	3258								
	Dispenser containment present if currently required? 25284.1(a)(5)(C)	3259								
	Dispenser containment adequately monitored? 2636(f)(1) & (g)	3260								
	Dispenser containment free of liquid? 2631(d)(4)	3261								
	Secondary containment piping unobstructed to allow drainage to sump? 2632	3262								
	All monitoring system components &/or devices functional? 2630(a), 2641(j), 2632	3263								
CATHODIC PROTECTION										
	System checked as required by tester? (6 mo./3yrs.) 2635(a)(2)(A)	3301								
	Impressed current system check every 60 days? 2635(a)(2)(A)	3302								
LINING REQUIREMENTS										
	Lined UST test performed after 10 years then every 5? 2663(h)	3311								
CLOSURE REQUIREMENTS:										
	Temporary closure requirements completed? 25298, 2671	3322								
	Unused tank properly closed? Permanent closure requirements met? 25298, 2672	3324								

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Hanson Aggregate
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP San Diego 92127

PAGE 1 OF 1
 EST. NO. H 117076
 DATE 10/15/03
 TIME START 1 END
 BUS. CODE K28
 SPECIALIST C. Diaz
 CONTACT Tom Ferrell
 TITLE Reg. Affairs
 PHONE 338-577-2772

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

- Final Inspection -

on sit with Western Pump & Janique
 Culver for a Final Inspection under
 permit RT2402. During the monitoring
 system certification, the following violation
 was noted:

Violation

1) Audible/Visual overflow alarm is non-functional.

Corrective Action: Within 14 days submit documentation to my attention, that the ATG probes have been repaired & are functional at 90%.

Please call Cecilia Diaz with any further questions at 619-338-2323.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #: 117074DATE: 10/15/03PAGE: 2 OF 3BUSINESS ADDRESS: 9255 Camino Santa Fe San Diego ZIP: 92127

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections are either in violation (V) with the Underground Storage Tank laws and regulations or Non-Applicable (N/A). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

#	VIOLATION DESCRIPTION	VIOL	V	NA	#	VIOLATION DESCRIPTION	VIOL	V	NA
UST SYSTEM RECORDS					FILE RECORDS				
	UPF Permit current and at facility? 25284; 68.905, 68.1003, 68.1005	3101				Secondary containment testing conducted at 6mo/36 months 25284.1; 2637(a)	3112		
	Operating Permit current and at facility? 25284(a); 25286(a), 2712 (i), 68.1003	3102				Secondary Containment testing submitted to CUPA within 30 days 2637(a)(4)	3113		
	UST Repair/modify/closure permit obtained? 68.1005	3103				Releases reported/recorded? 25294, 25295; 2650, 2651, 2652	3151		
	Forms A and B submitted? 25286(a)	3104				Maintenance & Monitoring records available? 2712 (b)	3152		
	Financial Responsibility current? 25292.2(a)	3105				Monitoring certification submitted to CUPA within 30 days? 2637(b)(4)	3153		
	Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b)	3106				Enhanced Leak detection performed if required? 25292.4	3154		
	Monitoring Plan approved? 2632(b), 2634(d), 2711(a)(9)	3107				Contractor trained? 25284.1(a)(5)(D); 2637(b)(1)(B)	3155		
	UST Emergency Response Plan current? 25289(b); 2632(b), 2634(e)	3108				Contractor has Class A, C-10, C34, C36, or C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A)	3156		
	Monitoring plot plan submitted? 2711(a)(8)	3109				No evidence of falsification of records or tampering with monitoring system? 25299(d)	3157		
	Annual certification of ATG and sensors? 2641(j)	3110				All operating permit conditions met? 2712	3158		
	Continuous monitoring system certified annually? 25284.1(a)(4)(C), 2630(d), 2641(j)	3111							

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

#	VIOLATION DESCRIPTION	TANK #	T003		T004		T005			
			PRODUCT		DRL		87			
#	VIOLATION DESCRIPTION	VIOL	V	NA	V	NA	V	NA	V	NA
	Is monitor not in state of alarm at beginning of inspection? 2632(d)	3251								
	Audible and visual alarms functioning properly? 2632(c)(2)(B), 2636(f)(1)	3252	X		X		X			
	Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5)	3253								
	UST system has approved overfill protection? 2635(b)(2)	3254								
	Is spill container in good condition and liquid free? 2635 (b)(1)	3255								
	Fill box drain functional or alternative available? 2635(b)(1)(C)	3256								
	Is containment sump liquid free? 2631(d)(4)	3257								
	Are sensors placed adequately and/or at low point in sumps? 2641(a)	3258								
	Dispenser containment present if currently required? 25284.1(a)(5)(C)	3259								
	Dispenser containment adequately monitored? 2636(f)(1) & (g)	3260								
	Dispenser containment free of liquid? 2631(d)(4)	3261								
	Secondary containment piping unobstructed to allow drainage to sump? 2632	3262								
	All monitoring system components &/or devices functional? 2630(a), 2641(j), 2632	3263								
CATHODIC PROTECTION										
	System checked as required by tester? (6 mo./3yrs.) 2635(a)(2)(A)	3301								
	Impressed current system check every 60 days? 2635(a)(2)(A)	3302								
LINING REQUIREMENTS										
	Lined UST test performed after 10 years then every 5? 2663(h)	3311								
CLOSURE REQUIREMENTS:										
	Temporary closure requirements completed? 25298, 2671	3322								
	Unused tank properly closed? Permanent closure requirements met? 25298, 2672	3324								

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #: 117076

DATE: 10 / 15 / 03

PAGE: OF

BUSINESS ADDRESS: 9255 Camino Santa Fe, S.D.

ZIP: 92127

UST SYSTEM INSPECTION

TANK #		1003		1004		1005				
PRODUCT		DRL		DRL		Reg				
#	VIOLATION DESCRIPTION	VIOL	V	NA	V	NA	V	NA	V	NA
REQUIREMENTS FOR DOUBLE WALLED SYSTEMS										
PIPING MONITORING: PRESSURIZED SYSTEMS: OPTIONS 1, 2, 3 & 4										
OPTION 1	Continuous audible and visual alarm with positive shut off? 2636(g)(1) & (2)	3401								
	Pump shuts off when monitor is disconnected or fails? 2636(g)(4)	3402								
OPTION 2	Continuous audible and visual alarm with positive shut off? 2636(f)(1) & (3)	3403								
	Piping integrity test detects .1 gph at 150% pressure? 2636(f)(4)	3404								
OPTION 3	Line leak detector detects 3.0 gph or equivalent? 2636(f)(2)	3405								
	Automatic line leak detector certified annually? 25284.1(a)(4)(C); 2630(d), 2641(j)	3406								
	Piping integrity test detects .1 gph at 150% pressure? 2636(f)(4)	3407								
OPTION 4	Emergency Generators only: Monitoring system checked daily? 2636(g)(5)	3408								
	Em. Generators only: Continuous audible and visual alarm? 2636(g)(1) & (2)	3409								
PIPING MONITORING SUCTION SYSTEMS:										
	Continuous audible and visual alarm? 2636(f)1	3451								
REQUIREMENTS FOR SINGLE WALLED SYSTEMS										
TANK MONITORING REQUIREMENTS										
OPTION 1	Monthly 0.2 gph tank gauging performed? 2643(b)(1)	3501								
OPTION 2	Monthly SIR performed? 25292(b)(1); 2643(b)(3)	3502								
	Stick in good condition with 1/8" increments? 2645, 2646	3503								
	Dispenser meters calibrated? 2646.1	3504								
	SIR capable of detecting 0.2 gph? 2643(b)(3)	3505								
	Biennial 0.1 gph tank integrity testing performed? 2643(b)(3), 2643.1	3506								
	Annual SIR report submitted? 2646.1(j)	3507								
OPTION 3	Weekly manual tank gauging performed? (UST capacity ≤1000 gallons) 2645	3508								
	Annual integrity test performed? (UST capacity 1000 gallons or less) 2645	3509								
PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED; OPTIONS 1, 2, 3 & 4										
	Line leak detector certified annually? 25284.1(a)(4)(C); 2641(j)	3551								
	Line leak detector shuts down turbine & failsafe operational 2666(c)	3552								
OPTION 1	Hourly line leak detector monitoring performed? 25284.1(a)(4) (C); 2643(c)(1)	3553								
	Monthly electronic line leak detection performed? 2643(c)(2)	3554								
OPTION 2	Hourly line leak detector monitoring performed? 25284.1(a)(4) (c); 2643(c)(1)	3555								
	Annual electronic line leak detector monitoring performed? 2643(c)(3)	3556								
OPTION 3	Hourly line leak detector monitoring performed? 25284.1(a)(4)(C); 2643(c)(1)	3557								
	Annual piping integrity test? 2643(c)(3)	3558								
OPTION 4	Hourly electronic line leak detector detects 3 gph leak? 2643(c)(3)	3559								
	Electronic line leak detector detects 0.1 gph at 150% pressure? 2643(c)(3)	3560								
PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING										
	Piping integrity test performed every 3 years? 2643(d)	3601								
	Daily monitoring performed and logged? 2643(d), App.II	3602								
PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING										
	One check valve close to suction pump? 2641(b), 2636(a)(3)	3651								
	Contents drains back to tank if suction is released? 2641(b), 2636(a)(3)	3652								
PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING										
	Piping integrity test performed every 2 years? 2643(d)	3701								
	Enhanced leak detection performed if required? 25292.4(a)	3702								

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Establishment Number: 117076

Plan Check Number: RT 2402

1. FACILITY INFORMATION

Facility Name: <u>HANSON AGGREGATE</u>	Date of Testing: <u>9/10 - 9/19/03</u>
Facility Address: <u>9255 CAMINO SANTA FE SAN DIEGO 92127</u>	Test Type: <u>Initial</u>
Facility Contact: <u>TOM FERRELL</u>	Phone: <u>(858) 577-2772</u>
Date Local Agency Was Notified of Testing: _____	6 month
Name of Local Agency Inspector (if present during testing): _____	36 month

2. TESTING CONTRACTOR INFORMATION

Company Name: <u>JAUREGUI & CULVER</u>																		
Technician Conducting Test: <u>JOHN STANGLER</u>																		
Credentials: <u>CSLB Licensed Contractor</u> SWRCB Licensed Tank Tester																		
License Type: <u>A, B, C36, C21, C61/D40 HAZ HIG</u> License Number: <u>708231</u>																		
<table border="1"> <thead> <tr> <th>Manufacturer</th> <th>Manufacturer Training Component(s)</th> <th>Date Training Expires</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Manufacturer	Manufacturer Training Component(s)	Date Training Expires															
Manufacturer	Manufacturer Training Component(s)	Date Training Expires																

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
1,2 UDC	✓				XXXXXXXXXXXX				
3 UDC	✓				87 SECONDARY PIPE	✓			
4,5 UDC	✓				DIESEL E SECONDARY PIPE	✓			
6,7 UDC	✓				DIESEL W SECONDARY PIPE	✓			
8 UDC	✓				87 ANNULAR	✓			
87 FILL Sump	✓				DIESEL EAST ANNULAR	✓			
87 TURBINE Sump	✓				DIESEL WEST ANNULAR	✓			
DIESEL E FILL Sump	✓				87 FILL BUCKET	✓			
DIESEL E TURBINE	✓				87 VAPOR BUCKET	✓			
DIESEL W FILL Sump	✓				DIESEL EAST BUCKET	✓			
DIESEL W TURBINE Sump	✓				DIESEL WEST BUCKET	✓			
DIESEL VALVE Sump	✓								

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

TEST WATER WAS PUMPED INTO BARRIERS

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: [Signature]

NEH-HMFL0160 (May 2007)

Date: 9/19/03

4. TANK ANNULAR TESTING

Test Method Developed By:	Tank Manufacturer	Industry Standard	Professional Engineer
Test Method Used:	Pressure	Vacuum	Hydrostatic
Test Equipment Used:	Tape Measure		Equipment Resolution: 1/32"
	Tank # BT	Tank # Diesel E	Tank # Diesel W
Is Tank Exempt From Testing? ¹	Yes <input checked="" type="radio"/> No	Yes <input checked="" type="radio"/> No	Yes <input checked="" type="radio"/> No
Tank Capacity:	10,000 GA.	12,000 GA.	12,000 GA.
Tank Material:	FIBERGLASS	FIBERGLASS	FIBERGLASS
Tank Manufacturer:	OWENS CORNING	OWENS CORNING	OWENS CORNING
Product Stored:	B7 UNHAB	DIESEL	DIESEL
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min
Test Start Time:	9:00 AM	9:15 AM	9:30 AM
Initial Reading (R _i):	7 3/4"	8"	7 1/2"
Test End Time:	9:00 AM	9:15 AM	9:30 AM
Final Reading (R _f):	7 3/4"	8"	7 1/2"
Test Duration:	24 HR.	24 HR.	24 HR.
Change in Reading (R _f -R _i):	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0
Test Result:	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	<input checked="" type="radio"/> Pass <input type="radio"/> Fail
Was sensor removed for testing?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA

Comments – (include information on repairs made prior to testing, & recommended follow-up for failed tests)

¹ Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 22, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	Piping Manufacturer	Industry Standard	Professional Engineer
Test Method Used:	Pressure	Vacuum	Hydrostatic
Test Equipment Used:	PRESSURE GAGE		Equipment Resolution: 1/10 PSI
	Piping Run # 1	Piping Run # 2	Piping Run # 3
Piping Material:	FIBERGLASS	FIBERGLASS	FIBERGLASS
Piping Manufacturer:	A.O. SMITH	A.O. SMITH	A.O. SMITH
Piping Diameter:	3"	3"	3"
Length of Piping Run:	60'	100'	70'
Product Stored:	87 UNLEAD	DIESEL	DIESEL
Method and location of piping-run isolation:	TEST BOOT IN TUBBING SUMP	TEST BOOT IN TUBBING SUMP	TEST BOOT IN TUBBING SUMP
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min
Test Start Time:	7:30 AM	7:45 AM	8:00 AM
Initial Reading (R _i):	5 PSI.	5 PSI.	5 PSI.
Test End Time:	8:30 AM	8:45 AM	9:00 AM
Final Reading (R _f):	5 PSI.	5 PSI.	5 PSI.
Test Duration:	1 HR.	1 HR.	1 HR.
Change in Reading (R _f - R _i):	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0
Test Result:	Pass	Pass	Pass

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

6. PIPING SUMP TESTING

Test Method Developed By:	Sump Manufacturer	Industry Standard	Professional Engineer
Test Method Used:	Pressure	Vacuum	Hydrostatic
Test Equipment Used:	Tape Measure, Paint		Equipment Resolution: 1/32"
	Sump # 87	Sump # Diesel East	Sump # Diesel West
Sump Diameter:	42"	42"	42"
Sump Depth:	50 1/2"	50 1/2"	49"
Sump Material:	Fiberglass	F.G.	F.G.
Height from Tank Top to Top of Highest Piping Penetration:	17"	31"	22"
Height from Tank Top to Lowest Electrical Penetration:	12"	16"	18"
Condition of sump prior to testing:	NEW	NEW	NEW
Portion of Sump Tested ²	OVER 1/2	OVER 1/2	OVER 1/2
Does turbine shut down when sump sensor detects liquid (both product and water)?*	Yes No NA	Yes No NA	Yes No NA
Turbine shutdown response time	10 SEC	10 SEC	10 SEC
Is system programmed for fail-safe shutdown?*	Yes No NA	Yes No NA	Yes No NA
Was fail-safe verified to be operational?*	Yes No NA	Yes No NA	Yes No NA
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min
Test Start Time:	8:00 AM	8:30 AM	9:00 AM
Initial Reading (R _i):	27 1/2"	33 1/2"	25"
Test End Time:	9:30 AM	9:30 AM	9:30 AM
Final Reading (R _f):	27 1/2"	33 1/2"	25"
Test Duration:	24 HR.	24 HR.	24 HR.
Change in Reading (R _f -R _i):	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0
Test Result:	Pass Fail	Pass Fail	Pass Fail
Was sensor removed for testing?	Yes No NA	Yes No NA	Yes No NA
Was sensor properly replaced and verified functional after testing?	Yes No NA	Yes No NA	Yes No NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	UDC Manufacturer		Industry Standard		Professional Engineer	
	Other (Specify)					
Test Method Used:	Pressure		Vacuum		Hydrostatic	
	Other (Specify)					
Test Equipment Used:	TAPE MEASUREMENT, PAINT				Equipment Resolution: 1/32"	
	UDC # 1, 2		UDC # 3		UDC # 4, 5	
	UDC # 6, 7		UDC # 8			
UDC Manufacturer:	BRAVO		BRAVO		BRAVO	
UDC Material:	FIBERGLASS		FIBERGLASS		FIBERGLASS	
UDC Depth:	30"		30"		30"	
Height from UDC Bottom to Top of Highest Piping Penetration:	9"		11"		8"	
Height from UDC Bottom to Lowest Electrical Penetration:	14"		15"		13"	
Condition of UDC prior to testing:	NEW		NEW		NEW	
Portion of UDC Tested ³	OVER 1/2		OVER 1/2		OVER 1/2	
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	(Yes) No NA		(Yes) No NA		(Yes) No NA	
Turbine shutdown response time	10 SEC		10 SEC		10 SEC	
Is system programmed for fail-safe shutdown?*	(Yes) No NA		(Yes) No NA		(Yes) No NA	
Was fail-safe verified to be operational?*	(Yes) No NA		(Yes) No NA		(Yes) No NA	
Wait time between applying pressure/vacuum/water and starting test	30 MIN.		30 MIN.		30 MIN.	
Test Start Time:	11:00 AM		11:15 AM		11:30 AM	
Initial Reading (R _i):	16 1/2"		18"		15"	
Test End Time:	11:00 AM		11:15 AM		11:30 AM	
Final Reading (R _f):	16 1/2"		18"		15"	
Test Duration:	24 HR.		24 HR.		24 HR.	
Change in Reading (R _f -R _i):	0		0		0	
Pass/Fail Threshold or Criteria:	0		0		0	
Test Result:	(Pass) Fail		(Pass) Fail		(Pass) Fail	
Was sensor removed for testing?	(Yes) No NA		(Yes) No NA		(Yes) No NA	
Was sensor properly replaced and verified functional after testing?	(Yes) No NA		(Yes) No NA		(Yes) No NA	

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

³ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes				
Spill/Overfill Containment Boxes are Present, but were Not Tested				
Test Method Developed By:	Spill Bucket Manufacturer	Industry Standard	Professional Engineer	
Test Method Used:	Other (Specify)	Vacuum	Hydrostatic	
Test Equipment Used:	WATER TAPES MEASURE		Equipment Resolution: 1/32"	
	Spill Box #87F	Spill Box #87V	Spill Box #DE	Spill Box #DLW
Bucket Diameter:	12"	12"	12"	12"
Bucket Depth:	12"	12"	12"	12"
Wait time between applying pressure/vacuum/water and starting test:	30 min.	30 min.	30 min.	30 min.
Test Start Time:	10:00 AM	10:15 AM	10:30 AM	10:45 AM
Initial Reading (R _i):	10"	10"	8"	8"
Test End Time:	10:00 AM	10:15 AM	10:30 AM	10:45 AM
Final Reading (R _f):	10"	10"	8"	8"
Test Duration:	24 HR	24 HR	24 HR.	24 HR.
Change in Reading (R _f -R _i):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	Pass Fail	Pass Fail	Pass Fail	Pass Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Send Completed Form to:
 County of San Diego, Department of Environmental Health, Hazardous Materials Division
 UST Group
 P.O. Box 129261
 San Diego CA 92112-9261

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page 1 of 1

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW SITE PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION specify change local use only _____	<input type="checkbox"/> 7. PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 4. AMENDED PERMIT	<input checked="" type="checkbox"/> 6. TEMPORARY SITE CLOSURE	<input type="checkbox"/> 8. TANK REMOVED	

400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3	FACILITY ID#	37000H17076
NEAREST CROSS STREET	401	FACILITY OWNER TYPE	<input checked="" type="checkbox"/> 1. CORPORATION
BUSINESS TYPE	<input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 3. FARM <input type="checkbox"/> 4. PROCESSOR <input checked="" type="checkbox"/> 5. COMMERCIAL <input type="checkbox"/> 6. OTHER	<input type="checkbox"/> 2. INDIVIDUAL	<input type="checkbox"/> 3. PARTNERSHIP
TOTAL NUMBER OF TANKS REMAINING AT SITE	3	Is facility on Indian Reservation or trustlands?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	404		405
		*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.)	406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME	407	PHONE	(858) 577-2772
MAILING OR STREET ADDRESS			
CITY	410	STATE	411
SAN DIEGO		CA	
ZIP CODE		92163-9069	412
PROPERTY OWNER TYPE	<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP	<input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY	<input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY
			413

III. TANK OWNER INFORMATION

TANK OWNER NAME	414	PHONE	(858) 577-2772
MAILING OR STREET ADDRESS			
CITY	417	STATE	418
SAN DIEGO		CA	
ZIP CODE		92163-9069	419
TANK OWNER TYPE	<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP	<input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY	<input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY
			420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-	040263	Call (916) 322-9669 if questions arise	421
----------------	--------	--	-----

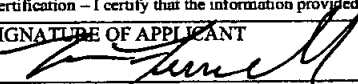
V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(s)	<input type="checkbox"/> 1. SELF-INSURED <input checked="" type="checkbox"/> 2. GUARANTEE <input type="checkbox"/> 3. INSURANCE	<input checked="" type="checkbox"/> 4. SURETY BOND <input checked="" type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 6. EXEMPTION	<input type="checkbox"/> 7. STATE FUND <input type="checkbox"/> 8. STATE FUND & CFO LETTER <input type="checkbox"/> 9. STATE FUND & CD	<input type="checkbox"/> 10. LOCAL GOVT MECHANISM <input type="checkbox"/> 99. OTHER:
				422

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.	<input type="checkbox"/> 1. FACILITY <input checked="" type="checkbox"/> 2. PROPERTY OWNER <input type="checkbox"/> 3. TANK OWNER	423
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VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.			
SIGNATURE OF APPLICANT	DATE	424	PHONE
	10/14/03		858.577.2772
NAME OF APPLICANT (print)	TITLE OF APPLICANT	426	427
Tom Ferrell	Regulatory Affairs Coord.		
STATE UST FACILITY NUMBER (For local use only)	1998 UPGRADE CERTIFICATE NUMBER (For local use only)	428	429



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Hanson Aggregates
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP San Diego 92121

PAGE 1 OF 4 DATE 5/13/04
 PERMIT # 11706
 TIME START 830 END 3-
 BUS. CODE K70
 SPECIALIST Eberhart
 INSPECTION CONTACT/TITLE Jim Portlock CC Mgr.
 PHONE: (858) 577-2722

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Y	N/A		Y	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current and available	<input type="checkbox"/>	<input type="checkbox"/>	Permit Expires on: <u>5/31/04</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training records available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers kept closed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers kept labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical inventory current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition
<input type="checkbox"/>		All violations noted on this compliance inspection report were corrected during this inspection. JUL 22 2004			

Routine and Below Grade UST inspection conducted

this date with Rene LeMessingier and Jim Portlock. Two photographs of taped-leak sensor were taken and offered to the CC Manager. Hazardous Materials Business Plan is on-site and current.

- Please provide a copy of your valid fire permit for your used oil tank.

UST Inspection:

- On T-3 (North Diesel UST) the ATG is not functioning due to a problem with wiring, not the device itself. The flapper installed on that UST is working to provide overfill protection - however if the ATG is listed on your monitoring plans for your UST system, then you need to repair the ATG wiring. Be advised - this MAY require a repair permit from this department. Call Maria Martinez (619) 338-2251 for an application or call Robert Rapista to discuss need for permit (619) 338-2207.
- On T-2 (South Diesel UST) the annular space sensor is broken and, although it is functioning, it is repaired improperly with electrical tape. You should replace this sensor. Replacing a like for-like sensor will NOT require a repair permit.

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

Jim Portlock

Signature of Business Representative

5/13/04

Date Signed

Plant Mgr.

Title of Business Representative



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 117076

DATE: 5/13/04

PAGE: 2 OF 4

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

Office Use Only

(cont)

The Brine-filled Annular spaces have sensors which have only one float inside. These sensors only register (cause alarm) when the brine level drops below the sensor. No alarm is triggered when the brine level gets too high. The HMD feels that if your business has a survey report that shows the water table is much lower than the tanks, then please show us this report. If you have no such report you may be required to install new Annular space sensors on all 3 tank systems so the sensors will alarm in both high and low brine conditions. Send report within 30 days of today.

- No evidence of financial responsibility was demonstrated this date. You may want to keep evidence on site.
- You UST Monitoring Plan and UST Emergency Response Plans were submitted in 2001, but no new plans are on site to review. Please submit new updated plans because of the UST upgrades you went through 10/2003.
- You failed S13989 testing 12/02, but there is no evidence of passing this testing since your upgrades in 2003. Submit recent (2003 or 2004) test results.

Questions: Marion Ehrhart
(858) 694-2875.

Signature of Business Representative

5-13-04

Date Signed

Plant Mgr.

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT#: 117076
 DATE: 5/13/04
 PAGE: 3 OF 4

BUSINESS ADDRESS:

9255 Camino Santa Fe

ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections are either in violation (V) with the Underground Storage Tank laws and regulations or Non-Applicable (N/A). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
#	UST SYSTEM RECORDS	VIOL	V NA	#	FILE RECORDS	VIOL	V NA
	UPF Permit current and at facility? 25284; 68.905, 68.1003, 68.1005 ✓	3101			Secondary containment repairs conducted? 25284.1; 25291(a)(2); 2637(a)(2) ✓	3115	
	Operating Permit current and at facility? 25284(a); 25286(a); 2712 (i); 68.1003 ✓	3102			Releases reported/recorded? 25294, 25295; 2650, 2651, 2652 ✓	3151	
	UST Repair/modify/closure permit obtained? 68.1004, 68.1005, 68.1009 5 ✓	3103			Maintenance/monitoring/calibration/ repair records available? 25293; 2712 (b) ✓	3152	
	Current forms A and B submitted? 25286(a)	3104			Monitoring certification submitted to CUPA within 30 days? 2637(b)(4) ✓	3153	
	Financial Responsibility current? 25292.2(a)	3105			Enhanced Leak detection performed if required? 25292.4 ✓	3154	X
	Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b)	3106	X		Contractor or technician trained? 25284.1(a)(5)(D); 2637(b)(1)(B) & (C) ✓	3155	
	Monitoring Procedures complete? 2632(b) & (d), 2634(d), 2711(a)(9)	3107			Contractor has Class A, C-10, C34, C36, or C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A) ✓	3156	
	UST Emergency Response Plan complete? 25289(b); 2632(b); 2634(e); 2641(h)	3108			No evidence of falsification of records or tampering with monitoring system? 25299(f) ✓	3157	
	Monitoring plot plan submitted? 2711(a)(8)	3109			All operating permit conditions met? 2712	3158	
	Annual certification of ATG and sensors? 2641(j) ✓	3110			Monitoring equipment installed, calibrated, operated, and maintained per manufacturer's instructions? 2637(b)	3159	
	Continuous monitoring system certified annually? 25284.1(a)(4)(C); 2630(d); 2641(j)	3111			UST system repairs done properly? 25292.1(c); 2660 (a)(k)(l)(m).	3160	
	2ndary containm. test done at 6/36 months; sent to CUPA w/ 30 days 25284.1, 2637(a); 2637(a)(4)	3114					

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

				TANK #	PRODUCT	T003		T004		T005			
#	VIOLATION DESCRIPTION	VIOL	V NA			V	NA	V	NA	V	NA	V	NA
	Is monitor not in state of alarm at beginning of inspection? 2632(d)	3251											
	Audible and visual alarms functioning properly? 2632(c)(2)(B); 2636(f)(1) ✓	3252											
	Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5) ✓	3253											
	UST system has approved overfill protection? 2635(b)(2) ✓	3254											
	Is spill container in good condition and liquid free? 2635 (b)(1); 2636(a)(1) ✓	3255											
	Fill box drain functional or alternative available? 2635(b)(1)(C) ✓	3256											
	Is secondary containment liquid free? 2631(d)(4) ✓	3257											
	Are sensors placed adequately and/or at low point in sumps? 2641(a); 2691(a)(7)(C) ✓	3258											
	Dispenser containment present if currently required? 25284.1(a)(5)(C) ✓	3259											
	Dispenser containment adequately monitored? 2636(f)(1) & (g) ✓	3260											
	Dispenser containment free of liquid? 2631(d)(4) ✓	3261											
	Secondary containment piping unobstructed to allow drainage to sump? 2632 ✓	3262											
	All monitoring system components &/or devices functional? 2630, 2641(j); 2632	3263											
	Spill containment tested annually? 25284.2	3264											
	UST system operated to prevent spills and/or overfills 25292.1 (a) ✓	3265											
	Under Dispenser Containment installed? 2636(h). Required by December 31st, 2003 ✓	3266											
CATHODIC PROTECTION													
	System checked as required by tester? (6 mo./3yrs.) 2635(a)(2)(A)	3301											
	Impressed current system check every 60 days? 2635(a)(2)(A)	3302											
	Is corrosion protection adequate? 25292.1(b); 2635(a)(2); 2662(c)	3303											
CLOSURE REQUIREMENTS:													
	Temporary closure requirements completed? 25298, 2671	3322											
	Unused tank properly closed? Permanent closure requirements met? 25298, 2672	3324											

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT #: 117076
 DATE: 5/13/04
 PAGE: 4 OF 4

 BUSINESS ADDRESS: 9255 Camino Santa Fe

 ZIP: 92121

UST SYSTEM INSPECTION

TANK #		T003		T004		T005				
PRODUCT		DSL		DSL		RUL				
#	VIOLATION DESCRIPTION	VIOL	V	NA	V	NA	V	NA	V	NA
REQUIREMENTS FOR DOUBLE WALLED SYSTEMS										
PIPING MONITORING: PRESSURIZED SYSTEMS: OPTIONS 1, 2, 3 & 4										
OPTION 1	Continuous audible and visual alarm with positive shut off? 2636(g)(1) & (2)	✓								
	Pump shuts off when monitor is disconnected or fails? 2636(g)(4)	✓								
OPTION 2	Continuous audible and visual alarm with positive shut off? 2636(f)(1) & (3)		X		X		X			
	Piping integrity test detects .1 gph at 150% pressure? 2636(f)(4)									
OPTION 3	Line leak detector detects 3.0 gph or equivalent? 2636(f)(2)									
	Automatic line leak detector certified annually? 25284.1(a)(4)(C); 2630(d), 2641(j)									
	Piping integrity test detects .1 gph at 150% pressure? 2636(f)(4)									
OPTION 4	Emergency Generators only: Monitoring system checked daily? 2636(g)(5)									
	Em. Generators only: Continuous audible and visual alarm? 2636(g)(1) & (2)									
PIPING MONITORING SUCTION SYSTEMS:										
	Continuous audible and visual alarm? 2636(f)1									
REQUIREMENTS FOR SINGLE WALLED SYSTEMS										
TANK MONITORING REQUIREMENTS										
OPTION 1	Monthly 0.2 gph tank gauging performed? 2643(b)(1)		X		X		X			
OPTION 2	Monthly SIR performed? 25292(b)(1), 2643(b)(3)									
	Stick in good condition with 1/8" increments? 2645, 2646									
	Dispenser meters calibrated? 2646.1									
	SIR capable of detecting 0.2 gph? 2643(b)(3)									
	Biennial 0.1 gph tank integrity testing performed? 2643(b)(3), 2643.1									
	Annual SIR report submitted? 2646.1(j)									
OPTION 3	Weekly manual tank gauging performed? (UST capacity ≤1000 gallons) 2645									
	Annual integrity test performed? (UST capacity 1000 gallons or less) 2645									
PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED; OPTIONS 1, 2, 3 & 4										
	Line leak detector certified annually? 25284.1(a)(4)(C); 2641(j)									
	Line leak detector shuts down turbine & failsafe operational 2666(c)									
OPTION 1	Hourly line leak detector monitoring performed? 25284.1(a)(4) (C); 2643(c)(1)									
	Monthly electronic line leak detection performed? 2643(c)(2)									
OPTION 2	Hourly line leak detector monitoring performed? 25284.1(a)(4) (c); 2643(c)(1)									
	Annual electronic line leak detector monitoring performed? 2643(c)(3)									
OPTION 3	Hourly line leak detector monitoring performed? 25284.1(a)(4)(C); 2643(c)(1)									
	Annual piping integrity test? 2643(c)(3)									
OPTION 4	Hourly electronic line leak detector detects 3 gph leak? 2643(c)(3)									
	Electronic line leak detector detects 0.1 gph at 150% pressure? 2643(c)(3)									
PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING										
	Piping integrity test performed every 3 years? 2643(d)									
	Daily monitoring performed and logged? 2643(d), App.II									
PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING										
	One check valve close to suction pump? 2641(b), 2636(a)(3)									
	Contents drains back to tank if suction is released? 2641(b), 2636(a)(3)									
PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING										
	Piping integrity test performed every 2 years? 2643(d)									
	Enhanced leak detection performed if required? 25292.4(a)									

SIGNATURE OF BUSINESS REPRESENTATIVE

5-13-04
 DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE

Pls. File

Hanson Aggregates – 9255 Camino Santa Fe , San Diego, CA 92121
Permit # 117076 – Manon Maschue – May 13, 2004



Annular space sensor in the T-2 (HMD's T004) south diesel tank is being held together by electrical tape.

Hanson Aggregates – 9255 Camino Santa Fe , San Diego, CA 92121
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Annular space sensor in the T-2 (HMD's T004) south diesel tank is being held together by electrical tape.

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Permit # 117076 – Manon Maschue – May 13, 2004



Brine filled annular space sensors are the “single-float” variety; they are only capable of detecting low brine levels.

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
 Authority Cited, Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California

Manon
 5/19/04
 E. [Signature]
 M. [Signature]

This form must be used to document testing and servicing of monitoring equipment. A separate set prepared for each monitoring system control panel by the technician who performs the work. A copy of to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Hanson Aggregate - Carroll Canyon Bldg. No.:
 Site Address: 9255 Camino Santa Fe City: San Diego Zip: 92127
 Facility Contact Person: Tom Ferrell Contact Phone No.: (658) 577-2772
 Make/Model of Monitoring System: V/R TLS 350 Date of Testing/Servicing: 5/13/04

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced.

<p>Tank ID: <u>#1 UL</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>PA02593</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: <u>Red Jacket</u></p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Ext Alarm</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: <u>#3 Diesel North</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>PA02593</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: <u>Red Jacket</u></p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Ext Alarm</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: <u>#2 Diesel South</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>PA02593</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: <u>Red Jacket</u></p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Ext Alarm</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: <u>#4 Diesel</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag 1</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: <u>PA02593</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: <u>Red Jacket</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Ext Alarm</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: <u>A V2 Diesel</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>#6/7 Diesel</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: <u>#3 UL</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>#8 Diesel High Flow</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: <u>#4/5 Diesel</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>#9 Diesel</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u></p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply): ☐ System set-up ☐ Alarm history report

Technician Name (print): René LeMessager Signature: René LeMessager

Certification No.: 11660 License No.: 203029

Testing Company Name: LeMessager Engineering Phone No.: (619) 917-8001
 Shop Address: 8011 Santacruz Village Cir N Date of Testing/Servicing: 5/13/04
San Diego, CA 92127

Results of Testing/Servicing

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90 %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: Site has been upgraded since last certification. The original dual float annular sensors were replaced w/single float style. One annular sensor is held together w/electrical tape.

All sensors are in working order. DEH may require dual float annular sensors.

In-Tank Gauging / SIR Equipment:

- ☒ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.: <input type="checkbox"/> 0.1 g.p.h.: <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

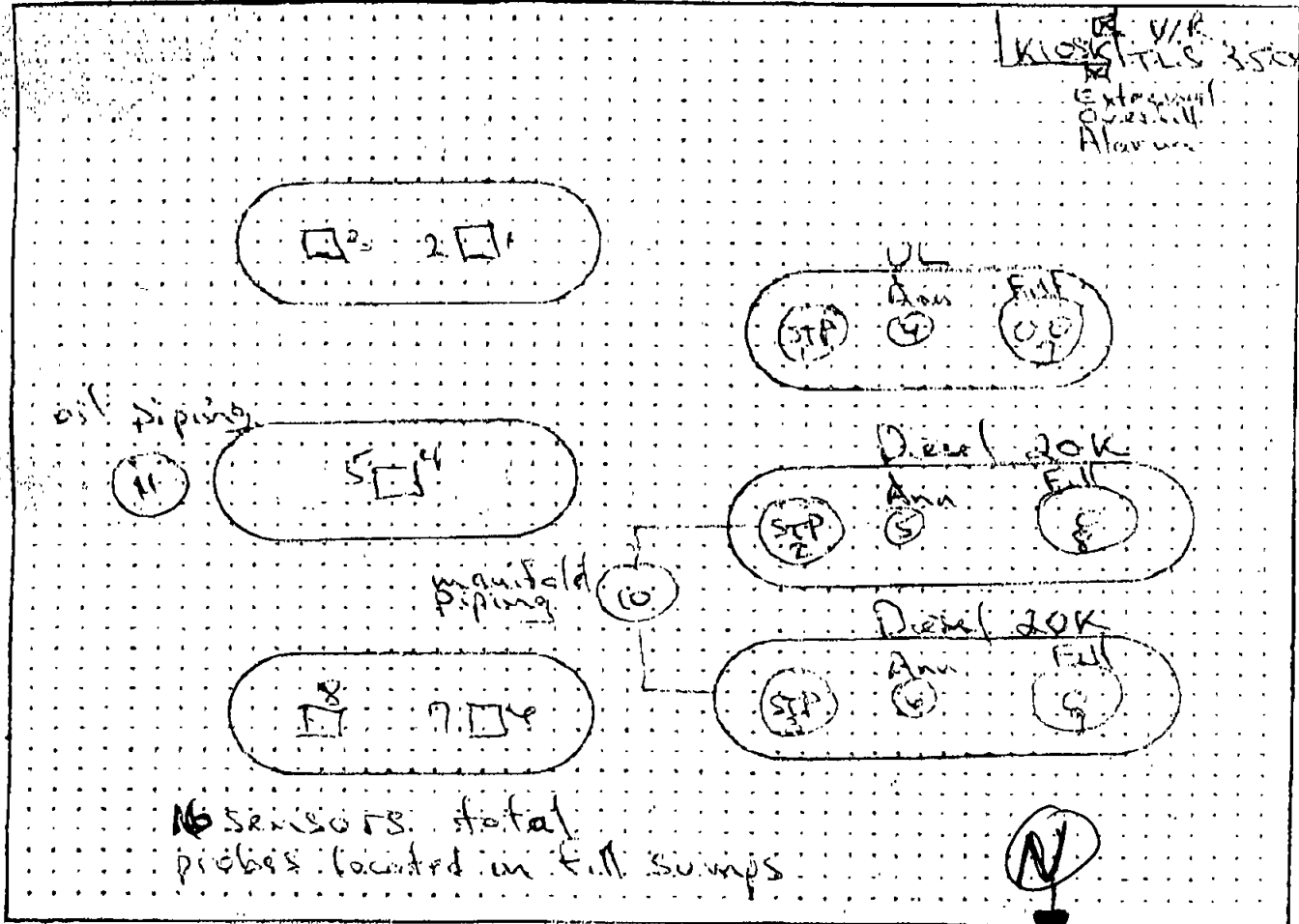
H. Comments:

Monitoring System Certification

Hanson Ag

UST Monitoring Site Plan

Site Address: 9255 Cambridge Sound E-e



Date map was drawn: ___/___/___

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.



COUNTY OF SAN DIEGO

NOTICE OF VIOLATION

PAGE 1 of 5

EST. NO. 117076

DATE 09/01/04

TIME START - END -

BUS. CODE K70

SPECIALIST Maschue

CONTACT Tom Ferrell

TITLE Regulatory Affairs

PHONE 619-577-2772

BUSINESS NAME Hanson Aggregates

ADDRESS 9255 Camino Santa Fe

CITY/ZIP San Diego 92121

OWNER's NAME Hanson Aggregates West

OWNERS ADDRESS PO Box 639069 CITY San Diego ZIP 92163-9069

An inspection of your property was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (H&S); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

Notice of Violation

SEP 24 2004

A routine Compliance Inspection and annual underground storage tank inspection was conducted at the Camino Santa Fe location noted above on 5/13/04 with the Carroll Canyon Manager, Jim Portlock. At that time compliance for the following items was requested in writing within thirty (30) days and as of this date compliance has not been documented.

- 1) Hazardous waste tank has no PE Certification or Exemption Notification. A valid Fire Department Permit for the 500 gallon used oil tank together with the AST Certification & Engineering Assessment Exemption Notification form DEH:HM-9271 (01/02/01) will substitute for a full Professional Engineer's Assessment.
CORRECTIVE ACTION: Provide either a Professional Engineer's Certification or apply for the Exemption (as described above) (form DEH:HM-9271 (01/02/01) attached).
- 2) Annular space sensor in the T-2 (HMD's T004) south diesel tank is being held together by electrical tape. This is not an appropriate fix for this sensor.
CORRECTIVE ACTION: Repair record for the annular space sensor (south diesel tank) that was being held together by electrical tape. Provide repair records to this Department.
- 3) Brine filled annular space sensors are the "single-float" variety; they are only capable of detecting low brine levels. Please provide documentation that this sensor approved by both the tanks and leak detection manufacturer to monitor this UST.
CORRECTIVE ACTION: Install dual-float sensors for this application or provide evidence that this UST-system is approved and sufficiently above the water table to use these types of sensors.
- 4) This facility failed to complete (pass) secondary containment testing in December 2002. During the inspection I was provided no evidence that repairs have been made or repeat testing has been performed and passed since that time. Passing tests were required by January 1, 2003.
CORRECTIVE ACTION: Provide evidence that secondary containment testing was completed (all components passed) or retest the system and provide evidence of completing the testing.



COUNTY OF SAN DIEGO

NOTICE OF VIOLATION

BUSINESS NAME: **Hanson Aggregates**ADDRESS: **9255 Camino Santa Fe, San Diego 92121**EST NO. 117076Page 2 of 5DATE September 1, 2004BUS. CODE K70SPECIALIST Maschue

- 5) Although requested on 5/13/04, no evidence of Financial Responsibility has been provided to this inspector for this location.

CORRECTIVE ACTION: Provide evidence of Financial Responsibility

When bringing each of the above items into compliance, written documentation of corrective actions shall be provided to HMD by September 10, 2004 (see attached "Corrective Action Form to Return to Compliance").

Be advised, if a re-inspection is needed to determine return to compliance status, a re-inspection fee may be issued.

QUESTIONS and/or CORRESPONDENCE

REGARDING THIS REPORT SHOULD BE DIRECTED TO:

MANON MASCHUE, ENVIRONMENTAL HEALTH SPECIALIST

DEPARTMENT OF ENVIRONMENTAL HEALTH

HAZARDOUS MATERIALS DIVISION MS O564

PO BOX 129261

PHONE (858) 694-2875

SAN DIEGO, CA 92112-9261

FAX (858) 694-3705

PRINT FULL NAME: **SENT BY CERTIFIED MAIL** DATE: **September 1, 2004**

(ESTABLISHMENT REPRESENTATIVE'S SIGNATURE) JOB TITLE: _____

IDENTIFICATION (CA DRIVERS LICENSE #, OR DATE OF BIRTH) _____

Manon Maschue

Signature - Environmental Health Specialist

9/1/04

(Date)

If this box is checked, provide written documentation of compliance with this notice within 10 days to this office.
Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 117076

DATE 9/1/04

PAGE 3 OF 5

BUSINESS ADDRESS:

9255 Camino Santa Fe

ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS WASTE REQUIREMENTS

RECORDKEEPING

Viol #	VIOL	VIOLATION DESCRIPTION
<input type="checkbox"/>	V0131	UPF Permit not obtained SDCC. 68.905
<input type="checkbox"/>	V0132	No EPA Identification Number. 66262.12
<input type="checkbox"/>	V0133	Manifest copy not sent to DTSC. 66262.23
<input type="checkbox"/>	V0134	Exception Rpt. not filed with DTSC. 66262.42
<input type="checkbox"/>	V0135	Waste Manifests/Receipts not on-site for 3 years. 66262.40
<input type="checkbox"/>	V0136	No records of battery disposal. 66262.81
<input type="checkbox"/>	V0137	Manifest not properly completed. 66262.23
<input type="checkbox"/>	V0138	TSDF signed-manifest not on-site. 66262.40
<input type="checkbox"/>	V0139	Biennial report not sent to DTSC. 66262.41
<input type="checkbox"/>	V0140	LDR Documentation not available. 66268.7
<input type="checkbox"/>	V0141	Operating TSDF without authorization. 25201
<input type="checkbox"/>	V0142	Failed to notify local CUPA of onsite treatment of hazardous waste. 25201
<input type="checkbox"/>	V0143	Tiered Permitting notification has incomplete or incorrect information. 25201
<input type="checkbox"/>	V0144	SB14 compliance doc. not available. 25244.19
<input type="checkbox"/>	V0145	Excluded recyclable materials report not submitted to HMD. 25143.10

STORAGE AND HANDLING

<input type="checkbox"/>	V0201	Waste container not kept closed. 66265.173
<input type="checkbox"/>	V0202	Waste container missing/improperly labeled. 66262.34, 25143.9
<input type="checkbox"/>	V0203	Damaged container not repackaged. 66265.171
<input type="checkbox"/>	V0204	Waste container not properly managed. 66265.173
<input type="checkbox"/>	V0205	Waste container in poor condition. 66265.171
<input type="checkbox"/>	V0206	Ignitable Waste < 50 feet of property line. 66265.176
<input type="checkbox"/>	V0207	Ignitable Waste not grounded. 66265.31
<input type="checkbox"/>	V0208	Storage area not inspected weekly. 66265.174
<input type="checkbox"/>	V0209	Waste stored > 90, 180, or 270 days. 66262.34
<input type="checkbox"/>	V0210	Hazwaste not cleaned up off floor surface. 66262.10b
<input type="checkbox"/>	V0211	Incompatibles in the same container. 66265.177
<input type="checkbox"/>	V0212	Incompatibles not stored separately. 66265.177
<input type="checkbox"/>	V0213	Container incompatible with waste. 66265.172
<input type="checkbox"/>	V0214	Waste oil contaminated. 25250.7
<input type="checkbox"/>	V0215	Used oil filters improperly managed. 66266.130
<input type="checkbox"/>	V0216	Hazardous materials not properly labeled. 25124

DISPOSAL AND TRANSPORTATION

<input type="checkbox"/>	V0301	Unauth. disposal of waste to: 25189.5
<input type="checkbox"/>	V0302	Unlawful transportation of hazardous waste. 25163
<input type="checkbox"/>	V0303	Waste transported without a manifest. 66262.20
<input type="checkbox"/>	V0304	Waste determination not made. 66262.11

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Viol #	VIOL	VIOLATION DESCRIPTION
<input type="checkbox"/>	V0401	Training records unavailable. 66265.16
<input type="checkbox"/>	V0402	Training program not adequate. 66265.16
<input type="checkbox"/>	V0403	Facility not designed to minimize release. 66265.31
<input type="checkbox"/>	V0404	Spill control equip not available. 66265.32
<input type="checkbox"/>	V0405	Aisle space is obstructed. 66265.35
<input type="checkbox"/>	V0406	Contingency plan not prepared and/or on file. 66265.51, 66265.53

HAZARDOUS WASTE TANK SYSTEMS

1	<input checked="" type="checkbox"/>	V1601	Hazwaste tanks w/o P.E. assessment. 66265.191a, 66265.192a
	<input type="checkbox"/>	V1602	P.E. Assessment report not complete. 66265.191g, 66265.192k
	<input type="checkbox"/>	V1603	Hazwaste tank system: no secondary containment. 66265.193a
	<input type="checkbox"/>	V1604	Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
	<input type="checkbox"/>	V1605	No daily tank inspection/inspect. log 66265.195 (b&c)
	<input type="checkbox"/>	V1606	Improper or absent spill/overflow protection. 66265.194b
	<input type="checkbox"/>	V1607	Improper corrosion protection. 66265.191, 66265.192
	<input type="checkbox"/>	V1608	Integrity assessment not done for tanks without secondary containment system. 66265.191
	<input type="checkbox"/>	V1609	Improper use of hazardous waste tank system. 66265.196
	<input type="checkbox"/>	V1610	No PE assessment report for repairs/changes. 66265.196g
	<input type="checkbox"/>	V1611	Improper closure of haz waste tank unit. 67383.3, 66265.197

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

<input type="checkbox"/>	V1001	UPF permit not obtained for Haz. Materials. 68.905
<input type="checkbox"/>	V1002	Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
<input type="checkbox"/>	V1003	HMBP not amended to reflect changes 25505
<input type="checkbox"/>	V1004	HMBP not submitted to HMD. 25505
<input type="checkbox"/>	V1005	Emergency Contacts not provided/current. 25509
<input type="checkbox"/>	V1006	Inventory is incomplete. 25504
<input type="checkbox"/>	V1007	Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
<input type="checkbox"/>	V1008	Annual carcinogen & reproductive toxin list not submitted to HMD 68.1113
<input type="checkbox"/>	V1009	Site map is not sufficient. 25509
<input type="checkbox"/>	V1010	Failure to report a release/threatened release. 25507
<input type="checkbox"/>	V2504	Owner or operator (O/O) Stationary Source (SS) with >TPQ of a regulated substance (RS) did not comply with Chapter 4.5 (CalARP process). 2745.1
<input type="checkbox"/>	V2553	O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT#: 117076
 DATE: 9/1/04
 PAGE: 4 OF 5

BUSINESS ADDRESS:

9255 Camino Santa Fe

ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections are either in violation (V) with the Underground Storage Tank laws and regulations or Non-Applicable (N/A). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
#	UST SYSTEM RECORDS	VIOL	V NA	#	FILE RECORDS	VIOL	V NA
	UPF Permit current and at facility? 25284; 68.905, 68.1003, 68.1005	3101		4	Secondary containment repairs conducted? 25284.1; 25291(a)(2); 2637(a)(2)	3115	X
	Operating Permit current and at facility? 25284(a); 25286(a), 2712 (j), 68.1003	3102			Releases reported/recorded? 25294, 25295; 2650, 2651, 2652	3151	
	UST Repair/modify/closure permit obtained? 68.1004, 68.1005, 68.1009.5	3103			Maintenance/monitoring/calibration/ repair records available? 25293; 2712 (b)	3152	
	Current forms A and B submitted? 25286(a)	3104			Monitoring certification submitted to CUPA within 30 days? 2637(b)(4)	3153	
5	Financial Responsibility current? 25292.2(a)	3105	X		Enhanced Leak detection performed if required? 25292.4	3154	
	Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b)	3106			Contractor or technician trained? 25284.1(a)(5)(D); 2637(b)(1)(B) & (C)	3155	
	Monitoring Procedures complete? 2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor has Class A, C-10, C34, C36, or C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A)	3156	
	UST Emergency Response Plan complete? 25289(b); 2632(b), 2634(e), 2641(h)	3108			No evidence of falsification of records or tampering with monitoring system? 25299(f)	3157	
	Monitoring plot plan submitted? 2711(a)(8)	3109			All operating permit conditions met? 2712	3158	
	Annual certification of ATG and sensors? 2641(j)	3110			Monitoring equipment installed, calibrated, operated, and maintained per manufacturer's instructions? 2637(b), 2641(j)	3159	
	Continuous monitoring system certified annually? 25284.1(a)(4)(C), 2630(d), 2637(b)	3111					
	2ndary containm. test done at 6/36 months; sent to CUPA w/i 30 days 25284.1; 2637(a); 2637(a)(4)	3114		2	UST system repairs done properly? 25292.1(c); 2660 (a)(k)(l)(m)	3160	X

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
#	VIOLATION DESCRIPTION	VIOL	V NA	#	VIOLATION DESCRIPTION	VIOL	V NA
	Is monitor not in state of alarm at beginning of inspection? 2632(d)	3251					
	Audible and visual alarms functioning properly? 2632(c)(2)(B), 2636(f)(1)	3252					
	Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5)	3253					
	UST system has approved overfill protection? 2635(b)(2)	3254					
	Is spill container in good condition and liquid free? 2635 (b)(1), 2636(a)(1)	3255					
	Fill box drain functional or alternative available? 2635(b)(1)(C)	3256					
	Is secondary containment liquid free? 2631(d)(4)	3257					
	Are sensors placed adequately and/or at low point in sumps? 2641(a), 2691(a)(7)(C)	3258					
	Dispenser containment present if currently required? 25284.1(a)(5)(C)	3259					
	Dispenser containment adequately monitored? 2636(f)(1) & (g)	3260					
	Dispenser containment free of liquid? 2631(d)(4)	3261					
	Secondary containment piping unobstructed to allow drainage to sump? 2632	3262					
3	All monitoring system components &/or devices functional? 2630, 2641(j), 2632	3263	X				
	Spill containment tested annually? 25284.2	3264					
	UST system operated to prevent spills and/or overfills 25292.1 (a)	3265					
	Under Dispenser Containment installed? 2636(h). Required by December 31 st , 2003	3266					
CATHODIC PROTECTION							
	System checked as required by tester? (6 mo /3yrs.) 2635(a)(2)(A)	3301					
	Impressed current system check every 60 days? 2635(a)(2)(A)	3302					
	Is corrosion protection adequate? 25292.1(b); 2635(a)(2), 2662(c)	3303					
CLOSURE REQUIREMENTS:							
	Temporary closure requirements completed? 25298, 2671	3322					
	Unused tank properly closed? Permanent closure requirements met? 25298, 2672	3324					

 Sent Certified Mail RRR
 Signature of Business Representative

 9/1/04
 Date Signed

 Manor Mardave, EHS
 Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT #: 117076
 DATE: 9, 1, 04
 PAGE: 5 OF 5

 BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP: 92121
UST SYSTEM INSPECTION
Requirements for Double Walled Systems

UST SYSTEM INSPECTION			TANK #								
Requirements for Double Walled Systems			PRODUCT								
#	VIOLATION DESCRIPTION		VIOL	V	NA	V	NA	V	NA	V	NA
PIPING MONITORING: PRESSURIZED SYSTEMS-OPTIONS 1, 2, 3 & 4											
	OPTION 1	Continuous audible and visual alarm with positive shut off? 2636(g)(1) & (2)	3401								
		Pump shuts off when monitor is disconnected or fails? 2636(g)(4)	3402								
	OPTION 2	Continuous audible and visual alarm with positive shut off? 2636(f)(1) & (3)	3403								
		Piping integrity test detects .1 gph with ELLD or 150% pressure? 2636(f)(4)	3404								
	OPTION 3	Line leak detector detects 3.0 gph or equivalent? 2636(f)(2)	3405								
		Automatic line leak detector certified annually? 25284.1(a)(4)(C); 2630(d), 2641(j)	3406								
		Piping integrity test detects .1 gph with ELLD or 150% pressure? 2636(f)(4)	3407								
	OPTION 4	Emergency Generators only: Monitoring system checked daily? 2636(g)(5)	3408								
		Em. Generators only: Continuous audible and visual alarm? 2636(g)(1) & (2)	3409								
PIPING MONITORING: SUCTION SYSTEMS											
		Continuous audible and visual alarm? 2636(f)1	3451								
REQUIREMENTS FOR SINGLE WALLED SYSTEMS											
TANK MONITORING REQUIREMENTS											
	OPTION 1	Monthly 0.2 gph tank gauging performed? 2643(b)(1)	3501								
	OPTION 2	Monthly SIR performed? 25292(b)(1); 2643(b)(3)	3502								
		Stick in good condition with 1/8" increments? 2645, 2646	3503								
		Dispenser meters calibrated? 2646.1	3504								
		SIR capable of detecting 0.2 gph? 2643(b)(3)	3505								
		Biennial 0.1 gph tank integrity testing performed? 2643(b)(3), 2643.1	3506								
		Annual SIR report submitted? 2646.1(j)	3507								
	OPTION 3	Weekly manual tank gauging performed? (UST capacity ≤1000 gallons) 2645	3508								
		Annual integrity test performed? (UST capacity 1000 gallons or less) 2645	3509								
PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED-OPTIONS 1, 2, 3& 4											
		Line leak detector certified annually? 25284.1(a)(4)(C); 2641(j)	3551								
		Line leak detector shuts down turbine & failsafe operational 2666(c)	3552								
	OPTION 1	Hourly line leak detector monitoring performed? 25284.1(a)(4) (C); 2643(c)(1)	3553								
		Monthly electronic line leak detection performed? 2643(c)(2)	3554								
	OPTION 2	Hourly line leak detector monitoring performed? 25284.1(a)(4) (c); 2643(c)(1)	3555								
		Annual electronic line leak detector monitoring performed? 2643(c)(3)	3556								
	OPTION 3	Hourly line leak detector monitoring performed? 25284 1(a)(4)(C), 2643(c)(1)	3557								
		Annual piping integrity test? 2643(c)(3)	3558								
	OPTION 4	Hourly electronic line leak detector detects 3 gph leak? 2643(c)(3)	3559								
		Electronic line leak detector detects 0.1 gph at 150% pressure? 2643(c)(3)	3560								
PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING											
		Piping integrity test performed every 3 years? 2643(d)	3601								
		Daily monitoring performed and logged? 2643(d), App.II	3602								
PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING											
		One check valve close to suction pump? 2641(b), 2636(a)(3)	3651								
		Contents drains back to tank if suction is released? 2641(b), 2636(a)(3)	3652								
PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING											
		Piping integrity test performed every 2 years? 2643(d)	3701								
		Enhanced leak detection performed if required? 25292.4(a)	3702								

9.1.04 Sent Certified Mail RRR Mayon Marchie, ETS
 Signature of Business Representative Date Signed Title of Business Representative

WRITTEN MONITORING PROCEDURES UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Authority cited: Title 23 CCR, Sections 2632 (d)(1), 2634 (d)(2), and 2641 (h)

This monitoring program must be kept at the UST location at all times. The elements of this monitoring program constitute conditions of the UST operating permit. The permit holder **must** submit any changes to the San Diego County, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261 **within 30 days** of any changes to the monitoring program, unless required to obtain approval before making the change.

A. General Information

Facility Name: Hanson Aggregates PSW, INC.

Facility Address: 9255 Camino Santa Fe San Diego CA 92121

- ☒ Tank and piping monitoring is identical for all UST's located at this facility; *or*
- ☐ This plan covers only the following tank(s): _____
- ☐ No electronic leak detection systems are used to monitor UST systems covered by this plan; *or*
- ☐ The following type of electronic monitoring system performs leak detection monitoring for UST systems covered by this plan (i.e.: Veeder Root TLS 350):
- Manufacturer: VEEDER ROOT Model # TLS 350
- Manufacturer: _____ Model # _____

B. Tank Monitoring (refer to annual monitor certification for help)

- ☒ Continuous electronic monitoring of tank interstitial space or secondary containment:
- Leak Sensor Manufacturer GILBARCO Sensor Model # PA #02593
- ☒ Automatic Tank Gauging system used to monitor single-walled tank(s):
- In-Tank Probe Manufacturer VEEDER ROOT Probe Model # 90-109
- Frequency of Leak Tests: ☐ Continuous (i.e. CITLD, CSLD) ☐ Daily ☐ Weekly
- ☐ Monthly ☐ Other (Specify) _____
- Programmed Leak Threshold: ☐ 0.1gph ☐ 0.2gph
- ☐ Weekly Manual Tank Gauging. Testing Period: ☐ 36 hours ☐ 60 hours
- ☐ Statistical Inventory Reconciliation (SIR): Note: requires biennial tank integrity test
- SIR Vendor: _____
- ☐ Tank Tightness Testing conducted: ☐ Annually ☐ Monthly ☐ Other (specify) _____
- ☐ Other Monitoring (specify): _____

C. Piping Monitoring (refer to annual monitor certification for help)

Line Monitoring is performed using the following methods: (*check all that apply*)

- ☐ No product or remote-fill piping connected to UST
- ☒ Continuous electronic monitoring of piping sump and other secondary containment sumps:
- Sensor Manufacturer VEEDER ROOT Sensor Model # 208
- Will piping leak alarm trigger automatic shutdown of pump? ☐ Yes ☐ No
- Will failure/disconnection of monitoring system trigger automatic shutdown of pump? ☐ Yes ☐ No
- ☒ Mechanical line leak detector (performs 3.0 gph leak test & restricts or shuts off flow when leak is detected):
- Manufacturer RED JACKET Model # 012-560-2; 012-775-02
- ☐ Electronic line leak detector (ELLD):
- Manufacturer _____ Model # _____
- Programmed line tightness test: ☐ 0.1gph annually ☐ 0.2gph monthly ☐ 3.0 gph
- Will ELLD detection of a piping leak trigger automatic shutdown of pump? ☐ Yes ☐ No
- Will failure or disconnection of the ELLD trigger automatic shutdown of pump? ☐ Yes ☐ No
- ☐ Line tightness testing conducted: ☐ Annually ☐ Every 3 years ☐ Other (specify) _____
- ☐ Piping is suction piping meeting all requirements for exemption from monitoring (23 CCR § 2636(a)(3))
- ☐ Dispensers are checked daily and "Suction Piping Daily Inspection Log" is completed
- ☐ Above ground visual monitoring daily
- ☐ Other (specify): _____

D. Dispenser Leak Detection (*check all that apply*)

- ☐ No Under Dispenser Containment (UDC): Dispenser housings are opened and fittings inspected daily
- ☐ No dispensers in system
- ☐ Float and chain assembly in under dispenser containment trips shear valve in case of leak
- Assembly Manufacturer _____ Model # _____
- ☒ Continuous electronic monitoring of UDC

OFFICE USE ONLY
UPFP: 117076

WRITTEN MONITORING PROCEDURES

Page 2 of 2

Leak sensor Manufacturer: VEEDER ROOT Model #: 208
 Will leak trigger audible and visual alarms? ☒ Yes ☐ No
 Will leak trigger automatic shutdown of turbine pump? ☒ Yes ☐ No
 Will failure/disconnection of monitoring system trigger shutdown of pump? ☒ Yes ☐ No

Other (specify): _____

E. Overfill Protection

The following method is present to prevent overfilling the UST(s): (check all that apply)

- ☒ High Level Alarm alerts transfer operator when tank is 90 % capacity
☒ Ball Float Valve that activates at 95 % of tank capacity
☒ Automatic Shut-off device (flapper valve)
☐ Total secondary containment of piping including vent lines

F. Monitoring Locations

☒ Attached to this monitoring plan is a site plan which shows the general tank and piping layouts and the location where monitoring is performed (i.e. locations of sumps, sensors, line leak detectors, control panels, etc.)

G. Personnel Responsibilities

The following facility personnel are responsible for performing UST monitoring activities and/or maintaining UST leak detection equipment: (include employee job title and specific UST monitoring responsibilities: i.e., inspection of equipment, reporting of alarms, arranging equipment testing & servicing, maintaining monitoring records, etc.)

Name:	Title:	Area of Responsibility
<u>CRIS TIECK</u>	<u>CONCRETE MANAGER</u>	<u>SAN DIEGO COUNTY</u>
<u>TOM FERRELL</u>	<u>ENVIRONMENTAL MANAGER</u>	<u>✓ ✓ ✓</u>
<u>JIM PORTLOCK</u>	<u>CARROLL CANYON PLANT MGR.</u>	<u>✓ ✓</u>

H. Reporting Format

Briefly describe the reporting format for monitoring: (i.e. SIR, in tank test, annual certification.)

THE SYSTEM IS CERTIFIED ANNUALLY UNDER OBSERVATION OF THE DEH,
THE CERTIFICATION IS CONDUCTED BY A CERTIFIED CONTRACTOR.

I. Equipment Testing and Preventive Maintenance

State law requires that testing, preventive maintenance, and calibration (if applicable) of monitoring equipment (i.e. sensors, probes, line leak detectors, etc.) be performed in accordance with the equipment manufacturer's instructions or annually, whichever is more frequent. Qualified personnel must perform such work.

Monitor equipment is serviced: ☒ Annually ☐ Other (specify) _____

Describe the preventive maintenance schedule for the monitoring equipment: (List contractor performing repairs and or certifications, if known) NIEL MASSEY, PETCO WILL MAINTAIN, TEST AND
CERTIFY THE MONITORING EQUIPMENT ANNUALLY.

J. Training

Briefly describe the employee training necessary for the operation of UST system, including piping, and the monitoring equipment:

DESIGNATED EMPLOYEES WILL BE TRAINED TO CHECK MONITORING
EQUIPMENT, RESPOND TO ALARMS, INSPECT SUMPS AND DISPENSERS.

Certification

I have reviewed this Underground Storage Tank Monitoring Plan and determined that it accurately describes monitoring of underground storage tank systems at this facility.

Signature of Owner/Operator Tom Ferrell Date 7/9/04

Below This Line For Agency Use Only

☒ This plan has been approved Specialist's Signature Marian E. Masche ☐ This plan has been returned Date _____/_____/_____
 Comments: all three tanks are now DSL. Effective 1/2004. (M.M.)

OFFICE USE ONLY

UPFP #: 117076

EMERGENCY RESPONSE PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Authority cited: title 23 CCR, Sections 2632 (d)(2), 2634 (e)(2), and 2641 (h)

California Underground Storage Tank (UST) Regulations require that facilities with USTs prepare a written response plan that describes how an unauthorized release will be handled. The plan must be approved by the County of San Diego, Hazardous Materials Division.

This monitoring program must be kept at the UST location at all times. The elements of this monitoring program constitute conditions of the UST operating permit. The permit holder **must** submit any changes to the San Diego County, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261, **within 30 days** of any changes to the monitoring program, unless required to obtain approval before making the change.

A. General Information

Facility Name: HANSON AGGREGATES PACIFIC SOUTHWEST, INC.
 Site Address: 9255 CAMINO SANTA FE
 City: SAN DIEGO, CA Zip Code: 92121

B. Spill Control and Clean-up Methods

Note: This plan supplements the Emergency Response/Contingency Plan module in the facility's Hazardous Materials Business Plan (Business Plan).

If safe to do so, facility personnel will take immediate measures to control or stop the release (e.g. activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.

Any release to secondary containment will be pumped or otherwise removed from the secondary containment system within a time consistent with the ability of the secondary containment system to contain the hazardous substance, but not greater than 30 calendar days or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.

Absorbents will be used to contain and clean up manageable spills of hazardous materials. Absorbents may be reused until they become too saturated to be effective. At that point, they will be managed as hazardous waste. Used absorbents, whether reusable or waste, will be stored in a properly labeled and sealed container.

Facility personnel will determine whether or not any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste. In the case of petroleum, a visual check will usually suffice. If the water has a petroleum sheen (i.e. rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed of on the ground or to storm water systems.

C. Spill Control and Clean-up Equipment

Spill control and clean-up equipment kept on-site is listed in the Emergency Equipment Inventory Table in the Business Plan. This equipment is inspected at least monthly, and after each use, and supplies are replenished as needed.

OFFICE USE ONLY

UPFP #: 117076

EMERGENCY RESPONSE PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Page 2 of 2

The following equipment is located off-site, but is available for use if needed:

Equipment	Location	Availability
NOT APPLICABLE		

If any spill control and clean-up equipment requires periodic maintenance, identify that equipment and describe the nature of maintenance and maintenance interval(s):

FRONT END LOADERS, DUMP TRUCKS, BACK HOES, BULLCATS,
CRANE, WATER TRUCK, WATER PUMPS.

D. Responsible Persons

The following person(s) is/are responsible for authorizing any work necessary under this response plan:

Name	Title
CRAIG TIECK	CONCRETE MANAGER
JIM PONTLUCK	PLANT MANAGER
TOM FENNEL	ENVIRONMENTAL MANAGER

E. Reporting and Record Keeping

A written report (i.e. Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report) will be submitted to the local agency within 5 working days of a spill or release outside of secondary containment.

Any spills, leaks, or water intrusion problems will be documented in the facility's monitoring records. Those records will include the date and time of the incident; the nature and cause of the incident; a description of how the incident was resolved; and the results of any analyses performed in a laboratory or in the field.

Monitoring records and written reports of unauthorized releases will be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records will be maintained for at least 3 years from the date of shipment.

Agency Use Only

This plan has been reviewed and: ☐ Approved ☐ Approved With Conditions ☐ Disapproved

Local Agency Signature: _____ Date: ____/____/____

Comments/Special Conditions: _____

HANSON AGGREGATES

7/20/04

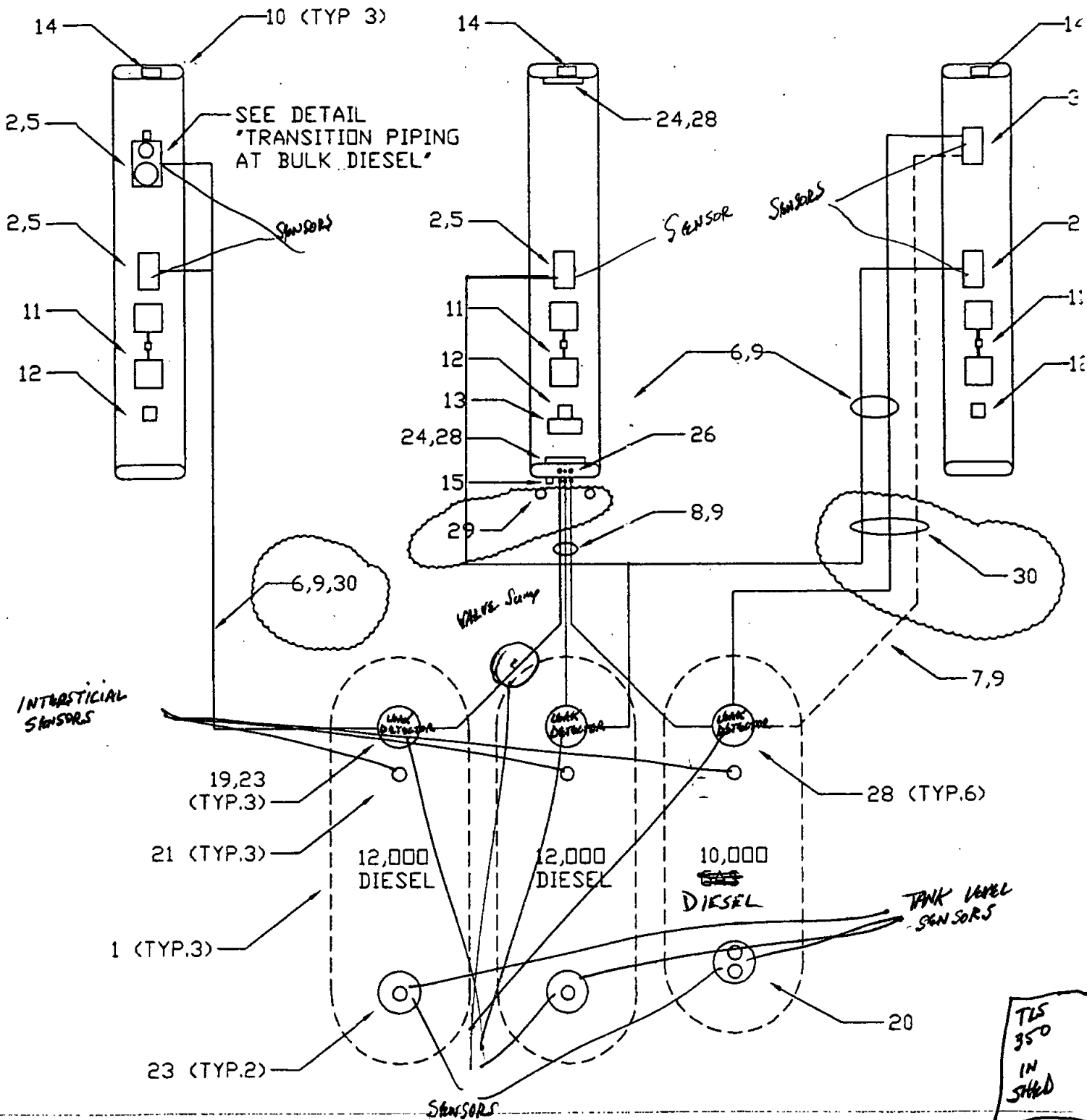
September 15, 2017 Pre-Diligence / LOI Period Package Addendum 2 October 10, 2017

9755

CAMINO SANTA FE

117076

← N
SCALE - 1' = 10' DISPENSERS



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2005 FEB 2 AM 8 49

D. E. H.
MAIL ROOM

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: Carroll Canyon/Mira Mesa	Facility ID #: H17076
Facility Address: 9255 Camino Santa Fe San Diego, CA 92121	Reason for Submitting this Form (Check One) <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update Certificate Expiration Date
Facility Phone #:	

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name: Dan Vera	Relation to UST Facility (Check One)
Business Name (If different from above): EnecoTech Southwest, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (619) 299-0033	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #: 5248199-UC	Expiration Date:

ALTERNATE 1 (Optional)

Designated Operator's Name: Dennis Fransway	Relation to UST Facility (Check One)
Business Name (If different from above): EnecoTech Southwest, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (619) 299-0033	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #: 5248468-UC	Expiration Date:

ALTERNATE 2 (Optional)

Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	Expiration Date:

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER

OR OWNER'S AGENT (Please Print): **Hanson Aggregates PSW, Inc.**

SIGNATURE OF TANK

OWNER OR OWNER'S AGENT: **Mari Z. Javelly**

DATE: **01/27/05**

OWNER'S PHONE #: **(858) 577-2770**

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name:	Hanson - Carroll Canyon	Facility ID #:	117076
Facility Address:	9255 Camino Santa Fe San Diego, CA	Reason for Submitting this Form (Check One)	
Facility Phone #:	(858) 577-2774	<input type="checkbox"/> Change of Designated Operator	
		<input type="checkbox"/> Update Certificate Expiration Date	

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name:	Dan Vera	Relation to UST Facility (Check One)
Business Name (If different from above):	GES, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	(619) 299-0033	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #:	5248199-UC	Expiration Date:

ALTERNATE 1 (Optional)

Designated Operator's Name:	Dennis Fransway	Relation to UST Facility (Check One)
Business Name (If different from above):	GES, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	(619) 299-0033	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #:	5248468-UC	Expiration Date:

ALTERNATE 2 (Optional)

Designated Operator's Name:	Edward Kontos	Relation to UST Facility (Check One)
Business Name (If different from above):	GES, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	(619) 299-0033	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #:	5257840-UC	Expiration Date:

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER

OR OWNER'S AGENT (Please Print): Hanson Aggregates PSW, Inc.

SIGNATURE OF TANK

OWNER OR OWNER'S AGENT: 

DATE: 7/8/05

OWNER'S PHONE #: 858-577-2772

Permit #: 117076
 State ID: 37-000-117076



Operating Permit Issued on 09/14/2005
 Operating Permit Expires on: 09/13/2008
 Reference Number: 1063

San Diego County

Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: HANSON AGGREGATES

Site Address: 9255 CAMINO SANTA FE, SAN DIEGO, 92121-2201

Tank Owner's Name: HANSON AGGREGATES PSW

Tank Operator's Name HANSON AGGREGATES

**See reverse side for permit conditions and requirements.*

Tank#	Capacity (gallons)	Tank Use	Piping Construction	Contents	Monitoring Alternative
1. 24178	20000	Motor Vehicle Fuel	Double wall	DIESEL	DW TANK DW PRESSURE PIPE W/ SHUT OFF AND ALARM ON LINE LEAK DETECTOR: INTERSTITIAL
2. 24179	20000	Motor Vehicle Fuel	Double wall	DIESEL	DW TANK DW PRESSURE PIPE W/ SHUT OFF AND ALARM ON LINE LEAK DETECTOR: INTERSTITIAL
3. 24180	10000	Motor Vehicle Fuel	Double wall	DIESEL	DW TANK DW PRESSURE PIPE W/ SHUT OFF AND ALARM ON LINE LEAK DETECTOR: INTERSTITIAL

Total Number of Operating Permitted Tanks: 3



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Hanson AggregatesADDRESS 9255 Camino Santa FeCITY/ZIP San Diego, CA 92121PAGE 1 of 4 DATE 05/18/05EST. NO. 117076TIME START 7:00am END 3:00pmBUS. CODE K70 K61SPECIALIST Maschue

INSPECTION CONTACT/ TITLE

Pete Zagar/ Regulatory AffairsPHONE 619-577-2772

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Y N/A

Y N/A

☒ ☐ Unified Program Facility Permit current and available☒ ☐ Employee Training is adequate☒ ☐ Waste disposal records available for review☐ ☐ Emergency contacts current ☒ Updated today☐ ☐ Chemical inventory current ☒ Updated today☐ All violations noted on this compliance inspection report were corrected during this inspection.Permit Expires on: 31/MAY/05☒ ☐ Employee Training records available☒ ☐ Waste containers kept closed☒ ☐ Waste containers kept labeled☒ ☐ Waste containers in good condition

MAY 26 2005

Routine UST and Hazardous Materials/Wastes Inspection conducted this date with Pete Zagar, Regulatory Affairs for Hanson Aggregates. Facility is a home base, fueling station, quarry and gravel yard for an aggregate company. There are 3 USTs and 8 dispensers for a total of 16 sensors and 3 ATGs. UDCs were liquid free. Sumps were liquid free. Overfill on all three USTs and failsafe passed. Spill buckets contained water at the beginning of the inspection and the water was removed by inspection's end. Spill buckets were tested today and passed. LLDs were tested today. Two LLDs on the diesel tanks failed and plan to be replaced today. The LLD for the low sulfur DSL passed. EnecoTech's employee Dan Vera is the ICC certified UST System Operator (ICC#5248199UC). There are accurate/thorough monthly operator logs on site. Pete Zagar is also an ICC Certified UST System Operator.

Observations

UST:

Line leak detector for both the 20K DSL tanks failed. Possibly able to repair/replace today.

IMPORTANT FACTS:

***Financial Responsibility Current as of 4/5/05.

***UST Repair Records are available.

***SCT Testing is due again by January 2006.

☐ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of
Business
Representative

Signature of Business Representative

Date Signed

Title



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

PERMIT # 117076

DATE 5/18/05

PAGE 2 of 45

ZIP CODE: 92121

BUSINESS ADDRESS: 9255 Camino Santa Fe

Hazardous Materials/Hazardous Waste:

No hazardous waste violations.

***There are 5 55-gallon drums outside the Truck Shop. One is labeled "Bad Diesel". By June 18, 2005, remove the water from the diesel and reuse the diesel. One of these drums has grease, mark the drum "Grease". The contents of the other 3 drums are not clear. Determine the contents and properly label within 10 days or they become a hazardous waste per HSC 25124.

***Facility is a SQG of hazardous waste at this time.

***Be sure to retain TSDf-Signed copy of manifests for aerosol cans and federally regulated substances.

***There is a daily AST leak log at the truck shop.

***Be advised that even for small quantity generators of universal waste, mercury wastes inside fluorescent light tubes will be illegal to throw away starting February 2006. A DTSC handout on light tube waste was provided.

***Strongly recommend that you get a spill kit for large spills at the fuel dispensers. Using rags for smaller spills is OK.

***Be advised to update hazardous materials business plan within 30 days of any change in the plan such as emergency contacts or location of hazards that would effect emergency responders ability to respond.

QUESTIONS AND/OR CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO

- **MANÓN MASCHUE, ENVIRONMENTAL HEALTH SPECIALIST**
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION MS 0564
PO BOX 129261 **PHONE (858)694-2875**
SAN DIEGO, CA 92112-9261 **FAX (858)694-3705**

Within 30 days, correct the violations. Within 5 more days, provide a written response, to the address listed on this report, providing corrective actions taken to resolve the items noted above. Use the corrective action form to document return to compliance and attach any supporting documentation.

Be advised, if a re-inspection is needed to determine return to compliance, a re-inspection fee may be issued.

Signature of Business Representative

Date Signed

Title



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 117076

DATE: 5/18/05

PAGE: 3 OF 5

ZIP: 92121

BUSINESS ADDRESS:

9255 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION					VIOLATION DESCRIPTION				
Viol # NOV	UST SYSTEM RECORDS	VIOL	V		Viol # NOV	FILE RECORDS	VIOL	V	
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005 3/1/05	3101				Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114		
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003 9/13/05	3102				Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115		
	All permit operating conditions not met. 25284; 2712	3158				All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151		
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103				All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152		
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104				Monitoring Certification not submitted to CUPA within 30 days of inspection. 2638(d)	3161		
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809 4/5/05	3105				Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154		
	Owner/operator agreement not available/ completed/ submitted to HMD. 25284(a)(3), 2620(b)	3106				Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162		
	Monitoring procedures not available/completed/ submitted to HMD. 2632(b)&(d), 2634(d), 2641(h), 2711(a)(9)	3107				Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163		
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108				Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157		
	Scaled Plot plan showing tank, piping & equipment location not available/complete/ submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109				All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164		
	Annual certification for ATG and/or sensors not completed. 2641(j), 2638	3110				UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160		
	Annual certification for continuous monitoring system not completed. 25284.1(a)(4)(C); 2630(d), 2638	3116				Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)(e)	3192		
	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191							

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

		TANK #		1003	1004	1005	
		PRODUCT		DSL	DSL	DSL	
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification 2638(f)		3270				
	UST system does not have an approved overflow protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
	Secondary containment system components not liquid free. 2631(d)(4)		3257				
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 2691(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265				
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298, 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298, 2672		3324				

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT #: 117076
 DATE: 5/18/05
 PAGE: 4 OF 45

 BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP: 92121

UST SYSTEM INSPECTION

Requirements for Double Walled Systems

#	VIOLATION DESCRIPTION		TANK #	PRODUCT	T003	T004	T005	
	PIPING MONITORING: PRESSURIZED SYSTEMS-Includes Under Dispenser Containment (UDC)	NOV	VIOL	V	V	V	V	V
	Continuous audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3410					
	Line leak detector not installed, not functional, or not tested. 2636(f)(2), 25284.1(a)(4)(C), 2641(j)		3411					
	OPTION 1 No annual 0.1 gph (gallon per hour) test. 2636(f)(4)		3412					
	OPTION 2 No pump shut-down or stop of flow at dispenser for UDC leak. 2636(f)(5) ✓		3413					
	No pump shut down & fail safe for other pipe secondary containment. 2636(f)(5)		3414					
	OPTION 3 Emergency Generators without LLDs:		3415					
	Monitoring system not checked daily or log (record) of daily checks not available. 2636(f)(6)		3416					
	OPTION 4 Vapor or pressure monitoring system not functioning. 25290.1 (d&e)		3416					
	PIPING MONITORING: SUCTION SYSTEMS							
	Continuous audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3451					

Requirements for Single Walled Systems

TANK MONITORING REQUIREMENTS								
OPTION 1	Monthly 0.2 gph tank gauging test not performed. 2643(b)(1)		3501					
OPTION 2	Monthly Statistical Inventory Reconciliation (SIR) not performed 25292(b)(1); 2643(b)(3)		3502					
	Stick not in good condition or without 1/8" increments. 2645, 2646		3503					
	Dispenser meters not calibrated. 2646.1		3504					
	SIR not capable of detecting 0.2 gph release. 2643(b)(3)		3505					
	Did not notify HMD of a possible release within 10 days. 2646.2(d)		3510					
	Biennial 0.1 gph tank integrity testing not performed. 2643(b)(3), 2643.1		3506					
	Annual SIR report not submitted. 2646.1(j)		3507					
OPTION 3	Weekly manual tank gauging not performed. (UST capacity ≤1000 gallons). 2645		3508					
	Annual integrity test not performed. (UST capacity 1000 gallons or less) 2645		3509					
PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED-OPTIONS 1, 2, 3, & 4								
	Line leak detector (LLD) not certified annually. 25284.1(a)(4)(C); 2641(j)		3551					
	LLD does not shut down pump with release and detector failure/disconnection. 2666(c)		3552					
OPTION 1	Hourly line leak detector monitoring not performed 25284.1(a)(4)(C); 2643(c)(1)		3553					
	Monthly electronic line leak detection not performed. 2643(c)(2)		3554					
OPTION 2	Hourly line leak detector monitoring not performed. 25284.1(a)(4)(c); 2643(c)(1)		3561					
	Annual electronic line leak detector monitoring not performed. 2643(c)(3)		3562					
OPTION 3	Hourly line leak detector monitoring not performed. 25284.1(a)(4)(C); 2643(c)(1)		3563					
	Annual piping integrity test not performed. 2643(c)(3)		3564					
OPTION 4	Hourly electronic line leak detector could not detect 3 gph leak. 2643(c)(1)		3565					
	Line leak detector could not detect 0.1 gph at 150% pressure. 2643(c)(3)		3566					
PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING								
	Piping integrity test not performed every 3 years. 2643(d)		3601					
	Daily monitoring not performed and/or logged. 2643(d), Appendix II		3602					
PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING								
	More than one check valve or single valve not located properly 2641(b), 2636(a)(3)		3651					
	Contents do not drain back to tank if suction is released. 2641(b), 2636(a)(3)		3652					
PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING								
	Piping integrity test not performed every 2 years. 2643(e)		3701					
	Enhanced leak detection not performed as required 25292.4(a)		3702					

 Signature of Business Representative
Peter M. Ziegler

 Date Signed
5/18/05

 Environmental/Regulatory
 Affairs Manager
 Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 117076

DATE 5/18/05

PAGE 5 OF 5

BUSINESS ADDRESS:

9255 Camino Santa Fe

ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS WASTE REQUIREMENTS

RECORDKEEPING

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V0131 UPF Permit not obtained SDCC. 68.905
	<input type="checkbox"/>	V0132 No EPA Identification Number. 66262.12
	<input type="checkbox"/>	V0133 Manifest copy not sent to DTSC. 66262.23
	<input type="checkbox"/>	V0134 Exception Rpt. not filed with DTSC. 66262.42
	<input type="checkbox"/>	V0135 Waste Manifests/Receipts not on-site for 3 years. 66262.40
	<input type="checkbox"/>	V0136 No records of battery disposal. 66262.81
	<input type="checkbox"/>	V0137 Manifest not properly completed. 66262.23
	<input type="checkbox"/>	V0138 TSDF signed-manifest not on-site. 66262.40
	<input type="checkbox"/>	V0139 Biennial report not sent to DTSC. 66262.41
	<input type="checkbox"/>	V0140 LDR Documentation not available. 66268.7
	<input type="checkbox"/>	V0141 Operating TSDF without authorization. 25201
	<input type="checkbox"/>	V0142 Failed to notify local CUPA of onsite treatment of hazardous waste. 25201
	<input type="checkbox"/>	V0143 Tiered Permitting notification has incomplete or incorrect information. 25201
	<input type="checkbox"/>	V0144 SB14 compliance doc. not available. 25244.19
	<input type="checkbox"/>	V0145 Excluded recyclable materials report not submitted to HMD. 25143.10

STORAGE AND HANDLING

	<input type="checkbox"/>	V0201 Waste container not kept closed. 66265.173
	<input type="checkbox"/>	V0202 Waste container missing/improperly labeled. 66262.34, 25143.9
	<input type="checkbox"/>	V0203 Damaged container not repackaged. 66265.171
	<input type="checkbox"/>	V0204 Waste container not properly managed. 66265.173
	<input type="checkbox"/>	V0205 Waste container in poor condition. 66265.171
	<input type="checkbox"/>	V0206 Ignitable Waste < 50 feet of property line. 66265.176
	<input type="checkbox"/>	V0207 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31
	<input type="checkbox"/>	V0208 Storage area not inspected weekly. 66265.174
	<input type="checkbox"/>	V0209 Waste stored > 90, 180, or 270 days. 66262.34
	<input type="checkbox"/>	V0210 Hazwaste not cleaned up off floor surface. 66262.10b
	<input type="checkbox"/>	V0211 Incompatibles in the same container. 66265.177
	<input type="checkbox"/>	V0212 Incompatibles not stored separately. 66265.177
	<input type="checkbox"/>	V0213 Container incompatible with waste. 66265.172
	<input type="checkbox"/>	V0214 Waste oil contaminated. 25250.7
	<input type="checkbox"/>	V0215 Used oil filters improperly managed. 66266.130
	<input type="checkbox"/>	V0216 Hazardous materials not properly labeled. 25124

DISPOSAL AND TRANSPORTATION

	<input type="checkbox"/>	V0301 Unauth. disposal of waste to: _____, 25189.5
	<input type="checkbox"/>	V0302 Unlawful transportation of hazardous waste. 25163
	<input type="checkbox"/>	V0303 Waste transported without a manifest. 66262.20
	<input type="checkbox"/>	V0304 Waste determination not made. 66262.11

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V0401 Training records unavailable. 66265.16
	<input type="checkbox"/>	V0402 Training program not adequate. 66265.16
	<input type="checkbox"/>	V0403 Facility not designed to minimize release. 66265.31
	<input type="checkbox"/>	V0404 Spill control equip not available. 66265.32
	<input type="checkbox"/>	V0405 Aisle space is obstructed. 66265.35
	<input type="checkbox"/>	V0406 Contingency plan not prepared and/or on file. 66265.51, 66265.53

HAZARDOUS WASTE TANK SYSTEMS

	<input type="checkbox"/>	V1601 Hazwaste tanks w/o P.E. assessment. 66265.191a, 66265.192a
	<input type="checkbox"/>	V1602 P.E. Assessment report not complete. 66265.191g, 66265.192k
	<input type="checkbox"/>	V1603 Hazwaste tank system: no secondary containment. 66265.193a
	<input type="checkbox"/>	V1604 Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
	<input type="checkbox"/>	V1605 No daily tank inspection/inspect. log 66265.195 (b&c)
	<input type="checkbox"/>	V1606 Improper or absent spill/overflow protection. 66265.194b
	<input type="checkbox"/>	V1607 Improper corrosion protection. 66265.191, 66265.192
	<input type="checkbox"/>	V1608 Integrity assessment not done for tanks without secondary containment system. 66265.191
	<input type="checkbox"/>	V1609 Improper use of hazwaste tank system. 66265.196
	<input type="checkbox"/>	V1610 No PE assessment report-repairs/changes. 66265.196g
	<input type="checkbox"/>	V1611 Improper closure of haz waste tank unit. 67383.3, 66265.197

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

	<input type="checkbox"/>	V1001 UPF permit not obtained for Haz. Materials. 68.905
	<input type="checkbox"/>	V1002 Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
	<input type="checkbox"/>	V1003 HMBP not amended to reflect changes. 25505
	<input type="checkbox"/>	V1004 HMBP not submitted to HMD. 25505
	<input type="checkbox"/>	V1005 Emergency contacts not provided/current. 25509
	<input type="checkbox"/>	V1006 Inventory is incomplete. 25504
	<input type="checkbox"/>	V1007 Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
	<input type="checkbox"/>	V1008 Annual carcinogen & reproductive toxin list not submitted to HMD. 68.1113
	<input type="checkbox"/>	V1009 Site map is not sufficient. 25509
	<input type="checkbox"/>	V1010 Failure to report a release/threatened release. 25507
	<input type="checkbox"/>	V1011 Personnel training records not available. 19 CCR 2732
	<input type="checkbox"/>	V1012 SPCC plan required but not prepared. 25270.5 (c)
	<input type="checkbox"/>	V2504 Owner or operator (O/O) Stationary Source (SS) with >TPQ of a regulated substance (RS) did not comply with Chapter 4.5 (CalARP process). 2745.1
	<input type="checkbox"/>	V2553 O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933http://www.sdcountry.ca.gov/deh/hmd/forms_hmd.htmlUNDERGROUND STORAGE TANK SECONDARY CONTAINMENT
TESTING REPORT FORM

117076

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Permit Number: 117076

Plan Check Number: ENTERED MAY 15 2006

FACILITY INFORMATION

Facility Name: Hanson Aggregate Carrol Canyon	Date of Testing: 2005-01-05
Facility Address: 9255 Camino Santa Fe, San Diego, CA 92127	Test Type:
Facility Contact: Clay Smith	Phone: (858) 715-5694
Date Local Agency Was Notified of Testing: 2005-12-17	<input type="checkbox"/> Initial
Name of Local Agency Inspector (if present during testing): None	<input type="checkbox"/> 6 months
	<input checked="" type="checkbox"/> 36 months

TESTING CONTRACTOR INFORMATION

Company Name: Lemesnager Engineering Inc.		
Technician Conducting Test: Harold W. Taylor		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: A & Haz	License Number: 203029	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Incon	STS	12/1/07

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Fill 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary 6 STP 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Fill 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary 7 STP 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Fill 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary 8 Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STP 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 1 & 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STP 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STP 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 4 & 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPS 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 6 & 7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary 1 STP T1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC Bulk 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary 2 STP T2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Oil Sump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secondary 3 STP T2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary 4 STP T3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary 5 STP T3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Stored in labeled 55 gallon drum, disposed of by site contact.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements
For all testing equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification ☐ System printout attached

Technician's Signature:

Date:

11 5 105
2006
HWT

1. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (<i>Specify</i>)			
Test Method Used:	<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (<i>Specify</i>)			
Test Equipment Used:	Equipment Resolution:			
	Tank # 1	Tank # 2	Tank # 3	Tank #
Is Tank Exempt From Testing? ¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	10,000	20,000	20,000	
Tank Material:	Owens Corning	Owens Corning	Owens Corning	
Tank Manufacturer:	Fiberglass	Fiberglass	Fiberglass	
Product Stored:	Diesel	Diesel	Diesel	
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _I):				
Test End Time:				
Final Reading (R _F):				
Test Duration:				
Change in Reading (R _F -R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, & recommended follow-up for failed tests)

Annulars are Birne Filled

¹ Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment.

2. SECONDARY PIPE TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> Piping Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (<i>Specify</i>)		
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (<i>Specify</i>)		
Test Equipment Used: Guages		Equipment Resolution: 5 lbs.	

	Piping Run # 1	Piping Run # 2	Piping Run # 3	Piping Run # 4
Piping Material:	Fiberglass	Fiberglass	Fiberglass	Fiberglass
Piping Manufacturer:	A.O. Smith	A.O. Smith	A.O. Smith	A.O. Smith
Piping Diameter:	3"	3"	3"	3"
Length of Piping Run:	60'	35'	8'	7'
Product Stored:	Cl Diesel	Cl Diesel	Cl Diesel	Cl Diesel
Method and location of piping-run isolation:	Termination Fitting	Termination Fitting	Termination Fitting	Termination Fitting
Wait time between applying pressure/vacuum/water and starting test:	15 min.	15 min.	15 min.	15 min.
Test Start Time:	9:00 AM	9:00 AM	9:00 AM	10:15 AM
Initial Reading (R _I):	5 lbs.	5 lbs.	5 lbs.	5 lbs.
Test End Time:	10:00 AM	10:00 AM	10:00 AM	11:15 AM
Final Reading (R _F):	5 lbs.	5 lbs.	5 lbs.	5 lbs.
Test Duration:	1 hr	1 hr	1 hr	1 hr
Change in Reading (R _F -R _I):	-5 lbs	0	0	-5 lbs
Pass/Fail Threshold or Criteria:	Fail	Pass	Pass	Pass
Test Result:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

2. SECONDARY PIPE TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> Piping Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (<i>Specify</i>)			
Test Method Used:	<input checked="" type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (<i>Specify</i>)			
Test Equipment Used: Guages	Equipment Resolution: 5 lbs.			
	Piping Run # 5	Piping Run # 6	Piping Run # 7	Piping Run # 8
Piping Material:	Fiberglass	Fiberglass	Fiberglass	Fiberglass
Piping Manufacturer:	A.O. Smith	A.O. Smith	A.O. Smith	A.O. Smith
Piping Diameter:	3"	3"	3"	3"
Length of Piping Run:	40'	24'	30'	300'
Product Stored:	Cl Diesel	Cl Diesel	Cl Diesel	Cl Diesel
Method and location of piping-run isolation:	Termination Fitting	Termination Fitting	Termination Fitting	Termination Fitting
Wait time between applying pressure/vacuum/water and starting test:	15 min.	15 min.	15 min.	15 min.
Test Start Time:	1:15 PM	1:15 PM	1:15 PM	
Initial Reading (R_i):	5 lbs.	5 lbs.	5 lbs.	5 lbs.
Test End Time:	2:15 PM	2:15 PM	2:15 PM	
Final Reading (R_F):	5 lbs.	5 lbs.	5 lbs.	5 lbs.
Test Duration:	1 hr	1 hr	1 hr	1 hr
Change in Reading ($R_F - R_i$):	-5	0	0	
Pass/Fail Threshold or Criteria:	Fail	Pass	Pass	
Test Result:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

3. PIPING SUMP TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> Sump Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)			
Test Equipment Used: Icon STS	Equipment Resolution: .002			
	Sump # 1	Sump # 2	Sump # 3	Sump # SPS1
Sump Diameter:	37"	37"	37"	37"
Sump Depth:	53"	53"	53"	53"
Sump Material:	Fiberglass	Fiberglass	Fiberglass	Fiberglass
Height from Tank Top to Top of Highest Piping Penetration:	14"	24"	17"	18"
Height from Tank Top to Lowest Electrical Penetration:	7"	18"	15"	14"
Condition of sump prior to testing:	Good	Good	Good	Good
Portion of Sump Tested ²	Sump	Sump	Sump	Sump
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	15 min.	15 min.	15 min.	15 min.
Test Start Time:	11:29 AM	10:18 AM	1:53 PM	1:02 PM
Initial Reading (R _I):	4.6617	4.6733	3.3814	4.2273
Test End Time:	12:01 PM	11:04 AM	2:31 PM	1:33 PM
Final Reading (R _F):	4.6618	4.6813	3.3788	4.2277
Test Duration:	32 min.	46 min.	38 min.	31 min.
Change in Reading (R _F -R _I):	.0001	.0008	.0026	.0004
Pass/Fail Threshold or Criteria:	Pass	Pass	Pass	Pass
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an

4. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> UDC Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon STS			Equipment Resolution: .002	
	UDC # 1&2	UDC # 3	UDC # 4&5	UDC # 6&7
UDC Manufacturer:	Bravo	Bravo	Bravo	Bravo
UDC Material:	Steel	Steel	Steel	Steel
UDC Depth:	24"	24"	24"	24"
Height from UDC Bottom to Top of Highest Piping Penetration:	Bottom	Bottom	Bottom	Bottom
Height from UDC Bottom to Lowest Electrical Penetration:	Bottom	Bottom	Bottom	Bottom
Condition of UDC prior to testing:	Good	Good	Good	Good
Portion of UDC Tested ³	UDC	UDC	UDC	UDC
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	15 min.	15 min.	15 min.	15 min.
Test Start Time:	11:29 PM	11:29 PM	1:02 PM	1:02 PM
Initial Reading (R _I):	4.4380	6.1477	3.3592	3.6626
Test End Time:	12:01 PM	12:01 PM	1:33 PM	1:33 PM
Final Reading (R _F):	4.4374	6.1474	3.3599	3.6627
Test Duration:	32 min.	32 min.	31 min.	31 min.
Change in Reading (R _F -R _I):	.0006	.0003	.0007	.0001
Pass/Fail Threshold or Criteria:	Pass	Pass	Pass	Pass
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

³ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

4. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon STS	Equipment Resolution: .002		
	UDC # B1	UDC #	UDC #
UDC Manufacturer:	Bravo		
UDC Material:	Steel		
UDC Depth:	24"		
Height from UDC Bottom to Top of Highest Piping Penetration:	Bottom		
Height from UDC Bottom to Lowest Electrical Penetration:	Bottom		
Condition of UDC prior to testing:	Good		
Portion of UDC Tested ³	UDC		
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time			
Is system programmed for fail-safe shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	15 min.		
Test Start Time:	1:53 PM		
Initial Reading (R _I):	6.2094		
Test End Time:	2:31 PM		
Final Reading (R _F):	6.1876		
Test Duration:	38 min.		
Change in Reading (R _F -R _I):	.0218		
Pass/Fail Threshold or Criteria:	Pass		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

³ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

5. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By:		<input checked="" type="checkbox"/> Sump Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)		
Test Method Used:		<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)		
Test Equipment Used: Encon STS			Equipment Resolution: .002	
	Fill Sump # 1	Fill Sump # 2	Fill Sump # 3	Fill Sump #
Sump Diameter:	37"	37"	37"	
Sump Depth:	53"	53"	53"	
Height from Tank Top to Top of Highest Piping Penetration:	14"	12"	14"	
Height from Tank Top to Lowest Electrical Penetration:	24"	16"	18"	
Condition of sump prior to testing:	Good	Good	Good	
Portion of Sump Tested	Sump	Sump	Sump	
Sump Material:	Fiberglass	Fiberglass	Fiberglass	
Wait time between applying pressure/vacuum/water and starting test:	15 min.	15 min.	15 min.	
Test Start Time:	9:28 AM	11:55 AM	11:55 AM	
Initial Reading (R _I):	4.6009	4.2937	6.5328	
Test End Time:	10:00 AM	12:26 PM	12:26 PM	
Final Reading (R _F):	4.6004	4.3289	6.5334	
Test Duration:	32 min.	31 min.	31 min.	
Change in Reading (R _F -R _I):	.0005	.0352	.0006	
Pass/Fail Threshold or Criteria:	Pass	Pass	Pass	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is there a sensor in the sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor alarm when either product or water is detected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

6. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input checked="" type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used:			Equipment Resolution:	
	Spill Box #	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:				
Bucket Depth:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _I):				
Test End Time:				
Final Reading (R _F):				
Test Duration:				
Change in Reading (R _F -R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

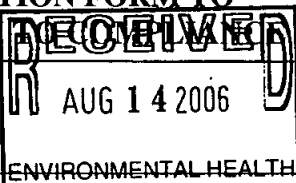
Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Send Completed Form to:
 County of San Diego,
 Department of Environmental Health,
 Hazardous Materials Division-UST Group
 P.O. Box 129261
 San Diego CA 92112-9261

RECEIVED AUG 21 2006



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO
DOCUMENT RETURN

PERMIT # 117076

SPECIALIST Maschwe

INSPECTION DATE: 5/16/06

CONTACT Pete Zagar

BUSINESS NAME Hanson Aggregates

ADDRESS 9255 Camino Santa Fe

CITY San Diego

ZIP 92121

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
v 0138 1	in Progress	Production clerk is in the process of contacting TSD's for missing TSDF copies. Going forward, filing system has been created in order to flag missing documentation.
v 0134 2	5/18/06	DTSC was mailed blue copies of manifests.
v 3107 3	5/30/06	A copy of the monitoring procedures was placed in the on-site UST file.
v 3108 4	5/30/06	A copy of both the MSHA required emergency response plan and one addressing spill response specifically is in the C. Canyon production office
v 3152 5	5/18/06	master file of maintenance/calibration records were re-copied and delivered to C. Canyon office
v 3193 6	5/18/06	Training was conducted in Feb 2006 as part of SPC and Haz waste training requirements. Docs
v 7		were re-copied and have been placed in an on-site training file(s).
v 8		
v 9		
v 10		

I certify under penalty of law that this business/site has corrected all violations marked on the Compliance Inspection Report /Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the business/site, and am aware that there are significant penalties for submitting false information.

Responsible Party (Print Name):

Peter G. Zagar

Job Title

Environmental/
Regulatory Affairs MGR

Signature of Responsible Party:

Peter G. Zagar

Date:

7/29/06

< Send completed form and supporting documentation to the address listed below >

COUNTY OF SAN DIEGO USE ONLY:

Reviewed by:

M. Maschwe

Date:

8/17/06

Specialist's comments:

comment/note in KVA (MGR)

☒ All violations noted on date listed above were corrected.



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Hanson Aggregates
 ADDRESS 9255 Camino Santa Fe
 CITY/ZIP San Diego CA 92121

ENTERED AUG 07 2006
 PAGE 1 OF 4 DATE 5/16/06
 PERMIT # 717076
 TIME START 8- END 1-
 BUS. CODE K61
 SPECIALIST Maschwe
 INSPECTION CONTACT/TITLE
Pete Zagar Reg. Affairs.
 PHONE: (619) 577-2772

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Y	N/A		Y	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Expires on: <u>31 May, 07</u>
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training records available
<input type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers kept closed
<input type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input checked="" type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers kept labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical inventory current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition

Routine Hazardous Materials and Hazardous Waste Inspection AND Below Grade UST inspection conducted this date with Pete Zagar of Hanson and Rene LeMessager (UST contractor).

RECEIVED JUL 13 2006

UST: Positive shut down of diesel turbine sums is caused by all dispenser sensors, the piping sensor and the turbine pump sensors. Overfill functions properly on all three tanks. Spill buckets (3) passed one hour test today. Annular sensors are in brine and both low level and high level sensors function properly today. Three mechanical line leak detectors detect a 3.0 gph leak and restrict flow to dispenser hoses. Oil tanks piping sensor (pump sensor) shuts oil pump when tripped. Certificate of financial responsibility, monthly designated operator inspection reports and spec are all current and on site. UST operating permit is kept by the Veeder Root. "Option 2" for pressurized D.W. systems is in use.

You must keep the following documents onsite: Hazardous Materials Business Plan - UST Emergency Response Plan, UST System Monitoring plan, UST training records, ALL records of repairs for USTs (and all tests including all SB979 tests and all monitoring certificates) and all TSD signed copies of manifests to document that the TSD received the waste. -NOTICE TO COMPLY-

①+② Business failed to have TSD signed manifest copies onsite and for those over 30 days you are required to document your efforts to retrieve these and, as necessary, submit an "Exception report to DTSC" describing your failed efforts.

☐ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

Signature of Business Representative

Date Signed

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
 Phone: (619) 338-2222 Fax: (619) 338-2137 1-800-253-9933 <http://www.sdcounty.ca.gov/deh/hmd/index.html>



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 117076

DATE: 5/16/06

PAGE: 2 OF 4

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

Office Use Only

Ron J

Corrective action: Maintain both the "Generator Copy" and the TSD - signed copy on site x 3yrs. The federal government will change to federal manifests soon at that time you will no longer get a "blue copy" of manifest and you will instead be required to make a copy of the "Generator Copy" and send it to DTSC when you make your waste shipment.

③ + ④ There are no copies of the UST EF Plan and UST Monitoring Procedures on site as required by 23CCR 2632(b)(d) 2634(d)(e) 2641(h)

Corrective action: Recommend that you keep copies of each of these in your UST book in Jim Portlock's office along with HMBP and copies of all past testing + calibration records.

⑤ Maintenance + calibration records were not available today.

Corrective action: as above.

⑥ Records of UST Operator - facility training were not observed today. They are required to also be on site.

Corrective action: As in ③ + ④.

Complete and return signed corrective action form
By 6/16/06 to certify you have corrected
deficiencies.

Attach a signed HMBP certification statement.

~~No Hazwaste / No HMTA violations observed today.~~

Error!!!

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Small and Large Quantity Generators of Hazardous Waste Handlers of Hazardous Materials

PERMIT # 117076

DATE 5/16/06

PAGE 3 OF 4

BUSINESS ADDRESS: 9255 Camino Santa Fe

ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/> 1001	UPF permit not obtained for hazardous materials. 68.905
<input type="checkbox"/>	<input type="checkbox"/> 1002	HMBP not established/implemented. 25503.5(a)
<input type="checkbox"/>	<input type="checkbox"/> 1004	HMBP not submitted to HMD. 25505(a)
<input type="checkbox"/>	<input type="checkbox"/> 1005	Emergency contact not provided or current. 25509(a)(7)
<input type="checkbox"/>	<input type="checkbox"/> 1007	Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
<input type="checkbox"/>	<input type="checkbox"/> 1008	Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)
<input type="checkbox"/>	<input type="checkbox"/> 1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
<input type="checkbox"/>	<input type="checkbox"/> 1010	Did not report release or threatened release. 25507(a), CCR 2703
<input type="checkbox"/>	<input type="checkbox"/> 1013	Copy of HMBP not onsite for inspector's review. 25505(e)
<input type="checkbox"/>	<input type="checkbox"/> 1014	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
<input type="checkbox"/>	<input type="checkbox"/> 1015	Did not have adequate employee training program 2732 &/or 25504 (c)
<input type="checkbox"/>	<input type="checkbox"/> 1016	Failure to have an adequate emergency response plan 25504 (b); 2731
<input type="checkbox"/>	<input type="checkbox"/> 1017	Business Plan not certified annually. 25505(d) & (e)(2)
<input type="checkbox"/>	<input type="checkbox"/> 1018	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORDKEEPING

<input type="checkbox"/>	<input type="checkbox"/> 0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905
<input type="checkbox"/>	<input type="checkbox"/> 0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
<input type="checkbox"/>	<input type="checkbox"/> 0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)
2	<input checked="" type="checkbox"/> 0134	Failed to file Exception Report with DTSC. 66262.42
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 0135	Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)
<input type="checkbox"/>	<input type="checkbox"/> 0136	Did not have records of battery disposal. 66266.81(a)(4)(B)
<input type="checkbox"/>	<input type="checkbox"/> 0137	Failed to complete manifest properly. 66262.23(a)
1	<input checked="" type="checkbox"/> 0138	Failed to have TSDF copy of manifest onsite. 66262.40(a)
<input type="checkbox"/>	<input type="checkbox"/> 0140	Failed to have LDR documentation onsite. 66268.7(a)(8)
<input type="checkbox"/>	<input type="checkbox"/> 0141	Failed to obtain approval for TSDF. 25201(a)
<input type="checkbox"/>	<input type="checkbox"/> 0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)
<input type="checkbox"/>	<input type="checkbox"/> 0145	ERM reporting not submitted biennially &/or available. 25143.10
<input type="checkbox"/>	<input type="checkbox"/> 0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
<input type="checkbox"/>	<input type="checkbox"/> 0147	Failed to keep universal waste record for 3 years for offsite shipment. SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2)
<input type="checkbox"/>	<input type="checkbox"/> 0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
<input type="checkbox"/>	<input type="checkbox"/> 0149	Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)

DISPOSAL AND TRANSPORTATION

<input type="checkbox"/>	<input type="checkbox"/> 0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
<input type="checkbox"/>	<input type="checkbox"/> 0302	Unlawful transportation of hazardous waste (HW). 25163(a)
<input type="checkbox"/>	<input type="checkbox"/> 0303	Did not use HW manifest for disposal. 66262.20(a), 25160.2(b)9
<input type="checkbox"/>	<input type="checkbox"/> 0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)
<input type="checkbox"/>	<input type="checkbox"/> 0305	Disposed of used oil illegally. 25250.5(a) and 25189.5(a)
<input type="checkbox"/>	<input type="checkbox"/> 0306	Disposed of latex paint illegally. 25217.1
<input type="checkbox"/>	<input type="checkbox"/> 0307	Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)
<input type="checkbox"/>	<input type="checkbox"/> 0308	Impermissible dilution of hazardous waste. 66268.3(a)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V	VIOLATION DESCRIPTION
		STORAGE AND HANDLING
<input type="checkbox"/>	<input type="checkbox"/> 0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/> 0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/> 0218	Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> fuel filters. 25250.22 and 66266.130(c)(3)
<input type="checkbox"/>	<input type="checkbox"/> 0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
<input type="checkbox"/>	<input type="checkbox"/> 0220	Spent lead acid batteries not properly managed. 66266.81
<input type="checkbox"/>	<input type="checkbox"/> 0221	Failed to comply with satellite regulations. 66262.34(e)
<input type="checkbox"/>	<input type="checkbox"/> 0222	Failed to properly label ERM. 25143.9(a)
<input type="checkbox"/>	<input type="checkbox"/> 0223	Failed to properly manage non-empty container or inner liner removed from a container. 66261.7 (b), (d) &/or (r)
<input type="checkbox"/>	<input type="checkbox"/> 0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 66261.7(e) & (f).

HAZWASTE REQUIREMENTS FOR SQGs ONLY

STORAGE AND HANDLING-Pursuant to 66262.34(d)

<input type="checkbox"/>	<input type="checkbox"/> 0225	Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) (>90 days for an AHW waste)
<input type="checkbox"/>	<input type="checkbox"/> 0226	Did not accumulate waste in container or tank. 66262.34 (d)(2)
<input type="checkbox"/>	<input type="checkbox"/> 0227	Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/> 0228	Failed to keep container closed. CFR 265.173
<input type="checkbox"/>	<input type="checkbox"/> 0229	Failed to conduct weekly inspections. CFR 265.174
<input type="checkbox"/>	<input type="checkbox"/> 0230	Failed to maintain aisle space. CFR 265.35
<input type="checkbox"/>	<input type="checkbox"/> 0231	Failed to properly separate incompatible wastes. CFR 265.177
<input type="checkbox"/>	<input type="checkbox"/> 0232	Waste accumulated in a container in poor condition. CFR 265.171
<input type="checkbox"/>	<input type="checkbox"/> 0233	Failed to use a lined/compatible container. CFR 265.172.
<input type="checkbox"/>	<input type="checkbox"/> 0234	Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	<input type="checkbox"/> 0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
<input type="checkbox"/>	<input type="checkbox"/> 0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
<input type="checkbox"/>	<input type="checkbox"/> 0409	Spill/fire control equip not available. CFR 265.32(c)
<input type="checkbox"/>	<input type="checkbox"/> 0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
<input type="checkbox"/>	<input type="checkbox"/> 0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
<input type="checkbox"/>	<input type="checkbox"/> 0412	Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	<input type="checkbox"/> 1612	Hazardous waste improperly stored in a tank system that <input type="checkbox"/> leaks, <input type="checkbox"/> is corroded, or <input type="checkbox"/> failing. CFR 265.201(b)(2)
<input type="checkbox"/>	<input type="checkbox"/> 1613	Failed to comply with tank standards which include: two feet of freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)
<input type="checkbox"/>	<input type="checkbox"/> 1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
<input type="checkbox"/>	<input type="checkbox"/> 1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
<input type="checkbox"/>	<input type="checkbox"/> 1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 117076

DATE: 5/16/06

PAGE: 4 OF 4

ZIP: 92121

BUSINESS ADDRESS:

9855 Camino Santa Fe.

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION					VIOLATION DESCRIPTION				
Viol #	NOV	UST SYSTEM RECORDS	VIOL	V	Viol #	NOV	FILE RECORDS	VIOL	V
		Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101				Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
		Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102				Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
		All permit operating conditions not met. 25284; 2712	3158				All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
		UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103				All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	✓
		CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104		5		Monitoring Cert. not submitted to CUPA w/i 30 days. 2638(d)	3161	
		Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105		6		Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	✓
		Owner/operator agreement not available/ completed/ submitted to HMD. 25284(a)(3); 2620(b)	3106				Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
3		Monitoring procedures not available/ completed/ submitted to HMD. 2632(b)&(d), 2634(d), 2641(h), 2711(a)(9)	3107	✓			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
4		Emergency Response Plan is not available/ complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108	✓			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
		Scaled Plot plan showing tank, piping & equipment location not available/complete/ submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109				Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
		Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(i), 2638	3110				All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(i)	3164	
		Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116				UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160	
		Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191				Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)(e)	3192	

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

		TANK #					
		PRODUCT					
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
	Secondary containment system components not liquid free. 2631(d)(4)		3257				
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265				
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298, 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298, 2672		3324				

Signature of Business Representative

Date Signed

Title of Business Representative

INSP.



County of San Diego

 DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: RT3590Permit Number: 117076

A. General Information

 Facility Name: HANSON Bldg. No.: _____
 Site Address: 9255 COMINO SANTE FE City: SAN DIEGO Zip: 92121
 Facility Contact Person: ZADAR Contact Phone No.: (____) _____
 Make/Model of Monitoring System: TLS 350
Date of Testing/Servicing: 5/16/06

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

Tank ID: DSL SOUTH
☒ In-Tank Gauging Probe. Model: MAG#1
☒ Annular Space or Vault Sensor. Model: -302
☒ Piping Sump / Trench Sensor(s). Model: -208
☒ Fill Sump Sensor(s). Model: -208
☒ Mechanical Line Leak Detector. Model: RED JACKET
☐ Electronic Line Leak Detector. Model: _____
☒ Tank Overfill / High-Level Sensor. Model: EXTERNAL BOX
☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: DSL NORTH
☒ In-Tank Gauging Probe. Model: MAG#1
☒ Annular Space or Vault Sensor. Model: -302
☒ Piping Sump / Trench Sensor(s). Model: -208
☒ Fill Sump Sensor(s). Model: -208
☒ Mechanical Line Leak Detector. Model: RED JACKET
☐ Electronic Line Leak Detector. Model: _____
☒ Tank Overfill / High-Level Sensor. Model: EXTERNAL BOX
☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: DSL CENTER
☒ In-Tank Gauging Probe. Model: MAG#1
☒ Annular Space or Vault Sensor. Model: -302
☒ Piping Sump / Trench Sensor(s). Model: -208
☒ Fill Sump Sensor(s). Model: -208
☒ Mechanical Line Leak Detector. Model: RED JACKET
☐ Electronic Line Leak Detector. Model: _____
☒ Tank Overfill / High-Level Sensor. Model: EXTERNAL BOX
☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: 11
☐ In-Tank Gauging Probe. Model: _____
☐ Annular Space or Vault Sensor. Model: _____
☐ Piping Sump / Trench Sensor(s). Model: _____
☐ Fill Sump Sensor(s). Model: _____
☐ Mechanical Line Leak Detector. Model: _____
☐ Electronic Line Leak Detector. Model: _____
☐ Tank Overfill / High-Level Sensor. Model: _____
☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: #1, #2 DSL
☒ Dispenser Containment Sensor(s). Model: -208
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: #3 DSL NORTH
☒ Dispenser Containment Sensor(s). Model: -208
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: #45 DSL
☒ Dispenser Containment Sensor(s). Model: -208
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: #6 #7
☒ Dispenser Containment Sensor(s). Model: -208
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: #8
☒ Dispenser Containment Sensor(s). Model: -208
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 01L REEL SUMP SENSOR
☒ Dispenser Containment Sensor(s). Model: -208
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

 C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☒ System set-up ☒ Alarm history report

 Technician Name (print): JAMES RAMER
 Certification No.: A29699
 Testing Company Name: LEMESVAGER ENV.
 Site Address: _____

 Signature: _____
 License No.: 203029
 Phone No.: (____) _____
Date of Testing/Servicing: 5/16/06

County of San Diego-DEH-Hazardous Materials Division

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number: 117076Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:Permit Number: 117076☒ Check this box if tank gauging is used only for inventory control☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

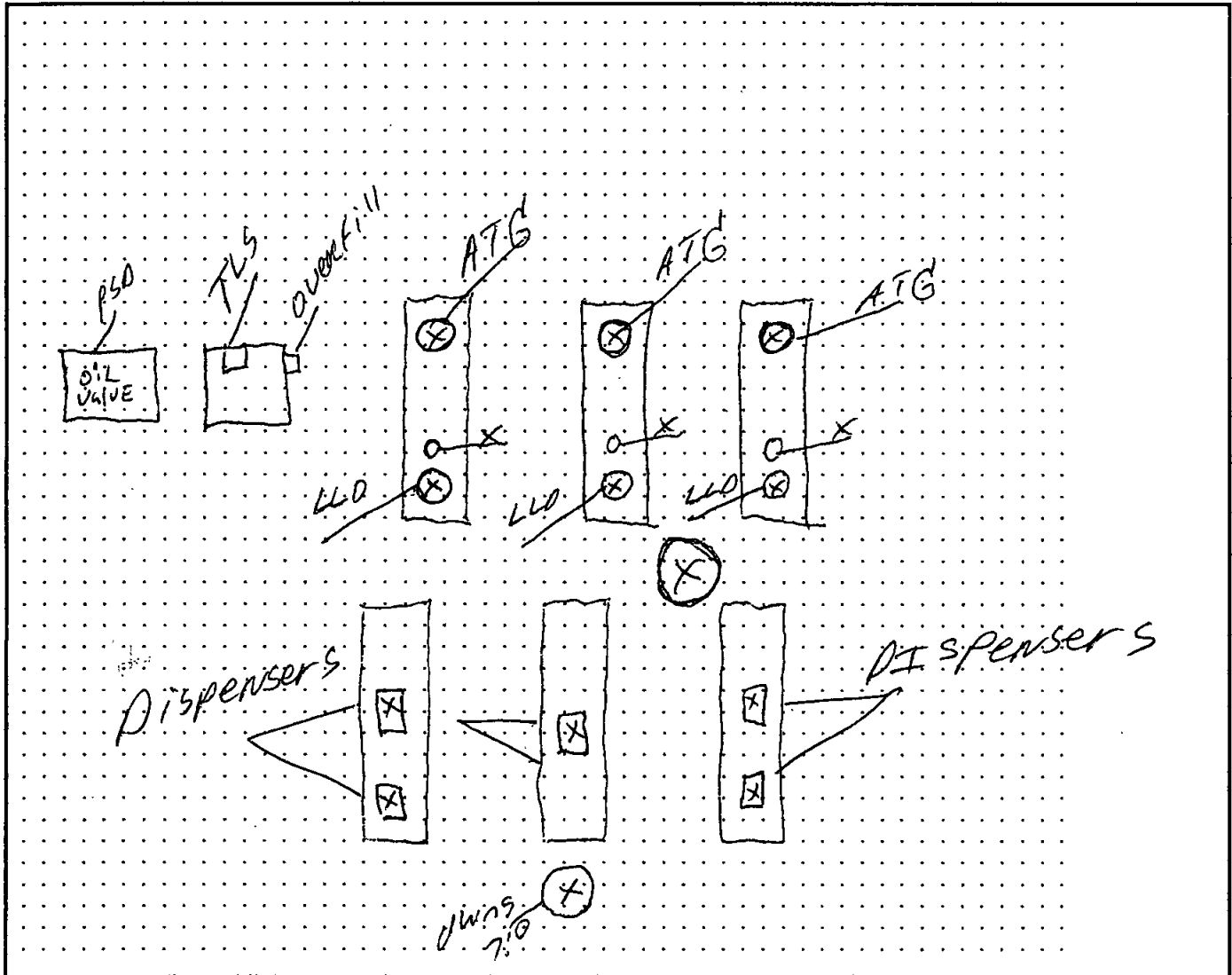
H. Comments:

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: _____

HAWSON

UST Monitoring Site Plan

Site Address: 9255 Camino Santa FE S.D.

X = sensors

Date map was drawn: 5/16/06Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: <u>HANSON</u>	Date of Testing: <u>5-16-06</u>
Facility Address: <u>9255 Camino Santa Fe SAN Diego CA 92121</u>	
Facility Contact: <u>Zamora</u>	Phone: _____
Date Local Agency Was Notified of Testing: _____	
Name of Local Agency Inspector (if present during testing): <u>MANON M.</u>	

2. TESTING CONTRACTOR INFORMATION

Company Name: <u>Lemesvager EWB</u>
Technician Conducting Test: <u>James Romero</u>
Credentials ¹ : <input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input checked="" type="checkbox"/> Other (Specify) <u>V/Root</u>
License Number(s): <u>203029</u>

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other
Test Equipment Used:	Equipment Resolution:		
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 <u>DSL-</u>	2 <u>DSL</u>	3 <u>6TTS DSL</u>
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump
Bucket Diameter:	<u>12"</u>	<u>12"</u>	<u>12"</u>
Bucket Depth:	<u>13"</u>	<u>13"</u>	<u>13"</u>
Wait time between applying vacuum/water and start of test:	<u>15</u>	<u>15</u>	<u>15</u>
Test Start Time (T _I):	<u>9:00</u>	<u>9:00</u>	<u>9:00</u>
Initial Reading (R _I):	<u>4 1/2</u>	<u>6"</u>	<u>6 1/2</u>
Test End Time (T _F):	<u>10:00</u>	<u>10:00</u>	<u>10:00</u>
Final Reading (R _F):	<u>4 1/2"</u>	<u>6"</u>	<u>6 1/2"</u>
Test Duration (T _F - T _I):	<u>1 HR</u>	<u>1 HR</u>	<u>1 HR</u>
Change in Reading (R _F - R _I):			
Pass/Fail Threshold or Criteria:			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: James Romero

Date: 5-16-06

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements



COUNTY OF SAN DIEGO

OFFICIAL NOTICE - NOTICE OF VIOLATION

PAGE 1 OF 1
 EST NO. H 117076
 DATE 5-25-06
 TIME START 10:15 END
 BUS. CODE
 SPECIALIST LONG
 CONTACT Ruben Lazo
 TITLE Safety
 PHONE 619-760-505-0864

BUSINESS NAME Hanson Aggregate
 ADDRESS 9255 Camino 1st. Fr
 CITY San Diego ZIP
 OWNERS NAME PHONE
 OWNERS ADDRESS CITY ZIP

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (H&S); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

A independently owned & operated truck (approximately 10 yrs) overturned in the Hanson quarry approximately 100 gal of diesel fuel spilled onto the ground. No surface water or stormwater impact.

Clean-up of the contaminated soil is pending by the owners insurance company. If cleanup cannot be made by owner in a timely manner recommended the property owner take initial clean-up measures to remove & contain contaminated soils, pending disposal.

Within 10 days provide copies of the Hazardous Waste Disposal Manifests to Attn Bruce Lazo
 Fax - 619-338-2139.

Truck owner: Bruce Maine 619-522-9188
 (N3143772)

PRINT FULL NAME: Henry Pimentel DATE: 5/25/06
Henry Pimentel JOB TITLE: Production Supervisor
 (ESTABLISHMENT REPRESENTATIVE'S SIGNATURE)
 IDENTIFICATION (CA DRIVERS LICENSE #, OR DATE OF BIRTH)
Bruce Lazo 619-338-2216 5-25-06
 Signature - Hazardous Materials Specialist Date



If this box is checked, provide written documentation of compliance with this notice to this office within 5 days. Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

OFFICE USE ONLY

☐ Reinspection fee Required if Marked

RECEIVED
2006 APR 26 11:09 12
MAIL ROOM

Owner Statements of Designated Underground Storage Tank (UST) Operator
and Understanding of and Compliance with UST Requirements

Facility Name: <u>Hanson - Carroll Canyon</u>	Facility ID #: <u>11707604</u>
Facility Address: <u>9255 Camino Santa Fe</u> <u>San Diego, CA</u>	Reason for Submitting this Form (Check One) <input checked="" type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update Certificate Expiration Date
Facility Phone #: <u>858-577-2774</u>	

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name: <u>Sean Leffler</u>	Relation to UST Facility (Check One)
Business Name (If different from above): <u>GES, Inc.</u>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: <u>619-299-0033</u>	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #: <u>5280198-UC</u>	Expiration Date: <u>3/3/09</u>

ALTERNATE 1 (Optional)

Designated Operator's Name: <u>Cassandra Burdyslaw</u>	Relation to UST Facility (Check One)
Business Name (If different from above): <u>GES, Inc.</u>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: <u>619-299-0033</u>	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #: <u>5277418-UC</u>	Expiration Date: <u>2/27/08</u>

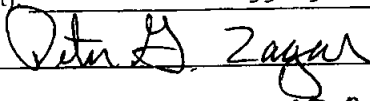
ALTERNATE 2 (Optional)

Designated Operator's Name: <u>Edward Kontos</u>	Relation to UST Facility (Check One)
Business Name (If different from above): <u>GES, Inc.</u>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: <u>619-299-0033</u>	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #: <u>5257840-UC</u>	Expiration Date: <u>4/4/07</u>

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER (Please Print): Hanson Aggregates PSW, Inc.

SIGNATURE OF TANK OWNER: 

DATE: 4/10/06

OWNER'S PHONE #: 858-577-2772

NOTE: 1) SUBMIT THIS COMPLETED FORM TO THE LOCAL AGENCY (NOT THE STATE WATER RESOURCES CONTROL BOARD) BY JANUARY 1, 2005. THE LOCAL AGENCY LIST IS AVAILABLE AT: www.waterboards.ca.gov/ust/contacts/cupa_agvs.html.

2) NOTIFY THE LOCAL AGENCY OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 6 DATE 5/21/07

PERMIT # 117076

TIME START 924 END 1818

BUS. CODE K61

SPECIALIST MIKE MANN

INSPECTION CONTACT/TITLE

PETE ZAGAR REGULATORY MGR.

PHONE: (858) 572-2772

BUSINESS NAME HANSON AGGREGATES

ADDRESS 9255 CAMINO SANTA FE

CITY/ZIP SAN DIEGO 92121

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Y N/A

- ☒ ☐ Unified Program Facility Permit current and available
☒ ☐ Hazardous Materials Business Plan available
☒ ☐ Employee Training is adequate
☐ ☐ Waste disposal records available for review
☒ ☐ Emergency contacts current ☐ Updated today
☒ ☐ Chemical inventory current ☐ Updated today

Y N/A

- ☒ ☐ Permit Expires on: 31 MAY 08
☒ ☐ Contingency Plan available
☒ ☐ Employee Training records available
☐ ☐ Waste containers kept closed
☒ ☐ Waste containers kept labeled
☒ ☐ Waste containers in good condition

ROUTINE INSPECTION

NOTICE TO COMPLY:

1. AN ANNUAL UST MONITORING EQUIPMENT CERTIFICATION AND BELOW GRADE INSPECTION WAS CONDUCTED TODAY. ON 1/5/2006 SB989 SECONDARY CONTAINMENT TESTING (SCT) WAS CONDUCTED AND PIPING RUNS #1, #4, AND #5 FAILED; THE BULK DIESEL DISPENSER UDC FAILED; AND THE OIL SUMPS WERE NOT TESTED. REPAIRS WERE MADE UNDER PERMIT RT3590. THE ABOVE UST SYSTEM COMPONENTS WERE RETESTED AND PASSED. THE SCT TEST RESULTS FOR THE REPAIR WORK (RT3590) ARE NOT ONSITE AND AVAILABLE FOR REVIEW.
- CORRECTIVE ACTION REQUIRED: MAINTAIN COPIES OF ALL UST MAINTENANCE, MONITORING, ~~AND~~ CALIBRATION, AND REPAIR RECORDS ONSITE FOR A PERIOD OF AT LEAST 3 YEARS. PROVIDE A COPY OF THE MISSING SCT TEST RESULTS TO THE DEH* WITHIN 30 DAYS.

RECEIVED MAY 30 2007

2. THE BULK DIESEL DISPENSER UDC CONTAINS APPROXIMATELY 2 GALLONS OF WATER AND THE ALARM FOR THE UDC SENSOR WAS NOT ACTIVATED.

- CORRECTIVE ACTION REQUIRED: MAINTAIN ALL SECONDARY CONTAINMENT LIQUID FREE. INVESTIGATE THE CAUSE OF THE WATER INTRUSION, PERFORM ANY NECESSARY REPAIRS (OBTAIN A UST REPAIR PERMIT IF REQUIRED), AND PROPERLY DISPOSE.

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

Signature of Business Representative

Date Signed

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
 Phone: (619) 338-2222 Fax: (619) 338-2377 1-800-253-9933 <http://www.sdcounty.ca.gov/deh/hmd/index.html>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076DATE 5/21/07PAGE 2 OF 6BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

NOTICE TO COMPLY CONTINUED:

OF THE WATER INSIDE THE UDC. ENSURE THAT THE SENSOR IS PLACED AT THE LOW POINT OF THE UDC OR IN ACCORDANCE WITH THE MANUFACTURERS REQUIREMENTS.

3. THE COPY OF HAZARDOUS WASTE MANIFEST #24498577 DATED 6/8/05 THAT IS SIGNED BY THE TSDF REPRESENTATIVE IS NOT MAINTAINED ONSITE AND AVAILABLE FOR REVIEW. THIS WASTE IS FROM THE AGGREGATES OPERATIONS. THE SIGNED COPY OF CAT SHOP MANIFEST #001590013 JJK IS ALSO MISSING.

- CORRECTIVE ACTION REQUIRED: KEEP COPIES OF ALL HAZARDOUS WASTE MANIFESTS ON FILE AT YOUR BUSINESS FOR A PERIOD OF AT LEAST 3 YEARS. CONTACT THE TSDF IN ORDER TO OBTAIN COPIES OF ANY MISSING MANIFESTS.

4. THE WASTE ANTIFREEZE CONTAINER LOCATED INSIDE THE CONCRETE MIXER SHOP HAS A FUNNEL INSTALLED INSIDE THE BUNG OPENING AND IS NOT KEPT CLOSED. OUTSIDE THE CAT SHOP A GREASE BARREL HAS BEEN PUNCTURED AND CAN NOT BE KEPT CLOSED.

- CORRECTIVE ACTION REQUIRED: KEEP ALL CONTAINERS STORING HAZARDOUS WASTES CLOSED AT ALL TIMES EXCEPT WHEN ADDING OR REMOVING WASTE FROM THE CONTAINER. REMOVE THE FUNNEL AND INSTALL THE BUNG. REPACKAGE THE CONTENTS OF ANY DAMAGED CONTAINERS INTO A CONTAINER THAT IS SOUND AND LEAKPROOF.

5. THE ABOVEGROUND STORAGE TANK (AST) LOCATED INSIDE THE CONCRETE MIXER SHOP IS USED FOR THE STORAGE OF USED OIL. DOCUMENTATION SHOWING THAT A PROFESSIONAL ENGINEERS ASSESSMENT WAS PREPARED OR THAT A REQUEST FOR AN EXEMPTION FROM THE PE ASSESSMENT WAS SUBMITTED TO THE DEH* IS NOT MAINTAINED ONSITE AND AVAILABLE FOR REVIEW.

- CORRECTIVE ACTION REQUIRED: IF A PE ASSESSMENT OR REQUEST FOR AN EXEMPTION FROM THE PE ASSESSMENT FOR THE USED OIL AST HAS NOT BEEN PREPARED, THEN WITHIN 30 DAYS INITIATE THE ACTION TO COMPLETE EITHER ONE OR THE OTHER REQUIREMENTS. KEEP A COPY OF THE PE ASSESSMENT OR THE EXEMPTION FORM ON FILE AT YOUR BUSINESS AT ALL TIMES.

John D. Zayun
SIGNATURE OF BUSINESS REPRESENTATIVE

5/22/07
DATE SIGNED

Regulatory Affairs Manager
TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076

DATE 5/21/07

PAGE 3 OF 6

BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

REMARKS:

- THE USED OIL AST LOCATED AT THE AGGREGATE LUBE STORAGE AREA IS MISSING ITS VOLUME GAUGE. REPLACE THE MISSING GAUGE.
- TO THE SOUTH OF THE HOLDING POND ON THE OVERLOOKING ROAD, SEVERAL CONTAINERS OF ROUN UP, PAINT, AND ULTRA CONCENTRATED CLEANER DEGREASER ARE STORED ON THE GROUND. REMOVE THESE CONTAINERS FROM THE GROUND AND PLACE THEM INSIDE A PROPER STORAGE BUILDING.
- ENSURE THAT PROPER AISLE SPACE IS MAINTAINED AROUND THE USED OIL ABOVEGROUND STORAGE TANKS AT ALL TIMES.
- ENSURE THAT REFRESHER TRAINING ON UST SYSTEM MONITORING AND EMERGENCY RESPONSE PROCEDURES IS PROVIDED TO THOSE FACILITY EMPLOYEES INVOLVED WITH THE UST OPERATION. THE TRAINING MUST BE CONDUCTED AT LEAST ONCE EACH YEAR.
- VERIFY THE VOLUME OF OIL CONTAINED INSIDE THE UNDERGROUND PIPING THAT COMES FROM THE ABOVEGROUND STORAGE TANKS AT THE UST FUELING SITE. HOW MANY GALLONS OF OIL IS IN THE PIPING AT ANY GIVEN TIME?
- THE INFORMATION REGARDING THE DESIGNATION OF UST OPERATOR WAS UPDATED DURING THIS INSPECTION.

Patricia L. Zagan
SIGNATURE OF BUSINESS REPRESENTATIVE

5/22/07
DATE SIGNED

Regulatory Affairs Manager
TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 117076

DATE: 5/21/07

PAGE: 4 OF 6

BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION					VIOLATION DESCRIPTION				
Viol # NOV	UST SYSTEM RECORDS	VIOL	V		Viol # NOV	FILE RECORDS	VIOL	V	
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101				Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114		
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102				Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115		
	All permit operating conditions not met. 25284; 2712	3158				All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151		
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103				All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152		X
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104				Monitoring Cert. not submitted to CUPA w/ 30 days. 2638(d)	3161		
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105				Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193		
	Owner/operator agreement not available/ completed/submitted to HMD. 25284(a)(3); 2620(b)	3106				Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154		
	Monitoring procedures not available/completed/ submitted to HMD. 2632(b)&(d), 2634(d), 2641(h), 2711(a)(9)	3107				Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162		
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108				Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163		
	Scaled Plot plan showing tank, piping & equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109				Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157		
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110				All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164		
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116				UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160		
	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191				Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)(e)	3192		

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

		TANK #					
		PRODUCT					
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
2	Secondary containment system components not liquid free. 2631(d)(4)		3257	X			
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265				
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298, 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298, 2672		3324				

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Small and Large Quantity Generators of Hazardous Waste Handlers of Hazardous Materials

PERMIT # 117076
DATE 5/21/07
PAGE 5 OF 6

BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	1001	UPF permit not obtained for hazardous materials. 68.905
<input type="checkbox"/>	1002	HMBP not established/implemented. 25503.5(a)
<input type="checkbox"/>	1004	HMBP not submitted to HMD. 25505(a)
<input type="checkbox"/>	1005	Emergency contact not provided or current. 25509(a)(7)
<input type="checkbox"/>	1007	Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
<input type="checkbox"/>	1008	Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)
<input type="checkbox"/>	1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
<input type="checkbox"/>	1010	Did not report release or threatened release. 25507(a), CCR 2703
<input type="checkbox"/>	1012	Copy of HMBP not onsite for inspector's review. 25505(e)
<input type="checkbox"/>	1013	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
<input type="checkbox"/>	1014	Did not have adequate employee training program 2732 &/or 25504 (c)
<input type="checkbox"/>	1015	Failure to have an adequate emergency response plan 25504 (b); 2731
<input type="checkbox"/>	1016	Business Plan not certified annually. 25505(d) & (e)(2)
<input type="checkbox"/>	1017	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510

HAZWASTE REQUIREMENTS FOR LOGs & SOGs

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905
<input type="checkbox"/>	0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
<input type="checkbox"/>	0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)
<input type="checkbox"/>	0134	Failed to file Exception Report with DTSC. 66262.42
<input type="checkbox"/>	0135	Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)
<input type="checkbox"/>	0136	Did not have records of battery disposal. 66266.81(a)(4)(B)
<input type="checkbox"/>	0137	Failed to complete manifest properly. 66262.23(a)
<input checked="" type="checkbox"/>	0138	Failed to have TSDF copy of manifest onsite. 66262.40(a)
<input type="checkbox"/>	0140	Failed to have LDR documentation onsite. 66268.7(a)(8)
<input type="checkbox"/>	0141	Failed to obtain approval for TSDF. 25201(a)
<input type="checkbox"/>	0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)
<input type="checkbox"/>	0145	ERM reporting not submitted biennially &/or available. 25143.10
<input type="checkbox"/>	0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
<input type="checkbox"/>	0147	Failed to keep universal waste record for 3 years for offsite shipment. SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2)
<input type="checkbox"/>	0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
<input type="checkbox"/>	0149	Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)

DISPOSAL AND TRANSPORTATION

<input type="checkbox"/>	0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
<input type="checkbox"/>	0302	Unlawful transportation of hazardous waste (HW). 25163(a)
<input type="checkbox"/>	0303	Did not use HW manifest for disposal. 66262.20(a), 25160.2(b)(9)
<input type="checkbox"/>	0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)
<input type="checkbox"/>	0305	Disposed of used oil illegally. 25250.5(a) and 25189.5(a)
<input type="checkbox"/>	0306	Disposed of latex paint illegally. 25217.1
<input type="checkbox"/>	0307	Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)
<input type="checkbox"/>	0308	Impermissible dilution of hazardous waste. 66268.3(a)

HAZWASTE REQUIREMENTS FOR LOGs & SOGs

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
<input type="checkbox"/>	0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
<input type="checkbox"/>	0218	Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> used fuel filters. 25250.22 and 66266.130(c)(3)
<input type="checkbox"/>	0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
<input type="checkbox"/>	0220	Spent lead acid batteries not properly managed. 66266.81
<input type="checkbox"/>	0221	Failed to comply with satellite regulations. 66262.34(e)
<input type="checkbox"/>	0222	Failed to properly label ERM. 25143.9(a)
<input type="checkbox"/>	0223	Failed to properly manage non-empty container or inner liner removed from a container. 66261.7 (b), (d) &/or (r)
<input type="checkbox"/>	0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 66261.7(e) & (f).

HAZWASTE REQUIREMENTS FOR SOGs ONLY

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	0225	Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) >90 days for an AHW waste]
<input type="checkbox"/>	0226	Did not accumulate waste in container or tank. 66262.34 (d)(2)
<input type="checkbox"/>	0227	Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
<input type="checkbox"/>	0228	Failed to keep container closed. CFR 265.173
<input type="checkbox"/>	0229	Failed to conduct weekly inspections. CFR 265.174
<input type="checkbox"/>	0230	Failed to maintain aisle space. CFR 265.35
<input type="checkbox"/>	0231	Failed to properly separate incompatible wastes. CFR 265.177
<input type="checkbox"/>	0232	Waste accumulated in a container in poor condition. CFR 265.171
<input type="checkbox"/>	0233	Failed to use a lined/compatible container. CFR 265.172.
<input type="checkbox"/>	0234	Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
<input type="checkbox"/>	0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
<input type="checkbox"/>	0409	Spill/fire control equip not available. CFR 265.32(c)
<input type="checkbox"/>	0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
<input type="checkbox"/>	0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
<input type="checkbox"/>	0412	Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	1612	Hazardous waste improperly stored in a tank system that <input type="checkbox"/> leaks, <input type="checkbox"/> is corroded, or <input type="checkbox"/> failing. CFR 265.201(b)(2)
<input type="checkbox"/>	1613	Failed to comply with tank standards which include: two feet of freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)
<input type="checkbox"/>	1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
<input type="checkbox"/>	1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
<input type="checkbox"/>	1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Large Quantity Generators of Hazardous Waste

PERMIT # 117076DATE 5/21/07PAGE 6 OF 6

BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO **ZIP:** 92121
VIOLATION REPORT: The items checked below refer to specific section numbers of Title 22 of the California Code of Regulations and Chapter 6.5 of the California Health and Safety Code.
 Large Hazardous Waste Quantity Generator=(LQG).
 All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS WASTE REQUIREMENTS

RECORDKEEPING

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/> 0144	Failed to have SB14 compliance documentation for review. 25244.21, 25244.19, & 67100.3(a), 67100.2(a)
<input type="checkbox"/>	<input type="checkbox"/> 0150	Failed to complete Biennial Report (RCRA LQG only). 66262.41(b) {keep copy per 66262.40(b)}

STORAGE AND HANDLING -Pursuant to 66262.34(a)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> V0201	Failed to keep container closed. 66265.173(a)
<input type="checkbox"/>	<input type="checkbox"/> V0202	Failed to properly label and/or date hazardous waste container and/or tank. 66262.34(a)(2); 66262.34(a)(3) and 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/> V0205	Failed to transfer hazardous waste from a container that leaked or was in poor condition to another container in good condition. 66265.171
<input type="checkbox"/>	<input type="checkbox"/> V0206	Failed to keep ignitable or reactive waste 50 feet from property line. 66265.176
<input type="checkbox"/>	<input type="checkbox"/> V0207	Did not maintain &/or operate facility to minimize possibility of release or fire. 66265.31
<input type="checkbox"/>	<input type="checkbox"/> V0208	Failed to conduct weekly inspections. 66265.174
<input type="checkbox"/>	<input type="checkbox"/> V0209	Accumulated hazardous waste more than 90 days. 25201(a) and 66262.34(a)&(c)
<input type="checkbox"/>	<input type="checkbox"/> V0212	Failed to properly separate incompatible wastes. 66265.177
<input type="checkbox"/>	<input type="checkbox"/> V0213	Failed to use a lined/compatible container. 66265.172
<input type="checkbox"/>	<input type="checkbox"/> V0235	Did not accumulate waste in container or tank. 66262.34(a)(1)

TRAINING, EMERGENCY CONTINGENCY PLAN & EMERGENCY PROCEDURES Pursuant to 66262.34(a)(1)(A)

<input type="checkbox"/>	<input type="checkbox"/> V0401	Failed to maintain training records. 66265.16(d) & (e)
<input type="checkbox"/>	<input type="checkbox"/> V0402	Employee training program not adequate. 66265.16(a) & (b)
<input type="checkbox"/>	<input type="checkbox"/> V0404	Spill or fire control equipment not available. 66265.32(c), (d)
<input type="checkbox"/>	<input type="checkbox"/> V0405	Failed to maintain aisle space. 66265.35
<input type="checkbox"/>	<input type="checkbox"/> V0406	Emergency contingency plan not prepared and/or kept onsite. 66265.51(a), 66265.53(a) & (b)
<input type="checkbox"/>	<input type="checkbox"/> V0413	Failed to have an adequate emergency contingency plan. 66265.52
<input type="checkbox"/>	<input type="checkbox"/> V0414	Failed to train employees annually. 66265.16(c)

HAZARDOUS WASTE REQUIREMENTS

TRAINING, EMERGENCY CONTINGENCY PLAN & EMERGENCY PROCEDURES Pursuant to 66262.34(a)(1)(A)

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/> V0415	Failed to equip facility with internal emergency communications or alarm system. 66265.32(a)
<input type="checkbox"/>	<input type="checkbox"/> V0416	Failed to carry out contingency plan during an emergency. 66265.51(b)
<input type="checkbox"/>	<input type="checkbox"/> V0417	Failed to have an emergency coordinator on call or available during emergency. 66265.55

HAZARDOUS WASTE TANK REQUIREMENTS Pursuant to 66262.34(a)(1)(A)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> V1601	Failed to obtain a PE assessment for hazardous waste (HW) tank system. 66265.191(a) or 66265.192(a)
<input type="checkbox"/>	<input type="checkbox"/> V1602	Failed to provide adequate PE assessment report for a HW tank system. 66265.191(g) or 66265.192(k)
<input type="checkbox"/>	<input type="checkbox"/> V1603	Failed to provide proper secondary containment and/or leak detection for HW tank system. 66265.193(a)
<input type="checkbox"/>	<input type="checkbox"/> V1604	Failed to maintain secondary containment empty. 66265.196(b) & (c), 66265.194(c)
<input type="checkbox"/>	<input type="checkbox"/> V1605	Failed to inspect and/or document daily HW tank system inspections. 66265.195(c)
<input type="checkbox"/>	<input type="checkbox"/> V1606	Failed to use proper spill/overflow prevention controls and practices. 66265.194(a) & (b)
<input type="checkbox"/>	<input type="checkbox"/> V1607	Failed to adequately design or maintain corrosion protection. 66265.191(b)(3) or 66265.192(a)&(f)
<input type="checkbox"/>	<input type="checkbox"/> V1608	Failed to complete annual integrity assessment for HW tank system without secondary containment. 66265.191(a) & (e)
<input type="checkbox"/>	<input type="checkbox"/> V1609	Failed to remove unfit HW tank system from service. 66265.196
<input type="checkbox"/>	<input type="checkbox"/> V1611	Failed to properly complete and/or document closure for a HW tank system. 67383.3 & 66265.197(a)&(b)
<input type="checkbox"/>	<input type="checkbox"/> V1619	Failed to install safety measures for HW tank system holding ignitable or reactive waste. 66265.198(a)
<input type="checkbox"/>	<input type="checkbox"/> V1620	Failed to immediately remove from service a HW tank system that leaked or failed. 66265.196(b) & (c)
<input type="checkbox"/>	<input type="checkbox"/> V1621	Failed to notify DTSC when a release to environment occurred from HW tank system. 66265.196(e)(1)or(3)
<input type="checkbox"/>	<input type="checkbox"/> V1622	Failed to meet air emission standards for HW tank system with VOC waste. 66265.202 & 66265.1082 (a)(b) or (c)
<input type="checkbox"/>	<input type="checkbox"/> V1623	Failed to develop written plan & schedule to perform VOC emissions monitoring. 66265.1089(b)
<input type="checkbox"/>	<input type="checkbox"/> V1624	Failed to comply with the 3 year record keeping requirement for tank accumulating VOC waste. 66265.1090(a)
<input type="checkbox"/>	<input type="checkbox"/> V1625	Failed to properly control air pollutant emissions for tank accumulating VOC waste. 66265.202, 66265.1083(b) & 66265.1085(b)

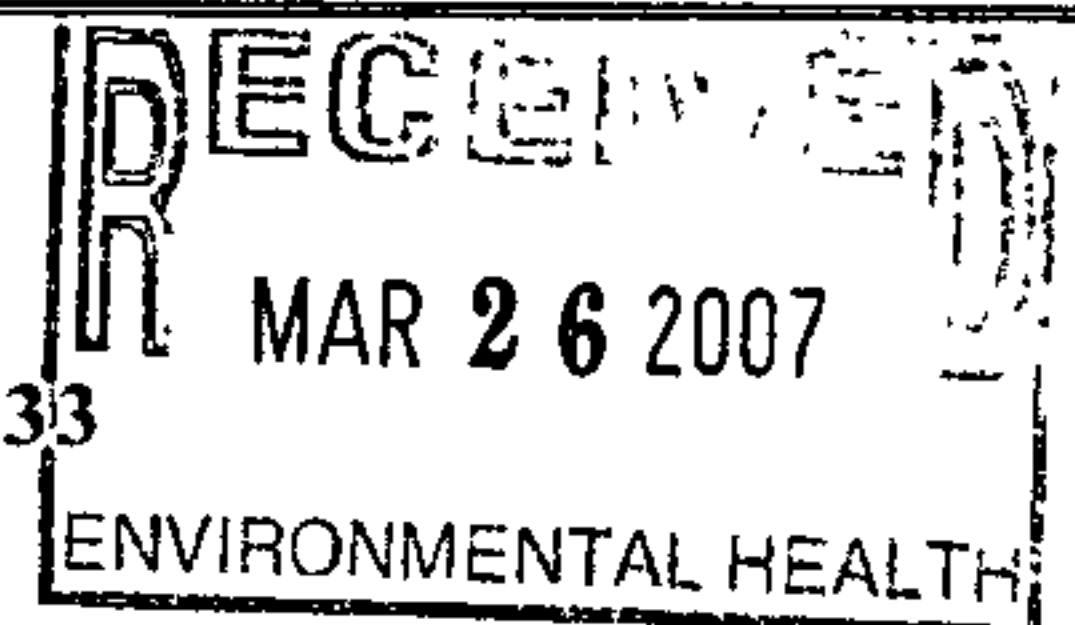
[Signature]
 SIGNATURE OF BUSINESS REPRESENTATIVE

05/21/07
 DATE SIGNED

[Signature]
 TITLE OF BUSINESS REPRESENTATIVE



DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcounty.ca.gov/deh/hmd/index.html>



Designation of Underground Storage Tank (UST) Operator
UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson Aggregate - Pacific Southwest Div	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: 858-577-2774
City: San Diego	Zip Code: 92121-
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input checked="" type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

<u>PRIMARY DESIGNATED UST OPERATOR</u>	
Designated Operator's Name: Brian Herndon	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Business Name (If different from above): LeMesnager Engineering Inc.	
Designated Operator's Phone #: (619) 838-9462 x	Expiration Date: 1/29/09
International Code	
Council Certification #: 5302756-UC	
<u>ALTERNATE 1 (Optional)</u>	
Designated Operator's Name: Greg McLucas	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Business Name (If different from above): LeMesnager Engineering, Inc.	
Designated Operator's Phone #: (619) 980-9070 x	Expiration Date: 1-29-09
International Code	
Council Certification #: 5246906-UC	
<u>ALTERNATE 2 (Optional)</u>	
Designated Operator's Name: Rene LeMesnager, Inc.	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Business Name (If different from above): LeMesnager Engineering, Inc.	
Designated Operator's Phone #: 619-980-9070	Expiration Date: 1/29/09
International Code	
Council Certification #: 5259453-UC	

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).
Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Hanson Aggregates PSW Inc
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 3 / 23 / 07

Ruth A. Zaman
SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: 858-577-2772

Return this completed form to:

HMD-Designated UST Operator

HM-9174 (11/04)

P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

 PERMIT #: 117076

 SPECIALIST: MIKE MANN

 INSPECTION DATE: 5/21/07

 CONTACT: PETE ZAGAR

JUL 9 2007

 BUSINESS NAME HANSON AGGREGATES

ENVIRONMENTAL HEALTH

 ADDRESS 9255 CAMINO SANTA FE CITY SAN DIEGO ZIP 92121

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
1 v 3152	6/13/07	SB 989 secondary containment testing (SCP) was conducted on 6/13/07. Piping runs were retested and all passed. Documentation attached.
2 v 3257	5/23/07	UDC was pumped free of water. A rag was used to swab out residual moisture. metal plate was re-sealed using silicone.
3 v 0138	5/24/07	The TSDF's were contacted requesting the missing signed manifests. Additional training was conducted by P. Zagar on the requirement to contact the TSDF after 30 days.
4 v 0201	5/22/07	A Bung was placed in bung opening. Employees at all of HANSON'S SHOPS HAVE been instructed to keep all containers closed.
5 v 1601	5/22/07	missing documentation was located in another file. the documentation is enclosed with this submittal.
6 v	___/___/___	
7 v	___/___/___	
8 v	___/___/___	
9 v	___/___/___	
10 v	___/___/___	

I certify under penalty of law that this business/site has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the business/site, and am aware that there are significant penalties for submitting false information.

 Responsible Party: Pete G. Zagar Job Title Regulatory Affairs MGR

 Signature of Responsible Party: Pete G. Zagar Date: 06/28/07

< Send completed form and supporting documentation to the address listed below >

 COUNTY OF SAN DIEGO USE ONLY: Reviewed by: M Mann Date: 7/24/07

Specialist's comments: _____

☒ All violations noted on date listed above were corrected.

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

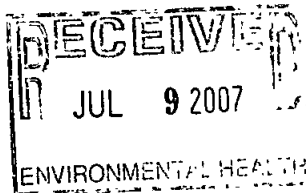
<http://www.sdcountry.ca.gov/deh/hmd/index.html> 619-338-2222; 1-800-253-9933; Fax 619-338-2377

117076



July 3, 2007

County of San Diego
Department of Environmental Health
Hazardous Materials Division
P.O. Box 129261
San Diego, CA 92112-9261
Attn: Michael Mann, R.E.H.S



**Hanson Aggregates
West Region**
P.O. Box 639069
San Diego, CA 92163-9069
9229 Harris Plant Road
San Diego, CA 92145
Tel 858-277-5481
Fax 858-277-4517
www.hanson.biz

RE: Hanson Aggregates PSW, Inc.
Carroll Canyon Facility, Hazardous Waste Permit #117076
Corrective Actions from 5/21/07 Inspection

Dear Mr. Mann:

Enclosed please find back-up documentation for the requested corrective actions from the above referenced inspection. In summary, the following corrective actions were completed:

1. In order to confirm the results of previous repairs conducted under permit #RT3590, additional SB989 testing was conducted on 6/13/07. The results indicated that all of the suspect piping runs passed the testing. The test documentation is enclosed.
2. The water found inside the bulk diesel dispenser UDC was pumped and wiped out with a rag, the metal plate was re-sealed.
3. A request was made to obtain the TSDF copies of manifest #24498577 and #001590013. Site personnel have been re-trained regarding the manifest requesting and retention requirements.
4. The bung on the waste anti-freeze drum was replaced at the time of the inspection. Follow-up training was conducted at all of our shops regarding the requirement to keep bungs on all product and waste drums.
5. The missing documentation from a previous Fire Department Inspection certifying the tank in question was found in another file. This documentation is enclosed with this submittal.

Should you require any additional information regarding these corrective actions, please contact me at your earliest convenience.

Best Regards,

A handwritten signature in black ink that reads "Peter G. Zagar".

Peter G. Zagar
Environmental/Regulatory Affairs Manager
Hanson Aggregates PSW, Inc.

Enclosures

To FILE

#117076



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933http://www.sdcountry.ca.gov/deh/hmd/forms_hmd.htmlUNDERGROUND STORAGE TANK SECONDARY CONTAINMENT
TESTING REPORT FORM

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Permit Number:

Plan Check Number:

FACILITY INFORMATION

Facility Name: Hanson Aggregates	Date of Testing: 6-13-07
Facility Address: 9255 Caminio Sante Fe, S.D 92127	Test Type:
Facility Contact: Peter Zagar	Phone:
Date Local Agency Was Notified of Testing:	<input type="checkbox"/> Initial
Name of Local Agency Inspector (if present during testing):	<input type="checkbox"/> 6 months
	<input checked="" type="checkbox"/> 36 months

TESTING CONTRACTOR INFORMATION

Company Name: LEMESNAGER ENGINEERING		
Technician Conducting Test: JAMES ROMERO		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: General Contractor	License Number: 203029	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
International code	California UST Service technician	June 13, 2007
Franklin Fueling systems	Sump test System Operation	may 17, 2008

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Secondary 1 sip T1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary 4 sip T3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
secondary Fresh oil 10/40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh oil piping sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC bulk 1 high flow sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

For all testing equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification ☐ System printout attached

Technician's Signature: _____

Date: _____

6 / 13 / 07

2. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Pressure gauge	Equipment Resolution:		
	Piping Run # T1	Piping Run # T3 STP	Piping Run # oil 10/40
Piping Material:	Fiberglass	Fiberglass	pvc
Piping Manufacturer:	A/O smith	A/O smith	n/a steel pipe
Piping Diameter:	2"/3"	2"/3"	1"/3"
Length of Piping Run:	50'	75'	170'
Product Stored:	Diesel	Diesel	10/40 oil
Method and location of piping-run isolation:	Test boot	Test boot	test boot
Wait time between applying pressure/vacuum/water and starting test:	15 min	15 min	15 min
Test Start Time:	10:20	1:45	1:45
Initial Reading (R _i):	5 PSI	5 PSI	5 psi
Test End Time:	11:20	2:45	2:45
Final Reading (R _f):	5 PSI	5 PSI	5 psi
Test Duration:	1 HR.	1 HR.	1 HR
Change in Reading (R _f -R _i):	NONE	NONE	NONE
Pass/Fail Threshold or Criteria:	O-LOSS	O-LOSS	O-LOSS
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

On original form was labled waste/oil.
site has 10/40 wt. fresh oil.

4. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
Franklin Fueling systems	<input checked="" type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Franklin Fueling systems		Equipment Resolution:	
	UDC # 8	UDC # 8	UDC #
UDC Manufacturer:	Unknown	Unknown	
UDC Material:	poly	poly	
UDC Depth:	30"	30"	
Height from UDC Bottom to Top of Highest Piping Penetration:	8"	8"	
Height from UDC Bottom to Lowest Electrical Penetration:	7"	7"	
Condition of UDC prior to testing:	Good	good	
Portion of UDC Tested ³	13"	13"	
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Turbine shutdown response time			
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 min	10 min.	
Test Start Time:	3:36	3:51	
Initial Reading (R _i):	4.7186	4.7187	
Test End Time:	3:51	4:06	
Final Reading (R _f):	4.7187	4.7188	
Test Duration:	15 Min	15 min	
Change in Reading (R _f -R _i):	+0.0001	+0.0001	
Pass/Fail Threshold or Criteria:	0.002	0.002	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

³ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

3. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
Franklin Fueling systems	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Franklin Fueling systems			Equipment Resolution:	
	Sump # oil ^{Test} #1	Sump # oil ^{Test} #2	Sump #	Sump #
Sump Diameter:	36"	36"		
Sump Depth:	41"	41"		
Sump Material:	poly	poly		
Height from Tank Top to Top of Highest Piping Penetration:	22"	22"		
Height from Tank Top to Lowest Electrical Penetration:	16"	16"		
Condition of sump prior to testing:	good	good		
Portion of Sump Tested ²	30"	30"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 min	1 min		
Test Start Time:	5:56	6:12		
Initial Reading (R _i):	4.3209	4.3206		
Test End Time:	6:11	6:27		
Final Reading (R _f):	4.3206	4.3192		
Test Duration:	15 min	15 min		
Change in Reading (R _f -R _i):	-.0003	-.0014		
Pass/Fail Threshold or Criteria:	>0.002	>0.002		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

On original form was labeled waste/oil.
site has 10/40 wt. fresh oil.

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

HANSON
9255 CAMINO SANTA FE
S.D. CA. 92121
LESMEHNER ENGINEERING

06/04/2007 3:51 PM

SUMP LEAK TEST REPORT

OIL

TEST STARTED 3:36 PM
TEST STARTED 06/04/2007
BEGIN LEVEL 4.7186 IN
END TIME 3:51 PM
END DATE 06/04/2007
END LEVEL 4.7187 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTA FE
S.D. CA. 92121
LESMEHNER ENGINEERING

06/13/2007 6:11 PM

SUMP LEAK TEST REPORT

OIL

TEST STARTED 5:56 PM
TEST STARTED 06/13/2007
BEGIN LEVEL 4.3209 IN
END TIME 6:11 PM
END DATE 06/13/2007
END LEVEL 4.3206 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTA FE
S.D. CA. 92121
LESMEHNER ENGINEERING

06/04/2007 4:06 PM

SUMP LEAK TEST REPORT

OIL

TEST STARTED 3:51 PM
TEST STARTED 06/04/2007
BEGIN LEVEL 4.7197 IN
END TIME 4:06 PM
END DATE 06/04/2007
END LEVEL 4.7198 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTA FE
S.D. CA. 92121
LESMEHNER ENGINEERING

06/13/2007 6:27 PM

SUMP LEAK TEST REPORT

OIL

TEST STARTED 6:12 PM
TEST STARTED 06/13/2007
BEGIN LEVEL 4.3206 IN
END TIME 6:27 PM
END DATE 06/13/2007
END LEVEL 4.3192 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

#5



COUNTY OF SAN DIEGO

AST CERTIFICATION & ENGINEERING
ASSESSMENT EXEMPTION NOTIFICATION

BUSINESS NAME HANSON AGGREGATES
 ADDRESS 4255 CAMINO SANTA FE
 CITY/ZIP SAN DIEGO 92121

EST. NO. H ST 7026
 DATE 5-21-07
 TANK CAPACITY 500 GAL
 CONTENTS USED OIL
 SECONDARY CONTAINMENT
 TYPE DOUBLE WALL
 YEAR INSTALLED _____
 U/L APPROVED (Y/N) YES
 TANK ID (if applicable) _____
 SPECIALIST MIKE MANN
 DATE OF REQUEST _____

I certify that the aboveground used oil/waste antifreeze tank meets the requirements of the California Code of Regulation (CCR) for exemption from the Professional Engineering Assessment [reference Title 22 CCR section 66265.192(j)].

Owner/Operator Signature Peter G. Zagor Print Name Peter G. Zagor Date 5/23/07

The Local Fire Marshal installation, usage, and design approval are attached, OR The Local Fire Marshal has reviewed this aboveground tank for conformance with applicable regulations.

Fire Marshal Approval Signature: SEE ATTACHED Print Name L. BOETEL Date 10/17/2000
MSM

The Hazardous Materials Division (HMD) conditionally approves the installation of the used oil/waste antifreeze aboveground storage tank as long as you comply with the following terms and conditions:

TERMS AND CONDITIONS

1. The aboveground tank, installed after July 1, 1991, must contain used oil or waste antifreeze only (a non-RCRA waste) as defined in HSC section 25250.1 and has no connected piping.
2. The local Fire Marshal approved and/or permitted the installation, usage, and design per municipal codes and the tank operator maintains documentation supporting this requirement.
3. The primary tank is surrounded with greater than 100% secondary containment.
4. If the tank system is exposed to precipitation, the secondary containment must, in addition to the requirement of item 3 above, be able to handle a 25 year, 24 hour rainfall event, with no intrusion or flooding problems. The HMD strongly advises that the tank system be completely covered to prevent such problems, following all local building and zoning requirements.
5. The facility must have a written leak detection program and daily inspection logs onsite as required in 22 CCR sections 66265.194-195 for review by HMD inspectors. Ensure that appropriate controls and practices are in-place at all times to prevent spills, leaks, or overflows from occurring. The secondary containment should be kept empty and dry, except when there is a leak or spill, at which time the secondary containment must be thoroughly cleaned out within 24 hours. The cause of a leak or spill would need to be determined and corrective actions taken (refer. 22 CCR section 66265.196).
6. The tank must be installed and maintained on a non-permeable surface, i.e. concrete (in good repair) or sealed asphalt (in good condition).
7. The operator needs to revise their Business Plan site map, if applicable.
8. The facility should maintain a photocopy of this notification onsite to show to an inspector during facility inspection.

Provided you do not change the configuration of the tank, this exemption is good for 3 years from the date of request for exemption above. In the future, if you make any changes or modifications to the tank system, submit a description of the proposed changes in writing to the HMD 30 days before making the changes to ensure compliance with applicable regulations. Attached is a fact sheet developed by the HMD for your information regarding the regulation of hazardous waste tank systems.

This approval does not exempt your facility from compliance with additional requirements that may be enforced by other local, State, or Federal agencies with regards to storage of hazardous materials in a tank system.

HMD Supervisor's Signature [Signature] Date Signed 8-6-07

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



**CITY OF SAN DIEGO
FIRE DEPARTMENT**

1010 SECOND AVENUE, SUITE #300
SAN DIEGO, CA 92101
PHONE: 533-4477 / 533-4449

FIMS FILE #: 92001145
PERMIT/APPL. NO.: 7A0705
RECEIPT # 1260303
DATE RECEIVED 7/14/03

Hazardous Material Permit Application (Fire Dept.) 2858/158

OWNER	NAME (OR NAME OF BUSINESS) HANSON AGGREGATE				NAME (IF NOT OWNER) LAUREGUI & CULVER, INC			
	ADDRESS (NUMBER) (STREET) 9255 CAMINO SANTA FE				MAILING ADDRESS (NUMBER) (STREET) 459 W. MISSION AVE.			
CONTRACTOR	CITY SAN DIEGO		ZIP 92121	TELEPHONE NO. 577-2772	CITY ESCONDIDO		ZIP 92025	TELEPHONE NO. 760-743-0518
	NAME (IF NOT OWNER) HANSON AGGREGATES PACIFIC SOUTHWEST INC				NAME OF SUBCONTRACTOR (IF APPLICABLE) N/A			
OWNER	MAILING ADDRESS (NUMBER) (STREET) P.O. Box 639069				SIGNATURE (OWNER OR AGENT REQUIRED) <i>[Signature]</i>		DATE SIGNED 7/11/03	
	CITY SAN DIEGO		ZIP 92163	TELEPHONE NO. 760-743-0518	PRINT NAME JOHN CULVER		PHONE NUMBER 760-743-0518	

COMPENSATION/LIABILITY INSURANCE
(OF CONTRACTOR OR OWNER) PROOF REQUIRED FOR EACH APPLICATION

ATTACHED

NO. OF TANKS	WORK PERFORMED: NEW, REMOVED, ETC.	TANK CAPACITY GALLONS (Pressurized Gas Cylinders in cu. ft.)	TYPE OF HAZARDOUS MATERIAL STORED OR USED	TYPE OF STORAGE: ABOVE GROUND, BELOW GROUND	TYPE OF SUPPLY: PUMP, PRESSURE, INTERNAL PRESSURE OR GRAVITY	DISTANCE INSTALLED FROM BUILDING	DISTANCE INSTALLED FROM PROPERTY LINE
1	UPGRADE	12,000	DIESEL	B.G.	PRESSURE	300'+	500'+
2	UPGRADE	12,000	DIESEL	B.G.	PRESSURE	300'+	500'+
3	UPGRADE	10,000	87-GAS	B.G.	PRESSURE	300'+	500'+

OTHER HAZARDOUS MATERIALS:
SOIL REMEDIATION:

REPIPE: SB989 REPAIRS TO SUMPS. INSTALL UDC UNDER EXISTING DISPENSERS, REPLACE BELOW GROUND FUEL, VAPOR RETURN & VENT PIPING

MEDICAL GAS / COMPRESSED GAS SYSTEM:

COMMENTS:

FIRE DEPARTMENT USE ONLY

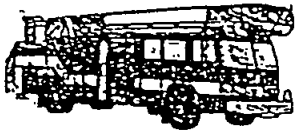
DATE	INSPECTOR'S NAME	ACTIVITY CODE	INSPECTION TIME	COMMENTS

1. White Copy - Permit
2. Canary Copy - Office File (HMM)
3. Pink Copy - Records
4. Goldenrod Copy - Permittee's/Receipt

APPLICATION APPROVED:

DEPUTY FIRE MARSHAL

DATE _____



SAN DIEGO FIRE DEPARTMENT FIRE AND HAZARD PREVENTION



Inspectors Progress Chart

Property Address: _____

Permit #: 7A240015

Company Name: _____

Date	Inspector	Inspection Log, Notes, Comments	Activity Code	Time
8/14/03	MOS	Review connection Rego	15e	2:00
8/18/03	MOS	Review approved notify	15e	0:30
10/15/03	WLB	Life support air sensors checked OK. No unit. putting in second ESO switch they will send in picture of 50 mail practice when installed also will be filling in and in posts with sand. under rail out fuel once work is complete.		2:20
8/20/04	WLB	fuelled in fuel		15
				14.45

Page: 1 Document Name: untitled

F14PT PERMIT / TANKS 06/28/05 11.42 Pg 1
Application => TA 010179 FILE: 92001145 004 COM

Address : 9255 CAMINO SANTA FE

Bus Name: HANSON AGGREGATES PAC. S/WEST Owner: DAVE KRUGER/PETE ZAGAR

Appl Bus: PETROCHEM MARKETING INC. Contr: TERRY L TYSON

A/M/D	Seq	I/R	Capacity	----Liquid----	AG	Supply	----Distance to----
					UG	-Source-	Building Prop Line
	001	I	500	WASTE OIL	AG	PUMP	0 700
	002	I	390	MOTOR OIL	AG	PUMP	30 700

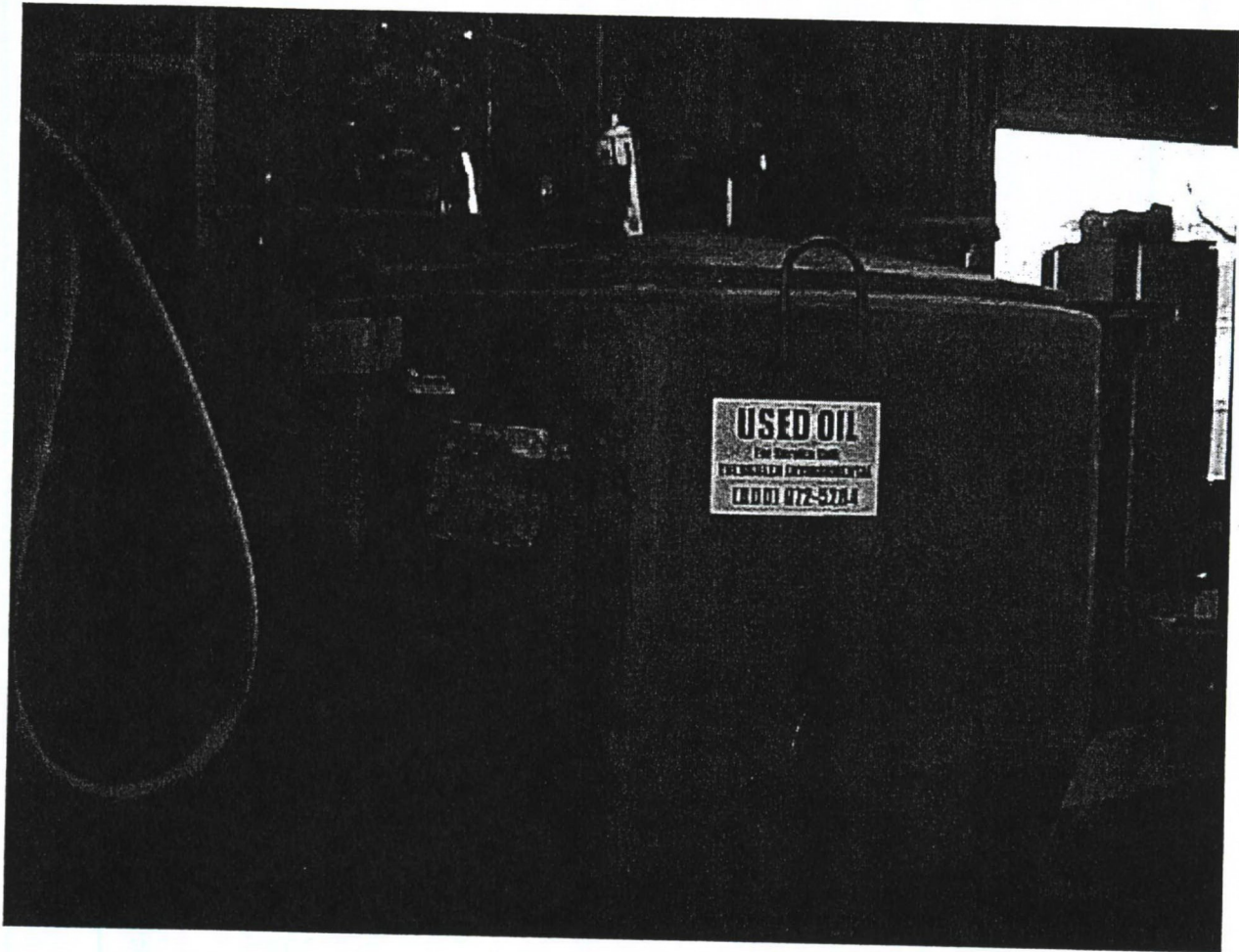
FUNCTION => 2-Occupancy 4-Inspection 5-Activity 6-Permit PA1-Next

40015
010179
010113

Date: 6/28/2005 Time: 11:08:49 AM

Hanson Aggregates – Carroll Canyon Facilities
9255 Camino Santa Fe
San Diego, CA 92121

October, 2000



500 gallon double walled waste oil tank. The tank is marked with a plate, but it cannot be read. The tank is located inside the mixer truck garage. It is positioned against the eastern wall of the garage.

FIRE DEPARTMENT
FIRE PREVENTION DIVISION
CITY OF SAN DIEGO

APPROVED

Permit No. 7A010/79 Date 10/7/2000
Permit Type ABC
Expiration Date 12/31/2001

It is unlawful to make changes or alterations on this set of plans and specifications without written permission of the Inspection Departments concerned. The stamping of these plans and specifications SHALL NOT be held to permit or approve the violation of any City, County State, or Federal Laws, or other restrictions.

By [Signature]
Deputy Fire Marshal (Sign)

Name _____
(Print)

THIS IS NOT A CONSTRUCTION PERMIT



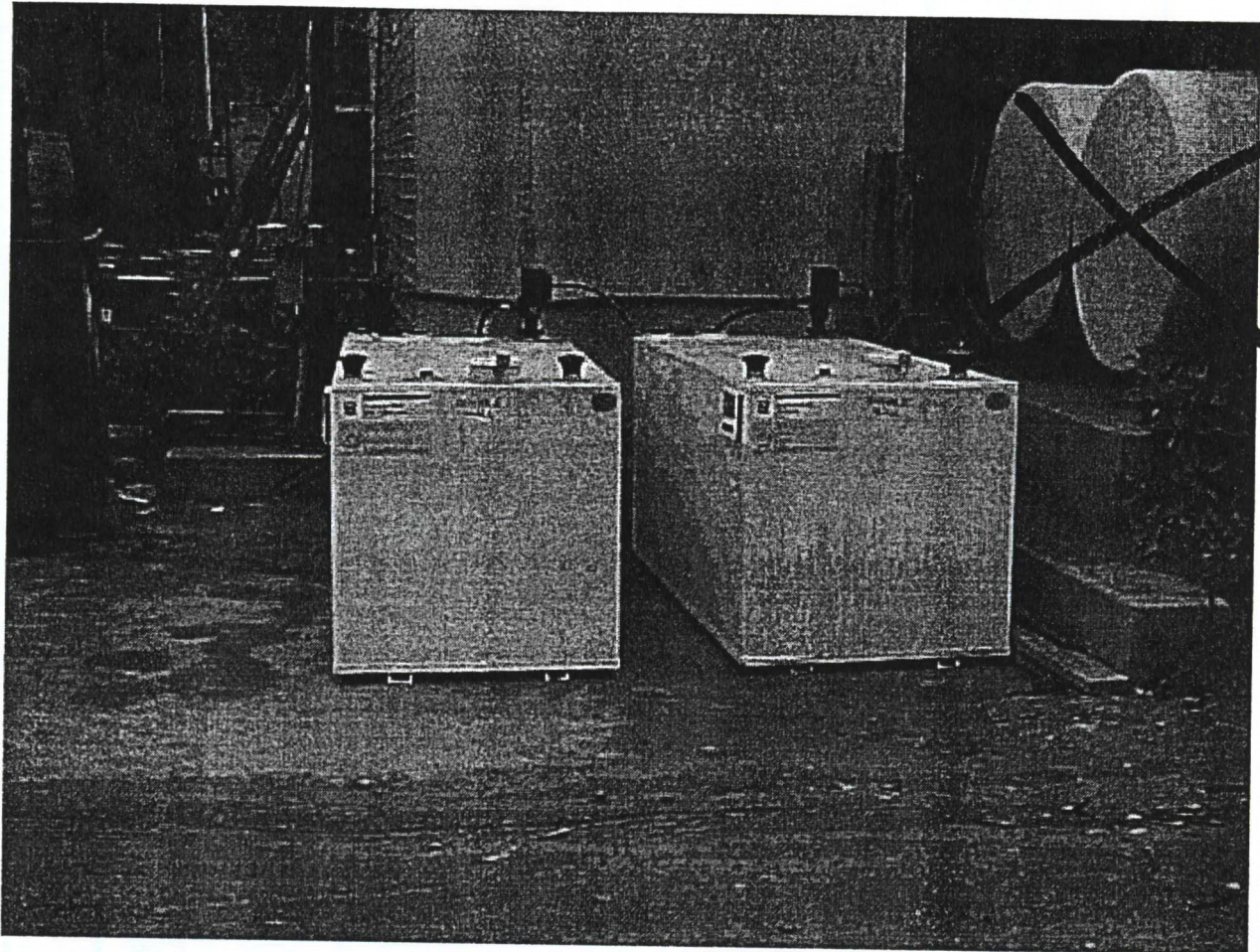
CITY OF SAN DIEGO

**FIRE DEPARTMENT
INSPECTION REQUIRE**

SEE CIRCLED ITEMS _____
ON INSPECTION RECORD, CALI
533-4400

Hanson Aggregates – Carroll Canyon Facilities
9255 Camino Santa Fe
San Diego, CA 92121

October, 2000



Two 360 Gallon Double Wall Motor Oil Storage Tanks.

Manufactured by: Advanced Pacific Tank

Serial #'s: A736159 (pictured on left)
A736156 (pictured on right)



Located at the Southeast corner of ready mixed concrete truck garage. Garage is located east .5 miles from the southern property line entrance. The nearest property line is approximately 700' due south from the garage.

FIRE DEPARTMENT
FIRE PREVENTION DIVISION
CITY OF SAN DIEGO

Permit No. 179 Date 10/17/2000
Permit Type AG
Expiration Date 11/17/2000

It is unlawful to make changes or alterations on this set of plans and specifications without written permission of the Inspection Department's concern. The stamping of these plans and specifications SHALL NOT be held to permit or approve the violation of any City, County State, or Federal Laws, or other regulations.

By L. Boetel
Deputy Fire Marshal (Sign)

Name _____
(Print)

THIS IS NOT A CONSTRUCTION PERMIT

CITY OF SAN DIEGO
**FIRE DEPARTMENT
INSPECTION REQUIRED**

SEE CIRCLED ITEMS
ON INSPECTION RECORD, CALI
533-4400



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-263-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____

Permit Number: 117076

A. General Information

Facility Name: HANSON Bldg. No.: _____

Site Address: 9255 Camino Santa Fe City: SAN Diego Zip: 92131

Facility Contact Person: Pete Z. Contact Phone No.: (____) _____

Make/Model of Monitoring System: TLS-350 Date of Testing/Servicing: 5/21/07

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

<p>Tank ID: <u>T#1 DSL NORTH</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG#1</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>-302</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FXDZV</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>EXT. BOX</u></p> <p><input checked="" type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: <u>T#3 DSL SOUTH</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG#2</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>-302</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>RED/JACKET</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>EXT. BOX</u></p> <p><input checked="" type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: <u>T#2 DSL Center Tank</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG#1</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>-302</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FXDZV</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>EXT. BOX</u></p> <p><input checked="" type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: <u>#1, #2 DSL</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>#6, #7</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: <u>#3</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>#8 High Flow</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: <u>#4, #5</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>OIL PIPE SUMP SENSOR</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

*If the facility contains more tanks or dispensers; copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply):

Technician Name (print): James Romero

Certification No.: 129689

Testing Company Name: Lemeswager ENB

Site Address: _____

DEH:HM-9301 (Rev 08/02)

Signature: [Signature]

License No.: 203029

Phone No.: (619) 300-6094

Date of Testing/Servicing: 5/21/07

County of San Diego-DEH-Hazardous Materials Division

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number: 117076Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For tank systems that utilize the monitoring system as the primary tank overflow warning device (i.e. no mechanical overflow prevention valve is installed), is the overflow warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90 %</u>
	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

1. ON OSL Tank North and Center tank
Have Manifolds sump sensor tested good.

2. Removed 2.5 gallons of water
from VDC #8 for High flow pump,
sealed lid good.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: 117076☒ Check this box if tank gauging is used only for inventory control☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

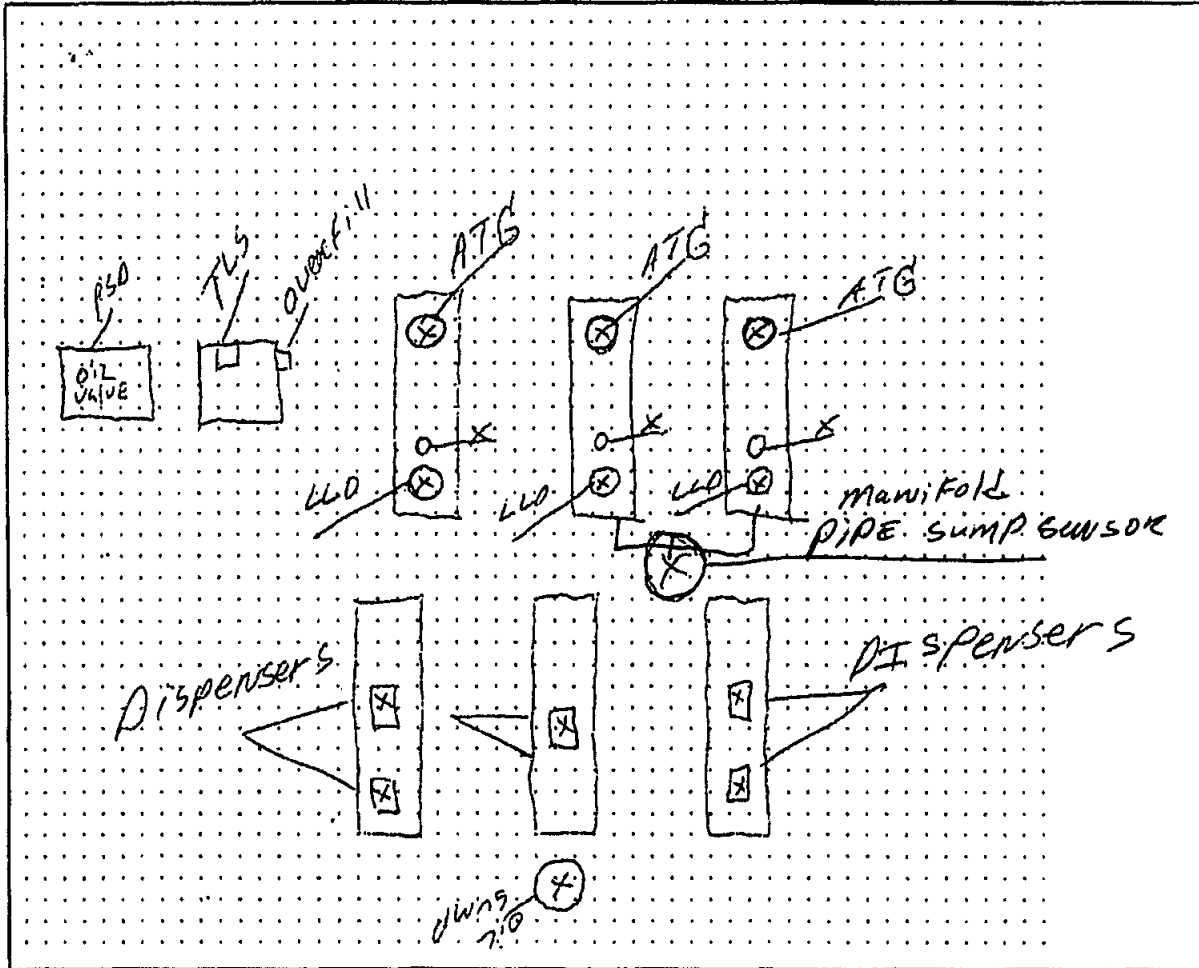
H. Comments:

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: 117076

HANSON

UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe S.D.

X = sensors

Date map was drawn: 5/21/07Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: <u>Hanson</u>	Date of Testing: <u>5/21/07</u>
Facility Address: <u>9255 Camino Santa Fe, San Diego</u>	
Facility Contact: <u>Peter Zagar</u>	Phone: <u>858-577-2772</u>
Date Local Agency Was Notified of Testing: _____	
Name of Local Agency Inspector (if present during testing): <u>Michael Mann</u>	

2. TESTING CONTRACTOR INFORMATION

Company Name: <u>Lemesnager Eng.</u>
Technician Conducting Test: <u>James Romero</u>
Credentials ¹ : <input checked="" type="checkbox"/> CCLB Contractor <input checked="" type="checkbox"/> CCL Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number(s): <u>203029</u>

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other	
Test Equipment Used:	<u>Industry Standard</u>		Equipment Resolution: _____	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	¹ <u>Tank #2-S. DSL</u>	² <u>DSL - middle</u>	³ <u>DSL - North</u>	⁴ _____
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	<u>12"</u>	<u>12"</u>	<u>12"</u>	
Bucket Depth:	<u>13 1/4"</u>	<u>13 1/2"</u>	<u>14"</u>	
Wait time between applying vacuum/water and start of test:	<u>15 min</u>	<u>15 min</u>	<u>15 min</u>	
Test Start Time (T ₁):	<u>9:41</u>	<u>9:41</u>	<u>9:41</u>	
Initial Reading (R _i):	<u>7"</u>	<u>6"</u>	<u>5 7/8"</u>	
Test End Time (T _F):	<u>10:41</u>	<u>10:41</u>	<u>10:41</u>	
Final Reading (R _F):	<u>7"</u>	<u>6"</u>	<u>5 7/8"</u>	
Test Duration (T _F - T ₁):	<u>1 hr.</u>	<u>1 hr</u>	<u>1 hr.</u>	
Change in Reading (R _F - R _i):				
Pass/Fail Threshold or Criteria:	<u>0-Loss</u>	<u>0-Loss</u>	<u>0-Loss</u>	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____

Date: _____

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT #: 117076
SPECIALIST: MIKE MANN
INSPECTION DATE: 6/18/08
CONTACT: CLAY SMITH

BUSINESS NAME HANSON AGGREGATES

ADDRESS 9255 CAMINO SANTA FE CITY SAN DIEGO ZIP 92121

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
1 v 3192	<u>6/18/08</u>	<u>see attached from Renee LeMesnager</u>
2 v 3261	<u>6/18/08</u>	<u>see attached from Renee LeMesnager</u>
3 v 0135	<u>6/21/08</u>	<u>Manifests on site - Employees instructed on location of manifests & proper records keeping - Copies attached</u>
4 v 0138	<u>6/19/08</u>	<u>Manifests matched & Problem corrected w/ Shop lead on Records keeping - w/ matching of manifests - Copy attached</u>
5 v 0228	<u>6/19/08</u>	<u>Bung replaced - waste antifreeze in open barrel Transferred to Proper storage container - Employees instructed on Proper storage -</u>
6 v	<u> / / </u>	
7 v	<u> / / </u>	
8 v	<u> / / </u>	
9 v	<u> / / </u>	
10 v	<u> / / </u>	

I certify under penalty of law that this business/site has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the business/site, and am aware that there are significant penalties for submitting false information.

Responsible Party: Clay Smith Job Title Sr. Dispatcher
Print Name

Signature of Responsible Party: [Signature] Date: 6/24/08

◀ Send completed form and supporting documentation to the address listed below ▶

COUNTY OF SAN DIEGO USE ONLY:		Reviewed by: <u>M Mann</u>	Date: <u>6/26/08</u>
		(Specialist's name and date required for processing)	
Specialist's comments: _____			
<input checked="" type="checkbox"/> All violations noted on date listed above were corrected.		<input checked="" type="checkbox"/> Based on information provided by the business <input type="checkbox"/> Based on field verification by Specialist	
<input checked="" type="checkbox"/> RTC entered in Kiva by Specialist on: <u>9/2/08</u>		<input type="checkbox"/> RTC entered in Kiva by Clerical on: <u> / / </u>	

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
http://www.sdcdeh.org/hmd 619-338-2222; 1-800-253-9933; Fax 619-338-2377



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT#: _____
SPECIALIST: RENE LEMESNAGER
INSPECTION DATE: 6/18/2008
CONTACT: Clay Smith

BUSINESS NAME HANSON CARROLL CANYON

ADDRESS 9255 Camino Santa Fe

CITY San Diego

ZIP 92121

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
<u>2</u> v3261	6/18/2008	Tank 3 mechanical line leak detector was replaced and tested during the tank monitor cert.
<u>2</u> v3261	6/18/2008	High flow diesel #8 had approx. 1/4" water with diesel film. The water was removed and stored in a labeled 55 gal drum.
<u>2</u> v3261	6/23/2008	diesel pump #3 had 1/8" - 1/4" diesel in the udc. the diesel was removed by the designated operator on 6/23/2008. tightened the impact valve
<u>1</u> v3192	6/18/2008	D.O. was notified of monthly Inspections to be performed in a timely manner of calendar month -
<u>5</u> v		
<u>6</u> v		
<u>7</u> v		
<u>8</u> v		
<u>9</u> v		
<u>10</u> v		

I certify under penalty of law that this business/site has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the business/site, and am aware that there are significant penalties for submitting false information.

Responsible Party: RENE LEMESNAGER

Job Title PRESIDENT

LEMESNAGER ENG INC

Signature of Responsible Party: Rene Lemesnager

Date: 6/24/2008

Send completed form and supporting documentation to the address listed below

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: M. Man

Date: 6/26/08

(Specialist's name and date required for processing)

Specialist's comments: _____

☒ All violations noted on date listed above were corrected.

☒ Based on information provided by the business
☐ Based on field verification by Specialist

☐ RTC entered in Kiva by Specialist on: ____/____/____

☐ RTC entered in Kiva by Clerical on: ____/____/____

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
<http://www.sdcountry.ca.gov/deh/hmd> 619-338-2222; 1-800-253-9933

Permit #: 117076
State ID: 37-000-117076



Operating Permit Issued on 09/14/2008
Operating Permit Expires on: 09/13/2013
Reference Number: 1063

San Diego County

Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: HANSON AGGREGATES

Site Address: 9255 CAMINO SANTA FE, SAN DIEGO, 92121-2201

Tank Owner's Name: HANSON AGGREGATES PSW

Tank Operator's Name HANSON AGGREGATES

**See reverse side for permit conditions and requirements.*

Tank#	Capacity (gallons)	Tank Use	Piping Construction	Contents	Monitoring Alternative
1. 24178	20000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK, DW PRESSURIZED PIPE W/ WET TANK ANNULAR; POSITIVE SHUT-OFF & FAILSAFE, 3.0 LLD; UDC W/ POSITIVE SHUT-OFF
2. 24179	20000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK, DW PRESSURIZED PIPE W/ WET TANK ANNULAR; POSITIVE SHUT-OFF & FAILSAFE, 3.0 LLD; UDC W/ POSITIVE SHUT-OFF
3. 24180	10000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK, DW PRESSURIZED PIPE W/ WET TANK ANNULAR; POSITIVE SHUT-OFF & FAILSAFE, 3.0 LLD; UDC W/ POSITIVE SHUT-OFF

Total Number of Operating Permitted Tanks: 3

TO FILE: #117076

email - 7/11/08 1:30pm

M Mann.



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

ENTERED SEP 18 2008

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - FACILITY PAGE

(One page per site) Page of

TYPE OF ACTION (Check one item only)		<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 3. RENEWAL PERMIT		<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 6. TEMPORARY FACILITY CLOSURE		<input type="checkbox"/> 7. PERMANENT FACILITY CLOSURE <input type="checkbox"/> 9. TRANSFER PERMIT	
I. FACILITY INFORMATION							
TOTAL NUMBER OF USTs AT FACILITY		404		FACILITY ID #		37 000 117076	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)							
BUSINESS SITE ADDRESS		103		CITY		104	
Hansen Aggregates		San Diego		CA		ZIP CODE 92121	
FACILITY TYPE		403		Is the facility located on Indian Reservation or Trust lands?		405	
<input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUELING <input type="checkbox"/> 3. FARM		<input type="checkbox"/> 2. FUEL DISTRIBUTION <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
II. PROPERTY OWNER INFORMATION							
PROPERTY OWNER NAME		407		PHONE		408	
Hansen Aggregates		(858) 715-5600					
MAILING ADDRESS		409					
P.O. Box 639069							
CITY		410		STATE		411	
S.D.		CA		ZIP CODE		412	
92163-9069							
III. TANK OPERATOR INFORMATION							
TANK OPERATOR NAME		428-1		PHONE		428-2	
Hansen Aggregates		(858) 715-5600					
MAILING ADDRESS		428-3					
P.O. Box 639069							
CITY		428-4		STATE		428-5	
San Diego		CA		ZIP CODE		428-6	
92163-9069							
IV. TANK OWNER INFORMATION							
TANK OWNER NAME		414		PHONE		415	
Hansen Aggregates		(858) 715-5600					
MAILING ADDRESS		416					
P.O. Box 639069							
CITY		417		STATE		418	
San Diego		CA		ZIP CODE		419	
92163-9069							
OWNER TYPE:		420					
<input checked="" type="checkbox"/> 4. LOCAL AGENCY/DISTRICT <input type="checkbox"/> 7. FEDERAL AGENCY		<input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 8. NON-GOVERNMENT		<input type="checkbox"/> 6. STATE AGENCY			
V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER							
TY (TK) HQ 44-		421		Call the State Board of Equalization, Fuel Tax Division, if there are questions.			
VI. PERMIT HOLDER INFORMATION							
Issue permit and send legal notifications and mailings to:		423		<input checked="" type="checkbox"/> 1. FACILITY OWNER <input type="checkbox"/> 3. TANK OWNER		<input type="checkbox"/> 4. TANK OPERATOR <input type="checkbox"/> 5. FACILITY OPERATOR	
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only)		426					
VII. APPLICANT SIGNATURE							
CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.		424		DATE		425	
APPLICANT SIGNATURE		7/11/08		PHONE		858 715-5694	
APPLICANT NAME (print)		426		APPLICANT TITLE		427	
Clay Smith		Depatcher II					



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - TANK INFORMATION

(One form per UST)

TYPE OF ACTION (Check one item only. For UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)				410
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 6. TEMPORARY UST CLOSURE		<input type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE		410b
<input type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 8. UST REMOVAL				
DATE UST PERMANENTLY CLOSED: / /		DATE EXISTING UST DISCOVERED: / /		
I. FACILITY INFORMATION				
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)			FACILITY ID #	
Hanson Aggregates			37000117076	
BUSINESS SITE ADDRESS			CITY	ZIP CODE
9255 Camino Santa Fe			San Diego	CA 92121
II. TANK DESCRIPTION				
TANK ID #	TANK MANUFACTURER	TANK CONFIGURATION: THIS TANK IS		
24178	Owens Corning	<input checked="" type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT.		
DATE UST SYSTEM INSTALLED	TANK CAPACITY IN GALLONS	NUMBER OF COMPARTMENTS IN THE UNIT		
1/1/11	20,000	1		
III. TANK USE AND CONTENTS				
TANK USE		<input checked="" type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 95. UNKNOWN		
CONTENTS		<input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (HSC [23121.5(c)]) <input type="checkbox"/> 99. OTHER (Specify):		
PETROLEUM: <input type="checkbox"/> 1. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify):		<input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 6. AVIATION GAS		
NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):				
IV. TANK CONSTRUCTION				
TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 7. STEEL + INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
OVERFILL PREVENTION	<input checked="" type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input checked="" type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			
V. PRODUCT/WASTE PIPING CONSTRUCTION				
PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED <input checked="" type="checkbox"/> 2. DOUBLE-WALLED <input type="checkbox"/> 99. OTHER			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION [23 CCR [2636(a)(3)]]			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE			
VI. VENT VAPOR RECOVERY (VR) AND RISER/ FILL PIPE PIPING CONSTRUCTION				
VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 90. NONE			
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
FILL COMPONENTS INSTALLED	<input checked="" type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input checked="" type="checkbox"/> 4. CONTAINMENT SUMP			
VII. UNDER DISPENSER CONTAINMENT (UDC)				
CONSTRUCTION TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 90. NONE			
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input checked="" type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify):			
VIII. CORROSION PROTECTION				
STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION			
IX. APPLICANT SIGNATURE				
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.				
APPLICANT SIGNATURE			DATE	
			7/11/08	
APPLICANT NAME (print)			APPLICANT TITLE	
Clay Smith			Dispatcher II	



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION

(One form per UST)

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)				430
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 6. TEMPORARY UST CLOSURE		<input type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE		430b
<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 8. UST REMOVAL				430c
DATE UST PERMANENTLY CLOSED: / /		DATE EXISTING UST DISCOVERED: / /		
I. FACILITY INFORMATION				
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)		FACILITY ID #		
Harrison Aggregates		37000117076		
BUSINESS SITE ADDRESS		CITY	CA	ZIP CODE
9255 Camino Santa Fe		San Diego		92121
II. TANK DESCRIPTION				
TANK ID #	TANK MANUFACTURER	TANK CONFIGURATION: THIS TANK IS		
24179	Owens Corning	<input checked="" type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT Complete one page for each compartment in the unit		
DATE UST SYSTEM INSTALLED	TANK CAPACITY IN GALLONS	NUMBER OF COMPARTMENTS IN THE UNIT		
1/1/14	29,000	1		
III. TANK USE AND CONTENTS				
TANK USE	<input checked="" type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (includes Used Oil) <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (HSC §25281.5(c)) <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 99. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
CONTENTS	PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify):			
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):			
IV. TANK CONSTRUCTION				
TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. UNKNOWN			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 7. STEEL + INTERNAL LINING <input type="checkbox"/> 99. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 99. NONE <input type="checkbox"/> 99. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
OVERFILL PREVENTION	<input checked="" type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input checked="" type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			
V. PRODUCT/WASTE PIPING CONSTRUCTION				
PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED <input checked="" type="checkbox"/> 2. DOUBLE-WALLED <input type="checkbox"/> 99. OTHER			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION (23 CCR §26304(h)(2))			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. NONE <input type="checkbox"/> 99. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. NONE <input type="checkbox"/> 99. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. NONE			
VI. VENT, VAPOR RECOVERY (VR) AND RISER/FILL PIPE PIPING CONSTRUCTION				
VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 99. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 99. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 99. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 99. NONE			
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. NONE <input type="checkbox"/> 99. OTHER (Specify):			
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. NONE <input type="checkbox"/> 99. OTHER (Specify):			
FILL COMPONENTS INSTALLED	<input checked="" type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input checked="" type="checkbox"/> 4. CONTAINMENT SUMP			
VII. UNDER-DISPENSER CONTAINMENT (UDC)				
CONSTRUCTION TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 99. NONE			
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input checked="" type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify):			
VIII. CORROSION PROTECTION				
STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION			
IX. APPLICANT SIGNATURE				
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.				
APPLICANT SIGNATURE		DATE		
Clay Smith		7/11/08		
APPLICANT NAME (print)		APPLICANT TITLE		
Clay Smith		Dispatcher		



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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 1-800-253-9933

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - TANK INFORMATION

(One form per UST)

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)				430
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 6. TEMPORARY UST CLOSURE		<input type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE		430b
<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 8. UST REMOVAL				
DATE UST PERMANENTLY CLOSED: / /		DATE EXISTING UST DISCOVERED: / /		
I. FACILITY INFORMATION				
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)		FACILITY ID #		
Hansen Aggregates		3 7 0 0 0 1 1 7 0 7 6		
BUSINESS SITE ADDRESS		CITY	CA	ZIP CODE
9255 Camino Santa Fe		San Diego		92121
II. TANK DESCRIPTION				
TANK ID #	TANK MANUFACTURER	TANK CONFIGURATION: THIS TANK IS		
24180	Owens Corning	<input checked="" type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT.		
DATE UST SYSTEM INSTALLED	TANK CAPACITY IN GALLONS	NUMBER OF COMPARTMENTS IN THE UNIT		
1/1/14	10,000	1		
III. TANK USE AND CONTENTS				
TANK USE	<input checked="" type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (includes Used Oil) <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (HSC 423231.5(c)) <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
CONTENTS	PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify):			
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):			
IV. TANK CONSTRUCTION				
TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
OVERFILL PREVENTION	<input checked="" type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input checked="" type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			
V. PRODUCT/WASTE PIPING CONSTRUCTION				
PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED <input checked="" type="checkbox"/> 2. DOUBLE-WALLED <input type="checkbox"/> 99. OTHER			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION (23 CCR §26.36(a)(1))			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE			
VI. VENT, VAPOR RECOVERY (VR) AND RISER/FILL PIPE PIPING CONSTRUCTION				
VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 90. NONE			
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
FILL COMPONENTS INSTALLED	<input checked="" type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input type="checkbox"/> 4. CONTAINMENT SUMP			
VII. UNDER DISPENSER CONTAINMENT (UDC)				
CONSTRUCTION TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 90. NONE			
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input checked="" type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify):			
VIII. CORROSION PROTECTION				
STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION			
IX. APPLICANT SIGNATURE				
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.				
APPLICANT SIGNATURE		DATE		
Clay Smith		7/11/08		
APPLICANT NAME (print)		APPLICANT TITLE		
Clay Smith		Dispatcher II		



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 1 of 2)

TYPE OF ACTION <input type="checkbox"/> 1. NEW PLAN <input checked="" type="checkbox"/> 2. CHANGE OF INFORMATION		490-1
PLAN TYPE <input type="checkbox"/> 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY.		490-2
(Check one item only) <input type="checkbox"/> 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) (specify):		
I. FACILITY INFORMATION		
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) <u>Hanson Aggregates</u>		490-3
FACILITY ID # <u>37000117076</u>		490-4
BUSINESS SITE ADDRESS <u>9255 Camino Santa Fe</u>		490-5
CITY <u>SAN DIEGO</u>	STATE <u>CA</u>	ZIP CODE <u>92121</u>
II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE		
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel (23 CCR §2632, 2634, 2638, 2641)		
MONITORING EQUIPMENT IS SERVICED <input checked="" type="checkbox"/> 1. ANNUALLY <input type="checkbox"/> 99. OTHER (Specify):		490-3a 490-3b
III. MONITORING LOCATIONS		
<input checked="" type="checkbox"/> 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.		
<input type="checkbox"/> 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR §2632, 2634)		
IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):		
<input checked="" type="checkbox"/> 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT		
VAULT(S) WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2632, 2634)		
SECONDARY CONTAINMENT IS: <input checked="" type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM		
PANEL MANUFACTURER: <u>Veeder Root</u>	MODEL #: <u>TLS 350</u>	490-6 490-7
LEAK SENSOR MANUFACTURER: <u>Veeder Root</u>	MODEL #(S): <u>302 & 208</u>	490-8 490-10
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S) (23 CCR §2643)		
PANEL MANUFACTURER:	MODEL #	490-11 490-13
IN-TANK PROBE MANUFACTURER	MODEL #(S)	490-14 490-15
LEAK TEST FREQUENCY: <input type="checkbox"/> a. CONTINUOUS <input type="checkbox"/> b. DAILY/NIGHTLY <input type="checkbox"/> c. WEEKLY		
<input type="checkbox"/> d. MONTHLY <input type="checkbox"/> e. OTHER (Specify):		
PROGRAMMED TESTS: <input type="checkbox"/> a. 0.1 g.p.h. <input type="checkbox"/> b. 0.2 g.p.h. <input type="checkbox"/> c. OTHER (Specify):		
<input checked="" type="checkbox"/> 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1)		
<input type="checkbox"/> 4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645): TESTING PERIOD: <input type="checkbox"/> a. 36 HOURS <input type="checkbox"/> b. 60 HOURS		
<input type="checkbox"/> 5. TANK INTEGRITY TESTING (23 CCR §2643.1):		
TEST FREQUENCY: <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. BIENNIALY <input type="checkbox"/> c. OTHER (Specify):		
<input type="checkbox"/> 99. OTHER (Specify):		
V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)		
<input checked="" type="checkbox"/> 1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2636)		
SECONDARY CONTAINMENT IS: <input checked="" type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM		
PANEL MANUFACTURER: <u>Veeder Root</u>	MODEL #: <u>TLS 350</u>	490-28 490-29
LEAK SENSOR MANUFACTURER: <u>Veeder Root</u>	MODEL #(S): <u>302 & 208</u>	490-30 490-31
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
<input type="checkbox"/> 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636)		
MLLD MANUFACTURER(S): <u>FX</u>	MODEL #(S): <u>FX D2V</u>	490-32 490-33
<input type="checkbox"/> 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636)		
ELLD MANUFACTURER(S):	MODEL #(S):	490-34 490-35
PROGRAMMED IN LINE LEAK TEST: <input type="checkbox"/> 1. MINIMUM MONTHLY 0.2 g.p.h. <input type="checkbox"/> 2. MINIMUM ANNUAL 0.1 g.p.h.		
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
<input type="checkbox"/> 4. PIPE INTEGRITY TESTING: TEST FREQUENCY <input checked="" type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. EVERY 3 YEARS <input type="checkbox"/> c. OTHER (Specify):		
<input type="checkbox"/> 5. VISUAL PIPE MONITORING: FREQUENCY <input checked="" type="checkbox"/> a. DAILY <input type="checkbox"/> b. WEEKLY <input type="checkbox"/> c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED*		
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25291.5(b)(3)		
<input type="checkbox"/> 6. SUCTION PIPING MEETS EXEMPTION CRITERIA (23 CCR §2636(a)(3))		
<input type="checkbox"/> 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM		
<input type="checkbox"/> 99. OTHER (Specify):		



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 2 of 2)

This plan has been reviewed and is:
☒ Approved ☐ Approved with conditions*
 Date: 9-8-2008
 Specialist: M. Man
 (Local Agency Signature) *conditions on back

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD:

- ☒ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☐ 3. ELECTRONIC STAND-ALONE
☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify):

PANEL MANUFACTURER:

Veeder Root

490-55

MODEL #:

TLS 350

490-56

LEAK SENSOR MANUFACTURER:

Veeder Root

490-57

MODEL #(S):

208

490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS

☒ a. YES ☐ b. NO

490-59

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN

☒ a. YES ☐ b. NO

490-60

FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN

☒ a. YES ☐ b. NO

490-61

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER

☒ a. YES ☐ b. NO

490-62

2. UDC CONSTRUCTION IS ☒ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED

490-63

IF DOUBLE WALLED:

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACUUM

490-64a

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO

490-64b

VII. PERIODIC SYSTEM TESTING

- ☐ 1. ELD TESTING. THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1)
☒ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS
☒ 3. SPILL BUCKETS ARE TESTED ANNUALLY.

490-65

490-66

490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

- ☒ Alarm logs ☐ Visual Inspection Records
☐ Tank integrity testing results ☐ SIR testing results (and supporting documentation records)
☐ Tank gauging results (and supporting documentation records) ☐ ATG Testing results (and supporting documentation records)
☐ Corrosion Protection 60-day logs ☐ Equipment maintenance and calibration records

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties.

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

- ☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)
☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS
☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW
☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION"
☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS"
☐ OTHER (Specify):

☒ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan.

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.

The following person(s) are responsible for performing the monitoring and equipment maintenance

NAME	TITLE
<u>Le Mesnager Engineering</u>	<u>Maintenance & DD Contractor</u>
NAME	TITLE

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE

490-76

DATE:

8/20/08

490-77

REPRESENTING ☐ 1. Tank Owner/Operator ☒ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner

APPLICANT NAME (print):

490-78

APPLICANT TITLE:

Dispatcher II

490-79

Clay Smith



COUNTY OF SAN DIEGO CUPA
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**UNDERGROUND STORAGE TANK
 RESPONSE PLAN - PAGE 1**

(One form per facility)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION R01

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)

3 7 - 0 0 0 - 1 / 7 0 7 6

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

HANSON Aggregates

BUSINESS SITE ADDRESS

9255 Camino Santa Fe

R03

CITY

San Diego

R04

CA

ZIP CODE

92121

R02

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within 24 hours of discovery. Recovered hazardous materials, unless suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
<i>ABSORBENT</i>	<i>At site</i>	<i>Yes</i>
R10	R20	R30
R11	R21	R31
R12	R22	R32
R13	R23	R33
R14	R24	R34
R15	R25	R35

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	R40	TITLE	R50
<i>Lud Harvey</i>		<i>Plant Manager</i>	
NAME	R41	TITLE	R51
<i>Henry Pimentel</i>		<i>Plant Foreman</i>	
NAME	R42	TITLE	R52
NAME	R43	TITLE	R53

V. MONITORING INDICATORS

MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

- ☐ Additional system testing or data collection ☐ Inspection by qualified persons ☐ Recalibration of equipment ☐ Other (specify)

R60

#117076



COUNTY OF SAN DIEGO CUPA
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UNDERGROUND STORAGE TANK
RESPONSE PLAN - PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water;
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.


We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE 	DATE 8/20/08
OWNER/OPERATOR NAME (print) Clay Smith	OWNER/OPERATOR TITLE Dispatcher II

(Agency Use Only) This plan has been reviewed and is: ☐ Approved ☐ Approved With Conditions* ☐ Disapproved

Local Agency Signature: _____ Date: _____

Conditions of approval (if any):

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

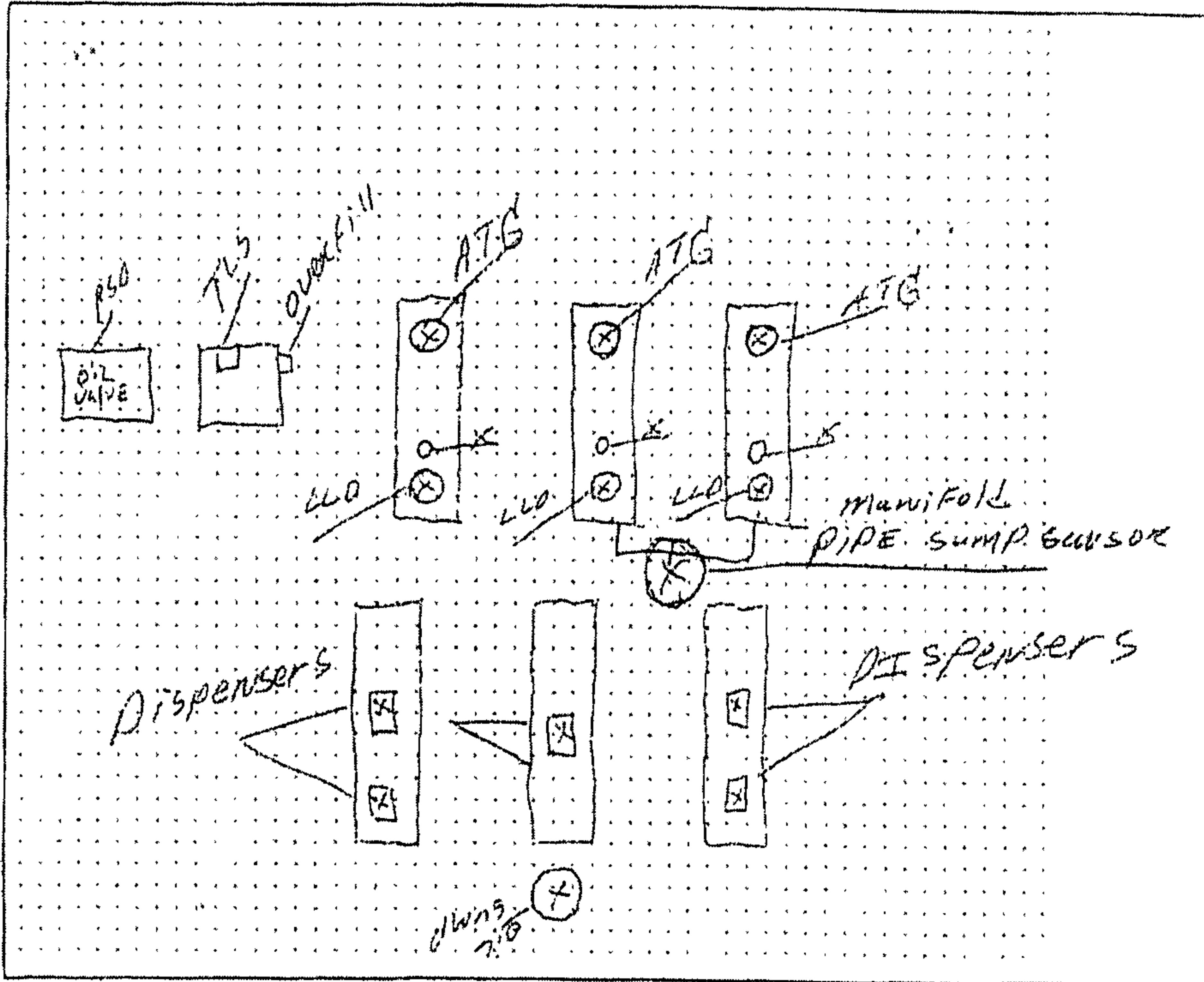
117076

HAWSON

UST Monitoring Site Plan

Site Address:

9255 Camino Santa Fe S.D.



X = sensors

Date map was drawn: 5/21/07

Instructions

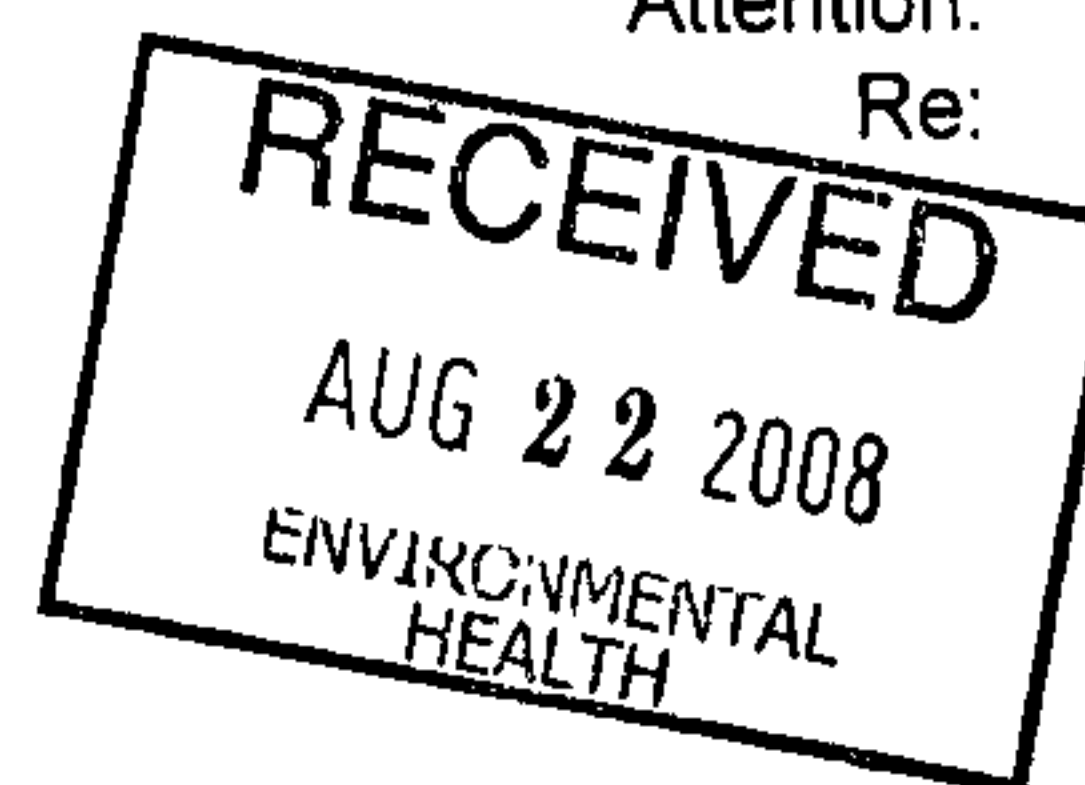
If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pits, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

LETTER OF TRANSMITTAL

#117076

FROM: **Hanson Aggregates**
 681 Aspen Circle
 Oxnard, CA 93030
 (805) 985-2191
 FAX (805) 382-9892

Date: August 20, 2008
 Description: Miscellaneous
 Attention: Haz Mat Division
 Re: UST Forms



TO: San Diego County Dept of Environmental Health
 1255 Imperial Ave, 1st Floor
 San Diego, CA 92101

WE ARE SENDING YOU THE FOLLOWING ITEMS VIA:

☒ Federal Express☐ Mail☐ Pickup☐ Delivery☐ Other

Phone #: 619 338-2222

COPIES	DATE	DESCRIPTION
1 Set	8/20/08, 7/11/08	UST Forms- Carroll Canyon
1 Set	8/20/08	UST Forms- El Cajon
1 Set	8/20/08	UST Forms- Escondido

THESE ARE TRANSMITTED AS CHECKED BELOW:

☐ For approval
☐ For your use

☒ As requested
☐ For review/comment

REMARKS:

COPY TO:

Signed: St. Zach



ENTERED SEP 8 2008

COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

ENTERED SEP 18 2008
(One page per site) Page 1 of 1

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - FACILITY PAGE

TYPE OF ACTION (Check one item only)
☐ 1. NEW PERMIT ☒ 5. CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE
☐ 3. RENEWAL PERMIT ☐ 6. TEMPORARY FACILITY CLOSURE ☐ 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 3 FACILITY ID # 37 000 117076

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

BUSINESS SITE ADDRESS
Hanson Aggregates
9255 Camino Santa Fe San Diego CA 92121

FACILITY TYPE
☒ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION
☐ 3. FARM ☐ 4. PROCESSOR ☐ 6. OTHER
Is the facility located on Indian Reservation or Trust lands? ☐ Yes ☐ No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME
Hanson Aggregates
PHONE
(858) 715-5600

MAILING ADDRESS
P.O. Box 639069
CITY S.D. STATE CA ZIP CODE 92163-9069

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME
Hanson Aggregates
PHONE
(858) 715-5600

MAILING ADDRESS
P.O. Box 639069
CITY San Diego STATE CA ZIP CODE 92163-9069

IV. TANK OWNER INFORMATION

TANK OWNER NAME
Hanson Aggregates
PHONE
(858) 715-5600

MAILING ADDRESS
P.O. Box 639069
CITY San Diego STATE CA ZIP CODE 92163-9069

OWNER TYPE:
☒ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY
☐ 7. FEDERAL AGENCY ☐ 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- Call the State Board of Equalization, Fuel Tax Division, if there are questions.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to:
☒ 1. FACILITY OWNER ☐ 4. TANK OPERATOR
☐ 3. TANK OWNER ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only)

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.
APPLICANT SIGNATURE DATE 7/11/08 PHONE (858) 715-5694

APPLICANT NAME (print) Applicant Title
Clay Smith Dispatcher II



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION

(One form per UST)

TYPE OF ACTION (Check one item only. For UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)				410
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 6. TEMPORARY UST CLOSURE		<input checked="" type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE		410b
<input type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 8. UST REMOVAL				410c
DATE UST PERMANENTLY CLOSED: / /		DATE EXISTING UST DISCOVERED: / /		410d
I. FACILITY INFORMATION				
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)			FACILITY ID #	103
Hanson Aggregates			3 7 0 0 0 1 1 7 0 7 6	104
BUSINESS SITE ADDRESS			CITY	105
9255 Camino Santa Fe			San Diego, CA	106
II. TANK DESCRIPTION				
TANK ID #	TANK MANUFACTURER	TANK CONFIGURATION: THIS TANK IS		
24178	Owens Corning	<input checked="" type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT.		
DATE UST SYSTEM INSTALLED	TANK CAPACITY IN GALLONS	NUMBER OF COMPARTMENTS IN THE UNIT		
1/1/14	20,000	1		
III. TANK USE AND CONTENTS				
TANK USE	<input checked="" type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (HSC §35121.5(c)) <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
CONTENTS	<input type="checkbox"/> 1. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify):			
Diesel				
NON-PETROLEUM:	<input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):			
IV. TANK CONSTRUCTION				
TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 7. STEEL + INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
OVERFILL PREVENTION	<input checked="" type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input checked="" type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			
V. PRODUCT/WASTE PIPING CONSTRUCTION				
PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED <input checked="" type="checkbox"/> 2. DOUBLE-WALLED <input type="checkbox"/> 99. OTHER			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION (23 CCR §2636(a)(3))			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE			
VI. VENT VAPOR RECOVERY (VR) AND RISER/FILL PIPE PIPING CONSTRUCTION				
VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 90. NONE			
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
FILL COMPONENTS INSTALLED	<input checked="" type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input checked="" type="checkbox"/> 4. CONTAINMENT SUMP			
VII. UNDER DISPENSER CONTAINMENT (UDC)				
CONSTRUCTION TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 90. NONE			
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input checked="" type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify):			
VIII. CORROSION PROTECTION				
STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION			
IX. APPLICANT SIGNATURE				
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.			470	
APPLICANT SIGNATURE			DATE	
			7/11/08	
APPLICANT NAME (print)			APPLICANT TITLE	
Clay Smith			Dispatcher II	



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - TANK INFORMATION

(One form per UST)

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)				430
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 6. TEMPORARY UST CLOSURE		<input type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE		430b
<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 8. UST REMOVAL				430b
DATE UST PERMANENTLY CLOSED: / /		DATE EXISTING UST DISCOVERED: / /		
I. FACILITY INFORMATION				
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)		FACILITY ID #		
Harrison Aggregates		37000117076		
BUSINESS SITE ADDRESS		CITY	CA	ZIP CODE
9255 Camino Santa Fe		San Diego		92121
II. TANK DESCRIPTION				
TANK ID #	TANK MANUFACTURER	TANK CONFIGURATION THIS TANK IS		
24179	Owens Corning	<input checked="" type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT.		
DATE UST SYSTEM INSTALLED	TANK CAPACITY IN GALLONS	NUMBER OF COMPARTMENTS IN THE UNIT		
1/1/14	29,000	1		
III. TANK USE AND CONTENTS				
TANK USE	<input checked="" type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (HSC §35281.5(c)) <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 99. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
CONTENTS	PETROLEUM: <input type="checkbox"/> 1. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify):			
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):			
IV. TANK CONSTRUCTION				
TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 7. STEEL + INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
OVERFILL PREVENTION	<input checked="" type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input checked="" type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			
V. PRODUCT/WASTE PIPING CONSTRUCTION				
PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED <input checked="" type="checkbox"/> 2. DOUBLE-WALLED <input type="checkbox"/> 99. OTHER			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION (23 CCR §2634(a)(3))			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE			
VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION				
VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)			
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)			
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)			
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)			
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 90. NONE			
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)			
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)			
FILL COMPONENTS INSTALLED	<input checked="" type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input checked="" type="checkbox"/> 4. CONTAINMENT SUMP			
VII. UNDER DISPENSER CONTAINMENT (UDC)				
CONSTRUCTION TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 90. NONE			
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input checked="" type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify)			
VIII. CORROSION PROTECTION				
STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION			
IX. APPLICANT SIGNATURE				
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.				
APPLICANT SIGNATURE		DATE		
Clay Smith		7/11/08		
APPLICANT NAME (print)		APPLICANT TITLE		
Clay Smith		Dispatcher		



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION

(One form per UST)

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)				430
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 6. TEMPORARY UST CLOSURE		<input type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE		430b
<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 8. UST REMOVAL				430b
DATE UST PERMANENTLY CLOSED: / /		DATE EXISTING UST DISCOVERED: / /		
I. FACILITY INFORMATION				
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)		FACILITY ID #		
Hansen Aggregates		37000117076		
BUSINESS SITE ADDRESS		CITY	CA	ZIP CODE
9255 Camino Santa Fe		San Diego		92121
II. TANK DESCRIPTION				
TANK ID #	TANK MANUFACTURER	TANK CONFIGURATION: THIS TANK IS		
24180	Owens Corning	<input checked="" type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT.		
DATE UST SYSTEM INSTALLED	TANK CAPACITY IN GALLONS	NUMBER OF COMPARTMENTS IN THE UNIT		
1/1/14	10,000	1		
III. TANK USE AND CONTENTS				
TANK USE	<input checked="" type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (HSC §25281.5(c)) <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
CONTENTS	PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify):			
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):			
IV. TANK CONSTRUCTION				
TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 2. STEEL + INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
OVERFILL PREVENTION	<input checked="" type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input checked="" type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			
V. PRODUCT/WASTE PIPING CONSTRUCTION				
PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED <input checked="" type="checkbox"/> 2. DOUBLE-WALLED <input type="checkbox"/> 99. OTHER			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION (23 CCR §2636(a)(3))			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):			
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE			
VI. VENT, VAPOR RECOVERY (VR) AND RISER/FILL PIPE PIPING CONSTRUCTION				
VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 90. NONE			
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):			
FILL COMPONENTS INSTALLED	<input checked="" type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input type="checkbox"/> 4. CONTAINMENT SUMP			
VII. UNDER DISPENSER CONTAINMENT (UDC)				
CONSTRUCTION TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 90. NONE			
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input checked="" type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify):			
VIII. CORROSION PROTECTION				
STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION			
IX. APPLICANT SIGNATURE				
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.				
APPLICANT SIGNATURE		DATE		
Clay Smith		7/11/08		
APPLICANT NAME (print)		APPLICANT TITLE		
Clay Smith		Dispatcher II		



COUNTY OF SAN DIEGO CUPA
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UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 1 of 2)

TYPE OF ACTION <input type="checkbox"/> 1. NEW PLAN <input checked="" type="checkbox"/> 2. CHANGE OF INFORMATION		490.1
PLAN TYPE <input type="checkbox"/> 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY		490.2
(Check one item only) <input type="checkbox"/> 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) (specify):		
I. FACILITY INFORMATION		
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) <u>Hauson Aggregates</u>		FACILITY ID # <u>37000117076</u>
BUSINESS SITE ADDRESS <u>9255 Camino Santa Fe</u>		CITY <u>San Diego</u> CA ZIP CODE <u>92121</u>
II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE		
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel (23 CCR §2632, 2634, 2638, 2641)		
MONITORING EQUIPMENT IS SERVICED <input checked="" type="checkbox"/> 1. ANNUALLY <input type="checkbox"/> 99. OTHER (Specify):		
III. MONITORING LOCATIONS		
<input checked="" type="checkbox"/> 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.		
<input type="checkbox"/> 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR §2632, 2634)		
IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):		
<input checked="" type="checkbox"/> 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2632, 2634)		
SECONDARY CONTAINMENT IS: <input checked="" type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM		
PANEL MANUFACTURER: <u>Veeder Root</u>	MODEL #: <u>TLS 350</u>	490.7
LEAK SENSOR MANUFACTURER: <u>Veeder Root</u>	MODEL #(S): <u>302 & 208</u>	490.8
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S) (23 CCR §2643)		
PANEL MANUFACTURER:	MODEL #:	490.11
IN-TANK PROBE MANUFACTURER:	MODEL #(S):	490.12
LEAK TEST FREQUENCY: <input type="checkbox"/> a. CONTINUOUS <input type="checkbox"/> b. DAILY/NIGHTLY <input type="checkbox"/> c. WEEKLY <input type="checkbox"/> d. MONTHLY <input type="checkbox"/> e. OTHER (Specify):		490.13
PROGRAMMED TESTS: <input type="checkbox"/> a. 0.1 g.p.h. <input type="checkbox"/> b. 0.2 g.p.h. <input type="checkbox"/> c. OTHER (Specify):		490.14
<input checked="" type="checkbox"/> 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1)		
<input type="checkbox"/> 4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645): TESTING PERIOD: <input type="checkbox"/> a. 36 HOURS <input type="checkbox"/> b. 60 HOURS		
<input type="checkbox"/> 5. TANK INTEGRITY TESTING (23 CCR §2643.1): TEST FREQUENCY: <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. BIENNIALY <input type="checkbox"/> c. OTHER (Specify):		
<input type="checkbox"/> 99. OTHER (Specify):		
V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)		
<input checked="" type="checkbox"/> 1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2636)		
SECONDARY CONTAINMENT IS: <input checked="" type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM		
PANEL MANUFACTURER: <u>Veeder Root</u>	MODEL #: <u>TLS 350</u>	490.20
LEAK SENSOR MANUFACTURER: <u>Veeder Root</u>	MODEL #(S): <u>302 & 208</u>	490.21
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
<input type="checkbox"/> 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636)		
MLLD MANUFACTURER(S): <u>FX</u>	MODEL #(S): <u>FX D2V</u>	490.22
<input type="checkbox"/> 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636)		
ELLD MANUFACTURER(S):	MODEL #(S):	490.23
PROGRAMMED IN LINE LEAK TEST <input type="checkbox"/> 1. MINIMUM MONTHLY 0.2 g.p.h. <input type="checkbox"/> 2. MINIMUM ANNUAL 0.1 g.p.h.		
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
<input type="checkbox"/> 4. PIPE INTEGRITY TESTING: TEST FREQUENCY <input checked="" type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. EVERY 3 YEARS <input type="checkbox"/> c. OTHER (Specify):		
<input type="checkbox"/> 5. VISUAL PIPE MONITORING: FREQUENCY <input checked="" type="checkbox"/> a. DAILY <input type="checkbox"/> b. WEEKLY <input type="checkbox"/> c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED*		
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)		
<input type="checkbox"/> 6. SUCTION PIPING MEETS EXEMPTION CRITERIA (23 CCR §2636(a)(3))		
<input type="checkbox"/> 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM		
<input type="checkbox"/> 99. OTHER (Specify):		



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 2 of 2)

This plan has been reviewed and is:
☒ Approved ☐ Approved with conditions*
 Date: 9-8-2008
 Specialist: M. Man
 (Local Agency Signature) *conditions on back

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD:

- ☒ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☐ 3. ELECTRONIC STAND-ALONE
☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify):

490-54a
 490-54b

PANEL MANUFACTURER:

Vee-Dee Root

490-55

MODEL #:

TLS 350

490-56

LEAK SENSOR MANUFACTURER:

Vee-Dee Root

490-57

MODEL # (S):

208

490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS

☒ a. YES ☐ b. NO

490-59

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN

☒ a. YES ☐ b. NO

490-60

FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN

☒ a. YES ☐ b. NO

490-61

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER

☒ a. YES ☐ b. NO

490-62

2. UDC CONSTRUCTION IS ☒ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED

490-63

IF DOUBLE WALLED:

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACUUM

490-64a

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO

490-64b

VII. PERIODIC SYSTEM TESTING

- ☐ 1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1)
☒ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS
☒ 3. SPILL BUCKETS ARE TESTED ANNUALLY.

490-65

490-66

490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility.

- ☒ Alarm logs 490-68a ☐ Visual Inspection Records 490-68b
☐ Tank integrity testing results 490-68c ☐ SIR testing results (and supporting documentation records) 490-68d
☐ Tank gauging results (and supporting documentation records) 490-68e ☐ ATG Testing results (and supporting documentation records) 490-68f
☐ Corrosion Protection 60-day logs 490-68g ☐ Equipment maintenance and calibration records 490-68h

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties

490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

- ☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b
☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d
☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e
☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f
☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g
☐ OTHER (Specify): 490-69h

490-69h 490-69i

☒ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:

- > Operation of the UST systems in a manner consistent with the facility's best management practices
- > The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- > The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- > Names of contact person(s) for emergencies and monitoring alarms

490-70

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan.

490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly. The following person(s) are responsible for performing the monitoring and equipment maintenance.

NAME

Le Mesnager Engineering

490-72

TITLE

Maintenance & DO Contractor

490-73

NAME

490-74

TITLE

490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE

490-76

DATE

8/20/08

490-77

REPRESENTING ☐ 1. Tank Owner/Operator ☒ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner

APPLICANT NAME (print):

Clay Smith

490-78

APPLICANT TITLE:

Dispatcher II

490-79



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UNDERGROUND STORAGE TANK
RESPONSE PLAN - PAGE 1

(One form per facility)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION R01

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)

3 7 - 0 0 0 - 1 1 7 0 7 6

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) R02

Hanson Aggregates

BUSINESS SITE ADDRESS R03

9255 Camino Santa Fe

CITY R04

San Diego

CA

ZIP CODE R05

92121

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within 24 hours of discovery. Recovered hazardous materials, unless suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
<i>ABSORBENT</i> R10	<i>At site</i> R20	<i>Yes</i> R30
R11	R21	R31
R12	R22	R32
R13	R23	R33
R14	R24	R34
R15	R25	R35

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME R40	TITLE R50
<i>Lud Harvey</i>	<i>Plant Manager</i>
NAME R41	TITLE R51
<i>Henry Pimentel</i>	<i>Plant Foreman</i>
NAME R42	TITLE R52
NAME R43	TITLE R53

V. MONITORING INDICATORS

MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE. STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS: R60

- ☐ Additional system testing or data collection ☐ Inspection by qualified persons ☐ Recalibration of equipment ☐ Other (specify)

#117076



COUNTY OF SAN DIEGO CUPA
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UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water;
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE

DATE

R56

OWNER/OPERATOR NAME (print)

R71

OWNER/OPERATOR TITLE

R72

(Agency Use Only)

This plan has been reviewed and is:

☐ Approved☐ Approved With Conditions*☐ Disapproved

Local Agency Signature:

Date:

Conditions of approval (if any):

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

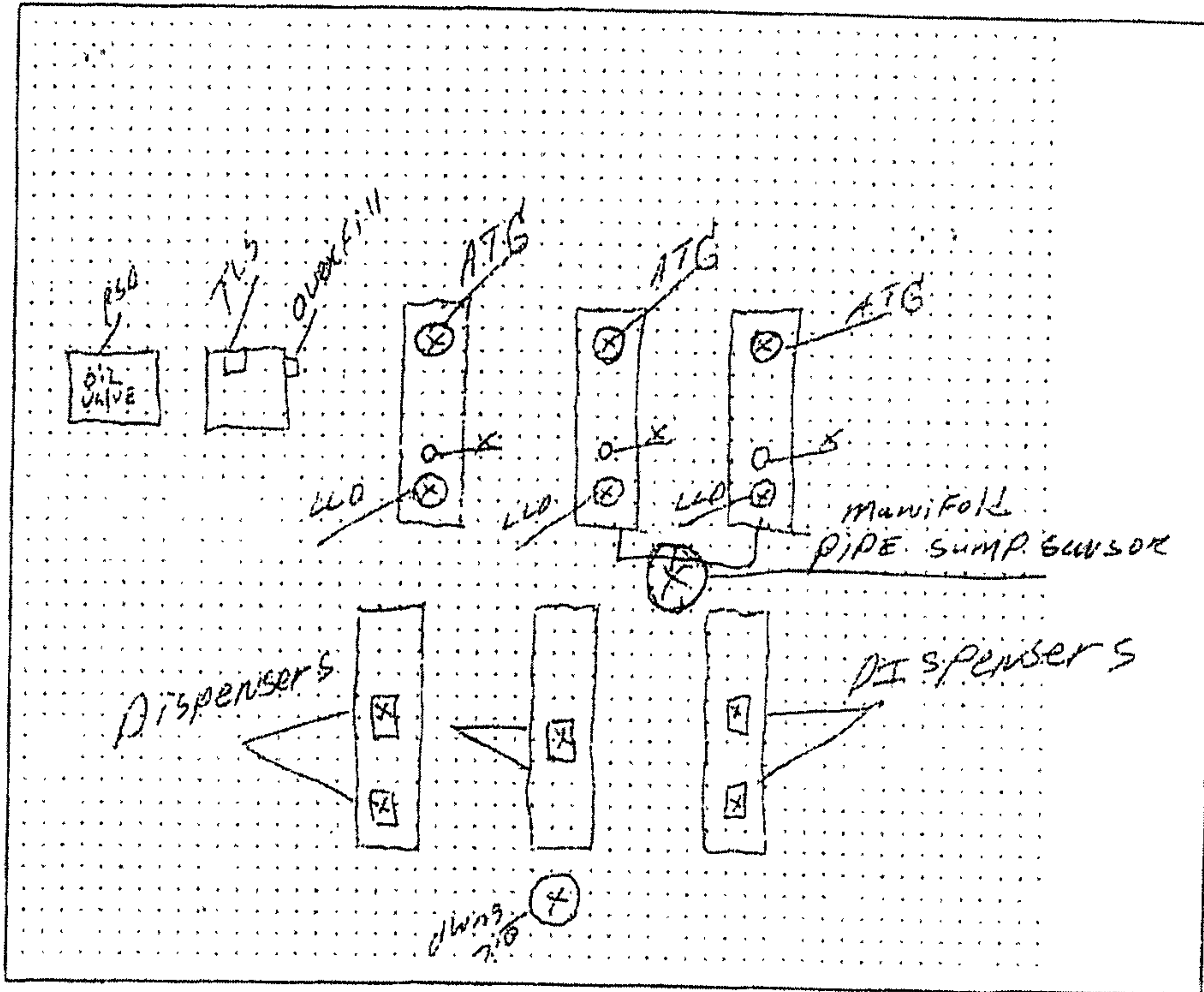
117076

HAWSON

UST Monitoring Site Plan

Site Address:

9255 Camino Santa Fe S.D.



X = sensors

Date map was drawn: 5/21/07

Instructions

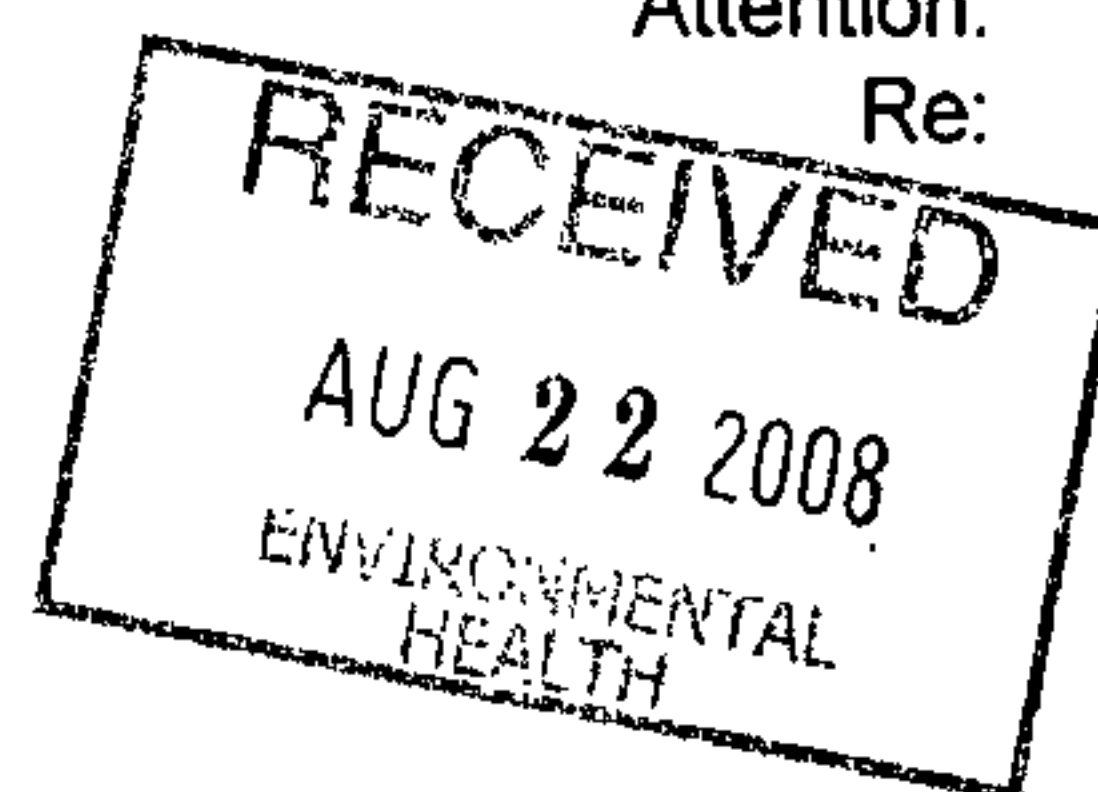
If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

LETTER OF TRANSMITTAL

#117076

FROM: **Hanson Aggregates**
 681 Aspen Circle
 Oxnard, CA 93030
 (805) 985-2191
 FAX (805) 382-9892

Date: August 20, 2008
 Description: Miscellaneous
 Attention: Haz Mat Division
 Re: UST Forms



TO: San Diego County Dept of Environmental Health
 1255 Imperial Ave, 1st Floor
 San Diego, CA 92101

WE ARE SENDING YOU THE FOLLOWING ITEMS VIA:

☒ Federal Express☐ Mail☐ Pickup☐ Delivery☐ Other

Phone #: 619 338-2222

COPIES	DATE	DESCRIPTION
1 Set	8/20/08, 7/11/08	UST Forms- Carroll Canyon
1 Set	8/20/08	UST Forms- El Cajon
1 Set	8/20/08	UST Forms- Escondido

THESE ARE TRANSMITTED AS CHECKED BELOW:

☐ For approval
☐ For your use

☒ As requested
☐ For review/comment

REMARKS:

COPY TO:

Signed: St. Zach

TO FILE: #117076



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9833http://www.sdcountry.ca.gov/deh/hmd/forms_hmd.htmlUNDERGROUND STORAGE TANK SECONDARY CONTAINMENT
TESTING REPORT FORM

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Permit Number:

Plan Check Number:

FACILITY INFORMATION

Facility Name: Hanson	Date of Testing: 12-9-08
Facility Address: 9255 Camino Sante Fe. San Diego Ca, 92127	Test Type:
Facility Contact: M. Smith Clay Smith. Phone: 619-572-3164	<input type="checkbox"/> Initial
Date Local Agency Was Notified of Testing:	<input type="checkbox"/> 6 months
Name of Local Agency Inspector (if present during testing):	<input checked="" type="checkbox"/> 36 months

TESTING CONTRACTOR INFORMATION

Company Name: LEMESNAGER ENGINEERING		
Technician Conducting Test: JAMES ROMERO		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: Engineering	License Number: 203029	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
International code	California UST Service technician	6/6/2009
Franklin Fueling systems	Sump test System Operation	5/28/2010
Veeder Root	Level 4	2/20/2010

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
T1 Ann	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abandoned Oil sec. To N. Reel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2 Ann	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	T1 pipe sump 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 Ann	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	T2 pipe sump 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T1 stp sec. line 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T3 pipe sump 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2 stp sec. line 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T2,T3 pipe Manifold sump 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2,T3 Syphon sec. line 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15/40 and 68 wt.Oil pipe sump 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 stp sec. line 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T1 Fill sump 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/40 wt. Oil sec. line 5 to Shed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T2 Fill sump 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/40 wt. Oil sec. line 6 to Mid reel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T3 fill sump 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/40 wt. Oil sec. line 7 to N. reel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 1,2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned Oil sec. line 8 to shed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned Oil Sec. 9 to Mid Reel.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 4,5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

All test water is being reused from site to site.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements. For all testing equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification ☒ System printout attached

Technician's Signature:

Date:

12.9.08



County of San Diego

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(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

http://www.sdcountry.ca.gov/deh/hmd/forms_hmd.html

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Permit Number:

Plan Check Number:

FACILITY INFORMATION

Facility Name: Hanson	Date of Testing: 12-9-08
Facility Address: 9255 Camino Sante Fe. S.D. Ca, 92127	Test Type:
Facility Contact: Clay Smith	<input type="checkbox"/> Initial
Date Local Agency Was Notified of Testing:	<input type="checkbox"/> 6 months
Name of Local Agency Inspector (if present during testing):	<input checked="" type="checkbox"/> 36 months

TESTING CONTRACTOR INFORMATION

Company Name: LEMESNAGER ENGINEERING		
Technician Conducting Test: JAMES ROMERO		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: Engineering	License Number: 203029	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
International code	California UST Service technician	6/6/2009
Franklin Fueling systems	Sump test System Operation	5/28/2010
Veeder Root	Level 4	2/20/2010

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
UDC 6,7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 8 High Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements
For all testing equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification ☒ System printout attached

Technician's Signature: [Signature]

Date: 12, 9, 08

1. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)			
Test Equipment Used: 0-30 Vacuum Gauge			Equipment Resolution:	
	Tank # 1	Tank # 2	Tank # 3	Tank #
Is Tank Exempt From Testing? ¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	12 k	20 k	20 k	
Tank Material:	Fiberglass	Fiberglass	Fiberglass	
Tank Manufacturer:	Owens Corning	Owens Corning	Owens Corning	
Product Stored:	Diesel	Diesel	Diesel	
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _i):				
Test End Time:				
Final Reading (R _f):				
Test Duration:				
Change in Reading (R _f -R _i):				
Pass/Fail Threshold or Criteria:				
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, & recommended follow-up for failed tests)

Brined filled Annulars.

¹ Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

2. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer		<input checked="" type="checkbox"/> Industry Standard		<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)					
Test Method Used:	<input checked="" type="checkbox"/> Pressure		<input type="checkbox"/> Vacuum		<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)					
Test Equipment Used: 0-15 Pressure gauges			Equipment Resolution:			
	Piping Run # 1	Piping Run # 2	Piping Run # 3	Piping Run # 4		
Piping Material:	Fiberglass	Fiberglass	Fiberglass	Fiberglass		
Piping Manufacturer:	A/O smith	A/O smith	A/O smith	A/O smith		
Piping Diameter:	2"/3"	2"/3"	2"/3"	2"/3"		
Length of Piping Run:	60'	95'	11'	65'		
Product Stored:	Diesel	Diesel	Diesel	Diesel		
Method and location of piping-run isolation:	Test boots	Test boots	Test boots	Test boots		
Wait time between applying pressure/vacuum/water and starting test:	15 min	15 min	15 min	15 min		
Test Start Time:	12:00	12:00	12:00	12:00		
Initial Reading (R _i):	5 psi	5 psi	5 psi	5 psi		
Test End Time:	1:00	1:00	1:00	1:00		
Final Reading (R _f):	5 psi	5 psi	0	5 psi		
Test Duration:	1 hr	1 hr	1 hr	1 hr		
Change in Reading (R _f - R _i):	0	0	-5 psi	0		
Pass/Fail Threshold or Criteria:	no-loss	no-loss	no-loss	no-loss		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

T2,T3 syphon line failed.

2. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer		<input checked="" type="checkbox"/> Industry Standard		<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)					
Test Method Used:	<input checked="" type="checkbox"/> Pressure		<input type="checkbox"/> Vacuum		<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)					
Test Equipment Used: 0-15 Pressure gauges				Equipment Resolution:		
	Piping Run # 5	Piping Run # 6	Piping Run # 7	Piping Run #		
Piping Material:	steel/pvc	steel/pvc	steel/pvc			
Piping Manufacturer:	unknown	unknown	unknown			
Piping Diameter:	1"/3"	1"/3"	1"/3"			
Length of Piping Run:	160'	7'	35'			
Product Stored:	15/40 Oil	15/40 Oil	15/40 Oil			
Method and location of piping-run isolation:	Test boots	Test boots	Test boots			
Wait time between applying pressure/vacuum/water and starting test:	15 min	15 min	15 min			
Test Start Time:	10:00	10:00	10:00			
Initial Reading (R _i):	5 psi	5 psi	5 psi			
Test End Time:	11:00	11:00	11:00			
Final Reading (R _f):	5 psi	5 psi	5 psi			
Test Duration:	1 hr	1 hr	1 hr			
Change in Reading (R _f -R _i):	0	0	0			
Pass/Fail Threshold or Criteria:	no-loss	no-loss	no-loss			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

2. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: 0-15 Pressure gauges		Equipment Resolution:	
	Piping Run # 8	Piping Run # 9	Piping Run # 10
Piping Material:	steel/pvc	steel/pvc	steel/pvc
Piping Manufacturer:	unknown	unknown	unknown
Piping Diameter:	1 1/3"	1 1/3"	1 1/3"
Length of Piping Run:	160'	7'	35'
Product Stored:	Abandoned	Abandoned	Abandoned
Method and location of piping-run isolation:	Test boots	Test boots	Test boots
Wait time between applying pressure/vacuum/water and starting test:	15 min	15 min	15 min
Test Start Time:	10:00	10:00	10:00
Initial Reading (R _i):	5 psi	5 psi	5 psi
Test End Time:	11:00	10:35	10:10
Final Reading (R _f):	5 psi	3 psi	4 psi
Test Duration:	1 hr	5 min	10 min.
Change in Reading (R _f - R _i):	0	-2 psi	-1 psi
Pass/Fail Threshold or Criteria:	no-loss	no-loss	no-loss
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

68 wt. old Abandoned line not hook up anymore failed test.

3. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input checked="" type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)			
Test Equipment Used: Franklin Fueling systems	Equipment Resolution:			
	Sump # 1	Sump # 2	Sump # 3	Sump # 4
Sump Diameter:	39"	42"	42"	44"
Sump Depth:	51"	50.5"	47.5"	38"
Sump Material:	Fiberglass	Fiberglass	Fiberglass	Poly
Height from Tank Top to Top of Highest Piping Penetration:	20"	32"	23"	24"
Height from Tank Top to Lowest Electrical Penetration:	12"	17"	18"	15"
Condition of sump prior to testing:	Fair	Fair	Fair	Fair
Portion of Sump Tested ²	22"	34"	25"	26"
Does turbine shut down when sump sensor detects liquid (both product and water)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5 sec	5 sec	5 sec	5 sec
Is system programmed for fail-safe shutdown?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min	30 min
Test Start Time:	12:39 - 12:55	12:39 - 12:55	9:05 - 9:21	9:05 - 9:21
Initial Reading (R _i):	2.6143 - 2.6146	6.6258 - 6.6257	5.6651 - 5.6641	5.5529 - 5.5524
Test End Time:	12:54 - 1:10	12:54 - 1:10	9:20 - 9:36	9:20 - 9:36
Final Reading (R _f):	2.6145 - 2.6145	6.6257 - 6.6244	5.6642 - 5.6639	5.5525 - 5.5521
Test Duration:	15 min × 2	15 min × 2	15 min × 2	15 min × 2
Change in Reading (R _f -R _i):	+0.0002 - -0.0001	-0.0001 - -0.0013	-0.0009 - -0.0002	-0.0004 - -0.0003
Pass/Fail Threshold or Criteria:	.002	.002	.002	.002
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing; and recommended follow-up for failed tests)

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

3. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
Franklin Fueling systems	<input checked="" type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Franklin Fueling systems:		Equipment Resolution:	
	Sump # 5	Sump #	Sump #
Sump Diameter:	43"		
Sump Depth:	43"		
Sump Material:	Poly		
Height from Tank Top to Top of Highest Piping Penetration:	25.5"		
Height from Tank Top to Lowest Electrical Penetration:	18"		
Condition of sump prior to testing:	good		
Portion of Sump Tested ²	27.5"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5 sec.		
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 min.		
Test Start Time:	12:37 - 12:53		
Initial Reading (R _i):	4.7501 - 4.7503		
Test End Time:	12:52 - 1:08		
Final Reading (R _f):	4.7504 - 4.7504		
Test Duration:	15 min × 2		
Change in Reading (R _f -R _i):	+0.0003 - +0.0001		
Pass/Fail Threshold or Criteria:	-.002		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

no turbine but Oil pump does shut off.

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

5. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By:		<input type="checkbox"/> Sump Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
Franklin Fueling systems		<input type="checkbox"/> Other (Specify)		
Test Method Used:		<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
		<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Franklin Fueling systems			Equipment Resolution:	
	Fill Sump # 1	Fill Sump # 2	Fill Sump # 3	Fill Sump #
Sump Diameter:	42"	42"	42"	
Sump Depth:	51"	48"	47"	
Height from Tank Top to Top of Highest Piping Penetration:	18.5"	17"	18"	
Height from Tank Top to Lowest Electrical Penetration:	19.5"	18"	17"	
Condition of sump prior to testing:	poor	poor	poor	
Portion of Sump Tested	20.5"	19"	20"	
Sump Material:	Fiberglass	Fiberglass	Fiberglass	
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min	
Test Start Time:	11:15 - 11:31	11:15 - 11:31		
Initial Reading (R _I):	5.6845 - 5.6844	4.9372 - 4.9375		
Test End Time:	11:31 - 11:46	11:31 - 11:46		
Final Reading (R _F):	5.6844 - 5.6844	4.9375 - 4.9375		
Test Duration:	15 min × 2	15 min × 2		
Change in Reading (R _F -R _I):	-.0001 - 0	+.0003 - 0		
Pass/Fail Threshold or Criteria:	.002	.002		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is there a sensor in the sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor alarm when either product or water is detected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests):

T3 North fill sump failed test, passed when tested at bulk pent. 1/2 covered.

4. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer		<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
Franklin Fueling systems	<input checked="" type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure		<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Franklin Fueling systems			Equipment Resolution:	
	UDC # 1,2	UDC # 3	UDC # 4,5	UDC #
UDC Manufacturer:	Bravo systems	Bravo systems	Bravo systems	
UDC Material:	Poly	Poly	Poly	
UDC Depth:	29"	29"	29"	
Height from UDC Bottom to Top of Highest Piping Penetration:	8.5"	11"	8"	
Height from UDC Bottom to Lowest Electrical Penetration:	7"	10"	8"	
Condition of UDC prior to testing:	good	good	good	
Portion of UDC Tested ³	10.5"	13"	10"	
Does turbine shut down when UDC sensor detects liquid (both product and water)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5-6 sec	5-sec	5-sec	
Is system programmed for fail-safe shutdown?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 min	30 min	30 min	
Test Start Time:	12:37 - 12:53	12:37 - 12:53	10:33 - 10:49	
Initial Reading (R _i):	1.3673 - 1.3673	2.8518 - 2.8517	6.8960 - 6.8965	
Test End Time:	12:52 - 1:08	12:52 - 1:08	10:48 - 11:04	
Final Reading (R _f):	1.3672 - 1.3674	2.8518 - 2.8517	6.8964 - 6.8964	
Test Duration:	15 min x 2	15 min x 2	15 min x 2	
Change in Reading (R _f -R _i):	-0.0001 - +0.0001	0	+0.0004 - -0.0001	
Pass/Fail Threshold or Criteria:	-0.002	-0.002	-0.002	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

³ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

4. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
Franklin Fueling systems	<input checked="" type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Franklin Fueling systems	Equipment Resolution:		
	UDC # 6,7	UDC # 8	UDC # 3
UDC Manufacturer:	Bravo Systems	Unknown	
UDC Material:	Poly	Poly	
UDC Depth:	29"	30"	
Height from UDC Bottom to Top of Highest Piping Penetration:	8"	10"	
Height from UDC Bottom to Lowest Electrical Penetration:	9"	8"	
Condition of UDC prior to testing:	good	good	
Portion of UDC Tested ³	10"	12"	
Does turbine shut down when UDC sensor detects liquid (both product and water)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Turbine shutdown response time:	5-sec	5-sec	
Is system programmed for fail-safe shutdown?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	
Test Start Time:	10:33 - 10:49	10:33 - 10:49	
Initial Reading (R _i):	5.6999 - 5.6996	6.2850 - 6.2857	
Test End Time:	10:48 - 11:04	10:48 - 11:04	
Final Reading (R _f):	5.6996 - 5.6995	6.2856 - 6.2839	
Test Duration:	15 min x 2	15 min x 2	
Change in Reading (R _f -R _i):	-0.0003 - -0.0001	+0.0006 - -0.0018	
Pass/Fail Threshold or Criteria:	-0.002	-0.002	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

³ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESSNAGER ENGINEERING

12/09/2008 12:55 PM

SUMP LEAK TEST REPORT

T1PIPE

TEST STARTED 12:39 PM
TEST STARTED 12/09/2008
BEGIN LEVEL 2.6143 IN
END TIME 12:54 PM
END DATE 12/09/2008
END LEVEL 2.6145 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T2PIPE

TEST STARTED 12:39 PM
TEST STARTED 12/09/2008
BEGIN LEVEL 6.6258 IN
END TIME 12:54 PM
END DATE 12/09/2008
END LEVEL 6.6257 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESSNAGER ENGINEERING

12/09/2008 1:10 PM

SUMP LEAK TEST REPORT

T1PIPE

TEST STARTED 12:55 PM
TEST STARTED 12/09/2008
BEGIN LEVEL 2.6146 IN
END TIME 1:10 PM
END DATE 12/09/2008
END LEVEL 2.6145 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T2PIPE

TEST STARTED 12:55 PM
TEST STARTED 12/09/2008
BEGIN LEVEL 6.6257 IN
END TIME 1:10 PM
END DATE 12/09/2008
END LEVEL 6.6244 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESSNAGER ENGINEERING

12/10/2008 9:20 AM

SUMP LEAK TEST REPORT

T3PIPE

TEST STARTED 9:05 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 5.6651 IN
END TIME 9:20 AM
END DATE 12/10/2008
END LEVEL 5.6642 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

MANIFLD

TEST STARTED 9:05 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 5.5529 IN
END TIME 9:20 AM
END DATE 12/10/2008
END LEVEL 5.5525 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESSNAGER ENGINEERING

12/10/2008 9:36 AM

SUMP LEAK TEST REPORT

T3PIPE

TEST STARTED 9:21 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 5.6641 IN
END TIME 9:36 AM
END DATE 12/10/2008
END LEVEL 5.6639 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

MANIFLD

TEST STARTED 9:21 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 5.5524 IN
END TIME 9:36 AM
END DATE 12/10/2008
END LEVEL 5.5521 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESSNAGER ENGINEERING

12/10/2008 1:08 PM

SUMP LEAK TEST REPORT

UDC1.2

TEST STARTED 12:53 PM
TEST STARTED 12/10/2008
BEGIN LEVEL 1.3673 IN
END TIME 1:08 PM
END DATE 12/10/2008
END LEVEL 1.3674 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 3

TEST STARTED 12:53 PM
TEST STARTED 12/10/2008
BEGIN LEVEL 2.8517 IN
END TIME 1:08 PM
END DATE 12/10/2008
END LEVEL 2.8517 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

OIL

TEST STARTED 12:53 PM
TEST STARTED 12/10/2008
BEGIN LEVEL 4.7583 IN
END TIME 1:08 PM
END DATE 12/10/2008
END LEVEL 4.7584 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESSNAGER ENGINEERING

12/10/2008 12:52 PM

SUMP LEAK TEST REPORT

UDC1.2

TEST STARTED 12:37 PM
TEST STARTED 12/10/2008
BEGIN LEVEL 1.3673 IN
END TIME 12:52 PM
END DATE 12/10/2008
END LEVEL 1.3672 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 3

TEST STARTED 12:37 PM
TEST STARTED 12/10/2008
BEGIN LEVEL 2.8518 IN
END TIME 12:52 PM
END DATE 12/10/2008
END LEVEL 2.8518 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

OIL

TEST STARTED 12:37 PM
TEST STARTED 12/10/2008
BEGIN LEVEL 4.7501 IN
END TIME 12:52 PM
END DATE 12/10/2008
END LEVEL 4.7504 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESSNAGER ENGINEERING

12/10/2008 10:48 AM

SUMP LEAK TEST REPORT

UDC4.5

TEST STARTED 10:33 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 6.8960 IN
END TIME 10:48 AM
END DATE 12/10/2008
END LEVEL 6.8964 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC6.7

TEST STARTED 10:33 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 5.6999 IN
END TIME 10:48 AM
END DATE 12/10/2008
END LEVEL 5.6996 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 8

TEST STARTED 10:33 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 6.2850 IN
END TIME 10:48 AM
END DATE 12/10/2008
END LEVEL 6.2856 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESSNAGER ENGINEERING

12/10/2008 11:04 AM

SUMP LEAK TEST REPORT

UDC4.5

TEST STARTED 10:49 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 6.8965 IN
END TIME 11:04 AM
END DATE 12/10/2008
END LEVEL 6.8964 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC6.7

TEST STARTED 10:49 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 5.6996 IN
END TIME 11:04 AM
END DATE 12/10/2008
END LEVEL 5.6995 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 8

TEST STARTED 10:49 AM
TEST STARTED 12/10/2008
BEGIN LEVEL 6.2857 IN
END TIME 11:04 AM
END DATE 12/10/2008
END LEVEL 6.2839 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESENGER ENGINEERING

12/09/2008 11:46 AM

SUMP LEAK TEST REPORT

T1FILL

TEST STARTED 11:31 AM
TEST STARTED 12/09/2008
BEGIN LEVEL 5.6844 IN
END TIME 11:46 AM
END DATE 12/09/2008
END LEVEL 5.6844 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T2FILL

TEST STARTED 11:31 AM
TEST STARTED 12/09/2008
BEGIN LEVEL 4.9375 IN
END TIME 11:46 AM
END DATE 12/09/2008
END LEVEL 4.9375 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T3FILL

TEST STARTED 11:31 AM
TEST STARTED 12/09/2008
BEGIN LEVEL 4.9975 IN
END TIME 11:46 AM
END DATE 12/09/2008
END LEVEL 4.9898 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT FAILED

HANSON
9255 CAMINO SANTE FE.
S.D. CA. 92127
LESMESENGER ENGINEERING

12/09/2008 11:31 AM

SUMP LEAK TEST REPORT

T1FILL

TEST STARTED 11:15 AM
TEST STARTED 12/09/2008
BEGIN LEVEL 5.6845 IN
END TIME 11:31 AM
END DATE 12/09/2008
END LEVEL 5.6844 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T2FILL

TEST STARTED 11:15 AM
TEST STARTED 12/09/2008
BEGIN LEVEL 4.9372 IN
END TIME 11:31 AM
END DATE 12/09/2008
END LEVEL 4.9375 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T3FILL

TEST STARTED 11:15 AM
TEST STARTED 12/09/2008
BEGIN LEVEL 5.0885 IN
END TIME 11:31 AM
END DATE 12/09/2008
END LEVEL 5.0065 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT FAILED

ENTERED AUG 28 2008 JS



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 5 DATE 6/18/08

PERMIT # 117076

TIME START 900 END 1610

BUS. CODE K61

SPECIALIST MIKE MANN

INSPECTION CONTACT/TITLE

CLAY SMITH / SENIOR DISPATCHER

PHONE: (858) 715-5694

BUSINESS NAME HANSON AGGREGATES

ADDRESS 9255 CAMINO SANTA FE

CITY/ZIP SAN DIEGO 92121

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Y N/A

Y N/A

- ☒ ☐ Unified Program Facility Permit current and available
- ☒ ☐ Hazardous Materials Business Plan available
- ☐ ☐ Employee Training is adequate
- ☐ ☐ Waste disposal records available for review
- ☐ ☐ Emergency contacts current ☒ Updated today
- ☐ ☐ Chemical inventory current ☒ Updated today

- Permit Expires on: 31 / MAY / 09
- ☒ ☐ Contingency Plan available
- ☐ ☐ Employee Training records available
- ☐ ☐ Waste containers kept closed
- ☒ ☐ Waste containers kept labeled
- ☒ ☐ Waste containers in good condition

ROUTINE INSPECTION

ON 6/18/2008, A ROUTINE INSPECTION OF HANSON AGGREGATES FOR HAZARDOUS MATERIALS, HAZARDOUS WASTES, AND UNDERGROUND STORAGE TANKS (UST) WAS CONDUCTED WITH CLAY SMITH OF HANSON AGGREGATES AND JAMES ROMERO OF LEMESNAGER ENGINEERING, INC. THE FOLLOWING VIOLATIONS WERE OBSERVED.

RECEIVED JUL 15 2008

NOTICE TO COMPLY:

1. THE UST DESIGNATED OPERATOR (DO) MONTHLY INSPECTION WAS NOT CONDUCTED IN DECEMBER 2007, BUT A NOTE FOR THE JANUARY 2008 INSPECTION INDICATES THAT THE JANUARY 2008 INSPECTION WAS A SUBSTITUTION FOR DECEMBER 2007.
 - CORRECTIVE ACTION REQUIRED: ENSURE THAT THE UST DESIGNATED OPERATOR'S MONTHLY INSPECTION IS CONDUCTED AT LEAST ONCE DURING A CALENDAR MONTH.
2. THE UNDER DISPENSER CONTAINMENT (UDC) FOR DIESEL DISPENSER #3 CONTAINS APPROXIMATELY 2 OUNCES OF DIESEL. THE HIGH FLOW DIESEL UDC WAS HOLDING ~~APPROXIMATELY~~ APPROXIMATELY ONE GALLON OF WATER WITH A VERY SMALL AMOUNT OF DIESEL. THE LIQUID IN EITHER UDC WAS NOT SUFFICIENT TO CAUSE THE SENSOR TO ACTIVATE AN ALARM AT THE MONITORING CONSOLE.
 - CORRECTIVE ACTION REQUIRED: WITHIN 5 WORK DAYS, IDENTIFY THE CAUSE OF

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

Signature of Business Representative

Date Signed

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
Phone: (619) 338-2222 Fax: (619) 338-2377 1-800-253-9933 <http://www.sdcounty.ca.gov/deh/hmd/index.html>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076DATE 6/18/08PAGE 2 OF 5BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

NOTICE TO COMPLY CONTINUED:

THE RELEASE OF DIESEL INTO THE UDC'S AND PERFORM ANY NECESSARY REPAIRS. OBTAIN A UST REPAIR PERMIT FROM THE HAZARDOUS MATERIALS DIVISION UST SECTION, IF THE REPAIR WORK PERFORMED REQUIRES A PERMIT. MAINTAIN ALL UST SECONDARY CONTAINMENT COMPONENTS FREE OF ANY LIQUID. THE WATER AND DIESEL WERE REMOVED FROM THE UDCS DURING THIS INSPECTION.

3. THE HAZARDOUS WASTE MANIFESTS OR RECEIPTS DOCUMENTING THE DISPOSAL OF HAZARDOUS WASTES GENERATED AT THE MIXER SHOP ARE NOT ONSITE AND AVAILABLE FOR REVIEW.

- CORRECTIVE ACTION REQUIRED: KEEP COPIES OF ALL HAZARDOUS WASTE DISPOSAL MANIFESTS OR RECEIPTS ON FILE AT YOUR FACILITY AND AVAILABLE FOR THE INSPECTORS REVIEW. WITHIN 30 DAYS, SUBMIT PHOTOCOPIES OF YOUR HAZARDOUS WASTE DISPOSAL RECORDS FOR THE PERIOD MAY 21, 2007 THROUGH JUNE 18, 2008, TO THE HAZARDOUS MATERIALS DIVISION* FOR THE ATTENTION OF MIKE MANN. KEEP COPIES AT YOUR FACILITY FOR 3 YEARS.

4. THE TSDF SIGNED COPY OF HAZARDOUS WASTE MANIFEST # 003560791 JTK DATED 1-2-08 DOCUMENTING THE DISPOSAL OF HAZARDOUS WASTE FROM THE HEAVY EQUIPMENT SHOP IS NOT ONSITE NOR AVAILABLE FOR REVIEW.

- CORRECTIVE ACTION REQUIRED: KEEP COPIES OF ALL TSDF SIGNED MANIFESTS ON FILE AT YOUR BUSINESS FOR A PERIOD OF AT LEAST 3 YEARS. CONTACT THE TSDF LISTED ON THE MANIFEST IN ORDER TO OBTAIN A COPY OF THE MISSING SIGNED MANIFEST. PLEASE REMEMBER TO MAIL A PHOTOCOPY OF EACH MANIFEST TO CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL.

5. THE BARREL HOLDING HAZARDOUS WASTE ANTIFREEZE INSIDE THE MIXER SHOP IS MISSING A BUNG AND CAN NOT BE CLOSED. AN OPEN HEAD BARREL CONTAINING WASTE ANTIFREEZE LOCATED INSIDE THE HEAVY EQUIPMENT SHOP IS MISSING THE BARREL LID AND CAN NOT BE CLOSED.

- CORRECTIVE ACTION REQUIRED: KEEP ALL CONTAINERS STORING HAZARDOUS WASTE CLOSED AT ALL TIMES EXCEPT WHEN ADDING OR REMOVING WASTE FROM THE CONTAINER. PROPERLY INSTALL THE BUNG AND LID ON THE BARRELS.

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076DATE 6/18/08PAGE 3 OF 5BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

REMARKS:

- AN UNDERGROUND STORAGE TANK (UST) ANNUAL MONITORING SYSTEM CERTIFICATION AND BELOW GRADE EQUIPMENT INSPECTION WAS CONDUCTED TODAY.
- THE MECHANICAL LINE LEAK DETECTOR FOR TANK #3 PIPING WAS REPLACED DURING THIS INSPECTION.
- WITHIN 30 DAYS FROM THIS INSPECTION, COMPLETE THE FOLLOWING UST FORMS AND SUBMIT A PHOTOCOPY TO THE DEH - HMD * :
 1. UST MONITORING PROCEDURES FORM HM 9222-A
 2. UST EMERGENCY RESPONSE PLAN FORM HM 9222-B
 3. UST OPERATING PERMIT FACILITY PAGE FORM HM 9715
 4. UST OPERATING PERMIT TANK INFORMATION FORM HM 9717 (ONE PER EACH TANK)
 PLEASE KEEP COPIES OF THESE FORMS ON FILE AT YOUR FACILITY.
- PLEASE REFER TO THE HANDOUT FOR MORE INFORMATION ON THE PROPER MANAGEMENT AND DISPOSAL OF UNIVERSAL WASTES.

SIGNATURE OF BUSINESS REPRESENTATIVE

06/20/08
DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE





COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 117076DATE: 6 / 18 / 08PAGE: 4 OF 5

BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO **ZIP:** 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
Viol # NOV.	UST SYSTEM RECORDS	VIOL	V	Viol # NOV.	FILE RECORDS	VIOL	V
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			Monitoring Cert. not submitted to CUPA w/ 30 days. 2638(d)	3161	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Owner/operator agreement not available/ completed/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Monitoring procedures not available/completed/ submitted to HMD. 2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot plan showing tank, piping & equipment location not available/complete/ submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(i), 2638	3110			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160	
	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191		1	Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)(e)	3192	X

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

		TANK #					
		PRODUCT		DIESEL			
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
	Secondary containment system components not liquid free. 2631(d)(4)		3257				
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
2	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261	X			
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265				
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298, 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298, 2672		3324				

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Small and Large Quantity Generators of Hazardous Waste Handlers of Hazardous Materials

PERMIT # 117076DATE 6/18/08PAGE 5 OF 5BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/> 1001	UPF permit not obtained for hazardous materials. 68.905
<input type="checkbox"/>	<input type="checkbox"/> 1002	HMBP not established/implemented. 25503.5(a)
<input type="checkbox"/>	<input type="checkbox"/> 1004	HMBP not submitted to HMD. 25505(a)
<input type="checkbox"/>	<input type="checkbox"/> 1005	Emergency contact not provided or current. 25509(a)(7)
<input type="checkbox"/>	<input type="checkbox"/> 1007	Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
<input type="checkbox"/>	<input type="checkbox"/> 1008	Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)
<input type="checkbox"/>	<input type="checkbox"/> 1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
<input type="checkbox"/>	<input type="checkbox"/> 1010	Did not report release or threatened release. 25507(a), CCR 2703
<input type="checkbox"/>	<input type="checkbox"/> 1013	Copy of HMBP not onsite for inspector's review. 25505(e)
<input type="checkbox"/>	<input type="checkbox"/> 1014	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
<input type="checkbox"/>	<input type="checkbox"/> 1015	Did not have adequate employee training program 2732 &/or 25504(c)
<input type="checkbox"/>	<input type="checkbox"/> 1016	Failure to have an adequate emergency response plan 25504(b); 2731
<input type="checkbox"/>	<input type="checkbox"/> 1017	Business Plan not certified annually. 25505(d) & (e)(2)
<input type="checkbox"/>	<input type="checkbox"/> 1018	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORDKEEPING

<input type="checkbox"/>	<input type="checkbox"/> 0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905
<input type="checkbox"/>	<input type="checkbox"/> 0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
<input type="checkbox"/>	<input type="checkbox"/> 0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)
<input type="checkbox"/>	<input type="checkbox"/> 0134	Failed to file Exception Report with DTSC. 66262.42
3	<input checked="" type="checkbox"/> 0135	Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)
<input type="checkbox"/>	<input type="checkbox"/> 0136	Did not have records of battery disposal. 66266.81(a)(4)(B)
<input type="checkbox"/>	<input type="checkbox"/> 0137	Failed to complete manifest properly. 66262.23(a)
4	<input checked="" type="checkbox"/> 0138	Failed to have TSDF copy of manifest onsite. 66262.40(a)
<input type="checkbox"/>	<input type="checkbox"/> 0140	Failed to have LDR documentation onsite. 66268.7(a)(8)
<input type="checkbox"/>	<input type="checkbox"/> 0141	Failed to obtain approval for TSDF. 25201(a)
<input type="checkbox"/>	<input type="checkbox"/> 0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)
<input type="checkbox"/>	<input type="checkbox"/> 0145	ERM reporting not submitted biennially &/or available. 25143.10
<input type="checkbox"/>	<input type="checkbox"/> 0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
<input type="checkbox"/>	<input type="checkbox"/> 0147	Failed to keep universal waste record for 3 years for offsite shipment. SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2)
<input type="checkbox"/>	<input type="checkbox"/> 0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
<input type="checkbox"/>	<input type="checkbox"/> 0149	Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)

DISPOSAL AND TRANSPORTATION

<input type="checkbox"/>	<input type="checkbox"/> 0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
<input type="checkbox"/>	<input type="checkbox"/> 0302	Unlawful transportation of hazardous waste (HW). 25163(a)
<input type="checkbox"/>	<input type="checkbox"/> 0303	Did not use HW manifest for disposal. 66262.20(a), 25160.2(b)9
<input type="checkbox"/>	<input type="checkbox"/> 0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)
<input type="checkbox"/>	<input type="checkbox"/> 0305	Disposed of used oil illegally. 25250.5(a) and 25189.5(a)
<input type="checkbox"/>	<input type="checkbox"/> 0306	Disposed of latex paint illegally. 25217.1
<input type="checkbox"/>	<input type="checkbox"/> 0307	Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)
<input type="checkbox"/>	<input type="checkbox"/> 0308	Impermissible dilution of hazardous waste. 66268.3(a)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V	VIOLATION DESCRIPTION
		STORAGE AND HANDLING
<input type="checkbox"/>	<input type="checkbox"/> 0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/> 0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/> 0218	Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> used fuel filters. 25250.22 and 66266.130(c)(3)
<input type="checkbox"/>	<input type="checkbox"/> 0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
<input type="checkbox"/>	<input type="checkbox"/> 0220	Spent lead acid batteries not properly managed. 66266.81
<input type="checkbox"/>	<input type="checkbox"/> 0221	Failed to comply with satellite regulations. 66262.34(e)
<input type="checkbox"/>	<input type="checkbox"/> 0222	Failed to properly label ERM. 25143.9(a)
<input type="checkbox"/>	<input type="checkbox"/> 0223	Failed to properly manage non-empty container or inner liner removed from a container. 66261.7(b), (d) &/or (r)
<input type="checkbox"/>	<input type="checkbox"/> 0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 66261.7(e) & (f).

HAZWASTE REQUIREMENTS FOR SQGs ONLY

STORAGE AND HANDLING-Pursuant to 66262.34(d)

<input type="checkbox"/>	<input type="checkbox"/> 0225	Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]
<input type="checkbox"/>	<input type="checkbox"/> 0226	Did not accumulate waste in container or tank. 66262.34(d)(2)
<input type="checkbox"/>	<input type="checkbox"/> 0227	Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
5	<input checked="" type="checkbox"/> 0228	Failed to keep container closed. CFR 265.173
<input type="checkbox"/>	<input type="checkbox"/> 0229	Failed to conduct weekly inspections. CFR 265.174
<input type="checkbox"/>	<input type="checkbox"/> 0230	Failed to maintain aisle space. CFR 265.35
<input type="checkbox"/>	<input type="checkbox"/> 0231	Failed to properly separate incompatible wastes. CFR 265.177
<input type="checkbox"/>	<input type="checkbox"/> 0232	Waste accumulated in a container in poor condition. CFR 265.171
<input type="checkbox"/>	<input type="checkbox"/> 0233	Failed to use a lined/compatible container. CFR 265.172.
<input type="checkbox"/>	<input type="checkbox"/> 0234	Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	<input type="checkbox"/> 0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
<input type="checkbox"/>	<input type="checkbox"/> 0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
<input type="checkbox"/>	<input type="checkbox"/> 0409	Spill/fire control equip not available. CFR 265.32(c)
<input type="checkbox"/>	<input type="checkbox"/> 0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
<input type="checkbox"/>	<input type="checkbox"/> 0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
<input type="checkbox"/>	<input type="checkbox"/> 0412	Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	<input type="checkbox"/> 1612	Hazardous waste improperly stored in a tank system that <input type="checkbox"/> leaks, <input type="checkbox"/> is corroded, or <input type="checkbox"/> failing. CFR 265.201(b)(2)
<input type="checkbox"/>	<input type="checkbox"/> 1613	Failed to comply with tank standards which include: two feet of freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)
<input type="checkbox"/>	<input type="checkbox"/> 1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
<input type="checkbox"/>	<input type="checkbox"/> 1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
<input type="checkbox"/>	<input type="checkbox"/> 1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

TO FILE: # 117076

Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at <http://www.waterboards.ca.gov>.)

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information
 Facility Name: Hanson

Bldg. No.: _____

Site Address: 9255 Camino Santa Fe.

City: San Diego

Zip: 92131

Facility Contact Person: Clay Smith

Contact Phone No.: () _____

Make/Model of Monitoring System: Veeder-Root TLS-350

Date of Testing/Servicing: 6/18/08

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: T1 South Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: 847390-107 <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: Red-Jacket 116-017 <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: T3 North Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: VMI LD-2000 <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: T2 Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: 794380-302 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: Red-Jacket FX1DV <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: #1,2 Diesel <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: #6,7 Diesel <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: #3 Diesel <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: #8 High Flow Diesel <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: #4,5 Diesel <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply): ☒ System set-up ☒ Alarm history report

Technician Name (print): James Romero

Signature: _____

Certification No.: V/R A29899

License No.: 203029

Testing Company Name: Lemesnager Engineering

No.: (619) 300-6094

Testing Company Address: 8211 Santaluz Village Green N. San Diego Ca, 92127

Date of Testing/Servicing: 6/18/08

#117076

F. In-Tank Gauging / SIR Equipment:

- ☒ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

- ☐ Check this box if LLDs are not installed.

Complete the following checklist:

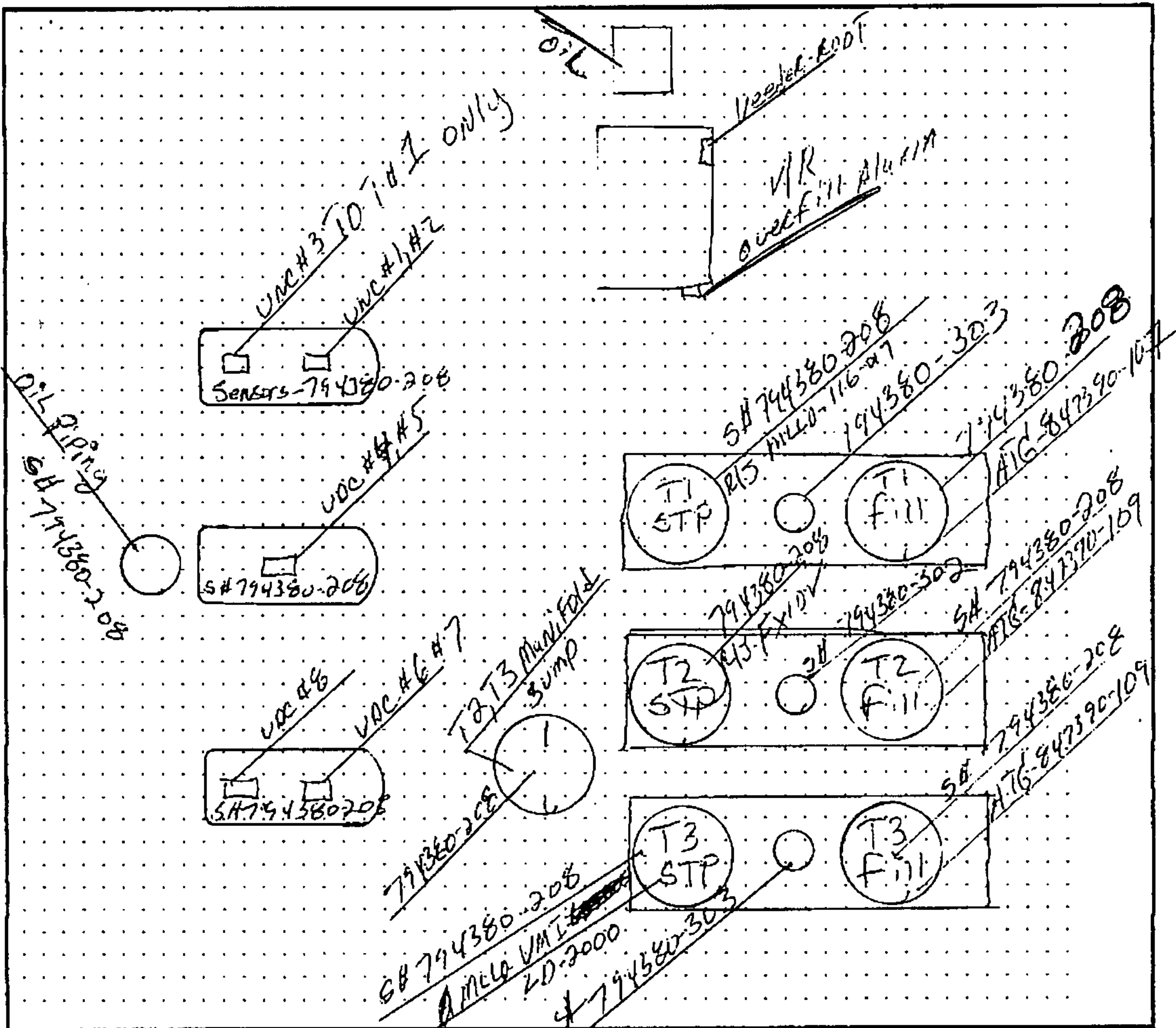
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments: T3 failed 3.0 gph test, replaced MLLD with VMI LD-2000, tested good.

UST Monitoring Site Plan

Site Address: 92.55 Camino Santa Fe. S.D. CA 92131



Date map was drawn: 6/18/08

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

#717076

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Hanson	Date of Testing:	6-18-08
Facility Address:	9255 Camino Sante Fe. San Diego Ca, 92131		
Facility Contact:		Phone:	(
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing): Mike Mann			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Lemesnager Eng:
Technician Conducting Test	James Romero
Credentials ¹ :	<input checked="" type="checkbox"/> ACSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number(s):	203029

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used:	Vertical		Equipment Resolution:	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 DIESEL	2 DIESEL	3 DIESEL	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter	12"	12"	12"	
Bucket Depth:	10"	12"	12"	
Wait time between applying vacuum/water and start of test:	15 min	15 min	15 min	
Test Start Time (T _I):	951	951	951	
Initial Reading (R _I):	7.5"	6"	6"	
Test End Time (T _F):	1051	1051	1051	
Final Reading (R _F):	7.5"	6"	6"	
Test Duration (T _F - T _I):	1 HR	1 HR	1 HR	
Change in Reading (R _F - R _I):	0	0	0	
Pass/Fail Threshold or Criteria:	NO-LOSS	NO-LOSS	NO-LOSS	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: James Romero

Date: 6-18-08

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.



COUNTY OF SAN DIEGO

AST CERTIFICATION & ENGINEERING ASSESSMENT EXEMPTION NOTIFICATION

BUSINESS NAME HANSON AGGREGATES
 ADDRESS 9255 CAMINO SANTA FE
 CITY/ZIP SAN DIEGO 92121

TA-100013-015

EST. NO. H 117076
 DATE 6-4-09
 TANK CAPACITY 500
 CONTENTS USED OIL
 SECONDARY CONTAINMENT
 TYPE STEEL DOUBLE WALL
 YEAR INSTALLED 1988
 U/L APPROVED (Y/N)
 TANK ID (if applicable) R84506
 SPECIALIST MIKE MANN
 DATE OF REQUEST 6-4-09

I certify that the aboveground used oil/waste antifreeze tank meets the requirements of the California Code of Regulation (CCR) for exemption from the Professional Engineering Assessment [reference Title 22 CCR section 66265.192(j)].

Owner/Operator Signature J. L. Harvey Print Name JUD L. HARVEY Date 06/29/2009

The Local Fire Marshal installation, usage, and design approval are attached, OR The Local Fire Marshal has reviewed this aboveground tank for conformance with applicable regulations.

Fire Marshal Approval Signature: Dana G. Williamson Print Name DANA G. WILLIAMSON Date 7-21-09

The Hazardous Materials Division (HMD) conditionally approves the installation of the used oil/waste antifreeze aboveground storage tank as long as you comply with the following terms and conditions:

TERMS AND CONDITIONS

1. The aboveground tank, installed after July 1, 1991, must contain used oil or waste antifreeze only (a non-RCRA waste) as defined in HSC section 25250.1 and has no connected piping.
2. The local Fire Marshal approved and/or permitted the installation, usage, and design per municipal codes and the tank operator maintains documentation supporting this requirement.
3. The primary tank is surrounded with greater than 100% secondary containment.
4. If the tank system is exposed to precipitation, the secondary containment must, in addition to the requirement of item 3 above, be able to handle a 25 year, 24 hour rainfall event, with no intrusion or flooding problems. The HMD strongly advises that the tank system be completely covered to prevent such problems, following all local building and zoning requirements.
5. The facility must have a written leak detection program and daily inspection logs onsite as required in 22 CCR sections 66265.194-195 for review by HMD inspectors. Ensure that appropriate controls and practices are in-place at all times to prevent spills, leaks, or overflows from occurring. The secondary containment should be kept empty and dry, except when there is a leak or spill, at which time the secondary containment must be thoroughly cleaned out within 24 hours. The cause of a leak or spill would need to be determined and corrective actions taken (refer. 22 CCR section 66265.196).
6. The tank must be installed and maintained on a non-permeable surface, i.e. concrete (in good repair) or sealed asphalt (in good condition).
7. The operator needs to revise their Business Plan site map, if applicable.
8. The facility should maintain a photocopy of this notification onsite to show to an inspector during facility inspections.

Provided you do not change the configuration of the tank, this exemption is good for 3 years from the date of request for exemption above. In the future, if you make any changes or modifications to the tank system, submit a description of the proposed changes in writing to the HMD 30 days before making the changes to ensure compliance with applicable regulations. Attached is a fact sheet developed by the HMD for your information regarding the regulation of hazardous waste tank systems.

This approval does not exempt your facility from compliance with additional requirements that may be enforced by other local, State, or Federal agencies with regards to storage of hazardous materials in a tank system.

HMD Supervisor's Signature [Signature] Date Signed 8-3-09

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



The City of San Diego Fire and Life Safety Services
1010 Second Ave., Suite 400 • San Diego, California 92101

Application for Single Event Permit

NOTE: This application is not a valid permit until signed by a Fire Department representative.

PLEASE PRINT WITH BALLPOINT PEN OR TYPE.

OFFICE USE ONLY			
FILE ID: 02 001145	SEQ: 015	PERMIT NBR: TA 100013	
MANAGER: HAZMAT	TYPE: PMT	Inspector: TS P 0967	
		Last Visit: 07/08/09	
Application Date: 07/08/09	Permit Type: TA	Received Date: 07/01/09	Time: 12:00
			Issue Date:

HANSON AGGREGATE
APPLICANT Name

9455 CAMINO SANTA FE
Address

SAN DIEGO CA
City and State

GREG MCLEUCAS
CONTRACTOR Name

9455 MIRA MESA SUITE C
Address

SAN DIEGO CA
City and State

9455 CAMINO SANTA FE
JOBSITE Street Number / Fraction / Pre-Dir

92131
Zip Code

EXISTING AG WASTE OIL TANK/500 GALLON
Location

HANSON AGGREGATE
Business Name

Address (cont.)

92131 (760) 461-7770
Zip Code Business Phone

LEMECHAGUE ENGINEERING INC
Business Name

1101 203020
Address (cont.)

92124 (619) 909-0070
Zip Code Business Phone

OFFICE USE ONLY			
District:	Thomas Brothers:	30	CA SW FD Map: 3323 IM 4

EVENT From Date _____ **Time** _____

EVENT To Date _____ **Time** _____

Bond Required (Y/N)

Consecutive Days (Y/N)

Weekend/Holiday (Y/N)

After Business (Y/N)

Standbys

COMPENSATION / LIABILITY INSURANCE ON FILE WITH CITY

_____/_____/_____
Dated Insurance Agency Amount Policy Number

OFFICE USE ONLY			
INSPECTION	Due Date: 07/08/10	Next Inspection Date: <u>FINAL</u>	
ACTIVITY: <u>7/21/2009</u>	Activity Code: <u>105</u>	Time: <u>4:00</u>	District: <u>TS</u>
Date: <u>7/21/2009</u>		Shift: <u>P</u>	Inspector: <u>WAB</u>

The City of San Diego Fire and Life Safety Services
1010 Second Ave., Suite 400 • San Diego, California 92101

Application for Single Event Permit (Continued)

FOR OFFICE USE ONLY									
FILE ID	92 001145	SEQ	011	PERMIT NBR	TA 100013				
MANAGER	HAZMAT	TYPE	PMT	Inspector	TS P 8967				
9255 CAMINO SANTA FE									
JOB SITE	Street Number	Fraction	Pre-Dir	Street Name	Post-Dir	Suffix	Unit		

IF THIS IS A FIREWORKS PERMIT, COMPLETE THE FOLLOWING:

Operator Name

License

- 1) _____
- 2) _____
- 3) _____

Public Display License

Number Shells

Maximum Size Shell

Number Salutes

IF THIS IS A TANK PERMIT, COMPLETE THE FOLLOWING

SEQ	I/R	Capacity (Gallons)	Liquid	AG/UG	Supply Source	Building	Distance to Property Line
001	I	500	WASTE OIL	AG	SUCTION	500	1,000

I/R: I — Tank Installation; R — Tank Removal

AG/UG: AG — Above Ground Tank; UG — Underground Tank

PURPOSE AND SQUARE FEET OF TENT/CANOPY (ATTACH SKETCH)

COMMENTS / ADDITIONAL INFORMATION OR REQUIREMENTS

Tank and PUMP checked
verified — overfill — pressure — gauge —

I understand that the applicable portions of the terms, conditions, and stipulations on the reverse of this document are considered to be an integral part of this permit.

Applicant Signature

Date

If Model Rocket Permit, Applicant Date of Birth: _____

Subject to terms, conditions, and stipulations on the reverse of this document, this permit is hereby approved.

Fire Dept Representative Signature

Date

City Manager Representative Signature

Date

ENTERED JUL 14 2009



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Hanson AggregatesADDRESS 9255 Camino Santa FeCITY/ZIP San Diego / 92121PAGE 1 OF 3 DATE 6/3/2009PERMIT # 117076 BUS. CODE K61TIME START 906 END 1545SPECIALIST Mike Mann

INSPECTION CONTACT

Jud HarveyTITLE Plant ManagerPHONE 858-577-2722

On the above date, the County inspected your business under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y*	N/A*	NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.	Y*	N/A*	Permit Expires on: 5/31/2010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available <input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training records available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers <input checked="" type="checkbox"/> closed <input checked="" type="checkbox"/> labeled
<input type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input checked="" type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition
<input type="checkbox"/>	<input type="checkbox"/>	Chemical inventory/map current <input checked="" type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Consent to inspect granted by: ☐ Inspection Contact ☒ Other: Derek Burger

Routine Inspection

On May 3, 2009, an annual UST monitoring system certification and below grade equipment inspection was conducted. Arthur Johnson the UST Technician from Pacific Systems Electric performed the monitoring system certification. This business stores reportable quantities of hazardous materials onsite and is a large quantity generator of hazardous waste. The following violation was observed during this inspection.

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Notice To Comply:

- Observation:** The sensor at the under dispenser containment (UDC) for dispensers 6 and 7 is missing the insulation for its wires. The sensor is in constant alarm and is not functioning properly. Additionally, the mechanical line leak detector for the center diesel tank failed the 3 gallon per hour leak test.

Violation: This business has not complied with the California Code of Regulations, Title 23, section 2641j; "equipment and devices used to monitor underground storage tanks shall be installed, calibrated, operated and maintained in accordance with section 2638" and the manufacturers instructions.

Corrective Action Required: Maintain and operate all UST monitoring equipment in accordance with the manufacturer's instructions or requirements. The UDC sensor and mechanical line leak detector were replaced during this inspection and each device passed a subsequent certification test.

Remarks:

- This facility stores more than 1320 gallons of petroleum products in aboveground storage tanks (AST) and is a tank facility subject to the California Aboveground Petroleum Storage Act (APSA), Health and Safety Code Section 25270 – 25270.13. This facility previously prepared a Spill Prevention Control and Countermeasure (SPCC) plan dated 11/6/98.

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

PRINTED NAME OF BUSINESS REPRESENTATIVE

DATE SIGNED

JUD HARVEY06 / 08 / 09

SIGNATURE OF BUSINESS REPRESENTATIVE

TITLE OF BUSINESS REPRESENTATIVE

Jud HarveyPlant / Site Mgr

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (619) 338-2222 Toll Free: (800) 253-9933 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

 PERMIT # **117076**

 DATE **6/3/2009**

 PAGE **2** OF **3**

 BUSINESS ADDRESS: **9255 Camino Santa Fe**

 ZIP CODE: **92121**

In accordance with Title 40 of the Code of Federal Regulations (40 CFR) Part 112 Section 112.3(c), you must amend and implement your SPCC plan, if necessary to ensure compliance with 40 CFR Part 112, on or before July 1, 2009. The APSA requires that each owner or operator fully complies with the latest version of the regulations contained in Part 112 (commencing with Section 112.1). On or before January 1 of each year, APSA requires that each owner or operator of a tank facility shall file with the Unified Program Agency, in San Diego County this is the Hazardous Materials Division, a tank facility statement that shall identify the name and address of the tank facility, a contact person for the tank facility, the total storage capacity of the tank facility, and the location, size, age, and contents of each storage tank that exceeds 10,000 gallons in capacity and that holds a substance containing at least 5 percent of petroleum. An annual submission of a Hazardous Materials Business Plan meets the requirement to file a tank facility statement.

- This business is a large quantity generator of hazardous waste and stores used oil in Aboveground Storage Tanks (AST). Hanson has completed an AST Certification & Engineering Assessment Exemption Notification for the 500 gallon used oil AST located inside the truck shop. Within 30 days, complete an AST Certification & Engineering Assessment Exemption Notification form for the used oil AST located at the oil depot, and submit a copy to the Hazardous Materials Division.
- Within 30 days, updated your UST Monitoring Plot Plan to include the layout of all piping and submit a copy of the plot plan to the Hazardous Materials Division.
- Ensure that your copy of the Hazardous Materials Business Plan is updated to reflect a change in personnel assignments.
- Please submit a completed Hazardous Materials Business Plan Certification form to the Hazardous Materials Division at least once each year.
- Maintain a current hazardous materials inventory for your facility using the forms found in the Hazardous Materials Business Plan document.
- The secondary containment of the Add Mix containment area is damaged at the northwestern corner and lacks integrity. Within 30 days, repair the damaged concrete secondary containment.
- A 55 gallon barrel containing used oil located at the oil depot was labeled with a hazardous waste label during this inspection. Remember to provide a hazardous waste label for each container which includes the words "Hazardous Waste", the generators name and address, the contents name, accumulation start date, physical state, and hazardous properties.
- Keep copies of all hazardous waste disposal records, both receipts and uniform hazardous waste manifests, on file at your business for a period of at least 3 years. Submit a photocopy of your uniform hazardous waste manifests to the California Department of Toxic Substances Control within 30 days of the waste pick up date. Please refer to the printed handout for more information.
- Please refer to the printed handout for more information regarding the proper management of universal waste.
- Please refer to the printed handout for more information regarding the "Hazardous Waste Accumulation Time for Generators."

SIGNATURE OF BUSINESS REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Yellow: Business retains

DATE SIGNED

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 117076DATE: 6 / 3 / 09PAGE: 3 OF 3BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGOZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
Viol #	NOV	VIOL	V	Viol #	NOV	VIOL	V
UST SYSTEM RECORDS				FILE RECORDS			
		3101				3114	
		3102				3115	
		3158				3151	
		3103				3152	
		3104				3161	
		3105				3193	
		3106				3154	
		3107				3162	
		3108				3163	
		3109				3157	
		3110				3164	
		3116				3160	
		3191				3192	

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems


		TANK #		PRODUCT					
#	VIOLATION DESCRIPTION	NOV	VIOL	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251						
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252						
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270						
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254						
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255						
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256						
	Secondary containment system components not liquid free. 2631(d)(4)		3257						
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258						
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259						
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267						
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261						
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262						
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263						
	Spill containment not tested annually. 25284.2		3264						
	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265						
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268						
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269						
CATHODIC PROTECTION									
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301						
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302						
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303						
CLOSURE REQUIREMENTS									
	Temporary closure requirements not completed. 25298, 2671		3322						
	Unused tank not properly closed. Permanent closure requirements not met. 25298, 2672		3324						

Signature of Business Representative

Date Signed

Title of Business Representative

To FILE: #117076

 State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2121 (Instructions on reverse side)		For State Use Only				
CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM						
A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807. <input type="checkbox"/> 500,000 dollars per occurrence <input checked="" type="checkbox"/> 1 million dollars per occurrence AND <input checked="" type="checkbox"/> 1 million dollars annual aggregate <input type="checkbox"/> 2 million dollars annual aggregate						
B. _____ hereby certifies that it is in compliance with the requirements of Section 2807, (Name of Tank Owner or Operator) California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807. The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:						
C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
State UST Fund	State UST Clean \$995,000 PO Box 999212	N/A	\$995,000 Per Occ & annual ag	Contin- uous	Yes	Yes
Chief Fin. Officer Letter		N/A	\$10,000 per occ & annual ag	Annual	Yes	Yes
Note:						
Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with all conditions for participation in the Fund. See Instructions.						
D. Facility Name See attached		Facility Address				
Facility Name		Facility Address				
Facility Name		Facility Address				
E. Signature of Tank Owner or Operator Steve Zacks		Date 2/10/09		Name and Title of Tank Owner or Operator Steve Zacks Environmental Manager		
Signature of Witness or Notary		Date		Name of Witness or Notary		

#117076

Name and address of each facility for which financial responsibility is being demonstrated:

Facility Name	Facility Address
Hanson Aggregates- Escondido Plant	550 North Tulip Street, Escondido, CA 92025
Hanson Aggregates- Irwindale Plant	13550 Live Oak Ave, Irwindale, CA 91706
Hanson Aggregates- El Cajon Plant	2266 Willow Glen Drive, El Cajon, CA 92019
Hanson Aggregates- Miramar Plant	9229 Harris Plant Road, San Diego, CA 92145
Hanson Aggregates- Carroll Canyon Plant	9255 Camino Santa Fe, San Diego, CA 92121

#117076

NOTE: Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for Hanson Aggregates, LLC

(Business name, business address, and correspondence address of owner or operator)

PO Box 639069, San Diego CA 92163

This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ 10,000 per occurrence and \$ 10,000 annual aggregate coverage.

(Dollar Amount)

(Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

See attached

(Name and address of each facility for which financial responsibility is being demonstrated.)

- | | |
|---|-----------------------|
| 1. Amount of annual aggregate coverage being assured by this letter..... | \$ <u>10,000</u> |
| 2. Total tangible assets..... | \$ <u>284,800,000</u> |
| 3. Total liabilities..... | \$ <u>81,500,000</u> |
| 4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... | \$ <u>203,300,000</u> |

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at Irving, TX

(Place of Execution)

On February 9th, 2009

(Date)



(Signature)

Mark Conte

(Printed Name)

Chief Accounting Officer

(Title)

UST UCR revised 4/93

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

To FILE: #117076
MMANN

Authority Cited: - Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

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HEALTH

A. General Information

Facility Name: Hanson Aggregates - Carroll Canyon Bldg. No: _____
Site Address: 9255 Camino Santa Fe City: San Diego Zip: 92121
Facility Contact Person: Shane Hancock Contact Phone No.: 858-577-2798
Make/Model of Monitoring System: Veeder Root TLS 350 Date of Testing/Servicing: 6/3/2009

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced

Tank ID: <u>T-1 South Diesel 12,K</u>		Tank ID: <u>T-2 Center Diesel 20K</u>	
<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-107</u>	<input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>847390-109</u>	<input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>847390-109</u>	<input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>847390-109</u>
<input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-303</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-302</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-302</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-302</u>
<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u>
<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u>
<input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>RJ FX1DV</u>	<input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>VMI - LD-2000</u>	<input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>VMI - LD-2000</u>	<input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>VMI - LD-2000</u>
<input type="checkbox"/> Electronic Line Leak Detector Model: _____	<input type="checkbox"/> Electronic Line Leak Detector Model: _____	<input type="checkbox"/> Electronic Line Leak Detector Model: _____	<input type="checkbox"/> Electronic Line Leak Detector Model: _____
<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>TLM</u>	<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>TLM</u>	<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>TLM</u>	<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>TLM</u>
<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: <u>T-3 North Diesel 20K</u>		Tank ID: _____	
<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-109</u>	<input type="checkbox"/> In-Tank Gauging Probe Model: _____	<input type="checkbox"/> In-Tank Gauging Probe Model: _____	<input type="checkbox"/> In-Tank Gauging Probe Model: _____
<input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-303</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: _____	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: _____	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: _____
<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u>	<input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: _____	<input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: _____	<input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: _____
<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: _____	<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: _____	<input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: _____
<input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>VMI - LD-2000</u>	<input type="checkbox"/> Mechanical Line Leak Detector Model: _____	<input type="checkbox"/> Mechanical Line Leak Detector Model: _____	<input type="checkbox"/> Mechanical Line Leak Detector Model: _____
<input type="checkbox"/> Electronic Line Leak Detector Model: _____	<input type="checkbox"/> Electronic Line Leak Detector Model: _____	<input type="checkbox"/> Electronic Line Leak Detector Model: _____	<input type="checkbox"/> Electronic Line Leak Detector Model: _____
<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>TLM</u>	<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____	<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____	<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____
<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: <u>DSL 1 - 2</u>		Dispenser ID: <u>DSL 3</u>	
<input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u>	<input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u>
<input checked="" type="checkbox"/> Shear Valve(s).	<input checked="" type="checkbox"/> Shear Valve(s).	<input checked="" type="checkbox"/> Shear Valve(s).	<input checked="" type="checkbox"/> Shear Valve(s).
<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: <u>DSL 4 - 5</u>		Dispenser ID: <u>DSL 6 - 7</u>	
<input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u>	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____
<input checked="" type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).
<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: <u>DSL 8</u>		Dispenser ID: _____	
<input type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u>	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____
<input type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).
<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):

☐ System Setup ☐ Alarm History Report

Technician Name(print): Arthur Johnson Signature: Arthur Johnson
Certification No: 5240930-UT License No: A25791
Testing Company Name: Pacific Systems Electric, Inc. Phone No: 951.926-3200
Company Address: 32670 Dowling Ct, Winchester, CA 92596 Date of Testing/Servicing: 6/3/2009

Monitoring System Certification

D. Results of Testing/Servicing

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance?
	<input type="checkbox"/> N/A	(Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled
	<input checked="" type="checkbox"/> N/A	or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system
	<input checked="" type="checkbox"/> N/A	malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLDs, have all accessible wiring connections been visually inspected?
	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

Pacific Systems Electric, Inc.

32670 Dowling Ct.
Winchester CA 92596
California State License No. 561275
Servicing the Petroleum Industry Since 1989

Leak Detection Test Results

Facility Name: Hanson Aggregate	Inspector: Mike Band
Address: 9255 Camino Santa Fe	Number of Lines: 3
City: San Diego	Type: MLLD
Tester: Arthur Johnson	Date: 06-03-2009

Line Number	1	2	3	4	5	6
Product	20K South DSL	20K Center DSL	12K North DSL	20K Center DSL		
Manufacturer	Red Jacket	Red Jacket	VMI	VMI		
* MLLD Model	FX1DV	FX1DV	99LD2000	99LD2000		
* Serial Number						
Holding Pressure	29	32	32	32		
*Line Drain Back	104 ml	126 ml	90 ml	106 ml		
* L/D Trip Time	2 sec		3 sec	2 sec		
Leak Rate	3 gph	3 gph	3 gph	3 gph		
Metering Pressure	7 psi	32 psi	19 psi	18 psi		
Pass Fail	Pass	Fail	Pass	Pass		

* =Does not apply to Electronic Line Leak

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Middle tank MLLD failed. Replaced and passed testing witnessed by inspector present.

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Hanson Aggregate	Date of Testing:	June 3, 2009
Facility Address:	9255 Camino Santa Fe, San Diego, CA 92126		
Facility Contact:	Shane Hancock	Phone:	858-577-2798
Date Local Agency Was Notified of Testing : May 21, 2009			
Name of Local Agency Inspector (if present during testing): Mike Band			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Pacific Systems Electric, Inc.		
Technician Conducting Test:	Arthur Johnson		
Credentials ¹ :	<input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____		
License Number(s):	5240930-UT		

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used: Industry Standard	Equipment Resolution:			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 No. DSL Fill	2 Center DSL Fill	3 So. DSL Fill	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	11"	11"	11"	
Bucket Depth:	14"	13"	14"	
Wait time between applying vacuum/water and start of test:	15 min	15 min	15 min	
Test Start Time (T _I):	10:00am	10:00am	10:00am	
Initial Reading (R _I):	6"	6"	7-3/8"	
Test End Time (T _F):	11:00am	11:00am	11:00am	
Final Reading (R _F):	6"	6"	7-3/8"	
Test Duration (T _F – T _I):	1 Hr.	1 Hr.	1 Hr.	
Change in Reading (R _F - R _I):	0"	0"	0"	
Pass/Fail Threshold or Criteria:	No Loss	No Loss	No Loss	
Test Result:	Pass	Pass	Pass	

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: Arthur Johnson

Date: June 3, 2009

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT #: 117076
SPECIALIST: MIKE MANN
INSPECTION DATE: 6/3/09
CONTACT: JUD HARVEY

BUSINESS NAME HANSON AGGREGATES ENVIRONMENTAL HEALTH

ADDRESS 9255 CAMINO SANTA FE CITY SAN DIEGO ZIP 92121

VIO #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
1 3263	06/03/09	PACIFIC SYSTEMS ELECTRIC REPLACED THE MLLD WITH A NEW UNIT DURING INSPECTION. THE EXPOSED WIRING WAS REPLACED DURING INSPECTION.
2	___/___/___	
3	___/___/___	
4	___/___/___	
5	___/___/___	
6	___/___/___	
7	___/___/___	
8	___/___/___	
9	___/___/___	
10	___/___/___	

I certify under penalty of law that this business/site has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the business/site, and am aware that there are significant penalties for submitting false information.

Responsible Party: Jud L. Harvey Job Title Site Manager

Signature of Responsible Party: JUD L. HARVEY Date: 06/29/2009

◀ Send completed form and supporting documentation to the address listed below ▶

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: M Mann Date: 7/10/09
(Specialist's name and date required for processing)

Specialist's comments: _____








☒ All violations noted on date listed above were corrected.

☒ Based on information provided by the business
☐ Based on field verification by Specialist

☒ RTC entered in Kiva by Specialist on: 7/28/09 ☐ RTC entered in Kiva by Clerical on: ___/___/___

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
<http://www.sdcdeh.org/hmd> 619-338-2222; 1-800-253-9933; Fax 619-338-2377

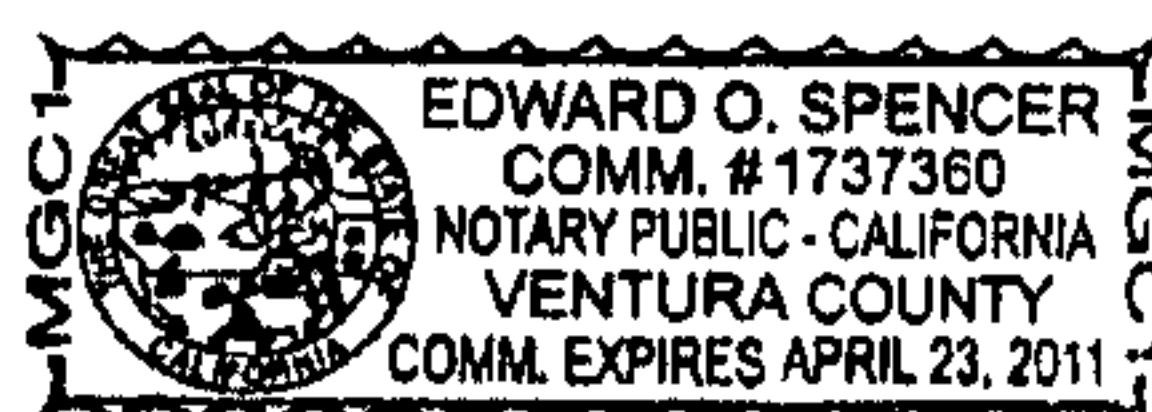
#117076

 <p>State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2121</p> <p>(Instructions on reverse side)</p>	<p>For State Use Only</p>																					
<h2 style="margin: 0;">CERTIFICATION OF FINANCIAL RESPONSIBILITY</h2> <h3 style="margin: 0;">FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM</h3>																						
<p>A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 500,000 dollars per occurrence <input checked="" type="checkbox"/> 1 million dollars per occurrence </div> <div style="width: 10%; text-align: center;">AND</div> <div style="width: 45%;"> <input checked="" type="checkbox"/> 1 million dollars annual aggregate <input type="checkbox"/> 2 million dollars annual aggregate </div> </div>																						
<p>B. _____ hereby certifies that it is in compliance with the requirements of Section 2807. <small>(Name of Tank Owner or Operator)</small> California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807. The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:</p>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">C. Mechanism Type</th> <th style="width: 25%;">Name and Address of Issuer</th> <th style="width: 15%;">Mechanism Number</th> <th style="width: 15%;">Coverage Amount</th> <th style="width: 10%;">Coverage Period</th> <th style="width: 10%;">Corrective Action</th> <th style="width: 10%;">Third Party Comp</th> </tr> </thead> <tbody> <tr> <td>State UST Fund</td> <td>State UST Clean \$995,000 PO Box 999212</td> <td>N/A</td> <td>\$995,000 Per Occ & annual agg</td> <td>Contin- uous</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Chief Fin. Officer Letter</td> <td></td> <td>N/A</td> <td>\$10,000 per occ & annual agg</td> <td>Annual</td> <td>Yes</td> <td>Yes</td> </tr> </tbody> </table>		C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp	State UST Fund	State UST Clean \$995,000 PO Box 999212	N/A	\$995,000 Per Occ & annual agg	Contin- uous	Yes	Yes	Chief Fin. Officer Letter		N/A	\$10,000 per occ & annual agg	Annual	Yes	Yes
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<p>Note:</p>																						
<p>Note. If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with <u>all</u> conditions for participation in the Fund. See instructions</p>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">D. Facility Name See attached</td> <td style="width: 50%;">Facility Address</td> </tr> <tr> <td>Facility Name</td> <td>Facility Address</td> </tr> <tr> <td>Facility Name</td> <td>Facility Address</td> </tr> </table>		D. Facility Name See attached	Facility Address	Facility Name	Facility Address	Facility Name	Facility Address															
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CFR (Revised 11/08)

FILE: Original - Local Agency

Copies - Facility/Site(s)



#117076

NOTE: Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for Hanson Aggregates, LLC
(Business name, business address, and correspondence address of owner or operator)
PO Box 639069, San Diego CA 92163

This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ 10,000 per occurrence and \$ 10,000 annual aggregate coverage.
(Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter

See attached
(Name and address of each facility for which financial responsibility is being demonstrated)

1. Amount of annual aggregate coverage being assured by this letter.....	\$ <u>10,000</u>
2. Total tangible assets.....	\$ <u>284,800,000</u>
3. Total liabilities.....	\$ <u>81,500,000</u>
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1).....	\$ <u>203,300,000</u>

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808 1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at Irving, TX
(Place of Execution)

On February 9th, 2009
(Date)


(Signature)

Mark Conte

(Printed Name)

Chief Accounting Officer

(Title)

UST-27R (rev. 1/95)

Facility Name	Facility Address
Hanson Aggregates - Riverside Plant	501 North Third Street, Escondido, CA 92025
Hanson Aggregates - Riverside Plant	12501 East Ave., Riverside, CA 92504
Hanson Aggregates - El Cajon Plant	2366 Wilbur Court, El Cajon, CA 92021
Hanson Aggregates - Maricopa Plant	4700 Maricopa Plant Road, San Diego, CA 92121
Hanson Aggregates - Carroll County Plant	4283 Camino Santa Fe, San Diego, CA 92121

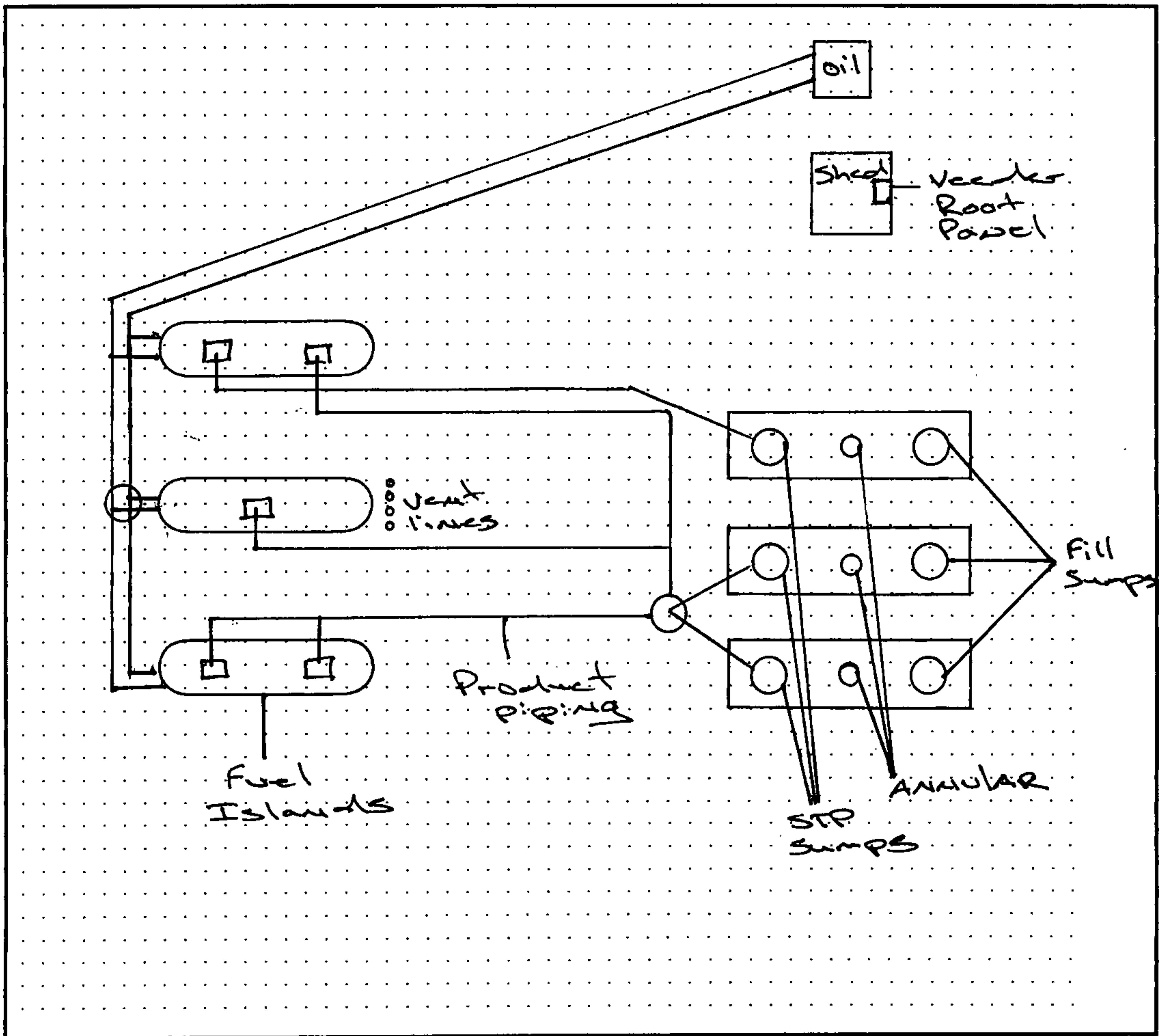
Name and address of each facility for which there is no positive response is denominated.

#117076

#117076

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe. S.D. CA 92131Date map was drawn: 6/16/09Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

TO FILE



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2139
1-800-253-9933**

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson Carroll Canyon	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: (760) 801-7753 x00
City: El Cajon	Zip Code: 92121-
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input checked="" type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR	
Designated Operator's Name: John Lukic	Relation to UST Facility (Check One)
Business Name	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
(If different from above): LeMesnager Engineering Inc	<input checked="" type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Designated Operator's Phone #: (858) 869-4528	Expiration Date: 2011-09-16
International Code	
Council Certification #: 8036243-VI	
ALTERNATE 1 (Optional)	
Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
(If different from above):	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code	
Council Certification #:	
ALTERNATE 2 (Optional)	
Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
(If different from above):	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code	
Council Certification #:	

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Henry Pimentel
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 12/1/09

Amy Pimentel
SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

117076

Schuster, Luisa

From: Chong, David G. (San Diego) NA [David.Chong@hanson.biz]
Sent: Tuesday, June 09, 2009 5:03 PM
To: Schuster, Luisa
Cc: Zacks, Steve (Oxnard) NA
Subject: RE: Hazardous Materials Invoice
Follow Up Flag: Follow up
Flag Status: Red

Hello Luisa,

Would you please direct all San Diego County invoices for Hanson to me at the address below? Steve Zacks remains an excellent point of contact for issues as our Environmental Manager, and I am the local point of contact for all EHS issues (Area Environmental Safety and Health Manager)

Thank you,
David Chong

David Chong
Southern California ESH Manager

Lehigh Hanson West Region
P.O. Box 639069
San Diego, CA 92163-9069

Tel: (858) 715-5684
Mobile: (858) 437-4962
Fax: (858) 577-2779
David.Chong@Hanson.com
www.Hanson.com

From: Schuster, Luisa [mailto:Luisa.Schuster@sdcounty.ca.gov]
Sent: Friday, May 15, 2009 4:15 PM
To: Zacks, Steve (Oxnard) NA
Subject: Hazardous Materials Invoice

May 15th, 2009

Good afternoon, Steve.

Per our conversation, please find attached the invoice you requested. This bill is due on June 12th, 2009; the Revenue Department granted you an extension to pay of two more weeks.

I wanted to ask you if we have the correct mailing address for your business. Our system shows "P.O. Box 639069, San Diego, 92163, Attn: Peter Zagar", is that correct?

Thank you for your cooperation.

6/15/2009

Have a wonderful weekend!

Luisa Schnitzer

**Hazardous Materials Division
Department of Environmental Health
County of San Diego
Phone: (619) 338-2249
Fax: (619) 338-2377**

6/15/2009

ENTERED JUL 13 2010



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Hanson AggregatesADDRESS 9255 Camin Santa FeCITY/ZIP San Diego / 92121PAGE 1 OF 3 DATE 6/14/2010PERMIT # 117076 BUS. CODE K61TIME START 900 END 1630SPECIALIST Mike Mann

INSPECTION CONTACT

Shane HancockTITLE ClerkPHONE 858-577-2798

On the above date, the County inspected your business under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y* N/A* NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current	Y*	N/A*	Permit Expires on: <u>5/31/2011</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available <input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training records available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers <input checked="" type="checkbox"/> closed <input checked="" type="checkbox"/> labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical inventory/map current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition

Consent to inspect granted by: ☒ Inspection Contact ☐ Other: _____

Routine Inspection

On June 14, 2010, an annual underground storage tank (UST) monitoring system certification and below grade equipment inspection was conducted. James Romero of LeMesnager Engineering performed the monitoring system certification. This business stores reportable quantities of hazardous materials, is a large quantity generator of hazardous waste, and is subject to the provisions of the California Aboveground Petroleum Storage Act (APSA). The following violations were observed during this inspection.

Notice To Comply:

RECEIVED JUL 07 2010

- Observation: The red light for the UST overfill alarm is not functional.
Violation: This business has not complied with the California Code of Regulations, Title 23, section 2641(j); "equipment and devices used to monitor underground storage tanks shall be installed, calibrated, operated, and maintained in accordance with section 2638" and the manufacturer's instructions.
Corrective Action Required: Maintain and operate all UST monitoring equipment in accordance with the manufacturer's instructions or requirements. The overfill alarm red light bulb was replaced during this inspection and the light was made operational.
- Observations: The UST piping sump secondary containment for tanks 2 and 3 each contains approximately two cups of diesel fuel. There is not enough diesel fuel inside the sump to activate the sump sensor alarm. It appears fuel is leaking from the point where the mechanical line leak detector (MLLD) attaches to the turbine housing.
Violation: This business has not complied with the California Code of Regulations, Title 23, sections 2631(d)(4) and 2641(j); the sumps are not maintained free of liquid in accordance with the manufacturer's instructions.
Corrective Action Required: Maintain all UST sumps free of liquid. The diesel fuel was removed from each sump. Ensure that all equipment and devices used to monitor the UST are installed in accordance with the manufacturer's instructions. Each MLLD for both tanks was removed, resealed and reinstalled. UST turbines were powered up and no leaks were observed.

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

PRINTED NAME OF BUSINESS REPRESENTATIVE

DATE SIGNED

JUD L. HARVEY06 / 16 / 2010

SIGNATURE OF BUSINESS REPRESENTATIVE

TITLE OF BUSINESS REPRESENTATIVE

Jud L. HarveySite Manager

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (619) 338-2222 Toll Free: (800) 253-9933 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076

DATE 6/14/2010

PAGE 2 OF 3

BUSINESS ADDRESS: 9255 Camin Santa Fe, San Diego

ZIP CODE: 92121

Remarks:

- The following UST documents were reviewed during this inspection: UST operating permit, written monitoring procedures, emergency response plan, plot plan, financial responsibility, designated operator inspections, employee training, maintenance and annual certification records.
- Ensure each UST fill riser spill container is maintained liquid free.
- An updated copy of the Designation of Underground Storage Tank (UST) Operator and UST Owner Statement of Understanding and Compliance with UST Requirements was obtained during this inspection.
- This business is a large quantity generator of hazardous waste and stores used oil in aboveground storage tanks (AST). Hanson has completed an AST Certification & Engineering Assessment Exemption Notification form for each of the two used oil ASTs. Daily inspection logs are maintained on site.
- A 55 gallon container holding oil contaminated dirt was labeled with a hazardous waste label during this inspection. Provide a hazardous waste label for each hazardous waste container that includes the words "Hazardous Waste", the generators name and address, name of the contents or composition, accumulation start date, physical state, and hazardous properties.
- Keep copies of all hazardous waste disposal records on file at your business for a period of least 3 years. Submit a photocopy of your uniform hazardous waste manifests to the California Department of Toxic Substances Control (DTSC) within 30 days of the waste pick up date.
- The Hazardous Materials Business Plan (HMBP) was reviewed with Shane and updated during this inspection. At least annually, submit a completed HMBP Certification form to the County of San Diego Department of Environmental Health, Hazardous Materials Division (HMD)*. Within 30 days of any significant changes to your HMBP, submit written notification to the HMD.
- This facility stores more than 1,320 gallons of petroleum products inside aboveground storage tanks (AST). Hanson Aggregates has prepared an updated Spill Prevention Control and Countermeasure (SPCC) plan dated July 9, 2009. At least annually, submit an Aboveground Petroleum Storage Tank Facility Statement or a Hazardous Materials Business Plan (HMBP) to the County of San Diego, Hazardous Material Division (HMD)*. Within 30 days from this inspection, submit a completed Aboveground Petroleum Storage Tank Facility Statement form HM-9501 to the HMD. On or before November 10, 2010, review, update and fully implement your SPCC plan. Refer to the tri-fold printed handout for more information.

Circle one: Violation (before August 2002) **Remark** (after August 2002)

No SPCC plan; Failed to amend SPCC plan

Observation: This facility is storing ≥ 1320 gallons (shell capacity) of petroleum aboveground and requires a current *Spill Prevention, Control and Countermeasures (SPCC) plan* pursuant to HSC 25270.4.5(a); or this facility failed to amend SPCC plan within 6 months of a facility change.

Corrective action:

Either A. Reduce your petroleum storage below 1320 gallons and submit, to HMD, evidence of the reduction including an updated Hazardous Materials Business Plan and HMBP Certification Statement.

or B. Contact a consulting firm to prepare and certify or amend and recertify your SPCC plan; if you are a qualified facility, you can write and certify or amend and recertify your own SPCC plan using the template on HMD's web site at:

http://www.sdcounty.ca.gov/deh/hazmat/hmd_apsa.html

Be advised: The facility owner/operator must implement the SPCC plan and maintain a copy on site available for inspection.

For questions or assistance, call our duty desk at (619) 338-2231.

Correct this violation by November 10, 2010.

SIGNATURE OF BUSINESS REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Yellow: Business retains

DATE SIGNED

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 117076DATE: 6/14/10PAGE: 3 OF 3BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGOZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7 of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
Viol # NOV	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V
	Current UPF Permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (j); 68.1003	3102			Secondary containment testing not completed (passed) for all components and/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All maintenance/monitoring/calibration/repair records not available. 25293; 2712 (b)	3152	
	CUPA UST form(s) A and/or B not available/complete/ submitted to HMD. 25286(a); 2711	3104			Monitoring Cert. not submitted to CUPA w/in 30 days. 2638(d)	3161	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Owner/operator agreement not available/complete/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Monitoring procedures not available/complete/submitted to HMD. 2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor and/or technician not trained and certified as required. 25284.1(a)(5)(D); 2715	3162	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot Plan showing tank, piping and equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110		1	All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	X
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660(a)(k)(l)&(m)	3160	
	Designated Operator (DO) Notification/Change form not submitted and/or DO not ICC certified. 2715 (a)(b)	3191			Designated Operator (DO) monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)&(e)	3192	

UST SYSTEM INSPECTION

Requirements applicable for both single & double walled systems

		TANK #		2	3		
		PRODUCT		DIESEL	DIESEL		
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635(b)(1), 2636(a)(1)		3255				
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
2	Secondary containment system components not liquid free. 2631(d)(4)		3257	X	X		
	Sensors not placed adequately and/or at low point in sumps. 2641(a); 25291(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components and/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1(a)		3265				
	UST system not product tight (for tank installed on or after 7/1/03). 25290.1(c), 25290.2(c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installed on or after 7/1/04). 25290.1(d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3 years). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298; 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298; 2672		3324				

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM DOCUMENT RETURN TO COMPLIANCE

JUL 09 2010

PERMIT #: 117076

SPECIALIST: MIKE MANN

INSPECTION DATE: 6 / 14 / 2010

CONTACT: SHANE HANCOCK

FACILITY NAME HANSON AGGREGATES ENVIRONMENTAL HEALTH

ADDRESS 9255 CAMINO SANTA FE CITY SAN DIEGO ZIP 92121

VIOL #	DATE CORRECTED	Indicate How Violations Were Corrected (Attach any supporting documentation.)
1 v 3164	06/14/2010	LEMESNAGER REPLACED THE FAULTY BULB IN THE OVERFILL ALARM
2 v 3257	06/14/2010	LEMESNAGER TESTED T2 & T3 MLLD AND RESEALED THE DETECTORS TO STOP A LEAK
3 v	/ /	
4 v	/ /	
5 v	/ /	
6 v	/ /	
7 v	/ /	
8 v	/ /	
9 v	/ /	
10 v	/ /	

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

Responsible Party: SHANE HANCOCK Job Title: CLERK
Print Name

Signature of Responsible Party: *Shane Hancock* Date: 07/10/10

◀ Send completed form and supporting documentation to the address listed below ▶

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: M Mann Date: 7/19/10
(Specialist's name and date required for processing)

Specialist's comments:

☒ All violations noted on date listed above were corrected.

☒ Based on information provided by the facility

☐ Based on field verification by Specialist

☒ RTC entered in Kiva by Specialist on: 7/19/10 ☐ RTC entered in Kiva by Office Assistant on: / /

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
<http://www.sdcdeh.org> 619-338-2222; 1-800-253-9933

TO FILE : # 117076

LeMesnager Engineering Inc.

8211 Santaluz Village Green N, San Diego CA 92127

(619) 270-8700, fax: (619) 270-8712

info@LeMesnager.com

License 203029

Tech. James R.

SERVICE RECORD

AN 6-21-2010

DATE: 6-14-2010

TIME IN:

TIME OUT:

TRAVEL TIME:

TRUCK / EQUIP CHARGE:

CUSTOMER: HANSON

Order No.

LOCATION: Carol Canyon

SERVICE REQUESTED: Annual T M Cert

LABOR / SERVICE PERFORMED:

Performed Annual T M Cert, found and removed 1/2 gallon of Diesel fuel from T2, T3 turbine pumps. Tested fuel leaks on line leak detector, presented checked good. removed 1/2 gallon of Rain Water from #8 hi blow VDC, while on, still T3 probe out alarms were occurring intermittently, swapped ~~sensor~~ sensor cable

MATERIALS:

with probe cable tested good. Replaced overflow alarm, bulb good. will return to check alarms. 6-21- returned found L15 sensor out alarms

RESULTS:

checked and found, another splice connection in T3 Ann, replaced, checked good. Also created T3 probe out while working on L15, good no more alarms at this time.

CUSTOMER REP ACKNOWLEDGEMENT:

To FILE: # 117076



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number:

A. General Information

Facility Name: Hanson

Bldg. No.:

Site Address: 9255 Camino Sante Fe

City: San Diego

Zip: 92131-

Facility Contact Person: Shane Hancock

Contact Phone No.: 760-801-7753

Make/Model of Monitoring System: Veeder Root TLS 350

Date of Testing/Servicing: 6-14-2010

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

Tank ID: T1 south Diesel

- ☒ In-Tank Gauging Probe Model: 847390-107
☒ Annular Space or Vault Sensor Model: 794380-303
☒ Piping Sump / Trench Sensor(s) Model: 794380-208
☒ Fill Sump Sensor(s) Model: 794380-208
☒ Mechanical Line Leak Detector Model: Red Jacket 116-017
☐ Electronic Line Leak Detector Model:
☒ Tank Overfill / High-Level Sensor Model: V/R790091-001
☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: T2 Middle Diesel

- ☒ In-Tank Gauging Probe Model: 847390-109
☒ Annular Space or Vault Sensor Model: 794380-303
☒ Piping Sump / Trench Sensor(s) Model: 794380-208
☒ Fill Sump Sensor(s) Model: 794380-208
☒ Mechanical Line Leak Detector Model: VMI LD-2000
☐ Electronic Line Leak Detector Model:
☒ Tank Overfill / High-Level Sensor Model: V/R790091-001
☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: T3 North Diesel

- ☒ In-Tank Gauging Probe Model: 847390-109
☒ Annular Space or Vault Sensor Model: 794380-303
☒ Piping Sump / Trench Sensor(s) Model: 794380-208
☒ Fill Sump Sensor(s) Model: 794380-208
☐ Mechanical Line Leak Detector Model:
☒ Electronic Line Leak Detector Model: VMI LD-2000
☒ Tank Overfill / High-Level Sensor Model: V/R790091-001
☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- ☐ In-Tank Gauging Probe Model:
☐ Annular Space or Vault Sensor Model:
☐ Piping Sump / Trench Sensor(s) Model:
☐ Fill Sump Sensor(s) Model:
☐ Mechanical Line Leak Detector Model:
☐ Electronic Line Leak Detector Model:
☐ Tank Overfill / High-Level Sensor Model:
☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1,2 Diesel

- ☒ Dispenser Containment Sensor(s) Model: 794380-208
☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: T1 #3 Diesel

- ☒ Dispenser Containment Sensor(s) Model: 794380-208
☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 4,5 Diesel

- ☒ Dispenser Containment Sensor(s) Model: 794380-208
☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 6,7 Diesel

- ☒ Dispenser Containment Sensor(s) Model: 794380-208
☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 8 Hi Flow Diesel

- ☒ Dispenser Containment Sensor(s) Model: 794380-208
☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: OIL Transition sump

- ☒ Dispenser Containment Sensor(s) Model: 794380-208
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☒ Copy of the report ☒ System set-up ☒ Alarm history report

Technician Name (print): James Romero

Signature:

Certification No.: A29899

License No.: 203029

Testing Company Name: Lemesnager Engineering

Phone No.: (619) 270-8700 x00

Testing Company Address: 9450 Mira Mesa Blvd. Suite C #229 San Diego, Ca.92126

Date of Testing/Servicing: 6-14-2010

D. Results of Testing/Servicing

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input checked="" type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: Removed ½ gallon of Diesel fuel from T2,T3 stp sumps, found small leaks on Line leak detectors
 Removed And resealed tested good. Removed ½ gallon of rain water from #8 Hi Flow Udc,
 While on site T3 probe out alarms where occurring intermittently, swapped T3 probe cable with sensor cable for L15 T3 fill sump to see if problem follows with cable, tested good at this time. Will monitor problem. Replaced overfill alarm bulb.
 Returned on 6-21 and found sensor out alarm on L15. Checked and found another splice connection in Annular electrical box, respliced and ohmed out cable good at this time. Created T3 sensor out while working on problem. Will monitor sensor and T3 out alarms.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:
Permit Number:
☐ Check this box if tank gauging is used only for inventory control

☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):
☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments (500 characters max. add additional sheets if needed):

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Hanson	Date of Testing:	6-14-2010
Facility Address:	9255 Camino Sante Fe. San Diego Ca. 92131		
Facility Contact:	Shane Hancock	Phone:	(
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing): Michael Mann			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Lemesnager Eng:
Technician Conducting Test	James Romero
Credentials ¹ :	<input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number(s):	203029

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used:	1 HR VISUAL			
Equipment Resolution:				
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1	2	3	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump
Bucket Diameter	12"	12"	12"	
Bucket Depth:	10"	12"	13.25"	
Wait time between applying vacuum/water and start of test:	15 min	15 min	15 min	
Test Start Time (T _I):	10:10	10:10	10:10	
Initial Reading (R _I):	8.1"	6 5/8"	13.25"	
Test End Time (T _F):	11:10	11:10	11:10	
Final Reading (R _F):	8.1"	6 5/8"	13.25"	
Test Duration (T _F - T _I):	1 hr	1 hr	1 hr	
Change in Reading (R _F - R _I):	0	0	0	
Pass/Fail Threshold or Criteria:	No Loss	No Loss	No Loss	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____

Date: _____

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent

S

SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS AM

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA, 92127
A1279198305004

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TO VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F) : 60.0
STICK HEIGHT OFFSET
DISABLED

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

T 1:DSL S 12 K
PRODUCT CODE : 1
THERMAL COEFF : .000450
TANK DIAMETER : 91.63
TANK PROFILE : 4 PTS
FULL VOL : 9695
89.7 INCH VOL : 7865
59.8 INCH VOL : 4874
29.9 INCH VOL : 1865

FLOAT SIZE: 4.0 IN.
WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 9695
OVERFILL LIMIT : 90%
8725
HIGH PRODUCT : 95%
9210
DELIVERY LIMIT : 25%
2423

LOW PRODUCT : 500
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00

MANIFOLDED TANKS
TH: NONE

LEAK MIN PERIODIC: 50%
4847

LEAK MIN ANNUAL : 50%
4847

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

T 2:DSL
PRODUCT : 2
THERMAL COEFF : .000450
TANK DIAMETER : 119.63
TANK PROFILE : 4 PTS
FULL VOL : 19951
89.7 INCH VOL : 16208
59.8 INCH VOL : 9999
29.9 INCH VOL : 3796

FLOAT SIZE: 2.0 IN.

WATER WARNING : 2.5
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 19951
OVERFILL LIMIT : 90%
17956

HIGH PRODUCT : 95%
18953

DELIVERY LIMIT : 25%
4987

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00

MANIFOLDED TANKS
TH: NONE

LEAK MIN PERIODIC: 50%
9975

LEAK MIN ANNUAL : 50%
9975

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

PORT SETT:

COMM BOARD : 2 (MOD)
BAUD RATE : 2400
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED
DIAL TYPE : TONE
ANSWER ON : 8 RING
MODEM SETUP STRING :

DIAL TONE INTERVAL: 32

RECEIVER SETUP:

D 1:SOCCO GROUP
1-819-440-7707
RCVE TYPE: FACSIMILE
PORT NO: 2
RETRY NO: 5
RETRY DELAY: 5
CONFIRMATION REPORT: OFF

AUTO DIAL TIME SETUP:

D 1:SOCCO GROUP
DIAL DAILY
DIAL TIME : 4:00 AM
RECEIVER REPORTS:
INVENTORY :

RS-232 END OF MESSAGE
DISABLED

AUTO DIAL ALARM SETUP

D 1:SOCCO GROUP
- NO ALARM ASSIGNMENTS -

T 3:DSL N 20 K
PRODUCT CODE : 3
THERMAL COEFF : .000450
TANK DIAMETER : 119.63
TANK PROFILE : 4 PTS
FULL VOL : 19951
89.7 INCH VOL : 16208
59.8 INCH VOL : 9999
29.9 INCH VOL : 3796

FLOAT : 1.0 IN.
 WATER WARNING : 2.0
 HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 18951
 OVERFILL LIMIT : 90%
 : 17956
 HIGH PRODUCT : 95%
 : 18953
 DELIVERY LIMIT : 25%
 : 4987

LOW PRODUCT : 1000
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 99
 TANK TILT : 0.00

MANIFOLDED TANKS
 TA: NONE

LEAK MIN PERIODIC: 50%
 : 9975
 LEAK MIN ANNUAL : 50%
 : 9975

PERIODIC TEST TYPE
 STANDARD

ANNUAL TEST FAIL
 ALARM DISA.

PERIODIC TEST FAIL
 ALARM DISABL

GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

LEAK TEST METHOD
 TEST CSID : ALL TANK
 Pd = 99%
 CLIMATE FACTOR:MODERATE
 TST EARLY STOP:DISABLED
 LEAK TEST REPORT FORMAT
 NORMAL

LIQUID SENSOR SETUP

L 1:T-3 DSL ANNULAR M
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L 2:UDC HIGH FLOW DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 3:UDC 6-7 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 4:UDC 4-5 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 5:UDC 3 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 6:UDC 1-2 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 7:OIL REEL SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : PIPING SUMP

L 8:DSL VALVE SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : PIPING SUMP

L 9:T-1 DSL FILL SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : OTHER SENSORS

L10:T-1 DSL STP SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

L11:T-1 DSL ANN 12K
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L12:T-2 DSL FILL SUMP S
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

L13
 TRI (FLOAT)
 CATEGORY : SENSORS

L14:T-2 DSL ANN CTR 20K
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L15:T-3 DSL FILL SUMP N
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

L16:T-3 DSL STP N
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

OUTPUT RELAY SETUP

R 1:T-1 POS SHUTDOWN
 TYPE:
 STANDARD
 NORMALLY CLOSED

IN-TANK ALARMS
 T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS
 L 5:FUEL ALARM
 L10:FUEL ALARM
 L11:FUEL ALARM
 L12:FUEL ALARM
 L 5:SENSOR OUT ALARM
 L10:SENSOR OUT ALARM
 L11:SENSOR OUT ALARM
 L12:SENSOR OUT ALARM
 L 5:SHORT ALARM
 L10:SHORT ALARM
 L11:SHORT ALARM
 L12:SHORT ALARM

R 2:DIESEL 2 SOUTH
 TYPE:
 STANDARD
 NORMALLY CLOSED

IN-TANK ALARMS
 T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS
 L 2:FUEL ALARM
 L 3:FUEL ALARM
 L 4:FUEL ALARM
 L 6:FUEL ALARM
 L 8:FUEL ALARM
 L13:FUEL ALARM
 L16:FUEL ALARM
 L 2:SENSOR OUT ALARM
 L 3:SENSOR OUT ALARM
 L 4:SENSOR OUT ALARM
 L 6:SENSOR OUT ALARM

L 8:ANN ALARM
 L11:ANN ALARM
 L15:ANN ALARM
 L 2:SHORT ALARM
 L 3:SHORT ALARM
 L 4:SHORT ALARM
 L 6:SHORT ALARM
 L 8:SHORT ALARM
 L13:SHORT ALARM
 L16:SHORT ALARM

R 3:DIESEL 2 NORTH
 TYPE:
 STANDARD
 NORMALLY CLOSED

IN-TANK ALARMS
 T 3:LOW PRODUCT ALARM

LIQUID SENSOR ALMS
 L 2:FUEL ALARM
 L 3:FUEL ALARM
 L 4:FUEL ALARM
 L 6:FUEL ALARM
 L 8:FUEL ALARM
 L13:FUEL ALARM
 L16:FUEL ALARM
 L 2:SENSOR OUT ALARM
 L 3:SENSOR OUT ALARM
 L 4:SENSOR OUT ALARM
 L 6:SENSOR OUT ALARM
 L 8:SENSOR OUT ALARM
 L13:SENSOR OUT ALARM
 L16:SENSOR OUT ALARM
 L 2:SHORT ALARM
 L 3:SHORT ALARM
 L 4:SHORT ALARM
 L 6:SHORT ALARM
 L 8:SHORT ALARM
 L13:SHORT ALARM
 L16:SHORT ALARM

R 4:OVERFILL
 TYPE:
 STANDARD
 NORMALLY OPEN

IN-TANK ALARMS
 ALL:OVERFILL ALARM
 ALL:HIGH PRODUCT ALARM
 ALL:MAX PRODUCT ALARM

R 5:OIL PSD
 TYPE:
 STANDARD
 NORMALLY CLOSED

LIQUID SENSOR ALMS
 L 7:FUEL ALARM
 L 7:SENSOR OUT ALARM

RELAY SETUP

ALARM PORT

----- IN-TANK ALARM -----

T 2:DSL CNTR 20 K

SETUP DATA WARNING
JAN 8, 2001 3:00 PMHIGH WATER ALARM
JUN 14, 2010 1:35 PM
JUN 3, 2009 10:46 AM
JUN 18, 2008 12:16 PMOVERFILL ALARM
JUN 14, 2010 1:12 PM
JUN 14, 2010 1:07 PM
JUN 3, 2009 10:39 AMLOW PRODUCT ALARM
JUL 9, 2009 2:35 PM
JUN 25, 2009 3:43 PM
JUN 3, 2009 10:34 AMHIGH PRODUCT ALARM
MAY 21, 2007 11:36 AM
APR 17, 2002 10:33 AM
APR 3, 2001 11:00 AMINVALID FUEL LEVEL
JAN 25, 2010 2:12 PM
JUN 3, 2009 10:33 AM
MAY 21, 2007 11:39 AMPROBE OUT
JUN 14, 2010 1:38 PM
JUN 14, 2010 1:23 PM
JUN 14, 2010 1:18 PMHIGH WATER WARNING
JUN 14, 2010 1:35 PM
JAN 13, 2010 10:16 AM
NOV 20, 2009 2:37 PMDELIVERY NEEDED
JUN 14, 2010 1:22 PM
JUN 14, 2010 1:03 PM
APR 1, 2010 5:24 AMMAX PRODUCT ALARM
MAY 21, 2007 11:36 AM
APR 3, 2001 11:00 AMOSLD INCR RATE WARN
JUL 29, 2006 2:22 AMLOW TEMP WARNING
APR 22, 2003 11:15 AM
APR 17, 2002 10:32 AM
APR 3, 2001 10:54 AML 1:1-3 DSL ANNULAR N
ANNULAR SPACE
SENSOR OUT ALARM
JUN 14, 2010 12:50 PMLOW LIQUID ALARM
JUN 14, 2010 12:33 PMHIGH LIQUID ALARM
JUN 14, 2010 12:32 PM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:UDC HIGH FLOW DSL
DISPENSER PAN
SENSOR OUT ALARM
JUN 14, 2010 12:50 PMFUEL ALARM
JUN 14, 2010 10:31 AMFUEL ALARM
JUN 14, 2010 10:29 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:UDC 6-7 DSL
DISPENSER PAN
SENSOR OUT ALARM
JUN 14, 2010 12:50 PMFUEL ALARM
JUN 14, 2010 10:35 AMFUEL ALARM
JUN 3, 2009 12:03 PM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DSL S 12 K

HIGH WATER ALARM
JUN 14, 2010 1:34 PM
JUN 3, 2009 10:55 AM
JUN 18, 2008 12:22 PMOVERFILL ALARM
JUN 14, 2010 1:20 PM
JUN 3, 2009 10:46 AM
MAY 28, 2009 11:03 AMLOW PRODUCT ALARM
JAN 30, 2006 7:58 AM
MAY 13, 2004 11:09 AM
DEC 5, 2003 3:48 PMHIGH PRODUCT ALARM
MAY 21, 2007 11:46 AM
OCT 15, 2003 2:22 PM
OCT 15, 2003 1:32 PMINVALID FUEL LEVEL
JUN 14, 2010 1:17 PM
JUN 3, 2009 10:44 AM
MAY 21, 2007 10:41 AMPROBE OUT
JUN 14, 2010 1:36 PM
JUN 14, 2010 1:16 PM
JUN 3, 2009 11:05 AMHIGH WATER WARNING
JUN 14, 2010 1:34 PM
JUN 3, 2009 10:55 AM
JUN 18, 2008 12:22 PMDELIVERY NEEDED
JUN 14, 2010 1:15 PM
JAN 6, 2010 5:20 PM
SEP 17, 2009 11:52 AMMAX PRODUCT ALARM
MAY 21, 2007 11:46 AMLOW TEMP WARNING
JUN 18, 2008 2:32 PM
MAY 18, 2005 3:38 AM
OCT 15, 2003 3:04 PM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 3:DSL N 20 K

HIGH WATER ALARM
JUN 14, 2010 2:24 PM
JUN 3, 2009 11:14 AM
JUN 18, 2008 12:56 PMOVERFILL ALARM
JUN 14, 2010 2:32 PM
JUN 14, 2010 2:13 PM
JUN 14, 2010 2:05 PMLOW PRODUCT ALARM
JUL 9, 2009 2:57 PM
JUL 8, 2009 8:19 PM
JUN 25, 2009 9:55 PMHIGH PRODUCT ALARM
MAY 21, 2007 11:31 AM
APR 17, 2002 10:29 AMINVALID FUEL LEVEL
MAY 21, 2007 11:36 AM
MAY 21, 2007 11:24 AM
MAY 16, 2006 11:12 AMPROBE OUT
JUN 14, 2010 1:39 PM
JUN 14, 2010 1:28 PM
JUN 14, 2010 1:15 PMHIGH WATER WARNING
JUN 14, 2010 2:24 PM
JUN 3, 2009 11:14 AM
JUN 18, 2008 12:56 PMDELIVERY NEEDED
JUN 8, 2010 9:04 PM
MAY 27, 2010 8:48 PM
MAY 24, 2010 8:34 PMLOW TEMP WARNING
JUN 18, 2008 2:31 PM
JUN 18, 2008 11:57 AM
SEP 26, 2007 12:29 PM

***** END *****

***** END *****

***** END *****

AL	ORT	ALARM	REPORT
1	JM ---	----- ALARM -----	
DISPENSER PAN		L 9:1 DSL FILL SUMP	
SENSOR OUT ALARM		OTHER SENSORS	
JUN 14, 2010 12:50 PM		SENSOR OUT ALARM	
		JUN 14, 2010 12:50 PM	
ALARM HISTORY REPORT	FUEL ALARM	FUEL ALARM	AL
----- SENSOR ALARM -----	JUN 14, 2010 10:40 AM	JUN 14, 2010 10:19 AM	----- SENSOR ALARM -----
L 4:UDC 4-5 DSL	SENSOR OUT ALARM	SETUP DATA WARNING	L12:T-2 DSL FILL SUMP S
DISPENSER PAN	JUN 3, 2009 11:46 AM	APR 5, 2010 1:52 PM	STP SUMP
SENSOR OUT ALARM			SENSOR OUT ALARM
JUN 14, 2010 12:50 PM			JUN 14, 2010 12:50 PM
			FUEL ALARM
FUEL ALARM			JUN 14, 2010 10:20 AM
JUN 14, 2010 10:38 AM			SENSOR OUT ALARM
			JUN 3, 2009 11:46 AM
FUEL ALARM			
JAN 21, 2010 7:40 AM			

***** END *****

***** END *****

***** END *****

ALARM HISTORY REPORT	ALARM HISTORY REPORT	ALARM HISTORY REPORT
----- SENSOR ALARM -----	----- SENSOR ALARM -----	----- SENSOR ALARM -----
L 7:OIL REEL SUMP	L10:T-1 DSL STP SUMP	L13:T-2 DSL STP S
PIPING SUMP	STP SUMP	OTHER SENSORS
FUEL ALARM	SENSOR OUT ALARM	SENSOR OUT ALARM
JUN 14, 2010 2:24 PM	JUN 14, 2010 12:50 PM	JUN 14, 2010 12:50 PM
SENSOR OUT ALARM	FUEL ALARM	FUEL ALARM
JUN 14, 2010 12:50 PM	JUN 14, 2010 11:04 AM	JUN 14, 2010 10:05 AM
FUEL ALARM	SENSOR OUT ALARM	FUEL ALARM
JUN 3, 2009 11:49 AM	JUN 3, 2009 11:46 AM	APR 26, 2010 1:26 PM

***** END *****

***** END *****

***** END *****

ALARM HISTORY REPORT	ALARM HISTORY REPORT	ALARM HISTORY REPORT
----- SENSOR ALARM -----	----- SENSOR ALARM -----	----- SENSOR ALARM -----
L 8:DSL VALVE SUMP	L11:T-1 DSL ANN 12%	L14:T-2 DSL ANN CTR 20%
PIPING SUMP	ANNULAR SPACE	ANNULAR SPACE
SENSOR OUT ALARM	SENSOR OUT ALARM	SENSOR OUT ALARM
JUN 14, 2010 12:50 PM	JUN 14, 2010 12:50 PM	JUN 14, 2010 12:50 PM
FUEL ALARM	LOW LIQUID ALARM	LOW LIQUID ALARM
JUN 14, 2010 10:15 AM	JUN 14, 2010 12:27 PM	JUN 14, 2010 12:31 PM
FUEL ALARM	HIGH LIQUID ALARM	HIGH LIQ
JUN 3, 2009 11:52 AM	JUN 14, 2010 12:27 PM	JUN 14, 2010 12:31 PM

AUTOMATIC DAILY CLOSING
TIME: 2:00 AM

PERIODIC RECOMMILIATION
MODE: MONTHLY

TEMP COMPENSATION
STANDARD

BUS SLOT FUEL METER TANK

TANK MAP EMPTY

HI

LI5:T-3 DSL FILL SUMP N
STP SUMP

SENSOR OUT ALARM
JUN 14, 2010 2:29 PM

FUEL ALARM
JUN 14, 2010 2:12 PM

SENSOR OUT ALARM
JUN 14, 2010 2:05 PM

***** END *****

SOFTWARE REVISION LEVEL
VERSION 120.02
SOFTWARE# 346120-100-C
CREATED - 00.10.16.13.28

S-MODULE# 330160-003-A
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS
OSLD

ALARM HISTORY REPORT

----- SENSOR ALARM ---
LI5:T-3 DSL STP N
STP SUMP
SENSOR OUT ALARM
JUN 14, 2010 12:50 PM

FUEL ALARM
JUN 14, 2010 10:10 AM

SENSOR OUT ALARM
JUN 3, 2009 11:46 AM

***** END *****

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 3:DSL N 20 K

HIGH WATER ALARM
JUN 14, 2010 2:24 PM
JUN 3, 2009 11:14 AM
JUN 18, 2008 12:56 PM

OVERFILL ALARM
JUN 14, 2010 2:52 PM
JUN 14, 2010 2:32 PM
JUN 14, 2010 2:13 PM

LOW PRODUCT ALARM
JUL 9, 2009 2:57 PM
JUL 8, 2009 8:19 PM
JUN 25, 2009 9:55 PM

HIGH PRODUCT ALARM
MAY 21, 2007 11:31 AM
APR 17, 2002 10:29 AM

INVALID FUEL LEVEL
MAY 21, 2007 11:36 AM
MAY 21, 2007 11:24 AM
MAY 16, 2006 11:12 AM

PROBE OUT
JUN 21, 2010 1:04 PM
JUN 14, 2010 2:58 PM
JUN 14, 2010 1:39 PM

HIGH WATER WARNING
JUN 14, 2010 2:24 PM
JUN 3, 2009 11:14 AM
JUN 18, 2008 12:56 PM

DELIVERY NEEDED
JUN 8, 2010 9:04 PM
MAY 27, 2010 8:48 PM
MAY 24, 2010 8:34 PM

LOW TEMP WARNING
JUN 14, 2010 2:59 PM
JUN 18, 2008 2:31 PM
JUN 18, 2008 11:57 AM

----- SENSOR ALARM ---
LI5:T-3 DSL FILL SUMP N
STP SUMP
SENSOR OUT ALARM
JUN 21, 2010 1:26 PM

----- SENSOR ALARM ---
LI5:T-3 DSL FILL SUMP N
STP SUMP
FUEL ALARM
JUN 21, 2010 1:28 PM

----- IN-TANK ALARM -----
T 3:DSL N 20 K
OVERFILL ALARM
JUN 14, 2010 2:52 PM

ENTERED OCT 11 2011

File



COUNTY OF SAN DIEGO

AST CERTIFICATION & ENGINEERING
ASSESSMENT EXEMPTION NOTIFICATION
FOR LARGE QUANTITY GENERATORSBUSINESS NAME HANSON AGGREGATES, CARROW CANYONADDRESS 9255 CAMINO SANTA FECITY/ZIP SAN DIEGO CA 92121

UPF PERMIT # 117076
 DATE 6-10-11
 TANK CAPACITY 240 GAL
 CONTENTS USED OIL
 SECONDARY CONTAINMENT
 TYPE DOUBLE WALL
 YEAR INSTALLED _____
 O/L APPROVED ☐ Yes ☐ No
 TANK ID (if applicable) #:
 SPECIALIST MIKE MANN
 DATE OF REQUEST 6-10-11

I certify that the aboveground used oil/waste antifreeze tank system meets the requirements of the California Code of Regulation (CCR) for exemption from the Professional Engineering Assessment [reference Title 22 CCR section 66265.192(j)].

Owner/Operator Signature: Henry Pimentel Print Name: HENRY PIMENTEL Date: 8/8/11

The Local Fire Marshal installation, usage, and design approval are attached, OR The Local Fire Marshal has reviewed this aboveground tank system for conformance with applicable regulations.

Fire Marshal's Approval Signature: FIRE PERMIT TA-120007 Print Name: SEE ATTACHED Date: 8/8/11

The Hazardous Materials Division (HMD) conditionally approves the use of the used oil/waste antifreeze aboveground storage tank system as long as you comply with all of the following terms and conditions:

REQUIRED TERMS AND CONDITIONS

1. The aboveground tank, installed after July 1, 1991, must contain used oil (as defined in HSC section 25250.1) or waste antifreeze only (a non-RCRA waste) and has limited aboveground piping within containment to handle a spill or leak.
2. The local Fire Marshal approved and/or permitted the installation, usage, and design per municipal codes and the tank operator maintains documentation supporting this requirement.
3. The primary tank is surrounded with greater than 100% secondary containment.
4. If the tank system is exposed to precipitation, the secondary containment must, in addition to the requirement of item 3 above, be able to handle a 25 year, 24 hour rainfall event, with no intrusion or flooding problems. To prevent such problems, the HMD strongly advises that the tank system be completely covered following all local building and zoning requirements.
5. The facility must have a written leak detection program and daily inspection logs onsite as required in 22 CCR sections 66265.194-195 for review by HMD inspectors. The facility operator must ensure that appropriate controls and practices are in-place at all times to prevent spills, leaks, or overflows from occurring. The secondary containment should be kept empty and dry, except when there is a leak or a spill, at which time the secondary containment must be thoroughly cleaned out within 24 hours. The cause of a leak or spill would need to be determined and corrective actions taken (refer. 22 CCR section 66265.196).
6. The tank must be installed and maintained on a non-permeable surface, i.e., concrete (in good repair) or sealed asphalt (in good condition).
7. The facility should maintain a photocopy of this notification onsite to show to an inspector during facility inspections.

Provided you do not change the configuration or location of the tank system, this exemption is good for the service life of the tank. Before you make any future changes or modifications to the tank system, you must submit a written description of the proposed changes to the HMD 30 days before making the changes to ensure compliance with applicable regulations.

This approval does not exempt your facility from compliance with additional requirements that may be enforced by other local, state, or federal agencies with regards to storage of hazardous materials in a tank system.

HMD Supervisor's Approval Signature: John M. Miller Print Name: John M. Miller Date: 9/15/11

Department of Environmental Health Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

HM-9271 (04/09)

John Culver @ JCI INCORP.NET



CITY OF SAN DIEGO
FIRE & LIFE SAFETY SERVICES
 1010 SECOND AVENUE, SUITE #300
 SAN DIEGO, CA 92101
 PHONE: 533-4477 / 533-4449

FIMS FILE #: 11002-097
 PERMIT/APPL. NO. TA-120007
 RECEIPT # 92053
 DATE RECEIVED 7-18-11

Hazardous Material Permit Application (Fire Dept.) \$1130 — CR#4055

SITE ADDRESS	NAME (OR NAME OF BUSINESS) Hanson Aggregates, Carroll Canyon			NAME (IF NOT OWNER) LeMesnager Engineering Inc.		
	ADDRESS (NUMBER) (STREET) 9255 Camino Sante Fe			MAILING ADDRESS (NUMBER) (STREET) 9450 Mira Mesa Blvd. #C-229		
	CITY San Diego	ZIP 92121	TELEPHONE NO. (858) 577-2722	CITY San Diego	ZIP 92126	TELEPHONE NO. 858-603-0970
OWNER	NAME (IF NOT OWNER) Same as above			PROVIDE CONTRACTOR LICENSE #203029		
	MAILING ADDRESS (NUMBER) (STREET)			SIGNATURE (OWNER OR AGENT) REQUIRED <i>[Signature]</i>		
	CITY	ZIP	TELEPHONE NO.	CELLULAR PHONE NUMBER 619-980-9070	DATE SIGNED 4/10/11	

COMPENSATION/LIABILITY INSURANCE:

(OF CONTRACTOR OR OWNER) PROOF REQUIRED FOR EACH APPLICATION

POC: John Culver 760-743-0518

NO. OF TANKS	WORK PERFORMED: NEW, REMOVED, ETC.	TANK CAPACITY GALLONS (Pressurized Gas Cylinders in cu. ft.)	TYPE OF HAZARDOUS MATERIAL STORED OR USED	TYPE OF STORAGE: ABOVE GROUND, BELOW GROUND	TYPE OF SUPPLY: PUMP, PRESSURE, INTERNAL PRESSURE OR GRAVITY	DISTANCE INSTALLED FROM BUILDING	DISTANCE INSTALLED FROM PROPERTY LINE
1	NEW EXISTING	240	waste oil	AST	Gravity Suction	500 yds	.25 mi
2	NEW II	240	30wt drive train	AST	Pressure	500 yds	.25 mi
3	DEM II	240	50wt drive train	AST	Pressure	500 yds	.25 mi
4	NEW II	240	Hydraulic	AST	Pressure	500 yds	.25 mi

OTHER HAZARDOUS MATERIALS:

SOIL REMEDIATION:

5 NEW EXISTING 240 15W-40 AST PRESSURE 500 yds .25 mi

REPIPE:

MEDICAL GAS / COMPRESSED GAS SYSTEM:

COMMENTS:

FIRE DEPARTMENT USE ONLY

DATE	INSPECTOR'S NAME	COMMENTS
4/10/11 8/16/11	W. [Signature]	Final 5/240 gal. D/W AST's secondary contained. NO smoking
	LeMesnager Engineering	704 placard posted with fire extinguisher.
	Same as above	

1. White Copy — Permit
 2. Canary Copy — Office File (HMM)
 3. Pink Copy — Records
 4. Goldenrod Copy — Permittee's Receipt

Clear Entire Form

APPLICATION APPROVED

DEPUTY FIRE MARSHAL

DATE

AST CONTAINMENT SIDE A

AST CONTAINMENT SIDE C

SIDE B

AST CONTAINMENT TOP VIEW

Permit No. TA-120007 Date 7-20-2011
 Permit Type HSDPH-5-4673-0115-AST CONTAINMENT
 Expiration Date 7-28-2012

It is unlawful to make changes or alterations of this set of plans and specifications without permission of the City of San Diego. Tampering of these plans and specifications shall be held on permit or approved. Violation of City, County, State, Federal Laws, or other restrictions.

By David Williamson
 Deputy Fire Marshal (signature)
 Name WILLIAMSON
 (Print)
 THIS IS NOT A CONSTRUCTION PERMIT

AST CONTAINMENT SIDE B

AST CONTAINMENT SIDE D

AST CONTAINMENT SIDE B

8/8/11 Final 5/240 gal. AST D/W, Secondary Containment
 Fire Department, No smoke, 704 placards
 T. Williams

FIRE DEPARTMENT INSPECTION REQUIRED

SEE CIRCLED ITEMS ON INSPECTION RECORDS

CALL 619-533-4477 FOR INSPECTIONS OR APPOINTMENTS

Jauregui & Culver, Inc.
 959 W. Mission Ave.
 Escondido, CA 92025
 760.743.0518 Fax: 760.743.0621
 Lic.: 708231

ABOVEGROUND STORAGE TANK SCHEDULE

TANK 1	MOTOR OIL 30W 240 GALLON, DW STEEL
TANK 2	MOTOR OIL ISO 68 240 GALLON, DW STEEL
TANK 3	MOTOR OIL 15W-40 240 GALLON, DW STEEL
TANK 4	MOTOR OIL 50W 240 GALLON, DW STEEL
TANK 5	USED OIL 240 GALLON, DW STEEL

HANSON AGGREGATES
 9255 CAMINO SANTA FE
 SAN DIEGO, CA 92121

SCALE 1/4" = 1'	JOB NO. J866-11	DATE 07/14/11	PAGE 1 OF 1
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#117076

Mann, Mike

From: john.culver@jcincorp.net
Sent: Thursday, August 11, 2011 9:16 AM
To: Mann, Mike
Cc: Lewallen, Cecilia; shane.hancock@hanson.com
Subject: Hanson Aggregate-AST Exemption
Attachments: Hanson AST Exemption-DEH.pdf

Re: Hanson Aggregates, Carroll Canyon, 9255 Camino Santa Fe, San Diego, 92121 UPF Permit # 117076

Mike,

We were brought in by Hanson to complete the "AST Certification & Engineering Assessment Exemption Notification for Large Quantity Generators" which required permitting and inspection of their oil storage area. It has been permitted and inspected by the San Diego Fire Dept and the permit and inspection forms are attached here. Please let us know if there is anything else needed.

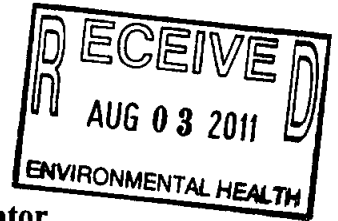
Thanks!

John Culver
Jauregui & Culver, Inc.
959 W. Mission Ave.
Escondido, CA 92025
Off: (760) 743-0518
Fax: (760) 743-0621

NONDISCLOSURE NOTICE: The information in this e-mail and any attachments is intended solely for the use of the addressee. It may contain information deemed proprietary, privileged or exempt from disclosure. Further transmission or disclosure of this information without the permission of the addressee is strictly prohibited. If you receive this transmission in error, please notify the sender at john.culver@jcincorp.net or (760) 743-0518 – ask for John, and delete it from your computer without retaining any copies. Thank you for your cooperation.



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdeh.org>



Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson Carroll Canyon	Facility Permit #: 1 1 7 0 7 6
Facility Address: 9255 Camino Sante Fe	Phone: (858) 577-2798 x
City: San Diego	Zip Code: 92131-
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input checked="" type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated Operator's Name: John Culver II Business Name (If different from above): Jauregui & Culver, Inc. Designated Operator's Phone #: (760) 743-0518 x International Code Council Certification #: 5297668	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party Expiration Date: 2012-11-23
--	--

ALTERNATE 1 (Optional)

Designated Operator's Name: Andrew Jauregui Business Name (If different from above): Jauregui & Culver, Inc. Designated Operator's Phone #: (760) 743-0518 x International Code Council Certification #: 8036195	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party Expiration Date: 2013-01-26
---	--

ALTERNATE 2 (Optional)

Designated Operator's Name: Rene Lemesnager Business Name (If different from above): Lemesnager Engineering Designated Operator's Phone #: (619) 917-8001 x International Code Council Certification #: 8022782	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party Expiration Date: 2013-01-07
--	--

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK
 NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 07/27/2011

Shane Hancock
 SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: 858.577.2798

Return this completed form to:

HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261

UNDERGROUND STORAGE TANK (UST) DESIGNATED OPERATORS and UST OWNER COMPLIANCE STATEMENT

The State Water Resources Control Board (SWRCB) has adopted changes to the Underground Storage Tank (UST) regulations that require USTs owners to submit a signed statement to the Certified Unified Program Agency (CUPA) indicating that the owner understands and is in compliance with all underground storage tank requirements, and identifying the **Designated UST Operator(s)** for each facility they own. The signed statement must be submitted to the CUPA. The Hazardous Materials Division (HMD) is the CUPA responsible for implementing the UST program in San Diego County.

The definition of a **Designated UST Operator** can be found in Title 23 of the California Code of Regulation, section 2715(b)-(f). A **Designated UST Operator** means one or more individuals designated by the UST owner to have responsibilities for training facility employees and conducting a monthly visual inspection at the UST facility. The "designated UST operator" must:

- Posses a current "California UST System Operator" certification issued by the International Code Council (ICC). Certification must be renewed every 24 months.
- Provide on-the-job training for facility employee(s). Initial training is required by July 1, 2005. Facility employees hired on or after **July 1, 2005** must complete initial training within 30 days from their date of hire.
- Perform monthly visual inspections and record results on an inspection report, which must be provided to the owner/operator from their date of hire. For your convenience, a checklist for visual inspections (Form HM-9175) is available on the Hazardous Materials Division web site, <http://www.sdcdeh.org> . Keep this completed form with your monthly records.

The **Designated UST Operator** must be able to perform the required tasks on the timelines specified in regulations. As long as ICC certifies the individual, the **Designated UST Operator** could be the UST facility owner, operator, employee, service technician, or a third-party. Submit the name of the **Designated UST Operator(s)** for each facility you own using the **Form HM-9174 to HMD**. This form also serves as the UST owner compliance statement. Also be aware that UST owners must notify the HMD within 30 days of any change of **Designated UST Operator(s)**.

For more information about the new UST regulations and to find out more about training requirements for UST Designated Operators, visit the State Regional Water Regional Control Board at http://www.waterboards.ca.gov/water_issues/programs/ust/training/ or call the Hazardous Materials Duty Desk at 619-338-2231.



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO
DOCUMENT RETURN TO COMPLIANCEPERMIT#: 117076SPECIALIST: MIKE MANNINSPECTION DATE: 6/10/2011CONTACT: Shane HancockFACILITY NAME HANSON AGGREGATESADDRESS 9255 Camino Santa FeCITY San DiegoZIP 92121

VIOL #	DATE CORRECTED	Indicate How Violations Were Corrected (Attach Any Supporting Documentation)
1 v 3257	7/1/2011	Replace leaking gasket on high flow mechanical leak detector flange
2 v 3261	7/1/2011	Replaced torn penetration fitting on electrical conduit and resealed UDC cover
3 v		
4 v		
5 v		
6 v		
7 v		
8 v		
9 v		
10 v		

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

Responsible Party: SHANE HANCOCKJob Title CLERKSignature of Responsible Party: *Shane Hancock*
Print NameDate: 07/09/2011

< Send completed form and supporting documentation to the address listed below >

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: M Mann Date: 7/11/2011
(Specialist's name and date required for processing)

Specialist's comments: _____

☒ All violations noted on date listed above were corrected.☒ Based on information provided by the business☐ Based on field verification by Specialist☒ RTC entered in Kiva by Specialist on: 7/11/2011 ☐ RTC entered in Kiva by Office Assistant on: ___/___/___Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
<http://www.sdcdelh.org> 858-505-6880

To File: # 117076



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number:

A. General Information

Facility Name: **HANSON CARROLL CYN**
 Site Address: **9255 CAMINO SANTE FECity: SAN DIEGO**
 Facility Contact Person: **SHANE HANCOCK**
 Make/Model of Monitoring System: **VEEDER ROOT TLS 350**

Bldg. No.:
 Zip: **92131**
 Contact Phone No.: **858-577-2798**
 Date of Testing/Servicing: **6/10/11**

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

Tank ID: T1 south diesel 12,000 gal <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: 847390-107 <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: Red Jacket 116-117 <input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: V/R 790091-001 Other (specify equipment type and model in Section E on Page 2).	Tank ID: T3 north diesel 20,000 gal <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: RJ FX1DV <input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: V/R 790091-001 Other (specify equipment type and model in Section E on Page 2).
Tank ID: T2 center diesel 20,000 gal <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: RJ FX1DV <input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: V/R 790091-001 Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe. Model: <input type="checkbox"/> Annular Space or Vault Sensor. Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1/2 <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 6/7 <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 3 <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 8 high flow <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 4/5 <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☒ System set-up ☒ Alarm history report

Technician Name (print): **RENE LeMESNAGER**
 Certification No.: **A26748**
 Testing Company Name: **LeMESNAGER ENGINEERING**
 Site Address: **9450 Mira Meas Blvd, Ste C#229 City San Diego, CA Zip 92126**

Signature:
 License No.: **203029**
 Phone No.: **(619) 917-8001**
 Date of Testing/Servicing: **6/10/11**

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: 120.02

Complete the following checklist:

✓ Yes	No*	Is the audible alarm operational?
✓ Yes	No*	Is the visual alarm operational?
✓ Yes	No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
✓ Yes	No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
✓ Yes	No* N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
✓ Yes	No* N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? <i>(Check all that apply)</i> Sump/Trench Sensors; Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ✓ Yes; No.
✓ Yes	No* N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? ____ ✓ 90 %
✓ Yes*	No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
✓ Yes*	No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> ✓ Product; ✓ Water. If yes, describe causes in Section E, below.
✓ Yes	No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
✓ Yes	No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: Tank monitor is functioning normally.

Performed a 1 hr visual hydrostatic test on the tank fill overspill buckets. All buckets passed.

Found liquid in 2 locations: the STP sump and #8 UDC. Pumped approx. 1 gal of diesel from tank 2 STP sump. Found that a flange gasket was leaking. Will return to repair. The liquid in #8 UDC was water. Pumped approx. 1/2 gal water from UDC. There is a 3/4" penetration fitting that is torn. Will replace the penetration fitting a re-seal the cover.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION**F. In-Tank Gauging / SIR Equipment:****Permit Number: 0**

✓ Check this box if tank gauging is used only for inventory control

Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

Yes	No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
Yes	No*	Were all tank gauging probes visually inspected for damage and residue buildup?
Yes	No*	Was accuracy of system product level readings tested?
Yes	No*	Was accuracy of system water level readings tested?
Yes	No*	Were all probes reinstalled properly?
Yes	No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

Check this box if LLDs are not installed.

Complete the following checklist:

✓ Yes	No* N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (<i>Check all that apply</i>) Simulated leak rate: ✓ 3 g.p.h.; 0.1 g.p.h.; 0.2 g.p.h.
✓ Yes	No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
✓ Yes	No*	Was the testing apparatus properly calibrated?
✓ Yes	No* N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
Yes	No* ✓ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
Yes	No* ✓ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
Yes	No* ✓ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
Yes	No* ✓ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
✓ Yes	No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Spill Bucket Testing Report Form

7. SPILL BUCKET TESTING INFORMATION

Test Method Used:	✓ Hydrostatic	Vacuum	Other (Specify)
Test Equipment Used:	Equipment Resolution:		
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 Diesel	2 Diesel	3 Diesel
Bucket Installation Type:	Direct Bury ✓ Contained in Sump	Direct Bury ✓ Contained in Sump	Direct Bury ✓ Contained in Sump
Bucket Diameter:	12"	12"	12"
Bucket Depth:	10"	10"	10"
Wait time between applying vacuum/water and start of test:	15 MIN	15 MIN	15 MIN
Test Start Time (T ₁):	10:30 AM	10:15 AM	9:50 AM
Initial Reading (R _i):	5-11/16"	6-1/8"	6-7/8"
Test End Time (T _F):	11:30 AM	11:15 AM	10:50 AM
Final Reading (R _F):	5-11/16"	6-1/8"	6-7/8"
Test Duration (T _F – T ₁):	1 HR	1 HR	1 HR
Change in Reading (R _F - R _i):	0	0	0
Pass/Fail Threshold or Criteria:	No Change	No Change	No Change
Test Result:	✓ Pass Fail	✓ Pass Fail	✓ Pass Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Inspector: Mike Mann

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

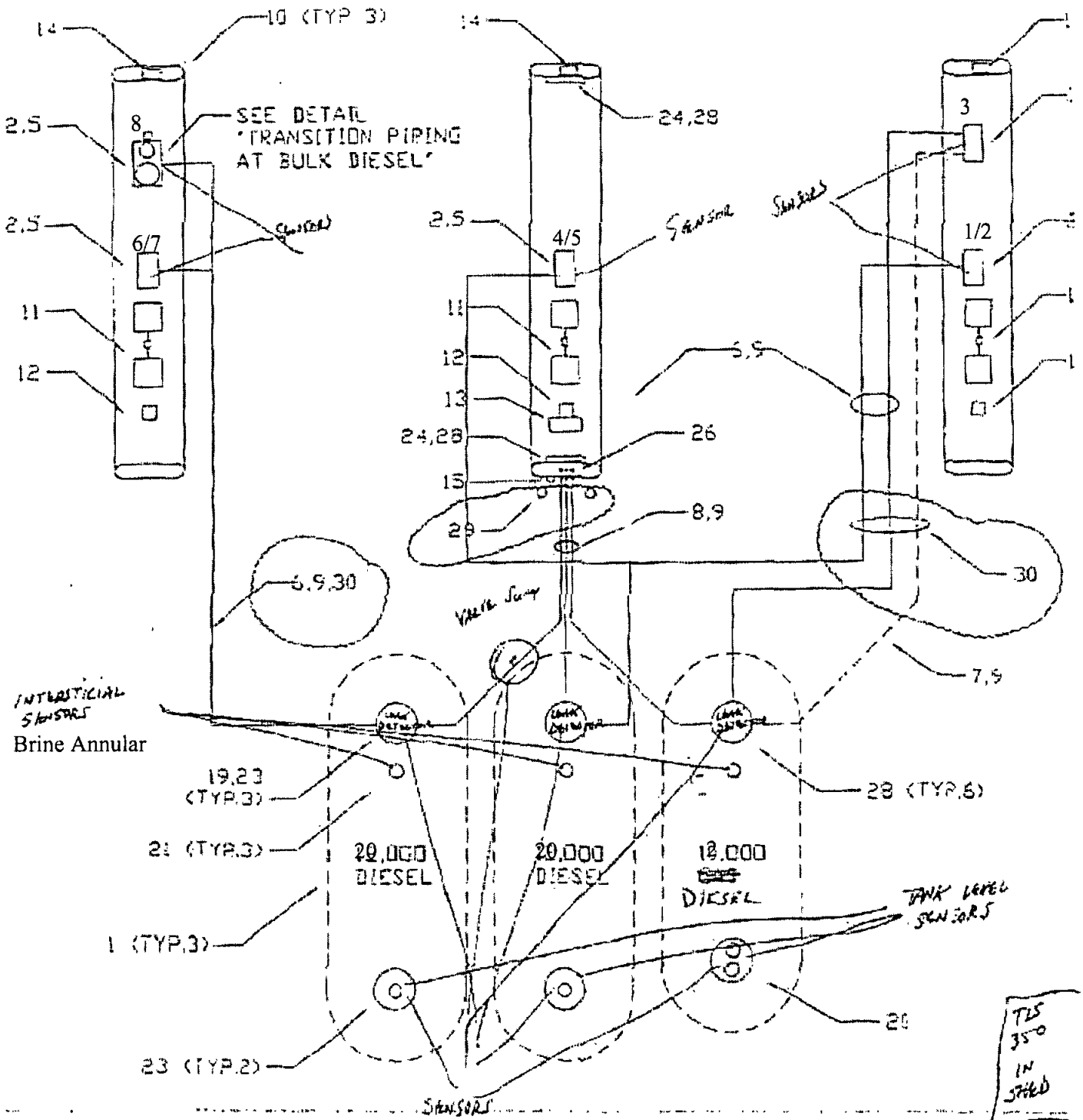
Technician's Signature: _____

Rene L. Hernandez

Date: 6/10/11

IN ASSOCIATION 9255 Camino Santa Fe

N
SCALE - 1" = 10'



SYSTEM SETUP

JUN 10, 2011 9:16 AM

SYSTEM UNITS

U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MM/DD/YYYY HH:MM:SS AM

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA. 92127
A1279198305004

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TO VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F) : 60.0
STICK HEIGHT OFFSET
DISABLED

IN-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 2 (EMOD)
BAUD RATE : 2400
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH : 7 DATA
RS-232 SECURITY
CODE : DISABLED
DIAL TYPE : TONE
ANSWER ON : 8 RING
MODEM SETUP STRING :

DIAL TONE INTERVAL: 3

RECEIVER SETUP:

D 1:5000 GROUP
1-619-440-7707
RCVR TYPE: FACSIMILE
PORT NO: 2
RETRY NO: 5
RETRY DELAY: 5
CONFIRMATION REPORT: OFF

AUTO DIAL TIME SETUP:

D 1:5000 GROUP
DIAL DAILY
DIAL TIME : 4:00 AM
RECEIVER REPORTS:
INVENTORY

RS-232 END OF MESSAGE
DISABLED

AUTO DIAL ALARM SETUP

D 1:5000 GROUP
- NO ALARM ASSIGNMENTS -

IN-TANK SETUP

T 1:DEL B 12 K
PRODUCT CODE :
THERMAL COEFF : 000450
TANK DIAMETER : 91.63
TANK PROFILE : 4 PTS
FULL VOL : 9695
68.7 INCH VOL : 7865
45.9 INCH VOL : 4874
22.9 INCH VOL : 1865

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 9695
OVERFILL LIMIT : 90%
8735
HIGH PRODUCT : 95%
9210
DELIVERY LIMIT : 25%
2423

LOW PRODUCT : 500
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00

MANIFOLDED TANKS
T: NONE

LEAK MIN PERIODIC: 50%
4847

LEAK MIN ANNUAL : 50%
4847

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

CROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TAX TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

T 2:DSL CNTR 20 K
PRODUCT CODE : 2
THERMAL COEFF : 000450
TANK DIAMETER : 119.63
TANK PROFILE : 4 PTS
FULL VOL : 19951
89.7 INCH VOL : 16209
59.8 INCH VOL : 9999
29.9 INCH VOL : 3796

FLOAT SIZE: 2.0 IN.

WATER WARNING : 2.5
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 19951
OVERFILL LIMIT : 90%
17956
HIGH PRODUCT : 95%
16953
DELIVERY LIMIT : 25%
1987

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00

MANIFOLDED TANKS
T: NONE

LEAK MIN PERIODIC: 50%
9975

LEAK MIN ANNUAL : 50%
9975

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

CROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TAX TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

T 3: DIESEL 2 NORTH
 PRODUCT CODE : 0
 THERMAL COEFF : 000450
 TANK DIAMETER : 119.63
 TANK PROFILE : 4 PTS
 FULL VOL : 19951
 89.7 INCH VOL : 16208
 89.8 INCH VOL : 9999
 29.9 INCH VOL : 3790

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
 HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 19951
 OVERFILL LIMIT : 95%
 17956
 HIGH PRODUCT : 95%
 10953
 DELIVERY LIMIT : 25%
 4987

LOW PRODUCT : 1000
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 99
 TANK TILT : 0.00

MANIFOLDED TANKS
 TN: NONE

LEAK MIN PERIODIC: 50%
 9975

LEAK MIN ANNUAL : 50%
 9975

PERIODIC TEST TYPE
 STANDARD

ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED

CROSS TEST FAIL
 ALARM DISABLED

AIN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TEST SIPHON BREAK: OFF

DELIVERY DELAY : 3 MIN

LIQUID SENSOR SETUP

L 1: DIESEL ANNULAR II
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L 2: UDC HIGH FLOW DEL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 3: UDC 6-7 DEL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 4: UDC 4-5 DEL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 5: UDC 3 DEL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 6: UDC 1-2 DEL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 7: OIL REEL SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : PIPING SUMP

L 8: DIESEL VALVE SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : PIPING SUMP

L 9: T-1 DIESEL FILL SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : OTHER SENSORS

L 10: T-1 DIESEL SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : SUMP

L 11: T-1 DIESEL ANNULAR II
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L 12: T-2 DIESEL FILL SUMP B
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : SUMP

L 13: T-2 DIESEL SUMP B
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : OTHER SENSORS

L 14: T-2 DIESEL ANNULAR II
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP

R T-1 POS SHUTDOWN
 TYPE:
 STANDARD
 NORMALLY CLOSED

IN-TANK ALARMS
 T 1: LOW PRODUCT ALARM

LIQUID SENSOR ALMS

L 5: FUEL ALARM
 L 10: FUEL ALARM
 L 11: FUEL ALARM
 L 12: FUEL ALARM
 L 5: SENSOR OUT ALARM
 L 10: SENSOR OUT ALARM
 L 11: SENSOR OUT ALARM
 L 12: SENSOR OUT ALARM
 L 5: SHORT ALARM
 L 10: SHORT ALARM
 L 11: SHORT ALARM
 L 12: SHORT ALARM

R 2: DIESEL 2 SOUTH
 TYPE:

STANDARD
 NORMALLY CLOSED

IN-TANK ALARMS
 T 2: LOW PRODUCT ALARM

LIQUID SENSOR ALMS

L 2: FUEL ALARM
 L 3: FUEL ALARM
 L 4: FUEL ALARM
 L 6: FUEL ALARM
 L 8: FUEL ALARM
 L 13: FUEL ALARM
 L 16: FUEL ALARM
 L 2: SENSOR OUT ALARM
 L 3: SENSOR OUT ALARM
 L 4: SENSOR OUT ALARM
 L 6: SENSOR OUT ALARM
 L 8: SENSOR OUT ALARM
 L 13: SENSOR OUT ALARM
 L 16: SENSOR OUT ALARM
 L 2: SHORT ALARM
 L 3: SHORT ALARM
 L 4: SHORT ALARM
 L 6: SHORT ALARM
 L 8: SHORT ALARM
 L 13: SHORT ALARM
 L 16: SHORT ALARM

R 3: DIESEL 2 NORTH
 TYPE:
 STANDARD
 NORMALLY CLOSED

IN-TANK ALARMS
 T 3: LOW PRODUCT ALARM

LIQUID SENSOR ALMS

L 2: FUEL ALARM
 L 3: FUEL ALARM
 L 4: FUEL ALARM
 L 6: FUEL ALARM
 L 8: FUEL ALARM
 L 13: FUEL ALARM
 L 16: FUEL ALARM
 L 2: SENSOR OUT ALARM
 L 3: SENSOR OUT ALARM
 L 4: SENSOR OUT ALARM
 L 6: SENSOR OUT ALARM
 L 8: SENSOR OUT ALARM
 L 13: SENSOR OUT ALARM
 L 16: SENSOR OUT ALARM
 L 2: SHORT ALARM
 L 3: SHORT ALARM
 L 4: SHORT ALARM
 L 6: SHORT ALARM
 L 8: SHORT ALARM
 L 13: SHORT ALARM
 L 16: SHORT ALARM

R 4: OVERFILL
 TYPE:
 STANDARD
 NORMALLY OPEN

IN-TANK ALARMS
 ALL: OVERFILL ALARM
 ALL: HIGH PRODUCT ALARM
 ALL: MAX PRODUCT ALARM

R 5: OIL PSD
 TYPE:
 STANDARD
 NORMALLY CLOSED

LIQUID SENSOR ALMS

L 7: FUEL ALARM
 L 9: SENSOR OUT ALARM



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT & SPILL CONTAINMENT TESTING REPORT FORM

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Permit Number:

Plan Check Number:

1. FACILITY INFORMATION

Facility Name: Hanson Aggregate		Date of Testing: 12-19-2011	
Facility Address: 9255 Camino Santa Fe San Diego, CA 92127		Test Type:	
Facility Contact: Shane Hancock	Phone: 858-577-2798	<input type="checkbox"/> Initial	<input type="checkbox"/> Repair Test
Date Local Agency Was Notified of Testing:		<input type="checkbox"/> 6 month	<input type="checkbox"/> Other:
Name of Local Agency Inspector (if present during testing):		<input checked="" type="checkbox"/> 36 month	

2. TESTING CONTRACTOR INFORMATION

Company Name: Jauregui and Culver Inc		
Technician Conducting Test: Andrew Jauregui		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: A, B, C36, Haz	License Number: 708231	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Incon	Tester # 5695703701	07-27-2013
ICC	Tester # 8036195	01-26-2013

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
T1 Fill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T2 Manifold Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2 Fill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T3 Manifold Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 Fill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifold Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T1 STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 1-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2 STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 4-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T1 Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 6-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2 Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15W-40 Secondary line S. reel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T1 Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15W-40 Secondary line M. reel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T2 Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15W-40 Secondary line N. reel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T3 Secondary line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15W-40 oil Sump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Water was Deemed Non-Hazardous. Water was removed from site to be used on future test sites.

For any equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification ☒ System printout attached.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature:

Date: 12-22-2011

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (<i>Specify</i>)			
Test Method Used:	<input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (<i>Specify</i>)			
Test Equipment Used:	Vacuum Pump and 0 to -30 inhg gauge		Equipment Resolution: 0 loss	
	Tank #	Tank #	Tank #	Tank #
Is Tank Exempt From Testing? ¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	12,000	20,000	20,000	
Tank Material:	Fiberglass	Fiberglass	Fiberglass	
Tank Manufacturer:	Owens Corning	Owens Corning	Owens Corning	
Product Stored:	Diesel	Diesel	Diesel	
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _i):				
Test End Time:				
Final Reading (R _f):				
Test Duration:				
Change in Reading (R _f -R _i):				
Pass/Fail Threshold or Criteria:				
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, & recommended follow-up for failed tests)

Brine filled annulars, not tested

¹ Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}
 HM-9169 (02/11)

5. SECONDARY PIPE TESTING

/ of 2

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Nitrogen and 0-15 psi gauge		Equipment Resolution: 0 loss	
	Piping Run # 1	Piping Run # 2	Piping Run # 3
Piping Material:	Fiberglass	Fiberglass	Fiberglass
Piping Manufacturer:	A/o Smith	A/O Smith	A/O Smith
Piping Diameter:	3"	3"	3"
Length of Piping Run:	60'	95'	65'
Product Stored:	Diesel	Diesel	Diesel
Method and location of piping-run isolation:	Testing Boot	Testing Boot	Testing Boot
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min
Test Start Time:	10:00am	10:00am	10:00am
Initial Reading (R _i):	5 psi	5 psi	5 psi
Test End Time:	11:00am	11:00am	11:00am
Final Reading (R _f):	5 psi	5 psi	5 psi
Test Duration:	1 hour	1 hour	1 hour
Change in Reading (R _f -R _i):	0	0	0
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Piping Run #1- T1 Diesel Line

Piping Run #2- T3 Diesel Line

Pining Run #3- T2 Diesel Line

Piping Run #4- T2 Manifold Line

Piping Run #5- T3 Manifold Line

Piping Run #6- N. 15W-40 Oil Line

Piping Run #7- Mid. 15W-40 Oil Line

Piping Run #8- S. 15W-40 Oil Line

5. SECONDARY PIPE TESTING 2 of 2

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Nitrogen and 0-15 psi gauge		Equipment Resolution: 0 loss	
	Piping Run # 5	Piping Run # 6	Piping Run # 7
Piping Material:	Fiberglass	Steel/ PVC	Steel/ PVC
Piping Manufacturer:	A/O Smith	N/A	N/A
Piping Diameter:	2"/3"	1"/2 1/2"	1"/2 1/2"
Length of Piping Run:	11'	160'	7'
Product Stored:	Diesel	15W-40 oil	15W-40 oil
Method and location of piping-run isolation:	Testing Boots	Testing Boots	Testing Boots
Wait time between applying pressure/vacuum/water and starting test:	30 min		
Test Start Time:	10:00am		
Initial Reading (R _I):	5 psi		
Test End Time:	11:00am		
Final Reading (R _F):	5 psi		
Test Duration:	1 hour		
Change in Reading (R _F -R _I):	0		
Pass/Fail Threshold or Criteria:	0 loss		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Piping Run #1- S. Diesel Line

Piping Run #2- N. Diesel Line

Pining Run #3- Mid. Diesel Line

Piping Run #4- T2 Manifold Line

Piping Run #5- T3 Manifold Line

Piping Run #6- N. 15W-40 Oil Line

Piping Run #7- Mid. 15W-40 Oil Line

Piping Run #8- 15W-40 Oil Line

All Oil lines were not tested. Lines would not hold air. Testing Boots in pieces

6. PIPING SUMP TESTING

1 of 2

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STS and Water		Equipment Resolution: + or - 0.002	
	Sump # T1	Sump # T2	Sump # T3
Sump Diameter:	42"	42"	42"
Sump Depth:	51"	32"	23"
Sump Material:	Fiberglass	Fiberglass	Fiberglass
Height from Tank Top to Top of Highest Piping Penetration:	20"	32"	23"
Height from Tank Top to Lowest Electrical Penetration:	12"	17"	18"
Condition of sump prior to testing:	Good	Good	Good
Portion of Sump Tested ²	22"	24"	25"
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5-10 sec.	5-10 sec	5-10 sec.
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min
Test Start Time:	10:53/11:09am	10:53/11:09am	10:53/11:09am
Initial Reading (R _I):	4.4159/4.4162	4.9492/4.9492	3.8966/3.8958
Test End Time:	11:09/11:25am	11:09/11:25am	11:09/11:25am
Final Reading (R _F):	4.4162/4.4161	4.9493/4.9491	3.8964/3.8952
Test Duration:	15 min	15 min	15 min
Change in Reading (R _F -R _I):	-0.0003/-0.0001	-0.0001/-0.0001	-0.0002/-0.0006
Pass/Fail Threshold or Criteria:	+ or - 0.002	+ or - 0.002	+ or - 0.002
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Oil Sump was not tested because testing boots were in pieces.

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

6. PIPING SUMP TESTING 2 of 2

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STs and Water		Equipment Resolution: + or - 0.002	
	Sump # Oil Sump	Sump #	Sump #
Sump Diameter:	43"		
Sump Depth:	43"		
Sump Material:	Poly		
Height from Tank Top to Top of Highest Piping Penetration:	25.5"		
Height from Tank Top to Lowest Electrical Penetration:	18"		
Condition of sump prior to testing:	Good		
Portion of Sump Tested ³	28"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5 sec.		
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R _I):			
Test End Time:			
Final Reading (R _F):			
Test Duration:			
Change in Reading (R _F -R _I):			
Pass/Fail Threshold or Criteria:			
Test Result: - - -	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Oil Sump was not tested because testing boots were in pieces.

³ If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING 1 of 2

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STS and Water		Equipment Resolution: + or - 0.002	
	UDC # 1-2	UDC # 3	UDC # 4-5
UDC Manufacturer:	Bravo	Bravo	Bravo
UDC Material:	Poly	Poly	Poly
UDC Depth:	29"	29"	29"
Height from UDC Bottom to Top of Highest Piping Penetration:	8.5"	11"	8"
Height from UDC Bottom to Lowest Electrical Penetration:	7"	10"	8"
Condition of UDC prior to testing:	Good	Good	Good
Portion of UDC Tested ⁴	11"	13"	10"
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5 sec.	5 sec.	5 sec.
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 min	30 min	30 min
Test Start Time:	12:14pm/12:31pm	12:14pm/12:31pm	12:14pm/12:31pm
Initial Reading (R _I):	5.7299/5.7298	4.3544/4.2147	5.2877/5.2876
Test End Time:	12:29pm/12:46pm	12:29pm/12:46pm	12:29pm/12:46pm
Final Reading (R _F):	5.7298/5.7298	4.3543/4.2146	5.2875/5.2875
Test Duration:	15 min	15 min	15 min
Change in Reading (R _F -R _I):	-0.0001/0	-0.0001/-0.0001	-0.0002/-0.0001
Pass/Fail Threshold or Criteria:	+ or - 0.002	+ or - 0.002	+ or - 0.002
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

UDC #8 is a fuel rack. Electrical penetrates through the lid of UDC. It does not penetrate through the UDC box.

⁴ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING 2 of 2

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
SD Protocol	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon TS-STs and Water	Equipment Resolution: + or - 0.002		
	UDC # 8	UDC #	UDC #
UDC Manufacturer:	Bravo		
UDC Material:	Poly		
UDC Depth:	29"		
Height from UDC Bottom to Top of Highest Piping Penetration:	10"		
Height from UDC Bottom to Lowest Electrical Penetration:	N/A		
Condition of UDC prior to testing:	Good		
Portion of UDC Tested ⁵	12"		
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	5 sec.		
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 min		
Test Start Time:	1:07pm/1:26pm		
Initial Reading (R _i):	6.8357/6.8355		
Test End Time:	1:22pm/1:41pm		
Final Reading (R _f):	6.8355/6.8356		
Test Duration:	15 min		
Change in Reading (R _f -R _i):	-0.0002/+0.0001		
Pass/Fail Threshold or Criteria:	+ or - 0.002		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

UDC #8 is a fuel rack. Electrical penetrates through the lid of UDC. It does not penetrate through the UDC box.

⁵ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer SD Protocol <input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic SD Protocol <input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon TS-STs and Water			Equipment Resolution: + or – 0.002	
	Fill Sump # T1	Fill Sump # T2	Fill Sump # T3	Fill Sump #
Sump Diameter:	42"	42"	42"	
Sump Depth:	51"	48"	47"	
Height from Tank Top to Top of Highest Piping Penetration:	18.5"	17"	18"	
Height from Tank Top to Lowest Electrical Penetration:	19.5"	18"	17"	
Condition of sump prior to testing:	Good	Good	Good	
Portion of Sump Tested	21"	19"	20"	
Sump Material:	Fiberglass	Fiberglass	Fiberglass	
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min	
Test Start Time:	9:26am/9:42am	9:26am/9:42am	9:26am/9:42am	
Initial Reading (R _i):	5.4421/5.4419	5.0605/5.0605	4.7028/4.7024	
Test End Time:	9:41am/9:57am	9:41am/9:57am	9:41am/9:57am	
Final Reading (R _f):	5.4419/5.4418	5.0604/5.0604	4.7025/4.7023	
Test Duration:	15 min	15 min	15 min	
Change in Reading (R _f -R _i):	-0.0002/-0.0001	-0.0001/-0.0001	-0.0003/-0.0001	
Pass/Fail Threshold or Criteria:	+ or – 0.002	+ or – 0.002	+ or – 0.002	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is there a sensor in the sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor alarm when either product or water is detected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer				
SD Protocol <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic				
SD Protocol <input type="checkbox"/> Other (Specify)				
Test Equipment Used: Water and Measuring Tape			Equipment Resolution: 0 loss	
	Spill Box # T1	Spill Box # T2	Spill Box # T3	Spill Box #
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	12"	12"	12"	
Wait time between applying pressure/vacuum/water and starting test:	30 min	30 min	30 min	
Test Start Time:	9:50am	9:50am	9:50am	
Initial Reading (R _I):	7"	6 ¼"	5 ¼"	
Test End Time:	10:50am	10:50am	10:50am	
Final Reading (R _F):	7"	6 ¼"	5 ¼"	
Test Duration:	1 hour	1 hour	1 hour	
Change in Reading (R _F -R _I):	0	0	0	
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Send Completed Form to:
 County of San Diego,
 Department of Environmental Health,
 Hazardous Materials Division
 UST Group
 P.O. Box 129261
 San Diego CA 92112-9261

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92127
JAUREGUI AND CULVER INC.

12/19/2011 9:41 AM

SUMP LEAK TEST REPORT

T3 N. FILL

TEST STARTED 9:26 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.7028 IN
END TIME 9:41 AM
END DATE 12/19/2011
END LEVEL 4.7025 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T2 CNT FIL

TEST STARTED 9:26 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 5.0605 IN
END TIME 9:41 AM
END DATE 12/19/2011
END LEVEL 5.0604 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T1 S. FILL

TEST STARTED 9:26 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 5.4421 IN
END TIME 9:41 AM
END DATE 12/19/2011
END LEVEL 5.4419 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92127
JAUREGUI AND CULVER INC.

12/19/2011 9:57 AM

SUMP LEAK TEST REPORT

T3 N. FILL

TEST STARTED 9:42 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.7024 IN
END TIME 9:57 AM
END DATE 12/19/2011
END LEVEL 4.7023 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T2 CNT FIL

TEST STARTED 9:42 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 5.0605 IN
END TIME 9:57 AM
END DATE 12/19/2011
END LEVEL 5.0604 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T1 S. FILL

TEST STARTED 9:42 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 5.4419 IN
END TIME 9:57 AM
END DATE 12/19/2011
END LEVEL 5.4418 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92127
JAUREGUI AND CULVER INC.

12/19/2011 11:09 AM

SUMP LEAK TEST REPORT

T3 N. STP

TEST STARTED 10:53 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 3.8966 IN
END TIME 11:09 AM
END DATE 12/19/2011
END LEVEL 3.8964 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T2 CNT STP

TEST STARTED 10:53 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.9492 IN
END TIME 11:09 AM
END DATE 12/19/2011
END LEVEL 4.9493 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T1 S. STP

TEST STARTED 10:53 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.4159 IN
END TIME 11:09 AM
END DATE 12/19/2011
END LEVEL 4.4162 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92127
JAUREGUI AND CULVER INC.

12/19/2011 11:25 AM

SUMP LEAK TEST REPORT

T3 N. STP

TEST STARTED 11:09 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 3.8958 IN
END TIME 11:25 AM
END DATE 12/19/2011
END LEVEL 3.8952 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T2 CNT STP

TEST STARTED 11:09 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.9492 IN
END TIME 11:25 AM
END DATE 12/19/2011
END LEVEL 4.9491 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

T1 S. STP

TEST STARTED 11:09 AM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.4162 IN
END TIME 11:25 AM
END DATE 12/19/2011
END LEVEL 4.4161 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92127
JAUREGUI AND CULVER INC.

12/19/2011 12:30 PM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED 12:14 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 5.7299 IN
END TIME 12:29 PM
END DATE 12/19/2011
END LEVEL 5.7298 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 3

TEST STARTED 12:14 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.3544 IN
END TIME 12:29 PM
END DATE 12/19/2011
END LEVEL 4.3543 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 4-5

TEST STARTED 12:14 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 5.2877 IN
END TIME 12:29 PM
END DATE 12/19/2011
END LEVEL 5.2875 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

TRANS

TEST STARTED 12:14 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 6.6242 IN
END TIME 12:29 PM
END DATE 12/19/2011
END LEVEL 6.6241 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92127
JAUREGUI AND CULVER INC.

12/19/2011 12:46 PM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED 12:31 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 5.7298 IN
END TIME 12:46 PM
END DATE 12/19/2011
END LEVEL 5.7298 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 3

TEST STARTED 12:31 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.2147 IN
END TIME 12:46 PM
END DATE 12/19/2011
END LEVEL 4.2146 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 4-5

TEST STARTED 12:31 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 5.2876 IN
END TIME 12:46 PM
END DATE 12/19/2011
END LEVEL 5.2875 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

TRANS

TEST STARTED 12:31 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 6.6169 IN
END TIME 12:46 PM
END DATE 12/19/2011
END LEVEL 6.6158 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92127
JAUREGUI AND CULVER INC.

12/19/2011 1:22 PM

SUMP LEAK TEST REPORT

UDC 6-7

TEST STARTED 1:07 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.6749 IN
END TIME 1:22 PM
END DATE 12/19/2011
END LEVEL 4.6749 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 8

TEST STARTED 1:07 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 6.8357 IN
END TIME 1:22 PM
END DATE 12/19/2011
END LEVEL 6.8355 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO CA. 92127
JAUREGUI AND CULVER INC.

12/19/2011 1:41 PM

SUMP LEAK TEST REPORT

UDC 6-7

TEST STARTED 1:26 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 4.6750 IN
END TIME 1:41 PM
END DATE 12/19/2011
END LEVEL 4.6751 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

UDC 8

TEST STARTED 1:26 PM
TEST STARTED 12/19/2011
BEGIN LEVEL 6.8355 IN
END TIME 1:41 PM
END DATE 12/19/2011
END LEVEL 6.8356 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED



ENTERED JUL 05 2011 4:05 PM
 Submitted 10/05/2011 09:07 AM, Diligence/LOI Period Package Appendendum 20 October 10, 2011

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 4 DATE 6 / 10 / 2011
 PERMIT# 117076 BUS. CODE K61
 TIME START 924 END 1542
 SPECIALIST MIKE MANN
 INSPECTION CONTACT
SHANE HANCOCK
 TITLE CLERK
 PHONE (858) 577-2772

FACILITY NAME HANSON AGGREGATES

ADDRESS 9255 CAMINO SANTA FE

CITY/ZIP SAN DIEGO 92121

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y* N/A* NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

<input checked="" type="checkbox"/> <input type="checkbox"/> Unified Program Facility Permit current	Y* N/A* Permit Expires on: <u>31 / MAY / 2012</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Hazardous Materials Business Plan available	<input checked="" type="checkbox"/> <input type="checkbox"/> Contingency Plan available <input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG
<input checked="" type="checkbox"/> <input type="checkbox"/> Employee training is adequate	<input checked="" type="checkbox"/> <input type="checkbox"/> Employee training records available
<input checked="" type="checkbox"/> <input type="checkbox"/> Waste disposal records available for review	<input checked="" type="checkbox"/> <input type="checkbox"/> Universal waste managed properly
<input checked="" type="checkbox"/> <input type="checkbox"/> Emergency contacts current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/> <input type="checkbox"/> Waste containers <input checked="" type="checkbox"/> closed <input checked="" type="checkbox"/> labeled
<input type="checkbox"/> <input type="checkbox"/> Chemical inventory/map current <input checked="" type="checkbox"/> Updated today	<input checked="" type="checkbox"/> <input type="checkbox"/> Waste containers in good condition

Consent to inspect granted by: ☒ Inspection Contact ☐ Other:

ROUTINE INSPECTION

RECEIVED JUN 27 2011

ON JUNE 10, 2011, AN ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE EQUIPMENT INSPECTION WAS CONDUCTED. RENE LE MESNAGER, ICC UST SERVICE TECHNICIAN #8022782, PERFORMED THE MONITORING SYSTEM CERTIFICATION. ADDITIONALLY, THIS BUSINESS STORES REPORTABLE QUANTITIES OF HAZARDOUS MATERIALS, IS A LARGE QUANTITY GENERATOR OF HAZARDOUS WASTES, AND IS SUBJECT TO THE PROVISIONS OF THE CALIFORNIA ABOVEGROUND PETROLEUM STORAGE ACT (APSA). THE FOLLOWING VIOLATIONS WERE OBSERVED DURING THIS INSPECTION.

NOTICE TO COMPLY:

1. THE #2 DIESEL UST TURBINE SUMP IS NOT LIQUID FREE AND HAS APPROXIMATELY ONE QUART OF DIESEL FUEL ON EACH SIDE OF THE SUMP, BUT IT WAS NOT ENOUGH TO ACTIVATE THE SENSOR AND GENERATE AN ALARM.

- CORRECTIVE ACTION REQUIRED: CLEAN UP AND PROPERLY DISPOSE OF THE DIESEL FUEL. WITHIN 30 DAYS, INVESTIGATE THE CAUSE OF THIS RELEASE, DESCRIBE THE ACTIONS THAT WILL BE TAKEN TO REPAIR THE UST SYSTEM AND PREVENT FUTURE RELEASES. DOCUMENT THIS EVENT AS A RECORDABLE RELEASE IN YOUR RELEASE LOG. THE DIESEL FUEL WAS REMOVED FROM THE SUMP AND PROPERLY DISPOSED DURING THIS INSPECTION. MAINTAIN ALL SUMPS LIQUID FREE.

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Facility Representative

PRINTED NAME OF FACILITY REPRESENTATIVE

SHANE HANCOCK

DATE SIGNED

06 / 14 / 2011

SIGNATURE OF FACILITY REPRESENTATIVE

x. [Signature]

TITLE OF FACILITY REPRESENTATIVE

CLERK

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076DATE 6/10/2011PAGE 2 OF 4BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

NOTICE TO COMPLY CONTINUED:

2. THE UNDER DISPENSER CONTAINMENT (UDC) FOR THE HIGH FLOW DISPENSER CONTAINS APPROXIMATELY ONE AND ONE HALF GALLONS OF WATER, BUT IT IS NOT ENOUGH TO ACTIVATE THE SENSOR AND GENERATE AN ~~ALARM~~ ALARM.
- CORRECTIVE ACTION REQUIRED: MAINTAIN ALL SECONDARY CONTAINMENT COMPONENTS FREE OF LIQUID. THE WATER WAS REMOVED FROM THE UDC AND PROPERLY DISPOSED DURING THIS INSPECTION. VERIFY THAT THE UDC IS PROPERLY SEALED TO PREVENT WATER INTRUSION. KEEP ALL UDC'S FREE OF LIQUID.

REMARKS:

- THE FOLLOWING UST DOCUMENTS WERE REVIEWED DURING THIS INSPECTION: UST OPERATING PERMIT, WRITTEN MONITORING PROCEDURES, EMERGENCY RESPONSE PLAN, PLOT PLAN, UST FACILITY AND TANK PAGES OF THE PERMIT APPLICATION, FINANCIAL RESPONSIBILITY, DESIGNATED OPERATOR INSPECTIONS, EMPLOYEE TRAINING, MAINTENANCE, SECONDARY CONTAINMENT TESTING AND ANNUAL MONITORING SYSTEM CERTIFICATIONS.
- PLEASE VERIFY YOUR UST BOE NUMBER AND NOTIFY THIS AGENCY* OF YOUR ASSIGNED NUMBER.
- THIS BUSINESS IS A LARGE QUANTITY GENERATOR OF HAZARDOUS WASTE AND STORES USED OIL IN ABOVEGROUND STORAGE TANKS (AST). HANSON HAS COMPLETED AN AST CERTIFICATION AND ENGINEERING ASSESSMENT EXEMPTION NOTIFICATION FORM FOR EACH OF THE TWO USED OIL AST'S LOCATED AT LIGHT VEHICLE REPAIR SHOP AND THE OIL BASIN; HOWEVER, AN AST EXEMPTION NOTIFICATION HAS NOT BEEN COMPLETED FOR THE USED OIL AST LOCATED AT THE FUELING DISPENSER AREA. WITHIN 30 DAYS, PREPARE AN AST EXEMPTION NOTIFICATION FORM FOR THE USED OIL AST LOCATED AT THE FUELING DISPENSER AREA AND HAVE FIRE MARSHAL APPROVE THE EXEMPTION. PLEASE REFER TO FORM HM-9271.
- UNIFORM HAZARDOUS WASTE MANIFESTS WERE REVIEWED AND ARE MAINTAINED ON FILE FOR AT LEAST 3 YEARS. PLEASE REMEMBER TO SUBMIT A PHOTOCOPY OF EACH MANIFEST TO THE CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL (DTSC) WITHIN 30 DAYS OF THE WASTE PICK UP DATE.
- THE FACILITY HAZARDOUS MATERIALS BUSINESS PLAN (HMBP) WAS REVIEWED WITH SHANE. AT LEAST ANNUALLY, SUBMIT A COMPLETED HMBP CERTIFICATION FORM TO THE COUNTY OF SAN DIEGO, DEPARTMENT OF ENVIRONMENTAL HEALTH, HAZARDOUS MATERIALS DIVISION (HMD)*. NOTIFY THE HMD* WITHIN 30 DAYS OF ANY SIGNIFICANT CHANGES TO YOUR HMBP.

SIGNATURE OF BUSINESS REPRESENTATIVE

HM-9110 (11/08) NCR White: HMD Yellow: Business retains

06/14/2011

DATE SIGNED

*

CLERK

TITLE OF BUSINESS REPRESENTATIVE

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076DATE 6/10/2011PAGE 3 OF 4BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGOZIP CODE: 92121

REMARKS CONTINUED:

- THIS FACILITY STORES MORE THAN 1,320 GALLONS OF PETROLEUM PRODUCTS INSIDE ABOVEGROUND STORAGE TANKS (AST). HANSON AGGREGATES HAS PREPARED A SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLAN DATED JULY 9, 2009. ON OR BEFORE NOVEMBER 10, 2011, REVIEW, UPDATE, AND FULLY IMPLEMENT YOUR SPCC PLAN. REFER TO THE TRI-FOLD PRINTED HANDOUT FOR MORE INFORMATION.
- GRACE DCIS AND PARAPEL WILL BE ADDED TO YOUR BUSINESS HAZARDOUS MATERIALS INVENTORY.

SIGNATURE OF BUSINESS REPRESENTATIVE

06/14/2011

DATE SIGNED

CLERK

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 117076

DATE: 6/10/2011

PAGE: 4 OF 4

BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7 of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
Viol # NOV	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V
	Current UPF Permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (j); 68.1003	3102			Secondary containment testing not completed (passed) for all components and/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All maintenance/monitoring/calibration/repair records not available. 25293; 2712 (b)	3152	
	CUPA UST form(s) A and/or B not available/complete/ submitted to HMD. 25286(a); 2711	3104			Monitoring Cert. not submitted to CUPA w/in 30 days. 2638(d)	3161	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Owner/operator agreement not available/complete/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Monitoring procedures not available/complete/submitted to HMD. 2632(b)&(d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor and/or technician not trained and certified as required. 25284.1(a)(5)(D); 2715	3162	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot Plan showing tank, piping and equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660(a)(k)(l)&(m)	3160	
	Designated Operator (DO) Notification/Change form not submitted and/or DO not ICC certified. 2715 (a)(b)	3191			Designated Operator (DO) monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)&(e)	3192	

UST SYSTEM INSPECTION

Requirements applicable for both single & double walled systems

		TANK #		2	2+3		
		PRODUCT		DIESEL	DIESEL		
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635(b)(1), 2636(a)(1)		3255				
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
1	Secondary containment system components not liquid free. 2631(d)(4)		3257	X			
	Sensors not placed adequately and/or at low point in sumps. 2641(a); 25291(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
2	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261		X		
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components and/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1(a)		3265				
	UST system not product tight (for tank installed on or after 7/1/03). 25290.1(c), 25290.2(c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installed on or after 7/1/04). 25290.1(d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3 years). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298; 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298; 2672		3324				

Signature of Business Representative

Date Signed

Title of Business Representative

To FILE: #117076



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

(858) 505-8880 1-800-253-9933 FAX (858) 606-8848; <http://www.sdcdeh.org>

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number: 117076

A. General Information

Facility Name: Hanson

Bldg. No.:

Site Address: 9255 Camino Sante Fe

City: San Diego

Zip: 92131-

Facility Contact Person: Shane Hancock

Contact Phone No.: (858) 577-2798 x

Make/Model of Monitoring System: Veeder-Root TLS-350

Date of Testing/Servicing: 5-Jun-12

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

Tank ID: T1 South Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-107 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: Red-Jacket 116-017 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: T3 North Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: VMI LD-2000 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: T2 Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-302 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: Red-Jacket FX1DV <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe Model: <input type="checkbox"/> Annular Space or Vault Sensor Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <input type="checkbox"/> Fill Sump Sensor(s) Model: <input type="checkbox"/> Mechanical Line Leak Detector Model: <input type="checkbox"/> Electronic Line Leak Detector Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1-2 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 67 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 3 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 8 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 4-5 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☐ Copy of the report ☒ System set-up ☒ Alarm history report

Technician Name (print): Peter Jauregui III

Signature:

Certification No.: B34641

License No.: 708231

Testing Company Name: Jauregui & Culver inc.

Phone No.: (760) 743-0518 x

Testing Company Address: 959 W. mission ave. Escondido, Ca. 92025

Date of Testing/Servicing: 6-5-2012

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Serviceing

Permit Number:

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shutdown? (Check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shutdown due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90%
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments (500 characters max. add additional sheets if needed): Aprox. 1/2 gal of water was found in the #8 High flow UDC water was removed and sump lid was reseald to prevent problem from reoccurring

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: _____

- ☐ Check this box if tank gauging is used only for inventory control
- ☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h. ; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments (500 characters max. add additional sheets if needed):



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P. O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377; 1-800-253-9933
www.sdcgov.org/deh/hmd/forms_hmd.htm



Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION			
Facility Name: <u>Hanson</u>		UPF Permit #	
Facility Address: <u>9255 Camino Santa Fe, SD. 92131</u>		Testing Date: <u>6/5/2012</u>	
Facility Contact: <u>Shane Hancock</u>		Phone: <u>(658) 577 2798</u>	
Date Local Agency Was Notified of Testing: <u>1/1</u>			
Name of Local Agency Inspector (if present during testing): <u>Mike Mann</u>			
2. TESTING CONTRACTOR INFORMATION			
Company Name: <u>Lauregan & Culver Inc.</u>			
Technician Conducting Test: <u>Peter Lauregan</u>			
Credentials: <input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)			
License Number(s): <u>708231, 5315297</u>			
3. SPILL BUCKET TESTING INFORMATION			
Test Method Used: <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used: <u>Water & Tape Measure</u>		Equipment Resolution: <u>0.055</u>	
SPILL BUCKET ID	1	2	3
Tank #:	<u>Diesel North</u>	<u>Diesel Mid.</u>	<u>Diesel South</u>
Product contained:			
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump
Bucket Diameter:	<u>12"</u>	<u>12"</u>	<u>12"</u>
Bucket Depth:	<u>10"</u>	<u>10"</u>	<u>10"</u>
Wait time between applying vacuum/water and start of test:	<u>15 min</u>	<u>15 min</u>	<u>15 min</u>
Test Start Time (T _i):	<u>10:04</u>	<u>11:14</u>	<u>10:03</u>
Initial Reading (R _i):	<u>6 1/4"</u>	<u>8"</u>	<u>7 1/4"</u>
Test End Time (T _f):	<u>11:04</u>	<u>12:04</u>	<u>11:03</u>
Final Reading (R _f):	<u>6 1/4"</u>	<u>8"</u>	<u>7 1/4"</u>
Test Duration (T _f - T _i):	<u>1 hr</u>	<u>1 hr</u>	<u>1 hr</u>
Change in Reading (R _f - R _i):	<u>0 change</u>	<u>0 change</u>	<u>0 change</u>
Pass/Fail Threshold or Criteria:	<u>0 loss</u>	<u>0 loss</u>	<u>0 loss</u>
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

The Fill adaptor on the mid Diesel Fill was loose, allowing water to leak. The adaptor was attached correctly and the Bucket was Retested and passed. Water from the test was left on site to be lawfully disposed of by owner.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: [Signature]

Date: 6/29/12

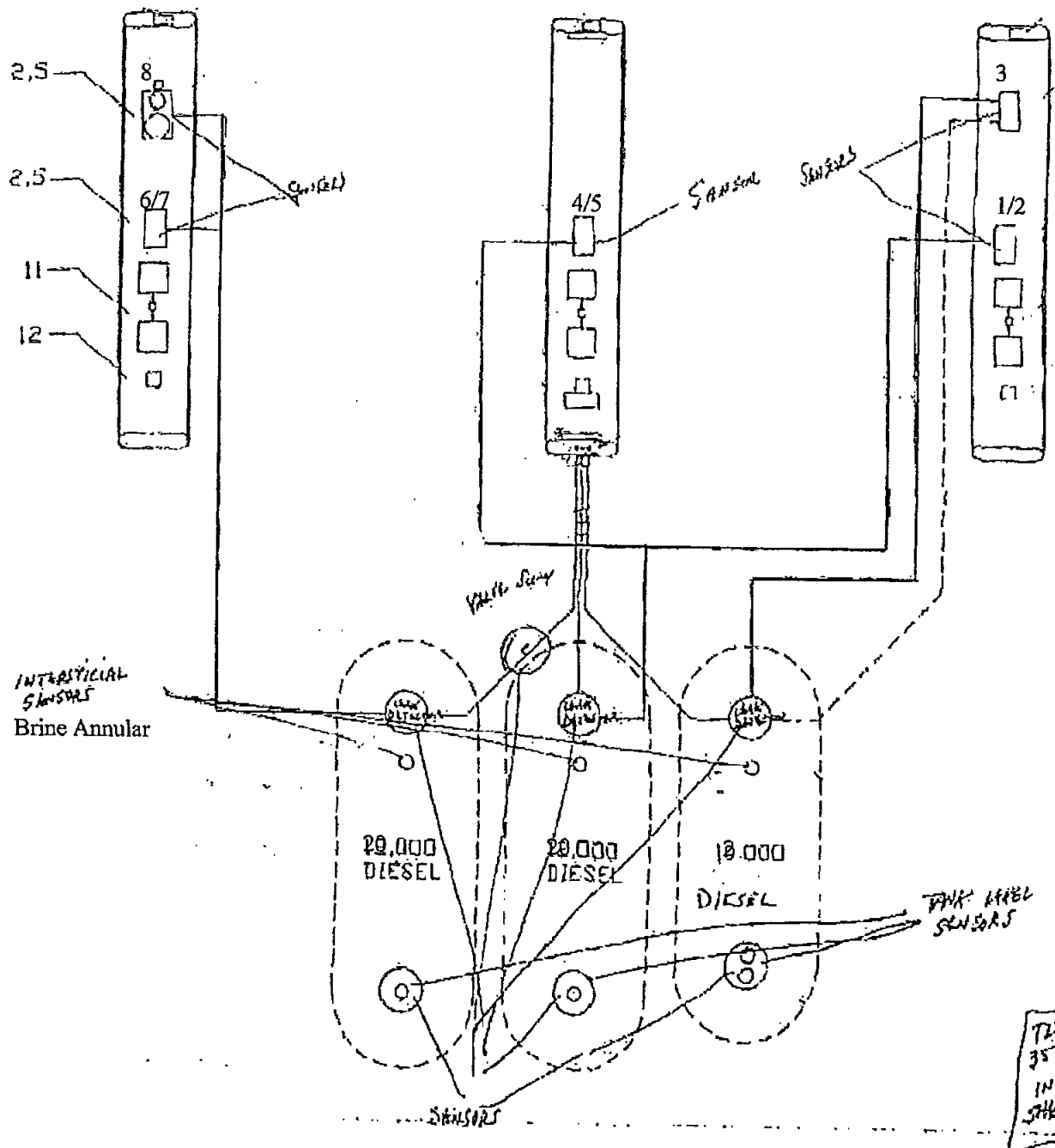
HM: 9010 (04-07)

SWRCB (01/06)

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

Hanson Aggregate 9255 Camino Santa Fe

N
SCALE - 1" = 10'





ENTERED JUL 10 2012 AM
COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME HANSON AGGREGATES

ADDRESS 9255 CAMINO SANTA FE

CITY/ZIP SAN DIEGO 92121

PAGE 1 OF 3 DATE 6 / 11 / 2012

PERMIT# 117076 BUS. CODE K61

TIME START 1018 END 1318

SPECIALIST MIKE MANN

INSPECTION CONTACT

RON THOMPSON

TITLE PLANT MANAGER

PHONE (858) 577-2772

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y/ N/A NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

☒ ☐ Unified Program Facility Permit current

☒ ☐ Hazardous Materials Business Plan available

☒ ☐ Employee training is adequate

☒ ☐ Waste disposal records available for review

☐ ☐ Emergency contacts current ☒ Updated today

☐ ☐ Chemical inventory/map current ☒ Updated today

Y/ N/A Permit Expires on: 31 / MAY / 2013

☒ ☐ Contingency Plan available ☒ LQG ☐ SQG

☒ ☐ Employee training records available

☒ ☐ Universal waste managed properly

☐ ☐ Waste containers ☒ closed ☐ labeled

☒ ☐ Waste containers in good condition

Consent to inspect granted by: ☐ Inspection Contact ☒ Other: SHANE HANCOCK

ROUTINE INSPECTION

RECEIVED JUN 19 2012

ON JUNE 5, 2012, AN ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE EQUIPMENT INSPECTION WAS CONDUCTED WITH PETER JAUREGUI III, ICC UST SERVICE TECHNICIAN #5315297, OF JAUREGUI AND CULVER, INC. ADDITIONALLY, THIS BUSINESS STORES REPORTABLE AMOUNTS OF HAZARDOUS MATERIALS, IS A LARGE QUANTITY GENERATOR OF HAZARDOUS WASTES, AND IS SUBJECT TO THE PROVISIONS OF THE CALIFORNIA ABOVEGROUND PETROLEUM STORAGE ACT (APSA), AND AN INSPECTION OF THESE CUPA PROGRAMS WAS CONDUCTED ON JUNE 11, 2012, WITH RON THOMPSON, PLANT MANAGER.

THE FOLLOWING VIOLATION WAS OBSERVED DURING THIS INSPECTION.

NOTICE TO COMPLY:

1. THE HAZARDOUS WASTE CONTAINERS STORING OIL CONTAMINATED ABSORBENT AT THE TRUCK SHOP, HEAVY EQUIPMENT SHOP, AND ROCK PLANT SHOP HAVE A HAZARDOUS WASTE LABEL, BUT THE LABEL IS MISSING INFORMATION REGARDING THE PHYSICAL STATE AND HAZARDOUS PROPERTIES.

- CORRECTIVE ACTION REQUIRED: ENSURE THAT EACH HAZARDOUS WASTE LABEL IS MARKED WITH THE PHYSICAL STATE AND HAZARDOUS PROPERTIES OF THE WASTE. THE HAZARDOUS WASTE LABELS WERE PROPERLY COMPLETED DURING THIS INSPECTION.

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Facility Representative

PRINTED NAME OF FACILITY REPRESENTATIVE

SHANE HANCOCK

SIGNATURE OF FACILITY REPRESENTATIVE

X [Signature]

DATE SIGNED

06 / 12 / 2012

TITLE OF FACILITY REPRESENTATIVE

CLERK

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcdh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

 PERMIT # 117076
 DATE 6 / 11 / 2012
 PAGE 2 OF 3
FACILITY ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGOZIP CODE: 92121

REMARKS :

- NO UST VIOLATIONS WERE OBSERVED DURING THIS INSPECTION. THE FOLLOWING UST DOCUMENTS WERE REVIEWED DURING THIS INSPECTION: OPERATING PERMIT, WRITTEN MONITORING PROCEDURES, EMERGENCE RESPONSE PLAN, PLOT PLAN, UST FINANCIAL RESPONSIBILITY, UST FACILITY AND TANK PAGES OF THE PERMIT APPLICATION, DESIGNATED OPERATOR INSPECTIONS, EMPLOYEE UST TRAINING, MAINTENANCE RECORDS, SECONDARY CONTAINMENT TESTING, AND ANNUAL MONITORING SYSTEM CERTIFICATIONS.
- THIS BUSINESS IS A LARGE QUANTITY GENERATOR OF HAZARDOUS WASTE AND STORES USED OIL IN ABOVEGROUND STORAGE TANKS (AST). HANSON HAS COMPLETED AN AST CERTIFICATION AND ENGINEERING ASSESSMENT EXEMPTION NOTIFICATION FORM FOR EACH OF THE USED OIL AST'S.
- THE FACILITY HAZARDOUS MATERIALS BUSINESS PLAN (HMBP) WAS REVIEWED WITH SHANE HANCOCK. AT LEAST ANNUALLY, SUBMIT A COMPLETED HMBP CERTIFICATION FORM TO THE COUNTY OF SAN DIEGO, DEPARTMENT OF ENVIRONMENTAL HEALTH, HAZARDOUS MATERIALS DIVISION (HMD)*. NOTIFY THE HMD* WITHIN 30 DAYS OF ANY CHANGES TO YOUR HMBP INCLUDING CHANGES TO INVENTORY.
- THIS FACILITY STORES MORE THAN 1,320 GALLONS OF PETROLEUM PRODUCTS INSIDE AST'S. HANSON AGGREGATES HAS PREPARED A SPILL PREVENTION CONTROL AND COUNTER MEASURE (SPCC) PLAN DATED JULY 9, 2009. PERIODICALLY REVIEW YOUR SPCC PLAN AND UPDATE AS NEEDED.
- HANSON REMOVES AND CLEANS THE RESIDUE INSIDE ITS MIXERS AND COLLECTS THE WATER FROM THIS OPERATION ~~IN A CONCRETE LINED BASIN~~ ^{IN A CONCRETE} ~~BASIN~~ FOR REUSE. THE WATER IN THE ^{CONCRETE} BASIN WAS TESTED WITH pH PAPER AND INDICATED A pH 12. WITHIN 30 DAYS FROM RECEIPT OF THIS REPORT, PROVIDE A WRITTEN EXPLANATION OF THE MIXER CLEANING OPERATION TO THE COUNTY OF SAN DIEGO HMD* TO INCLUDE THE USE OF CONCLEAN AND ANY HAZARDOUS WASTE DETERMINATION THAT WAS CONDUCTED.

SIGNATURE OF FACILITY REPRESENTATIVE

HM-9110 (06/11) NCR White: HMD Yellow: Facility

06 / 12 / 2012

DATE SIGNED



CLERK

TITLE OF FACILITY REPRESENTATIVE

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT
Large Quantity Generators of Hazardous Waste
PERMIT # 117076DATE 6/11/2012PAGE 3 OF 3

BUSINESS ADDRESS: 9255 CAMINO SANTA FE SAN DIEGO **ZIP:** 92121
VIOLATION REPORT: The items checked below refer to specific section numbers of Title 22 of the California Code of Regulations and Chapter 6.5 of the California Health and Safety Code. Large Hazardous Waste Quantity Generator=(LQG).
 All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS WASTE REQUIREMENTS**RECORDKEEPING**

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	0144	Failed to have SB14 compliance documentation for review. 25244.21, 25244.19, & 67100.3(a), 67100.2(a)
<input type="checkbox"/>	0150	Failed to complete Biennial Report (RCRA LQG only). 66262.41(b) {keep copy per 66262.40(b)}

STORAGE AND HANDLING -Pursuant to 66262.34(a)

<input type="checkbox"/>	V0201	Failed to keep container closed. 66265.173(a)
<input checked="" type="checkbox"/>	V0202	Failed to properly label and/or date hazardous waste container and/or tank. 66262.34(a)(2); 66262.34(a)(3) and 66262.34(f)
<input type="checkbox"/>	V0205	Failed to transfer hazardous waste from a container that leaked or was in poor condition to another container in good condition. 66265.171
<input type="checkbox"/>	V0206	Failed to keep ignitable or reactive waste 50 feet from property line. 66265.176
<input type="checkbox"/>	V0207	Did not maintain &/or operate facility to minimize possibility of release or fire. 66265.31
<input type="checkbox"/>	V0208	Failed to conduct weekly inspections. 66265.174
<input type="checkbox"/>	V0209	Accumulated hazardous waste more than 90 days. 25201(a) and 66262.34(a)&(c)
<input type="checkbox"/>	V0212	Failed to properly separate incompatible wastes. 66265.177
<input type="checkbox"/>	V0213	Failed to use a lined/compatible container. 66265.172
<input type="checkbox"/>	V0235	Did not accumulate waste in container or tank. 66262.34(a)(1)

**TRAINING, EMERGENCY CONTINGENCY PLAN &
 EMERGENCY PROCEDURES**
Pursuant to 66262.34(a)(1)(A)

<input type="checkbox"/>	V0401	Failed to maintain training records. 66265.16(d) & (e)
<input type="checkbox"/>	V0402	Employee training program not adequate. 66265.16(a) & (b)
<input type="checkbox"/>	V0404	Spill or fire control equipment not available. 66265.32(c), (d)
<input type="checkbox"/>	V0405	Failed to maintain aisle space. 66265.35
<input type="checkbox"/>	V0406	Emergency contingency plan not prepared and/or kept onsite. 66265.51(a), 66265.53(a) & (b)
<input type="checkbox"/>	V0413	Failed to have an adequate emergency contingency plan. 66265.52
<input type="checkbox"/>	V0414	Failed to train employees annually. 66265.16(c)

HAZARDOUS WASTE REQUIREMENTS
**TRAINING, EMERGENCY CONTINGENCY PLAN &
 EMERGENCY PROCEDURES**
Pursuant to 66262.34(a)(1)(A)

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	V0415	Failed to equip facility with internal emergency communications or alarm system. 66265.32(a)
<input type="checkbox"/>	V0416	Failed to carry out contingency plan during an emergency. 66265.51(b)
<input type="checkbox"/>	V0417	Failed to have an emergency coordinator on call or available during emergency. 66265.55

HAZARDOUS WASTE TANK REQUIREMENTS**Pursuant to 66262.34(a)(1)(A)**

<input type="checkbox"/>	V1601	Failed to obtain a PE assessment for hazardous waste (HW) tank system. 66265.191(a) or 66265.192(a)
<input type="checkbox"/>	V1602	Failed to provide adequate PE assessment report for a HW tank system. 66265.191(g) or 66265.192(k)
<input type="checkbox"/>	V1603	Failed to provide proper secondary containment and/or leak detection for HW tank system. 66265.193(a)
<input type="checkbox"/>	V1604	Failed to maintain secondary containment empty. 66265.196(b) & (c), 66265.194(c)
<input type="checkbox"/>	V1605	Failed to inspect and/or document daily HW tank system inspections. 66265.195(c)
<input type="checkbox"/>	V1606	Failed to use proper spill/overflow prevention controls and practices. 66265.194(a) & (b)
<input type="checkbox"/>	V1607	Failed to adequately design or maintain corrosion protection. 66265.191(b)(3) or 66265.192(a)&(f)
<input type="checkbox"/>	V1608	Failed to complete annual integrity assessment for HW tank system without secondary containment. 66265.191(a) & (e)
<input type="checkbox"/>	V1609	Failed to remove unfit HW tank system from service. 66265.196
<input type="checkbox"/>	V1611	Failed to properly complete and/or document closure for a HW tank system. 67383.3 & 66265.197(a)&(b)
<input type="checkbox"/>	V1619	Failed to install safety measures for HW tank system holding ignitable or reactive waste. 66265.198(a)
<input type="checkbox"/>	V1620	Failed to immediately remove from service a HW tank system that leaked or failed. 66265.196(b) & (c)
<input type="checkbox"/>	V1621	Failed to notify DTSC when a release to environment occurred from HW tank system. 66265.196(e)(1) or (3)
<input type="checkbox"/>	V1622	Failed to meet air emission standards for HW tank system with VOC waste. 66265.202 & 66265.1082 (a)(b) or (c)
<input type="checkbox"/>	V1623	Failed to develop written plan & schedule to perform VOC emissions monitoring. 66265.1089(b)
<input type="checkbox"/>	V1624	Failed to comply with the 3 year record keeping requirement for tank accumulating VOC waste. 66265.1090(a)
<input type="checkbox"/>	V1625	Failed to properly control air pollutant emissions for tank accumulating VOC waste. 66265.202, 66265.1083(b) & 66265.1085(b)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE

File # 117076

Mann, Mike

From: Zacks, Steve (Oxnard) NA [Steve.Zacks@hanson.biz]
Sent: Monday, July 09, 2012 9:56 PM
To: Mann, Mike
Cc: Thompson, Ron (Lakeside) NA
Subject: Carroll Canyon- 6/11/2012 Inspection
Attachments: Lehigh Hanson Ready Mix Concrete Waste Determination June 2012.pdf

Mike,

This is a response to the request for a written explanation of the mixer cleaning operation included in the 6/11/2012 inspection report for Hanson's Carroll Canyon facility located at 9255 Camino Santa Fe.

The following is from the Carroll Canyon Stormwater Pollution Prevention Plan:

Industrial Process	Description of Process
Interior truck washing; Handling of return concrete	Return concrete and interior truck washwater are discharged to reclaimer/ Alar system.
Exterior truck washing	Truck exteriors are typically rinsed with an acid-water mixture at the end of each working day. Rinse water flows to either the Concrete Plant Sump or towards a lined storm water pond.

The mixer cleaning hazardous waste issue was previously brought up by a CUPA inspector (Hasti Javid) at Hanson's National City facility. Our comments regarding this issue are attached and include additional description of the mixer cleaning operation. Hasti Javid is preparing a response to our comments.

Regards,

Steve Zacks

Environmental Manager

Lehigh Hanson
 West Region
 681 Aspen Circle
 Oxnard, CA 93030

Cell: 805 748-0128
Steve.Zacks@Hanson.com



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO
DOCUMENT RETURN TO COMPLIANCE

JUL 17 2013

 PERMIT #: 117076
 SPECIALIST: MIKE MANN
 INSPECTION DATE: 6 / 10 / 2013
 CONTACT: SHANE HANCOCK
FACILITY NAME: RON HANSON AGGREGATESADDRESS: HEALTH 9255 CAMINO SANTA FE CITY: SAN DIEGO ZIP: 92121

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach any supporting documentation.)
1 v 0132	6/10/13	Evergreen has correct EPA IO#
2 v 3255	7/2/13	See attached report.
3 v	/ /	
4 v	/ /	
5 v	/ /	
6 v	/ /	
7 v	/ /	
8 v	/ /	
9 v	/ /	
10 v	/ /	

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

 Responsible Party: Ron Thompson Job Title: Manager
Print Name

 Signature of Responsible Party: [Signature] Date: 7/15/13

◀ Send completed form and supporting documentation to the address listed below ▶

 COUNTY OF SAN DIEGO USE ONLY: Reviewed by: M Mann Date: 9/3/2013
 (Specialist's name and date required for processing)

Specialist's comments: _____

☒ All violations noted on date listed above were corrected.

☒ Based on information provided by the facility
☐ Based on field verification by Specialist

☐ RTC entered in Kiva by Specialist on: / / ☐ RTC entered in Kiva by Office Assistant on: / /

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Hanson	Date of Testing:	7-2-2013
Facility Address:	9255 Camino Sante Fe		
Facility Contact:	Shane Hancock	Phone:	(858) 577-2798 x
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing):	None		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Jauregui & Culver inc		
Technician Conducting Test:	Peter Jauregui III		
Credentials ¹ :	<input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____		
License Number(s):	708231, 5315297		

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used:	Water and Tape Measure		Equipment Resolution: 0 Loss	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	Diesel mid			
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	10"			
Wait time between applying vacuum/water and start of test:	10 min			
Test Start Time (T _I):	11:20			
Initial Reading (R _I):	7 ½"			
Test End Time (T _F):	12:20			
Final Reading (R _F):	7 ½"			
Test Duration (T _F - T _I):	1 hr			
Change in Reading (R _F - R _I):	0 change			
Pass/Fail Threshold or Criteria:	0 loss			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

The Mid Diesel bucket drain valve was leaking at the time of inspection. Repair And retest was done on 7-2-2013 by replacing the drain valve. Test water was Removed and left on site to be lawfully disposed of by owner.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____

Date: 7-2-2013

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 1-800-263-9933 FAX (858) 505-6848; <http://www.sdcdeh.org>

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number: 117076

A. General Information

Facility Name: Hanson

Bldg. No.:

Site Address: 9255 Camino Sante Fe

City: San Diego

Zip: 92131-

Facility Contact Person: Shane Hancock

Contact Phone No.: (858) 577-2798 x

Make/Model of Monitoring System: Veeder-Root TLS-350

Date of Testing/Servicing: 5-Jun-13

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

Tank ID: T1 South Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-107 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: Red-Jacket 116-017 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: T3 North Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: VMI LD-2000 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: T2 Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-302 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: Red-Jacket FX1DV <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe Model: <input type="checkbox"/> Annular Space or Vault Sensor Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <input type="checkbox"/> Fill Sump Sensor(s) Model: <input type="checkbox"/> Mechanical Line Leak Detector Model: <input type="checkbox"/> Electronic Line Leak Detector Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1-2 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 6-7 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 3 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 8 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 4-5 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: Transition sump <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☐ Copy of the report ☒ System set-up ☒ Alarm history report

Technician Name (print): Peter Jauregui III

Signature:

Certification No.: B34641

License No.: 708231

Testing Company Name: Jauregui & Culver inc.

Phone No.: (760) 743-0518 x

Testing Company Address: 959 W. mission ave. Escondido, Ca. 92025

Date of Testing/Servicing: 5-Jun-13

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing**Permit Number:**

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shutdown? <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shutdown due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90%
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments (500 characters max. add additional sheets if needed): water was found in the #8 High flow UDC, the transition sump and a few other sumps. water was removed from all sumps and placed in a disposal tank.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION**F. In-Tank Gauging / SIR Equipment:****Permit Number:**

- ☐ Check this box if tank gauging is used only for inventory control
- ☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

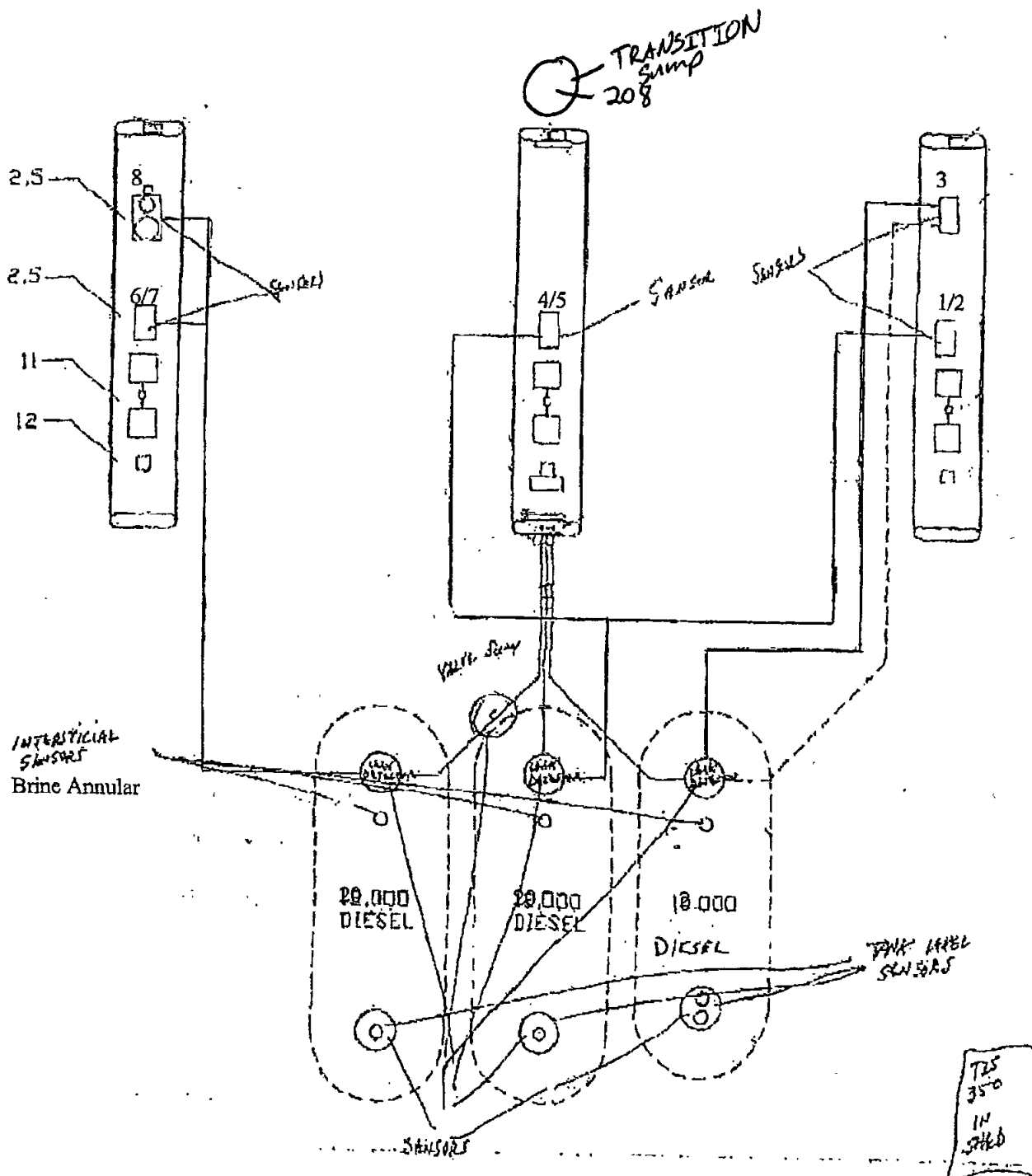
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments (500 characters max. add additional sheets if needed):

Hanson Associates 9255 Camino Santa Fe

N
SCALE - 1" = 10'



SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Hanson	Date of Testing:	6-5-2013
Facility Address:	9255 Camino Sante Fe		
Facility Contact:	Shane Hancock	Phone:	(858) 577-2798 x
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing):	Mike Mann		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Jauregui & Culver inc		
Technician Conducting Test:	Peter Jauregui III		
Credentials ¹ :	<input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)		
License Number(s):	708231, 5315297		

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used:	Water and Tape Measure		Equipment Resolution: 0 Loss	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	Diesel North	Diesel Mid	Diesel South	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> X Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> X Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> X Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	10"	10"	10"	
Wait time between applying vacuum/water and start of test:	10 min	10 min	10 min	
Test Start Time (T _I):	9:20		9:20	
Initial Reading (R _I):	6 ½"		7"	
Test End Time (T _F):	10:20		10:20	
Final Reading (R _F):	6 ½"		7"	
Test Duration (T _F - T _I):	1 hr		1 hr	
Change in Reading (R _F - R _I):	0 change		0 change	
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

The Mid Diesel bucket drain valve was leaking at the time of inspection.

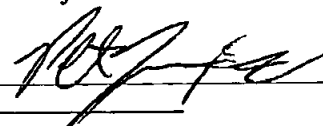
With a visual drop of over 1 in in an hour, Test water was

Removed and left on site to be lawfully disposed of by owner.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:



Date: 7-2-2013

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.



COMPLIANCE INSPECTION REPORT

COMPLETE DEH2002 - HUPFP - 117076
 PAGE 1 OF 4 DATE 6 / 10 / 2013
 PERMIT# 117076 BUS. CODE K61
 TIME START 848 END 1448
 SPECIALIST MIKE MAHN
 INSPECTION CONTACT
 SHANE HANCOCK / HENRY PIMENTAL
 TITLE CLERK
 PHONE (858) 577-2772

FACILITY NAME HANSON AGGREGATES

ADDRESS 9255 CAMINO SANTA FE

CITY/ZIP SAN DIEGO 92121

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y* N/A* NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

- | | |
|---|---|
| <input type="checkbox"/> Unified Program Facility Permit current | Y* N/A* Permit Expires on: 31 / MAY / 2013 |
| <input checked="" type="checkbox"/> Hazardous Materials Business Plan available | <input checked="" type="checkbox"/> Contingency Plan available <input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG |
| <input checked="" type="checkbox"/> Employee training is adequate | <input checked="" type="checkbox"/> Employee training records available |
| <input checked="" type="checkbox"/> Waste disposal records available for review | <input checked="" type="checkbox"/> Universal waste managed properly |
| <input checked="" type="checkbox"/> Emergency contacts current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> Waste containers <input checked="" type="checkbox"/> closed <input checked="" type="checkbox"/> labeled |
| <input checked="" type="checkbox"/> Chemical inventory/map current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> Waste containers in good condition |

Consent to inspect granted by: ☒ Inspection Contact ☐ Other:

ROUTINE INSPECTION

ON JUNE 5, 2013, AN ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE EQUIPMENT INSPECTION WAS CONDUCTED WITH PETER JAUREGUI III, ICC UST SERVICE TECHNICIAN #5315297, OF JAUREGUI AND CULVER, INC. ADDITIONALLY, THIS BUSINESS STORES REPORTABLE AMOUNTS OF HAZARDOUS MATERIALS, IS A LARGE QUANTITY GENERATOR OF NON-RCRA HAZARDOUS WASTE, AND IS SUBJECT TO THE PROVISIONS OF THE CALIFORNIA ABOVEGROUND PETROLEUM STORAGE ACT (APSA), AND AN INSPECTION OF THESE CUPA PROGRAMS WAS CONDUCTED ON JUNE 5TH AND 10TH, 2013, WITH HENRY PIMENTAL.

THE FOLLOWING VIOLATIONS WERE OBSERVED DURING THIS INSPECTION.

NOTICE TO COMPLY:

1. THIS BUSINESS HAS ALLOWED EVERGREEN ENVIRONMENTAL SERVICES TO TRANSPORT THEIR HAZARDOUS WASTE OFF SITE USING AN INACTIVATED EPA IDENTIFICATION NUMBER.
 - CORRECTIVE ACTION REQUIRED: NOTIFY EVERGREEN OF YOUR ACTIVE EPA ID # CAL006140120 AND USE ONLY THIS EPA NUMBER IN THE FUTURE. FILE AN EXCEPTION REPORT WITH THE CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL (DTSC) LISTING ANY UNIFORM HAZARDOUS WASTE MANIFESTS THAT THE INACTIVE EPA IDENTIFICATION NUMBER MAY HAVE BEEN USED FOR THE TRANSPORT/DISPOSAL OF HAZARDOUS WASTE.

☐ This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Facility Representative

PRINTED NAME OF FACILITY REPRESENTATIVE

SHANE HANCOCK

DATE SIGNED

06 / 11 / 2013

SIGNATURE OF FACILITY REPRESENTATIVE

[Signature]

TITLE OF FACILITY REPRESENTATIVE

CLERK

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076

DATE 6 / 10 / 2013

PAGE 2 OF 4

FACILITY ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

NOTICE TO COMPLY CONTINUED:

2. THE SPILL CONTAINER/BUCKET FOR THE #2 DIESEL UST FILL RISER FAILED TO PASS A ONE HOUR HYDROSTATIC INTEGRITY TEST.
- CORRECTIVE ACTION REQUIRED: WITHIN 15 DAYS, REPAIR OR REPLACE THE SPILL CONTAINER FOR THE #2 DIESEL UST. CONDUCT AN INTEGRITY TEST OF THE SPILL CONTAINER AND SUBMIT THE RESULTS TO THE HAZARDOUS MATERIALS DIVISION (HMD)*.

REMARKS:

- THE FOLLOWING UST DOCUMENTS WERE OBSERVED DURING THIS INSPECTION AND REVIEWED WITH SHANE: OPERATING PERMIT (EXPIRES 13 SEP 13), WRITTEN MONITORING PROCEDURES, EMERGENCY RESPONSE PLAN, PLOT PLAN, UST FINANCIAL RESPONSIBILITY (DATED 16 AUG 12), UST FACILITY AND TANK PAGES OF THE PERMIT APPLICATION, DESIGNATED OPERATOR INSPECTIONS, EMPLOYEE UST TRAINING, MAINTENANCE RECORDS, ANNUAL MONITORING SYSTEM CERTIFICATIONS, AND SECONDARY CONTAINMENT TESTING (36 MONTH TEST CONDUCTED 12/19/2011).
- THE FACILITY HAZARDOUS MATERIALS BUSINESS PLAN (HMBP) WAS REVIEWED WITH SHANE HANCOCK. AT LEAST ANNUALLY, CERTIFY YOUR HMBP USING THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS). UPDATE CERS INFORMATION WITHIN 30 DAYS OF ANY CHANGES.
- THIS BUSINESS IS A LARGE QUANTITY GENERATOR OF NON-RCRA HAZARDOUS WASTE AND STORES USED OIL IN ABOVEGROUND STORAGE TANKS (AST). HANSON HAS COMPLETED AN AST CERTIFICATION AND ENGINEERING ASSESSMENT EXEMPTION NOTIFICATION FORM FOR EACH OF ^m ITS USED OIL AST'S.
- THIS FACILITY STORES MORE THAN 1,320 GALLONS, BUT LESS THAN 10,000 GALLONS OF PETROLEUM PRODUCTS INSIDE ASTS. HANSON AGGREGATES HAS PREPARED A SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLAN DATED JULY 29, 2009 AND LAST REVIEWED ON MAY 14, 2012.
- THE ADMIX AREA SECONDARY CONTAINMENT HAS THREE PENETRATION POINTS WHERE PVC PIPING IS USED TO ALLOW ACCESS TO WATER VALVES. THIS IS PART OF THE SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLAN REQUIRED SECONDARY CONTAINMENT. ENSURE THAT THE INTEGRITY OF THE SECONDARY CONTAINMENT IS MAINTAINED AT ALL TIMES.
- APPROXIMATELY 1 1/2 INCHES OF WATER WAS OBSERVED INSIDE THE HIGH FLOW UDC, BUT IT WAS NOT ENOUGH TO ACTIVATE THE ALARM SENSOR. THE WATER WAS REMOVED DURING THIS INSPECTION.

[Signature]

SIGNATURE OF FACILITY REPRESENTATIVE

HM-9110 (06/11) NCR White: HMD Yellow: Facility

06 / 11 / 2013

DATE SIGNED



CLERK

TITLE OF FACILITY REPRESENTATIVE

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COMPLIANCE INSPECTION REPORT
Small and Large Quantity Generators of Hazardous Waste
Handlers of Hazardous Materials

PERMIT # 117076
 DATE 6 / 10 / 2013
 PAGE 3 OF 4

FACILITY ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO

ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19, 22 & 27 of the California Code of Regulations (CCR), Chapters 6.5, 6.67 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC) Small Quantity Hazardous Waste Generator (SQG); Large Hazardous Waste Quantity Generator (LQG); Code 40 of Federal Regulations (CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (858) 505-6880 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	1001 UPF permit not obtained for hazardous materials. SDCC 68.905
<input type="checkbox"/>	<input type="checkbox"/>	1002 Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5(a)
<input type="checkbox"/>	<input type="checkbox"/>	1004 HMBP not submitted to the CUPA. 25505(a)
<input type="checkbox"/>	<input type="checkbox"/>	1005 Emergency contact not provided or current. 25509(a)(7)
<input type="checkbox"/>	<input type="checkbox"/>	1007 Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
<input type="checkbox"/>	<input type="checkbox"/>	1008 Did not submit annual carcinogen/reproductive toxin list. 68.1113(c)
<input type="checkbox"/>	<input type="checkbox"/>	1009 Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
<input type="checkbox"/>	<input type="checkbox"/>	1010 Did not report release or threatened release. 25507(a), 19 CCR 2703
<input type="checkbox"/>	<input type="checkbox"/>	1012 SPCC Plan not prepared. 25270.3 & 25270.4.5(a)
<input type="checkbox"/>	<input type="checkbox"/>	1013 Copy of HMBP not onsite for inspector's review. 25505(e)
<input type="checkbox"/>	<input type="checkbox"/>	1014 HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
<input type="checkbox"/>	<input type="checkbox"/>	1015 Did not have adequate employee training program 2732 &/or 25504(c)
<input type="checkbox"/>	<input type="checkbox"/>	1016 Failed to have an adequate emergency response plan 25504(b); 2731
<input type="checkbox"/>	<input type="checkbox"/>	1017 Business Plan not certified annually. 25505(d) & (e)(2)
<input type="checkbox"/>	<input type="checkbox"/>	1018 Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510
<input type="checkbox"/>	<input type="checkbox"/>	1019 SPCC Plan amendment not prepared within 6 months of change. 25270.4.5(a) [ref. CFR 112.1(b) & CFR 112.5]
<input type="checkbox"/>	<input type="checkbox"/>	1020 Failed to submit Unified Program Consolidated Form(s) to the CUPA for regulated activity or change of information. 27 CCR 15400.1(b) &/or SDCC 68.906; 68.909; &/or 68.908.2

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORDKEEPING

<input type="checkbox"/>	<input type="checkbox"/>	0131 Unified Program Facility (UPF) permit not obtained. SDCC 68.905
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0132 Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
<input type="checkbox"/>	<input type="checkbox"/>	0133 Failed to send manifest copy to DTSC. 66262.23(a)(4)
<input type="checkbox"/>	<input type="checkbox"/>	0134 Failed to file Exception Report with DTSC. 66262.42
<input type="checkbox"/>	<input type="checkbox"/>	0135 Failed to keep hazardous waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3), 25185(a)(4)
<input type="checkbox"/>	<input type="checkbox"/>	0136 Did not have records of battery disposal. 66266.81(a)(4)(B)
<input type="checkbox"/>	<input type="checkbox"/>	0137 Failed to complete manifest properly. 66262.23(a)
<input type="checkbox"/>	<input type="checkbox"/>	0138 Manifest signed by the TSDF not available for inspection. 66262.40(a)
<input type="checkbox"/>	<input type="checkbox"/>	0140 Failed to have LDR documentation onsite. 66268.7(a)(8)
<input type="checkbox"/>	<input type="checkbox"/>	0141 Failed to obtain approval for TSDF. 25201(a)
<input type="checkbox"/>	<input type="checkbox"/>	0142 Failed to notify CUPA for eligible onsite treatment. 25201(a)
<input type="checkbox"/>	<input type="checkbox"/>	0145 ERM reporting not submitted biennially &/or available. 25143.10
<input type="checkbox"/>	<input type="checkbox"/>	0146 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
<input type="checkbox"/>	<input type="checkbox"/>	0147 Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. 66273.39(c) & (d)(2); 25185(a)(4)
<input type="checkbox"/>	<input type="checkbox"/>	0148 Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
<input type="checkbox"/>	<input type="checkbox"/>	0149 Failed to keep disposal receipts (3 years) for drained used oil filters &/or drained fuel filters. 25250.22 & 66266.130(c)(5)

DISPOSAL AND TRANSPORTATION

<input type="checkbox"/>	<input type="checkbox"/>	0301 Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(c) or (d) or 25189.2(c)
<input type="checkbox"/>	<input type="checkbox"/>	0302 Unlawful transportation of hazardous waste (HW). 25163(a)
<input type="checkbox"/>	<input type="checkbox"/>	0303 Did not use HW manifest for disposal. 66262.20(a); 25160(b)(1) or (2), 25160.2(b)(9)
<input type="checkbox"/>	<input type="checkbox"/>	0304 Failed to make a proper waste determination. 66262.11 & 66260.200(c)
<input type="checkbox"/>	<input type="checkbox"/>	0305 Disposed of used oil illegally. 25250.5(a) & 25189.5(a) or 25189(c) or (d) or 25189.2(c)
<input type="checkbox"/>	<input type="checkbox"/>	0306 Disposed of latex paint illegally. 25217.1
<input type="checkbox"/>	<input type="checkbox"/>	0307 Disposed of UW to an unauthorized point. 25189.5(a) or 25189(c) or (d) or 25189.2(c); 66273.31(a)
<input type="checkbox"/>	<input type="checkbox"/>	0308 Impermissible dilution of hazardous waste. 66268.3(a)

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	0214 Used oil intentionally contaminated with HW. 25250.7(a)
<input type="checkbox"/>	<input type="checkbox"/>	0215 Used oil filters improperly managed. 66266.130
<input type="checkbox"/>	<input type="checkbox"/>	0216 Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/>	0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/>	0218 Failed to label &/or close drained □ used oil filters &/or □ used fuel filters. 25250.22 & 66266.130(c)(3)
<input type="checkbox"/>	<input type="checkbox"/>	0219 Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
<input type="checkbox"/>	<input type="checkbox"/>	0220 Spent lead acid batteries not properly managed. 66266.81
<input type="checkbox"/>	<input type="checkbox"/>	0221 Failed to comply with satellite regulations. 66262.34(e)
<input type="checkbox"/>	<input type="checkbox"/>	0222 Failed to properly label ERM. 25143.9(a)
<input type="checkbox"/>	<input type="checkbox"/>	0223 Failed to properly manage non-empty container or inner liner removed from a container. 66261.7(b), (d) &/or (r)
<input type="checkbox"/>	<input type="checkbox"/>	0224 Failed to mark date on empty container larger than 5 gallons &/or manage it within one year. 66261.7(e) & (f)
<input type="checkbox"/>	<input type="checkbox"/>	0237 Failed to properly dispose of UW within one year. 66273.35(a) &/or (b)
<input type="checkbox"/>	<input type="checkbox"/>	0238 Failed to manage UW in a manner to prevent release(s) to the environment. 66273.33 & 66273.35
<input type="checkbox"/>	<input type="checkbox"/>	0239 Failed to properly label or mark UW (non-CESQUWG). 66273.34

HAZWASTE REQUIREMENTS FOR SQGs ONLY

STORAGE AND HANDLING Pursuant to 66262.34(d)

<input type="checkbox"/>	<input type="checkbox"/>	0225 Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) >90 days for an AHW waste]
<input type="checkbox"/>	<input type="checkbox"/>	0226 Did not accumulate waste in container or tank. 66262.34(d)(2)
<input type="checkbox"/>	<input type="checkbox"/>	0227 Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
<input type="checkbox"/>	<input type="checkbox"/>	0228 Failed to keep container closed. CFR 265.173
<input type="checkbox"/>	<input type="checkbox"/>	0229 Failed to conduct weekly inspections. CFR 265.174
<input type="checkbox"/>	<input type="checkbox"/>	0230 Failed to maintain aisle space. CFR 265.35
<input type="checkbox"/>	<input type="checkbox"/>	0231 Failed to properly separate incompatible wastes. CFR 265.177
<input type="checkbox"/>	<input type="checkbox"/>	0232 Waste accumulated in a container in poor condition. CFR 265.171
<input type="checkbox"/>	<input type="checkbox"/>	0233 Failed to use a lined/compatible container. CFR 265.172
<input type="checkbox"/>	<input type="checkbox"/>	0234 Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	<input type="checkbox"/>	0407 Employee training program not adequate. CFR 262.34(d)(5)(iii)
<input type="checkbox"/>	<input type="checkbox"/>	0408 Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
<input type="checkbox"/>	<input type="checkbox"/>	0409 Spill/fire control equip not available. CFR 265.32(c)
<input type="checkbox"/>	<input type="checkbox"/>	0410 Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
<input type="checkbox"/>	<input type="checkbox"/>	0411 Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
<input type="checkbox"/>	<input type="checkbox"/>	0412 Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	<input type="checkbox"/>	1612 Hazardous waste improperly stored in a tank system causing □ leaks, □ corrosion, or □ failure. CFR 265.201(b)(2)
<input type="checkbox"/>	<input type="checkbox"/>	1613 Failed to comply with tank standards which include: two (2) feet of freeboard (where applicable), shut off for waste feed line, and daily and weekly inspections. CFR 265.201(b) & (c)
<input type="checkbox"/>	<input type="checkbox"/>	1614 Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
<input type="checkbox"/>	<input type="checkbox"/>	1615 Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
<input type="checkbox"/>	<input type="checkbox"/>	1616 Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF FACILITY REPRESENTATIVE

HM-923 (05/11) NCR

DATE SIGNED

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

TITLE OF FACILITY REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 117076

DATE: 6 / 5 / 2013

PAGE: 4 OF 4

BUSINESS ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO

ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7 of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (858) 505-6880 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
Viol # NOV	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V
	Current UPF Permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components and/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All maintenance/monitoring/calibration/repair records not available. 25293; 2712 (b)	3152	
	CUPA UST form(s) A and/or B not available/complete/ submitted to HMD. 25286(a); 2711	3104			Monitoring Cert. not submitted to CUPA w/in 30 days. 2638(d)	3161	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Owner/operator agreement not available/complete/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Monitoring procedures not available/complete/ submitted to HMD. 2632(b)&(d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor and/or technician not trained and certified as required. 25284.1(a)(5)(D); 2715	3162	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot Plan showing tank, piping and equipment location not available/complete/ submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660(a)(k)(l)&(m)	3160	
	Designated Operator (DO) Notification/Change form not submitted and/or DO not ICC certified. 2715 (a)(b)	3191			Designated Operator (DO) monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)&(e)	3192	

UST SYSTEM INSPECTION

Requirements applicable for both single & double walled systems

		TANK #					
		PRODUCT					
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
2	Spill container is not in good condition and/or liquid free. 2635(b)(1), 2636(a)(1)		3255	X			
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
	Secondary containment system components not liquid free. 2631(d)(4)		3257				
	Sensors not placed adequately and/or at low point in sumps. 2641(a); 25291(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components and/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1(a)		3265				
	UST system not product tight (for tank installed on or after 7/1/03). 25290.1(c), 25290.2(c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installed on or after 7/1/04). 25290.1(d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3 years). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298; 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298; 2672		3324				

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdeh.org>

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798
City: San Diego	Zip Code: 92131-

Reason for Submitting this Form (Check One) ☐ Initial Certification ☒ Change of Designated Operator ☒ Certificate Renewal

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: John Culver II

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8182417

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 11-20-14

ALTERNATE 1 (Optional)

Designated

Operator's Name: Andrew Jauregui

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8156284

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 01-23-15

ALTERNATE 2 (Optional)

Designated

Operator's Name: Peter Jauregui

Business Name

(If different from above): Jauregui & Culver Inc

Designated

Operator's Phone #: (760) 743-0518

International Code

Council Certification #: 8195227

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 03-12-15

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK

DATE: 04/10/2013

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
1-800-253-9933

UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION

R01

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)

3 7 — 0 0 0 — 1 1 7 0 7 6 1

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

R02

Hanson Aggregates Carroll Canyon

BUSINESS SITE ADDRESS

R03

CITY

R04

CA

ZIP CODE

R05

9255 Camino Santa Fe

San Diego

92121-

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within 24 hours of discovery. Recovered hazardous materials, unless suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10	R20	R30
R11	R21	R31
R12	R22	R32
R13	R23	R33
R14	R24	R34
R15	R25	R35

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	R40	TITLE	R50
Ron Thompson		Manager	
NAME	R41	TITLE	R51
Henry Pimentel		Supervisor	
NAME	R42	TITLE	R52
NAME	R43	TITLE	R53

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

R60

☐ Additional system testing or data collection ☒ Inspection by qualified persons ☐ Recalibration of equipment ☐ Other (specify):



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HAZARDOUS MATERIALS DIVISION
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1-800-253-9933
UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.


We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE


CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE 	DATE 04/09/2013
OWNER/OPERATOR NAME (print) Shane Hancock	OWNER/OPERATOR TITLE Clerk

(Agency Use Only) This plan has been reviewed and is: ☐ Approved ☐ Approved With Conditions* ☐ Disapproved

Local Agency Signature: _____ Date: _____

*Conditions of approval (if any):

 <p>State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2120</p>	<p>For State Use Only</p>					
<h2 style="margin: 0;">CERTIFICATION OF FINANCIAL RESPONSIBILITY</h2> <h3 style="margin: 0;">FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM</h3>						
<p>A. I am required to demonstrate Financial Responsibility in the required amounts as specified in CCR, Title 23 Division 3, Chapter 18, Section 2807:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 500,000 dollars per occurrence or <input checked="" type="checkbox"/> 1 million dollars per occurrence </div> <div style="width: 10%; text-align: center;">AND</div> <div style="width: 45%;"> <input checked="" type="checkbox"/> 1 million dollars annual aggregate or <input type="checkbox"/> 2 million dollars annual aggregate </div> </div>						
<p>B. <u>Lehigh Hanson, Inc.</u> hereby certifies that it is in compliance with the requirements of California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807. <small>(Name of Tank Owner or Operator)</small></p>						
<p>The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:</p>						
<p>C. Mechanism Type</p>	<p>Name and Address of Issuer</p>	<p>Mechanism Number</p>	<p>Coverage Amount</p>	<p>Coverage Period</p>	<p>Corrective Action</p>	<p>Third Party Compensation</p>
Insurance Policy	Steadfast Insurance Company 1400 American Lane Schaumburg IL 60196	EAC 9312984-01	\$1,000,000 Each Claim \$1,000,000 Total for all claims	8-9-2012 to 8-9-2013	Yes	Yes

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall remain in compliance with all conditions for participation in the Fund.

<p>D. Facility Name: <u>See Attached</u></p>	<p>Facility Address: <u>See Attached</u></p>
Facility Name:	Facility Address:
Facility Name:	Facility Address:
Facility Name:	Facility Address:
Facility Name:	Facility Address:
Facility Name:	Facility Address:
Facility Name:	Facility Address:

SEE ATTACHED FORM FOR
NOTARY CERTIFICATE

<p>E. Signature of Tank Owner or Operator: <u>Steve Zacks</u></p>	<p>Date: <u>8/16/12</u></p>	<p>Name and Title of Tank Owner or Operator: <u>Lehigh Hanson Inc - Steve Zacks</u></p>
<p>Signature of Witness or Notary: <u>[Signature]</u></p>	<p>Date: <u>08/16/12</u></p>	<p>Name of Witness or Notary: <u>DEBBIE PABUNA DELA PAZ</u></p>

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of

SAN DIEGOOn Aug. 16, '12 before me, DELBIE PASCUA DELA PAZ, notary public.
(Here insert name and title of the officer)

personally appeared

STEVEN LEE ZACKS

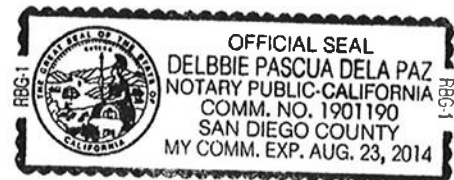
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT

CERTIFICATION OF
(Title or description of attached document)
FINANCIAL RESPONSIBILITY
(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ - is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document


ZURICH

Certificate Of Insurance Storage Tank Systems

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
EPC 9312984 01	8/9/2012	8/9/2013	8/9/2012	14012000	\$0.00	\$0.00

Named Insured and Mailing Address:

LEHIGH HANSON, INC.
300 E. JOHN CARPENTER FREEWAY
IRVING, TX 75062

Producer:

MARSH USA INC.
1000 MAIN STREET
SUITE 3000
HOUSTON, TX 77022-6342

CERTIFICATE:

1. Steadfast Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

10,000 G Diesel UST #1 Standard Concrete Products, Inc., 2822 S Soto Street, Vernon, CA 90058

10,000 G Diesel UST #1 Standard Concrete Products, Inc., 1620 19th Street, Santa Monica, CA 90404

12,000 G Diesel UST #1 Calaveras Standard Materials, Inc. DBA: Chino Ready Mix, 5150 Schaeffer Avenue, Chino, CA 91710

10,000 G Diesel UST #7 Hanson Aggregates LLC, 550 North Tulip Street, Escondido, CA 92025

10,000 G Diesel UST #3 Hanson Aggregates LLC, 9229 Harris Plant Road, San Diego, CA 92145

10,000 G Diesel UST #4 Hanson Aggregates LLC, 9229 Harris Plant Road, San Diego, CA 92145

20,000 G Diesel UST #3 Hanson Aggregates LLC 9255 Camino Santa Fe, San Diego, CA 92145

20,000 G Diesel UST #4 Hanson Aggregates LLC 9255 Camino Santa Fe, San Diego, CA 92121

12,000 G Diesel UST #5 Hanson Aggregate LLC 9255 Camino Santa Fe, San Diego, CA 92121

15,000 G Diesel UST #1 Standard Concrete Products, Inc., 2521 E Artesia Boulevard, Long Beach, CA 90805

12,000 G Diesel UST #1 Standard Concrete Products, Inc., 7591 Hazard Street, Westminster, CA 92683

10,000 G Diesel UST #1 Lehigh Southwest Cement Company DBA: Calaveras Cement Company, 15390 Wonderland Boulevard, Redding, CA 96003

10,000 G Gasoline UST #1 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

10,000 G Diesel UST #2 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

10,000 G Diesel UST #3 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

20,000 G Diesel UST #4 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

1,000 G Waste Oil UST #7 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

1,000 G Waste Oil UST #8 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

2,000 G Waste Oil UST #9 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$1,000,000 each occurrence and \$1,000,000 annual aggregate, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under policy # EPC 9321984-01 . The effective date of said policy is 08/09/2012.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
 - e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Renee Miller
Senior Account Executive
Authorized Representative of
Steadfast Insurance Company
10 S. Riverside Plaza
Chicago, IL 60606



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdeh.org>

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798
City: San Diego	Zip Code: 92131-

Reason for Submitting this Form (Check One) ☐ Initial Certification ☒ Change of Designated Operator ☒ Certificate Renewal

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: John Culver II

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8182417

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 11-20-14

ALTERNATE 1 (Optional)

Designated

Operator's Name: Andrew Jauregui

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8156284

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 01-23-15

ALTERNATE 2 (Optional)

Designated

Operator's Name: Peter Jauregui

Business Name

(If different from above): Jauregui & Culver Inc

Designated

Operator's Phone #: (760) 743-0518

International Code

Council Certification #: 8195227

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 03-12-15

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK

DATE: 04/10/2013

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
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1-800-253-9933**

**UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 1**

(One form per facility)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION

R01

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)

3 7 — 0 0 0 — 1 1 7 0 7 6 1

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

R02

Hanson Aggregates Carroll Canyon

BUSINESS SITE ADDRESS

R03

CITY

R04

CA

ZIP CODE

R05

9255 Camino Santa Fe

San Diego

92121-

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

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- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10	R20	R30
R11	R21	R31
R12	R22	R32
R13	R23	R33
R14	R24	R34
R15	R25	R35

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	R40	TITLE	R50
Ron Thompson		Manager	
NAME	R41	TITLE	R51
Henry Pimentel		Supervisor	
NAME	R42	TITLE	R52
NAME	R43	TITLE	R53

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

R60

☐ Additional system testing or data collection ☒ Inspection by qualified persons ☐ Recalibration of equipment ☐ Other (specify):



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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1-800-253-9933
UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

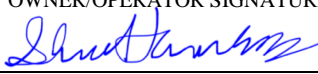
We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE 	DATE 04/09/2013
OWNER/OPERATOR NAME (print) Shane Hancock	OWNER/OPERATOR TITLE Clerk

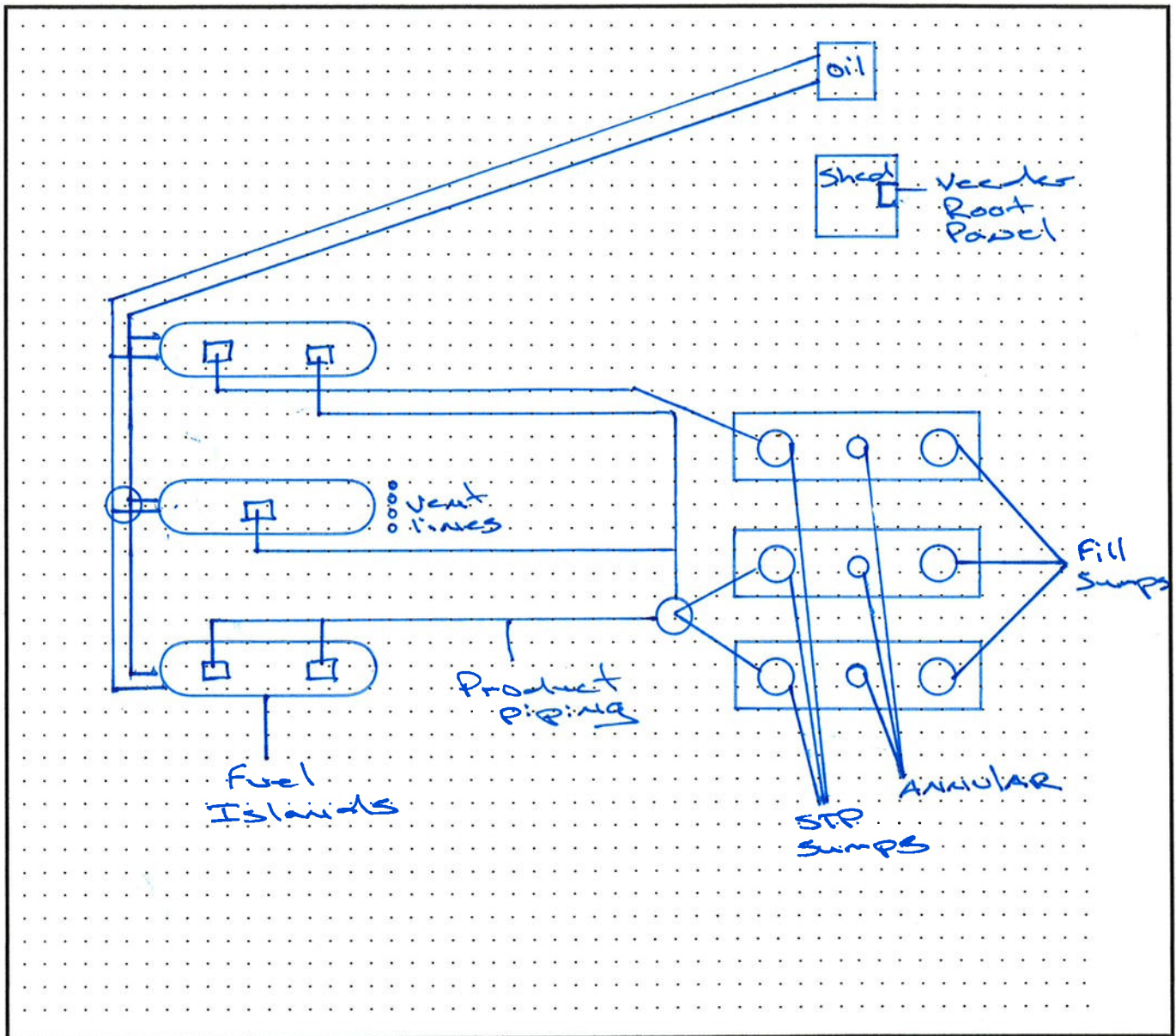
(Agency Use Only) This plan has been reviewed and is: ☐ Approved ☐ Approved With Conditions* ☐ Disapproved

Local Agency Signature: _____ Date: _____

*Conditions of approval (if any):

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe. S.D. CA 92131Date map was drawn: 6/16/09Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
1-800-253-9933

UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION

R01

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)

3 7 — 0 0 0 — 1 1 7 0 7 6 1

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

R02

Hanson Aggregates Carroll Canyon

BUSINESS SITE ADDRESS

R03

CITY

R04

CA

ZIP CODE

R05

9255 Camino Santa Fe

San Diego

92121-

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within 24 hours of discovery. Recovered hazardous materials, unless suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10	R20	R30
R11	R21	R31
R12	R22	R32
R13	R23	R33
R14	R24	R34
R15	R25	R35

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	R40	TITLE	R50
Ron Thompson		Manager	
NAME	R41	TITLE	R51
Henry Pimentel		Supervisor	
NAME	R42	TITLE	R52
NAME	R43	TITLE	R53

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

R60

☐ Additional system testing or data collection ☒ Inspection by qualified persons ☐ Recalibration of equipment ☐ Other (specify):



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1-800-253-9933
UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

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- The date on which the release was discovered;
- The date on which the release was stopped;
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Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE

DATE

04/09/2013

R70

OWNER/OPERATOR NAME (print)

Shane Hancock

R71

OWNER/OPERATOR TITLE

Clerk

R72

(Agency Use Only)

This plan has been reviewed and is:

☐ Approved☐ Approved With Conditions*☐ Disapproved

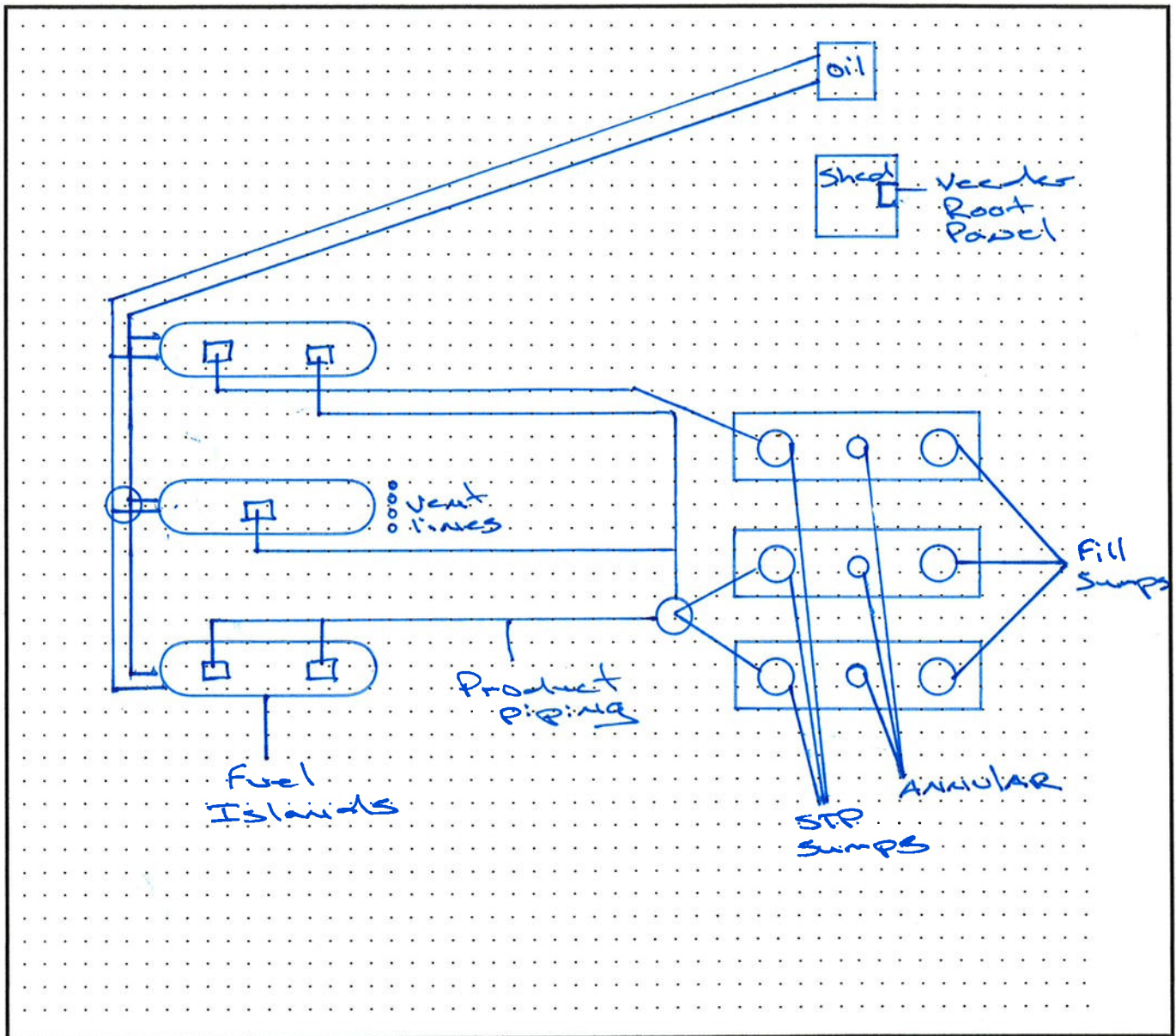
Local Agency Signature:

Date:

*Conditions of approval (if any):

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe. S.D. CA 92131Date map was drawn: 6/16/09Instructions

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COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdeh.org>

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798
City: San Diego	Zip Code: 92131-

Reason for Submitting this Form (Check One) ☐ Initial Certification ☒ Change of Designated Operator ☒ Certificate Renewal

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: John Culver II

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8182417

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 11-20-14

ALTERNATE 1 (Optional)

Designated

Operator's Name: Andrew Jauregui

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8156284

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 01-23-15

ALTERNATE 2 (Optional)

Designated

Operator's Name: Peter Jauregui

Business Name

(If different from above): Jauregui & Culver Inc

Designated

Operator's Phone #: (760) 743-0518

International Code

Council Certification #: 8195227

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 03-12-15

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK

DATE: 04/10/2013

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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<http://www.sdcdeh.org>

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798
City: San Diego	Zip Code: 92131-

Reason for Submitting this Form (Check One) ☐ Initial Certification ☒ Change of Designated Operator ☒ Certificate Renewal

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: John Culver II

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8182417

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 11-20-14

ALTERNATE 1 (Optional)

Designated

Operator's Name: Andrew Jauregui

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8156284

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 01-23-15

ALTERNATE 2 (Optional)

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Operator's Name: Peter Jauregui

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(If different from above): Jauregui & Culver Inc

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Operator's Phone #: (760) 743-0518

International Code

Council Certification #: 8195227

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 03-12-15

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK

DATE: 04/10/2013

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261

For State Use Only


A. I am required to demonstrate Financial Responsibility in the required amounts as specified in CCR, Title 23 Division 3, Chapter 18, Section 2807:

<input type="checkbox"/> 500,000 dollars per occurrence		<input checked="" type="checkbox"/> 1 million dollars annual aggregate
or	AND	or
<input checked="" type="checkbox"/> 1 million dollars per occurrence		<input type="checkbox"/> 2 million dollars annual aggregate

hereby certifies that it is in compliance with the requirements of California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation
Insurance Policy	Steadfast Insurance Company 1400 American Lane Schaumburg IL 60196	EPC 9312984-02	\$1,000,000 Each Claim \$1,000,000 Total for all claims	8-9-2013 to 8-9-2014	yes	yes

[illegible]

E. Signature of Tank Owner or Operator 	Date 8/09/13	Name and Title of Tank Owner or Operator Steven Zacks, Environmental Mgr
Signature of Witness or Notary	Date	Name of Witness or Notary See Attachment

(Instructions on Next Page)



Certificate Of Insurance Storage Tank Systems

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
EPC 9312984 02	8/9/2013	8/9/2014	8/9/2013	14012000	---	---

Named Insured and Mailing Address:

LEHIGH HANSON, INC.
300 E. JOHN CARPENTER FREEWAY
IRVING, TX 75062

Producer:

MARSH USA INC.
1000 MAIN STREET
SUITE 3000
HOUSTON, TX 77022-6342

CERTIFICATE:

1. Steadfast Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

10,000 G Diesel UST #1 Standard Concrete Products, Inc., 2822 S Soto Street, Vernon, CA 90058

10,000 G Diesel UST #1 Standard Concrete Products, Inc., 1620 19th Street, Santa Monica, CA 90404

12,000 G Diesel UST #1 Calaveras Standard Materials, Inc. DBA: Chino Ready Mix, 5150 Schaeffer Avenue, Chino, CA 91710

10,000 G Diesel UST #1 Hanson Aggregates LLC, 550 North Tulip Street, Escondido, CA 92025

10,000 G Diesel UST #3 Hanson Aggregates LLC, 9229 Harris Plant Road, San Diego, CA 92145

10,000 G Diesel UST #4 Hanson Aggregates LLC, 9229 Harris Plant Road, San Diego, CA 92145

20,000 G Diesel UST #3 Hanson Aggregates LLC 9255 Camino Santa Fe, San Diego, CA 92145

20,000 G Diesel UST #4 Hanson Aggregates LLC 9255 Camino Santa Fe, San Diego, CA 92121

12,000 G Diesel UST #5 Hanson Aggregate LLC 9255 Camino Santa Fe, San Diego, CA 92121

15,000 G Diesel UST #1 Standard Concrete Products, Inc., 2521 E Artesia Boulevard, Long Beach, CA 90805

12,000 G Diesel UST #1 Standard Concrete Products, Inc., 7591 Hazard Street, Westminster, CA 92683

10,000 G Diesel UST #1 Lehigh Southwest Cement Company, 15390 Wonderland Boulevard, Redding, CA 96003

10,000 G Gasoline UST #1 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

10,000 G Diesel UST #2 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

10,000 G Diesel UST #3 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

20,000 G Diesel UST #4 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$1,000,000 each occurrence and \$1,000,000 annual aggregate, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under policy # EPC 9321984-02 . The effective date of said policy is 08/09/2013.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
 - e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Robert Hampel
Senior Account Executive
Authorized Representative of
Steadfast Insurance Company
1001 Summit Blvd
Atlanta, GA 30319

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of VenturaOn 08-09-2013 before me, Amarjit Sandhu, Notary Public

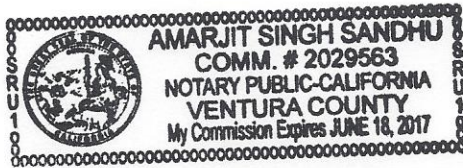
Date

Here Insert Name and Title of the Officer

personally appeared Steven L. Zacks

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature: Amarjit Sandhu

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Certification of Financial Responsibility

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Individual☐ Partner — ☐ Limited ☐ General☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____


RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Individual☐ Partner — ☐ Limited ☐ General☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

 <p>State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2120</p>	<p>For State Use Only</p>																												
<h2 style="margin: 0;">CERTIFICATION OF FINANCIAL RESPONSIBILITY</h2> <h3 style="margin: 0;">FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM</h3>																													
<p>A. I am required to demonstrate Financial Responsibility in the required amounts as specified in CCR, Title 23 Division 3, Chapter 18, Section 2807:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 500,000 dollars per occurrence or <input checked="" type="checkbox"/> 1 million dollars per occurrence </div> <div style="width: 10%; text-align: center;">AND</div> <div style="width: 45%;"> <input checked="" type="checkbox"/> 1 million dollars annual aggregate or <input type="checkbox"/> 2 million dollars annual aggregate </div> </div>																													
<p>B. <u>Lehigh Hanson, Inc.</u> hereby certifies that it is in compliance with the requirements of California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807. <small>(Name of Tank Owner or Operator)</small></p>																													
<p>The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:</p>																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">C. Mechanism Type</th> <th style="width: 25%;">Name and Address of Issuer</th> <th style="width: 15%;">Mechanism Number</th> <th style="width: 15%;">Coverage Amount</th> <th style="width: 15%;">Coverage Period</th> <th style="width: 10%;">Corrective Action</th> <th style="width: 10%;">Third Party Compensation</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Insurance Policy</td> <td>Steadfast Insurance Company 1400 American Lane Schaumburg IL 60196</td> <td>2AC 9312984-01</td> <td>\$1,000,000 Each Claim \$1,000,000 Total for all claims</td> <td>8-9-2012 to 8-9-2013</td> <td style="text-align: center;">yes</td> <td style="text-align: center;">yes</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation	Insurance Policy	Steadfast Insurance Company 1400 American Lane Schaumburg IL 60196	2AC 9312984-01	\$1,000,000 Each Claim \$1,000,000 Total for all claims	8-9-2012 to 8-9-2013	yes	yes														
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<p>Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall remain in compliance with all conditions for participation in the Fund.</p>																													
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Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of

SAN DIEGOOn Aug. 16, '12 before me, DELBIE PASCUA DELA PAZ, notary public.
(Here insert name and title of the officer)

personally appeared

STEVEN LEE ZACKS

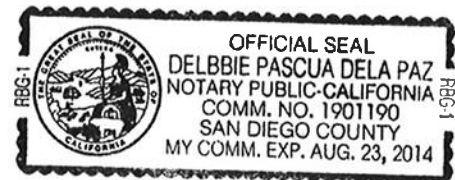
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT

CERTIFICATION OF
(Title or description of attached document)
FINANCIAL RESPONSIBILITY
(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ - is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document


ZURICH

Certificate Of Insurance Storage Tank Systems

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
EPC 9312984 01	8/9/2012	8/9/2013	8/9/2012	14012000	\$0.00	\$0.00

Named Insured and Mailing Address:

LEHIGH HANSON, INC.
300 E. JOHN CARPENTER FREEWAY
IRVING, TX 75062

Producer:

MARSH USA INC.
1000 MAIN STREET
SUITE 3000
HOUSTON, TX 77022-6342

CERTIFICATE:

1. Steadfast Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

10,000 G Diesel UST #1 Standard Concrete Products, Inc., 2822 S Soto Street, Vernon, CA 90058
10,000 G Diesel UST #1 Standard Concrete Products, Inc., 1620 19th Street, Santa Monica, CA 90404
12,000 G Diesel UST #1 Calaveras Standard Materials, Inc. DBA: Chino Ready Mix, 5150 Schaeffer Avenue, Chino, CA 91710
10,000 G Diesel UST #7 Hanson Aggregates LLC, 550 North Tulip Street, Escondido, CA 92025
10,000 G Diesel UST #3 Hanson Aggregates LLC, 9229 Harris Plant Road, San Diego, CA 92145
10,000 G Diesel UST #4 Hanson Aggregates LLC, 9229 Harris Plant Road, San Diego, CA 92145
20,000 G Diesel UST #3 Hanson Aggregates LLC 9255 Camino Santa Fe, San Diego, CA 92145
20,000 G Diesel UST #4 Hanson Aggregates LLC 9255 Camino Santa Fe, San Diego, CA 92121
12,000 G Diesel UST #5 Hanson Aggregate LLC 9255 Camino Santa Fe, San Diego, CA 92121
15,000 G Diesel UST #1 Standard Concrete Products, Inc., 2521 E Artesia Boulevard, Long Beach, CA 90805
12,000 G Diesel UST #1 Standard Concrete Products, Inc., 7591 Hazard Street, Westminster, CA 92683
10,000 G Diesel UST #1 Lehigh Southwest Cement Company DBA: Calaveras Cement Company, 15390 Wonderland Boulevard, Redding, CA 96003
10,000 G Gasoline UST #1 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706
10,000 G Diesel UST #2 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706
10,000 G Diesel UST #3 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706
20,000 G Diesel UST #4 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706
1,000 G Waste Oil UST #7 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706
1,000 G Waste Oil UST #8 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706
2,000 G Waste Oil UST #9 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$1,000,000 each occurrence and \$1,000,000 annual aggregate, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under policy # EPC 9321984-01 . The effective date of said policy is 08/09/2012.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
 - e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Renee Miller
Senior Account Executive
Authorized Representative of
Steadfast Insurance Company
10 S. Riverside Plaza
Chicago, IL 60606



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdeh.org>**

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798
City: San Diego	Zip Code: 92131-

Reason for Submitting this Form (Check One) ☐ Initial Certification ☒ Change of Designated Operator ☒ Certificate Renewal

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: John Culver II

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8182417

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 11-20-14

ALTERNATE 1 (Optional)

Designated

Operator's Name: Andrew Jauregui

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8156284

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 01-23-15

ALTERNATE 2 (Optional)

Designated

Operator's Name: Peter Jauregui

Business Name

(If different from above): Jauregui & Culver Inc

Designated

Operator's Phone #: (760) 743-0518

International Code

Council Certification #: 8195227

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 03-12-15

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK

DATE: 04/10/2013

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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PRIMARY DESIGNATED UST OPERATOR

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Designated

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International Code

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Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 11-20-14

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Operator's Name: Andrew Jauregui

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

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☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

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Council Certification #: 8195227

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 03-12-15

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK

DATE: 04/10/2013

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME HANSON AGGREGATES PSW, INC.ADDRESS 9255 CAMINO SANTA FECITY/ZIP SAN DIEGO 92121PAGE 1 OF 2 DATE 6 / 3 / 2014RECORD ID # DEH2002-H4PFP-117076TIME START 900 END 1254SPECIALIST MIKE MANN

INSPECTION CONTACT

RON THOMPSONTITLE MANAGERPHONE (858) 715-5600

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y* N/A* NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

- ☒ ☐ Unified Program Facility Permit current
☒ ☐ Hazardous Materials Business Plan available
☒ ☐ Employee training is adequate
☒ ☐ Waste disposal records available for review
☒ ☐ Emergency contacts current ☐ Updated today
☒ ☐ Chemical inventory/map current ☐ Updated today

- Y* N/A* Permit Expires on: 31 / MAY / 2015
☒ ☐ Contingency Plan available ☐ LQG ☒ SQG
☒ ☐ Employee training records available
☒ ☐ Universal waste managed properly
☒ ☐ Waste containers ☒ closed ☒ labeled
☒ ☐ Waste containers in good condition

Consent to inspect granted by: ☒ Inspection Contact ☐ Other:ROUTINE INSPECTION

ON JUNE 3, 2014, AN ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE EQUIPMENT INSPECTION WAS CONDUCTED WITH ANDREW JAUREGUI, ICC UST SERVICE TECHNICIAN # 8156284, OF JAUREGUI AND CULVER, INC. AND RON THOMPSON OF HANSON. ADDITIONALLY, THIS BUSINESS STORES REPORTABLE AMOUNTS OF HAZARDOUS MATERIALS AND IS SUBJECT TO THE PROVISIONS OF THE CALIFORNIA ABOVEGROUND PETROLEUM STORAGE ACT (APSA). HENRY PIMENTAL STATED THIS BUSINESS GENERATES LESS THAN 1000 KILOGRAMS OF HAZARDOUS WASTE PER MONTH.

NO VIOLATIONS WERE OBSERVED DURING THIS INSPECTION.

A SMALL AMOUNT OF CONDENSATE WATER WAS OBSERVED INSIDE THE DIESEL HIGH FLOW UDC, BUT IT WAS NOT ENOUGH TO ACTIVATE AN ALARM. IT WAS REMOVED DURING INSPECTION.

THE FOLLOWING UST DOCUMENTS WERE REVIEWED DURING THIS INSPECTION: OPERATING PERMIT (EXPIRES 13SEP2018), WRITTEN MONITORING PROCEDURES, EMERGENCY RESPONSE PLAN, PLOT PLAN, UST FINANCIAL RESPONSIBILITY (DATED 8/9/2013), UST FACILITY AND TANK FORMS OF THE PERMIT APPLICATION, DESIGNATED OPERATOR (DO) INSPECTIONS, DO EMPLOYEE TRAINING, MAINTENANCE RECORDS, ANNUAL MONITORING CERTIFICATIONS, AND 36 MONTH SECONDARY CONTAINMENT TESTING CONDUCTED 12/19/2011.

The Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is required by law to be certified online through the California Environmental Reporting System (CERS). For additional information about hazardous materials business plans and CERS, go to: <http://www.sdcounty.ca.gov/deh/hazmat/hmd-cers-info.html>

PRINTED NAME OF FACILITY REPRESENTATIVE

Ron Thompson

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

6/4/14

TITLE OF FACILITY REPRESENTATIVE

Manager

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

 PERMIT # DEH2002-HUPFP-117078
 DATE 6 / 3 / 2014
 PAGE 2 OF 2
FACILITY ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

THE LAST CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) SUBMITTAL WAS
ON 3/4/2014 AND WAS ACCEPTED 3/26/2014. WITHIN 30 DAYS OF ANY
CHANGES OR AT LEAST ANNUALLY, UPDATE YOUR CERS ACCOUNT.

THE FACILITY HAZARDOUS MATERIALS BUSINESS PLAN WAS REVIEWED WITH RON.
HANSON HAS COMPLETED AN ABOVEGROUND STORAGE TANK CERTIFICATION AND
ENGINEERING ASSESSMENT EXEMPTION NOTIFICATION FORM FOR EACH OF ITS
USED OIL TANK'S.

THIS FACILITY STORES MORE THAN 1320 GALLONS, BUT LESS THAN 10,000 GALLONS OF
PETROLEUM PRODUCTS IN ABOVEGROUND STORAGE TANKS (AST). HANSON AGGREGATES
HAS PREPARED A SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLAN
DATED JULY 29, 2009 AND LAST AMENDED ON 10/9/2013.

ROCK AND DIRT IS IN CONTACT WITH THE SHELL OF THE DIESEL AST. PLEASE REMOVE
THE ROCK AND DIRT.

THREE UNUSED ELECTRICAL TRANSFORMERS WERE OBSERVED NEAR THE QA LAB.
DETERMINE IF THESE TRANSFORMERS CONTAINED PCB MATERIALS AND THEN
PROPERLY MANAGE OR DISPOSE OF THESE TRANSFORMERS. A SMALL AMOUNT OF
FLUID WAS OBSERVED INSIDE THE TRANSFORMERS. WITHIN 30 DAYS, NOTIFY THE
COUNTY OF SAN DIEGO HAZARDOUS MATERIALS DIVISION* OF YOUR FINDINGS.

Ron Thompson

[Signature]
 SIGNATURE OF FACILITY REPRESENTATIVE
 HM-9110 (06/14) NCR White: HMD Yellow: Facility

6 / 4 / 14
 DATE SIGNED
 * DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Manager
 TITLE OF FACILITY REPRESENTATIVE

TO FILE :

DEH2002-HUPFP-117076



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129281, SAN DIEGO, CA 92112-9281

(858) 505-6880 1-800-253-9933 FAX (858) 505-6848; <http://www.sdcdeh.org>

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number:

A. General Information

Facility Name: Hanson Aggregates

Bldg. No.:

Site Address: 9255 Camino Santa Fe.

City: San Diego

Zip: 92131-

Facility Contact Person: Shane Hancock

Contact Phone No.: (858) 577-2798 x

Make/Model of Monitoring System: Veeder-Root TLS-350

Date of Testing/Service: 3-Jun-14

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

Tank ID: T1 South Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-107 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: 116-017 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: 847390-107 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: T2 Mid Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: FX1DV <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: 847390-109 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: T3 North Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: VMI-LD2000 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: 847390-109 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe Model: <input type="checkbox"/> Annular Space or Vault Sensor Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <input type="checkbox"/> Fill Sump Sensor(s) Model: <input type="checkbox"/> Mechanical Line Leak Detector Model: <input type="checkbox"/> Electronic Line Leak Detector Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1-2 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 3 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 4-5 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 6-7 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 8 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☒ Copy of the report ☒ System set-up ☒ Alarm history report

Technician Name (print): Andrew Jauregui

Signature:

Certification No.: B38272

License No.: 708231

Testing Company Name: Jauregui and Culver Inc

Phone No.: (760) 743-0518 x

Testing Company Address: 959 west mission ave. Escondido, CA 92025

Date of Testing/Service: 3-Jun-14

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Serviceing**Permit Number:**

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shutdown? (Check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shutdown due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90%
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments (500 characters max. add additional sheets if needed):

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION**F. In-Tank Gauging / SIR Equipment:****Permit Number:**☐ Check this box if tank gauging is used only for inventory control☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):☐ Check this box if LLDs are not installed.

Complete the following checklist:

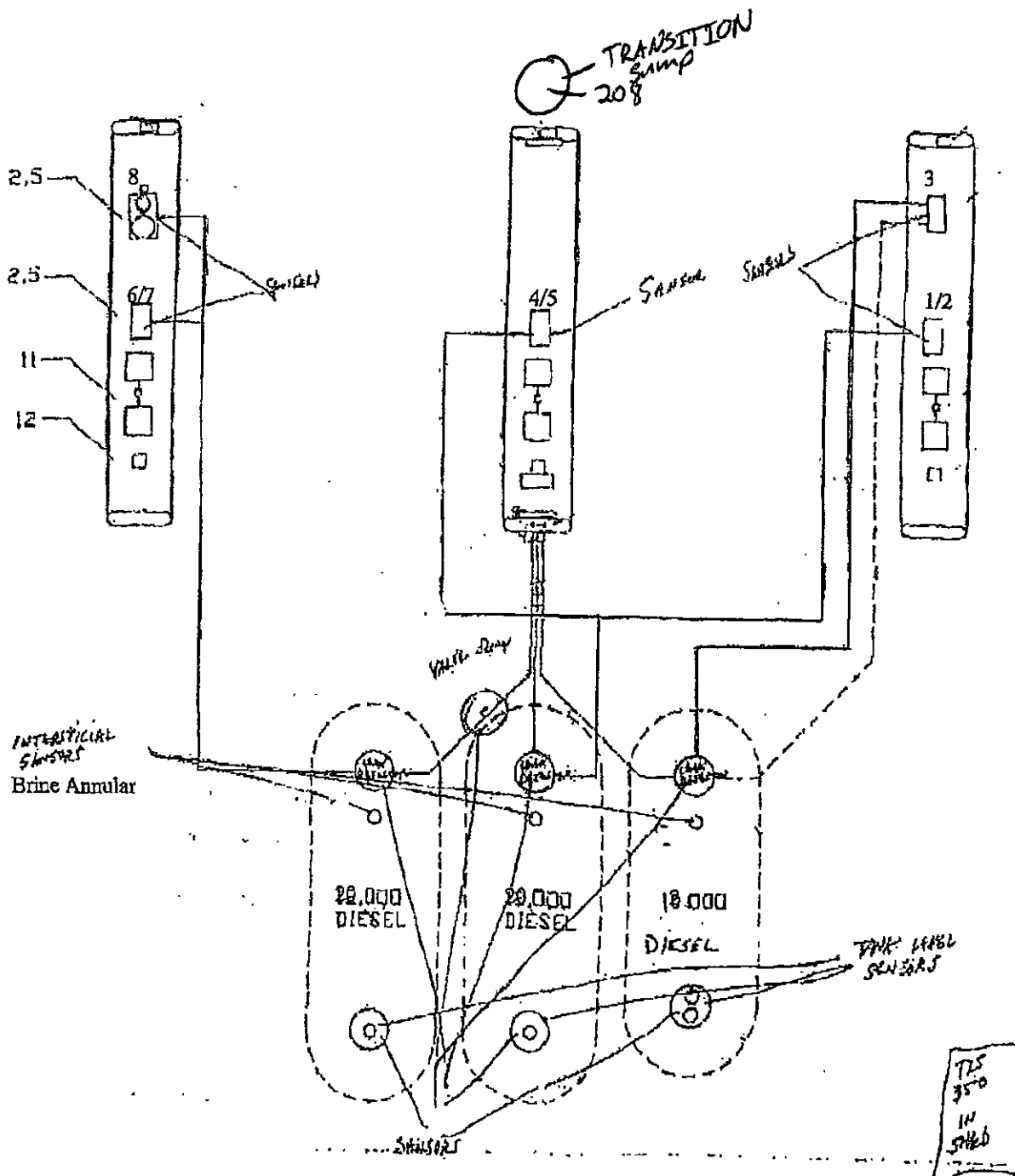
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments (500 characters max. add additional sheets if needed):

Hanson Aggregate 92.55 Camino Santa Fe

N
SCALE - 1" = 10'





County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P. O. BOX 129281, SAN DIEGO, CA 92112-9281 (619) 338-2222 FAX (619) 338-2377; 1-800-253-9933
www.sdcountry.ca.gov/deh/hmd/forms_hmd.html



Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION				
Facility Name: Hanson Aggregates			UPF Permit #	
Facility Address: 9255 Camino Santa Fe.			Testing Date: 06 / 03 / 2014	
Facility Contact: Shane Hancock		Phone: (858) 577-2798		
Date Local Agency Was Notified of Testing: / /				
Name of Local Agency Inspector (if present during testing): Mike Mann				
2. TESTING CONTRACTOR INFORMATION				
Company Name: Jauregui and Culver Inc.				
Technician Conducting Test: Andrew Jauregui				
Credentials: <input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)				
License Number(s): 8156284; 708231				
3. SPILL BUCKET TESTING INFORMATION				
Test Method Used: <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other				
Test Equipment Used: water and measuring tape			Equipment Resolution: 0 loss	
SPILL BUCKET ID	1	2	3	4
Tank #:	DSL North	DSL Mid	DSL South	
Product contained:	Diesel	Diesel	Diesel	
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	10"	10"	10"	
Wait time between applying vacuum/water and start of test:	10 min	10 min	10 min	
Test Start Time (T ₁):	9:40am	9:40am	9:40am	
Initial Reading (R ₁):	6 1/2"	7 1/4"	7 1/2"	
Test End Time (T ₂):	10:40am	10:40am	10:40am	
Final Reading (R ₂):	6 1/2"	7 1/4"	7 1/2"	
Test Duration (T ₂ - T ₁):	1 hour	1 hour	1 hour	
Change in Reading (R ₂ - R ₁):	0	0	0	
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss	
Test Results:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments -- (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: Andrew Jauregui Date: 06 / 03 / 2014

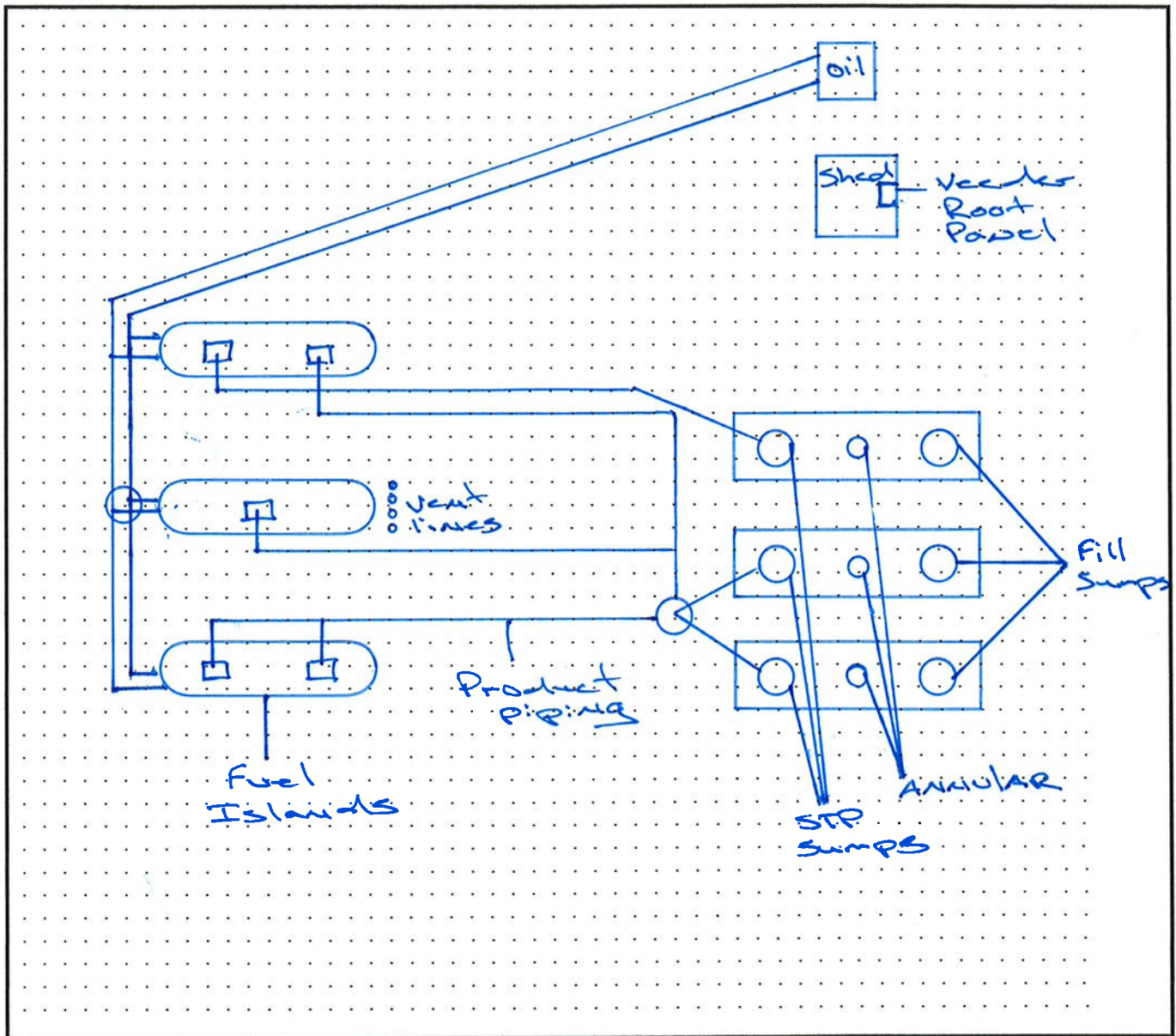
HM: 9010 (04-07)

SWRCB (01/06)

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe. S.D. CA 92131Date map was drawn: 6/16/09Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.



State of California
State Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2121

(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

- A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807.

☐

500,000 dollars per occurrence

or

☒

1 million dollars per occurrence

AND

☒

1 million dollars annual aggregate

or

☐

2 million dollars annual aggregate

- B. Lehigh Hansen Inc. hereby certifies that it is in compliance with the requirements of Section 2807,
(Name of Tank Owner or Operator)

California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Insurance Policy	Steadfast Insurance Company 1400 American Lane Schaumburg, IL 60196	EPL 9312984-03	\$1,000,000 each claim \$1,000,000 total for all claims	8/9/2014 - 8/9/2015	Yes	Yes

Note:

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with all conditions for participation in the Fund. See instructions.

- D. Facility Name

See attached

Facility Address

See attached

Facility Name

Facility Address

Facility Name

Facility Address

- E. Signature of Tank Owner or Operator

Date

Steve Zacks

8/13/2014

Name and Title of Tank Owner or Operator

Steve Zacks, Environmental Manager

Signature of Witness or Notary

Date

Name of Witness or Notary

Vanessa Mylan

ACKNOWLEDGMENT

State of California
County of San Luis Obispo

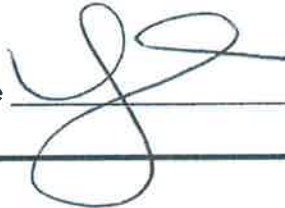
On August 13, 2014 before me, Vanessa Mylan
(insert name and title of the officer)

personally appeared Steven Zacks
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~
subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in
his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)





Certificate Of Insurance Storage Tank Systems

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
EPC 9312984 03	8/9/2014	8/9/2015	8/9/2014	14012000	---	---

Named Insured and Mailing Address:

LEHIGH HANSON, INC.
300 E. JOHN CARPENTER FREEWAY
IRVING, TX 75062

Producer:

MARSH USA INC.
1000 MAIN STREET
SUITE 3000
HOUSTON, TX 77022-6342

CERTIFICATE:

1. Steadfast Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

10,000 G Diesel UST #1 Standard Concrete Products, Inc., 2822 S Soto Street, Vernon, CA 90058

10,000 G Diesel UST #1 Standard Concrete Products, Inc., 1620 19th Street, Santa Monica, CA 90404

12,000 G Diesel UST #1 Calaveras Standard Materials, Inc. DBA: Chino Ready Mix, 5150 Schaeffer Avenue, Chino, CA 91710

10,000 G Diesel UST #1 Hanson Aggregates LLC, 550 North Tulip Street, Escondido, CA 92025

10,000 G Diesel UST #3 Hanson Aggregates LLC, 9229 Harris Plant Road, San Diego, CA 92145

10,000 G Diesel UST #4 Hanson Aggregates LLC, 9229 Harris Plant Road, San Diego, CA 92145

20,000 G Diesel UST #3 Hanson Aggregates LLC 9255 Camino Santa Fe, San Diego, CA 92145

20,000 G Diesel UST #4 Hanson Aggregates LLC 9255 Camino Santa Fe, San Diego, CA 92121

12,000 G Diesel UST #5 Hanson Aggregate LLC 9255 Camino Santa Fe, San Diego, CA 92121

15,000 G Diesel UST #1 Standard Concrete Products, Inc., 2521 E Artesia Boulevard, Long Beach, CA 90805

12,000 G Diesel UST #1 Standard Concrete Products, Inc., 7591 Hazard Street, Westminster, CA 92683

10,000 G Gasoline UST #1 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

10,000 G Diesel UST #2 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

10,000 G Diesel UST #3 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

20,000 G Diesel UST #4 Hanson Aggregates, LLC, 13550 Live Oak Avenue, Irwindale, CA 91706

2,000 G Oil Tank #7 13550 Live Oak Avenue, Irwindale, CA 91706

1,000 G Oil Tank #8 13550 Live Oak Avenue, Irwindale, CA 91706

1,000 G Oil Tank #8 13550 Live Oak Avenue, Irwindale, CA 91706

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental

releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$1,000,000 each occurrence and \$1,000,000 annual aggregate, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under policy # EPC 9321984-03. The effective date of said policy is 08/09/2014.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
 - e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Robert Hampel
Senior Account Executive
Authorized Representative of
Steadfast Insurance Company
1001 Summit Blvd
Atlanta, GA 30319



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
1-800-253-9933**

**UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 1**

(One form per facility)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION

R01

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)

3 7 — 0 0 0 — 1 1 7 0 7 6 1

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

R02

Hanson Aggregates Carroll Canyon

BUSINESS SITE ADDRESS

R03

CITY

R04

CA

ZIP CODE

R05

9255 Camino Santa Fe

San Diego

92121-

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within 24 hours of discovery. Recovered hazardous materials, unless suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10	R20	R30
R11	R21	R31
R12	R22	R32
R13	R23	R33
R14	R24	R34
R15	R25	R35

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	R40	TITLE	R50
Ron Thompson		Manager	
NAME	R41	TITLE	R51
Henry Pimentel		Supervisor	
NAME	R42	TITLE	R52
NAME	R43	TITLE	R53

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

R60

☐ Additional system testing or data collection ☒ Inspection by qualified persons ☐ Recalibration of equipment ☐ Other (specify):



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
1-800-253-9933
UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE

DATE

04/09/2013

R70

OWNER/OPERATOR NAME (print)

Shane Hancock

R71

OWNER/OPERATOR TITLE

Clerk

R72

(Agency Use Only)

This plan has been reviewed and is:

☐ Approved☐ Approved With Conditions*☐ Disapproved

Local Agency Signature:

Date:

*Conditions of approval (if any):



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdeh.org>

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798
City: San Diego	Zip Code: 92131-

Reason for Submitting this Form (Check One) ☐ Initial Certification ☒ Change of Designated Operator ☒ Certificate Renewal

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: John Culver II

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8182417

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 11-20-14

ALTERNATE 1 (Optional)

Designated

Operator's Name: Andrew Jauregui

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8156284

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 01-23-15

ALTERNATE 2 (Optional)

Designated

Operator's Name: Peter Jauregui

Business Name

(If different from above): Jauregui & Culver Inc

Designated

Operator's Phone #: (760) 743-0518

International Code

Council Certification #: 8195227

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 03-12-15

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK

DATE: 04/10/2013

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



**COUNTY OF SAN DIEGO CUPA
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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 117076
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798
City: San Diego	Zip Code: 92131-

Reason for Submitting this Form (Check One) ☐ Initial Certification ☒ Change of Designated Operator ☒ Certificate Renewal

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: John Culver II

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8182417

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 11-20-14

ALTERNATE 1 (Optional)

Designated

Operator's Name: Andrew Jauregui

Business Name

(If different from above): Jauregui & Culver, Inc.

Designated

Operator's Phone #: (760) 743-0518 x

International Code

Council Certification #: 8156284

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 01-23-15

ALTERNATE 2 (Optional)

Designated

Operator's Name: Peter Jauregui

Business Name

(If different from above): Jauregui & Culver Inc

Designated

Operator's Phone #: (760) 743-0518

International Code

Council Certification #: 8195227

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☒ Service Technician ☐ Third-Party

Expiration Date: 03-12-15

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

SHANE HANCOCK

DATE: 04/10/2013

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #:

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



**COUNTY OF SAN DIEGO CUPA
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<http://www.sdcdeh.org>**

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson Carroll Canyon	Facility Permit #: 1 1 7 0 7 6
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798 x
City: San Diego	Zip Code: 92131-
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Certificate Renewal	

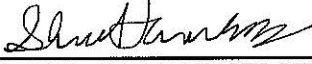
Designated UST Operator(s) for this Facility

<u>PRIMARY DESIGNATED UST OPERATOR</u>	
Designated Operator's Name: John Culver II	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	Expiration Date: 2016-10-16
Council Certification #: 8182417	
<u>ALTERNATE 1 (Optional)</u>	
Designated Operator's Name: Andrew Jauregui	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	Expiration Date: 2016-11-17
Council Certification #: 8156284	
<u>ALTERNATE 2 (Optional)</u>	
Designated Operator's Name: Peter Jauregui III	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	Expiration Date: 2017-03-12
Council Certification #: 8195227	

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

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Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Shane Hancock DATE: 12/03/2014
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT **OWNER'S PHONE #:**

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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<http://www.sdcdeh.org>**

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson Carroll Canyon	Facility Permit #: 1 1 7 0 7 6
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798 x
City: San Diego	Zip Code: 92131-
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

<u>PRIMARY DESIGNATED UST OPERATOR</u>	
Designated Operator's Name: Joe Culver	Relation to UST Facility (Check One)
Business Name	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
(If different from above): Jauregui & Culver, Inc.	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Designated Operator's Phone #: (760) 743-0518 x	
International Code	Expiration Date: 2016-08-22
Council Certification #: 8273701	
<u>ALTERNATE 1 (Optional)</u>	
Designated Operator's Name: Jim Jauregui	Relation to UST Facility (Check One)
Business Name	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
(If different from above): Jauregui & Culver, Inc.	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Designated Operator's Phone #: (760) 743-0518 x	
International Code	Expiration Date: 2015-04-09
Council Certification #: 5251911	
<u>ALTERNATE 2 (Optional)</u>	
Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
(If different from above):	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	
International Code	Expiration Date:
Council Certification #:	

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).
Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Shane Hancock

DATE: 12/03/2014/

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shane Hancock

OWNER'S PHONE #:

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

Return this completed form to:

HMD-Designated UST Operator

P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO
DOCUMENT RETURN TO COMPLIANCE

RECORD ID #: DEH2015-HUPPP-117076
 SPECIALIST: MIKE MANESE
 INSPECTION DATE: 6 / 3 / 15
 CONTACT: RON THOMPSON

FACILITY NAME HANSON ADVOCATES CANYON CANYONADDRESS 9255 CAMINO SANTA FECITY SAN DIEGOZIP 92121

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach any supporting documentation.)
<u>1</u> v <u>3411</u>	<u>6 / 3 / 15</u>	<u>The box has been replaced.</u>
<u>2</u> v		
<u>3</u> v		
<u>4</u> v		
<u>5</u> v		
<u>6</u> v		
<u>7</u> v		
<u>8</u> v		
<u>9</u> v		
<u>10</u> v		

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

Responsible Party: Aaron Lind

Print Name

Job Title Environmental ManagerSignature of Responsible Party: [Signature]Date: 7 / 2 / 15

◀ Send completed form and supporting documentation to the address listed below ▶

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: MIKE MANESEDate: 7 / 2 / 15

(Specialist's name and date required for processing)

Specialist's comments: _____

☒ All violations noted on date listed above were corrected.

☒ Based on information provided by the facility

☐ Based on field verification by Specialist

☐ RTC entered in Kiva by Specialist on: ____ / ____ / ____

☐ RTC entered in Kiva by Office Assistant on: ____ / ____ / ____

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
<http://www.sdcdeh.org> 858-505-6880



West Region
P O Box 639069
San Diego, CA 92163-9069
Telephone: (858) 715-5667

Date: July 2, 2015

Department of Environmental Health
Hazardous Materials Division
Attention: Mr. Mike Manese
P.O. Box 129261
San Diego, CA 92112-9261

Re: Corrective Action Form to Document Return to Compliance Record ID# DEH 2002-HUPFP 117076

Dear Mrs. Manese:

Please find attached Corrective Action Form to Document Return to Compliance for Permit DEH2002-HUPFP-117076 located at 9255 Camino Santa Fe, San Diego, CA.

Should you have any questions or require additional information, please contact me at (858) 715-5667.

Respectfully yours,

Aaron J. Lund
Environmental Manager
Lehigh Hanson, West Region



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

(858) 505-6880 1-800-253-9933 FAX (858) 505-6848; <http://www.sdcdeh.org>

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number:

A. General Information

Facility Name: Hanson

Bldg. No.:

Site Address: 9255 Camino Sante Fe

City: San Diego

Zip: 92191-92121

Facility Contact Person: Shane Hancock

Contact Phone No.: (858) 577-2798 x

Make/Model of Monitoring System: Veeder-Root TLS-350

Date of Testing/Servicing: 3-Jun-15

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/ inspected serviced:

Tank ID: T1 South Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-107 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: Red-Jacket 116-017 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: T3 North Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: VMI LD-2000 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: T2 Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-302 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: Red-Jacket FX1DV <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe Model: <input type="checkbox"/> Annular Space or Vault Sensor Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <input type="checkbox"/> Fill Sump Sensor(s) Model: <input type="checkbox"/> Mechanical Line Leak Detector Model: <input type="checkbox"/> Electronic Line Leak Detector Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1-2 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 6-7 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 3 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 8 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 4-5 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: Transition sump <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☐ Copy of the report ☒ System set-up ☒ Alarm history report

Technician Name (print): Peter Jauregui III

Signature:

Certification No.: B34641

License No.: 708231

Testing Company Name: Jauregui & Culver inc.

Phone No.: (760) 743-0518 x

Testing Company Address: 959 W. mission ave. Escondido, Ca. 92025

Date of Testing/Servicing: 3-Jun-15

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing**Permit Number:**

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shutdown? <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shutdown due to leaks <u>and</u> sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90%
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments (500 characters max. add additional sheets if needed): During the inspection the reset for disp.#3 did not work. We were unable to test the full system for tank 1. As the inspector was reviewing the site records, i was able to manually reset the pump to allow testing on tank1 including; sensor function fail-safe and LLD testing. all passed. The reset has since been replaced and all systems are functioning normal.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:
Permit Number:
☐ Check this box if tank gauging is used only for inventory control

☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):
☐ Check this box if LLDs are not installed.

Complete the following checklist:

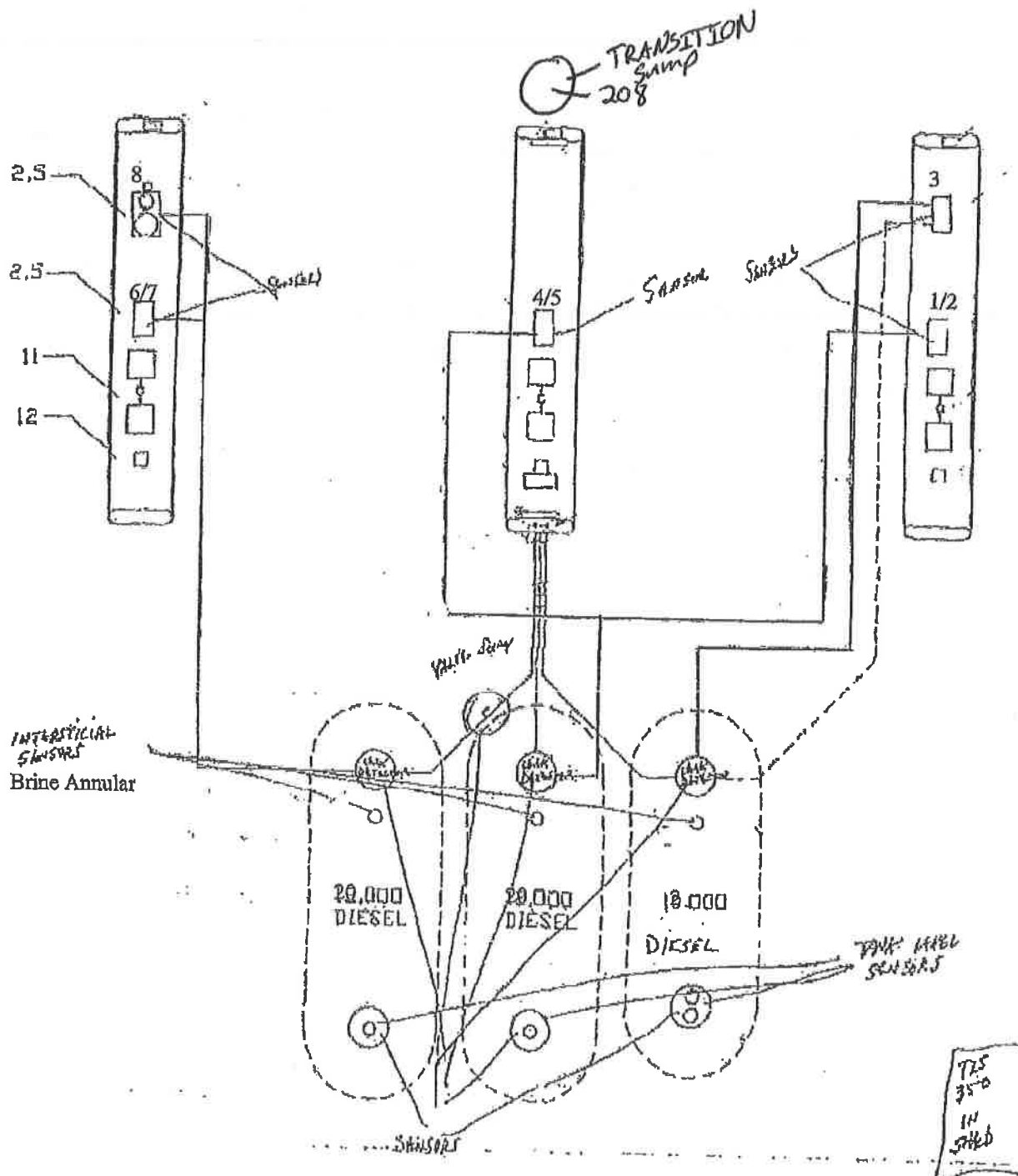
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h. ; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments (500 characters max. add additional sheets if needed):

Hanson Aggregates 92.55 Camino Santa Fe

N
SCALE - 1" = 10'



SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Hanson	Date of Testing:	6-3-2015
Facility Address:	9255 Camino Sante Fe		
Facility Contact:	Shane Hancock	Phone:	(858) 577-2798 x
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing):		Mike M	

2. TESTING CONTRACTOR INFORMATION

Company Name:	Jauregui & Culver inc		
Technician Conducting Test:	Peter Jauregui III		
Credentials ¹ :	<input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____		
License Number(s):	708231, 8195227		

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic		<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other
Test Equipment Used:	Water and Tape Measure		Equipment Resolution: 0 Loss	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	Diesel North	Diesel Mid	Diesel South	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	10"	10"	10"	
Wait time between applying vacuum/water and start of test:	10 min	10 min	10 min	
Test Start Time (T _I):	9:20	9:20	9:20	
Initial Reading (R _I):	Visual test	Visual test	Visual test	
Test End Time (T _F):	10:20	10:20	10:20	
Final Reading (R _F):	Visual test	Visual test	Visual test	
Test Duration (T _F - T _I):	1 hr	1 hr	1 hr	
Change in Reading (R _F - R _I):	0 change	0 change	0 change	
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss	
Test Result:	<input checked="" type="checkbox"/> Pass Fail	<input checked="" type="checkbox"/> Pass Fail	<input checked="" type="checkbox"/> Pass Fail	<input type="checkbox"/> Pass Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____

Peter Jauregui III

Date: 6-3-2015

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

SYSTEM SETUP

JUN 3. 2015 12:55 PM

SYSTEM UNITS

U.S.
 SYSTEM LANGUAGE
 ENGLISH
 SYSTEM DATE TIME FORMAT
 MON DD YYYY HH:MM:SS AM

HANSON AGGREGATE
 9255 CAMINO SANTA FE
 SAN DIEGO, CA. 92127
 A1279198305004

SHIFT TIME 1 : DISABLED
 SHIFT TIME 2 : DISABLED
 SHIFT TIME 3 : DISABLED
 SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
 DISABLED
 TANK ANN TST NEEDED WRN
 DISABLED

LINE RE-ENABLE METHOD
 PASS LINE TEST

LINE PER TST NEEDED WRN
 DISABLED
 LINE ANN TST NEEDED WRN
 DISABLED

PRINT TO VOLUMES
 ENABLED

TEMP COMPENSATION
 VALUE (DEG F) : 60.0
 STICK HEIGHT OFFSET
 DISABLED

H-PROTOCOL DATA FORMAT
 HEIGHT
 DAYLIGHT SAVING TIME
 ENABLED
 START DATE
 W/R WEEK 1 SUN
 START TIME
 2:00 AM
 END DATE
 W/T WEEK 6 SUN
 END TIME
 2:00 AM

RE-DIRECT LOCAL PRINTOUT
 DISABLED

EURO PROTOCOL PREFIX
 S

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 2 (EXMOB)
 BAUD RATE : 2400
 PARITY : ODD
 STOP BIT : 1 STOP
 DATA LENGTH: 7 DATA
 RS-232 SECURITY
 CODE : DISABLED
 DIAL TYPE : TONE
 ANSWER ON : 8 RING
 MODEM SETUP STRING :

DIAL TONE INTERVAL: 32

RECEIVER SETUP:

D 1:5000 UP
 1-819-4-100
 RECV TYPE: FACSIMILE
 PORT NO: 2
 RETRY NO: 5
 RETRY DELAY: 5
 CONFIRMATION REPORT: OFF

AUTO DIAL TIME SETUP:

D 1:5000 GROUP
 DIAL DAILY
 DIAL TIME : 4:00 AM
 RECEIVER REPORTS:
 INVENTORY :

RS-232 END OF MESSAGE
 DISABLED

AUTO DIAL ALARM SETUP

D 1:5000 GROUP
 - NO ALARM ASSIGNMENTS -

IN-TANK SETUP

T 1:DEL S 12 K
 PRODUCT CODE : 1
 THERMAL COEFF : .000450
 TANK DIAMETER : 91.63
 TANK PROFILE : 4 FTS
 FULL VOL : 9695
 58.7 INCH VOL : 7865
 45.8 INCH VOL : 4874
 22.9 INCH VOL : 1865

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
 HIGH WATER LIMIT: 3.0
 MAX OR LABEL VOL: 9695
 OVERFILL LIMIT : 90%
 HIGH PRODUCT : 8725
 DELIVERY LIMIT : 25%
 : 2423

LOW PRODUCT : 500
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 99
 TANK TILT : 0.00

MANIFOLDED TANKS
T4: NONE

LEAK MIN PERIODIC: 50%
 : 4847

LEAK MIN ANNUAL : 50%
 : 4847

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED

GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST Siphon Break:OFF

DELIVERY DELAY : 3 MIN

T 2:DSL CNTR 20 K
 PRODUCT CODE : 2
 THERMAL COEFF : .000450
 TANK DIAMETER : 119.63
 TANK PROFILE : 4 PTS
 FULL VOL : 19951
 89.7 INCH VOL : 16208
 59.8 INCH VOL : 9993
 29.9 INCH VOL : 3796

FLOAT SIZE: 2.0 IN.

WATER WARNING : 2.5
 HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 19951
 OVERFILL LIMIT : 90%
 HIGH PRODUCT : 17956
 DELIVERY LIMIT : 25%
 : 4987

LOW PRODUCT : 1000
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 99
 TANK TILT : 0.00

MANIFOLDED TANKS
 TR: NONE

LEAK MIN PERIODIC: 50%
 : 9975

LEAK MIN ANNUAL : 50%
 : 9975

PERIODIC TEST TYPE
 STANDARD

ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED

GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAKOFF

DELIVERY DELAY : 3 MIN

T 3:DSL N 20 K
 PRODUCT CODE : 3
 THERMAL COEFF : .000450
 TANK DIAMETER : 119.63
 TANK PROFILE : 4 PTS
 FULL VOL : 19951
 89.7 INCH VOL : 16208
 59.8 INCH VOL : 9999
 29.9 INCH VOL : 3796

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
 HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 19951
 OVERFILL LIMIT : 90%
 HIGH PRODUCT : 17956
 DELIVERY LIMIT : 25%
 : 4987

LOW PRODUCT : 1000
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 99
 TANK TILT : 0.00

MANIFOLDED TANKS
 TR: NONE

LEAK MIN PERIODIC: 50%
 : 9975

LEAK MIN ANNUAL : 50%
 : 9975

PERIODIC TEST TYPE
 STANDARD

ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED

GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAKOFF

DELIVERY DELAY : 3 MIN

LEAK TEST METHOD

TEST ON DATE : ALL TANK
 AUG 12, 2013
 START TIME : DISABLED
 TEST RATE : 50.20 GAL HR
 DURATION : 2 HOURS
 TEST EARLY STOP: DISABLED

LEAK TEST REPORT FORMAT
 NORMAL

LIQUID SENSOR SETUP

L 1:T-3 DSL ANNULAR N
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L 2:UDC HIGH FLOW DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 3:UDC 6-7 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 4:UDC 4-5 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 5:UDC 3 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 6:UDC 1-2 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 7:OIL REEL SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : PIPING SUMP

L 8:ISL VALVE SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : PIPING SUMP

L 9:T-1 DSL FILL SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : OTHER SENSORS

L10:T-1 DSL STE SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STE SUMP

L11:T-1 DSL ANN 12E
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L12:T-2 DSL FILL SUMP S
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STE SUMP

L13:T-2 DSL STP S
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L14:T-2 DSL ANN CTR 20K
DUAL FLOAT HYDROSTATIC
CATEGORY : ANNULAR SPACE

L15:T-3 DSL FILL SUMP N
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L16:T-3 DSL STP N
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

OUTPUT RELAY SETUP

R 1:T-1 FOS SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

IN-TANK ALARMS
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS
L 5:FUEL ALARM
L10:FUEL ALARM
L11:FUEL ALARM
L12:FUEL ALARM
L 5:SENSOR OUT ALARM
L10:SENSOR OUT ALARM
L11:SENSOR OUT ALARM
L12:SENSOR OUT ALARM
L 5:SHORT ALARM
L10:SHORT ALARM
L11:SHORT ALARM
L12:SHORT ALARM

R 2:DIESEL 2 SOUTH
TYPE:
STANDARD
NORMALLY CLOSED

IN-TANK ALARMS
T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 3:FUEL ALARM
L 4:FUEL ALARM
L 6:FUEL ALARM
L 8:FUEL ALARM
L10:FUEL ALARM
L16:FUEL ALARM
L 2:SENSOR OUT ALARM
L 3:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM
L 8:SENSOR OUT ALARM
L13:SENSOR OUT ALARM
L16:SENSOR OUT ALARM
L 2:SHORT ALARM
L 3:SHORT ALARM
L 4:SHORT ALARM

R 3:DIESEL 2 NORTH
TYPE:
STANDARD
NORMALLY CLOSED

IN-TANK ALARMS
T 3:LOW PRODUCT ALARM

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 3:FUEL ALARM
L 4:FUEL ALARM
L 6:FUEL ALARM
L 8:FUEL ALARM
L13:FUEL ALARM
L16:FUEL ALARM
L 2:SENSOR OUT ALARM
L 3:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM
L 8:SENSOR OUT ALARM
L13:SENSOR OUT ALARM
L16:SENSOR OUT ALARM
L 2:SHORT ALARM
L 3:SHORT ALARM
L 4:SHORT ALARM
L 6:SHORT ALARM
L 8:SHORT ALARM
L13:SHORT ALARM
L16:SHORT ALARM

R 4:OVERFILL
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:OVERFILL ALARM
ALL:HIGH PRODUCT ALARM
ALL:MAX PRODUCT ALARM

R 5:OIL FSD
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 7:FUEL ALARM
L 7:SENSOR OUT ALARM

RECONCILIATION SETUP

AUTOMATIC DAILY CLOSING
TIME: 2:00 AM

PERIODIC RECONCILIATION
MODE: MONTHLY

TEMP COMPENSATION
STANDARD

BUS SLOT FUEL METER TANK
TANK MAP EMPTY

SOFTWARE REVISION LEVEL
VERSION 120.02
SOFTWARE# 346120-100-0
CREATED - 00.10.16.13.28

S-MODULE# 330160-002-A
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS
CSLD

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
JUN 14. 2015 4:34 PM
PRINTER ERROR
JUN 14. 2015 4:34 PM
BATTERY IS OFF
JUN 3. 2014 11:01 AM
SYS SECURITY WARNING
AUG 17. 2011 9:31 AM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:OIL S 12 N

HIGH WATER ALARM
JUN 3. 2014 10:03 AM
JUN 5. 2013 10:16 AM
JUN 5. 2012 10:46 AM

OVERFILL ALARM
JUN 3. 2015 9:38 AM
JUN 3. 2014 9:51 AM
JUN 5. 2013 10:09 AM

LOW PRODUCT ALARM
JUN 10. 2011 11:11 AM
JUN 10. 2011 11:05 AM
JAN 30. 2008 7:58 AM

HIGH PRODUCT ALARM
MAY 21. 2007 11:46 AM
OCT 15. 2003 2:22 PM
OCT 15. 2003 1:32 PM

INVALID FUEL LEVEL
JUN 5. 2013 10:19 AM
JUN 10. 2011 11:10 AM
JUN 10. 2011 11:05 AM

PROBE OUT
JUN 3. 2015 9:38 AM
JUN 3. 2015 9:36 AM
JUN 3. 2014 10:59 AM

HIGH WATER WARNING
JUN 3. 2014 10:03 AM
JUN 5. 2013 10:16 AM
JUN 5. 2012 10:46 AM

DELIVERY NEEDED
JAN 27. 2015 4:46 PM
JUN 3. 2014 11:00 AM
MAY 30. 2014 2:24 PM

MAX PRODUCT ALARM
MAY 21. 2007 11:46 AM

LOW TEMP WARNING
JUN 3. 2014 11:00 AM
JUN 5. 2012 10:51 AM
JUN 18. 2008 2:52 PM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 2:ISL CMTR 20 K

SETUP DATA WARNING

JAN 8. 2001 3:00 PM

HIGH WATER ALARM

JUN 3. 2014 10:02 AM

JUN 5. 2013 10:32 AM

JUN 5. 2012 10:40 AM

OVERFILL ALARM

JUN 3. 2015 9:40 AM

JUN 3. 2014 9:55 AM

JUN 5. 2013 10:17 AM

LOW PRODUCT ALARM

JUN 5. 2012 10:43 AM

JUL 9. 2009 2:35 PM

JUN 25. 2009 3:43 PM

HIGH PRODUCT ALARM

MAY 21. 2007 11:36 AM

APR 17. 2003 10:33 AM

APR 3. 2001 11:00 AM

INVALID FUEL LEVEL

JUN 5. 2012 10:42 AM

JAN 25. 2010 2:12 PM

JUN 3. 2009 10:33 AM

PROBE OUT

JUN 3. 2015 9:40 AM

JUN 3. 2015 9:34 AM

JUN 3. 2014 10:59 AM

HIGH WATER WARNING

JUN 3. 2014 10:02 AM

JUN 5. 2013 10:32 AM

JUN 5. 2012 10:40 AM

DELIVERY NEEDED

DEC 13. 2014 3:05 PM

NOV 25. 2014 3:33 PM

JUN 20. 2014 9:56 PM

MAY PRODUCT ALARM

MAY 21. 2007 11:36 AM

APR 3. 2001 11:00 AM

CSLD INCR RATE WARN

JUL 29. 2006 2:22 AM

LOW TEMP WARNING

JUN 3. 2014 11:00 AM

APR 22. 2003 11:15 AM

APR 17. 2002 10:32 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:1-3 ISL ANNULAR N

ANNULAR STATE

SENSOR OUT ALARM

JUN 3. 2015 10:49 AM

HIGH LIQUID ALARM

JUN 3. 2015 8:57 AM

LOW LIQUID ALARM

JUN 3. 2015 8:57 AM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 3:ISL N 20 K

HIGH WATER ALARM

JUN 3. 2014 10:11 AM

JUN 5. 2013 10:32 AM

JUN 5. 2012 10:32 AM

OVERFILL ALARM

JUN 3. 2015 9:42 AM

JUN 3. 2014 10:00 AM

JUN 5. 2013 10:26 AM

LOW PRODUCT ALARM

JUL 9. 2009 2:57 PM

JUL 8. 2009 8:19 PM

JUN 25. 2009 9:55 PM

HIGH PRODUCT ALARM

JUN 10. 2011 11:23 AM

MAY 21. 2007 11:31 AM

APR 17. 2002 10:29 AM

INVALID FUEL LEVEL

MAY 21. 2007 11:36 AM

MAY 21. 2007 11:24 AM

MAY 15. 2006 11:12 AM

PROBE OUT

JUN 3. 2015 9:42 AM

JUN 3. 2015 9:33 AM

JUN 3. 2014 10:58 AM

HIGH WATER WARNING

JUN 3. 2014 10:11 AM

JUN 5. 2013 10:32 AM

JUN 5. 2012 10:32 AM

DELIVERY NEEDED

APR 19. 2015 5:25 PM

APR 15. 2015 3:25 PM

APR 9. 2015 6:55 PM

LOW TEMP WARNING

JUN 10. 2011 11:36 AM

JUN 14. 2010 2:59 PM

JUN 18. 2008 2:31 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:UDC HIGH FLOW ISL

DISPENSER FAN

SENSOR OUT ALARM

JUN 3. 2015 10:49 AM

FUEL ALARM

JUN 3. 2015 9:28 AM

SENSOR OUT ALARM

JUN 3. 2014 11:04 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 3:UDC 6-7 ISL

DISPENSER FAN

SENSOR OUT ALARM

JUN 3. 2015 10:49 AM

FUEL ALARM

JUN 3. 2015 9:27 AM

SENSOR OUT ALARM

JUN 3. 2014 11:04 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 4:UDC 4-5 ISL

DISPENSER FAN

SENSOR OUT ALARM

JUN 3. 2015 10:49 AM

FUEL ALARM

JUN 3. 2015 9:28 AM

SENSOR OUT ALARM

JUN 3. 2014 11:04 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 5:UDC 3 ISL

DISPENSER FAN

SENSOR OUT ALARM

JUN 3. 2015 10:49 AM

FUEL ALARM

JUN 3. 2015 10:47 AM

FUEL ALARM

JUN 3. 2015 9:25 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L 6:UDC 1-2 ISL
 DISPENSER FAN
 SENSOR OUT ALARM
 JUN 3. 2015 10:49 AM

FUEL ALARM
 JUN 3. 2015 9:25 AM

SENSOR OUT ALARM
 JUN 3. 2014 11:04 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L 9:T-1 ISL FILL SUMP
 OTHER SENSORS
 SENSOR OUT ALARM
 JUN 3. 2015 9:31 AM

FUEL ALARM
 JUN 3. 2015 8:54 AM

SENSOR OUT ALARM
 JUN 3. 2014 11:04 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L12:T-2 ISL FILL SUMP S
 STP SUMP
 SENSOR OUT ALARM
 JUN 3. 2015 9:31 AM

FUEL ALARM
 JUN 3. 2015 8:55 AM

SENSOR OUT ALARM
 JUN 3. 2014 11:04 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L 7:OIL REEL SUMP
 PIPING SUMP
 SENSOR OUT ALARM
 JUN 3. 2015 10:49 AM

FUEL ALARM
 JUN 3. 2015 9:28 AM

SENSOR OUT ALARM
 JUN 3. 2014 11:04 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L10:T-1 ISL STP SUMP
 STP SUMP
 FUEL ALARM
 JUN 3. 2015 10:46 AM

SENSOR OUT ALARM
 JUN 3. 2015 9:31 AM

FUEL ALARM
 JUN 3. 2015 9:09 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L13:T-2 ISL STP S
 OTHER SENSORS
 SENSOR OUT ALARM
 JUN 3. 2015 9:31 AM

FUEL ALARM
 JUN 3. 2015 9:23 AM

FUEL ALARM
 JUN 14. 2015 9:51 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L 8:ISL WAVE SUMP
 PIPING SUMP
 SENSOR OUT ALARM
 JUN 3. 2015 10:49 AM

FUEL ALARM
 JUN 3. 2015 9:24 AM

FUEL ALARM
 JUN 14. 2015 11:20 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L11:T-1 ISL WAVE SUMP
 ANNUAL SUMP
 SENSOR OUT ALARM
 JUN 3. 2015 9:31 AM

HIGH LIQUID ALARM
 JUN 3. 2015 8:59 AM

LOW LIQUID ALARM
 JUN 3. 2015 8:58 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
 L14:T-2 ISL WAVE SUMP
 ANNUAL SUMP
 HIGH LIQUID ALARM
 JUN 3. 2015 8:58 AM

LOW LIQUID ALARM
 JUN 3. 2015 8:57 AM

SENSOR OUT ALARM
 JUN 3. 2014 11:04 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L15:T-3 DSL FILL SUMP N
STP SUMP
SENSOR OUT ALARM
JUN 3. 2015 9:31 AM

FUEL ALARM
JUN 3. 2015 8:56 AM

SENSOR OUT ALARM
JUN 3. 2014 11:04 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L16:T-3 DSL STP N
STP SUMP
SENSOR OUT ALARM
JUN 3. 2015 9:31 AM

FUEL ALARM
JUN 3. 2015 9:23 AM

SENSOR OUT ALARM
JUN 3. 2014 11:04 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:T-3 DSL ANNULAR N
ANNULAR SPACE
SENSOR OUT ALARM
JUN 3. 2015 10:49 AM

HIGH LIQUID ALARM
JUN 3. 2015 8:57 AM

LOW LIQUID ALARM
JUN 3. 2015 8:57 AM

***** END *****

HUEYON AGGREGATE
9000 CANTINO SANTA FE
SAN DIEGO, CA. 92127
A1270198305004

JUN 3. 2015 1:00 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME HANSON AGGREGATES CARNELL CANYONADDRESS 9255 CAMINO SANTA FECITY/ZIP SAN DIEGO/92121

PAGE 1 OF 3 DATE 6/3/15
 RECORD ID # DEH2002-HUPFP-117076
 TIME START 9:00 END 11:40
 SPECIALIST MIKE MANESE
 INSPECTION CONTACT
RON THOMPSON
 TITLE PLANT MANAGER
 PHONE (858) 577-2722

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y* N/A* NOTE: **Reinspection fees will be charged if additional inspections are required to determine compliance.**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current	Y* N/A*	Permit Expires on: <u>5/31/16</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input type="checkbox"/>	<input checked="" type="checkbox"/> Contingency Plan available <input type="checkbox"/> LQG <input type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/> Employee training records available
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste disposal records available for review	<input type="checkbox"/>	<input checked="" type="checkbox"/> Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input checked="" type="checkbox"/> Waste containers <input type="checkbox"/> closed <input type="checkbox"/> labeled
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chemical inventory/map current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input checked="" type="checkbox"/> Waste containers in good condition

Consent to inspect granted by: ☒ Inspection Contact ☐ Other:-ROUTINE INSPECTION-

ON SITE WITH RON THOMPSON OF HANSON AGGREGATES, AND PETER JAUREGUI III OF JAUREGUI AND CULLEN TO PERFORM THE ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE EQUIPMENT INSPECTION. TODAY'S INSPECTION ONLY COVERED THE UST PORTION OF THE FACILITY. THE HAZARDOUS MATERIALS, HAZARDOUS WASTE AND ABOVEGROUND PETROLEUM INSPECTIONS WILL OCCUR NEXT YEAR.

NOTICE TO COMPLY: VIOLATION/OBSERVATION/CORRECTIVE ACTION

1. V3411 LINE LEAK DETECTION NOT TESTED / FUNCTIONAL

OBSERVATION: THE DISPENSER SYSTEM/RELAY FOR I+2 WAS NOT WORKING PROPERLY AND THEREFORE WE WERE UNABLE TO TEST THE LINE LEAK DETECTION AND POSITIVE SHUT DOWN FOR THE RELATED SUMP.

CORRECTIVE ACTION: PROPERLY TEST POSITIVE SHUT DOWN AND THE LINE LEAK DETECTION WITHIN 30 DAYS. SUBMIT PROOF OF COMPLIANCE WITHIN 30 DAYS TO MY ATTENTION.

The Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is required by law to be certified online through the California Environmental Reporting System (CERS). For additional information about hazardous materials business plans and CERS, go to: <http://www.sdcountry.ca.gov/deh/hazmat/hmd-cers-info.html>

PRINTED NAME OF FACILITY REPRESENTATIVE

Ron Thompson

SIGNATURE OF FACILITY REPRESENTATIVE

X

DATE SIGNED

6/3/2015

TITLE OF FACILITY REPRESENTATIVE

Manager

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 117076
 DATE 6/3/15
 PAGE 2 OF 3

FACILITY ADDRESS: _____

ZIP CODE: _____

REMARKS: TANK OPERATING PERMIT CURRENT EXPIRES 9/13/18

UST TRAINING COMPLETED ON 2/4/15

SCT (SB 989) COMPLETED ON 1/14/15

DO MONTHLY REPORTS UP TO DATE

OWNER/OPERATION AGREEMENT CURRENT

PETER JALABOU CERTS ARE DATE VALID SERVICE TECH EXPIRES 6/13/15

FINANCIAL RESPONSIBILITY GOOD UNTIL 8/4/15 VR 7/7/15

SIGNATURE OF FACILITY REPRESENTATIVE

HM-9110 (06/11) PCR White: HMD Yellow: Facility

DATE SIGNED

6/3/15

TITLE OF FACILITY REPRESENTATIVE

Manager

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #: 117076

DATE: 6 / 3 / 15

PAGE: 3 OF 3

BUSINESS ADDRESS:

ZIP:

UST SYSTEM INSPECTION

Requirements for Double Walled Systems

#	VIOLATION DESCRIPTION	NOV	TANK #	PRODUCT				
	PIPING MONITORING: PRESSURIZED SYSTEMS -Includes Under Dispenser Containment (UDC)							
	Continuous audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3410		V	V	V	V
	Line leak detector not installed, not functional, or not tested. 2636(f)(2), 25284.1(a)(4)(C), 2641(j)		3411					
	OPTION 1 No annual 0.1 gph (gallon per hour) test. 2636(f)(4)		3412					
	OPTION 2 No pump shut-down or stop of flow at dispenser for UDC leak. 2636(f)(5)		3413					
	No pump shut down & fail safe for other pipe secondary containment. 2636(f)(5)		3414					
	OPTION 3 Emergency Generators without LLDs:		3415					
	Monitoring system not checked daily or log (record) of daily checks not available. 2636(f)(6)		3416					
	OPTION 4 Vapor or pressure monitoring system not functioning. 25290.1(d)&(e)		3416					
	PIPING MONITORING: SUCTION SYSTEMS							
	Continuous audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3451					

Requirements for Single Walled Systems

	TANK MONITORING REQUIREMENTS							
	OPTION 1 Monthly 0.2 gph tank gauging test not performed. 2643(b)(1)		3501					
	OPTION 2 Monthly Statistical Inventory Reconciliation (SIR) not performed. 25292(b)(1); 2643(b)(3)		3502					
	Stick not in good condition or without 1/8" increments. 2645, 2646		3503					
	Dispenser meters not calibrated. 2646.1		3504					
	SIR not capable of detecting 0.2 gph release. 2643(b)(3)		3505					
	Did not notify HMD of a possible release within 10 days. 2646.2(d)		3510					
	Biennial 0.1 gph tank integrity testing not performed. 2643(b)(3), 2643.1		3506					
	Annual SIR report not submitted. 2646.1(j)		3507					
	OPTION 3 Weekly manual tank gauging not performed. (UST capacity ≤1000 gallons). 2645		3508					
	Annual integrity test not performed. (UST capacity 1000 gallons or less). 2645		3509					
	PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED-OPTIONS 1, 2, 3, & 4							
	Line leak detector (LLD) not certified annually. 25284.1(a)(4)(C); 2641(j)		3551					
	LLD does not shut down pump with release and detector failure/disconnection. 2666(c)		3552					
	OPTION 1 Hourly line leak detector monitoring not performed. 25284.1(a)(4)(C); 2643(c)(1)		3553					
	Monthly electronic line leak detection not performed. 2643(c)(2)		3554					
	OPTION 2 Hourly line leak detector monitoring not performed. 25284.1(a)(4) (c); 2643(c)(1)		3561					
	Annual electronic line leak detector monitoring not performed. 2643(c)(3)		3562					
	OPTION 3 Hourly line leak detector monitoring not performed. 25284.1(a)(4)(C); 2643(c)(1)		3563					
	Annual piping integrity test not performed. 2643(c)(3)		3564					
	OPTION 4 Hourly electronic line leak detector could not detect 3 gph leak. 2643(c)(1)		3565					
	Line leak detector could not detect 0.1 gph at 150% pressure. 2643(c)(3)		3566					
	PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING							
	Piping integrity test not performed every 3 years. 2643(d)		3601					
	Daily monitoring not performed and/or logged. 2643(d), Appendix II		3602					
	PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING							
	More than one check valve or single valve not located properly. 2641(b), 2636(a)(3)		3651					
	Contents do not drain back to tank if suction is released. 2641(b), 2636(a)(3)		3652					
	PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING							
	Piping integrity test not performed every 2 years. 2643(e)		3701					
	Enhanced leak detection not performed as required. 25292.4(a)		3702					

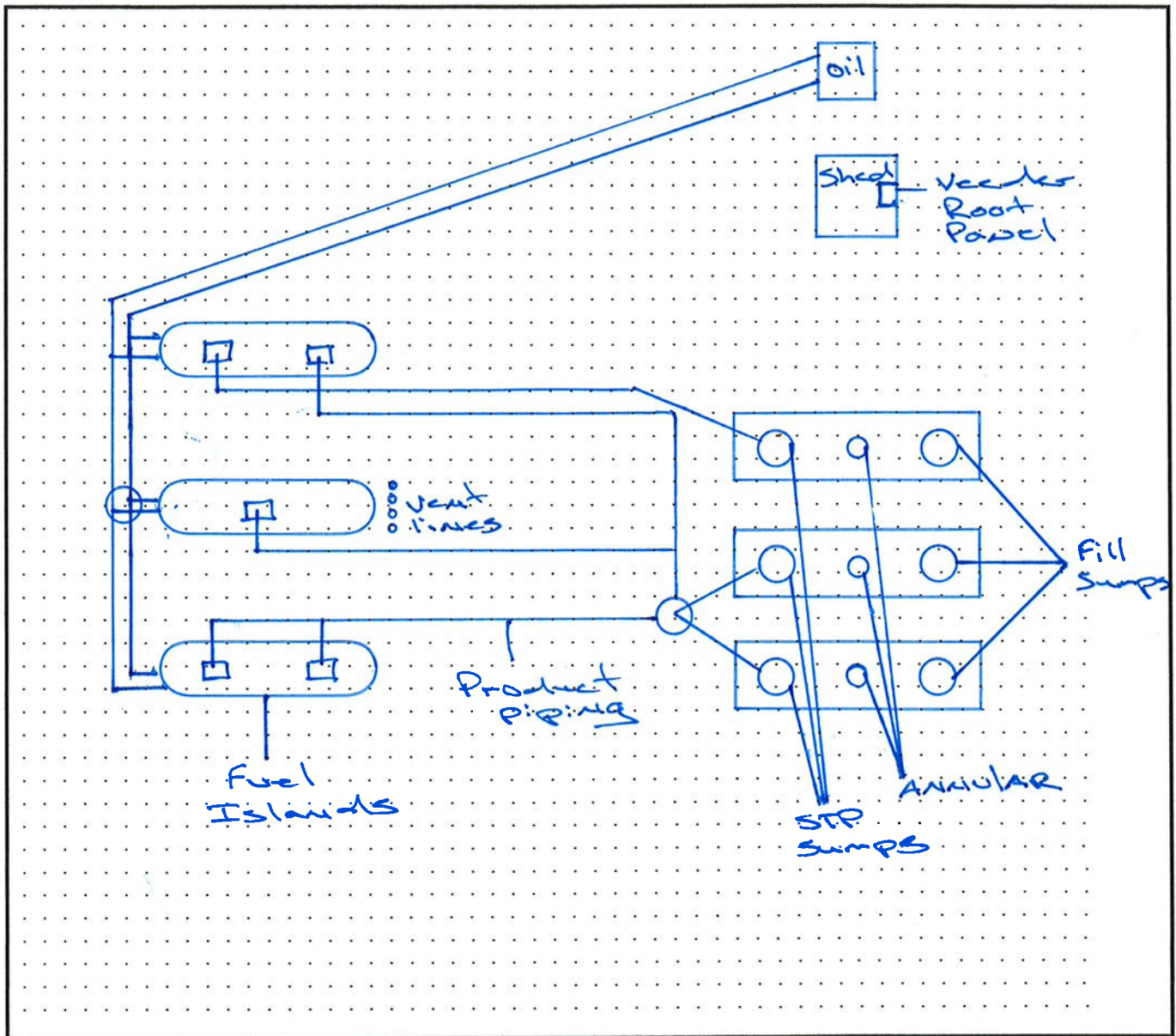
Signature of Business Representative

Date Signed

Title of Business Representative

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe. S.D. CA 92131Date map was drawn: 6/16/09Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.



UPFP INSPECTION CHECKLIST

FACILITY NAME: **HANSON AGGREGATES CARROLL CANYON**
ADDRESS: **9255 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO /92121**

INSPECTION DATE: **06/03/2016**
TIME START: **8:00 AM** END: **10:00 AM**
SPECIALIST: **Anastasiya Irkhin**
INSPECTION CONTACT: **Aaron Lund**
TITLE: **Area Environmental Manager**
PHONE: **(858)715-5667**
E-MAIL: **Aaron.Lund@LehighHanson.com**

FACILITY REFERENCE DATA

ACCELA

RECORD STATUS: **Permit Renewed**
PERMIT EXPIRATION DATE: **05/31/2017**
BALANCE DUE: **\$0.00**
INSPECTOR: **Anastasiya Irkhin**
INSPECTION TYPE: **Status Verification**
INSPECTION STATUS: **Complete**

CERS

EPA ID NUMBER: **CAL000140120**
FACILITY CERS ID NUMBER: **10387948**
CERS LEAD USER: **Aaron Lund**
LAST CERS SUBMITTAL DATE: **04/26/2016**
ENVIRONMENTAL CONTACT EMAIL: **AARON.LUND@LEHIGHHANSON.COM**
ENVIRONMENTAL CONTACT PHONE: **8587155667**

FACILITY INFORMATION

	YES	NO		YES	NO
INACTIVATION INSPECTION:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAZARDOUS MATERIALS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHANGE OF OWNER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAZARDOUS WASTE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHANGE IN BUSINESS TYPE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABOVEGROUND PETROLEUM STORAGE ACT: *	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUSINESS TYPE: UST - Non Retail - No Repair Service			TOTAL SHELL CAPACITY APSA:		2340
ISSUE INITIAL INVOICE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNDERGROUND STORAGE TANK:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSESS NON-NOTIFICATION FEE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALARP PROGRAM (CERS):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSESS RE-INSPECTION FEE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALARP PROGRAM LEVEL:	1	2
FACILITY SUBJECT TO BASE FEE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICAL WASTE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FACILITY SUBJECT TO CUPA FEE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MW FACILITY GENERATING OVER 200 LBS PER MONTH:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UPDATE FACILITY ADDRESS IN AA:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPIC PARTICIPANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			NUMBER OF TLV GASES AT THE FACILITY:		0

HW GENERATOR STATUS : **LOG** **SQG** **CESQG** **RCRA LOG** **N/A**

TIERED PERMIT LEVEL(S) : **CESQT** **CESW** **CE-L** **CE-CL** **HHW** **PBR** **CA** **N/A**

PRIMARY BILLING CODE

Not Applicable

SECONDARY BILLING CODE

Not Applicable

TERTIARY BILLING CODE

Not Applicable

INSPECTION SCOPE:

HAZARDOUS MATERIALS:	GEN HAZMAT	APSA	UST	HAZARDOUS WASTE:	SQG	LOG
MEDICAL WASTE:	SQG	LOG - TREATS		CALARP:	1	2
	LOG	LOG - ABBREVIATED	LOG - TREATS	TIERED PERMITTING:	CESQT	CESW
					CA	PBR
						HHW

CONSENT TO CONDUCT INSPECTION GRANTED BY: INSPECTION CONTACT ☐ NAME: **Aaron Lund** TITLE: **Area Environmental Manager**

REMOVE BLANK CHECKLISTS FROM FINAL INSPECTION REPORT ☒ REFUSED TO SIGN ☐

INSPECTION REPORT EMAILS:

Anastasiya.Irkhin@sdcounty.ca.gov, Kelly.Robertson@sdcounty.ca.gov, Jennifer.Rosales@sdcounty.ca.gov

RECORD COMMENT:

Supplemental CIR for the inspection completed 6/2/2016.



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME: **HANSON AGGREGATES CARROLL CANYON**
 ADDRESS: **9255 CAMINO SANTA FE**
 CITY/ZIP: **SAN DIEGO /92121**

INSPECTION DATE: **06/03/2016** PAGE **1** OF **7**
 RECORD ID #: **DEH2002-HUPFP-117076**
 TIME START: **8:00 AM** END: **10:00 AM**
 SPECIALIST: **Anastasiya Irkhin**
 INSPECTION CONTACT: **Aaron Lund**
 TITLE: **Area Environmental Manager**
 PHONE: **(858)715-5667**
 E-MAIL: **Aaron.Lund@LehighHanson.com**

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). **This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6.** This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Yes	N/A		Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan Available <input type="checkbox"/> LQG <input type="checkbox"/> SQG
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan Available	<input type="checkbox"/>	<input type="checkbox"/>	Employee Training Records Available
<input type="checkbox"/>	<input type="checkbox"/>	Employee Training is Adequate	<input type="checkbox"/>	<input type="checkbox"/>	Universal Waste Managed Properly
<input type="checkbox"/>	<input type="checkbox"/>	Waste Disposal Records Available for Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Containers <input type="checkbox"/> Closed <input type="checkbox"/> Labeled
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Contacts Current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input type="checkbox"/>	Waste Containers in Good Condition
<input type="checkbox"/>	<input type="checkbox"/>	Chemical Inventory/Map Current <input type="checkbox"/> Updated today			Permit Expires On <u>05/31/2017</u>

CONSENT TO CONDUCT INSPECTION GRANTED BY: Aaron Lund

TITLE: Area Environmental Manager

INTRODUCTION:

This Compliance Inspection Report is a supplemental to the original inspection/report conducted on June 2, 2016.

Present for the issuing of this supplemental report: Henry Pimentel, Production Supervisor.

INSPECTION REMARKS:

For Violations #2 and #5 please refer to photos 1 through 7.

For Violation #4 please refer to photos 8 through 10.

REMARKS:

Per inspection completed June 2, 2016, the following was observed: approximately three quart sized new oil containers and approximately two one gallon containers were found in the trash bin of the maintenance yard with at least half an inch to one inch of pour-able oil still in the container. Ensure that your employees understand and are trained on the state standards of empty containers for any containers being thrown away with hazardous materials or hazardous waste.

Guidance documents will be emailed to facility representative today.

Helpful Websites:

- For guidance documents on hazardous materials-related topics,
go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_publications.html
- For information on the California Environmental Reporting System (CERS),
go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html
- If you have questions on: permit fees, business plan requirements, or hazardous waste regulations,
go to: <http://www.sandiegocounty.gov/content/sdc/deh/hazmat.html>
- To find out the latest San Diego County News and receive updates, subscribe to our govdelivery emails:
<https://public.govdelivery.com/accounts/CASAND/subscriber/new>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 06/03/2016

PAGE 2 OF 7

RECORD ID #: DEH2002-HUPFP-117076

If you have any questions regarding this inspection, please contact Anastasiya Irkhin, 858-518-7388,
Anastasiya.Irkhin@sdcounty.ca.gov

INSPECTION PHOTOS



Photo 1: The following product "CONCLEAN" was observed near the truck wash area in two totes (approximately 350 and 250 gallons) with secondary containment.



Photo 2: secondary containment with liquid in the 350 gallon container of "CONCLEAN"



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 06/03/2016

PAGE 3 OF 7

RECORD ID #: DEH2002-HUPFP-117076



Photo 3: pH sample taken of liquid in the secondary containment of the 350 gallon "CONCLEAN" showing a pH of approximately 1.



Photo 4: valve to drain the secondary containment on the 350 gallon container of "CONCLEAN" observed leaking out onto the concrete towards truck wash bath



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 06/03/2016

PAGE 4 OF 7

RECORD ID #: DEH2002-HUPFP-117076

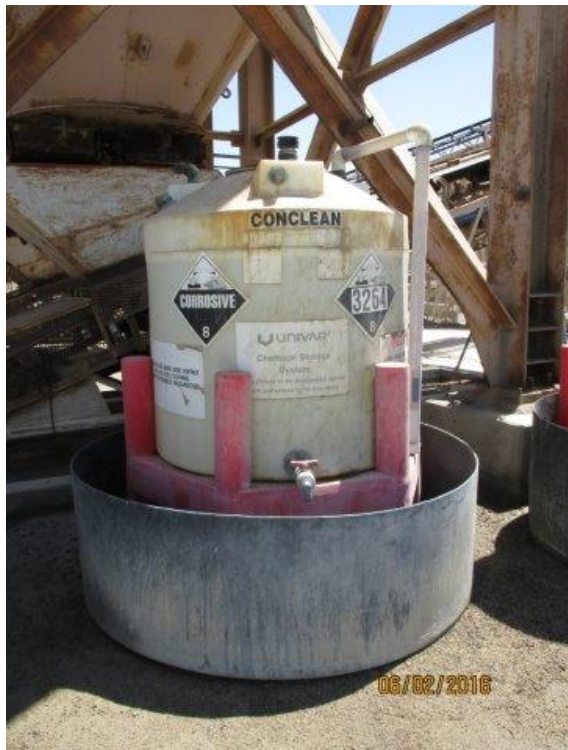


Photo 5: 250-gallon container of the "CONCLEAN" product near the truck wash station



Photo 6: Secondary containment of the 250-gallon "CONCLEAN" observed with liquid in the containment



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 06/03/2016

PAGE 5 OF 7

RECORD ID #: DEH2002-HUPFP-117076



Photo 7: pH sample taken of the liquid in the secondary containment of the 250-gallon "CONCLEAN" tote. Sample shows a pH of approximately 0-1



Photo 8: Open and unlabeled improper container observed in the maintenance truck area



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 06/03/2016

PAGE 6 OF 7

RECORD ID #: DEH2002-HUPFP-117076



Photo 9: open and unlabeled containers observed in the oil depot area



Photo 10: open and unlabeled containers observed in the oil depot area. Containers observed to be over flowing and no spill absorbent observed to be used

All regulated businesses are required by law to submit their Unified Program-related information and business updates online through the California Environmental Reporting System (CERS). For additional information about CERS, go to: http://www.sandiegocounty.gov/deh/hazmat/hmd_cers.html

**COUNTY OF SAN DIEGO****SUPPLEMENTAL COMPLIANCE
INSPECTION REPORT**INSPECTION DATE: **06/03/2016**PAGE **7** OF **7**RECORD ID #: **DEH2002-HUPFP-117076**

PRINTED NAME OF FACILITY REPRESENTATIVE Henry Pimentel	SIGNATURE 	DATE SIGNED 06/03/2016
TITLE OF FACILITY REPRESENTATIVE Production Supervisor		

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcdeh.org>

CONCLEAN

CORROSIVE

8

3204

CAUSES SEVERE BURNS. AVOID CONTACT
WITH SKIN, EYES & CLOTHING
VAPOR EXTREMELY HAZARDOUS

PELIGRO

CAUSA QUEMADURAS GRAVES POR
CONTACTO CON LA PIEL, OJOS
VAPORES EXTREMADAMENTE PELIGROSOS

06/02/2016

September 16 – October 15, 2017 Pre-Diligence / LOI Period Package Addendum 2 October 10, 2017





06/02/2016



06/02/2016



06/02/2016



06/02/2016



06/02/2016

September 15 – October 15, 2017 Pre- Diligence / Lot Period Package Addendum 2 October 10, 2017



06/02/2016





County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

(858) 505-6880 1-800-253-9933 FAX (858) 505-6848; <http://www.sdcdeh.org>

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number:

A. General Information

Facility Name: Hanson

Bldg. No.:

Site Address: 9255 Camino Sante Fe

City: San Diego

Zip: 92131-

Facility Contact Person: Shane Hancock

Contact Phone No.: (858) 577-2798 x

Make/Model of Monitoring System: Veeder-Root TLS-350

Date of Testing/Servicing: 2-Jun-16

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/ inspected serviced:

Tank ID: T1 South Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-107 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: Red-Jacket 116-017 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: T3 North Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-303 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: VMI LD-2000 <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: T2 Diesel <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: 847390-109 <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: 794380-302 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Fill Sump Sensor(s) Model: 794380-208 <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: Red-Jacket FX1DV <input type="checkbox"/> Electronic Line Leak Detector Model: <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: V/R 790091-001 <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe Model: <input type="checkbox"/> Annular Space or Vault Sensor Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <input type="checkbox"/> Fill Sump Sensor(s) Model: <input type="checkbox"/> Mechanical Line Leak Detector Model: <input type="checkbox"/> Electronic Line Leak Detector Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1-2 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 6-7 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 3 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 8 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 4-5 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: Transition sump <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☐ Copy of the report ☒ System set-up ☒ Alarm history report

Technician Name (print): Peter Jauregui III

Signature:

Certification No.: B34641

License No.: 708231

Testing Company Name: Jauregui & Culver inc.

Phone No.: (760) 743-0518 x

Testing Company Address: 959 W. mission ave. Escondido, Ca. 92025

Date of Testing/Servicing: 2-Jun-16

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Serviceing**Permit Number:**

Software Version Installed: 120.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shutdown? <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shutdown due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90%
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments (500 characters max. add additional sheets if needed): During the inspection the positive shut down on T2 STP did not work due to feedback to the stp relay. the site was re configured to ensure proper operation and shut down. positive shut down was verified with the inspectors on site.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION**F. In-Tank Gauging / SIR Equipment:****Permit Number: 0**☐ Check this box if tank gauging is used only for inventory control☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):☐ Check this box if LLDs are not installed.**Complete the following checklist:**

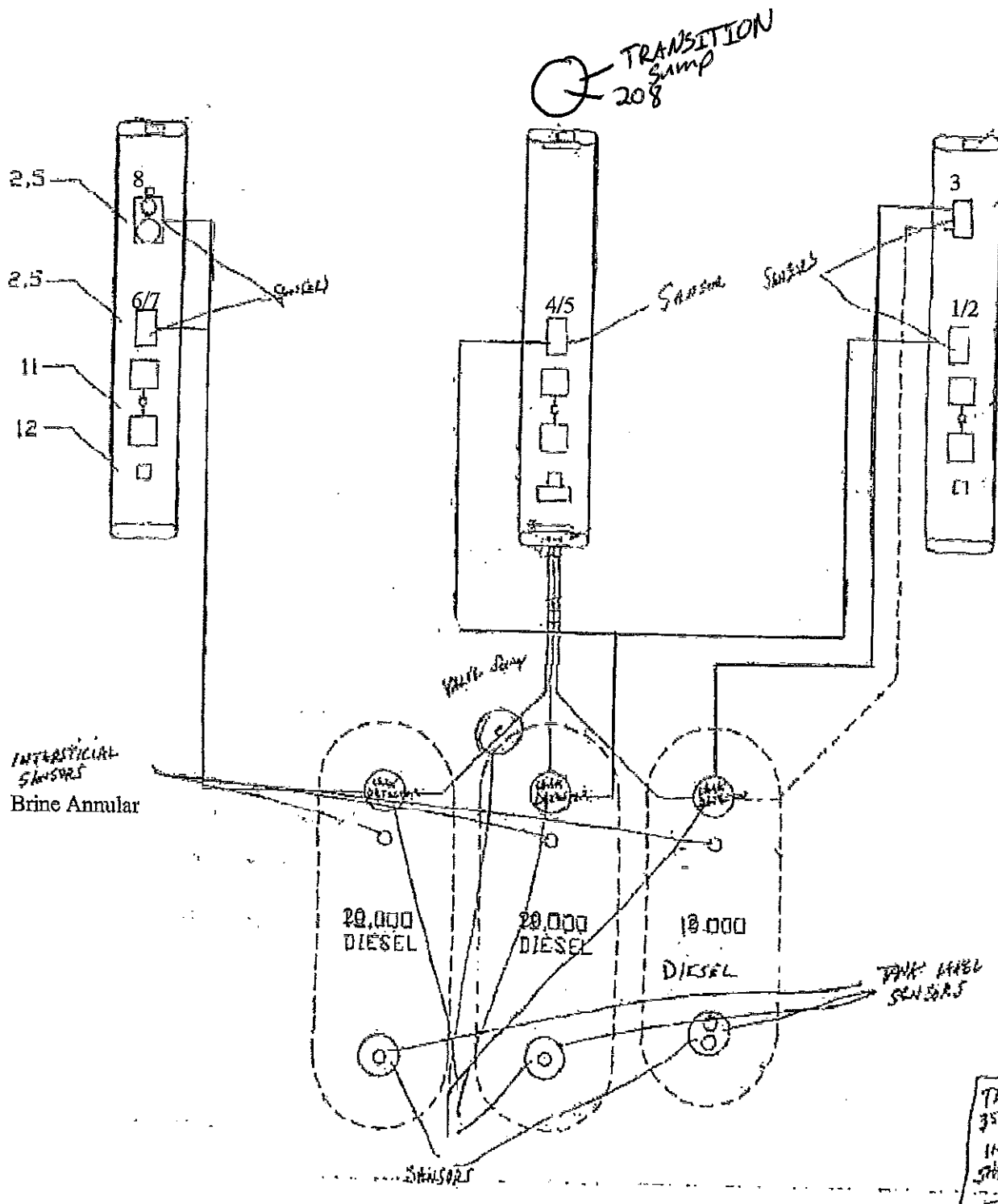
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h. ; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments (500 characters max. add additional sheets if needed):

Hanson Aggregates 9255 Camino Santa Fe

N
SCALE - 1" = 10'



SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Hanson	Date of Testing:	6-2-2016
Facility Address:	9255 Camino Sante Fe		
Facility Contact:	Aaron Lund	Phone:	(858) 577-2798 x
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing):	Jennifer Rosales		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Jauregui & Culver inc		
Technician Conducting Test:	Peter Jauregui III		
Credentials ¹ :	x CSLB Contractor	x ICC Service Tech.	SWRCB Tank Tester Other (Specify) _____
License Number(s):	708231, 8195227		


3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	x Hydrostatic		Vacuum	Other
Test Equipment Used: Water and Tape Measure			Equipment Resolution: 0 Loss	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	Diesel North	Diesel Mid	Diesel South	4
Bucket Installation Type:	Direct Bury X Contained in Sump	Direct Bury X Contained in Sump	Direct Bury X Contained in Sump	Direct Bury X Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	10"	10"	10"	
Wait time between applying vacuum/water and start of test:	10 min	10 min	10 min	
Test Start Time (T _I):	9:00	9:00	9:00	
Initial Reading (R _I):	Visual test	Visual test	Visual test	
Test End Time (T _F):	10:00	10:00	10:00	
Final Reading (R _F):	Visual test	Visual test	Visual test	
Test Duration (T _F – T _I):	1 hr	1 hr	1 hr	
Change in Reading (R _F - R _I):	0 change	0 change	0 change	
Pass/Fail Threshold or Criteria:	0 loss	0 loss	0 loss	
Test Result:	X Pass > Fail	X Pass > Fail	X Pass > Fail	> Pass > Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: 

Date: 6-2-2016

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA. 92127
A1279198305004

JUN 2. 2016 1:20 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

SYSTEM SETUP

JUN 2. 2016 1:20 PM

SYSTEM UNITS

U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS XM

HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA. 92127
A1279198305004

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TO VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F) : 60.0
STICK HEIGHT OFFSET
DISABLED

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 2 (FXMOD)
BAUD RATE : 2400
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED
DIAL TYPE : TONE
ANSWER ON : 8 RING
MODEM SETUP STRING :

DIAL TONE INTERVAL: 32

RECEIVER SETUP:

D 1:SOCO GROUP
1-619-440-7707
RCVR TYPE: FACSIMILE
PORT NO: 2
RETRY NO: 5
RETRY DELAY: 5
CONFIRMATION REPORT: OFF

AUTO DIAL TIME SETUP:

D 1:SOCO GROUP
DIAL DAILY
DIAL TIME : 4:00 AM
RECEIVER REPORTS:
INVENTORY :

RS-232 END OF MESSAGE
DISABLED

AUTO DIAL ALARM SETUP

D 1:SOCO GROUP
- NO ALARM ASSIGNMENTS -

IN-TANK SETUP

T 1:DSL S 12 K
PRODUCT CODE : 1
THERMAL COEFF : .000450
TANK DIAMETER : 91.63
TANK PROFILE : 4 PTS
FULL VOL : 9695
68.7 INCH VOL : 7865
45.8 INCH VOL : 4874
22.9 INCH VOL : 1865

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 9695
OVERFILL LIMIT : 90%

HIGH PRODUCT : 8725

DELIVERY LIMIT : 95%

LOW PRODUCT : 9210

LEAK ALARM LIMIT: 25%

SUDDEN LOSS LIMIT: 2423

TANK TILT : 500

MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 99

LEAK MIN ANNUAL: 99

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

T 2:DSL CNTR 20 K
PRODUCT CODE : 2
THERMAL COEFF : .000450
TANK DIAMETER : 119.63
TANK PROFILE : 4 PTS
FULL VOL : 19951
89.7 INCH VOL : 16208
59.8 INCH VOL : 9999
29.9 INCH VOL : 3796

FLOAT SIZE: 2.0 IN.

WATER WARNING : 2.5
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 19951
OVERFILL LIMIT : 90%

HIGH PRODUCT : 17956

DELIVERY LIMIT : 95%

LOW PRODUCT : 18953

LEAK ALARM LIMIT: 25%

SUDDEN LOSS LIMIT: 4987

TANK TILT : 1000

MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 99

LEAK MIN ANNUAL: 99

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

LIQUID SENSOR SETUP

F 3:DSL N 20K : 3
 PRODUCT CODE : 000450
 THERMAL COEFF : 119.63
 TANK DIAMETER : 4 FTS
 TANK PROFILE : 19951
 FULL VOL : 16209
 89.7 INCH VOL : 9999
 59.8 INCH VOL : 3796
 29.9 INCH VOL :

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
 HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 19951
 OVERFILL LIMIT : 90%
 : 17956

HIGH PRODUCT : 95%
 : 18953

DELIVERY LIMIT : 25%
 : 4987

LOW PRODUCT : 1000
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 99
 TANK TILT : 0.00

MANIFOLDED TANKS
 T#: NONE

LEAK MIN PERIODIC: 50%
 : 9975

LEAK MIN ANNUAL : 50%
 : 9975

PERIODIC TEST TYPE
 STANDARD

ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED

GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

LEAK TEST METHOD

TEST ON DATE : ALL TANK
 AUG 12, 2013
 START TIME : DISABLED
 TEST RATE : 0.20 GAL/HR
 DURATION : 2 HOURS
 TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
 NORMAL

L 1:T-3 DSL ANNULAR N
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L 2:UDC HIGH FLOW DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 3:UDC 6-7 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 4:UDC 4-5 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 5:UDC 3 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 6:UDC 1-2 DSL
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : DISPENSER PAN

L 8:DSL VALVE SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : PIPING SUMP

L 9:T-1 DSL FILL SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : OTHER SENSORS

L10:T-1 DSL STP SUMP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

L11:T-1 DSL ANN 12K
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L12:T-2 DSL FILL SUMP S
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

L13:T-2 DSL STP S
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : OTHER SENSORS

L14:T-2 DSL ANN CTR 20K
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

L15:T-3 DSL FILL SUMP N
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

L16:T-3 DSL STP N
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

OUTLINE RELAY SETUP

R 1:T-1 POS SHUTDOWN
 TYPE:
 STANDARD
 NORMALLY CLOSED

IN-TANK ALARMS
 T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS
 L 5:FUEL ALARM
 L10:FUEL ALARM
 L11:FUEL ALARM
 L12:FUEL ALARM
 L 5:SENSOR OUT ALARM
 L10:SENSOR OUT ALARM
 L11:SENSOR OUT ALARM
 L12:SENSOR OUT ALARM
 L 5:SHORT ALARM
 L10:SHORT ALARM
 L11:SHORT ALARM
 L12:SHORT ALARM

R 3:DIESEL2 NORTH-SOUTH
 TYPE:
 STANDARD
 NORMALLY CLOSED

IN-TANK ALARMS
 T 3:LOW PRODUCT ALARM

LIQUID SENSOR ALMS
 L 2:FUEL ALARM
 L 3:FUEL ALARM
 L 4:FUEL ALARM
 L 6:FUEL ALARM
 L 8:FUEL ALARM
 L13:FUEL ALARM
 L16:FUEL ALARM
 L 2:SENSOR OUT ALARM
 L 3:SENSOR OUT ALARM
 L 4:SENSOR OUT ALARM
 L 6:SENSOR OUT ALARM
 L 8:SENSOR OUT ALARM
 L13:SENSOR OUT ALARM
 L16:SENSOR OUT ALARM
 L 2:SHORT ALARM
 L 3:SHORT ALARM
 L 4:SHORT ALARM
 L 6:SHORT ALARM
 L 8:SHORT ALARM
 L13:SHORT ALARM
 L16:SHORT ALARM

R 4:OVERFILL
 TYPE:
 STANDARD
 NORMALLY OPEN

IN-TANK ALARMS
 ALL:OVERFILL ALARM
 ALL:HIGH PRODUCT ALARM
 ALL:MAX PRODUCT ALARM

R 5:OIL PSD
 TYPE:
 STANDARD
 NORMALLY CLOSED

LIQUID SENSOR ALMS
 L 7:FUEL ALARM
 L 7:SENSOR OUT ALARM

SOFTWARE REVISION LEVEL
 VERSION 120.02
 SOFTWARE# 346120-100-C
 CREATED - 00.10.16.13.28

S-MODULE# 330160-002-A
 SYSTEM FEATURES:
 PERIODIC IN-TANK TESTS
 ANNUAL IN-TANK TESTS
 CSLD

RECONCILIATION SETUP

AUTOMATIC DAILY CLOSING
TIME: 2:00 AM

PERIODIC RECONCILIATION
MODE: MONTHLY

TEMP COMPENSATION
STANDARD

BUS SLOT FUEL METER TANK

TANK MAP EMPTY

ALARM HISTORY REPORT

----- SYSTEM ALARM -----

PAPER OUT
MAY 31, 2016 7:50 AM
PRINTER ERROR
MAY 31, 2016 7:50 AM
BATTERY IS OFF
JUN 3, 2014 11:01 AM
SYS SECURITY WARNING
AUG 17, 2011 8:31 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:T-3 DSL ANNULAR N
ANNULAR SPACE
SENSOR OUT ALARM
JUN 2, 2016 9:20 AM

HIGH LIQUID ALARM
JUN 2, 2016 8:44 AM

LOW LIQUID ALARM
JUN 2, 2016 8:44 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:UDC HIGH FLOW DSL
DISPENSER PAN
SENSOR OUT ALARM
JUN 2, 2016 9:20 AM

FUEL ALARM
JUN 2, 2016 9:16 AM

FUEL ALARM
MAY 6, 2016 11:34 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 3:UDC 6-7 DSL
DISPENSER PAN
FUEL ALARM
JUN 2, 2016 12:28 PM

SENSOR OUT ALARM
JUN 2, 2016 9:20 AM

FUEL ALARM
JUN 2, 2016 9:15 AM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DSL S 12 K

HIGH WATER ALARM
JUN 3, 2014 10:03 AM
JUN 5, 2013 10:16 AM
JUN 5, 2012 10:46 AM

OVERFILL ALARM
JUN 2, 2016 9:33 AM
JUN 3, 2015 9:38 AM
JUN 3, 2014 9:51 AM

LOW PRODUCT ALARM
JUN 10, 2011 11:11 AM
JUN 10, 2011 11:05 AM
JAN 30, 2006 7:58 AM

HIGH PRODUCT ALARM
MAY 21, 2007 11:46 AM
OCT 15, 2003 2:22 PM
OCT 15, 2003 1:32 PM

INVALID FUEL LEVEL
JUN 5, 2013 10:19 AM
JUN 10, 2011 11:10 AM
JUN 10, 2011 11:05 AM

PROBE OUT
JUN 2, 2016 9:34 AM
JUN 2, 2016 9:28 AM
JUN 3, 2015 9:38 AM

HIGH WATER WARNING
JUN 3, 2014 10:03 AM
JUN 5, 2013 10:16 AM
JUN 5, 2012 10:46 AM

DELIVERY NEEDED
JUN 2, 2016 9:27 AM
JAN 27, 2015 4:46 PM
JUN 3, 2014 11:00 AM

MAX PRODUCT ALARM
MAY 21, 2007 11:46 AM

LOW TEMP WARNING
JUN 3, 2014 11:00 AM
JUN 5, 2012 10:51 AM
JUN 18, 2008 2:32 PM

----- HISTORY REPORT -----

----- SENSOR ALARM -----

L 4:UDC 4-5 DSL
DISPENSER PAN
FUEL ALARM
JUN 2, 2016 1:09 PM

FUEL ALARM
JUN 2, 2016 12:06 PM

SENSOR OUT ALARM
JUN 2, 2016 9:20 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 5:UDC 3 DSL
DISPENSER PAN
SENSOR OUT ALARM
JUN 2, 2016 9:20 AM

FUEL ALARM
JUN 2, 2016 8:49 AM

SENSOR OUT ALARM
JUN 3, 2015 10:49 AM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 2:DSL CNTR 20 K

SETUP DATA WARNING
JAN 8, 2001 3:00 PM

HIGH WATER ALARM
JUN 3, 2014 10:02 AM
JUN 5, 2013 10:24 AM
JUN 5, 2012 10:40 AM

OVERFILL ALARM
JUN 2, 2016 9:32 AM
JUN 3, 2015 9:40 AM
JUN 3, 2014 9:55 AM

LOW PRODUCT ALARM
JUN 5, 2012 10:43 AM
JUL 9, 2009 2:35 PM
JUN 25, 2009 3:43 PM

HIGH PRODUCT ALARM
MAY 21, 2007 11:36 AM
APR 17, 2002 10:33 AM
APR 3, 2001 11:00 AM

INVALID FUEL LEVEL
JUN 5, 2012 10:42 AM
JAN 25, 2010 2:12 PM
JUN 3, 2009 10:33 AM

PROBE OUT
JUN 2, 2016 9:32 AM
JUN 2, 2016 9:26 AM
JUN 3, 2015 9:40 AM

HIGH WATER WARNING
JUN 3, 2014 10:02 AM
JUN 5, 2013 10:24 AM
JUN 5, 2012 10:40 AM

DELIVERY NEEDED
JUN 2, 2016 9:26 AM
FEB 24, 2016 4:47 PM
JAN 28, 2016 8:36 AM

MAX PRODUCT ALARM
MAY 21, 2007 11:36 AM
APR 3, 2001 11:00 AM

CSLD INCR RATE WARN
JUL 29, 2006 2:22 AM

LOW TEMP WARNING
JUN 3, 2014 11:00 AM
APR 22, 2003 11:15 AM
APR 17, 2002 10:32 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 6:UDC 1-2 DSL
DISPENSER PAN
FUEL ALARM
JUN 2, 2016 1:09 PM

FUEL ALARM
JUN 2, 2016 12:05 PM

SENSOR OUT ALARM
JUN 2, 2016 9:21 AM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 3:DSL N 20 K

HIGH WATER ALARM
JUN 3, 2014 10:11 AM
JUN 5, 2013 10:32 AM
JUN 5, 2012 10:32 AM

OVERFILL ALARM
JUN 2, 2016 9:30 AM
JUN 3, 2015 9:42 AM
JUN 3, 2014 10:00 AM

LOW PRODUCT ALARM
JUL 9, 2009 2:57 PM
JUL 8, 2009 8:19 PM
JUN 25, 2009 9:55 PM

HIGH PRODUCT ALARM
JUN 10, 2011 11:23 AM
MAY 21, 2007 11:31 AM
APR 17, 2002 10:29 AM

INVALID FUEL LEVEL
MAY 21, 2007 11:36 AM
MAY 21, 2007 11:24 AM
MAY 16, 2006 11:12 AM

PROBE OUT
JUN 2, 2016 9:30 AM
JUN 2, 2016 9:23 AM
JUN 3, 2015 9:42 AM

HIGH WATER WARNING
JUN 3, 2014 10:11 AM
JUN 5, 2013 10:32 AM
JUN 5, 2012 10:32 AM

DELIVERY NEEDED
FEB 24, 2016 2:29 PM
FEB 18, 2016 12:50 PM
JAN 26, 2016 5:32 PM

LOW TEMP WARNING
JUN 10, 2011 11:38 AM
JUN 14, 2010 2:59 PM
JUN 18, 2008 2:31 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 7:OIL REEL SUMP
PIPING SUMP
SETUP DATA WARNING
SEP 28, 2015 7:53 AM

FUEL ALARM
AUG 12, 2015 12:58 PM

FUEL ALARM
JUL 10, 2015 12:47 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 8:DSL VALVE SUMP
PIPING SUMP
FUEL ALARM
JUN 2, 2016 1:10 PM

FUEL ALARM
JUN 2, 2016 12:07 PM

FUEL ALARM
JUN 2, 2016 9:25 AM

ALARM HISTORY REPORT

September 15 - October 15, 2017 Pile Drilling Log Package Addendum 2 October 10, 2017

----- SENSOR ALARM -----
L 9:T-1 DSL FILL SUMP
OTHER SENSORS
FUEL ALARM
JUN 2, 2016 8:41 AM

SENSOR OUT ALARM
JUN 3, 2015 9:31 AM

FUEL ALARM
JUN 3, 2015 8:54 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L10:T-1 DSL STP SUMP
STP SUMP
FUEL ALARM
JUN 2, 2016 8:49 AM

FUEL ALARM
JUN 3, 2015 10:46 AM

SENSOR OUT ALARM
JUN 3, 2015 9:31 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L11:T-1 DSL ANN 12K
ANNULAR SPACE
HIGH LIQUID ALARM
JUN 2, 2016 8:46 AM

LOW LIQUID ALARM
JUN 2, 2016 8:46 AM

SENSOR OUT ALARM
JUN 3, 2015 9:31 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L12:T-2 DSL FILL SUMP S
STP SUMP
FUEL ALARM
JUN 2, 2016 8:42 AM

SENSOR OUT ALARM
JUN 3, 2015 9:31 AM

FUEL ALARM
JUN 3, 2015 8:55 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L13:T-2 DSL STP S
OTHER SENSORS
FUEL ALARM
JUN 2, 2016 1:08 PM

FUEL ALARM
JUN 2, 2016 12:04 PM

FUEL ALARM
JUN 2, 2016 11:47 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L14:T-2 DSL ANN CTR 20K
ANNULAR SPACE
LOW LIQUID ALARM
JUN 2, 2016 8:45 AM

HIGH LIQUID ALARM
JUN 2, 2016 8:45 AM

LOW LIQUID ALARM
JUN 2, 2016 8:45 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L15:T-3 DSL FILL SUMP N
STP SUMP
FUEL ALARM
JUN 2, 2016 8:43 AM

SENSOR OUT ALARM
JUN 3, 2015 9:31 AM

FUEL ALARM
JUN 3, 2015 8:56 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L16:T-3 DSL STP N
STP SUMP
FUEL ALARM
JUN 2, 2016 9:13 AM

FUEL ALARM
JUN 2, 2016 9:11 AM

SENSOR OUT ALARM
JUN 3, 2015 9:31 AM

***** END *****



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

FACILITY NAME: HANSON AGGREGATES CARROLL CANYON
 ADDRESS: 9255 CAMINO SANTA FE
 CITY/ZIP: SAN DIEGO / 92121

INSPECTION DATE: 06/02/2016
 RECORD ID #: DEH2002-HUPFP-117076
 SPECIALIST: Anastasiya Irkhin
 INSPECTION CONTACT: Aaron Lund
 TITLE: Area Environmental Manager
 PHONE: (858)715-5667
 E-MAIL: Aaron.Lund@LehighHanson.com

VIOL#	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)	DUE DATE
#1 1020002	6/3/16	Please attach - Facility supplied employee training document attached - AI	07/02/2016
#2 3030005	6/14/16	Please attach pictures - Facility supplied photos that no longer showed liquid in SC - AI	07/02/2016
#3 4020001	6/3/16	Please attach - Facility supplied employee training documents attached - AI	07/02/2016
#4 HMD0223	6/3/16	Observe with inspector on 6/3/16	07/02/2016
#5 HMD1604	6/14/16	Please attach pictures - Facility provided photos to show SC empty - AI	07/02/2016
#6 2030013	6/3/16	Please attach - Facility supplied the missing monthly report - AI	07/02/2016

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

PRINTED NAME OF FACILITY REPRESENTATIVE <u>Henry Pimentel</u>	SIGNATURE <u>Henry Pimentel</u>	DATE SIGNED
TITLE OF FACILITY REPRESENTATIVE <u>Production Supervisor</u>		<u>6/24/16</u>

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW

COUNTY OF SAN DIEGO USE ONLY

REVIEWED BY: Anastasiya Irkhin DATE: 8/19/2016

SPECIALIST'S COMMENTS:

Facility returned to compliance & corrected cited violations w/ RTC documents provided.

☒ All violations noted on date listed above were corrected

☒ Based On Information Provided By The Facility

☒ Based On Field Verification By Specialist

☒ RTC entered by Specialist on: 8/19/2016

☐ RTC entered by Office Assistant on: _____

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

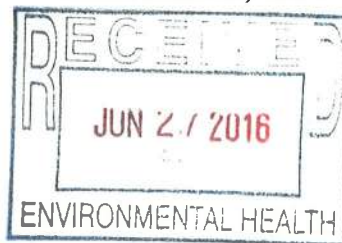
<http://www.sdcdeh.org> 858-505-6880



Hanson
HEIDELBERGCEMENT Group

West Region
P O Box 639069
San Diego, CA 92163-9069
Telephone: (858) 715-5667

Date: June 27, 2016



Department of Environmental Health
Hazardous Materials Division
Attention: Anastasiya Irkhin
P.O. Box 129261
San Diego, CA 92112-9261

Re: Corrective Action Form to Document Return to Compliance Record ID# DEH 2002-HUPFP 117076

Dear Mrs. Irkhin:

Please find attached Corrective Action Form to Document Return to Compliance for Permit DEH2002-HUPFP-117076 located at 9255 Camino Santa Fe, San Diego, CA. Also included with this letter is documentation related to the Return to Compliance form.

Should you have any questions or require additional information, please contact me at (858) 715-5667.

Respectfully yours,

Aaron J. Lund
Environmental Manager
Lehigh Hanson, West Region



UPFP INSPECTION CHECKLIST

FACILITY NAME: **HANSON AGGREGATES CARROLL CANYON**
ADDRESS: **9255 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO /92121**

INSPECTION DATE: **06/02/2016**
RECORD ID #: **DEH2002-HUPFP-117076**
TIME START: **9:00 AM** END: **4:45 PM**
SPECIALIST: **Anastasiya Irkhin**
INSPECTION CONTACT: **Aaron Lund**
TITLE: **Area Environmental Manager**
PHONE: **(858)715-5667**
E-MAIL: **Aaron.Lund@LehighHanson.com**

FACILITY REFERENCE DATA

ACCELA

RECORD STATUS: **Permit Renewed**
PERMIT EXPIRATION DATE: **05/31/2017**
BALANCE DUE: **\$0.00**
INSPECTOR: **Anastasiya Irkhin**
INSPECTION TYPE: **Routine**
INSPECTION STATUS: **Pending Corrective Action**

CERS

EPA ID NUMBER: **CAL000140120**
FACILITY CERS ID NUMBER: **10387948**
CERS LEAD USER: **Aaron Lund**
LAST CERS SUBMITTAL DATE: **04/26/2016**
ENVIRONMENTAL CONTACT EMAIL: **AARON.LUND@LEHIGHHANSON.COM**
ENVIRONMENTAL CONTACT PHONE: **8587155667**

FACILITY INFORMATION

	YES	NO		YES	NO
INACTIVATION INSPECTION:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAZARDOUS MATERIALS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHANGE OF OWNER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAZARDOUS WASTE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHANGE IN BUSINESS TYPE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABOVEGROUND PETROLEUM STORAGE ACT: *	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUSINESS TYPE: UST - Non Retail - No Repair Service			TOTAL SHELL CAPACITY APSA:		2340
ISSUE INITIAL INVOICE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNDERGROUND STORAGE TANK:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSESS NON-NOTIFICATION FEE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALARP PROGRAM (CERS):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSESS RE-INSPECTION FEE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALARP PROGRAM LEVEL:	1	2
FACILITY SUBJECT TO BASE FEE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICAL WASTE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FACILITY SUBJECT TO CUPA FEE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MW FACILITY GENERATING OVER 200 LBS PER MONTH:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UPDATE FACILITY ADDRESS IN AA:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPIC PARTICIPANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			NUMBER OF TLV GASES AT THE FACILITY:		0

HW GENERATOR STATUS : **LOG** **SQG** **CESQG** **RCRA LOG** **N/A**

TIERED PERMIT LEVEL(S) : **CESQT** **CESW** **CE-L** **CE-CL** **HHW** **PBR** **CA** **N/A**

PRIMARY BILLING CODE: **Not Applicable** SECONDARY BILLING CODE: **Not Applicable** TERTIARY BILLING CODE: **Not Applicable**

INSPECTION SCOPE:

HAZARDOUS MATERIALS: **GEN HAZMAT** **APSA** **UST** HAZARDOUS WASTE: **SQG** **LOG**

MEDICAL WASTE: **SQG** **LOG** **LOG - TREATS** **LOG - ABBREVIATED** **LOG - TREATS** CALARP: **1** **2** **3**

TIERED PERMITTING: **CESQT** **CESW** **CE-L** **CE-CL** **CA** **PBR** **HHW**

CONSENT TO CONDUCT INSPECTION GRANTED BY: INSPECTION CONTACT ☐ NAME: **Aaron Lund** TITLE: **Area Environmental Manager**

REMOVE BLANK CHECKLISTS FROM FINAL INSPECTION REPORT ☐ REFUSED TO SIGN ☐

INSPECTION REPORT EMAILS:

Anastasiya.Irkhin@sdcounty.ca.gov, Kelly.Robertson@sdcounty.ca.gov, Jennifer.Rosales@sdcounty.ca.gov

RECORD COMMENT:

Inspection on 6/2/2016 included the following scope: UST, APSA, HW, HM.



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME: **HANSON AGGREGATES CARROLL CANYON**
 ADDRESS: **9255 CAMINO SANTA FE**
 CITY/ZIP: **SAN DIEGO /92121**

INSPECTION DATE: **06/02/2016** PAGE **1** OF **12**
 RECORD ID #: **DEH2002-HUPFP-117076**
 TIME START: **9:00 AM** END: **4:45 PM**
 SPECIALIST: **Anastasiya Irkhin**
 INSPECTION CONTACT: **Aaron Lund**
 TITLE: **Area Environmental Manager**
 PHONE: **(858)715-5667**
 E-MAIL: **Aaron.Lund@LehighHanson.com**

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). **This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6.** This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Yes	N/A		Yes	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan Available <input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan Available	<input type="checkbox"/>	<input type="checkbox"/>	Employee Training Records Available
<input type="checkbox"/>	<input type="checkbox"/>	Employee Training is Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal Waste Managed Properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Disposal Records Available for Review	<input type="checkbox"/>	<input type="checkbox"/>	Waste Containers <input type="checkbox"/> Closed <input type="checkbox"/> Labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency Contacts Current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Containers in Good Condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical Inventory/Map Current <input type="checkbox"/> Updated today			Permit Expires On <u>05/31/2017</u>

CONSENT TO CONDUCT INSPECTION GRANTED BY: Aaron Lund

TITLE: Area Environmental Manager

INTRODUCTION:

On June 2, 2016 a routine Certified Unified Program Agency (CUPA) compliance inspection was conducted at Hanson Aggregates. The scope of the inspection was to verify compliance with hazardous waste, hazardous materials, underground storage tanks (UST), and above ground petroleum storage act (APSA) regulations.

Additional Compliance Inspection Report with photographs will be issued 6/3/2016.

At the time of inspection, this facility is a large quantity generator of hazardous waste, stores on-site reportable amounts of hazardous materials, is subject to APSA regulations (stores on-site more than 1,320 gallons of petroleum), and has three UST on-site.

Consent to conduct inspection and take photographs was granted by Aaron Lund, Area Environmental Manager.

Also present during the inspection: Henry Pimentel, Production Supervisor.

Also present during the inspection: Jennifer Rosales, Environmental Health Specialist.

Annual UST monitoring certification conducted today with technician Peter Jauregui III, with Jauregui & Culver, Inc.

Technician ICC certification current: 8195227 expires 6/4/2017 and Veeder Root certification current: #B34641 expires 7/6/2017

VIOLATION # 1

1020002 Initial and/or annual employee training not conducted for hazardous materials management and/or employee training records not available or not maintained for 3 years. HSC 25505(a)(4)

Classification: Class II

Observations:

This facility has the capacity to store reportable amounts of hazardous materials or hazardous waste (equal to or greater than 55 gallons of liquid, equal to or greater than 500 lbs. of a solid, or equal to or greater than 200 cubic feet of compressed gases) and failed to maintain records of an adequate employee training program for the size of the facility and the nature of the hazardous materials handled. The training program shall, at a minimum, include methods for safe handling of hazardous materials;



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 06/02/2016

PAGE 2 OF 12

RECORD ID #: DEH2002-HUPFP-117076

procedures for coordination with local emergency response organizations; use of emergency response equipment; and emergency response procedures for a release or threatened release of hazardous materials.

Corrective Action Due By: 07/02/2016

Within 30 days, implement and complete an employee training plan. Submit evidence that the training plan has been completed to your inspector's attention.

VIOLATION # 2

3030005 Failed to make a proper waste determination. 22 CCR 66262.11, 66262.40(c)

Classification: Class II

Observations:

At the time of inspection, the "CONCLEAN" in the larger container (approximately 350 gallons), was observed with the secondary containment to be filled with approximately three inches of liquid that was actively leaking out of the valve (see photos in supplemental CIR). Also observed was the "CONCLEAN" in the smaller container (approximately 250 gallons) with the secondary containment to be filled with approximately one foot of liquid (see photos in supplemental CIR). A pH sample was taken of the liquid in the secondary containment from each tank and both showed a pH of 1 (see photos in supplemental CIR).

Corrective Action Due By: 07/02/2016

Within 30 days make a proper waste determination of the liquid in the secondary containment. Provide a written statement with your explanation of 1) whether this liquid in the secondary containment is a product or a hazardous waste and 2) how you intend to manage the liquid that is collected in the secondary containment.

VIOLATION # 3

4020001 Failed to train oil-handling personnel on operation/maintenance of equipment to prevent discharges; discharge procedure protocols; applicable laws, rules, and regulations; general facility operations; AND the contents of the SPCC Plan. (40 CFR 112.7(f)(1).) HSC 25270.4.5(a)

Classification: Class II

Observations:

This facility is subject to Aboveground Petroleum Storage Act regulations and is required to prepare and implement an Spill Prevention Control and Countermeasures Plan. This facility is required to provide and complete training to employees. At the time of inspection, this facility has failed to provide training regarding: the operation and maintenance of equipment to prevent discharges; discharge procedure protocols; applicable pollution control laws, rules, and regulations; general facility operations; AND the contents of the SPCC Plan. CFR 112.7(f)(1) pursuant to 25270.4.5(a)

Corrective Action Due By: 07/02/2016

Within 30 days submit to my attention, evidence that required training of oil-handling personnel has been completed.

VIOLATION # 4

HMD0223 Failed to properly empty container, failed to manage non-empty container, or inner liner removed from a container. 22 CCR 66261.7(b),(d) and/or (r); 66262.34(f)

Classification: Minor

Observations:

Observed on-site were approximately five containers in the oil depot area that were not properly emptied, were not closed or labeled, and were not managed in a timely manner (refer to photos in supplemental CIR).

Corrective Action Due By: 07/02/2016

Within 30 days, make a proper determination of the contents of the containers and manage accordingly. Train staff on the proper storing, handling, and disposal of hazardous materials and hazardous wastes. Submit evidence that this has been completed to your inspector's attention.



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 06/02/2016

PAGE 3 OF 12

RECORD ID #: DEH2002-HUPFP-117076

VIOLATION # 5

HMD1604 Failed to maintain secondary containment empty. 22 CCR 66265.196(b) and (c); 66265.194(c)

Classification: Class II

Observations:

Observed on-site in the secondary containment of the "CONCLEAN" materials were several inches of product. A pH sample was taken and it was documented that the product had a pH of 1 (refer to photos in supplemental CIR)

Corrective Action Due By: 07/02/2016

Within 30 days, manage the secondary containment areas so that they are free and clear of all liquid and debris. Train staff on proper handling, storing, and disposal of hazardous materials and wastes. Submit supporting evidence that this violation has been corrected to your inspector's attention.

VIOLATION # 6

2030013 Failure to comply with one or more of the designated operator monthly inspection requirements: failed to inspect the monthly alarm history report; attach a copy of the alarm history; failed to inspect for the presence of liquid or debris in the spill container/spill bucket and under dispenser containment; failed to inspect the under dispenser containment to ensure that monitoring equipment is placed in the proper position; failure to inspect for liquid or debris in the containment sump where an alarm occurred or for which there is no record of a service visit; or failure to check that all testing and maintenance has been completed and documented. 23 CCR 2715

Underground Storage Tanks: 24180, 24179, 24178

Classification: Minor

Observations:

At the time of inspection, the monthly DO report for August 2015 was not on-site or available for review.

Corrective Action Due By: 07/02/2016

Within 30 days send documentation how this violation was corrected. Ensure that there is a copy of each monthly DO report retained on-site.

INSPECTION REMARKS:

UST Annual Monitoring Certification:

- Facility has three USTs (two 20k and one 10K gallon tanks) and a fuel island that has four dispensers with the UDCs monitored.
- All liquid sensors tested and passed. Fail safe, sensor out, and overfill (ATG) tested and passed for all three tanks.
- Mechanical line leak detectors for both turbines tested and passed a 3 gph leak test at 10 psi.
- Spill buckets tested with water for one hour and passed.
- UDC sensors tested and passed.
- Online CERS records reviewed and current: Accepted CERS submittal last received in 5/2015 including tank information, monitoring plan, plot plan, owner/operator agreement, CFR/CFO letter, and response plans.
- On-site UST records reviewed and in order including past monitoring certification and test records, maintenance records, alarm history/system set up, monthly DUSTO inspections (except August 2015), SB989 (1/14/2015) and DUSTO training records (1/2016).

Aboveground Petroleum Storage Act:

Spill Prevention, Control and Countermeasure Plan (SPCC) was on-site and reviewed during inspection.

-SPCC plan was certified 6/2/2016 by Ron Thompson, Plant Manager.



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 06/02/2016

PAGE 4 OF 12

RECORD ID #: DEH2002-HUPFP-117076

- SPCC plan was Professional Engineer (PE) certified.
- Secondary Containment was observed for tanks (double walled and berm in use)
- Spill kits and absorbent material observed near tanks
- Monthly checklist logs for SPCC plan were on-site and reviewed during inspection

Hazardous Materials/Hazardous Waste:

1) Based on the EPA guidance document titled "Stormwater BMPs for Concrete Washout" published in February 2012, "concrete washout water (or washwater) is a slurry containing toxic metals" which indicates that it may exhibit the hazardous waste characteristic of toxicity due to its metal content per Title 22 of the California Code of Regulations (22CCR) §66261.24(a)(1) and (a)(2). The guidance document continues to explain the following: "Caustic washwater can harm fish gills and eyes and interfere with reproduction" which indicates that it may exhibit the hazardous waste characteristic of aquatic toxicity per 22CCR §66261.24(a)(6). All discussion regarding the concrete washwater (referred to as wastewater by the HMD) has been focused on pH and not toxicity.

*Supplemental CIR will issued 6/3/2016

Helpful Websites:

- For guidance documents on hazardous materials-related topics, go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_publications.html
- For information on the California Environmental Reporting System (CERS), go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html
- If you have questions on: permit fees, business plan requirements, or hazardous waste regulations, go to: <http://www.sandiegocounty.gov/content/sdc/deh/hazmat.html>
- To find out the latest San Diego County News and receive updates, subscribe to our govdelivery emails: <https://public.govdelivery.com/accounts/CASAND/subscriber/new>

If you have any questions regarding this inspection, please contact Anastasiya Irkhin, 858-518-7388, Anastasiya.Irkhin@sdcounty.ca.gov

INSPECTION PHOTOS

None

All regulated businesses are required by law to submit their Unified Program-related information and business updates online through the California Environmental Reporting System (CERS). For additional information about CERS, go to: http://www.sandiegocounty.gov/deh/hazmat/hmd_cers.html

PRINTED NAME OF FACILITY REPRESENTATIVE Henry Pimentel	SIGNATURE 	DATE SIGNED 06/02/2016
TITLE OF FACILITY REPRESENTATIVE Production Supervisor		

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
Phone: (858) 505-6880 <http://www.sdcdeh.org>

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT**
Handlers of Hazardous Materials and Small and Large
Quantity Generators of Hazardous Waste

INSPECTION DATE: 06/02/2016

PAGE 5 OF 12

RECORD ID #: DEH2002-HUPFP-117076

FACILITY NAME: *HANSON AGGREGATES CARROLL CANYON

ADDRESS: * 9255 CAMINO SANTA FE

CITY/ZIP: *SAN DIEGO

92121

Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in *italics*. Incorporated provisions of Title 40 of the Code of Federal Regulations (CFR) are noted for reference. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions. HMBP = Hazardous Materials Business Plan; CUPA = Certified Unified Program Agency; CERS = California Environmental Reporting System; SQG = Small Quantity Hazardous Waste Generator; LQG = Large Quantity Hazardous Waste Generator

Hazardous Materials Requirements

- | # | VIOLATION DESCRIPTION |
|---------------------------------------|--|
| <input type="checkbox"/> | 1010001 HMBP not established/ implemented. HSC 25505(a) and 25507(a) |
| <input type="checkbox"/> | 1010002 HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC 25404(e)(4); 27 CCR 15188(a), (d) |
| <input type="checkbox"/> | 1010003 Business Activities and/or Business Owner/Operator Identification not completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4) |
| <input type="checkbox"/> | 1010004 Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)(1); 25506; 25507; and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010005 Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010006 HMBP not updated to reflect inventory changes or facility information. HSC 25508.1(a-e) |
| <input type="checkbox"/> | 1010007 HMBP not updated to reflect substantial change to the handler's operations. HSC 25508.1(f) |
| <input type="checkbox"/> | 1010008 HMBP not certified annually as complete and accurate in CERS. HSC 25508.2 |
| <input type="checkbox"/> | 1010010 Emergency response procedures to mitigate a release or threatened release not adequate, not established or not submitted in CERS. HSC 25505(a)(3) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010011 Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1 |
| <input type="checkbox"/> | 1010012 Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1 |
| <input type="checkbox"/> | 1010014 Failure to submit emergency response plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010015 Failure to submit employee training plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010016 HMBP not established or submitted in CERS, when not meeting the remote site exemption. HSC 25507.2 and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1020001 Employee training plan for hazardous materials management not adequate, not established or not submitted in CERS. HSC 25505(a)(4) and 25508(a)(1)(A) |
| 1 <input checked="" type="checkbox"/> | 1020002 Initial and/or annual employee training not conducted for hazardous materials management and/or employee training records not available or not maintained for 3 years. HSC 25505(a)(4) |
| <input type="checkbox"/> | 1040001 Hazardous materials release or threatened release not reported to the CUPA and OES immediately upon discovery. HSC 25510(a) |
| <input type="checkbox"/> | 4010001 Failed to prepare and implement a written Spill Prevention Control and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 (sec. 112.3). HSC 25270.4.5(a) |
| <input type="checkbox"/> | HMD 1001 Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905 |
| <input type="checkbox"/> | HMD 1005 Emergency contact not provided or current. HSC 25508.1(f) |
| <input type="checkbox"/> | HMD 1007 Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b) |
| <input type="checkbox"/> | HMD 1008 Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c) |
| <input type="checkbox"/> | HMD 1013 HMBP not readily available for review. HSC 25505(c) |

Hazardous Waste Requirements for SQGs ONLY

- | | |
|--------------------------|--|
| <input type="checkbox"/> | HMD 0226 Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | HMD 0412 Failed to have an emergency coordinator on call or available during an emergency. (40 CFR 262.34(d)(5)(i).) 22 CCR 66262.34(d)(2) |

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Hazardous Waste Requirements for SQGs ONLY (continued)

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 3030007 Failed to properly label/date hazardous waste container and/or tank. 22 CCR 66262.34(f) |
| <input type="checkbox"/> | 3030010 Accumulated waste too long (>180 or 270 days) (>90 days for an acutely hazardous waste). (40 CFR 262.34(e) and (f).) HSC 25201(a); 22 CCR 66262.34(d) |
| <input type="checkbox"/> | 3030013 Failed to accumulate hazardous waste in a container that is in good condition. (40 CFR 262.34(d)(2); 265.171.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030015 Failed to accumulate or store hazardous waste in a lined/compatible container. (40 CFR 262.34(d)(2); 265.172) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030017 Failed to properly close hazardous waste container(s). (40 CFR 262.34(d)(2); 265.173.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030019 Failed to inspect hazardous waste storage area at least weekly. (40 CFR 262.34(d)(2); 265.174.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030022 Failed to properly separate incompatible waste. (40 CFR 262.34(d)(2); 265.177.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030030 Failed to maintain and/or operate the facility to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents. (40 CFR 262.34(d)(4), 265.31.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030036 Failed to maintain adequate aisle space. (40 CFR 262.34(d)(4); 265.35.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3010022 Failed to post, next to the telephone, emergency information containing the location of emergency equipment, contact names, and numbers. (40 CFR 262.34(d)(5)(ii).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3020001 Failed to ensure employees are trained for hazardous waste handling, compliance with regulations, and emergency response procedures. (40 CFR 262.34(d)(5)(iii).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030032 Failed to maintain or have emergency equipment, supplies, or equivalents. 1) An internal communication or alarm system; 2) A device, such as a telephone; 3) Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment; and 4) Water at adequate volume and pressure (40 CFR 262.34(d)(4); 265.32) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030039 Failed to implement contingency plan during an emergency, spill/ release. (40 CFR 262.34(d)(5)(iv).) 22 CCR 66262.34(d)(2) |

Hazardous Waste Tank Systems for SQGs ONLY

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 3030024 Failed to maintain sufficient freeboard of 2 ft in uncovered tanks to prevent overtopping unless the tank is equipped with a containment structure, a drainage control system or a diversion structure with a capacity that equals or exceeds the volume of the top 2 ft of the tank. (40 CFR 62.34(d)(3); 265.201(b)(c).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030025 Failed to provide an overfill protection device on continuously fed hazardous waste tank. (40 CFR 262.34(d)(3); 265.201(b)(4).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030027 Failed to conduct daily tank inspection of the discharge system, monitoring equipment, and tank level. (40 CFR 265.201(c)(1), 265.201(c)(2), 265.201(c)(3), 262.34(d)(3).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030028 Failed to conduct weekly inspections of the construction materials, fixtures, and surrounding areas of the hazardous waste tank. (40 CFR 265.201(c)(4); 265.201(c)(5); 262.34(d)(3).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3050007 Failed to properly decontaminate and document closure of a hazardous waste tank system. (40 CFR 265.201(f).) 22 CCR 67383.3 |
| <input type="checkbox"/> | HMD 1612 Hazardous waste improperly stored in a tank system causing leaks, corrosion, or failure. (40 CFR 265.201(b).) 22 CCR 66262.34(d) |
| <input type="checkbox"/> | HMD 1614 Failed to pre-notify the CUPA in writing prior to closing a hazardous waste tank system. 22 CCR 67383.3(a)(1) |
| <input type="checkbox"/> | HMD 1615 Failed to properly accumulate ignitable or reactive waste in a tank system. (40 CFR 265.201(g).) 22 CCR 66262.34(d)(2) |

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****Hazardous Materials and Hazardous Waste (continued)**

INSPECTION DATE: 06/02/2016

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RECORD ID #: DEH2002-HUPFP-117076

**Hazardous Waste Requirements for SQGs and LOQs
RECORD KEEPING/OPERATIONAL REQUIREMENTS**

- | # | VIOLATION DESCRIPTION |
|-----------------------------------|---|
| <input type="checkbox"/> 3010001 | Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905 |
| <input type="checkbox"/> 3010029 | The facility has not submitted complete and accurate facility information in CERS. HSC 25404(e)(4); 27 CCR 15188(b) |
| <input type="checkbox"/> 3010002 | Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12 |
| <input type="checkbox"/> 3010008 | Failed to properly complete a uniform hazardous waste manifest. 22 CCR 66262.23(a) |
| <input type="checkbox"/> 3010009 | Failed to complete the hazardous waste manifest Exception Requirement. 22 CCR 66262.42 |
| <input type="checkbox"/> 3010010 | Failed to maintain uniform hazardous waste manifest, consolidated manifest, or bills of lading copies for 3 years. HSC 25160.2(b)(3), 25185(a)(4); 22 CCR 66262.40(a) |
| <input type="checkbox"/> 3010011 | Failed to send hazardous waste manifest copies to the Department of Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4) |
| <input type="checkbox"/> 3010013 | Failed to meet the consolidated manifesting requirements for waste shipment. HSC 25160.2; 22 CCR 66262.40(a) |
| <input type="checkbox"/> 3010014 | Failed to retain disposal records of spent lead batteries for 3 years. 22 CCR 66266.81(a)(4)(B) |
| <input type="checkbox"/> 3030006 | Failed to determine if a hazardous waste is restricted or prohibited from land disposal. 22 CCR 66268.7(a) |
| <input type="checkbox"/> 3010016 | Failure of recycler who recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption to provide and submit in CERS the required information. HSC 25143.10(a), (c), and/or (d) |
| <input type="checkbox"/> HMD 0149 | Failed to keep disposal receipts for drained used oil filters and/or drained fuel filters for 3 years. HSC 25250.22; 22 CCR 66266.130 |
| <input type="checkbox"/> HMD 0148 | Failed to have copies of analytical records, waste analysis records, and/or waste determination results for 3 years. 22 CCR 66262.40(c) |
| <input type="checkbox"/> HMD 0140 | Failed to have Land Disposal Restriction documentation onsite for 3 years. 22 CCR 66268.7(a)(8) |
| <input type="checkbox"/> 3250005 | Failed to obtain a Treatment, Storage and Disposal Facility (TSDF) permit or authorization to store/treat/dispose of hazardous waste. HSC 25201(a) |
| <input type="checkbox"/> 3050005 | Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g) |
| <input type="checkbox"/> 3210001 | Failed to notify the CUPA in CERS for onsite hazardous waste treatment/tiered permitting. HSC 25201(a) |
| <input type="checkbox"/> HMD 0138 | Manifest signed by the TSDF not available for inspection. 22 CCR 66262.40(a) |

**Hazardous Waste Requirements for SQGs and LOQs
DISPOSAL AND TRANSPORTATION**

- | | |
|---|---|
| <input type="checkbox"/> 3010007 | Failed to prepare a hazardous waste manifest for the transport of a waste for off-site transfer, treatment, storage, or disposal. HSC 25160(b)(1) or (2), 25160.2(b)(9); 22 CCR 66262.20(a) |
| 2 <input checked="" type="checkbox"/> 3030005 | Failed to make a proper waste determination. 22 CCR 66262.11, 66262.40(c) |
| <input type="checkbox"/> 3050001 | Failed to use a California registered hazardous waste transporter to transport hazardous waste. HSC 25163(a); 22 CCR 66263.41 |
| <input type="checkbox"/> 3050002 | Failed to properly dispose of hazardous waste at an authorized facility. HSC 25189.5(a); 25189(c), (d); 25189.2(c) |
| <input type="checkbox"/> 3130002 | Impermissible dilution of hazardous waste. 22 CCR 66268.3(a) |
| <input type="checkbox"/> HMD 0305 | Disposed of used oil illegally. HSC 25250.5(a); 25189.5(a); 25189(c), (d); 25189.2(c) |
| <input type="checkbox"/> HMD 0306 | Disposed of hazardous waste latex paint improperly. HSC 25217.1 |

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**Hazardous Waste Requirements for SQGs and LOQs
STORAGE AND HANDLING**

- | # | VIOLATION DESCRIPTION |
|--|---|
| <input type="checkbox"/> 3030001 | Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1) |
| <input type="checkbox"/> 3030003 | Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b) |
| <input type="checkbox"/> 3030004 | Failed to properly manage, store, label, and/or recycle used oil filters and/or used fuel filters. HSC 25250.22; 22 CCR 66266.130 |
| <input type="checkbox"/> 3050004 | Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c) |
| <input type="checkbox"/> HMD 0222 | Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a) |
| <input type="checkbox"/> HMD 0216 | Failed to label hazardous material container within 10 days after the container was discovered to be mislabeled or inadequately labeled. HSC 25124(b)(3)(A); 22 CCR 66262.34(f) |
| <input type="checkbox"/> HMD 0217 | Failed to repack damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f) |
| <input type="checkbox"/> HMD 0219 | Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6) |
| <input type="checkbox"/> HMD 0221 | Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e) |
| 4 <input checked="" type="checkbox"/> HMD 0223 | Failed to properly empty container, failed to manage non-empty container, or inner liner removed from a container. 22 CCR 66261.7(b), (d) and/or (r); 66262.34(f) |
| <input type="checkbox"/> HMD 0224 | Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 22 CCR 66261.7(e), (f) |

Universal Waste Handler Requirements

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 3010004 | Failed to obtain an EPA ID number from DTSC or US EPA prior to storing 5,000 kg or more of universal waste. 22 CCR 66273.32(a), (b) |
| <input type="checkbox"/> 3020002 | Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c), (d) |
| <input type="checkbox"/> 3020003 | Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a), (b) |
| <input type="checkbox"/> 3030008 | Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34 |
| <input type="checkbox"/> 3030011 | Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b) |
| <input type="checkbox"/> 3030046 | Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. HSC 25185(a); 22 CCR 66273.39(c), (d)(2) |
| <input type="checkbox"/> 3030051 | Failed to meet the accumulation standards for universal waste aerosol containers and waste handling. HSC 25201.16(f) |
| <input type="checkbox"/> 3040004 | Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5 |
| <input type="checkbox"/> 3050003 | Disposal of universal waste (UW) to an unauthorized point. HSC 25189.5(a), 25189(c), (d); 25189.2(c); 22 CCR 66273.31(a) |

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****Aboveground Petroleum Storage Act (APSA) Program**INSPECTION DATE: **06/02/2016**PAGE **7** OF **12**RECORD ID #: **DEH2002-HUPFP-117076**

Each violation checked below is for the section(s) of the California Health and Safety Code (HSC) or San Diego County Code ("SDCC") indicated in *italics*. Incorporated provisions of Title 40 of the Code of Federal Regulations (CFR) are noted for reference. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use a DEH Corrective Action Form (HM-926) or other correspondence to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions.

GENERAL APSA FACILITY REQUIREMENT
(Chapters 6.67 and 6.11 of Division 20 of the HSC)

- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 4010001 | Failed to prepare and implement a written spill prevention control and countermeasures (SPCC) Plan in accordance with 40 CFR Part 112 (sec. 112.3). HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010013 | Plan does not conform to and/or facility is not fully implementing, the latest version of the regulations in 40 CFR Part 112. HSC 25270.4.5(a) (see detail below) |
| <input type="checkbox"/> 4010032 | Failed to submit a tank facility statement or update/certify business plan annually. HSC 25270.6(a)(1) or (a)(2) |
| <input type="checkbox"/> 4010033 | Failed to pay the APSA program fee or obtain Unified Program Facility Permit. HSC 25270.6(b), SDCC 68.905 |
| <input type="checkbox"/> 4040001 | Failed to immediately, upon discovery, report a one-barrel (42 gallons) or greater release of petroleum. HSC 25270.8 |
| <input type="checkbox"/> 4010038 | Failed to report required program data electronically. HSC 25404(e)(4), HSC 25270.6(b), SDCC 68.905 |
| <input type="checkbox"/> 4010037 | Failed to meet provisions of APSA exemption for oil-filled electrical equipment including containment and visual inspection. HSC 25270.2(a)(4) |

REQUIREMENTS BASED ON 40 CFR 112.1-112.6

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 4010035 | Failed to meet the conditions of a Qualified Facility. (40 CFR 112.3(a)(1), 112.3(g), 112.6.) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010003 | Failed to have a professional engineer certify and review the SPCC Plan. (40 CFR 112.3(d).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010008 | Failed to maintain a copy of the Plan on site (applies if facility is manned at least 4 hours/day). (40 CFR 112.3(e)(1).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010010 | Failed to make SPCC plan technical amendment(s) when the facility has had a change in: design, construction, operation, or maintenance which affects the facility's discharge potential. (40 CFR 112.5(a).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010009 | Failed to perform a 5-year review of the SPCC Plan. (40 CFR 112.5(b).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010011 | Failed to have a professional engineer certify technical amendments. (40 CFR 112.5(c).) HSC 25270.4.5(a) |

GENERAL SPCC REQUIREMENTS
BASED UPON 40 CFR 112.7

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 4010012 | Failed to prepare a SPCC plan that follows the sequence of rule and/or to cross-reference: failed to prepare plan in writing; failed to prepare a plan that addresses additional procedures/methods/equipment not fully operational. (40 CFR 112.7 and 112.7(a)(1).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010002 | Failed to obtain facility management approval to commit resources to fully implement the SPCC Plan. (40 CFR 112.7.) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010014 | Failed to discuss alternative environmental protection to SPCC requirements within SPCC Plan. (40 CFR 112.7(a)(2).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010015 | Failed to have an adequate facility diagram, including location of oil storage/transfer areas and connecting pipes, or no facility diagram included in SPCC plan. (40 CFR 112.7(a)(3).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010016 | Failed to adequately describe the physical layout of facility, including location of oil storage/transfer areas/connecting pipes or no description of physical layout included in SPCC Plan. (40 CFR 112.7(a)(3), 112.7(a)(3)(i-vi).) HSC 25270.4.5(a) |

GENERAL SPCC REQUIREMENTS
BASED UPON 40 CFR 112.7 (continued)

- | # | VIOLATION DESCRIPTION |
|---|--|
| <input type="checkbox"/> 4010017 | Plan does not contain procedures for reporting a discharge if facility has no Facility Response Plan. (40 CFR 112.7(a)(4).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010018 | Discharge procedures are not adequately addressed if facility has no Facility Response Plan. (40 CFR 112.7(a)(5).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010019 | Failed to include prediction of the direction, rate of flow, and total quantity of oil which could be discharged from facility as a result of each type of equipment failure in the SPCC Plan. (40 CFR 112.7(b).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010020 | General Containment: Failed to provide, or discuss within the plan, appropriate containment/diversionary structures/equipment designed to address the typical failure, so that any discharge will not escape containment before cleanup occurs. (40 CFR 112.7(c).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010004 | Failed to have a professional engineer clearly denote and demonstrate the impracticability of appropriate containment/diversionary structures. (40 CFR 112.7(d).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010005 | Failed to prepare an Oil Spill Contingency Plan following the provisions of 40 CFR Part 109 for impracticability claim. This is not required if facility has a Facility Response Plan. (40 CFR 112.7(d)(1).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010006 | Failed to provide a written commitment of manpower, equipment, materials for impracticability claim. (40 CFR 112.7(d)(2).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010021 | Failed to address in SPCC plan/maintain complete records of: inspections, tests/procedures for 3 years. (40 CFR 112.7(e), 112.8(c)(6).) HSC 25270.4.5(a) |
| <input checked="" type="checkbox"/> 4020001 | Failed to train oil-handling personnel on operation/maintenance of equipment to prevent discharges; discharge procedure protocols; applicable laws, rules, and regulations; general facility operations; AND the contents of the SPCC Plan. (40 CFR 112.7(f)(1).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010022 | Failed to designate person accountable for discharge prevention who reports to facility management. (40 CFR 112.7(f)(2).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010023 | Failed to conduct annual discharge prevention briefings to ensure understanding of SPCC plan. (40 CFR 112.7(f)(3).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4030001 | Failed to address security of oil handling areas/valves, prevent unauthorized access to starter controls, cap/blank flange connections not in service and provide appropriate lighting to prevent vandalism and assist in discovery of discharges. (40 CFR 112.7(g).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4030002 | Failure of the secondary containment, and/or rack drainage to flow to a catchment basin, treatment system, or quick drainage system and hold at least the maximum capacity of the largest single compartment of any tank car or tank truck. (40 CFR 112.7(h)(1).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4030003 | Failed to provide system to prevent vehicular departure before disconnect from transfer lines. (40 CFR 112.7(h)(2).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4030004 | Failed to inspect lowermost drains and outlets prior to filling and departure of tank car or tank truck. (40 CFR 112.7(h)(3).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4030016 | Failed to evaluate field-constructed storage tank for brittle fracture and take appropriate action. (40 CFR 112.7(i).) HSC 25270.4.5(a) |
| <input type="checkbox"/> 4010007 | Failed to include discussion of conformance with requirements listed in 40 CFR Part 112. (40 CFR 112.7(j).) HSC 25270.4.5(a) |

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****APSA Program (continued)**

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SPCC REQUIREMENTS BASED UPON 40 CFR 112.8

Refer to APSA (HSC Chapter 6.67) for definition of "storage tank"

VIOLATION DESCRIPTION

- ☐ 4010027 Failure to restrain drainage from diked storage areas by valves to prevent discharge. (40 CFR 112.8(b)(1).) HSC 25270.4.5(a)
- ☐ 4030005 Failure to use valves of manual, open and closed design, for drainage of diked areas. (40 CFR 112.8(b)(2).) HSC 25270.4.5(a)
- ☐ 4030008 Facility drainage system from undiked areas not designed/equipped to retain oil or return to facility and/or failed to ensure catchment basin not in an area subject to flooding. (40 CFR 112.8(b)(3), 112.8(b)(4).) HSC 25270.4.5(a)
- ☐ 4030009 Failed to provide at least two lift pumps and permanently install one pump where drainage waters are treated in more than one treatment unit and such treatment is continuous. (40 CFR 112.8(b)(5).) HSC 25270.4.5(a)
- ☐ 4030012 Storage tanks not compatible with materials stored or conditions such as pressure/temperature. (40 CFR 112.8(c)(1).) HSC 25270.4.5(a)
- ☐ 4030010 (Sized Containment) Secondary containment not sized to contain the entire capacity of the largest single storage tank plus freeboard for precipitation. (40 CFR 112.8(c)(2).) HSC 25270.4.5(a)
- ☐ 4030013 Failure to ensure diked areas are sufficiently impervious to contain discharged oil. (40 CFR 112.8(c)(2).) HSC 25270.4.5(a)
- ☐ 4030011 Failed to keep containment bypass valves closed when not draining rainwater. (40 CFR 112.8(c)(3)(i).) HSC 25270.4.5(a)
- ☐ 4030006 Failed to inspect retained rainwater prior to discharge. (40 CFR 112.8(c)(3)(ii).) HSC 25270.4.5(a)
- ☐ 4030007 Failed to open and close bypass valve to drain rainwater under responsible supervision. (40 CFR 112.8(c)(3)(iii).) HSC 25270.4.5(a)
- ☐ 4010026 Failed to maintain adequate records (or NPDES permit records) of drainage from diked areas. (40 CFR 112.8(c)(3)(iv).) HSC 25270.4.5(a)
- ☐ 4030017 Failed to provide corrosion protection for partially buried storage tanks. (40 CFR 112.8(c)(5).) HSC 25270.4.5(a)
- ☐ 4030015 Failed to test or inspect each storage tank for integrity, in accordance with industry standards that take into account size, configuration, and design, on a regular schedule or after material repairs. (40 CFR 112.8(c)(6).) HSC 25270.4.5(a)
- ☐ 4030014 Failed to perform scheduled storage tank tests and inspections by appropriately qualified personnel. (40 CFR 112.8(c)(6).) HSC 25270.4.5(a)
- ☐ 4010028 Failed to frequently inspect the outside of each storage tank for signs of deterioration, discharges, accumulation of oil in diked areas, including supports/foundations; failed to keep records of inspections, tests and comparison records. (40 CFR 112.8(c)(6).) HSC 25270.4.5(a)
- ☐ 4030018 Failure of steam return/exhaust of internal heating coils, which discharge into an open water course, to be monitored, passed through a settling tank, skimmer, or other separation system. (40 CFR 112.8(c)(7).) HSC 25270.4.5(a)
- ☐ 4030019 Failed to provide each storage tank with a high level monitoring device, or implement procedures to prevent discharges caused by overfills, in compliance with 40 CFR Part 112. (40 CFR 112.8(c)(8)(i-iv).) HSC 25270.4.5(a)
- ☐ 4030022 Failed to regularly test liquid level sensing devices to ensure proper operation. (40 CFR 112.8(c)(8)(v).) HSC 25270.4.5(a)
- ☐ 4030023 Failure to frequently observe effluent treatment facilities, which discharge directly to navigable waters, to detect oil spills. (40 CFR 112.8(c)(9).) HSC 25270.4.5(a)
- ☐ 4030021 Failed to promptly correct visible discharges and/or remove accumulations of oil in diked areas. (40 CFR 112.8(c)(10).) HSC 25270.4.5(a)
- ☐ 4030024 (For mobile or portable storage tanks AND mobile refuelers) Failed to locate mobile or portable containers to prevent discharge. (40 CFR 112.8(c)(11).) HSC 25270.4.5(a)
- ☐ 4030020 (For mobile or portable storage tanks EXCEPT mobile refuelers) Failed to provide secondary containment sufficient to contain the capacity of the largest single compartment or container with sufficient freeboard for precipitation. (40 CFR 112.8(c)(11).) HSC 25270.4.5(a)

HM-950 APSA (02-15)

SPCC REQUIREMENTS BASED UPON 40 CFR 112.8 (continued)

Refer to APSA (HSC Chapter 6.67) for definition of "storage tank"

VIOLATION DESCRIPTION

- ☐ 4030025 Failed to inspect buried piping when exposed for any reason; failed to do additional examination or take corrective action if corrosion damage is identified. (40 CFR 112.8(d)(1).) HSC 25270.4.5(a)
- ☐ 4030027 Failed to provide corrosion protection for buried piping. (40 CFR 112.8(d)(1).) HSC 25270.4.5(a)
- ☐ 4030028 Failed to cap/blank-flange piping connection at transfer point and mark its origin if not in service. (40 CFR 112.8(d)(2).) HSC 25270.4.5(a)
- ☐ 4030029 Failed to design pipe supports to minimize abrasion/corrosion and to allow for expansion/contraction. (40 CFR 112.8(d)(3).) HSC 25270.4.5(a)
- ☐ 4030026 Failed to regularly inspect aboveground valves, piping, and appurtenances. (40 CFR 112.8(d)(4).) HSC 25270.4.5(a)
- ☐ 4030030 Failed to conduct integrity and leak test on buried piping at installation, modification, construction, relocation or replacement. (40 CFR 112.8(d)(4).) HSC 25270.4.5(a)
- ☐ 4030031 Failed to adequately warn vehicles entering facility to protect piping and other transfer operations. (40 CFR 112.8(d)(5).) HSC 25270.4.5(a)

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****Underground Storage Tank (UST) Program**

INSPECTION DATE: 06/02/2016

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RECORD ID #: DEH2002-HUPFP-117076

VIOLATION REPORT: Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in italics. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions.

GENERAL PROGRAM REQUIREMENTS**UST System – File Records**

- | # | VIOLATION DESCRIPTION |
|---------------------------------------|--|
| <input type="checkbox"/> 2030064 | Failure to notify CUPA 48 hours prior to testing. 23 CCR 2637(f), 2638(e), 2643(g), 2644.1(a)(4) |
| <input type="checkbox"/> 2030021 | Failure to obtain and maintain a valid operation permit from the CUPA. HSC 25284; 23 CCR 2712(i) |
| <input type="checkbox"/> 2030039 | Failure to comply with one or more of the operating permit conditions. 23 CCR 2712; HSC 25299 |
| <input type="checkbox"/> 2060001 | Failure to submit as-built plans for the location and orientation of the tanks and appurtenant piping systems for new installations and/or with the permit application. 23 CCR 2635(c)(8), 2711(a)(8) |
| <input type="checkbox"/> 2010010 | Failure to prepare, maintain, and submit accurate CUPA UST Operating Permit Application for Facility information and/or Tank information. HSC 25286(a); 23 CCR 2711 |
| <input type="checkbox"/> 2010001 | Failure to obtain and maintain a valid Board of Equalization account number. HSC 25286 |
| <input type="checkbox"/> 2010007 | Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. HSC 25292.2, 25299.30-25299.34; 23 CCR 2711; 2808.1, 2809-2809.2 |
| <input type="checkbox"/> 2030037 | Failure to submit, maintain, or implement an owner/operator written agreement. HSC 25284(a)(3); 23 CCR 2620(b) |
| <input type="checkbox"/> 2030033 | Failure to maintain on site an approved monitoring plan. 23 CCR 2632, 2634, 2711, 2712(i) |
| <input type="checkbox"/> 2030046 | Failure to submit, obtain approval, or maintain a complete/accurate response plan. 23 CCR 2632, 2634(e), 2641(h), 2712(i) |
| <input type="checkbox"/> 2030041 | Failure to submit, obtain approval, or maintain a complete/accurate plot plan. 23 CCR 2632(d)(1)(C), 2711(a)(8) |
| <input type="checkbox"/> 2030002 (RD) | Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system certification to the CUPA within 30 days of completion of the test. 23 CCR 2638 |
| <input type="checkbox"/> 2030003 (RD) | Failure of the leak detection equipment to have an audible and visual alarm as required. 23 CCR 2632, 2634, 2636, 2666 |
| <input type="checkbox"/> 2060002 (RD) | Failure to install an automatic tank gauging/continuous in tank leak detection monitoring system. HSC 25292(a); 23 CCR 2643 |
| <input type="checkbox"/> 2010003 | The owner/operator has failed to designate an UST operator or to inform the CUPA or any change in the designated UST operator(s) within 30 days after a change. 23 CCR 2715(a) |
| <input type="checkbox"/> 2010009 | Failure to submit a copy of the secondary containment test results to the CUPA within 30 days after the test. 23 CCR 2637(e) |
| <input type="checkbox"/> 2030048 | Failure to comply with one or more of the following: conduct secondary containment testing, within six months of installation and every 36 months thereafter, conducted in accordance with proper practices, protocols, or test methods. 23 CCR 2637 |
| <input type="checkbox"/> 2060016 | Failure to conduct secondary containment testing at installation. 23 CCR 2637 |
| <input type="checkbox"/> 2030034 | Failure to properly affix tag/sticker on monitoring equipment being certified, repaired, or replaced. 23 CCR 2638(f) |
| <input type="checkbox"/> 2030044 | Owner/operator deposited or allowed deposit of petroleum into a UST that has a red tag affixed to the fill pipe. 23 CCR 2717.1(f) |
| <input type="checkbox"/> 2060011 | Failure of primary or integral secondary containment to be approved for use by independent testing organization. 23 CCR 2631(b) |
| <input type="checkbox"/> 2060013 | Failure to test and pass the primary and secondary containment installation testing per manufacturers guidelines. 23 CCR 2636(e) |
| <input type="checkbox"/> 2030047 | Failure to maintain secondary containment, as evidenced by failure of secondary containment testing. HSC 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e); 23 CCR 2662 |
| <input type="checkbox"/> 2030061 (RD) | Failure to record and/or report suspected or actual unauthorized release in appropriate time frame. HSC 29294, 29295 |
| <input type="checkbox"/> 2010005 | Failure to submit enhanced leak detection testing results to the board and the CUPA within 60 days of completion of the test. 23 CCR 2644.1(a)(5) |
| <input type="checkbox"/> 2030067 | Failure to conduct the required enhanced leak detection testing for single walled UST systems located within 1,000 feet of a public drinking water well every 36 months. 23 CCR 2644.1(a)(3) |

GENERAL PROGRAM REQUIREMENTS**UST System – File Records (continued)**

- | # | VIOLATION DESCRIPTION |
|---|--|
| <input type="checkbox"/> 2030068 | Failure to conduct the required enhanced leak detection testing for single and double walled UST systems located within 1,000 feet of a public drinking water well. HSC 25292.4, 25292.5 |
| <input type="checkbox"/> 2060008 | Failure to perform enhanced leak detection testing before the tank is placed in use. HSC 25290.1(j), 25290.2(i) |
| <input type="checkbox"/> 2030023 | Failure of service technician, designated operator, installer, and/or employee to obtain and maintain a proper and current International Code Council certification. 23 CCR 2715 |
| <input type="checkbox"/> 2030024 | Failure of service technician, installer, and/or employee to obtain and maintain proper license. 23 CCR 2715 |
| <input type="checkbox"/> 2030031 | Failure of service technician, installer, designated operator, and/or employee to obtain and maintain proper manufacturer certification. 23 CCR 2715 |
| <input type="checkbox"/> 2010008 (RD) | Failure to maintain records of repairs, lining, and upgrades on site, or off site if approved by the CUPA, for the life of the underground storage tank and/or failure to maintain written monitoring and maintenance records on site, or off site if approved by the CUPA, for a period of 3 years, 6 ½ years for cathodic protection, and 5 years for written performance claims pertaining to release detection systems and calibration and maintenance records for such systems. 23 CCR 2712(b) |
| <input type="checkbox"/> 2030062 (RD) | Leak detection equipment disabled or tampered with in a manner that would prevent the monitoring system from detecting and/or alerting the owner/operator of a leak. HSC 25299(a)(9) |
| <input type="checkbox"/> 2010006 | Owner/operator made false statements, representation, or certification on an application, record, or other document. HSC 25299 |
| <input type="checkbox"/> 2030043 (RD) | Failure of the leak detection equipment to be properly programmed or properly operated. 23 CCR 2632, 2634, 2636, 2666 |
| <input type="checkbox"/> 2010004 | The owner/operator has failed to comply with one or more of the following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA. 23 CCR 2715 |
| <input type="checkbox"/> 2030010 | Failure to notify the owner or operator of any condition discovered during the monthly visual inspection that may require follow-up actions. 23 CCR 2715(d) |
| <input type="checkbox"/> 2030011 | Failure to submit statement of UST compliance and/or Designated Operator current certification. 23 CCR 2715(a), 2715(b) |
| <input type="checkbox"/> 2030012 | Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system. 23 CCR 16 2715(c)(6), 2715(f) |
| 6 <input checked="" type="checkbox"/> 2030013 | Failure to comply with one or more of the designated operator monthly inspection requirements: failed to inspect the monthly alarm history report; attach a copy of the alarm history; failed to inspect for the presence of liquid or debris in the spill container/spill bucket and under dispenser containment; failed to inspect the under dispenser containment to ensure that monitoring equipment is placed in the proper position; failure to inspect for liquid or debris in the containment sump where an alarm occurred or for which there is no record of a service visit; or failure to check that all testing and maintenance has been completed and documented. 23 CCR 2715 |
| <input type="checkbox"/> 2030015 | Failure to demonstrate to the CUPA that the method approved to monitor the tank meets the monitoring methods set forth in 2643(f). 23 CCR 2643 |
| <input type="checkbox"/> 2030066 | Failure to take appropriate action to repair and retest any component of a single or double walled UST system that is leaking liquid or vapor which is discovered from an enhanced leak detection test for UST system located within 1,000 feet of a public drinking water well. HSC 6.7 25292.4(d), 25292.5(c) |

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****UST PROGRAM (continued)**

INSPECTION DATE: 06/02/2016

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RECORD ID #: DEH2002-HUPFP-117076

UST Tank (DW/SW) Requirements

- | # | VIOLATION DESCRIPTION |
|----------------------------------|---|
| <input type="checkbox"/> 2030001 | (RD) Failure to maintain leak detection alarm logs and/or maintain records of appropriate follow-up actions. 23 CCR 2632, 2634 |
| <input type="checkbox"/> 2030059 | Failure to maintain UST system in accordance with exclusion/exemption status. HSC 25281.6, 25283.5 |
| <input type="checkbox"/> 2060003 | Failure to inspect at the installation site using an electric resistance holiday detector and repair if necessary before installation. 23 CCR 2635(a)(2)(B) |
| <input type="checkbox"/> 2060005 | Failure of the UST system to be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment. HSC 29291(b) |
| <input type="checkbox"/> 2060006 | Failure of secondary containment piping to slope back to the collection sump. 23 CCR 2636 |
| <input type="checkbox"/> 2060007 | Failure of non-integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry core or engineering standard. 23 CCR 2631(d) |
| <input type="checkbox"/> 2060010 | (RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291 |
| <input type="checkbox"/> 2060019 | Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030007 | Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j) |
| <input type="checkbox"/> 2030036 | (RP) Failure of the overfill prevention system to meet one of the following requirements: 1. Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or triggering an audible and visual alarm; or 2. Restrict delivery of flow to the tank at least 30m before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95% of capacity; and activate an audible alarm at least 5m before the tank overfills; or 3. Provide positive shut-off of flow to the tank when the tank is filled to no more than 95% of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 23 CCR 2635(b)(2), 2665 |
| <input type="checkbox"/> 2060020 | (RP) Failure to comply with one or more of the following: failure to install a spill bucket, have a functional drain valve or other method for the removal of liquid from the spill bucket/spill container, and/or be resistant to galvanic corrosion. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030008 | Failure to maintain under dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid. HSC 25290.1, 25290.2, 25291 |
| <input type="checkbox"/> 2060015 | (RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a) |
| <input type="checkbox"/> 2030016 | (RD) Failure to continuously monitor the interstitial space of the tank, piping and/or sumps such that the leak detection activates an audible/visual alarm when a leak is detected. 23 CCR 2631(g), 2632(c)(2) (A)&(B), 2633(c), 2636(f) |
| <input type="checkbox"/> 2030017 | Failure to maintain all product piping outside the dispenser to be fail-safe & shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment. 23 CCR 2636(f)(5) |
| <input type="checkbox"/> 2030019 | Failure of the double wall pressurized piping in the under dispenser containment to be continuously monitored by a method that either shuts down the flow of product to the dispenser or activates an audible/visual alarm when a leak is detected. 23 CCR 2636(f)(1) |
| <input type="checkbox"/> 2030022 | Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648 |
| <input type="checkbox"/> 2030028 | Failure to complete one or more of the requirements of tank lining, including but not limited to: submit proper written tank lining certification to the CUPA within 30 days of completion of the inspection, perform tank integrity test and/or vacuum test following lining, employ proper coatings expert and/or special inspector. 23 CCR 2663 |
| <input type="checkbox"/> 2030029 | (RP) Failure to inspect a steel tank which has been lined or repaired using the interior lining method within 10 years of lining and every 5 years after. 23 CCR 2663 |
| <input type="checkbox"/> 2060024 | UST system is not made of or lined with materials that are compatible with the substance stored in the underground storage tank system. 23 CCR 2631.1 |
| <input type="checkbox"/> 2030040 | (RD) Failure to maintain secondarily contained piping to allow liquid in the event of a leak to drain into sump (i.e. failure to remove test boot, pipe swelling). 23 CCR 2630(d), 2641(a) |

UST Tank (DW/SW) Requirements (continued)

- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 2030060 | Failure to maintain entry fitting such that it properly seals to the containment. 23 CCR 2630, 2635(d), 2636(c), 2666 |
| <input type="checkbox"/> 2030055 | Failure to test the spill bucket annually. HSC 25284.2 |
| <input type="checkbox"/> 2060022 | Failure of UST system installed on or after July 1, 2003 and before July 1, 2004 to comply with one or more of the following: be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment and/or capable of detecting water intrusion into the secondary containment. HSC 25290.2(d) |
| <input type="checkbox"/> 2030065 | (RD) Failure to maintain the interstitial space under constant vacuum, pressure, or hydrostatic such that a breach in the primary or secondary containment is detected before the liquid or vapor phase of the hazardous substance stored in the UST tank is released into the environment. (Product Tight) HSC 25290.1(e) |
| <input type="checkbox"/> 2060023 | Failure of a UST system installed on or after July 1, 2004 to be designed and constructed so as to detect the entry of the liquid or vapor-phase of the hazardous substance stored in the primary containment into the secondary containment and capable of detecting water intrusion into the secondary containment. HSC 25290.1(d) |

UST Tank (SW) Requirements

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 2030005 | (RD) Option 1: Failure to conduct the 0.2 gallon per hour continuous in tank leak detection test. 23 CCR 2643(b)(5) |
| <input type="checkbox"/> 2030006 | (RD) Option 1: Failure to conduct the monthly 0.2 gallon per hour automatic tank gauging test on a single wall tank and/or failure of the automatic tank gauge to generate and print a hard copy of the monthly 0.2 gallons per hour test. 23 CCR 2643(b)(1) |
| <input type="checkbox"/> 2030056 | Option 2: Failure to submit the annual statistical inventory reconciliation (SIR) Report to the CUPA. 23 CCR 2646.1(j) |
| <input type="checkbox"/> 2030057 | (RD) Option 2: When statistical inventory reconciliation results indicate failure or inconclusive, owner/operator failed to complete one or more of the following: notify CUPA of a possible release within 24 hours; submit copy of the report to the CUPA within 10 days; inspect records for errors and physically inspect the UST system within 24 hours; have meters recalibrated within 48 hours of receipt of report. 23 CCR 2646.1(d) |
| <input type="checkbox"/> 2030058 | (RD) Option 2: Failure to meet one or more of the requirements of SIR, including but not limited to: measurements taken daily, calculated monthly, capable of detecting a 0.2 gallon per hour release, conduct a tank integrity test every two years, conduct piping and or tank test within 15 days of receipt of two successive SIR reports which are inconclusive or which indicate a possible release and/or calibrate dispenser meters annually. CCR 2646.1 |
| <input type="checkbox"/> 2030030 | (RD) Option 3: Weekly gauging not being performed in according to the required specifications. 23 CCR 2645 |
| <input type="checkbox"/> 2030004 | (RD) Option 4: Failure of the automatic tank gauge to test the tank at least once per month when the product level in the tank is at least three feet and shall be capable of detecting a release of 0.1 gallons per hour. 23 CCR 2643(b)(2) |

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****UST PROGRAM (continued)**

INSPECTION DATE: 06/02/2016

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RECORD ID #: DEH2002-HUPFP-117076

UST Pressurized Piping (DW) Requirements

- | # | VIOLATION DESCRIPTION |
|----------------------------------|---|
| <input type="checkbox"/> 2030018 | (RD) Failure of the double wall pressurized piping in the turbine sump to be continuously monitored with a system that activates an audible and visual alarm or restricts or stops flow at dispenser when a leak is detected. 23 CCR 2636(f)(1) |
| <input type="checkbox"/> 2030025 | (RD) Failure of the pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour, and will restrict the flow or product through the piping or trigger an alarm when a release occurs. 23 CCR 2636(f)(2) |
| <input type="checkbox"/> 2030026 | Failure of line leak detector to detect a leak and/or failure of audible and visual alarm. 23 CCR 2636(f)(2) |
| <input type="checkbox"/> 2060014 | Failure to install leak detection equipment correct for the type of system. HSC 25290.1; 23 CCR 2638 |
| <input type="checkbox"/> 2060012 | (RD) Failure to install line leak detector on pressurized piping system. HSC 25290.1(h), 25290.2(g), 25291(f), 2529 |
| <input type="checkbox"/> 2030042 | (RD) Option 1: Failure to perform and/or pass the annual line integrity test for pressurized piping that does not utilize fail safe or shut down. 23 CCR 2636(f)(4) |
| <input type="checkbox"/> 2030020 | (RD) Option 3: Failure to conduct daily visual inspections each time the tank is operated, but not less than monthly, and maintain a log of inspection results for review of the CUPA. HSC 25281.5(b)(3) |

UST Pressurized Piping (SW) Requirements

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2060018 | (RP) Failure to demonstrate that existing single wall pressurized pipe containing motor vehicle fuel is constructed of glass fiber reinforced plastic, cathodically protected steel, or steel clad with glass reinforced plastic. HSC 25292(e)(2); 23 CCR 2666(b) |
| <input type="checkbox"/> 2030027 | (RD) Failure of pump shut down when a leak is detected or when line leak detector is disconnected. 23 CCR 2666(c) |
| <input type="checkbox"/> 2060017 | Failure to install an automatic line leak detector capable of shutting off the pump when a release occurs, fails, or is disconnected. 23 CCR 2666(c) |
| <input type="checkbox"/> 2030052 | (RD) Option 3: Failure to monitor pressurized pipe containing motor vehicle fuel at least hourly at any pressure and either perform 0.2 gallon per hour monthly line integrity test or perform 0.1 gallon per hour annual line integrity test. 23 CCR 2641(a), 2643 |
| <input type="checkbox"/> 2030053 | (RD) Option 3: Piping fails to meet one or more of the following requirements: below grade piping sloped to drain back into storage tank if the suction is released, only one check valve on the piping located directly below the suction pump, and inspection method which readily demonstrates compliance. 23 CCR 2636(a)(3) 2641(b) |

UST Piping (SW) Requirements – Conventional Suction

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030050 | (RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d) |
| <input type="checkbox"/> 2030049 | Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d) |

UST Piping (SW) Requirements – Gravity

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030051 | Failure to conduct piping integrity test or overfill integrity test every two years. 23 CCR 2643(e) |
|----------------------------------|---|

UST System – Cathodic Protection Requirements

- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 2030009 | (RP) Failure to inspect the impressed-current system every 60 calendar days and/or failure to have corrosion protection equipment turned on and functioning properly and/or failure to inspect the impressed-current system within six months of installation and at least every three years thereafter and/or failure to test sacrificial anodes once every three years in accordance with the manufacturer's instructions. 23 CCR 2635 |
| <input type="checkbox"/> 2060004 | (RP) Failure to install corrosion protection for USTs and/or failure of the field-installed cathodic protection system to meet the consensus standards. 23 CCR 2635(a)(2)(A) |

UST System – Closure

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030063 | (RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671 |
| <input type="checkbox"/> 2030038 | UST system was abandoned or not properly closed, or failure to comply with all permanent closure requirements. HSC 25298; 23 CCR 2670, 2672 |

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****Large Quantity Generators (LQG) of Hazardous Waste**

INSPECTION DATE: 06/02/2016

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RECORD ID #: DEH2002-HUPFP-117076

Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in *italics*. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions. DTSC = Department of Toxic Substances Control; RCRA = Resource Conservation and Recovery Act; LQG = Large Quantity Hazardous Waste Generator; VOC = Volatile Organic Compound

Hazardous Waste Requirements for LQGs ONLY
RECORDKEEPING/OPERATIONAL REQUIREMENTS

- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 3010018 | Failed to prepare a hazardous waste management performance report every 4 years. 22 CCR 67100.7, 67100.8 |
| <input type="checkbox"/> 3010019 | Failed to prepare a summary progress report (4 year req.) and/or keep onsite available for review. 22 CCR 67100.9, 67100.3 |
| <input type="checkbox"/> 3010021 | Failed to adequately complete a source reduction report and maintain for review. HSC 25244.19, 25244.21; 22 CCR 67100.3, 67100.4, 67100.5 |
| <input type="checkbox"/> 3110007 | (RCRA LQG) Failed to complete the Biennial Report by March 1st on even numbered year and maintain it onsite for 3 years. 22 CCR 66262.40(b), 66262.41(b) |

STORAGE AND HANDLING

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 3130003 | Failed to properly label/date hazardous waste container or tank. 22 CCR 66262.34(f), 66262.34(a)(2), 66262.34(a)(3) |
| <input type="checkbox"/> 3130004 | Accumulated hazardous waste more than 90 days without a DTSC storage permit. HSC 25201(a); 22 CCR 66262.34(a) and (c) |
| <input type="checkbox"/> 3130005 | Failed to transfer waste from a container that is in poor condition to another container that is in a good condition. 22 CCR 66265.171 |
| <input type="checkbox"/> 3130006 | Failed to accumulate hazardous waste in a lined or compatible container. 22 CCR 66265.17 |
| <input type="checkbox"/> 3130007 | Failed to keep a hazardous waste container closed. 22 CCR 66265.173(a) |
| <input type="checkbox"/> 3130008 | Failed to inspect hazardous waste storage area(s) at least weekly. 22 CCR 66265.174 |
| <input type="checkbox"/> 3130009 | Failed to keep reactive and/or ignitable waste at least 50 ft. from the property line. 22 CCR 66265.176 |
| <input type="checkbox"/> 3130010 | Failed to properly separate incompatible waste. 22 CCR 66265.17(b), 66265.177 |
| <input type="checkbox"/> 3130013 | Failed to maintain or operate the facility to minimize the possibility of a fire, explosion, or release of hazardous waste or its constituents to the air, soil, or water. 22 CCR 66265.31 |
| <input type="checkbox"/> HMD 0235 | Did not accumulate hazardous waste in a container or tank. 22 CCR 66262.34(a)(1)(A) |

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 3110011 | Failed to prepare a written Contingency Plan to minimize human hazards or threat to the environment. 22 CCR 66265.51(a) |
| <input type="checkbox"/> 3110012 | Failed to maintain onsite a copy of the Contingency Plan and all its revisions and submit a copy to the local emergency agencies that may be called upon to provide emergency services. 22 CCR 66265.53 |
| <input type="checkbox"/> 3120001 | Failed to maintain training records. 22 CCR 66265.16(d) and (e) |
| <input type="checkbox"/> 3130015 | Failed to test and maintain all communications or alarm systems, fire protection equipment, spill control equipment, and decontamination equipment. 22 CCR 66265.33 |
| <input type="checkbox"/> 3130016 | Failed to maintain aisle space to allow the unobstructed movement of personnel, fire protection, spill-control equipment, etc. to any area of facility operation in an emergency. 22 CCR 66265.35 |
| <input type="checkbox"/> 3130017 | Failed to take precautions to prevent accidental ignition or reaction of ignitable or reactive waste, including the posting of a "No Smoking" sign(s). 22 CCR 66265.17(a) |
| <input type="checkbox"/> 3130018 | Failed to immediately implement the facility Contingency Plan during an emergency. 22 CCR 66265.51(b) |
| <input type="checkbox"/> HMD 0402 | Employee training program not adequate. 22 CCR 66265.16(a) and/or (b) |
| <input type="checkbox"/> HMD 0413 | Contingency plan content is missing information and/or listing of required actions or descriptions. 22 CCR 66265.52 |
| <input type="checkbox"/> HMD 0414 | Failed to train employees at least annually. 22 CCR 66265.16(c) |
| <input type="checkbox"/> HMD 0415 | Failed to equip facility with required emergency equipment, internal communication system, and/or spill response equipment. 22 CCR 66265.32 |
| <input type="checkbox"/> HMD 0417 | Failed to have an emergency coordinator on call or available during emergency. 22 CCR 66265.55 |

Hazardous Waste Tank System for LQGs ONLY

- | # | VIOLATION DESCRIPTION |
|--|--|
| <input type="checkbox"/> 3110013 | Failed to obtain and maintain a written assessment certified by an independent, qualified, registered professional engineer for the hazardous waste tank system. 22 CCR 66265.192(a), 66265.192(h), or 66265.191(a) |
| <input type="checkbox"/> 3110014 | Hazardous waste tank system assessment documentation failed to include all required information. 22 CCR 66265.192(k) |
| <input type="checkbox"/> 3110015 | Failed to obtain CUPA approval prior to the replacement of equipment for a tank system. 22 CCR 66265.192(l), 66265.192(m) |
| <input type="checkbox"/> 3130011 | Failed to maintain tank operating requirements: 1) Spill prevention control; 2) Overfill prevention control, and/or; 3) maintenance of sufficient freeboard in uncovered tanks. 22 CCR 66265.194(a),(b) |
| <input type="checkbox"/> 3130012 | Failed to conduct daily inspections and/or maintain the inspection records for hazardous waste tank system. 22 CCR 66265.195(a)(c) |
| <input type="checkbox"/> 3130019 | Failed to provide proper secondary containment and/or leak detection for hazardous waste tank system. 22 CCR 66265.193(a) |
| <input type="checkbox"/> 3130020 | Failed to inspect and document the cathodic protection system within six months after initial installation, and annually thereafter, and to inspect all sources of impressed current at least bimonthly. 22 CCR 66265.195(b) |
| <input type="checkbox"/> 3140001 | Failed to properly respond to a tank system spill/leak, follow emergency procedures as required and/or keep secondary containment empty. 22 CCR 66265.56, 66265.196, 66265.194(c) |
| <input type="checkbox"/> 3150002 | Failed to properly close a hazardous waste tank system ensuring the minimization of further maintenance and requirements are met. 22 CCR 66265.111, 66265.114, 66265.197, 67383.3 |
| 5 <input checked="" type="checkbox"/> HMD 1604 | Failed to maintain secondary containment empty. 22 CCR 66265.196(b) and (c); 66265.194(c) |
| <input type="checkbox"/> HMD 1607 | Failed to adequately design or maintain corrosion protection. 22 CCR 66265.191(b)(3) or 66265.192(a) and (f) |
| <input type="checkbox"/> HMD 1608 | Failed to complete annual integrity assessment for existing hazardous waste tank system without secondary containment. 22 CCR 66265.191(a)(e) |
| <input type="checkbox"/> HMD 1609 | Failed to remove unfit hazardous waste tank system from service. 22 CCR 66265.196 |
| <input type="checkbox"/> HMD 1611 | Failed to properly complete and/or document closure of a hazardous waste tank system. 22 CCR 67383.3, 66265.197(a), (b) |
| <input type="checkbox"/> HMD 1619 | Failed to have required safety measures for hazardous waste tank system holding ignitable or reactive waste. 22 CCR 66265.198(a)(b) |
| <input type="checkbox"/> HMD 1620 | Failed to immediately remove from service a hazardous waste tank system that leaked or failed. 22 CCR 66265.196(b),(c) |
| <input type="checkbox"/> HMD 1621 | Failed to notify DTSC when a release to environment occurred from a hazardous waste tank system. 22 CCR 66265.196(e)(1)or(3) |
| <input type="checkbox"/> HMD 1622 | Failed to meet air emission standards for HW tank system with VOC waste. 22 CCR 66265.202 and 66265.1082 (a)(b) or (c) |
| <input type="checkbox"/> HMD 1623 | Failed to develop written plan and schedule to perform VOC emissions monitoring. 22 CCR 66265.1089(b) |
| <input type="checkbox"/> HMD 1624 | Failed to comply with the 3 year record keeping requirement for tank accumulating VOC waste. 22 CCR 66265.1090(a) |
| <input type="checkbox"/> HMD 1625 | Failed to properly control air pollutant emissions for tank accumulating VOC waste. 22 CCR 66265.202, 66265.1083(b) and 66265.1085(b) |



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

FACILITY NAME: HANSON AGGREGATES CARROLL CANYON
 ADDRESS: 9255 CAMINO SANTA FE
 CITY/ZIP: SAN DIEGO / 92121

INSPECTION DATE: 06/02/2016
 RECORD ID #: DEH2002-HUPFP-117076
 SPECIALIST: Anastasiya Irkhin
 INSPECTION CONTACT: Aaron Lund
 TITLE: Area Environmental Manager
 PHONE: (858) 715-5667
 E-MAIL: Aaron.Lund@LehighHanson.com

VIOL#	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)	DUE DATE
#1 1020002			07/02/2016
#2 3030005			07/02/2016
#3 4020001			07/02/2016
#4 HMD0223			07/02/2016
#5 HMD1604			07/02/2016
#6 2030013			07/02/2016

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

PRINTED NAME OF FACILITY REPRESENTATIVE	SIGNATURE		DATE SIGNED
TITLE OF FACILITY REPRESENTATIVE			

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW

COUNTY OF SAN DIEGO USE ONLY

REVIEWED BY: _____ DATE: _____

SPECIALIST'S COMMENTS:

☐ All violations noted on date listed above were corrected

☐ Based On Information Provided By The Facility

☐ Based On Field Verification By Specialist

☐ RTC entered by Specialist on: _____

☐ RTC entered by Office Assistant on: _____

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

<http://www.sdcdeh.org> 858-505-6880



State of California
State Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2121

(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807,

☐

500,000 dollars per occurrence

☒

1 million dollars per occurrence

or

AND

☒

1 million dollars annual aggregate

☐

2 million dollars annual aggregate

B. Lehigh Horton Inc. hereby certifies that it is in compliance with the requirements of Section 2807,
(Name of Tank Owner or Operator)

California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Insurance Policy	Tokio Marine Specialty Insurance Company One Bala Plaza #100 Bala Cynwyd, PA 19004	PK1594469	\$1,000,000 per occ. \$1,000,000 annual aggs.	Annual January 1, 2017 to January 1, 2018	Yes	Yes

Note:

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with all conditions for participation in the Fund. See instructions.

D. Facility Name

Per Attached

Facility Address

Per Attached

Facility Name

Facility Address

Facility Name

Facility Address

E. Signature of Tank Owner or Operator

[Signature]

Date

01/04/17

Name and Title of Tank Owner or Operator

VP/CM IAN R FIRTH

Signature of Witness or Notary

Patrice Lynne Suda

Date

1-4-17

Name of Witness or Notary

PATRICE LYNNE SUDA



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Tokio Marine Specialty Insurance Company

CERTIFICATE OF INSURANCE

Name: Lehigh Hanson, Inc.

Address: 300 E John Carpenter Fwy, Ste 1645, Irving, TX 75062

Policy Number: PPK1594469

Period of Coverage: January 1, 2017 – January 1, 2018

Tokio Marine Specialty Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004

Name of Insured: Lehigh Hanson, Inc.

Address of Insured: 300 E John Carpenter Fwy, Ste 1645, Irving, TX 75062

Certification:

1. Tokio Marine Specialty Insurance Company, as identified above, hereby certifies that it has issued liability insurance covering the following storage tank(s):

Your insured location	Tank Type	Tank Size (gallons)	Contents	Tank Retroactive Date
7591 Hazard Street, Westminster, CA, 92683	UST	12,000	Diesel	01/24/1996
2521 E. Artesia Blvd, Long Beach, CA, 90805	UST	15,000	Diesel	01/24/1996
550 North Tulip Street, Escondido, CA, 92092	UST	10,000	Diesel	01/01/2010
13550 Live Oak Avenue, Irwindale, CA, 91706	UST	10,000	Gasoline	01/01/2011
13550 Live Oak Avenue, Irwindale, CA, 91706	UST	10,000	Diesel	01/01/2011
13550 Live Oak Avenue, Irwindale, CA, 91706	UST	10,000	Diesel	01/01/2011

13550 Live Oak Avenue, Irwindale, CA, 91706	UST	20,000	Diesel	01/01/2011
13550 Live Oak Avenue, Irwindale, CA, 91706	UST	2,000	Waste Oil	01/01/2011
13550 Live Oak Avenue, Irwindale, CA, 91706	UST	1,000	Waste Oil	01/01/2011
13550 Live Oak Avenue, Irwindale, CA, 91706	UST	1,000	Waste Oil	01/01/2011
9229 Harris Plant Road, San Diego, CA, 92145	UST	10,000	Diesel	01/01/2010
9229 Harris Plant Road, San Diego, CA, 92145	UST	10,000	Diesel	01/01/2010
9225 Camino Santa Fe, San Diego, CA, 92121	UST	10,000	Diesel	01/01/2010
9225 Camino Santa Fe, San Diego, CA, 92121	UST	20,000	Diesel	01/01/2010
9225 Camino Santa Fe, San Diego, CA, 92121	UST	20,000	Diesel	01/01/2010

for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with an subject to the limits of liability, exclusions, conditions and other terms of the policy arising from operating the storage tank(s) identified above.

The limits of liability are \$1,000,000 per occurrence and \$1,000,000 annual aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under PPK1594469. The effective date of said policy is January 1, 2017.

2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer is liable for the payment of the amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - c. Whenever requested by the Director of The Department of Environmental Quality, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment or premium or misrepresentation of the insured, will be effective only upon written notice and only after the

expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.

- e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting periods are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(1) and that the Insurer is licensed to transact the business of insurance or eligible to provide insurance as an excess or surplus lines insurer in one or more states.



Signature of authorized representative of Tokio Marine Specialty Insurance Company

Susan M. Doering
Vice President and Director, Environmental Insurance
Authorized representative of Tokio Marine Specialty Insurance Company
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
1-800-253-9933**

**UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 1**

(One form per facility)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION

R01

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)

3 7 — 0 0 0 — 1 1 7 0 7 6 1

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

R02

Hanson Aggregates Carroll Canyon

BUSINESS SITE ADDRESS

R03

CITY

R04

CA

ZIP CODE

R05

9255 Camino Santa Fe

San Diego

92121-

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within 24 hours of discovery. Recovered hazardous materials, unless suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10	R20	R30
R11	R21	R31
R12	R22	R32
R13	R23	R33
R14	R24	R34
R15	R25	R35

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	R40	TITLE	R50
Ron Thompson		Manager	
NAME	R41	TITLE	R51
Henry Pimentel		Supervisor	
NAME	R42	TITLE	R52
NAME	R43	TITLE	R53

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

R60

☐ Additional system testing or data collection ☒ Inspection by qualified persons ☐ Recalibration of equipment ☐ Other (specify):



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1-800-253-9933
UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.


We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE 	DATE 04/09/2013
OWNER/OPERATOR NAME (print) Shane Hancock	OWNER/OPERATOR TITLE Clerk

(Agency Use Only) This plan has been reviewed and is: ☐ Approved ☐ Approved With Conditions* ☐ Disapproved

Local Agency Signature: _____ Date: _____

*Conditions of approval (if any):



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION**
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdeh.org>

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 1 1 7 0 7 6
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798 x
City: San Diego	Zip Code: 92131-
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

<u>PRIMARY DESIGNATED UST OPERATOR</u>	
Designated Operator's Name: John Culver II	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	
Council Certification #: 8182417	Expiration Date: 2018-10-13
<u>ALTERNATE 1 (Optional)</u>	
Designated Operator's Name: Andrew Jauregui	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	
Council Certification #: 8156284	Expiration Date: 2018-10-11
<u>ALTERNATE 2 (Optional)</u>	
Designated Operator's Name: Peter Jauregui III	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	
Council Certification #: 8195227	Expiration Date: 2018-10-11

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).
Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Ron Thompson
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 11/3/17

[Signature]
SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: 760-802-5365

Return this completed form to:

**HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261**

UNDERGROUND STORAGE TANK (UST) DESIGNATED OPERATORS and UST OWNER COMPLIANCE STATEMENT

The State Water Resources Control Board (SWRCB) has adopted changes to the Underground Storage Tank (UST) regulations that require USTs owners to submit a signed statement to the Certified Unified Program Agency (CUPA) indicating that the owner understands and is in compliance with all underground storage tank requirements, and identifying the **Designated UST Operator(s)** for each facility they own. The signed statement must be submitted to the CUPA. The Hazardous Materials Division (HMD) is the CUPA responsible for implementing the UST program in San Diego County.

The definition of a **Designated UST Operator** can be found in Title 23 of the California Code of Regulation, section 2715(b)-(f). A **Designated UST Operator** means one or more individuals designated by the UST owner to have responsibilities for training facility employees and conducting a monthly visual inspection at the UST facility. The "designated UST operator" must:

- Posses a current "California UST System Operator" certification issued by the International Code Council (ICC). Certification must be renewed every 24 months.
- Provide on-the-job training for facility employee(s). Initial training is required by July 1, 2005. Facility employees hired on or after **July 1, 2005** must complete initial training within 30 days from their date of hire.
- Perform monthly visual inspections and record results on an inspection report, which must be provided to the owner/operator from their date of hire. For your convenience, a checklist for visual inspections (Form HM-9175) is available on the Hazardous Materials Division web site, <http://www.sdcdeh.org>. Keep this completed form with your monthly records.

The **Designated UST Operator** must be able to perform the required tasks on the timelines specified in regulations. As long as ICC certifies the individual, the **Designated UST Operator** could be the UST facility owner, operator, employee, service technician, or a third-party. Submit the name of the **Designated UST Operator(s)** for each facility you own using the **Form HM-9174 to HMD**. This form also serves as the UST owner compliance statement. Also be aware that UST owners must notify the HMD within 30 days of any change of **Designated UST Operator(s)**.

For more information about the new UST regulations and to find out more about training requirements for UST Designated Operators, visit the State Regional Water Regional Control Board at http://www.waterboards.ca.gov/water_issues/programs/ust/training/ or call the Hazardous Materials Duty Desk at 619-338-2231.



COUNTY OF SAN DIEGO CUPA
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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 1 1 7 0 7 6
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798 x
City: San Diego	Zip Code: 92131-
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: **Derek Perkins**

Business Name

(If different from above): **Jauregui & Culver, Inc.**

Designated

Operator's Phone #: **(760) 743-0518 x**

International Code

Council Certification #: **8344992**

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☐ Service Technician ☒ Third-Party

Expiration Date: **2018-10-13**

ALTERNATE 1 (Optional)

Designated

Operator's Name: **Matthew Jauregui II**

Business Name

(If different from above): **Jauregui & Culver, Inc.**

Designated

Operator's Phone #: **(760) 743-0518 x**

International Code

Council Certification #: **8405951**

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☐ Service Technician ☒ Third-Party

Expiration Date: **2018-10-28**

ALTERNATE 2 (Optional)

Designated

Operator's Name:

Business Name

(If different from above):

Designated

Operator's Phone #:

International Code

Council Certification #:

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☐ Service Technician ☐ Third-Party

Expiration Date:

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Ron Thompson
 NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 1, 3, 17

[Signature]
 SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: 760-802-5365

Return this completed form to:

HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261

UNDERGROUND STORAGE TANK (UST) DESIGNATED OPERATORS and UST OWNER COMPLIANCE STATEMENT

The State Water Resources Control Board (SWRCB) has adopted changes to the Underground Storage Tank (UST) regulations that require USTs owners to submit a signed statement to the Certified Unified Program Agency (CUPA) indicating that the owner understands and is in compliance with all underground storage tank requirements, and identifying the **Designated UST Operator(s)** for each facility they own. The signed statement must be submitted to the CUPA. The Hazardous Materials Division (HMD) is the CUPA responsible for implementing the UST program in San Diego County.

The definition of a **Designated UST Operator** can be found in Title 23 of the California Code of Regulation, section 2715(b)-(f). A **Designated UST Operator** means one or more individuals designated by the UST owner to have responsibilities for training facility employees and conducting a monthly visual inspection at the UST facility. The "designated UST operator" must:

- Posses a current "California UST System Operator" certification issued by the International Code Council (ICC). Certification must be renewed every 24 months.
- Provide on-the-job training for facility employee(s). Initial training is required by July 1, 2005. Facility employees hired on or after **July 1, 2005** must complete initial training within 30 days from their date of hire.
- Perform monthly visual inspections and record results on an inspection report, which must be provided to the owner/operator from their date of hire. For your convenience, a checklist for visual inspections (Form HM-9175) is available on the Hazardous Materials Division web site, <http://www.sdcdeh.org> . Keep this completed form with your monthly records.

The **Designated UST Operator** must be able to perform the required tasks on the timelines specified in regulations. As long as ICC certifies the individual, the **Designated UST Operator** could be the UST facility owner, operator, employee, service technician, or a third-party. Submit the name of the **Designated UST Operator(s)** for each facility you own using the **Form HM-9174 to HMD**. This form also serves as the UST owner compliance statement. Also be aware that UST owners must notify the HMD within 30 days of any change of **Designated UST Operator(s)**.

For more information about the new UST regulations and to find out more about training requirements for UST Designated Operators, visit the State Regional Water Regional Control Board at http://www.waterboards.ca.gov/water_issues/programs/ust/training/ or call the Hazardous Materials Duty Desk at 619-338-2231.



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION**
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdeh.org>

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Hanson	Facility Permit #: 1 1 7 0 7 6
Facility Address: 9255 Camino Santa Fe	Phone: (858) 577-2798 x
City: San Diego	Zip Code: 92131-
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

<u>PRIMARY DESIGNATED UST OPERATOR</u>	
Designated Operator's Name: John Culver II	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	
Council Certification #: 8182417	Expiration Date: 2018-10-13
<u>ALTERNATE 1 (Optional)</u>	
Designated Operator's Name: Andrew Jauregui	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	
Council Certification #: 8156284	Expiration Date: 2018-10-11
<u>ALTERNATE 2 (Optional)</u>	
Designated Operator's Name: Peter Jauregui III	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (If different from above): Jauregui & Culver, Inc.	
Designated Operator's Phone #: (760) 743-0518 x	
International Code	
Council Certification #: 8195227	Expiration Date: 2018-10-11

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 2715(c) - (f).
Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Ron Thompson
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 11/3/17

[Signature]
SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: 760-802-5365

Return this completed form to:

**HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261**

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COUNTY OF SAN DIEGO CUPA
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Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR

Designated

Operator's Name: **Derek Perkins**

Business Name

(If different from above): **Jauregui & Culver, Inc.**

Designated

Operator's Phone #: **(760) 743-0518 x**

International Code

Council Certification #: **8344992**

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☐ Service Technician ☒ Third-Party

Expiration Date: **2018-10-13**

ALTERNATE 1 (Optional)

Designated

Operator's Name: **Matthew Jauregui II**

Business Name

(If different from above): **Jauregui & Culver, Inc.**

Designated

Operator's Phone #: **(760) 743-0518 x**

International Code

Council Certification #: **8405951**

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☐ Service Technician ☒ Third-Party

Expiration Date: **2018-10-28**

ALTERNATE 2 (Optional)

Designated

Operator's Name:

Business Name

(If different from above):

Designated

Operator's Phone #:

International Code

Council Certification #:

Relation to UST Facility (Check One)

☐ Owner ☐ Operator ☐ Employee

☐ Service Technician ☐ Third-Party

Expiration Date:

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

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Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Ron Thompson
 NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 1, 3, 17

[Signature]
 SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: 760-802-5365

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UPFP INSPECTION CHECKLIST

FACILITY NAME: **HANSON AGGREGATES CARROLL CANYON**
ADDRESS: **9255 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO /92121**

INSPECTION DATE: **06/02/2017**
RECORD ID #: **DEH2002-HUPFP-117076**
TIME START: **9:00 AM** END: **9:40 AM**
SPECIALIST: **Darren Thai**
INSPECTION CONTACT: **Aaron Lund**
TITLE: **Area Environmental Manager**
PHONE: **(858) 715-5667**
E-MAIL: **aaron.lund@lehighhanson.com**

FACILITY REFERENCE DATA

ACCELA

RECORD STATUS: **Permit Renewed**
PERMIT EXPIRATION DATE: **05/31/2018**
BALANCE DUE: **\$0.00**
INSPECTOR: **Darren Thai**
INSPECTION TYPE: **Routine**
INSPECTION STATUS: **Complete**

CERS

EPA ID NUMBER: **CAL000140120**
FACILITY CERS ID NUMBER: **10387948**
CERS LEAD USER: **Aaron Lund**
LAST CERS SUBMITTAL DATE: **01/13/2017**
ENVIRONMENTAL CONTACT EMAIL: **AARON.LUND@LEHIGHHANSON.COM**
ENVIRONMENTAL CONTACT PHONE: **8587155667**

FACILITY INFORMATION

	YES	NO		YES	NO
INACTIVATION INSPECTION:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAZARDOUS MATERIALS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHANGE OF OWNER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAZARDOUS WASTE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHANGE IN BUSINESS TYPE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABOVEGROUND PETROLEUM STORAGE ACT: *	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUSINESS TYPE: UST - Non Retail - No Repair Service			TOTAL SHELL CAPACITY APSA:		2340
ISSUE INITIAL INVOICE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNDERGROUND STORAGE TANK:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSESS NON-NOTIFICATION FEE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALARP PROGRAM (CERS):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSESS RE-INSPECTION FEE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALARP PROGRAM LEVEL:	1	2
FACILITY SUBJECT TO BASE FEE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICAL WASTE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FACILITY SUBJECT TO CUPA FEE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MW FACILITY GENERATING OVER 200 LBS PER MONTH:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UPDATE FACILITY ADDRESS IN AA:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPIC PARTICIPANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BUSINESS CLOSE DATE:			NUMBER OF TLV GASES AT THE FACILITY:		0

HW GENERATOR STATUS : **LOG** **SQG** **CESQG** **RCRA LOG** **N/A**

TIERED PERMIT LEVEL(S) : **CESQT** **CESW** **CE-L** **CE-CL** **HHW** **PBR** **CA** **N/A**

PRIMARY BILLING CODE: **Not Applicable**

SECONDARY BILLING CODE: **Not Applicable**

TERTIARY BILLING CODE: **Not Applicable**

INSPECTION SCOPE: *

HAZARDOUS MATERIALS: **GEN HAZMAT** **APSA** **UST**

MEDICAL WASTE: **SQG** **SQG - TREATS** **LOG** **LOG - ABBREVIATED** **LOG - TREATS**

HAZARDOUS WASTE: **SQG** **LOG**

CALARP: **1** **2** **3**

TIERED PERMITTING: **CESQT** **CESW** **CE-L** **CE-CL** **CA** **PBR** **HHW**

CONSENT TO CONDUCT INSPECTION GRANTED BY: INSPECTION CONTACT ☒ NAME: **Aaron Lund** TITLE: **Area Environmental Manager**

REMOVE BLANK CHECKLISTS FROM FINAL INSPECTION REPORT ☐ REFUSED TO SIGN ☐



UPFP INSPECTION CHECKLIST

FACILITY NAME: HANSON AGGREGATES CARROLL CANYON
ADDRESS: 9255 CAMINO SANTA FE
CITY/ZIP: SAN DIEGO / 92121

INSPECTION DATE: 06/02/2017
RECORD ID #: DEH2002-HUPFP-117076
TIME START: 9:00 AM END: 9:40 AM
SPECIALIST: Darren Thai
INSPECTION CONTACT: Aaron Lund
TITLE: Area Environmental Manager
PHONE: (858) 715-5667
E-MAIL: aaron.lund@lehighhanson.com

INSPECTION REPORT EMAILS:

Darren.Thai@sdcounty.ca.gov

RECORD COMMENT:

UST inspection conducted 06/02/2017. USTs are currently empty, to be removed in the near future.



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME: **HANSON AGGREGATES CARROLL CANYON**
 ADDRESS: **9255 CAMINO SANTA FE**
 CITY/ZIP: **SAN DIEGO /92121**

INSPECTION DATE: **06/02/2017** PAGE **1** OF **5**
 RECORD ID #: **DEH2002-HUPFP-117076**
 TIME START: **9:00 AM** END: **9:40 AM**
 SPECIALIST: **Darren Thai**
 INSPECTION CONTACT: **Aaron Lund**
 TITLE: **Area Environmental Manager**
 PHONE: **(858) 715-5667**
 E-MAIL: **aaron.lund@lehighhanson.com**

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). **This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6.** This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Yes	N/A		Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan Available <input type="checkbox"/> LQG <input type="checkbox"/> SQG
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan Available	<input type="checkbox"/>	<input type="checkbox"/>	Employee Training Records Available
<input type="checkbox"/>	<input type="checkbox"/>	Employee Training is Adequate	<input type="checkbox"/>	<input type="checkbox"/>	Universal Waste Managed Properly
<input type="checkbox"/>	<input type="checkbox"/>	Waste Disposal Records Available for Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Containers <input type="checkbox"/> Closed <input type="checkbox"/> Labeled
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Contacts Current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input type="checkbox"/>	Waste Containers in Good Condition
<input type="checkbox"/>	<input type="checkbox"/>	Chemical Inventory/Map Current <input type="checkbox"/> Updated today			Permit Expires On <u>05/31/2018</u>

CONSENT TO CONDUCT INSPECTION GRANTED BY: Aaron Lund

TITLE: Area Environmental Manager

INTRODUCTION:

An underground storage tank (UST) compliance inspection was conducted with the consent of Aaron Lund, Area Environmental Manager. All underground tanks on site are currently in the process of being removed. Permits have been established with San Diego County Hazardous Materials Division for this removal.

Per on site observations, the tanks on site appear to be empty to the point where a monitoring certification would not be possible to conduct. As such, a monitoring certification did not occur today.

UST documentation/DUSTO records were reviewed.

INSPECTION REMARKS:

Helpful Websites:

- For guidance documents on hazardous materials-related topics, go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_publications.html
- For information on the California Environmental Reporting System (CERS), go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html
- If you have questions on: permit fees, business plan requirements, or hazardous waste regulations, go to: <http://www.sandiegocounty.gov/content/sdc/deh/hazmat.html>
- To find out the latest San Diego County News and receive updates, subscribe to our govdelivery emails: <https://public.govdelivery.com/accounts/CASAND/subscriber/new>

If you have any questions regarding this inspection, please contact Darren Thai, 858-245-2567, Darren.Thai@sdcounty.ca.gov

INSPECTION PHOTOS

None

All regulated businesses are required by law to submit their Unified Program-related information and business updates online through the California Environmental Reporting System (CERS). For additional information about CERS, go to: http://www.sandiegocounty.gov/deh/hazmat/hmd_cers.html



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: **06/02/2017** PAGE **2** OF **5**
 RECORD ID #: **DEH2002-HUPFP-117076**

PRINTED NAME OF FACILITY REPRESENTATIVE Aaron Lund	SIGNATURE 	DATE SIGNED 06/02/2017
TITLE OF FACILITY REPRESENTATIVE Area Environmental Manager		

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
 Phone: (858) 505-6880 <http://www.sdcdeh.org>

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT
Underground Storage Tank (UST) Program**

INSPECTION DATE: 06/02/2017

PAGE 3 OF 5

RECORD ID #: DEH2002-HUPFP-117076

FACILITY NAME: *HANSON AGGREGATES CARROLL CANYON

ADDRESS: * 9255 CAMINO SANTA FE

CITY/ZIP: *SAN DIEGO

92121

VIOLATION REPORT: Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in italics. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions.

GENERAL PROGRAM REQUIREMENTS**UST System – File Records**

VIOLATION DESCRIPTION

- ☐ 2030064 Failure to notify CUPA 48 hours prior to testing. 23 CCR 2637(f), 2638(e), 2643(g), 2644.1(a)(4)
- ☐ 2030021 Failure to obtain and maintain a valid operation permit from the CUPA. HSC 25284; 23 CCR 2712(i)
- ☐ 2030039 Failure to comply with one or more of the operating permit conditions. 23 CCR 2712; HSC 25299
- ☐ 2060001 Failure to submit as-built plans for the location and orientation of the tanks and appurtenant piping systems for new installations and/or with the permit application. 23 CCR 2635(c)(8), 2711(a)(8)
- ☐ 2010010 Failure to prepare, maintain, and submit accurate CUPA UST Operating Permit Application for Facility information and/or Tank information. HSC 25286(a); 23 CCR 2711
- ☐ 2010001 Failure to obtain and maintain a valid Board of Equalization account number. HSC 25286
- ☐ 2010007 Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. HSC 25292.2, 25299.30-25299.34; 23 CCR 2711; 2808.1, 2809-2809.2
- ☐ 2030037 Failure to submit, maintain, or implement an owner/operator written agreement. HSC 25284(a)(3); 23 CCR 2620(b)
- ☐ 2030033 Failure to maintain on site an approved monitoring plan. 23 CCR 2632, 2634, 2711, 2712(i)
- ☐ 2030046 Failure to submit, obtain approval, or maintain a complete/accurate response plan. 23 CCR 2632, 2634(e), 2641(h), 2712(i)
- ☐ 2030041 Failure to submit, obtain approval, or maintain a complete/accurate plot plan. 23 CCR 2632(d)(1)(C), 2711(a)(8)
- ☐ 2030002 (RD) Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system certification to the CUPA within 30 days of completion of the test. 23 CCR 2638
- ☐ 2030003 (RD) Failure of the leak detection equipment to have an audible and visual alarm as required. 23 CCR 2632, 2634, 2636, 2666
- ☐ 2060002 (RD) Failure to install an automatic tank gauging/continuous in tank leak detection monitoring system.; HSC 25292(a); 23 CCR 2643
- ☐ 2010003 The owner/operator has failed to designate an UST operator or to inform the CUPA or any change in the designated UST operator(s) within 30 days after a change. 23 CCR 2715(a)
- ☐ 2010009 Failure to submit a copy of the secondary containment test results to the CUPA within 30 days after the test. 23 CCR 2637(e)
- ☐ 2030048 Failure to comply with one or more of the following: conduct secondary containment testing, within six months of installation and every 36 months thereafter, conducted in accordance with proper practices, protocols, or test methods. 23 CCR 2637
- ☐ 2060016 Failure to conduct secondary containment testing at installation. 23 CCR 2637
- ☐ 2030034 Failure to properly affix tag/sticker on monitoring equipment being certified, repaired, or replaced. 23 CCR 2638(f)
- ☐ 2030044 Owner/operator deposited or allowed deposit of petroleum into a UST that has a red tag affixed to the fill pipe. 23 CCR 2717.1(f)
- ☐ 2060011 Failure of primary or integral secondary containment to be approved for use by independent testing organization. 23 CCR 2631(b)
- ☐ 2060013 Failure to test and pass the primary and secondary containment installation testing per manufacturers guidelines. 23 CCR 2636(e)
- ☐ 2030047 Failure to maintain secondary containment, as evidenced by failure of secondary containment testing. HSC 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e); 23 CCR 2662
- ☐ 2030061 (RD) Failure to record and/or report suspected or actual unauthorized release in appropriate time frame. HSC 29294, 29295
- ☐ 2010005 Failure to submit enhanced leak detection testing results to the board and the CUPA within 60 days of completion of the test. 23 CCR 2644.1(a)(5)
- ☐ 2030067 Failure to conduct the required enhanced leak detection testing for single walled UST systems located within 1,000 feet of a public drinking water well every 36 months. 23 CCR 2644.1(a)(3)

GENERAL PROGRAM REQUIREMENTS**UST System – File Records (continued)**

VIOLATION DESCRIPTION

- ☐ 2030068 Failure to conduct the required enhanced leak detection testing for single and double walled UST systems located within 1,000 feet of a public drinking water well. HSC 25292.4, 25292.5
- ☐ 2060008 Failure to perform enhanced leak detection testing before the tank is placed in use. HSC 25290.1(j), 25290.2(i)
- ☐ 2030023 Failure of service technician, designated operator, installer, and/or employee to obtain and maintain a proper and current International Code Council certification. 23 CCR 2715
- ☐ 2030024 Failure of service technician, installer, and/or employee to obtain and maintain proper license. 23 CCR 2715
- ☐ 2030031 Failure of service technician, installer, designated operator, and/or employee to obtain and maintain proper manufacturer certification. 23 CCR 2715
- ☐ 2010008 (RD) Failure to maintain records of repairs, lining, and upgrades on site, or off site if approved by the CUPA, for the life of the underground storage tank and/or failure to maintain written monitoring and maintenance records on site, or off site if approved by the CUPA, for a period of 3 years, 6 ½ years for cathodic protection, and 5 years for written performance claims pertaining to release detection systems and calibration and maintenance records for such systems. 23 CCR 2712(b)
- ☐ 2030062 (RD) Leak detection equipment disabled or tampered with in a manner that would prevent the monitoring system from detecting and/or alerting the owner/operator of a leak. HSC 25299(a)(9)
- ☐ 2010006 Owner/operator made false statements, representation, or certification on an application, record, or other document. HSC 25299
- ☐ 2030043 (RD) Failure of the leak detection equipment to be properly programmed or properly operated. 23 CCR 2632, 2634, 2636, 2666
- ☐ 2010004 The owner/operator has failed to comply with one or more of the following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA. 23 CCR 2715
- ☐ 2030010 Failure to notify the owner or operator of any condition discovered during the monthly visual inspection that may require follow-up actions. 23 CCR 2715(d)
- ☐ 2030011 Failure to submit statement of UST compliance and/or Designated Operator current certification. 23 CCR 2715(a), 2715(b)
- ☐ 2030012 Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system. 23 CCR 16 2715(c)(6), 2715(f)
- ☐ 2030013 Failure to comply with one or more of the designated operator monthly inspection requirements: failed to inspect the monthly alarm history report; attach a copy of the alarm history; failed to inspect for the presence of liquid or debris in the spill container/spill bucket and under dispenser containment; failed to inspect the under dispenser containment to ensure that monitoring equipment is placed in the proper position; failure to inspect for liquid or debris in the containment sump where an alarm occurred or for which there is no record of a service visit; or failure to check that all testing and maintenance has been completed and documented. 23 CCR 2715
- ☐ 2030015 Failure to demonstrate to the CUPA that the method approved to monitor the tank meets the monitoring methods set forth in 2643(f). 23 CCR 2643
- ☐ 2030066 Failure to take appropriate action to repair and retest any component of a single or double walled UST system that is leaking liquid or vapor which is discovered from an enhanced leak detection test for UST system located within 1,000 feet of a public drinking water well. HSC 6.7 25292.4(d), 25292.5(c)

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****UST PROGRAM (continued)**

INSPECTION DATE: 06/02/2017

PAGE 4 OF 5

RECORD ID #: DEH2002-HUPFP-117076

UST Tank (DW/SW) Requirements

- | # | VIOLATION DESCRIPTION |
|----------------------------------|---|
| <input type="checkbox"/> 2030001 | (RD) Failure to maintain leak detection alarm logs and/or maintain records of appropriate follow-up actions. 23 CCR 2632, 2634 |
| <input type="checkbox"/> 2030059 | Failure to maintain UST system in accordance with exclusion/exemption status. HSC 25281.6, 25283.5 |
| <input type="checkbox"/> 2060003 | Failure to inspect at the installation site using an electric resistance holiday detector and repair if necessary before installation. 23 CCR 2635(a)(2)(B) |
| <input type="checkbox"/> 2060005 | Failure of the UST system to be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment. HSC 29291(b) |
| <input type="checkbox"/> 2060006 | Failure of secondary containment piping to slope back to the collection sump. 23 CCR 2636 |
| <input type="checkbox"/> 2060007 | Failure of non-integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry core or engineering standard. 23 CCR 2631(d) |
| <input type="checkbox"/> 2060010 | (RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291 |
| <input type="checkbox"/> 2060019 | Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030007 | Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j) |
| <input type="checkbox"/> 2030036 | (RP) Failure of the overfill prevention system to meet one of the following requirements: 1. Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or triggering an audible and visual alarm; or 2. Restrict delivery of flow to the tank at least 30m before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95% of capacity; and activate an audible alarm at least 5m before the tank overfills; or 3. Provide positive shut-off of flow to the tank when the tank is filled to no more than 95% of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 23 CCR 2635(b)(2), 2665 |
| <input type="checkbox"/> 2060020 | (RP) Failure to comply with one or more of the following: failure to install a spill bucket, have a functional drain valve or other method for the removal of liquid from the spill bucket/spill container, and/or be resistant to galvanic corrosion. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030008 | Failure to maintain under dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid. HSC 25290.1, 25290.2, 25291 |
| <input type="checkbox"/> 2060015 | (RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a) |
| <input type="checkbox"/> 2030016 | (RD) Failure to continuously monitor the interstitial space of the tank, piping and/or sumps such that the leak detection activates an audible/visual alarm when a leak is detected. 23 CCR 2631(g), 2632(c)(2) (A)&(B), 2633(c), 2636(f) |
| <input type="checkbox"/> 2030017 | Failure to maintain all product piping outside the dispenser to be fail-safe & shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment. 23 CCR 2636(f)(5) |
| <input type="checkbox"/> 2030019 | Failure of the double wall pressurized piping in the under dispenser containment to be continuously monitored by a method that either shuts down the flow of product to the dispenser or activates an audible/visual alarm when a leak is detected. 23 CCR 2636(f)(1) |
| <input type="checkbox"/> 2030022 | Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648 |
| <input type="checkbox"/> 2030028 | Failure to complete one or more of the requirements of tank lining, including but not limited to: submit proper written tank lining certification to the CUPA within 30 days of completion of the inspection, perform tank integrity test and/or vacuum test following lining, employ proper coatings expert and/or special inspector. 23 CCR 2663 |
| <input type="checkbox"/> 2030029 | (RP) Failure to inspect a steel tank which has been lined or repaired using the interior lining method within 10 years of lining and every 5 years after. 23 CCR 2663 |
| <input type="checkbox"/> 2060024 | UST system is not made of or lined with materials that are compatible with the substance stored in the underground storage tank system. 23 CCR 2631.1 |
| <input type="checkbox"/> 2030040 | (RD) Failure to maintain secondarily contained piping to allow liquid in the event of a leak to drain into sump (i.e. failure to remove test boot, pipe swelling). 23 CCR 2630(d), 2641(a) |

UST Tank (DW/SW) Requirements (continued)

- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 2030060 | Failure to maintain entry fitting such that it properly seals to the containment. 23 CCR 2630, 2635(d), 2636(c), 2666 |
| <input type="checkbox"/> 2030055 | Failure to test the spill bucket annually. HSC 25284.2 |
| <input type="checkbox"/> 2060022 | Failure of UST system installed on or after July 1, 2003 and before July 1, 2004 to comply with one or more of the following: be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment and/or capable of detecting water intrusion into the secondary containment. HSC 25290.2(d) |
| <input type="checkbox"/> 2030065 | (RD) Failure to maintain the interstitial space under constant vacuum, pressure, or hydrostatic such that a breach in the primary or secondary containment is detected before the liquid or vapor phase of the hazardous substance stored in the UST tank is released into the environment. (Product Tight) HSC 25290.1(e) |
| <input type="checkbox"/> 2060023 | Failure of a UST system installed on or after July 1, 2004 to be designed and constructed so as to detect the entry of the liquid or vapor-phase of the hazardous substance stored in the primary containment into the secondary containment and capable of detecting water intrusion into the secondary containment. HSC 25290.1(d) |

UST Tank (SW) Requirements

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 2030005 | (RD) Option 1: Failure to conduct the 0.2 gallon per hour continuous in tank leak detection test. 23 CCR 2643(b)(5) |
| <input type="checkbox"/> 2030006 | (RD) Option 1: Failure to conduct the monthly 0.2 gallon per hour automatic tank gauging test on a single wall tank and/or failure of the automatic tank gauge to generate and print a hard copy of the monthly 0.2 gallons per hour test. 23 CCR 2643(b)(1) |
| <input type="checkbox"/> 2030056 | Option 2: Failure to submit the annual statistical inventory reconciliation (SIR) Report to the CUPA. 23 CCR 2646.1(j) |
| <input type="checkbox"/> 2030057 | (RD) Option 2: When statistical inventory reconciliation results indicate failure or inconclusive, owner/operator failed to complete one or more of the following: notify CUPA of a possible release within 24 hours; submit copy of the report to the CUPA within 10 days; inspect records for errors and physically inspect the UST system within 24 hours; have meters recalibrated within 48 hours of receipt of report. 23 CCR 2646.1(d) |
| <input type="checkbox"/> 2030058 | (RD) Option 2: Failure to meet one or more of the requirements of SIR, including but not limited to: measurements taken daily, calculated monthly, capable of detecting a 0.2 gallon per hour release, conduct a tank integrity test every two years, conduct piping and or tank test within 15 days of receipt of two successive SIR reports which are inconclusive or which indicate a possible release and/or calibrate dispenser meters annually. CCR 2646.1 |
| <input type="checkbox"/> 2030030 | (RD) Option 3: Weekly gauging not being performed in according to the required specifications. 23 CCR 2645 |
| <input type="checkbox"/> 2030004 | (RD) Option 4: Failure of the automatic tank gauge to test the tank at least once per month when the product level in the tank is at least three feet and shall be capable of detecting a release of 0.1 gallons per hour. 23 CCR 2643(b)(2) |

**COUNTY OF SAN DIEGO****COMPLIANCE INSPECTION REPORT****UST PROGRAM (continued)**

INSPECTION DATE: 06/02/2017

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RECORD ID #: DEH2002-HUPFP-117076

UST Pressurized Piping (DW) Requirements

- | # | VIOLATION DESCRIPTION |
|----------------------------------|---|
| <input type="checkbox"/> 2030018 | (RD) Failure of the double wall pressurized piping in the turbine sump to be continuously monitored with a system that activates an audible and visual alarm or restricts or stops flow at dispenser when a leak is detected. 23 CCR 2636(f)(1) |
| <input type="checkbox"/> 2030025 | (RD) Failure of the pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour, and will restrict the flow or product through the piping or trigger an alarm when a release occurs. 23 CCR 2636(f)(2) |
| <input type="checkbox"/> 2030026 | Failure of line leak detector to detect a leak and/or failure of audible and visual alarm. 23 CCR 2636(f)(2) |
| <input type="checkbox"/> 2060014 | Failure to install leak detection equipment correct for the type of system. HSC 25290.1; 23 CCR 2638 |
| <input type="checkbox"/> 2060012 | (RD) Failure to install line leak detector on pressurized piping system. HSC 25290.1(h), 25290.2(g), 25291(f), 2529 |
| <input type="checkbox"/> 2030042 | (RD) Option 1: Failure to perform and/or pass the annual line integrity test for pressurized piping that does not utilize fail safe or shut down. 23 CCR 2636(f)(4) |
| <input type="checkbox"/> 2030020 | (RD) Option 3: Failure to conduct daily visual inspections each time the tank is operated, but not less than monthly, and maintain a log of inspection results for review of the CUPA. HSC 25281.5(b)(3) |

UST Pressurized Piping (SW) Requirements

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2060018 | (RP) Failure to demonstrate that existing single wall pressurized pipe containing motor vehicle fuel is constructed of glass fiber reinforced plastic, cathodically protected steel, or steel clad with glass reinforced plastic. HSC 25292(e)(2); 23 CCR 2666(b) |
| <input type="checkbox"/> 2030027 | (RD) Failure of pump shut down when a leak is detected or when line leak detector is disconnected. 23 CCR 2666(c) |
| <input type="checkbox"/> 2060017 | Failure to install an automatic line leak detector capable of shutting off the pump when a release occurs, fails, or is disconnected. 23 CCR 2666(c) |
| <input type="checkbox"/> 2030052 | (RD) Option 3: Failure to monitor pressurized pipe containing motor vehicle fuel at least hourly at any pressure and either perform 0.2 gallon per hour monthly line integrity test or perform 0.1 gallon per hour annual line integrity test. 23 CCR 2641(a), 2643 |
| <input type="checkbox"/> 2030053 | (RD) Option 3: Piping fails to meet one or more of the following requirements: below grade piping sloped to drain back into storage tank if the suction is released, only one check valve on the piping located directly below the suction pump, and inspection method which readily demonstrates compliance. 23 CCR 2636(a)(3) 2641(b) |

UST Piping (SW) Requirements – Conventional Suction

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030050 | (RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d) |
| <input type="checkbox"/> 2030049 | Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d) |

UST Piping (SW) Requirements – Gravity

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030051 | Failure to conduct piping integrity test or overfill integrity test every two years. 23 CCR 2643(e) |
|----------------------------------|---|

HM-928 UST (02-15)

UST System – Cathodic Protection Requirements

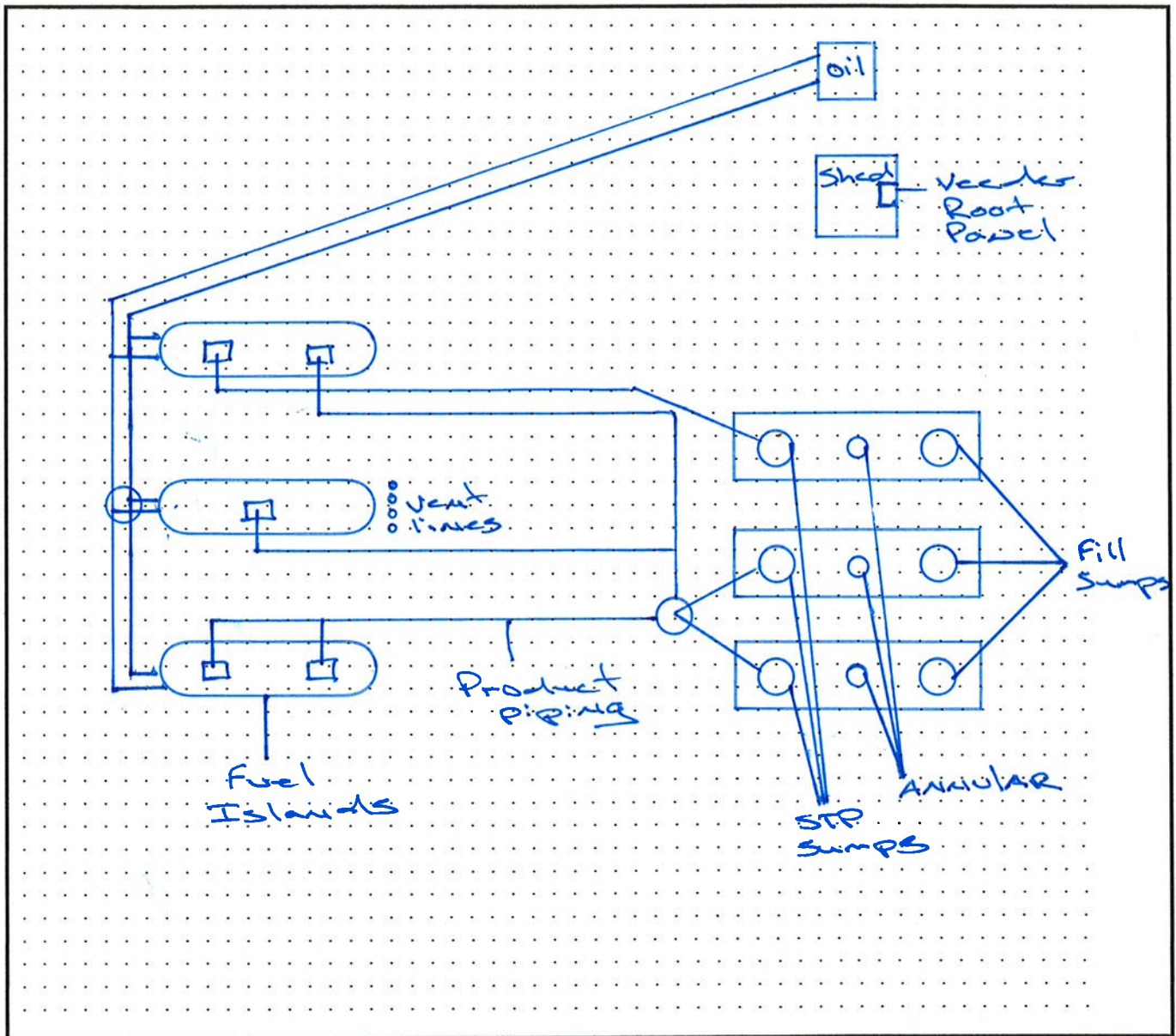
- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 2030009 | (RP) Failure to inspect the impressed-current system every 60 calendar days and/or failure to have corrosion protection equipment turned on and functioning properly and/or failure to inspect the impressed-current system within six months of installation and at least every three years thereafter and/or failure to test sacrificial anodes once every three years in accordance with the manufacturer's instructions. 23 CCR 2635 |
| <input type="checkbox"/> 2060004 | (RP) Failure to install corrosion protection for USTs and/or failure of the field-installed cathodic protection system to meet the consensus standards. 23 CCR 2635(a)(2)(A) |

UST System – Closure

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030063 | (RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671 |
| <input type="checkbox"/> 2030038 | UST system was abandoned or not properly closed, or failure to comply with all permanent closure requirements. HSC 25298; 23 CCR 2670, 2672 |

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe. S.D. CA 92131Date map was drawn: 6/16/09Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

DATE	COMMENTS	INITIAL
10-12-84	Plans checked, disapproved. Spoke with Jim St. Martin of Daley Corp. Advised of plan check requirement. He said to mail sheet to Calif. Commercial.	EAP
10-14	Reviewed plan check comments with Guy McElroy, Ca. Commercial Asphalt. I gave him copy of Sher Oil & SWCCB draft reg. He will revise plans & resubmit (He submit monitoring info & building dept. permit)	VLA.
10-26-84	Plans rechecked, Approved - Permit issued	EAP
11/27/84	Oxid pressure test on piping	CAU
3/9/90	Jack Guenthard of Western Pump here to view file, per Written Request	C.K.
9/9/93	Plans for this site are under "old plans" in the UST section of EHS	

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR PERMIT TO CONSTRUCT
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

PART I

FOR HMMU USE:

Plan Check # NT0074
Date Received 10-9-84
Tanks 1
Fee Paid 250.00
Plan Approval _____
Field Approval _____
Estab # H17076

A. SITE ADDRESS: 9235 CAMINO SANTA FE SAN DIEGO
Street City

B. PROPERTY OWNER:
Company H.G. FENTON MATL CO. Contact DAVE VICKER
Mailing Address _____ Tele (619) 298-8824
24 Hr. Emergency Contact DAVE VICKER

C. TANK OPERATOR:
Company CALIF. COMMERCIAL ASPHALT CORP. Contact GUY McELROY
Mailing Address P.O. BOX 26880 S.D. Tele (619) 586 0611
24 Hr. Emergency Contact GUY McELROY ⁹²¹²⁶⁻⁰⁸⁸⁰ (619) 449 0872

D. CONSTRUCTION:
Primary Contractor DALEY CORPORATION Contact B. TAYLOR
Mailing Address P.O. BOX 20188 S.D. 92120 Tele (619) 283 6101
State Contractor License No. A.476
Worker's Compensation Insurance Company INDUSTRIAL INDEMNITY Tele () _____
Construction Start Date 10-10-84 Completion Date 12-31-84

E. PERMITS REQUIRED BY OTHER AGENCIES:
Fire Dept. HM 8567 APCD _____ Building Dept. _____
Date Issued 10-10-84 Date Issued _____ Date Issued _____

F. Are any existing tanks on the property going to be removed or abandoned? NO
If yes, complete an Application for Permit to Abandon (DHS:HW-926) and submit with this application.

G. Attach three copies of a Plan showing:

- ____ 1. Property lines
- ____ 2. Scale
- ____ 3. North arrow
- ____ 4. Surface elevation
- ____ 5. Location of 100 year flood plain, if applicable
- ____ 6. Vicinity map
- ____ 7. Location of all existing and proposed structures
- ____ 8. Location of underground utility lines
- ____ 9. Location of all existing underground tanks and piping
- ____ 10. Location of all proposed tanks and piping and their secondary containment
- ____ 11. Cross section of secondary containment system, for both tanks & piping
- ____ 12. Location and detail of monitoring/leak detection systems
- ____ 13. Detailed diagram of overfill protection system for vent pipes, fill pipes, and vapor recovery lines
- ____ 14. Equipment summary

APPLICATION FOR PERMIT TO CONSTRUCT UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

PART II

Complete For Each Containment Area Being Installed

A. PRIMARY CONTAINMENT:

Number of primary containers in containment facility ONE (1)

TANK #1: Manufacturer OWENS CORNING Model DWT-G-6 UL # PEC21.20

Capacity 10,000 GA Composition FIBERGLASS Wall Thickness .187"

Material to be Stored DIESEL FUEL

TANK #2: Manufacturer _____ Model _____ UL # _____

Capacity _____ Composition _____ Wall Thickness _____

Material to be Stored _____

TANK #3: Manufacturer _____ Model _____ UL # _____

Capacity _____ Composition _____ Wall Thickness _____

Material to be Stored _____

ATTACH ADDITIONAL SHEETS AS NECESSARY FOR PRIMARY CONTAINERS

B. TYPE OF SECONDARY CONTAINMENT:

☒ Fiberglass ☐ Concrete ☐ Cathodically Protected Steel
☐ Flexible Liner ☐ Fiberglass Coated Steel ☐ Other _____

Thickness of Secondary Containment .187"

Manufacturer OWENS CORNING

C. PIPING, MATERIALS AND CONSTRUCTION:

Primary Containment BLACK IRON Thickness .157

Secondary Containment _____ Thickness _____

D. Describe the system you propose to de-water the secondary containment, if applicable:

N/A

E. Describe the leak detection/monitoring system you plan to use for the following components:

1. Primary tank containment: LIQUID HEAD PRESSURE PRINCIPAL
(OWENS-CORNING SYSTEM)

2. Secondary tank containment: LIQUID HEAD PRESSURE PRINCIPAL
3. Piping: N.A.
- F. Describe the tank overfill protection system you plan to use at fill pipe and at vent or vapor recovery lines: VISUAL
- G. What is the approximate depth to ground water? 200 FEET ±
Basis of determination DRILLING
- H. Attach a certification from the manufacturer, or his authorized representative, of the tank and piping materials as to the capability of the tank and piping materials to store the proposed hazardous substances.

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval from the Department of Health Services (DHS).

I understand that a permit to operate the underground storage tank system must be obtained from the Department within 60 days of putting the system into use. This is the responsibility of the tank owner. Conditions of the permit to operate include an acceptable tank monitoring and testing schedule, submittal of an annual report form, and regular inspection by the DHS.

I will notify the Department of Health Services at least two working days (48 hours) before work on this tank installation/modification is to begin in order to schedule the first required inspection.

Signature & Title: Guy McElroy OPERATOR

Print Name GUY MCELROY

Telephone 586 0611

Date 10-9-84



COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES

1700 Pacific Highway, San Diego, CA 92101

JAMES A. FORDE, Director

BOARD OF SUPERVISORS

TOM HAMILTON
FIRST DISTRICT

PAUL W. FORDEM
SECOND DISTRICT

ROGER HEDGECOCK
THIRD DISTRICT

JIM BATES
FOURTH DISTRICT

PAUL ECHERT
FIFTH DISTRICT

OFFICIAL NOTICE

SITE: 9235 CAMINO SANTA FE

OWNER: Calif. Commercial Asphalt

PERMITTEE: Calif. Comm. Asphalt

You are hereby notified that an inspection of your

new pipe installation

was made on 11/27/84
(Date)

by C.A. EIR

☐ Installation Approved Permit #

Reinspection Permit #

☐ Please Correct the Following Items:

pressure test of
piping system at d

San Diego County code requires the payment of a fee before a
reinspection can be made. For additional information, please
call 236-2243 or call: C.A.

(Sanitarian)

236-2222

(Phone)

8a-5p

(Hours)

C.A. EIR

(Sanitarian)



COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES
1700 Pacific Highway, San Diego, CA 92101
JAMES A. FORDE, Director

BOARD OF SUPERVISORS
TOM HAMILTON
FIRST DISTRICT
PAUL W. FORDE
SECOND DISTRICT
ROGER HEDGECOCK
THIRD DISTRICT
JIM BATES
FOURTH DISTRICT
PAUL ECKERT
FIFTH DISTRICT

OFFICIAL NOTICE

SITE: 9235 Camino Santa Fe

OWNER: DALEY CORP.

PERMITTEE: - Same -

You are hereby notified that an inspection of your _____

new FRP tank

was made on 10/30/84
(Date)

by Cheri A. Eir

☐ Installation Approved Permit # _____

Reinspection Permit # _____

☐ Please Correct the Following Items: _____

air pressure test
of new tank ok'd
(Primary Containment & Secondary Containment)
Please give this office
2 working days notice to
inspect pressure test on piping.

San Diego County code requires the payment of a fee before a
reinspection can be made. For additional information, please
call 236-2243 or call: CA. EIR
(Sanitarian)

236-2222
(Phone)

8a-5p
(Hours)

Cheri A. Eir
(Sanitarian)



COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES

1700 Pacific Highway, San Diego, CA 92101

JAMES A. FORDE, Director

BOARD OF SUPERVISORS
HAMILTON
DISTRICT
W. FORDE
DISTRICT
ROGER HEDGECOCK
DISTRICT
JIM BATES
DISTRICT
PAUL ECKERT
DISTRICT

OFFICIAL NOTICE

SITE: 9235 Camino Santa Fe, S.D.

OWNER: H.G. Fenton Matl. Co.

PERMITTEE: Daley Corp.

You are hereby notified that an inspection of your

Fiberglass Tank

was made on 10-26-84

by C. Pryatel / V. Gallagher

☐ Installation Approved Permit #

Reinspection Permit #

☐ Please Correct the Following Items:

1-10,000 gal Owens/Corning Tank
DWT-172085

San Diego County code requires the payment of a fee before a reinspection can be made. For additional information, please call 236-2243 or call:

236-2222 (Sanitation)
(Phone)

(Hours)
(Sanitation)

PLAN CHECK # NT10078

10-26-84.

COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNIT

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME: H.G. Fenton Matl. Co.

SITE ADDRESS: 9235 Camino Santa Fe, San Diego

DESCRIPTION OF PROPOSED ACTION: Install 1 tank.

Plans approved this date.

Advise this dept. (236-2222) at least
48hrs. in advance prior to starting
construction to arrange for the first
required on site inspection.

Note: Provide at least one additional
copy of the plans so we can return
a stamped copy to you.

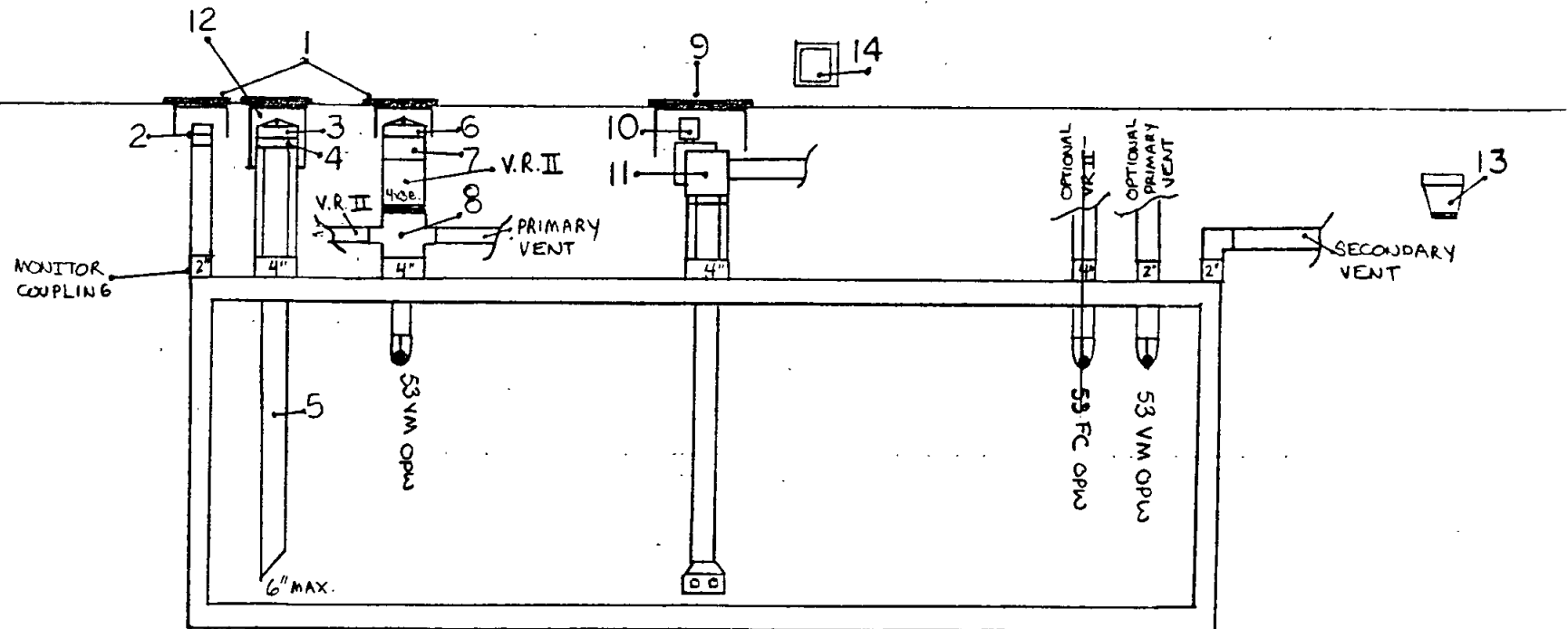
PLAN CHECK # NT007810-12-84

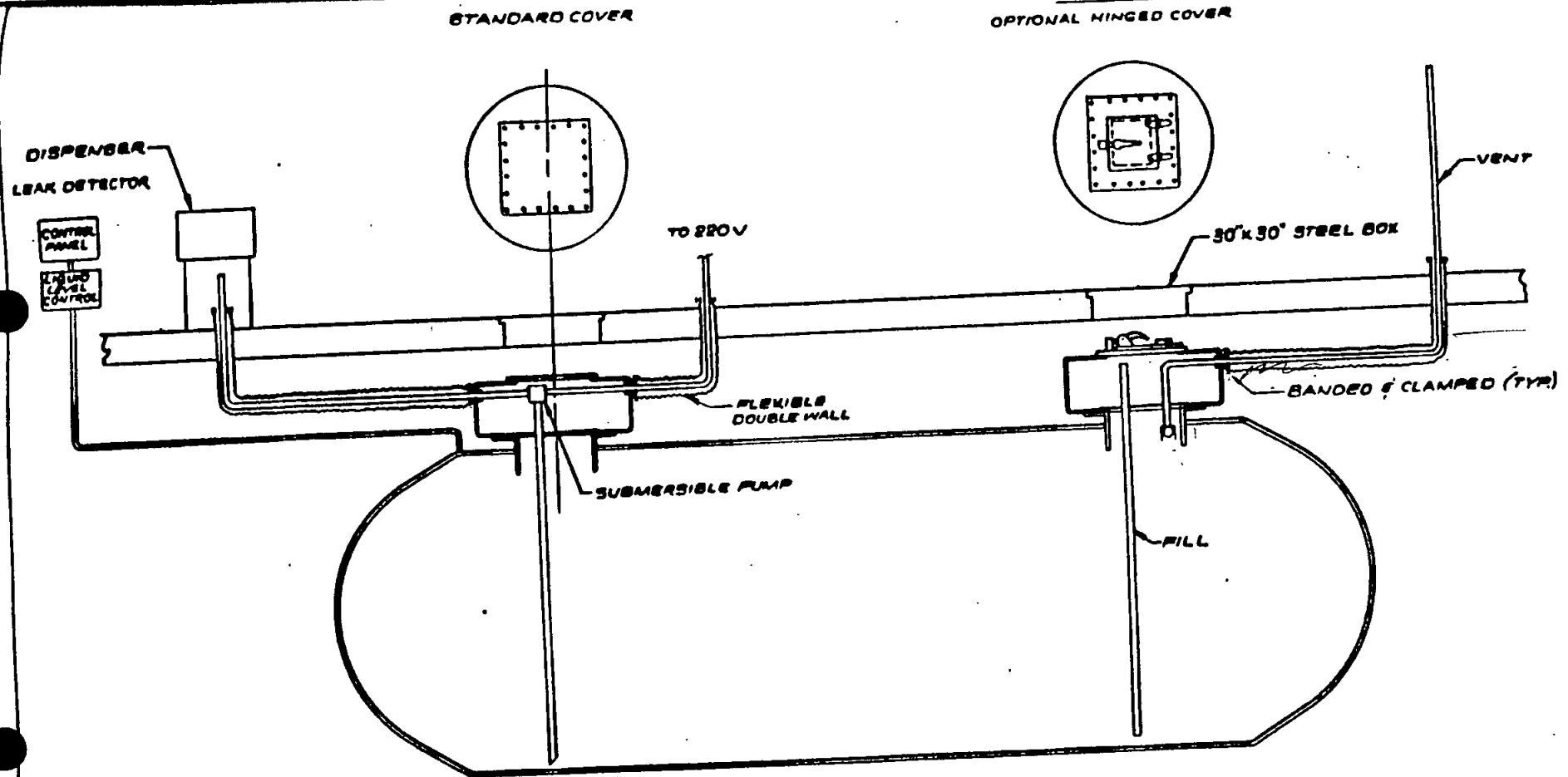
COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNITPLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITYSITE NAME: H.G. Fontan Matl. Co.SITE ADDRESS: 9235 Camino Santa Fe, San DiegoDESCRIPTION OF PROPOSED ACTION: Install 1 tank.

- OK ① Provide a copy of your building permit.
- OK ② Indicate method of secondary containment on piping system - or - if pressure lines, will you use a leak detector? (Indicate leak detector brand)
- OK ③ Specify manufacturer of proposed monitor equipment.
- OK ④ Vent & vapor recovery lines must be double contained, or provide ball float valves so product cannot enter these lines in an overflow situation.
- OK ⑤ Provide a detailed plot plan showing the location of all piping, monitor & monitor equipment locations.
- OK ⑥ Provide a cross section of the tank showing all piping, secondary containment, monitor equipment, how all piping, monitor parts^{etc.} will be brought to the surface.

- 1 12" FILL BOX 717 C+B / 104A-12" OPW
 - 2 SCREW ON CAP + ADAPTOR 83 OPW / 770 E8W
 - 3 FILL CAP 62 TT OPW SIDE SEAL - 4" / 775 E8W
 - 4 FILL ADAPTOR 61 AS OPW SIDE SEAL - 4" / 776 E8W
 - 5 DROP TUBE 61 T OPW - 4"x12' / 782 E8W
 - ~~6 VAPOR CAP 1711 T - 4" OPW / 304 E8W~~
 - ~~7 VAPOR ADAPTOR 1611 AV - 3"x4" OPW / 300 E8W~~
 - ~~8 VAPOR/VENT EXTRACTOR FITTING 233 MSD OPW - 4"x2"x2" WITH FLOAT VALVE (53VM)~~
 - 9 24"x24" TURBINE BOX RED JACKET / CNI
 - 10 LEAK DETECTOR RED JACKET
 - 11 SUBMERSIBLE TURBINE 1/3, 3/4, 1 1/2 H P RED JACKET
 - 12 WATER RESTRAINT CONTAINER III POMECO
 - 13 VENT CAP 23 OPW / 800U E8W OR 802 P/V.
 - 14 TURBINE CONTROL BOX - RED JACKET
 - 15 STEEL GAUGE + SWEATLESS MANHOLE (NOT SHOWN)
- 8 ~~VENT~~ VENT EXTRACTOR FITTING 233 MSD GAW - 4"x2"x2" WITH FLOAT VALVE (53VM)





Reference: All dimensions on this drawing are to be within the tolerance of engineering standard ET 2.02 unless otherwise noted.

date	by	app	rev	description	next assembly

FIBERGLAS

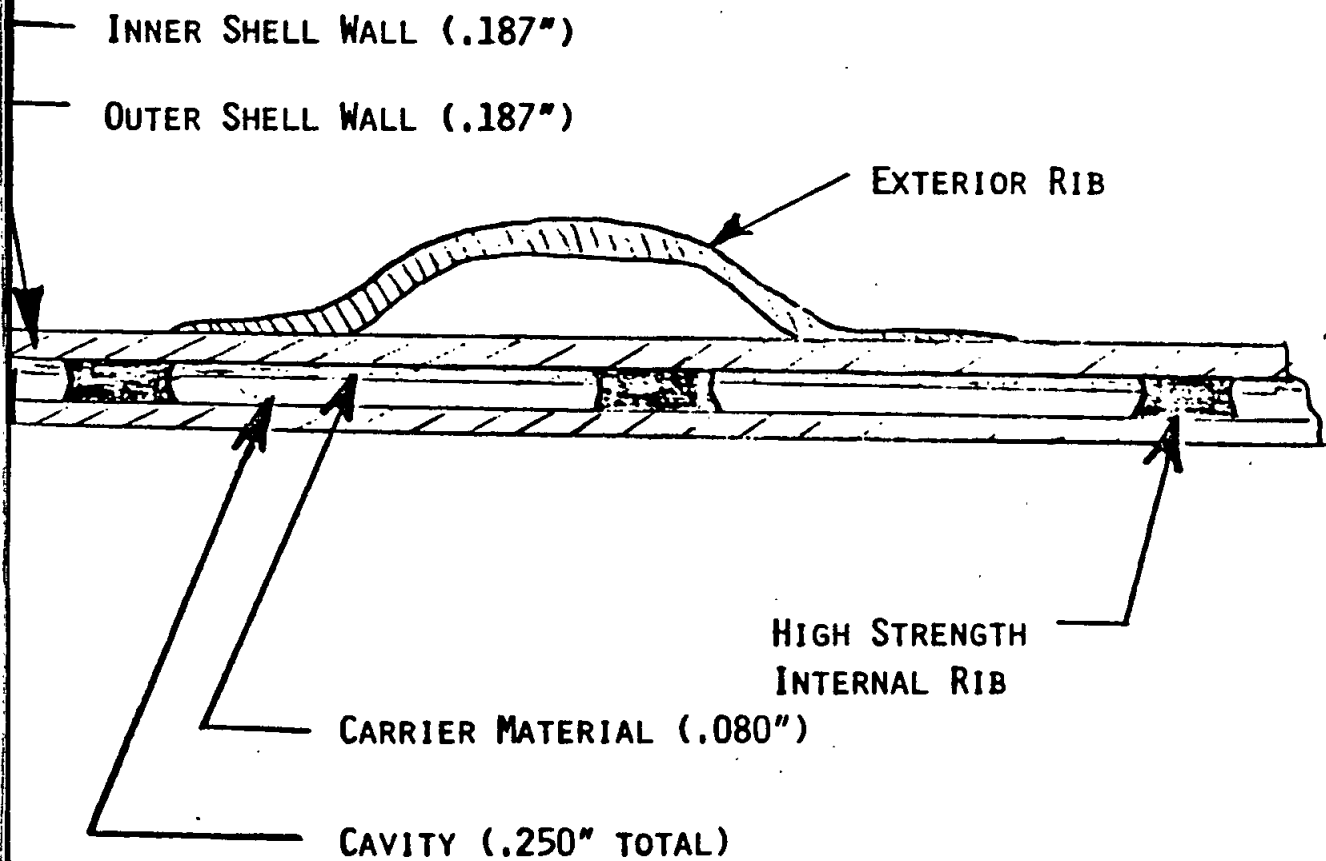
This piece or drawing is proprietary to
 Owens Corning Fiberglas Corporation and
 if any copies thereof shall be returned
 upon request. It is not to be copied, re-
 produced or published in any manner
 but is to be used only with reference to
 the drawings of this system upon
 request. Reproduction of this system upon
 request may be used without written per-
 mission.

**INSTALLED DOUBLE WALL SYSTEM WITH
 FUEL SPILL ACCESS COVER**

scale $\frac{3}{4}'' = 1'$ date 4/29/88 drawn J. Banalla
 checked _____ approved _____
 major location sub code sequential
B- NCP- 10

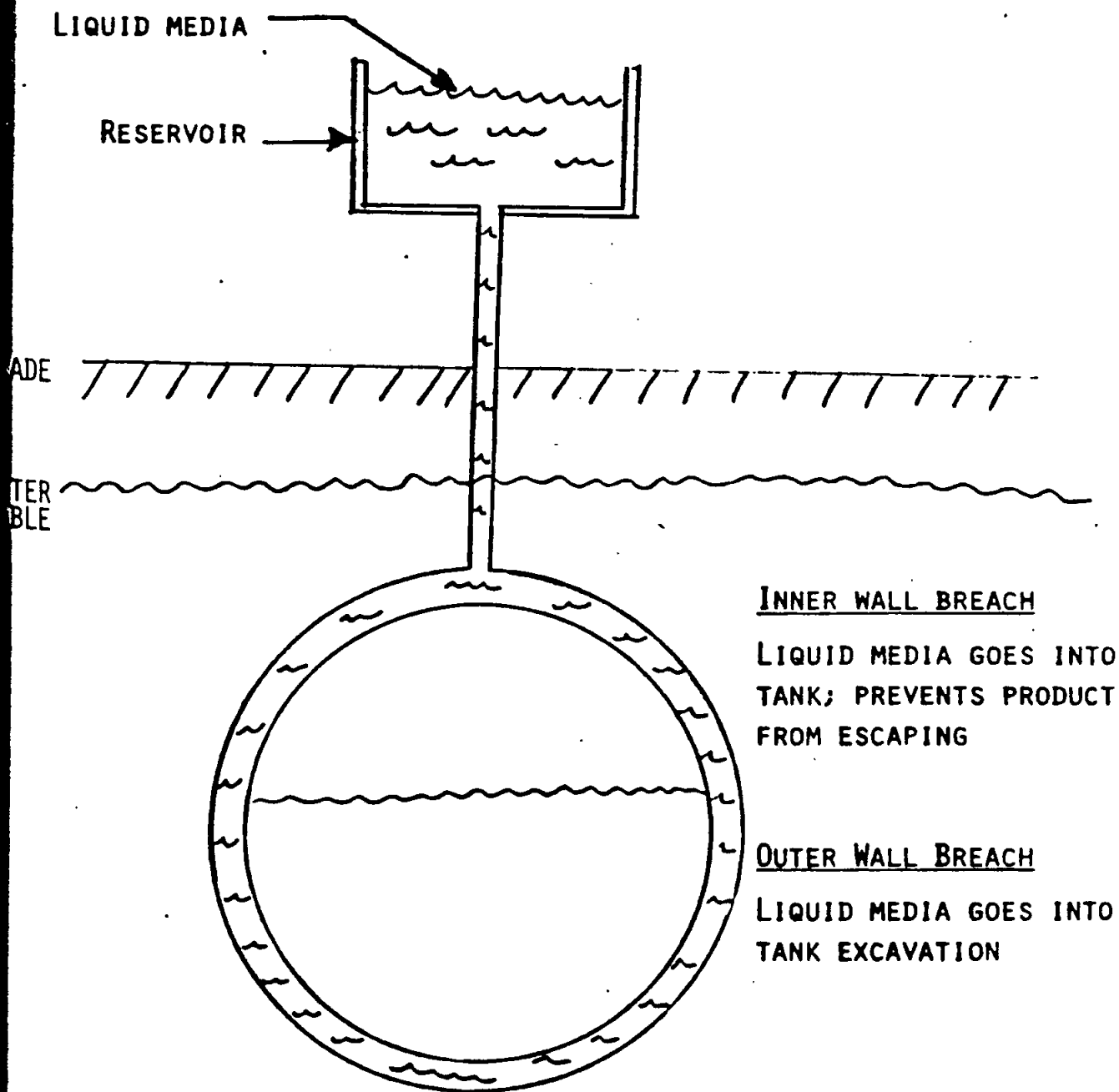
FIBERGLASS CROSS SECTION

MODEL DWT-1



LIQUID HEAD PRESSURE PRINCIPLE

WHEN A BREACH OCCURS IN THE INNER OR OUTER TANK WALL, THE LIQUID LEVEL IN THE RESERVOIR WILL DROP AS IT REACHES EQUILIBRIUM.



Type(s) of hazardous substance released: Possibly Diesel
 Is hazardous material ponded? Water was ponded What is estimated amount?
 Is amount of hazardous substance release known? No Estimated amount? NIA
 What is estimated depth to ground water below the site? Ponded water was observed at 14-15 feet
 Is site located in a beneficial use area? Yes BG

SOIL CONDITIONS:

Is backfill discolored?	<u>yes</u>	Estimated amount	<u>highly</u>
Is backfill saturated?	<u>Not observed</u>	Estimated amount	<u> </u>
Is native soil stained?	<u>yes</u>	Estimated amount	<u>highly</u>
Is native soil saturated?	<u>Not observed</u>	Estimated amount	<u> </u>

Describe native soil type(s) conglomerate / sandy clayey w/ cobbles

Condition of tank(s) (holes, corrosion, wrapping, seams) No holes were observed
wrapping around the tanks were eroded

Piping leak location pumps were located directly above the tanks

Nearby water wells or surface waters? Not observed

Any known underground vaults, utilities or basements nearby? Not observed

FURTHER COMMENTS: Water was ponded at the bottom of tank excavation
A hard Pan layer was felt w/ backhoe bucket between
14-15 BG. It was not known whether the ponded water was perched G. H₂O
or simply water from nearby water line ponding on top of hard Pan?

see attached sheet for more detail.

Δ
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(HMMO)

PLOT PLAN

EST. # H 17076

HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND TANK REMOVAL/CLOSURE REPORTESTABLISHMENT # 17076 PLAN CHECK # AT2490 T2182SITE NAME Fanton Western Properties PHONE 566-2000
Paul SmithSITE ADDRESS 9255 Camino Santa Fe San Diego CITY/ ZIP CODE CA 92121CONTRACTOR Jenal Engineering PHONE 588-2500NUMBER OF TANKS Two (2)☒ REMOVAL☐ CLOSURE IN PLACE

REMARKS:

TANK EDP NUMBER
U/L TAG NUMBER
CAPACITY (GALS)
MATERIAL STORED
DECONTAMINATION?
MANIFEST AVAILABLE?
% LEL (CGI READING)
DRY ICE/OTHER (AMT)
TANK CONDITION
BACKFILL SOIL TYPE
BACKFILL CONDITION
NATIVE SOIL TYPE
NATIVE CONDITION
EXCAVATION ODORS?
STOCKPILE ODORS?
PONDED PRODUCT?
PIPELINE LEAK?
REINSPECTION REQUIRED?

#1	#2	REMARKS:
		Tank were installed in 61-62
		& diesel were stored in them
10000	10000 GALLON	Backfill soil w/ strong odor
Diesel	Diesel	& highly stained.
Yes	500 GALLON to Kerdoor	#1 Moderately Corroded. No
Yes	#9076 0358	hole was observed.
5%	5%	Water was previously was
Yes	400 LBS in both Tanks	observed between 86-90' BG.
(1)		This site was put into
Sandy/Cobbles		Site Assessment because
odor odor & staining were observed		the Excavation area was
Conglomerate (Cobbly Sandy clay)		highly contaminated
highly stained w/ strong odor		w/ Petroleum hydrocarbons
Yes	highly stained w/ strong odor	
No		
N/A	Pumps were directly on top of tank	
Water	was ponded at the bottom of excavation	A hard pan was
		felt at the bottom of Ex at 14-15' BG

NOTICE: You are hereby notified that on 12/27/91, a Hazardous Materials Specialist conducted an inspection for the closure of Two (2) hazardous substance underground storage tanks. A summary of the conditions follows:

- ☐ A determination of this site's status is pending receipt of Laboratory Analyses Results for samples taken this date. Results must be submitted within 30 days. To avoid delays, have the Laboratory send a copy of the results directly to Mo. Lahsaie of the (HMMD) see address below: (print)
- ☒ Contamination of the excavation area has been noted by observations made during the tank removal this date. BEGIN SITE ASSESSMENT PHASE-(See reverse for details).

The Laboratory results have been reviewed by _____
(of the HMMD) on 1/1 and indicate the following:

- ☐ NO FURTHER ACTION IS REQUIRED.
- ☐ BEGIN SITE ASSESSMENT PHASE (See attached information).

Phone Contact _____ Date Form was Mailed 1/1Received By Jim FortlockPrinted Name Jim FortlockPhone Number (619) 566-2000

(HMMD COPY)

Mo. Lahsaie
Hazardous Materials Specialist
County of San Diego
Department of Health Services
HMMD - P. O. Box 85261
San Diego, CA 92138-5261
(619) 338-2222

ASPHALT PLANT

TRAILER, OFFICE

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
AT 333-2214 AT LEAST TWO WORKING DAYS BEFORE
STARTING CONSTRUCTION TO SCHEDULE THE FIRST
REQUIRED FIELD INSPECTION.

PARTS
STORAGE

WORK BAY
#1

GARAGE

E.S.O.
SWITCH

NO PRODUCT
PIPING
PUMPS SET ATOP
OF FUEL TANKS

TANK #1 10,000g

FILL

FUEL PUMP

VENTS

FUEL PUMP

FILL

TANK #2 10,000g

County of San Diego
Department of Health Services
Hazardous Materials Management Division

PLAN APPROVAL
N PC# AT 2490 H# 17076
Approved By M. R. R. R. Date: 12/20/91
Committed Bernard 2 UGSTS

"Any change in these plans may void this approval.
This stamp does not constitute or imply approval by
other agencies."

FENTON MATERIALS
9255 CAMINO SANTA FE
SAN DIEGO 92121

T.B. 39 C5

original

COUNTY OF SAN DIEGO
HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

PERMIT APPLICATION

PART I

GENERAL PROJECT INFORMATION

FOR HMMD USE
EST#: <u>H14076</u>
PLAN CH#: <u>AT 2490</u>
DATE RECEIVED: <u>12-18-91</u>
FEE PAID: <u>\$425.00</u>
PLAN APPROVAL: <u>12/26/91</u>
HYDRO UNIT: <u>6.2</u>
BENEF. USE: <u>yes</u>

A. SITE ADDRESS: 9255 CAMINO SANTA FE

City SAN DIEGO CA. Zip 92121

B. PROPERTY OWNER:

Assessors Parcel No. 391-015-011

Company FENTON WESTERN PROPERTIES Contact PAUL SMITH

Mailing Address 7220 TRADE ST. City SAN DIEGO Zip 92121

Phone (619) 566-2000

24 Hr. Emergency Contact DUTY OFFICER Phone (619) 566-2000

C. TANK OPERATOR:

Company H.G. FENTON MATERIALS Contact PAUL SMITH

Mailing Address 9255 CAMINO SANTA FE City SAN DIEGO Zip 92121

Phone (619) 566-2000

24 Hr. Emergency Contact PAUL SMITH Phone (619) 566-2000

D. CONTRACTOR:

Primary Contractor JENAL ENGINEERING CO. Contact AL WESTERMAYER

Mailing Address PO BOX 12161 City EL CAJON Zip 92022

Phone (619) 588-2500

State Contractor License A 602806 HAZ 4257

Worker's Compensation Insurance Company NWC110085

E. APPLICATION SUBMITTAL, PLAN APPROVAL, PERMIT ISSUANCE, AND REQUIRED INSPECTIONS

Submit three (3) copies of this application package, including plan drawings, with the required fee to the Department of Health Services, Hazardous Materials Management Division, 1255 Imperial Ave., San Diego, CA or mail to P.O. Box 85261, San Diego, CA 92138-5261. Checks should be made payable to the County of San Diego.

A permit will be issued by the HMMD upon review and approval of the application and plans. The required fees must be submitted with the application package. Information in addition to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued. The required inspections cannot be scheduled until a permit is issued.

Once the permit has been issued, it is the responsibility of the permittee to notify the HMMD at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III IV, and V).

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
 AT 388-2214 AT LEAST TWO WORKING DAYS BEFORE
 STARTING CONSTRUCTION TO SCHEDULE THE FIRST
 REQUIRED FIELD INSPECTION.

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85261 SAN DIEGO 92138-5261
(619) 338-2222



CERTIFICATION AND PRESSURE TEST INSPECTION REPORT

EST# H17046 ~~H02876~~ PLAN CHECK# NT1543

SITE ADDRESS 9955 CAMINO SANTA FE CITY SAN DIEGO ZIP 92121

ESTABLISHMENT NAME FENTIN MATERIALS

CONTRACTOR NAME JENAL ENCLAL PHONE# 588-2500

CERTIFICATION OF TANK SET	YES	NO
TANK MANUFACTURERS CHECKLIST OF INSTALLATION RECEIVED	Yes	
HMMD'S CERTIFICATION OF INSTALLATION RECEIVED	Yes	
HMMD'S APPROVED PLANS ON SITE	Yes	

PRESSURE TEST		BY: <u>JOHANNA BARRY</u>	DATE: <u>5/30/91</u>		
<u>9:15 - 9:45</u> ENTIRE PRIMARY SYSTEM AT 5 PSI (FROM/TO)	<u>Full System</u> <u>PASS</u> <u>tank</u> <u>product</u>	TANK#1 <u>Oil Seal</u> <u>5/15</u> <u>50150</u>	TANK#2 <u>Oil Seal</u> <u>5/15</u> <u>50150</u>	TANK#3 <u>Gasoline</u> <u>5/15</u> <u>50150</u>	TANK#4

	YES	NO
PRESSURE TEST AND TANK SET APPROVED	Yes	
REINSPECTION AND REINSPECTION FEE REQUIRED		<u>NO</u>

RECEIVED BY: [Signature] PRINT NAME: _____ DATE: _____

REMARKS: Received changes to approved plan at inspection



UNDERGROUND STORAGE TANK CERTIFICATION OF INSTALLATION

EST# 417076 PC# NT1543DATE OF INSTALLATION 5-9-91SITE ADDRESS 9255 CAMINO SANTA FE City SAN DIEGO Zip 92112ESTABLISHMENT NAME FENTON PRE-MIXCONTRACTOR NAME JEVAL ENGINEERING CORP PHONE# 588-2500

Complete the information below as applicable and attach the tank Manufacturer's Certification of Installation. Provide these forms at the time of the first inspection (Certification and Pressure Test Inspection) to the Hazardous Materials Management Division Specialist. Failure to submit the above information will result in an incomplete or failed inspection and may require you to reschedule the first inspection and pay a re-inspection fee.

INSTALLATION DESCRIPTION

#	Tank Manufacturer	Tank Size	Contents	UL#
1	OWENS CORNING	20,000 g	DIESEL	37192 A
2	OWENS CORNING	20,000 g	DIESEL	37198 A
3	OWENS CORNING	10,000 g	GASOLINE	37235 A
4				
5				
6				

INSTALLATION COMPLETION LIST

Installation Certification Steps	Initial	Date
1- Correct Excavation Size and Location	APW	5-9-91
2- Bedding and Backfill Materials used <input type="checkbox"/> Sand <input checked="" type="checkbox"/> Gravel	APW	5-9-91
3- Cathodic Protection: <input type="checkbox"/> Tank <input type="checkbox"/> Piping	N/A	
4- Tank Ballasting: <input type="checkbox"/> Buoyancy Calculations <input type="checkbox"/> Anchor Straps	N/A	
5- Holiday Test Certification	N/A	

I certify that the above tank/s have been set and backfilled pursuant to the manufacturer's specifications

Signature of Authorized Representative

ALAN P. WESTERMEYER 5-9-91
Print Name Date

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85261
SAN DIEGO CA 92138-5261 (619) 338-2222

Installation Checklist And Inspection Procedure
For Fiberglass Underground Tank Installation

*This checklist must be completed in its entirety by a trained O/C TANKS contractor to validate the 30 year structural warranty. For warranty details, see Publications "Single-Wall Fiberglass Tanks for Underground Petroleum Storage," Pub. No. 3-PE-6312 and "Double-Wall Fiberglass Tanks for Underground Petroleum Storage," Pub. No. 5-PE-14638.

Job Name FENTON PRE-MIX Owner PRE-MIXED CONCRETE Date 5-9-91

Job Address 9255 CAMINO SANTA FE, SAN DIEGO CA. 92112

Installation Contractor JENAL ENGINEERING CORP Foreman: AL WESTERMAYER

Owner Representative: JIM PORTIGLI Title SUPERVISOR

Installation Checklist

To be initialed by:

Contractor
ForemanOwner's
Representative**A. Handling and Testing**

- ☐ Single-wall tanks tested at 5 psi for 4', 6', 8' and 10' diameter tanks; 3 psi for 12' diameter tanks. Soapy water solution applied and the entire tank surface carefully inspected for air bubbles.
- ☒ Double wall tanks tested in strict conformance with "Test Instructions" label on tank (Label No. L.22.20). **Do not connect the air hose directly to fitting in annular space.**
- ☐ Hydrostatic test of secondary containment collar complete (fill collar with water, hold 12 hours, and check for leaks).

APWJP**B. Bed & Backfill Material**

Meets all ASTM C-33 requirements for quality and soundness. No more than 3% of backfill materials passes through a #8 sieve. Attach copy of backfill supplier sieve analysis.

Supplier FENTON MATERIALS / APPROVED VARIABLE 4-18-91
Type 1/2 x 3/8 CRUSHED (In accordance with installation specifications.)

APW
APC
APWJP

- ☐ Pea Gravel—Clean naturally rounded aggregate, with particle size not less than 1/8" or more than 3/4" in diameter.
- ☒ Crushed Stone or Crushed Gravel—Washed crushed stone or gravel with angular particle size not less than 1/8" or more than 1/2" in diameter. 1/2 x 3/8
- ☒ Sieve analysis from a qualified soil engineer or from the supplier.

C. Hole Size

- ☒ Stable walls—4', 6', 8' and 10' diameter tanks—18" minimum (24" preferred) between adjacent tanks and between tanks and hole walls.
- ☐ Stable walls—12' diameter tanks—24" minimum between tanks and hole walls and 24" between adjacent tanks.
- ☐ Unstable walls—1/2 tank diameter minimum between tanks and hole walls; 18" minimum between adjacent tanks. (24" for 12' diameter tanks).

APWJP**D. Anchoring**

- ☐ Hole flooding from high water table anticipated.
- ☐ Hole flooding from external surface water anticipated.
- ☐ Completed in accordance with Installation Instructions
_____ Slab _____ Deadman
- ☐ Owner's representative aware of anchoring requirements.
- ☒ Not required.

APWJP**E. Installation Procedures**

- Minimum 12" level backfill bed of approved material.
- Initial backfill—1st two 12" lifts pushed completely under tank bottoms between ribs and under end caps to eliminate all voids.
- Completed backfilling to tops of tanks in uniform lifts.
- Tanks not filled until backfilled to the tops of the tanks. Exception: wet holes. See O/C TANKS Publication 3-PE-6304.
- Tanks completely filled with water or product after backfill is to the top of tanks.
- Depth of bury/slab for traffic bonds.
4'-10' diameter tanks: 36" of backfill, or 30" of backfill plus 6" of asphalt, or 18" of backfill plus 6" of reinforced concrete.
12' diameter tanks: 38" of backfill plus 6" of asphalt or 38" of backfill plus 6" of reinforced concrete.
- Filter fabric hole liner is recommended for the following installations:
 - Tidal condition or frequently changing water table
 - Unstable soils (muck or landfill)
 - Water condition with silty soilSee installation instructions 3-PE-6304 for recommended brand name filter fabrics.
- Reference O/C TANKS Publication 3-PE-6304 for complete installation instructions.

APWJPAPWJPAPWJPAPWJPAPWJP

N/A

N/A

F. Tank Inspection Procedures

a. Underwriters Laboratories label number (to correspond with invoices and UL label on tank.)

b. Tank nominal capacity (gallons)

c. Tank Measurements in inches (see instructions below) to confirm that tank has proper support.

1. After pressure test, measure tank internal diameter prior to backfilling.
2. After backfill is at subgrade, measure from tank bottom to top of fill tube prior to insertion of drop tube.
3. After backfill is at subgrade prior to insertion of drop tube, measure from bottom of the fitting to the top of the fill tube.
4. Calculated tank internal diameter with backfill at subgrade (subtract measurement #3 from measurement #2).
5. Calculated tank deflection (subtract measurement #4 from measurement #1).

Tank Number				
1	2	3	4	5
37192 A	37198 A	37225 A		
20,000 _g	20,000 _g	10,000 _g		

Measurement Instructions

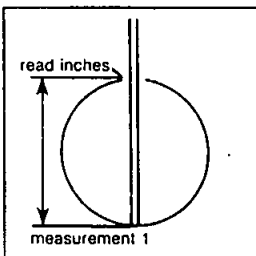
All measurements for vertical deflection are made from the bottom of the tank to the bottom of the NPT fitting.

All measurements should be made in inches using a standard non-metallic gauging stick.

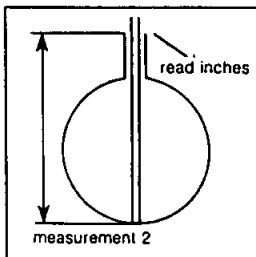
All measurements should be made through the fill tube fitting.

Measurement 1 may be above ground or in hole prior to backfilling.

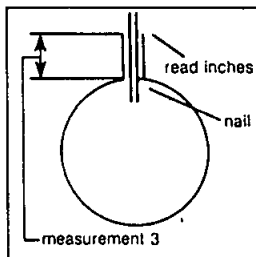
Measurement 2 must be made prior to insertion of drop tube, but after fill pipe has been installed.



Measurement 1 is the inside diameter of the tank at the gauge opening. Measure from the bottom of the tank to the bottom of the fitting. This measurement should be taken prior to placing any backfill. Record measurement 1.



Measurement 2 is the distance from the bottom of the tank to the top of the fill tube. This measurement should be taken prior to insertion of the drop tube. Backfill should be to subgrade at this time. Record measurement 2.



Measurement 3 is the distance from the bottom of the fitting to the top of the fill tube. This measurement is taken by driving a nail into the 1" point at a right angle to the dipstick.

Lower the dipstick down the fill tube far enough to extend below the bottom of the fitting. Lift the dipstick until the nail catches on the lip of the fitting. Read measurement at the top of the fill pipe. Subtract 1" to allow for the point where the nail is in the dipstick.

Measurement 4 is the calculated tank internal diameter (subtract measurement 3 from measurement 2).

Measurement 5 is the calculated tank internal deflection (subtract measurement 4 from measurement 1).

WARNING: If the answer in measurement #5 is in excess of the appropriate value shown in Table A, immediately contact the manufacturer's installation manager prior to proceeding with the installation.

Table A

tank diameter	maximum deflection
4'	1/2"
6'	5/8"
8'	1 1/4"
10'	1 1/2"
12'	1 1/2"

NOTE: Contractor must be a trained O/C TANKS contractor to validate the 30 year structural warranty. For warranty details, see Publications "Single-Wall Fiberglass Tanks for Underground Petroleum Storage," Pub. No. 3-PE-6312 and "Double-Wall Fiberglass Tanks for Underground Petroleum Storage," Pub. No. 5-PE-14638.

Installation was in accordance with O/C TANKS Corporation Pub. #3-PE-6804.

[Signature] *Maint. Mgr.*
Owner's Representative Title
[Signature]
Contractor's Representative

Notary Public

Date

NOTE: Owner must retain this document to substantiate any future structural warranty claim.



Fiberglass Tank Installation Manager
(419) 248-7371

O/C TANKS CORPORATION
A subsidiary of Owens-Corning Fiberglass
One Levis Square, Box 10025
Toledo, Ohio 43699-0025

UNDERGROUND STORAGE TANK INSPECTION SCHEDULE

IST SCHEDULE	<input checked="" type="checkbox"/>	RESCHEDULED	<input type="checkbox"/>	FEE PAID	<input type="checkbox"/>
DATE:	<u>5-28-91</u>	EST.#:	<u>HA4076</u> <u>H22846</u>	P.C.#:	<u>NT1543</u>
SPECIALIST:	<u>JOHANNA</u>		FROM:	<u>DARCEI</u>	
INSPECTION DAY/DATE:	<u>THURSDAY May 30, 1991</u>				
INSPECTION TIME:	<u>9:00</u>				
SITE ADDRESS:	<u>9955 CAMINO SANTA FE SD</u>				
CONTRACTOR:	<u>JENAL</u>				
CONTACT PERSON:	<u>AL</u>		PHONE #:	<u>() 505-2500</u>	
 <u>TYPE OF INSPECTION</u>					
CERTIFICATION AND PRESSURE TEST INSPECTION			<input checked="" type="checkbox"/>		
MONITORING EQUIPMENT AND INTEGRITY TEST VERIFICATION			<input type="checkbox"/>		
CLOSURE BY REMOVAL		<input type="checkbox"/>	CLOSURE IN PLACE		<input type="checkbox"/>
TANK REPAIR		<input type="checkbox"/>	TANK SYSTEM REPIPE		<input type="checkbox"/>
SPECIAL INSTRUCTIONS: _____					
SPECIALISTS REMARKS:					
REINSPECTION FEE DUE		<input type="checkbox"/>			
UPDATED PLANS REQUIRED		<input type="checkbox"/>			
COMMENTS: _____					

(10/90)

76452
76470

RECORD OF PRESSURE PLOTTED OVER TIME

TIME \ PRODUCT	U/L ^{2,000}	SUP ^{2,000}	REG ^{7,000}	W/O
	psig	psig	psig	psig
9:15 - Fork Product	50/50	50/50	50/50	
oil/uns/	50/50			
	50/50			

RECORD OF PRESSURE PLOTTED OVER TIME

TIME \ PRODUCT	U/L	SUP	REG	W/O
	psig	psig	psig	psig

PLAN CHECK # NT1543

EST # ~~H 22846~~ H 17076

DATE: 4/29/91

**COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES**

HAZARDOUS MATERIALS MANAGEMENT DIVISION

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME: FENTON MATERIALS/JENAL ENGINEERING

SITE ADDRESS: 9955 CAMINO SANTA FE, SAN DIEGO 92121

DESCRIPTION OF PROPOSED ACTION: **INSTALLATION OF THREE UNDERGROUND STORAGE TANKS.**

PLANS REVIEWED AND APPROVED
SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL
MARY PETERS AT (619) 338-2207

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

COUNTY OF SAN DIEGO
HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY
PERMIT APPLICATION

PART I

GENERAL PROJECT INFORMATION

FOR HMMD USE	4/17/09/16
EST#:	1122096
PLAN CH#:	NT1573
DATE RECEIVED:	4/22/91
FEE PAID:	1944
PLAN APPROVAL:	4/29/91
HYDRO UNIT:	6.2
BENEF. USE:	yes

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
 AT 338-2214 AT LEAST TWO WORKING DAYS BEFORE
 STARTING CONSTRUCTION TO SCHEDULE THE FIRST
 REQUIRED FIELD INSPECTION.

A. SITE ADDRESS: 9455 CAMINO SANTA FE City SAN DIEGO Zip 92121

B. PROPERTY OWNER:

Assessors Parcel No. 341-050-06

Company FENTON WESTERN PROPERTIES Contact MIKE NIEL

Mailing Address 7720 TRADE ST City SAN DIEGO Zip 92112

Phone (619) 566-2000

24 Hr. Emergency Contact DUTY OFFICER Phone (619) 566-2000

C. TANK OPERATOR:

Company FENTON MATERIALS Contact JIM PORTLOCK

Mailing Address 9455 CAMINO SANTA FE City SAN DIEGO Zip 92121

Phone (619) 566-2000

24 Hr. Emergency Contact DUTY OFFICER Phone (619) 566-2000

D. CONTRACTOR:

Primary Contractor JENAL ENGINEERING Contact AL WESTERMEYER

Mailing Address PO BOX 17161 City EL CAJON Zip 92072

Phone (619) 588-2500

State Contractor License A-602806

Worker's Compensation Insurance Company NWC 110085

E. APPLICATION SUBMITTAL, PLAN APPROVAL, PERMIT ISSUANCE, AND REQUIRED INSPECTIONS

Submit three (3) copies of this application package, including plan drawings, with the required fee to the Department of Health Services, Hazardous Materials Management Division, 1255 Imperial Ave., San Diego, CA or mail to P.O. Box 85261, San Diego, CA 92138-5261. Checks should be made payable to the County of San Diego.

A permit will be issued by the HMMD upon review and approval of the application and plans. The required fees must be submitted with the application package. Information in addition to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued. The required inspections cannot be scheduled until a permit is issued.

Once the permit has been issued, it is the responsibility of the permittee to notify the HMMD at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III IV, and V).

F. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G.
<input type="checkbox"/> Installation/Construction of new tank(s) only (without closing any existing tanks)	I & II	1
<input type="checkbox"/> Closure of existing tank(s) with installation of new tanks (tank replacement)	I, II & III	1 & 2
<input checked="" type="checkbox"/> Closure of existing tank(s) with no new tank installation	I & III	2
<input type="checkbox"/> Interior coating/repair of an existing underground storage tank	I & IV	3
<input type="checkbox"/> Repipe/pipe-repair of an existing underground storage tank facility	I & V	4
<input type="checkbox"/> Installation/Construction of vaulted tanks	VI	5

G. FEES: The fees shown below cover plan review, plan re-review and approval, the required field inspections and the first year's operating permit fees. Use the appropriate Fee Code as determined in Section F above.

FEE CODE		
1	Installation fee for first tank \$600.00	Fee: \$
	Installation fee for each additional tank No. ____ x \$100.00	Fee: \$
	Establishment Base Fee \$160.00 (Applies to establishments not currently under permit with HMMD)	Fee: \$
	Operating Permit Fee per tank No. ____ x \$120.00 (Does not apply to replacement tanks if the existing tank to be replaced has paid current operating permit fees)	Fee: \$
	State Surcharge per tank No. ____ x \$56	Fee: \$
	Plan Re-Review \$200.00	Fee: \$
2	Closure fee for first tank \$375.00	Fee: \$ 375
	Closure fee for each additional tank No. <u>1</u> x \$50.00	Fee: \$ 50
	Plan Re-Review \$200.00	Fee: \$
3	Repair/Interior coating fee for first tank \$600.00	Fee: \$
	Repair/Interior coating fee for each additional tank No. ____ x \$100.00	Fee: \$
	Plan Re-Review \$200.00	Fee: \$
4	Repipe/Pipe-repair of an existing tank facility \$600.00	Fee: \$
	Plan Re-Review \$200.00	Fee: \$
5	Consultation fee (e.g. vaulted tank: minimum 2 hours) ____ Hours x \$80.00	Fee: \$
TOTAL FEE: \$ 425 ⁰⁰		

I. PERMITS REQUIRED BY OTHER AGENCIES

FIRE DEPT. ☒ APCD _____ BLDG DEPT. _____ OTHER _____

Provide copies of approved applications from these departments and others if needed.

COUNTY OF SAN DIEGO
HAZARDOUS MATERIALS MANAGEMENT DIVISION

PART II

APPLICATION FOR PERMIT TO CONSTRUCT UNDERGROUND STORAGE TANK FACILITY

A. TOTAL NUMBER OF TANKS TO BE INSTALLED 3

B. TYPE OF PRIMARY CONTAINMENT

TANK NO.	MANUFACTURER	COMPOSITION	CAPACITY	STORAGE MATERIAL
1	OWENS CORNING	FIBERGLASS	20,000 g	DIESEL
2	OWENS CORNING	FIBERGLASS	20,000 g	DIESEL
3	OWENS CORNING	FIBERGLASS	10,000 g	GASOLINE

C. TYPE OF SECONDARY CONTAINMENT

- ☐ Multiple compartment double wall tanks
- ☒ Double wall tanks ☐ Concrete vault
- ☐ Flexible liner (manufacturer) _____
- ☐ Other, briefly describe _____

D. UNDERGROUND STORAGE TANK LEAK DETECTION SYSTEM

- ☒ Continuous leak detection device within the secondary containment, connected to an audible/visual alarm system.

Manufacturer/Model No. GILBARCO TANK MONITOR 3, PA02474100000

- ☐ Daily monitoring of the space between the primary and secondary containments using "dip stick" readings.

NOTE: THIS METHOD IS AVAILABLE FOR MOTOR VEHICLE FUEL STORAGE ONLY.

- ☐ Visual monitoring of the primary and secondary containments.

NOTE: ALL EXTERIOR SURFACES OF THE PRIMARY CONTAINMENT INCLUDING THE FLOOR SURFACE MUST BE MONITORED BY DIRECT VIEWING.

- ☐ Other, briefly describe _____

E. UNDERGROUND STORAGE TANK PIPING MATERIALS AND CONSTRUCTION

PRODUCT PIPING: Primary containment FIBERGLASS, AMERON
Secondary containment 1/2" HDPE

VAPOR, VENT, FILL PIPING: Primary containment 1/2" HDPE, AMERON
Secondary containment 1/2" HDPE

F. TYPE OF PRODUCT DELIVERY /FILL SYSTEM (I.E., PRESSURIZED, SUCTION, REMOTE FILL)Motor vehicle fuel tanks PRESSURIZED, TURBINEWaste oil tanks N/AOther tanks, briefly describe N/ANOTE: MANIFOLDED PRODUCT DELIVERY SYSTEMS REQUIRE
SECONDARY CONTAINMENT AND CONTINUOUS MONITORING.**G. UNDERGROUND STORAGE TANK PIPING LEAK DETECTION SYSTEM**☒ Leak detector on pressurized line
Manufacturer RED JACKET☒ Continuous monitoring device within the secondary containment
Manufacturer GILBARCO TANK MONITOR 3☐ Other, briefly describe _____**H. CORROSION PROTECTION FOR UNDERGROUND PIPING**☐ Coated and Cathodically Protected Steel☒ Fiberglass**I. UNDERGROUND STORAGE TANK SPILL/OVERFILL PREVENTION SYSTEM**☒ Catchment Basin surrounding the product fill pipe
Manufacturer C.N.I. 23A-21A☐ Automatic Shutoff device
Manufacturer _____☒ Product Level Sensing Device with High Level Alarm
Manufacturer GILBARCO TANK MONITOR 3☒ Ball Float Valves on vapor and vent lines☐ Other, briefly describe _____**J. TYPE/MANUFACTURER OF VAPOR RECOVERY SYSTEM TO BE USED**Stage I Recovery System OPW 116 VALVE & 117 CAPStage II Recovery System OPW BALANCE**K. DESCRIBE HOW YOU PROPOSE TO BALLAST THE TANKS FROM FLOTATION**☐ Anchor Straps per Manufacturer's specification with deadman and/or slab☐ Bouyancy Calculations (must be submitted) N/A, GROUNDWATER IS GREATER THAN 2'**L. CERTIFICATION**

Attach a certification from the manufacturer, or his authorized representative, of the tank and piping materials as to the capability of the tank and piping materials to store the proposed hazardous materials.

M. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING:

1. Location of all existing and proposed structures.
2. Location of all existing underground tanks and piping (indicate if tanks are to be closed or replaced).
3. Location of all proposed tanks and piping.
4. Cross section of tank and piping system. This drawing must show secondary containment of tank and piping, spill/overflow prevention devices, leak detection equipment with the correct number of sensing probes and extension of all pipes and ancillary equipment to finish grade.
6. Location of underground utility vaults and lines.
7. Site plan showing site address, nearest cross street and property lines. (scale and north arrow must be used).

N. REQUIRED INSPECTIONS - NEW UNDERGROUND STORAGE TANK INSTALLATIONS

EACH NEW TANK INSTALLATION MUST BE INSPECTED BY THE HMMD. TWO INSPECTIONS ARE REQUIRED

1. FIRST INSPECTION: CERTIFICATION AND PRESSURE TEST INSPECTION

-pressure test of entire primary system at 5psi. Spill/overflow prevention equipment verification and submittal of HMMD'S and manufacturer's certification of tank set submitted to the inspector at time of inspection.

2. SECOND INSPECTION: MONITORING EQUIPMENT AND INTEGRITY TEST VERIFICATION

-performance check of the monitoring system. HMMD'S certification of monitoring equipment and integrity test report submittal to the inspector at time of inspection.

O. DECLARATION

I declare that to the best of my knowledge and belief the statements and information provided alone are correct and true. I understand that information in addition to that provided above may be needed in order to obtain a permit from the Hazardous Materials Management Division (HMMD) and that no work is to begin on this project until the permit is issued.

I understand that any changes in design, materials or equipment will void my permit to construct if prior approval is not obtained. I further understand, that a permit to operate the underground storage tank will not be issued until the HMMD inspector approves the Second Inspection.

I will notify the Hazardous Materials Management Division at least two working days (48 hours) in advance to schedule each required inspection. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of San Diego.

SIGNATURE & TITLE:

Alan P. Westermeyer / PRESIDENT

PRINT NAME:

ALAN P. WESTERMEYER

TELEPHONE (619) 588-7500DATE APRIL 12, 1991

COUNTY OF SAN DIEGO

HAZARDOUS MATERIALS MANAGEMENT DIVISION

PART III

APPLICATION FOR PERMIT TO CLOSE UNDERGROUND STORAGE TANKS

A. TOTAL NUMBER OF TANKS TO BE CLOSED 2

B. DESCRIPTION OF TANKS TO BE CLOSED:

TANK NO.	CAPACITY	DATE INSTALLED	TANK COMPOSITION	TANK PRESENTLY IN USE?	MATERIALS STORED IN TANK
1	10,000	@1959	STEEL	NO	DIESEL FUEL
2	10,000	@1959	STEEL	NO	DIESEL FUEL

C. HAS THE TANK SYSTEM EVER FAILED OR LEAKED?

YES

☐

NO

☒

D. REASON FOR TANKS TO BE CLOSED:

☒

Meet current state/federal requirements

☐

Replacement of existing tanks

☐

Tank system failure, briefly describe _____

☐

Other, briefly describe _____

E. PREVIOUS OWNERS AND OPERATORS OF THE TANKS:

DATES

NONE

OWNER/OPERATOR

NONE

F. PROPOSED METHOD OF CLOSURE:

REMOVAL



CLOSURE IN PLACE

SAMPLING PROTOCOL

Tank owner/authorized representative responsible for all sampling analyses and associated costs.

- for tank systems that are to be removed. The excavation shall be exposed prior to the scheduled inspection and sampling points identified by the HMMD inspector. Sampling is required for both tank and piping. The tank must remain in the excavation until the HMMD inspector approves the removal.
- tank systems to be closed in place. Submit an alternate plan which must include soil sampling, reason for closing the tank system in place and type of material to be used to fill the tank. Soil sampling and/or hydrostatic testing is also required for piping closures. Tank system closure in place will only be considered after evaluating the risks and hazards if the tank system were removed.

G. DISPOSAL SITE OF TANK: P.S.I 1700 CLEVELAND AVE NATIONAL CITY

Note: You must inform the HMMD of the address of where the tank is to be disposed. Plans will be disapproved without this information.

H. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING:

1. Property lines, site address, scale, north arrow.
2. Location of all existing structures.
3. Location of all existing underground storage tank facilities.
4. Location of underground storage tanks and piping to be closed.
5. Location of underground utility lines and vaults.

I. REQUIRED INSPECTION-PERMIT TO CLOSE

A representative from the HMMD must be on site at the time the tank(s) are closed.

1. TANK SYSTEM CLOSURE BY REMOVAL:

- excavation shall be exposed prior to the scheduled inspection. The tank owner/authorized representative on site must submit a uniform hazardous waste manifest demonstrating that the tank has been properly decontaminated. A combustible gas instrument and soil sampling equipment must be on site. The HMMD inspector will identify sampling points. The tank must remain in the excavation until the HMMD approves the removal.

2. TANK SYSTEM CLOSURE IN PLACE:

- after approval of the alternate plan, the tank owner/authorized representative on site shall submit a uniform hazardous waste manifest demonstrating that the tank has been properly decontaminated. The HMMD inspector shall verify that the tank system has been properly emptied and will witness the filling with an approved inert substance. Piping approved to be closed in place by hydrostatic testing shall also be witnessed by the HMMD.

J. DECLARATION

I declare that to the best of my knowledge and belief the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval by the Hazardous Materials Management Division.

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Hazardous Materials Management Division.

I will notify the Hazardous Materials Management Division at least two working days (48 hours) before work is to begin in order to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE

PRINT NAME ALAN P WESTERMAIERTELEPHONE (44) 588-2500 DATE DEC-17-1991

F. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G.
<input checked="" type="checkbox"/> Installation/Construction of new tank(s) only (without closing any existing tanks)	I & II	1
<input type="checkbox"/> Closure of existing tank(s) with installation of new tanks (tank replacement)	I, II & III	1 & 2
<input type="checkbox"/> Closure of existing tank(s) with no new tank installation	I & III	2
<input type="checkbox"/> Interior coating/repair of an existing underground storage tank	I & IV	3
<input type="checkbox"/> Repipe/pipe-repair of an existing underground storage tank facility	I & V	4

G. FEES: The fees shown below cover plan review, plan re-review and approval, the required field inspections and the first year's operating permit fees. Use the appropriate Fee Code as determined in Section F above.

FEE CODE		
1	Installation fee for first tank \$446	Fee: \$ 446
	Installation fee for each additional tank No. <u>2</u> x \$122	Fee: \$ 244
	Establishment Base Fee \$150 (Applies to establishments not currently under permit with HMMD)	Fee: \$ 150
	Operating Permit Fee per tank No. <u>3</u> x \$112 (Does not apply to replacement tanks if the existing tank to be replaced has paid current operating permit fees)	Fee: \$ 336
	State Surcharge per tank No. <u>3</u> x \$56	Fee: \$ 168
	Plan Re-Review \$108	Fee: \$
2	Closure fee for first tank \$265	Fee: \$
	Closure fee for each additional tank No. <u> </u> x \$134	Fee: \$
	Plan Re-Review \$60	Fee: \$
3	Repair/Interior coating fee for first tank \$446	Fee: \$
	Repair/Interior coating fee for each additional tank No. <u> </u> x \$122	Fee: \$
	Plan Re-Review \$108	Fee: \$
4	Repipe/Pipe-repair of an existing tank facility \$374	Fee: \$
	Plan Re-Review \$78	Fee: \$
	TOTAL FEE: \$ 1,324.00	

I. PERMITS REQUIRED BY OTHER AGENCIES

FIRE DEPT. ☒ APCD ☒ BLDG DEPT. ☐ OTHER ☐

Provide copies of approved applications from these departments and others if needed.

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85261 SAN DIEGO 92138-5261
(619) 338-2222



MONITORING EQUIPMENT AND INTEGRITY TEST VERIFICATION REPORT

EST# H117076 H22846 PLAN CHECK# NT 1543

SITE ADDRESS 9955 Camino Santa Fe CITY San Diego ZIP 92121

ESTABLISHMENT NAME Fenton Materials

CONTRACTOR NAME Jenel Eng. PHONE# 588-2500

REQUIRED DOCUMENTS	YES	NO
INTEGRITY TEST REPORT RECEIVED	X	
BUSINESS PLAN SUBMITTED		X
HMMD'S CERTIFICATION OF MONITORING EQUIPMENT RECEIVED	X	

MONITORING SYSTEM CHECK	BY: <u>Mark McPherson</u>	DATE: <u>7-29-91</u>
	YES	NO
MONITORING DEVICES INSTALLED AS SHOWN ON HMMD APPROVED PLANS	X	
CORRECT NUMBER OF MONITORING PROBES INSTALLED		
- TANK	X	
- MANWAY SUMPS	X	
- FITTINGS	X	
- SECONDARY CONTAINMENT PIPING	X	
MONITORING DEVICES OPERATIONAL	X	

	YES	NO
MONITORING EQUIPMENT VERIFICATION APPROVED	X	
REINSPECTION AND REINSPECTION FEE REQUIRED		X
FINAL OPERATING PERMIT ISSUED	X	

RECEIVED BY: [Signature]

PRINT NAME: ALAN P. W.

DATE: 7-29-91

REMARKS: Line leak detectors verified installed mms

UNDERGROUND STORAGE TANK INSPECTION SCHEDULE

IST SCHEDULE

☐

RESCHEDULED

☐

FEE PAID

☐DATE: 07/25/91 EST.# H22846 P.C.# NT1543SPECIALIST: Mark McPherson FROM: EllerINSPECTION DAY/DATE: Monday, July 29, 1991INSPECTION TIME: 9 AMSITE ADDRESS: Senior Materials
99.55 Camino Santa Fe, San Diego 92121CONTRACTOR: Genel EngineeringCONTACT PERSON: Al PHONE # () 588-2500

TYPE OF INSPECTION

CERTIFICATION AND PRESSURE TEST INSPECTION ☐MONITORING EQUIPMENT AND INTEGRITY TEST VERIFICATION ☒CLOSURE BY REMOVAL ☐CLOSURE IN PLACE ☐TANK REPAIR ☐TANK SYSTEM REPIPE ☐SPECIAL INSTRUCTIONS: Final

SPECIALISTS REMARKS:

REINSPECTION FEE DUE ☐UPDATED PLANS REQUIRED ☐

COMMENTS:

(10/90)

385
402
19

RECORD OF PRESSURE PLOTTED OVER TIME

PRODUCT TIME	U/L	SUP	REG	W/O
	psig	psig	psig	psig

RECORD OF PRESSURE PLOTTED OVER TIME

PRODUCT TIME	U/L	SUP	REG	W/O
	psig	psig	psig	psig



UNDERGROUND STORAGE TANK CERTIFICATION OF MONITORING EQUIPMENT INSTALLATION

EST# H17076 PC# NT1153 ¹⁵⁴³

DATE OF INSTALLATION 7-8-91

SITE ADDRESS 9955 CAMINO SANTA FE City SAN DIEGO Zip 92121

MONITORING EQUIPMENT INSTALLER JENAL ENGINEERING CORP

MONITORING EQUIPMENT SYSTEM TYPE GILBARCO TANK MONITOR # 3

Complete the information below and provide it to the Hazardous Materials Specialist at the time of the second inspection (Monitoring and Integrity Test Verification). Failure to submit this information will result in an incomplete or failed inspection and may require you to reschedule the second inspection and pay a re-inspection fee.

MONITORING EQUIPMENT

INSTALLATION DESCRIPTION	Manufacturer	MODEL NUMBER
Leak Detection System	GILBARCO	PA024748
Primary Containment Tank Monitors	GILBARCO	PA0238
Product Line Leak Monitors	RED JACKET	116-97
Secondary Containment Tank Monitors	GILBARCO	PA024748
Tank Interstitial Sensors	OWENS CORNING	R.S.D.F.
Manway/Sump/Fitting Sensors	VEEDER ROOT	794390-20S
Secondary Containment Pipe Sensors	VEEDER ROOT	794390-20S

INSTALLATION COMPLETION LIST

Monitoring Equipment Certification Steps	Initial	Date
1- The equipment meets the manufacturer's written specifications for installation.	APW	7-29-91
2- The sensors have been preset or calibrated per written manufacturer's specifications.	APW	7-29-91
3- The correct number of sensors have been installed according to approved plans.	APW	7-29-91

I certify that the control panel and the sensors are installed and operational according to the manufacturer's specifications.

Installer's Signature

ALAN P WESTERMAYER

Print Name

7-29-91

Date

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85261
SAN DIEGO CA 92138-5261 (619) 338-2222

**TANK INTEGRITY TEST REPORT**
HAZARDOUS MATERIALS MANAGEMENT DIVISION

NT1543

OFFICE USE ONLY

- ☒ All of the tanks and associated piping have tested tight
- ☐ Some of the tanks and associated piping have failed tightness test

Est. # H17076
Date Rec 1/1
Tester on file y/n

Reason for Tank System Testing: X Annual Test Suspected Leak Retest After Repair
Other Reason for Tank Testing

TANK LOCATION	ADDRESS	9255 Camino Santa Fe	
	CITY	San Diego, Ca	ZIP
TANK OPERATOR	NAME	JENEL ENGINEERING, CORP.	PHONE (619) 588-2500
TANK OWNER	NAME	JENEL ENGINEERING, CROP	PHONE 619- 980-6798
	ADDRESS	P.O. Box 12161	
	CITY	El Cajon, Ca	ZIP 92022

TANK NO.	TANK CAPACITY	PRODUCT LINE PASS/FAIL	FILL/VENT VAPOR PASS/FAIL	T A N K		TEST DATE
				GAL/HOUR	PASS/FAIL	
1	10000	N/A	N/A	+0.017	PASS	7/01/91
2	20000	N/A	N/A	-0.006	PASS	7/01/91
3	20000	N/A	N/A	-0.006	PASS	7/01/91
4						
5						

If the water table is above the bottom of the UST, the test procedure compensating for its presence must be used. Compensating Procedure N/A X

Method of Product Line Test N/A

Method of Vent/Vapor/Remote Fill Line Test N/A

Indicate Which (if any) Tanks are Manifolder N/A

These test results have been conducted and performed, by a tester certified according to the requirements of the tank test equipment manufacturer. The tester is licensed by the Water Resources Control Board Office of Tank Tester Licensing and meets the requirements of Subchapter 17, Title 23, of the CA Code of regulations (Effective January 1, 1990). The tank owner has been notified of these results, and has been advised of the reporting requirements for integrity testing. This UST tightness test is approved by the State Water Resources Control Board (SWRCB) and third party verification, and meets its applicable limitations.

Testing company NDE TESTING & EQUIPMENT, INC

Name of Test Equipment VPLT

Name of Licensed Tester HENSLEY BARBOUR License No. 1189

Signature of tester Hensley Barbour Date 7/01/1991

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85821
SAN DIEGO, CA. 92188-5261 (619) 338-2222

NDE ENVIRONMENTAL CORP

**** UNDERGROUND STORAGE TANK TEST
PRECISION VOLUMETRIC QUANTITATION

AGENCY COPY

To: JENAL ENGINEERING CORP

TANK LOCATION: JENEL ENGINEERING, CORP.
9255 CAMINO SANTA FE
SAN DIEGO, CA

Attention: AL WEST

H17076
NT1543

The underground storage tank system(s) at the referenced location has (have) been tested on the dates indicated with the results indicated in the following tables:

TANK TEST RESULTS

TANK ID	TANK CAP gallons	TANK CONTENTS	DATE	PASS FAIL	LEAK RATE-gph	TEST LEVEL
#5 10K UNLEAD	10000.0	REG/UNLEADED	07/01/91	PASS	0.0170	Full Sys
#3 20K DIESEL	20000.0	DIESEL FUEL	07/01/91	PASS	-0.0060	Full Sys
#4 20K DIESEL	20000.0	DIESEL FUEL	07/01/91	PASS	-0.0060	Full Sys

PIPING PRESSURE TEST RESULTS

TANK ID	TANK CAP gallons	TANK CONTENTS	DATE	PASS FAIL	LEAK RATE-gph
---------	---------------------	---------------	------	--------------	------------------

The leak detectors WERE NOT inspected.

NDE ENVIRONMENTAL CORPORATION is authorized to test and certify tanks by the: COUNTY OF SAN DIEGO, STATE OF CALIFORNIA.
These results were effective on the date of test.

Certification Signature:

Hensley Barbour
HENSLEY BARBOUR
1189

NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

NDE ENVIRONMENTAL CORPORATION

**** CERTIFICATE OF UNDERGROUND STORAGE TANK INTEGRITY ****

PRECISION VOLUMETRIC QUANTITATIVE LEAK TEST

The following underground storage tank system has been tested and is certified TIGHT at: **FULL/SYSTEM**

<u>STATION NUMBER</u>	<u>TANK NUMBER</u>	<u>TANK CONTENTS</u>	<u>TANK CAPACITY</u>
CAM. SANTA FE	#5 10K UNLEAD	GASOLINE UNLEADED	10000.000

TANK LOCATION: JENEL ENGINEERING, CORP.
9255 CAMINO SANTA FE
SAN DIEGO, CA

TANK OWNER: JENAL ENGINEERING CORP

NDE ENVIRONMENTAL CORPORATION is authorized to test and certify this tank by the: **COUNTY OF SAN DIEGO, STATE OF CALIFORNIA**

This CERTIFICATION meets the requirement of State Regulations and Guidelines based on National Fire Protection Association NFPA Title 329. This certification meets or exceeds certification standards set by the Federal, State, and Local jurisdictional agencies.

Certification Date	: 07/01/1991
Test Results Certified by	: HENSLEY BARBOUR (1189)
Recertification Date Recommended	: 07/01/1992

Certification Signature:


HENSLEY BARBOUR
1189

NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

CAPACITY 10000 Gal PRECISION UNDERGROUND TANK TESTING RESULT Patent Pending
 STAT # CAM. SANTA FE SUMMARY REPORT FORM @Copyright 1985-1991
 TANK # #5 10K UNLEAD PAGE 1
 TEST DATE: Jul 01 1991

1. Owner of Storage Tanks JENAL ENGINEERING CORP
 Company Representative AL WEST
 Title COMPANY REPRESENTATIVE
2. Mailing Address of Owner P.O. BOX 12161
 EL CAJON, CA 92022
3. Phone of Owner (619) 588-2500
4. Station Number CAM. SANTA FE
5. Location Name for Tanks JENEL ENGINEERING, CORP.
 Location Address for Tanks 9255 CAMINO SANTA FE
 SAN DIEGO, CA
 Location phone number (619) 980-6798
 Location operator JENEL ENGINEERING, CORP.
6. Regulatory Agency COUNTY OF SAN DIEGO, STATE OF CALIFORNIA
7. Tank designation or ID # #5 10K UNLEAD
8. Date tank was tested Jul 01 1991
9. Precision Test Performed NDE VPLT COMPUTERIZED TANK LEAK TESTING SYSTEM
 Name of Testing Company NDE ENVIRONMENTAL CORPORATION
 Mailing Address of Testing Company 20000 Mariner Ave, Suite 500
 Torrance, California 90503
 Phone of Testing Company (213)542-4342
10. Technician Conducting Test HENSLEY BARBOUR : Hensley Barbour Jr
 Test Certified by HENSLEY BARBOUR : Hensley Barbour Jr
 License Number 1189
11. Tank Capacity 10000 Gallons
12. Tank Construction Material
13. Testing Liquid GASOLINE UNLEADED

14. The test was performed at FULL/SYSTEM.
 The system PASSED with a leak rate of 0.017 Gallons/Hour.
 Allowable leak resolution of instrumentation or allowable change is in
 accordance with regulations and guidelines based on National Fire
 Protection Association NFPA Title 329.

15. Product Line Pressure Test was not performed.
16. Leak Detector Inspection was not performed.
17. Additional Information regarding this test:

NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

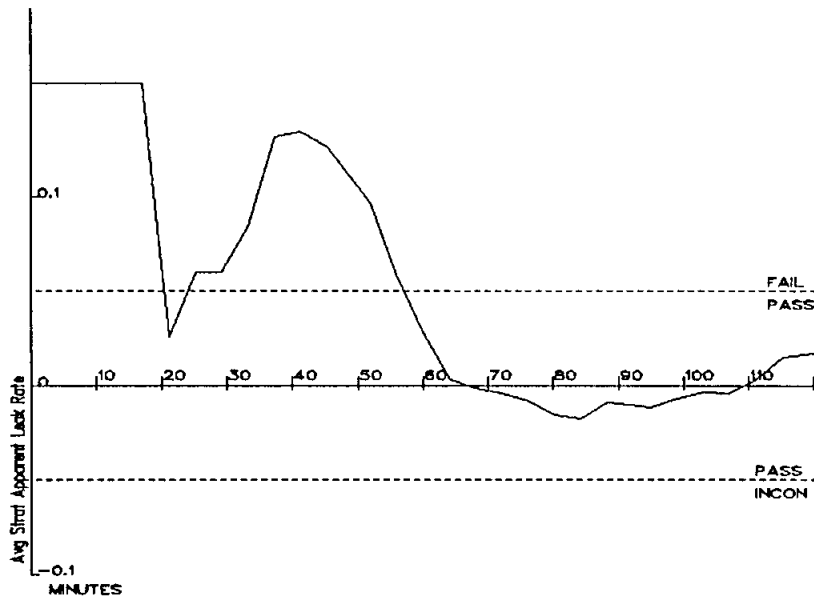
NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

CAPACITY 10000 Gallons PRECISION UNDERGROUND TANK TEST RESULT Patent Pending
 STAT # CAM. SANTA FE SUMMARY REPORT FORM @Copyright 1985-1991
 TANK # #5 10K UNLEAD PAGE 2
 TEST DATE: Jul 01 1991

PRINTOUT OF TANK SYSTEM LEAKAGE RATE DATA

Tank Owner = JENAL ENGINEERING CORP
 Tank Number = #5 10K UNLEAD
 Measurement # 27
 Date of test = Jul 01 1991
 Time of measurement = 21:35:06
 Tank Temperature = 72.9349 degrees F
 Tank Pressure = 0.0001 psi
 Basic Tank Volume ***** = 10019.524 Gallons
 Temperature Correction ***** = 84.281 Gallons
 Pressure Correction ***** = 0.000 Gallons
 Corrected Volume ***** = 10103.805 Gallons
 Stratified Corrected Volume *** = 10105.400 Gallons
 Total Fluid Level = 127.7697 inches
 Fluid Pressure on Tank Bottom = 3.4392 psi
 Leak Rate Calculation Time.... = 02:00:12
 Geometry Band = -0.00073 Gallons/Hour
 Avg Measured Level Change = -0.17688 Inches
 Avg Strat Volume Change ***** = -0.06484 Gallons
 Avg Strat Expected Level Change = -0.12287 Inches
 Avg Strat Apparent Leak ***** = 0.02850 Gallons
 Avg Strat Apparent Leak Rate ** = 0.01688 Gallons/Hour

COMPUTERIZED PLOT OF LEAKAGE RATE DATA



NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

NDE ENVIRONMENTAL CORPORATION

**** CERTIFICATE OF UNDERGROUND STORAGE TANK INTEGRITY ****

PRECISION VOLUMETRIC QUANTITATIVE LEAK TEST

The following underground storage tank system has been tested and is certified TIGHT at: **FULL/SYSTEM**

<u>STATION NUMBER</u>	<u>TANK NUMBER</u>	<u>TANK CONTENTS</u>	<u>TANK CAPACITY</u>
CAM. SANTA FE	#3 20K DIESEL	DIESEL FUEL	20000.000

TANK LOCATION: JENEL ENGINEERING, CORP.
9255 CAMINO SANTA FE
SAN DIEGO, CA

TANK OWNER: JENAL ENGINEERING CORP

NDE ENVIRONMENTAL CORPORATION is authorized to test and certify this tank by the: **COUNTY OF SAN DIEGO, STATE OF CALIFORNIA**

This CERTIFICATION meets the requirement of State Regulations and Guidelines based on National Fire Protection Association NFPA Title 329. This certification meets or exceeds certification standards set by the Federal, State, and Local jurisdictional agencies.

Certification Date	: 07/01/1991
Test Results Certified by	: HENSLEY BARBOUR (1189)
Recertification Date Recommended	: 07/01/1992

Certification Signature:


HENSLEY BARBOUR
1189

NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

CAPACITY 20000 Gal PRECISION UNDERGROUND TANK TESTING RESULT Patent Pending
 STAT # CAM. SANTA FE SUMMARY REPORT FORM @Copyright 1985-1991
 TANK # #3 20K DIESEL PAGE 1
 TEST DATE: Jul 01 1991

1. Owner of Storage Tanks JENAL ENGINEERING CORP
 Company Representative AL WEST
 Title COMPANY REPRESENTATIVE
2. Mailing Address of Owner P.O. BOX 12161
 EL CAJON, CA 92022
3. Phone of Owner (619) 588-2500
4. Station Number CAM. SANTA FE
5. Location Name for Tanks JENEL ENGINEERING, CORP.
 Location Address for Tanks 9255 CAMINO SANTA FE
 SAN DIEGO, CA
 Location phone number (619) 980-6798
 Location operator JENEL ENGINEERING, CORP.
6. Regulatory Agency COUNTY OF SAN DIEGO, STATE OF CALIFORNIA
7. Tank designation or ID # #3 20K DIESEL
8. Date tank was tested Jul 01 1991
9. Precision Test Performed NDE VPLT COMPUTERIZED TANK LEAK TESTING SYSTEM
 Name of Testing Company NDE ENVIRONMENTAL CORPORATION
 Mailing Address of Testing Company 20000 Mariner Ave, Suite 500
 Torrance, California 90503
 Phone of Testing Company (213)542-4342
10. Technician Conducting Test HENSLEY BARBOUR : Hensley Barbour Jr
 Test Certified by HENSLEY BARBOUR : Hensley Barbour Jr
 License Number 1189
11. Tank Capacity 20000 Gallons
12. Tank Construction Material
13. Testing Liquid DIESEL FUEL
14. The test was performed at FULL/SYSTEM.
 The system PASSED with a leak rate of -0.006 Gallons/Hour.
 Allowable leak resolution of instrumentation or allowable change is in
 accordance with regulations and guidelines based on National Fire
 Protection Association NFPA Title 329.
15. Product Line Pressure Test was not performed.
16. Leak Detector Inspection was not performed.
17. Additional Information regarding this test:

NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

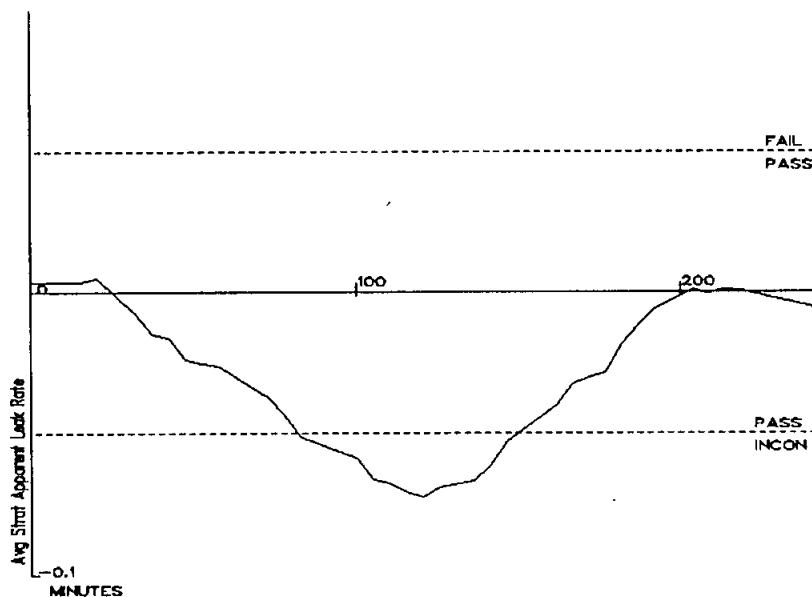
NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

CAPACITY 20000 Gallons PRECISION UNDERGROUND TANK TEST RESULT Patent Pending
 STAT # CAM. SANTA FE SUMMARY REPORT FORM @Copyright 1985-1991
 TANK # #3 20K DIESEL PAGE 2
 TEST DATE: Jul 01 1991

PRINTOUT OF TANK SYSTEM LEAKAGE RATE DATA

Tank Owner = JENAL ENGINEERING CORP
 Tank Number = #3 20K DIESEL
 Measurement # 37
 Date of test = Jul 01 1991
 Time of measurement = 19:35:41
 Tank Temperature = 70.7436 degrees F
 Tank Pressure = 0.0002 psi
 Basic Tank Volume ***** = 20027.877 Gallons
 Temperature Correction ***** = 98.521 Gallons
 Pressure Correction ***** = 0.000 Gallons
 Corrected Volume ***** = 20126.398 Gallons
 Stratified Corrected Volume *** = 20129.496 Gallons
 Total Fluid Level = 155.1323 inches
 Fluid Pressure on Tank Bottom = 4.7362 psi
 Leak Rate Calculation Time..... = 01:21:17
 Geometry Band = -0.00009 Gallons/Hour
 Avg Measured Level Change = 0.01151 Inches
 Avg Strat Volume Change ***** = 0.00177 Gallons
 Avg Strat Expected Level Change = 0.00229 Inches
 Avg Strat Apparent Leak ***** = -0.00714 Gallons
 Avg Strat Apparent Leak Rate ** = -0.00581 Gallons/Hour

COMPUTERIZED PLOT OF LEAKAGE RATE DATA



NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

NDE ENVIRONMENTAL CORPORATION

**** CERTIFICATE OF UNDERGROUND STORAGE TANK INTEGRITY ****

PRECISION VOLUMETRIC QUANTITATIVE LEAK TEST

The following underground storage tank system has been tested and is certified TIGHT at: **FULL/SYSTEM**

<u>STATION NUMBER</u>	<u>TANK NUMBER</u>	<u>TANK CONTENTS</u>	<u>TANK CAPACITY</u>
CAM. SANTA FE	#4 20K DIESEL	DIESEL FUEL	20000.000

TANK LOCATION: JENEL ENGINEERING, CORP.
9255 CAMINO SANTA FE
SAN DIEGO, CA

TANK OWNER: JENAL ENGINEERING CORP

NDE ENVIRONMENTAL CORPORATION is authorized to test and certify this tank by the: **COUNTY OF SAN DIEGO, STATE OF CALIFORNIA**

This CERTIFICATION meets the requirement of State Regulations and Guidelines based on National Fire Protection Association NFPA Title 329. This certification meets or exceeds certification standards set by the Federal, State, and Local jurisdictional agencies.

Certification Date	: 07/01/1991
Test Results Certified by	: HENSLEY BARBOUR (1189)
Recertification Date Recommended	: 07/01/1992

Certification Signature:



HENSLEY BARBOUR
1189

NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

CAPACITY 20000 Gal PRECISION UNDERGROUND TANK TESTING RESULT Patent Pending
 STAT # CAM. SANTA FE SUMMARY REPORT FORM @Copyright 1985-1991
 TANK # #4 20K DIESEL PAGE 1
 TEST DATE: Jul 01 1991

1. Owner of Storage Tanks JENAL ENGINEERING CORP
 Company Representative AL WEST
 Title COMPANY REPRESENTATIVE
2. Mailing Address of Owner P.O. BOX 12161
 EL CAJON, CA 92022
3. Phone of Owner (619) 588-2500
4. Station Number CAM. SANTA FE
5. Location Name for Tanks JENEL ENGINEERING, CORP.
 Location Address for Tanks 9255 CAMINO SANTA FE
 SAN DIEGO, CA
 Location phone number (619) 980-6798
 Location operator JENEL ENGINEERING, CORP.
6. Regulatory Agency COUNTY OF SAN DIEGO, STATE OF CALIFORNIA
7. Tank designation or ID # #4 20K DIESEL
8. Date tank was tested Jul 01 1991
9. Precision Test Performed NDE VPLT COMPUTERIZED TANK LEAK TESTING SYSTEM
 Name of Testing Company NDE ENVIRONMENTAL CORPORATION
 Mailing Address of Testing Company 20000 Mariner Ave, Suite 500
 Torrance, California 90503
 Phone of Testing Company (213)542-4342
10. Technician Conducting Test HENSLEY BARBOUR : Hensley Barbour Jr
 Test Certified by HENSLEY BARBOUR : Hensley Barbour Jr
 License Number 1189
11. Tank Capacity 20000 Gallons
12. Tank Construction Material
13. Testing Liquid DIESEL FUEL
14. The test was performed at FULL/SYSTEM.
 The system PASSED with a leak rate of -0.006 Gallons/Hour.
 Allowable leak resolution of instrumentation or allowable change is in
 accordance with regulations and guidelines based on National Fire
 Protection Association NFPA Title 329.
15. Product Line Pressure Test was not performed.
16. Leak Detector Inspection was not performed.
17. Additional Information regarding this test:

NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

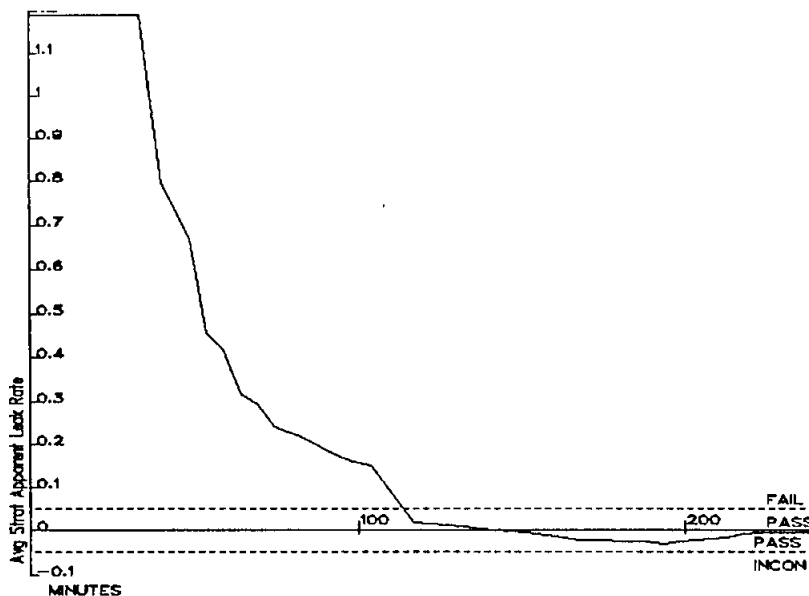
NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

CAPACITY 20000 GALLONS PRECISION UNDERGROUND TANK TESTING RESULT Patent Pending
 STAT # CAM. SANTA FE SUMMARY REPORT FORM @Copyright 1985-1991
 TANK # #4 20K DIESEL PAGE 2
 TEST DATE: Jul 01 1991

PRINTOUT OF TANK SYSTEM LEAKAGE RATE DATA

Tank Owner = JENAL ENGINEERING CORP
 Tank Number = #4 20K DIESEL
 Measurement # 36
 Date of test = Jul 01 1991
 Time of measurement = 18:43:18
 Tank Temperature = 70.4942 degrees F
 Tank Pressure = 0.0002 psi
 Basic Tank Volume ***** = 20020.369 Gallons
 Temperature Correction ***** = 96.199 Gallons
 Pressure Correction ***** = 0.000 Gallons
 Corrected Volume ***** = 20116.568 Gallons
 Stratified Corrected Volume *** = 20122.205 Gallons
 Total Fluid Level = 154.9981 inches
 Fluid Pressure on Tank Bottom = 4.7321 psi
 Leak Rate Calculation Time.... = 01:07:42
 Geometry Band = 0.00010 Gallons/Hour
 Avg Measured Level Change = 0.02060 Inches
 Avg Strat Volume Change ***** = 0.00431 Gallons
 Avg Strat Expected Level Change = 0.00761 Inches
 Avg Strat Apparent Leak ***** = -0.00735 Gallons
 Avg Strat Apparent Leak Rate ** = -0.00631 Gallons/Hour

COMPUTERIZED PLOT OF LEAKAGE RATE DATA



NDE ENVIRONMENTAL CORPORATION (PROPRIETARY)

System Accuracy (Standard Tank): 0.05gph = Pd>0.95/Pfa<0.05; 0.10gph = Pd>0.99/Pfa<0.01

NDE ENVIRONMENTAL CORPORATION 20000 Mariner Ave, Suite 500 Torrance, California 90503 (213)542-4342

TO: _____
FROM: _____
DATE: _____

original

COUNTY OF SAN DIEGO
HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY
PERMIT APPLICATION
PART I
GENERAL PROJECT INFORMATION

FOR HMMD USE
EST#: <u>H17046</u>
PLAN CH#: <u>AT 2490</u>
DATE RECEIVED: <u>12-18-91</u>
FEE PAID: <u>3425.00</u>
PLAN APPROVAL: <u>12/20/91</u>
HYDRO UNIT: <u>6.2</u>
BENEF. USE: <u>UHS</u>

A. SITE ADDRESS: 9255 CAMINO SANTA FECity SAN DIEGO

CA.

Zip 92121**B. PROPERTY OWNER:**Assessors Parcel No. 391-015-011Company FENTON WESTERN PROPERTIES Contact PAUL SMITHMailing Address 7220 TRADE ST. City SAN DIEGO Zip 92121Phone (619) 566-200024 Hr. Emergency Contact DUTY OFFICER Phone (619) 566-2000**C. TANK OPERATOR:**Company H.G. FENTON MATERIALS Contact PAUL SMITHMailing Address 9255 CAMINO SANTA FE City SAN DIEGO Zip 92121Phone (619) 566-200024 Hr. Emergency Contact PAUL SMITH Phone (619) 566-2000**D. CONTRACTOR:**Primary Contractor JENAL ENGINEERING CO. Contact AL WESTERMAYERMailing Address PO BOX 12161 City EL CAJON Zip 92022Phone (619) 588-2500State Contractor License A 602806 HAZ 4257Worker's Compensation Insurance Company NW110085

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
 AT 338-2214 AT LEAST TWO WORKING DAYS BEFORE
 STARTING CONSTRUCTION TO SCHEDULE THE FIRST
 REQUIRED FIELD INSPECTION.

E. APPLICATION SUBMITTAL, PLAN APPROVAL, PERMIT ISSUANCE, AND REQUIRED INSPECTIONS

Submit three (3) copies of this application package, including plan drawings, with the required fee to the Department of Health Services, Hazardous Materials Management Division, 1255 Imperial Ave., San Diego, CA or mail to P.O. Box 85261, San Diego, CA 92138-5261. Checks should be made payable to the County of San Diego.

A permit will be issued by the HMMD upon review and approval of the application and plans. The required fees must be submitted with the application package. Information in addition to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued. The required inspections cannot be scheduled until a permit is issued.

Once the permit has been issued, it is the responsibility of the permittee to notify the HMMD at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III IV, and V).

ASPHALT PLANT

TRAILER, OFFICE

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
AT 338-2214 AT LEAST TWO WORKING DAYS BEFORE
STARTING CONSTRUCTION TO SCHEDULE THE FIRST
REQUIRED FIELD INSPECTION.

PARTS
STORAGE

WORK BAY
#1

GARAGE

E.S.O.
SWITCH

NO PRODUCT
-PIPING
PUMPS SET ATOP
OF FUEL TANKS

TANK #1 10,000g

FILL

FUEL PUMP

VENTS

FUEL PUMP

FILL

TANK #2 10,000g

County of San Diego
Department of Health Services
Hazardous Materials Management Division

PLAN APPROVAL
N PG# AT 2490 H# 17076
Approved By A. P. P. P. Date: 12/20/91
Comments Remain 2 U6ST'S

"Any change in these plans may void this approval.
This stamp does not constitute or imply approval by
other agencies."

FENTON MATERIALS
9255 CAMINO SANTA FE
SAN DIEGO 92121

T.B. 39 C5

HAZARDOUS MATERIAL MANAGEMENT DIVISION
UNDERGROUND TANK REMOVAL/CLOSURE REPORTESTABLISHMENT # 17076 PLAN CHECK # AT2490 T2182SITE NAME Fanton Western Properties PHONE 566-2000
Paul SmithSITE ADDRESS 9255 Camino Santa Fe San Diego CITY/ ZIP CODE CA 92121CONTRACTOR Jenal Engineering PHONE 588-2500NUMBER OF TANKS Two (2) ☒ REMOVAL ☐ CLOSURE IN PLACE

#1 #2

REMARKS:

TANK EDP NUMBER
U/L TAG NUMBER
CAPACITY (GALS)
MATERIAL STORED
DECONTAMINATION?
MANIFEST AVAILABLE?
% LEL (CGI READING)
DRY ICE/OTHER (AMT)
TANK CONDITION
BACKFILL SOIL TYPE
BACKFILL CONDITION
NATIVE SOIL TYPE
NATIVE CONDITION
EXCAVATION ODORS?
STOCKPILE ODORS?
PONDED PRODUCT?
PIPELINE LEAK?
REINSPECTION REQUIRED?

				Tank were installed in 61-62
				diesel were stored in them
10000	10000 GALLON			Backfill soil w/ strong odor
Diesel	Diesel			highly stained.
yes	500 GALLON to Kerdoor			#1 Moderately Corroded. No
yes	#9076 0358			hole was observed.
5%	5%			Water was previously was
yes	400 LBS in both Tanks			observed between 80-90' BG.
(1)				This site was put into
Sandy w/ cobbles				Site Assessment because
odor odor & staining were observed				the Excavation area was
conglomerate (cobbly sandy clay)				highly contaminated
highly stained w/ strong odor				w/ Petroleum hydrocarbons
yes	highly stained w/ strong odor			
No				
N/A	Pumps were directly on top of tank			
Water	was ponded at the bottom of excavation			A hard pan was
				felt at the bottom of Ex at 14-15' BG

NOTICE: You are hereby notified that on 12/27/91, a Hazardous Materials Specialist conducted an inspection for the closure of Two (2) hazardous substance underground storage tanks. A summary of the conditions follows:

- ☐ A determination of this site's status is pending receipt of Laboratory Analyses Results for samples taken this date. Results must be submitted within 30 days. To avoid delays, have the Laboratory send a copy of the results directly to Mo. Lahsaie of the (HMMD) see address below: (print)
- ☒ Contamination of the excavation area has been noted by observations made during the tank removal this date. BEGIN SITE ASSESSMENT PHASE-(See reverse for details).

The Laboratory results have been reviewed by _____
(of the HMMD) on 1/1 and indicate the following:

- ☐ NO FURTHER ACTION IS REQUIRED.
- ☐ BEGIN SITE ASSESSMENT PHASE (See attached information).

Phone Contact _____ Date Form was Mailed 1/1Received By Jim PortlockPrinted Name Jim PortlockPhone Number (619) 566-2000

(HMMD COPY)

Mo. Lahsaie
Hazardous Materials Specialist
County of San Diego
Department of Health Services
HMMD - P. O. Box 85261
San Diego, CA 92138-5261
(619) 338-2222

Type(s) of hazardous substance released: Possibly DieselIs hazardous material ponded? Water was ponded What is estimated amount? Is amount of hazardous substance release known? No Estimated amount? NIAWhat is estimated depth to ground water below the site? Ponded water was observed at 14-15 feet BGIs site located in a beneficial use area? Yes

SOIL CONDITIONS:

Is backfill discolored? YesEstimated amount highlyIs backfill saturated? Not observedEstimated amount Is native soil stained? YesEstimated amount highlyIs native soil saturated? Not observedEstimated amount Describe native soil type(s) Conglomerate / Sandy clayey w/ cobblesCondition of tank(s) (holes, corrosion, wrapping, seams) No holes were observed
wrapping around the tanks were erodedPiping leak location Pumps were located directly above the tanksNearby water wells or surface waters? Not observedAny known underground vaults, utilities or basements nearby? Not observedFURTHER COMMENTS: Water was ponded at the bottom of tank excavationA hard pan layer was felt w/ backhoe bucket at between
14-15 BG. It was ^{not} known whether the ponded water was perched G.H. or
simply water from nearby water line ponding on top of hard pan?see attached sheet for more detail.Δ
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(HMMD)

PLOT PLAN

EST. # H 17076

H 17076 / ---
AT2490

DHS-HM-961 (6/91)

original

COUNTY OF SAN DIEGO
HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY
PERMIT APPLICATION
PART I
GENERAL PROJECT INFORMATION

FOR HMMD USE
EST#: <u>H17076</u>
PLAN CH#: <u>AT 2490</u>
DATE RECEIVED: <u>12-18-91</u>
FEE PAID: <u>3425.00</u>
PLAN APPROVAL: <u>12/16/91</u>
HYDRO UNIT: <u>6.2</u>
BENEF. USE: <u>gas</u>

A. SITE ADDRESS: 9255 CAMINO SANTA FE
 City SAN DIEGO CA. Zip 92121

B. PROPERTY OWNER:
 Assessors Parcel No. 391-015-011
 Company FENTON WESTERN PROPERTIES Contact PAUL SMITH
 Mailing Address 7220 TRADE ST. City SAN DIEGO Zip 92121
 Phone (619) 566-2000
 24 Hr. Emergency Contact DUTY OFFICER Phone (619) 566-2000

C. TANK OPERATOR:
 Company H.G. FENTON MATERIALS Contact PAUL SMITH
 Mailing Address 9255 CAMINO SANTA FE City SAN DIEGO Zip 92121
 Phone (619) 566-2000
 24 Hr. Emergency Contact PAUL SMITH Phone (619) 566-2000

D. CONTRACTOR:
 Primary Contractor JENAL ENGINEERING CO. Contact AL WESTERMAYER
 Mailing Address PO BOX 12161 City EL CAJON Zip 92022
 Phone (619) 588-2500
 State Contractor License A 602806 HAZ 4257
 Worker's Compensation Insurance Company NW1100BS

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
 AT 338-2214 AT LEAST TWO WORKING DAYS BEFORE
 STARTING CONSTRUCTION TO SCHEDULE THE FIRST
 REQUIRED FIELD INSPECTION.

E. APPLICATION SUBMITTAL, PLAN APPROVAL, PERMIT ISSUANCE, AND REQUIRED INSPECTIONS

Submit three (3) copies of this application package, including plan drawings, with the required fee to the Department of Health Services, Hazardous Materials Management Division, 1255 Imperial Ave., San Diego, CA or mail to P.O. Box 85261, San Diego, CA 92138-5261. Checks should be made payable to the County of San Diego.

A permit will be issued by the HMMD upon review and approval of the application and plans. The required fees must be submitted with the application package. Information in addition to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued. The required inspections cannot be scheduled until a permit is issued.

Once the permit has been issued, it is the responsibility of the permittee to notify the HMMD at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III IV, and V).

ASPHALT PLANT

TRAILER, OFFICE

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
AT 338-2214 AT LEAST TWO WORKING DAYS BEFORE
STARTING CONSTRUCTION TO SCHEDULE THE FIRST
REQUIRED FIELD INSPECTION.

PARTS
STORAGE

WORK BAY
#1

GARAGE

E.S.O.
SWITCH

NO PRODUCT
PIPING
PUMPS SET ATOP
OF FUEL TANKS

TANK #1 10,000g

FILL

FUEL PUMP

VENTS

FUEL PUMP

FILL

TANK #2 10,000g

County of San Diego
Department of Health Services
Hazardous Materials Management Division

PLAN APPROVAL
PC# AT 2490 H# 17076
Approved By M. P. [Signature] Date: 12/20/91
Comments Berman 2 U6ST5

"Any change in these plans may void this approval.
This stamp does not constitute or imply approval by
other agencies."

FENTON MATERIALS
9255 CAMINO SANTA FE
SAN DIEGO 92121

T.B. 39 C5

HAZARDOUS MATERIAL MANAGEMENT DIVISION
UNDERGROUND TANK REMOVAL/CLOSURE REPORTESTABLISHMENT # 17076 PLAN CHECK # AT2490 T2182SITE NAME Fanton Western Properties PHONE 566-2000
Paul SmithSITE ADDRESS 9255 Camino Santa Fe San Diego CITY/ ZIP CODE CA 92121CONTRACTOR Jenal Engineering PHONE 588-2500NUMBER OF TANKS Two (2)☒ REMOVAL☐ CLOSURE IN PLACE

FIRE AGENCY PRESENT?

☒ YES ☐ NOPERMIT NO. TA920145DEPT. S. Diego% L.E.L. 5%Pam Kelly

REMARKS:

TANK EDP NUMBER
U/L TAG NUMBER
CAPACITY (GALS)
MATERIAL STORED
DECONTAMINATION?
MANIFEST AVAILABLE?
% LEL (CGI READING)
DRY ICE/OTHER (AMT)
TANK CONDITION
BACKFILL SOIL TYPE
BACKFILL CONDITION
NATIVE SOIL TYPE
NATIVE CONDITION
EXCAVATION ODORS?
STOCKPILE ODORS?
PONDED PRODUCT?
PIPELINE LEAK?
REINSPECTION REQUIRED?

#1	#2	REMARKS:
19000	10000 GALLON	Tank were installed in 61-62
Diesel	Diesel	& diesel were stored in them
Yes	500 GALLON to Herdorn	Backfill soil w/ strong odor
Yes	#9076 0358	& highly stained.
5%	5%	#1) Moderately Corroded. No
Yes	400 LBS in both Tanks	hole was observed.
(1)		Water was previously was
Sandy w/ cobbles		observed between 80-90' BG.
odor odor & staining were observed		This site was put into
conglomerate (Cobbly sandy clay)		Site Assessment because
highly stained w/ strong odor		the excavation area was
Yes highly stained w/ strong odor		highly contaminated
No		w/ Petroleum hydrocarbons
N/A	Pumps were directly on top of tank	
Water	was ponded at the bottom of excavation	
	A hard pan was	
	felt at the bottom of Ex at 14-15'	

NOTICE: You are hereby notified that on 12/27/91, a Hazardous Materials Specialist conducted an inspection for the closure of Two (2) hazardous substance underground storage tanks. A summary of the conditions follows:☐ A determination of this site's status is pending receipt of Laboratory Analyses Results for samples taken this date. Results must be submitted within 30 days. To avoid delays, have the Laboratory send a copy of the results directly to Mo. Lahsaie of the (HMMD) see address below: (print)☒ Contamination of the excavation area has been noted by observations made during the tank removal this date. BEGIN SITE ASSESSMENT PHASE-(See reverse for details).The Laboratory results have been reviewed by _____
(of the HMMD) on 1/1 and indicate the following:☐ NO FURTHER ACTION IS REQUIRED.☐ BEGIN SITE ASSESSMENT PHASE (See attached information).Phone Contact _____ Date Form was Mailed 1/1Received By Jim PortlockPrinted Name Jim PortlockPhone Number (619) 566-2000

(HMMD COPY)

Mo. Lahsaie
Hazardous Materials Specialist
County of San Diego
Department of Health Services
HMMD - P. O. Box 85261
San Diego, CA 92138-5261
(619) 338-2222

Type(s) of hazardous substance released: Possibly Diesel
 Is hazardous material ponded? Water was ponded What is estimated amount? _____
 Is amount of hazardous substance release known? No Estimated amount? N/A
 What is estimated depth to ground water below the site? Ponded water was observed at 14-15 BG
 Is site located in a beneficial use area? Yes

SOIL CONDITIONS:

Is backfill discolored?	<u>yes</u>	Estimated amount	<u>highly</u>
Is backfill saturated?	<u>Not observed</u>	Estimated amount	_____
Is native soil stained?	<u>yes</u>	Estimated amount	<u>highly</u>
Is native soil saturated?	<u>Not observed</u>	Estimated amount	_____

Describe native soil type(s) Conglomerate / Sandy clayey w/ cobbles

Condition of tank(s) (holes, corrosion, wrapping, seams) No holes were observed wrapping around the tanks were eroded

Piping leak location Pumps were located directly above the tanks

Nearby water wells or surface waters? Not observed

Any known underground vaults, utilities or basements nearby? Not observed

FURTHER COMMENTS: Water was ponded at the bottom of tank excavation. A hard Pan layer was felt w/ backhoe bucket between 14-15 BG. It was ^{not} known whether the ponded water was perched G.H₂O or simply water from nearby water line → ponding on top of hard Pan?

see attached sheet for more detail.

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(HMMD)

PLOT PLAN

EST. # H 17076

12-27-91

H 17076
AT 2490

office
building

12 x 2.5

21

○ File
○ ~~over~~
○
○ Section

T2

 T_2

281

8

+

28

35

Stockpile Sol

660210
O
OVENT
OFILE

H.G. FENTON MATERIAL COMPANY
PRE-MIXED CONCRETE COMPANY

JIM PORTLOCK
Maintenance Manager --- --

7220 TRADE STREET, P.O. BOX 64, SAN DIEGO, CALIFORNIA 92112
(619) 566-2000, FAX (619) 549-3589

Cement
Silo Tower

1st Road

PLAN CHECK # AT2490

EST # H17076

DATE: 12/20/91

**COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES**

HAZARDOUS MATERIALS MANAGEMENT DIVISION

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME: H.G. FENTON MATERIALS/JENAL ENGINEERING

SITE ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO 92121

DESCRIPTION OF PROPOSED ACTION: **REMOVAL OF TWO UNDERGROUND STORAGE TANKS.**

NOTE:

FOR TANK SYSTEMS THAT ARE TO BE REMOVED, THE EXCAVATION SHALL BE EXPOSED PRIOR TO THE SCHEDULED INSPECTION AND SAMPLING POINTS IDENTIFIED BY THE HMMD INSPECTOR. THE TANK MUST REMAIN IN THE EXCAVATION UNTIL THE HMMD INSPECTOR APPROVES THE REMOVAL.

PLANS REVIEWED AND APPROVED
SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL
MARY PETERS AT (619) 338-2207



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UST PRESSURE TEST/SECONDARY CONTAINMENT INSPECTION REPORT

Plan Check Number: RT 2802 UPF Permit Number: 117076
Facility Name: Hansen Aggregate Bldg. No.: _____
Site Address: 7255 Camino Santa Fe City: San Diego CA Zip: 92127
Contractor: Jaw. & Celler Contractor's Phone No.: (_____) _____

PROJECT DESCRIPTION

☐ New Tank Installation ☒ Repipe/Repair ☐ Secondary Containment Repair ☐ Other: _____

2 Dies + 1 87 UST.

I. PRESSURE TEST

Tank ID:	P/F	P/F	P/F	P/F	P/F
Product Type:	<u>87</u>	<u>Dies</u>			

Product Line

Primary

Start time:	<u>12:30 pm</u>	<u>87</u> psi	<u>86</u> psi	_____ psi	_____ psi	_____ psi
End time:		<u>87</u> psi	<u>86</u> psi	_____ psi	_____ psi	_____ psi
Secondary		_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:		_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

Vapor/Tank & Vent

Primary

Start time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
Secondary	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

II. HYDROSTATIC TEST

Sump/ dispenser/
spill bucket:

Start time:	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
End time:	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
Start time:	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
End time:	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches

HMD approved plans onsite?

☒ YES ☐ NO

Inspection and reinspection fee required?

☐ YES ☐ NO

Inspection approved?

☒ YES ☐ NO

"As Builts" required for final inspection?

☐ YES ☐ NO

REMARKS:

4 1/2 Dies UST 7 1/2
1 3/4 Dies (end) 4 3/4

HMD Inspector:

Richard Hansen

Date:

9/15/03

Received by:

Jim Jaregno

Print name:

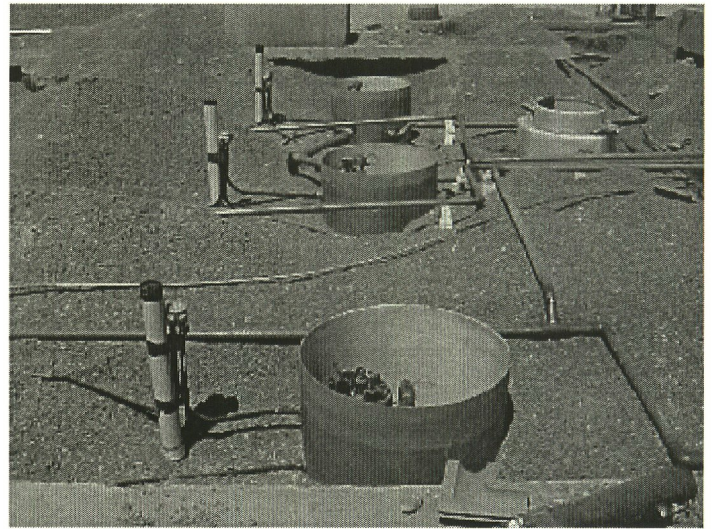
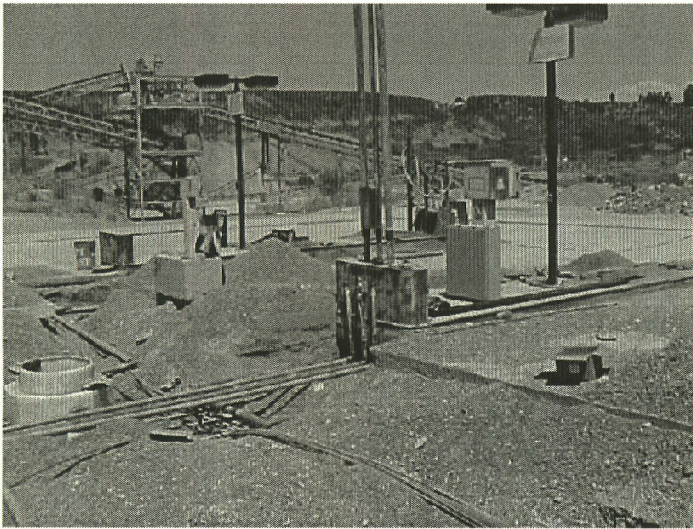
Jim Jaregno

Date:

9/15/03

Hanson Aggregates
9255 Camino Santa Fe
San Diego CA 92127
117076/ Permit# RT2402
9/5/2003

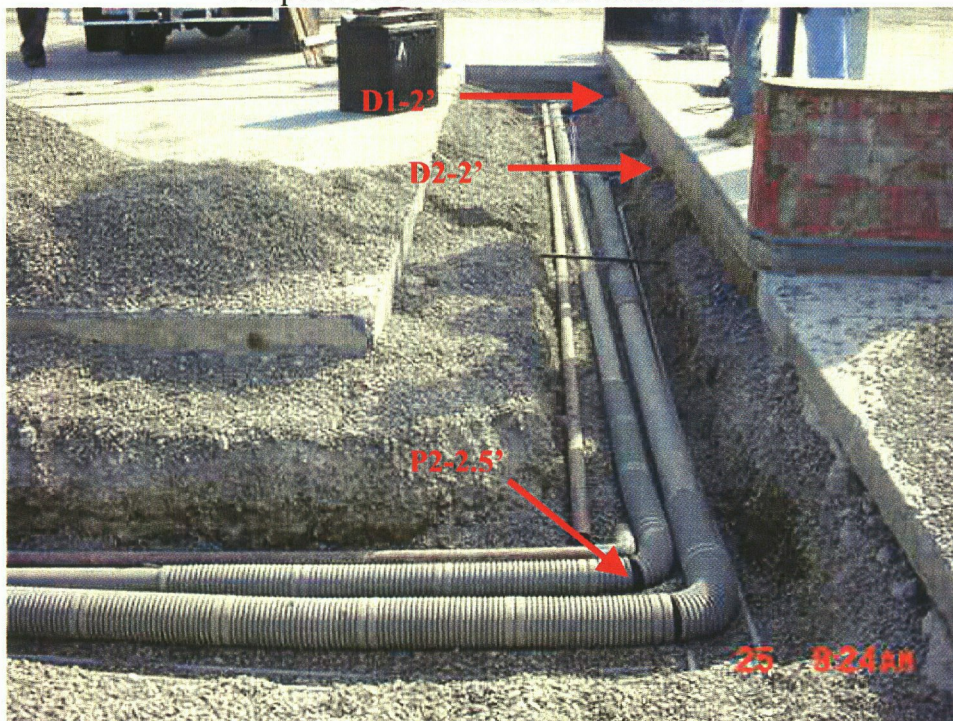
Pressure Test of new piping for three existing USTs



HANSEN AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA 92127
117076/RT2402
August 25, 2003

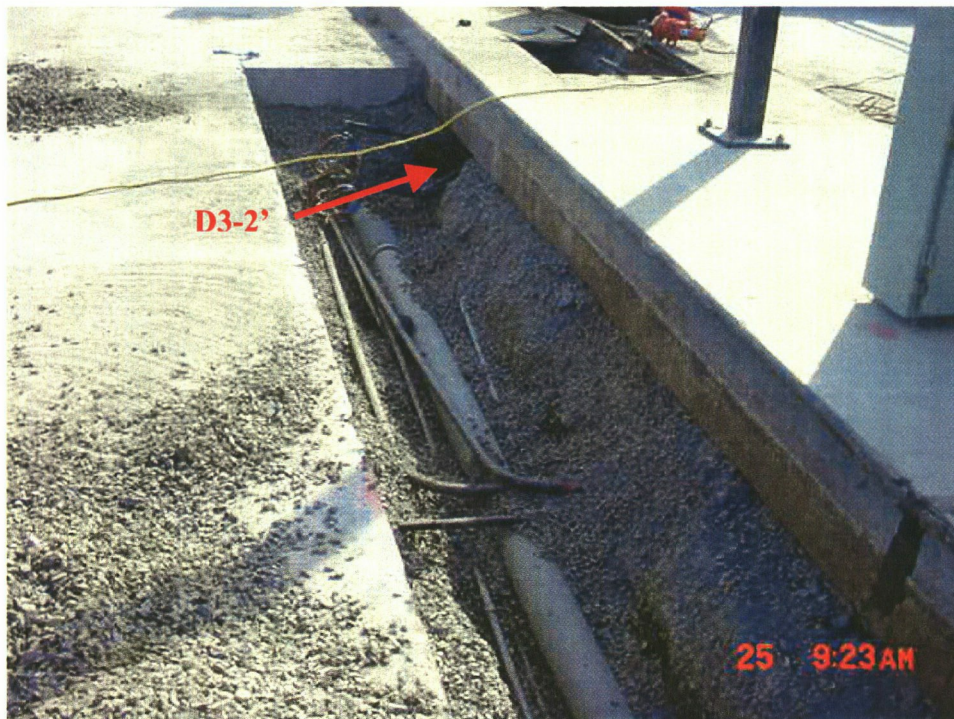


View of fueling area.
Perspective from northeast to south west.

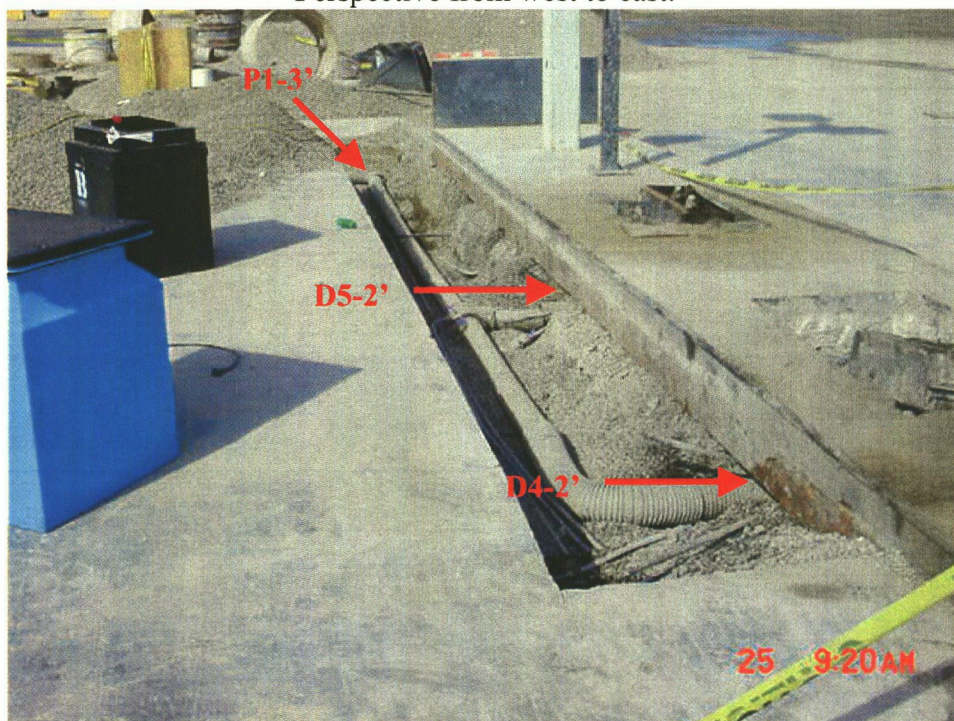


View of soil sample locations from southern dispenser islands.
Perspective from west to east.

**HANSEN AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA 92127
117076/RT2402
August 25, 2003**

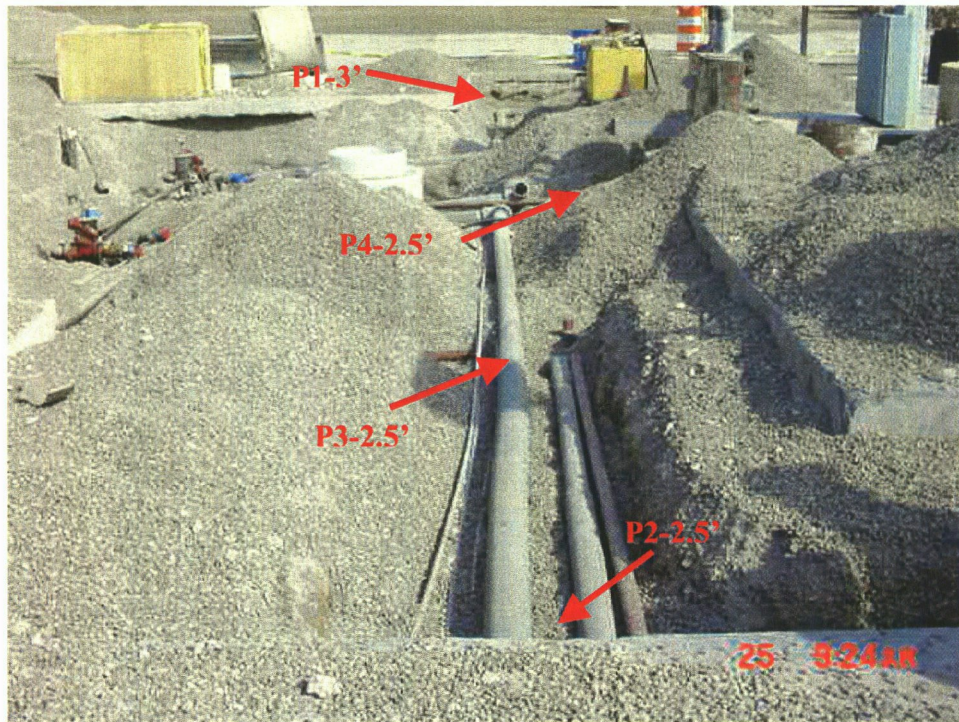


View of soil sample locations from center dispenser island.
Perspective from west to east.



View of soil sample locations from northern dispenser island.
Perspective from east to west.

**HANSEN AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA 92127
117076/RT2402
August 25, 2003**



View of piping soil samples.
Perspective from south to north.

LAND AND WATER QUALITY DIVISION

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT

ESTABLISHMENT NO. <u>117076</u>		PLAN CHECK NO. <u>RT 2402</u>	
SITE NAME <u>Hansen Aggregate</u>		PHONE _____	
SITE ADDRESS <u>9255 Camino Santa Fe</u>		CITY <u>San Diego</u> ZIP <u>92122</u>	
CONTRACTOR <u>Jaregui & Culver</u>		PHONE <u>760-743-0518</u>	

Number of tanks to be removed 1 2 3 4 5 6 7 8 _____	FIRE AGENCY PRESENT YES <input checked="" type="radio"/> NO
Decontamination by <u>NA</u>	Dept. _____
Manifest No. _____	Permit No. _____
Tank rinsate/(amount & destination) _____	Inspector _____

Tank ID No.	REMARKS
Capacity	P1 - No stains, No odors
Tank Construction	P2 "
Materials stored	P3 "
% L.E.L.	P4 Some staining, No odors
Dry ice/other (amt.)	D1 No stains, No odors
Tank condition	D2 "
Backfill soil type	D3 "
Backfill condition	D4 "
Native soil type	D5 Some staining, some odors
Native condition	
Excavation odors?	
Stockpile odors?	
Water present?	
Ponded product?	
Piping removed?	

REINSPECTION REQUIRED YES ☒ NO ☐ If yes, explain _____

NOTICE: You are hereby notified that on 8/25/03, an Environmental Health Specialist conducted an inspection for the closure of _____ hazardous substance underground storage tank(s). A summary of the conditions follows:

☐ An unauthorized release of a hazardous substance has been observed by the Environmental Health Specialist. You are hereby required to initiate Corrective Action measures (See Page 4 for details).

☒ A determination of this site's status is pending the Site Assessment and Mitigation (SAM) Program's receipt and review of analytical results for the samples taken from the tank and/or piping closure site. A laboratory report must be submitted to SAM within 30 days. Please request that the laboratory send a copy of the analytical report directly to Jon Senaka at the address provided below.

The SAM Program has completed its review of the analytical results for samples collected at the tank closure site and has determined the following:

☒ **TANK CLOSURE COMPLETE - NO FURTHER ACTION REQUIRED**

☐ INITIATE CORRECTIVE ACTION MEASURES (See enclosed information)

Reviewed by: JDN SENAKA Date Reviewed: 10/3/03 Supervisor (Initial): MAN

RECEIVED BY _____	<u>Jon Senaka</u> Environmental Health Specialist SAM - P.O. Box 129261 San Diego, CA 92112-9261 (619) 338-2222 2195
PRINTED NAME _____	
PHONE NUMBER _____	

Fax 619-338-2315

DISTRIBUTION: WHITE-RETURN TO SAM
YELLOW-BUSINESS RETAINS

Type(s) of hazardous substance(s) released (mark all that apply):

☒ Gasoline ☒ Diesel ☐ Waste Oil ☐ Other _____

Is hazardous material ponded? ☐ Yes* ☒ No Estimated amount? _____

Estimated depth to groundwater below this site: 5 feet Beneficial use? ☐ Yes ☐ No

SOIL CONDITIONS (Odors, Staining, Volume):

Describe backfill and its condition: fine gravel - some staining at P4

Describe native soil and its condition: silty sand - some staining & odors at DS

How was hazardous substance released? ?

Tank condition (holes, corrosion, wrapping, seams, evidence or overfill)

Estimated length of piping removed? 400 feet Date tanks last used? _____

Nearby water wells or surface waters? ☐ Yes* ☒ None noted

***Describe**

Any known sensitive receptors, i.e., underground vaults, utilities or basements nearby? ☐ Yes* ☐ None noted

***Describe**


COMMENTS: _____

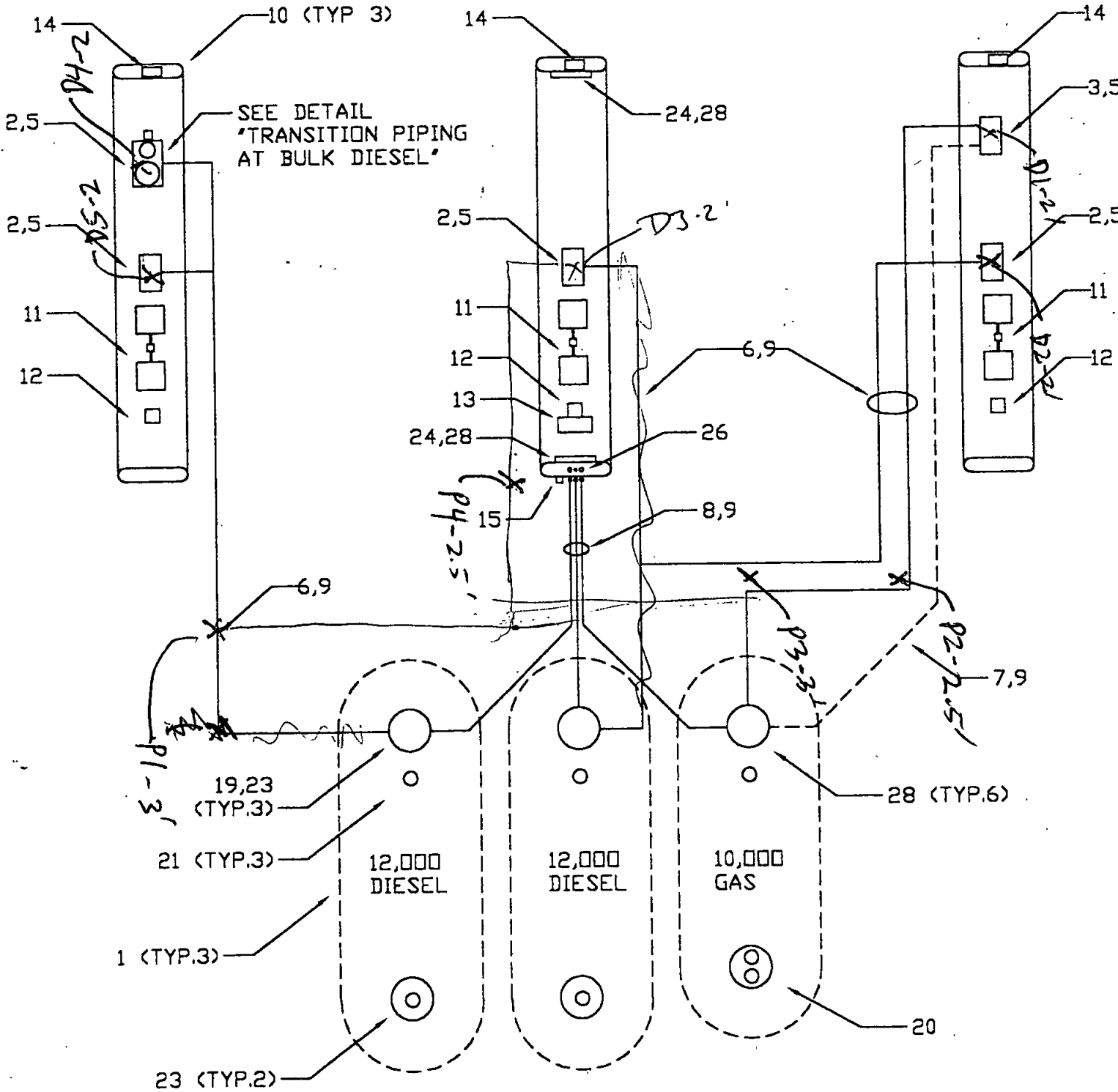
SAM Chain-of-Custody Record

Date 8/25/03 Page 1 of 1

Project Name <u>Hansen Aggregates</u> Reference <u>9255 Camino Santa Fe</u> Address <u>San Diego, CA 92127</u> Sampler's Signature <u>[Signature]</u> Lab To Be Used <u>HIP LABS</u>				ANALYSIS REQUESTED TPH <u>Extended</u> DOHS METHOD TRPH EPA 418.1 BTXE (8020/602) HALOGENATED (8010/601)					SAMPLE TYPE SOLID LIQUID GRAB COMPOSITE				COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Site Assessment and Mitigation Division P.O. Box 129261 San Diego, CA 92112-9261	
									NO. OF		COMMENTS			
P1-3'	8/25/03	0943	No stains or odors	X					X		X	1	# Analyze highest	
P2-2.5'		0947	No stains or odors	X					X		X	1	TPH sample (for duplicate)	
P3-3'		0952	No stains or odors	X					X		X	1	for BTEX, MTBE,	
P4-2.5'		1000	See stains, No odors	X					X		X	1	DIPE, ETBE, TAME.	
D1-2'		1008	No stains, No odors	X					X		X	1	TBA by 8260B	
D2-2'		1015	See no odors	X					X		X	1		
D3-2'		1019	"	X					X		X	1	# Tot. of 2 samples	
D4-2'		1022	"	X					X		X	1	for 8260B	
D5-2'		1027	Some stains, some odors	X					X		X	1		
1 RELINQUISHED BY		Date	2 RELINQUISHED BY		Date	3 RELINQUISHED BY		Date	TOTAL NO. OF CONTAINERS					
Signature		Time	Signature		Time	Signature		Time	Sample Conditions					
Printed Name			Printed Name			Printed Name			Received On Ice Yes/No					
Company			Company			Company			Tape Seal Intact Yes/No					
RECEIVED BY		Date	RECEIVED BY		Date	RECEIVED BY (LAB)		Date	Special Shipment/Handling Or Storage Requirements:					
Signature		Time	Signature		Time	Signature		Time	Split Sample Location					
Printed Name			Printed Name			Printed Name			Site Identification					
									H# <u>117076</u> AT# <u>RT 2402</u>					
									SAM <u>Jon Senaha</u>					
									<u>619-338-2195</u>					

Distribution: White - Laboratory
 Yellow - Contractor/Responsible Party
 Pink - SAM


 SCALE - 1' = 10'





County of San Diego
Department of Environmental Health
Hazardous Materials Division
1255 Imperial Avenue
P.O. Box 129261
San Diego, CA 92112-9261

ACTIVITY CODE **428T24**

Permit # **RT2402**
Establishment # **117076**
Date: **August 8, 2003**
Expiration Date: **August 8, 2004**

Permit for Underground Storage Tank Construction/Closure

SITE NAME: **Hansen Aggregate**
SITE ADDRESS: **9255 Camino Santa Fe, San Diego, CA 92127**
OWNER NAME: **Hansen Aggregate**
OWNER ADDRESS: **P.O. Box 639069, San Diego, CA 92163**

DESCRIPTION OF PROPOSED WORK: **Repipe three (3) existing underground storage tanks**

PERMIT CONDITIONS: The following is the scope of work that will be performed at the site listed above. The DEH inspector will verify that the CCR Title 23 requirements have been met.

Tanks are double walled -

- 1) Existing Veeder-Root Tank monitoring system (TLS 350)
- 2) Existing ATG with external audible/ visual high level alarm for overfill protection
- 3) Install **New** EVR approved spill containment boxes

PLEASE NOTE : **NEW** manway lids and risers are subject to pressure testing

- 1) **Soil sampling is required** for all product piping removed. (all product piping must be **exposed and remain** until the sampling points are identified by the DEH inspector)
- 2) A containment berm is required for all aboveground piping upto and including the meter box for the bulk diesel dispenser
- 3) Install **New** double wall FRP product lines
- 4) Install **New** single wall vent and vapor lines
- 5) Install **New** dispensers with UDCs and continuous electronic monitoring that will shut down turbine upon leak detection
- 6) Install **New** water tight sumps with liquid sensors and sealed manway lids*
- 7) A **Certified line integrity test** is required prior to the final inspection.

*Tank sump must be installed in accordance with the tank manufacturers recommendations. Installation must not void the Tank Manufacturers Listing. You must provide documentation from the installer that they are certified to install collars on the specific underground storage tank(s) and that it was done in accordance with the manufacturers recommendations. You must submit the documentation at the Final inspection.

*****NOTICE*****

New SB 989 regulations require that all secondary containment be tested. The secondary containment must be tested in accordance with manufacturers specification. Contractor shall certify the test. Please be advised that **all** secondary containment systems installed after January 1, 2001 must be tested at installation, six (6) months after installation, and every 36 months thereafter.

Inspection Requirements:

- 1) Removal and Soil Sampling of product piping
- 2) Pressure Test
- 3) Final inspection**

****Required Documents at Final Inspection:**

- 1) Certified Pipe Line Integrity Test Results ✓
- 2) Certification of Secondary Containment Testing (SD County form DEH:HMD-9169) ✓
- 3) New UST Written Monitoring Procedures and Emergency Response Plans (SD County form DEH:HMD-9222)
- 4) Certification of Monitoring Equipment Installation (SD County form DEH:HMD-9301)
- 5) CUPA Form B and C ✓

Additional documents may be required at the discretion of the DEH Inspector

Please note: Any deviation from the above scope of work may require a \$235.00 plan re-review fee and \$350.00 re-inspection fee

This office must be given at least 48 hours notice for all required Underground Storage Tank Activity.

Please call at (619) 338-2214 to schedule an appointment. For cancellations, please call (619) 237-8451.

PERMIT AND STAMPED APPROVED PLANS MUST BE ON-SITE. FAILURE TO DO SO WILL RESULT IN THE INSPECTOR FAILING THE SCHEDULED INSPECTION AND ASSESSING A \$350.00 REINSPECTION FEE.

Plans Reviewed and Approved By: Robert Rapista
Notified _____

Date: 8/8/03



RECEIVED

JUL 14 PM 1:10

PERMIT APPLICATION

PART I

GENERAL PROJECT INFORMATION

D. E. H.
MAILROOM

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

OFFICE USE ONLY

PERMIT #: 117076

PLAN CK#: RT2402

DATE RECEIVED: 7-14-2003

FEE PAID: \$850.00

PLAN APPROVAL: 8/8/03

HYDRO UNIT:

BENEF. USE:

ORIGINAL

A. SITE NAME: HANSON AGGREGATE

SITE ADDRESS: 9255 Camino Santa Fe City SAN DIEGO Zip 92127

B. PROPERTY OWNER:

Assessors Parcel No: 341-050-4200

Company HANSON AGGREGATE Contact TOM FERRELL

Mailing Address P.O. Box 639069 City SAN DIEGO State CA Zip 92163

Phone (858) 577-2772

24-Hour Emergency Contact TOM FERRELL Phone (619) 994-9889

C. TANK OPERATOR:

Company HANSON AGGREGATE Contact TOM FERRELL

Mailing Address P.O. Box 639069 City SAN DIEGO Zip 92163

Phone (858) 577-2772

24-Hour Emergency Contact TOM FERRELL Phone (619) 994-9889

D. CONTRACTOR PERFORMING WORK:

Primary Contractor JAUREGUI & CULVER INC. Contract JOHN CULVER

Mailing Address 959 W. MISSION AVE City ESCONDIDO Zip 92025

Phone (760) 743-0518

State Contractor License 708231

Hazardous Substances Certificate A6594

Worker's Compensation Insurance Company AIG - Pol. # 625 3923

E. APPLICATION SUBMITTAL, PLAN APPROVAL, PERMIT ISSUANCE, AND REQUIRED INSPECTIONS

Submit one (1) original and two (2) copies of this application package, including plan drawings with the required fee to the Department of Environmental Health (DEH), Hazardous Materials Division, 1255 Imperial Avenue, San Diego, CA 92101; or mail to P.O. Box 129261, San Diego, CA 92112-9261. Checks should be made payable to the County of San Diego.

A permit will be issued by DEH upon review and approval of the application and plans. The required fees must be submitted with the application package. Information in addition to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued. The required inspections cannot be scheduled until a permit is issued. Once the permit has been issued, it is the responsibility of the permittee to notify DEH at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III, IV, & V).

F. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G
<input type="checkbox"/> Installation/Construction of new tank(s) systems only (without closing any existing tanks)	I & II	1
<input type="checkbox"/> Closure of existing tank(s) systems with installation of new tanks (tank replacement)	I, II & III	1 & 2
<input type="checkbox"/> Closure of existing tank(s) systems with no new tank installation	I & III	2
<input type="checkbox"/> Interior coating/repair of an existing underground storage tank	I & IV	1
<input checked="" type="checkbox"/> Repipe/pipe-repair piping upgrade of an existing underground storage tank facility	I & V	3
<input type="checkbox"/> Installation/Construction of vaulted tanks	VI	4

G. FEES: The fees shown below cover plan review and the required field inspections. Use the appropriate Fee Code as determined in Section F above.

FEE CODE	Installation fee for first tanks \$985.00 (fee will apply to all <u>tank</u> installations, <u>tank</u> repairs, interior lining and bladder installations)	Fee: \$
1	Installation fee for each additional tank No. _____ X \$100.00	Fee: \$
	Establishment Base Fee \$190.00 (Applies to establishments not currently under permit with DEH)	Fee: \$
	Operating Permit Fee per tank No. _____ X \$285.00 (Does not apply to replacement tanks if the existing tank to be replaced has paid current operating permit fees)	Fee: \$
2	Closure fee for first tank \$565.00	Fee: \$
	Closure fee for each additional tank No. _____ X \$95.00	Fee: \$
3	NOTE: Upgrades / Repair shall include but not limited to pipe repairs, repipes, and new monitoring system installations	
	Upgrade /Repair – 2 inspections (including soil sampling) \$835.00	Fee: \$ 835.00
	Upgrade /Repair – 1 inspection and no soil sampling \$590.00	Fee: \$
4	Consultation fee (e.g. vaulted tank: minimum 2 hours) _____ Hours X \$100.00	Fee: \$
5	Re-inspection fee \$330.00	Fee: \$
	Plan Re-Review \$220.00	Fee: \$
TOTAL FEE: \$		835.00 \$ 880.00

H. PERMITS REQUIRED BY OTHER AGENCIES:

FIRE DEPARTMENT ☒ APCD ☒ BUILDING DEPARTMENT _____ OTHER _____

Provide copies of approved applications from these departments and others if needed.



PERMIT APPLICATION PART V

APPLICATION FOR REPIPE, PIPING UPGRADE OR PIPE REPAIR OF AN EXISTING TANK FACILITY
BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER-Call (916) 324-2300 for information

TY (TK) HQ

4	4	-	0	0	4	0	2	6	3
---	---	---	---	---	---	---	---	---	---

NOTE: Application will be disapproved without this information

- A. TOTAL NUMBER OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED 3
- B. DESCRIPTION OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED

TANK NO.	TANK CAPACITY	PRODUCT TYPE	COMPOSITION
1	12,000	DIESEL	DWFG
2	12,000	DIESEL	DWFG
3	10,000	87-GAS-UL	DWFG

CHECK BELOW WHAT PIPING IS TO BE REPLACED, REPAIRED OR UPGRADED.

	PRODUCT	VAPOR	VENT	FILL LINES
TANK NO. 1	DIESEL		✓	✓
TANK NO. 2	DIESEL		✓	✓
TANK NO. 3	87-GAS-UL	✓	✓	✓
TANK NO. 4				

C. REASON FOR TANKS TO BE REPIPED/REPAIRED/UPGRADED:

- ☒ Upgrade to meet current state/federal requirements
☐ Piping system failure
☐ Other, briefly describe _____

D. PIPING MATERIALS AND CONSTRUCTION:

Primary Containment F.G. Manufacturer/model A.O. SMITH
 Secondary Containment F.G. Manufacturer/model A.O. SMITH
 Dispenser Containment F.G. Manufacturer/model TOTAL CONTAINMENT

E. TYPE OF PRODUCT DELIVERY/FILL SYSTEM:

- ☒ Pressurized ☐ Suction ☐ Gravity ☐ Direct Fill ☐ Manifolded System

F. PIPING LEAK DETECTION/MONITORING SYSTEM:

- ☒ Leak detector on pressurized line: Manufacturer RED JACKET
☐ Continuous monitoring device within the secondary containment: Manufacturer _____
☐ Leak detector on pressurized line (must shut down pump and activate alarm) (pressurized lines only)
☒ Continuous monitoring device shuts down pump and activates alarm (pressurized lines only)

G. DISPENSER CONTAINMENT MONITORING: (at a minimum must shut down dispenser)

- ☐ Mechanical monitoring
☒ Electronic monitoring VEEDEL ROOT Model TLS-350

H. TANK OVERFILL PREVENTION:

Catchment Basin surrounding the product fill pipe:

Manufacturer _____

-AND-

- ☒
- Product Level Sensing Device with High Level Alarm and Ball Float Valves

Manufacturer VEEDER ROOT

-OR-

- ☐
- Positive shutoff device in fill pipe at 95% full

Manufacturer _____

-OR-

- ☐
- Secondary containment for vent, vapor, and tank riser piping with Ball Float Valves or Product Level Sensing Device with High Level Alarm

Manufacturer _____

I. PIPING UPGRADE REQUIREMENT:

- ☐ Cathodic protection for all product piping in direct contact with backfill material, including turbine, flex connectors and all other appurtenances containing product
- ☒ Secondary containment of all product piping including turbines, dispenser piping, and all other appurtenances containing product

J. PROPOSED METHOD OF PIPE CLOSURE: ☒ REMOVAL ☐ CLOSURE IN PLACE

SAMPLING PROTOCOL Tank owner/authorized representative responsible for all sampling analyses and associated costs.

- For piping that is to be removed, the trenching shall be exposed prior to the scheduled inspection, sampling points will be identified by the DEH inspector and samples taken every 20 feet.
- Piping to be closed in place may be considered only if the removal might damage structures. Submit an alternate plan which must include soil sampling.

K. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING (Must be drawn to scale):

1. Location of existing and proposed structures.
2. Location of all existing underground tanks and piping. (Indicate what piping is to be closed in place or by removal)
3. Location of new piping, secondary containment, leak detection, and overfill prevention.
4. Cross section of piping, tank sumps, dispenser containment.

L. REQUIRED INSPECTIONS-PIPING REPAIR/REPLACEMENT/PIPING UPGRADE:

EACH PIPING REPAIR/REPLACEMENT AND/OR PIPING UPGRADE MUST BE INSPECTED BY DEH. THREE INSPECTIONS MAY BE REQUIRED.

1. FIRST INSPECTION:

- Piping to be closed by removal. Trenching shall be exposed prior to the scheduled inspection and sampling points identified by the DEH inspector.
- Piping to be closed in place. Piping shall be capped and drained and per alternate approved plan, samples collected by the DEH inspector.

2. SECOND INSPECTION:

- Pressure test of all piping repaired, replaced, or upgraded - verification of cathodic protection.

3. THIRD INSPECTION:

- Verification of leak detection devices/secondary containment.

M. DECLARATION

I declare that to the best of my knowledge and belief the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain a permit from the Department of Environmental Health (DEH).

I understand that any changes in design, materials, or equipment will void my permit to construct if prior approval is not obtained.

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Department of Environmental Health (DEH).

I will notify the Department of Environmental Health (DEH) at least two working days (48 hours) before work is to begin in order to schedule the required inspection. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that the responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE

V. Pres. - CONTRACTOR

PRINT NAME

JOHN CULVER

TELEPHONE (760)

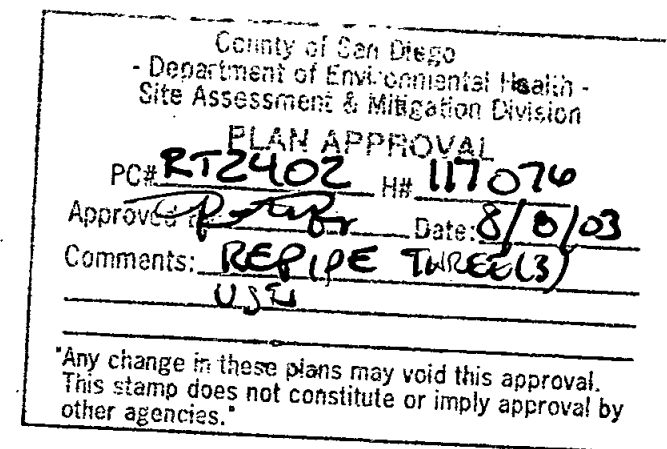
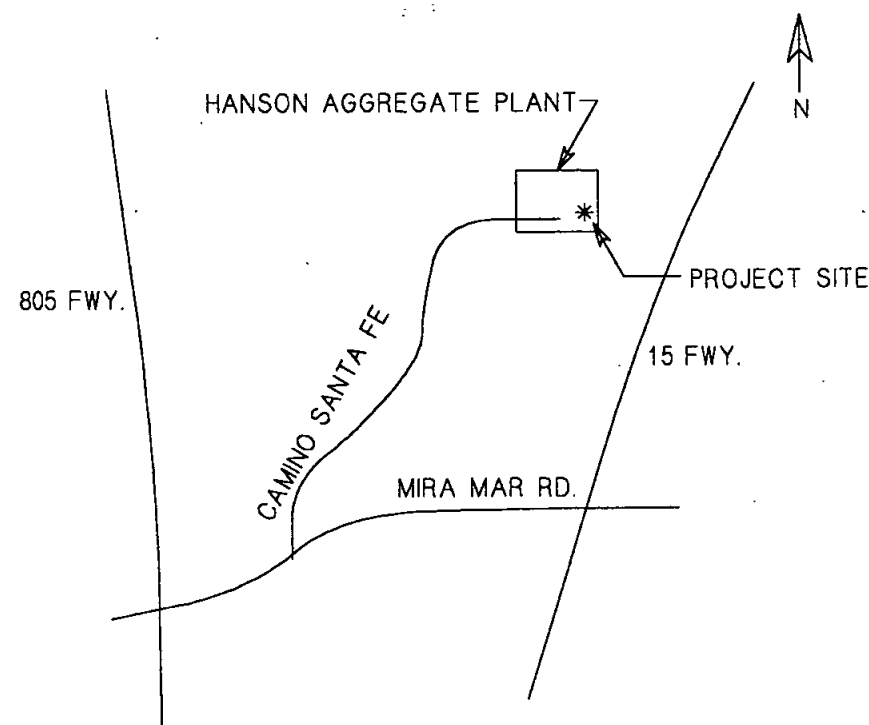
743-0518

DATE

7/11/03

HANSON AGGREGATE

9255 Camino Santa Fe
San Diego, CA 92127



SCOPE OF WORK

IT IS THE INTENT OF THIS PROJECT TO INSTALL NEW DW FG PRODUCT, SW FG VAPOR RETURN, SW FG VENT PIPING, NEW UNDER DISPENSER CONTAINMENT (UDC) AND NEW TANK SUMPS. UDC MONITORING IS TO BE ADDED TO THE EX. VEEDER ROOT SYSTEM. EXISTING DISPENSERS AND TANK EQUIPMENT IS TO BE RE-UTILIZED. THE TANK MANHOLES ARE TO BE SALVAGED AND REINSTALLED WITH THE EXCEPTION OF THE GAS FILL MANHOLE WITH REGULATIONS. THIS PROJECT WILL BE BROKEN UP INTO TWO PHASES OF CONSTRUCTION AS DETAILED IN THE FOLLOWING DRAWINGS

OWNER:
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9255 CAMINO SANTA FE
SAN DIEGO, CA 92127

PROJECT LOCATION:
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Jauregui & Culver, Inc.

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Escondido, CA 92025

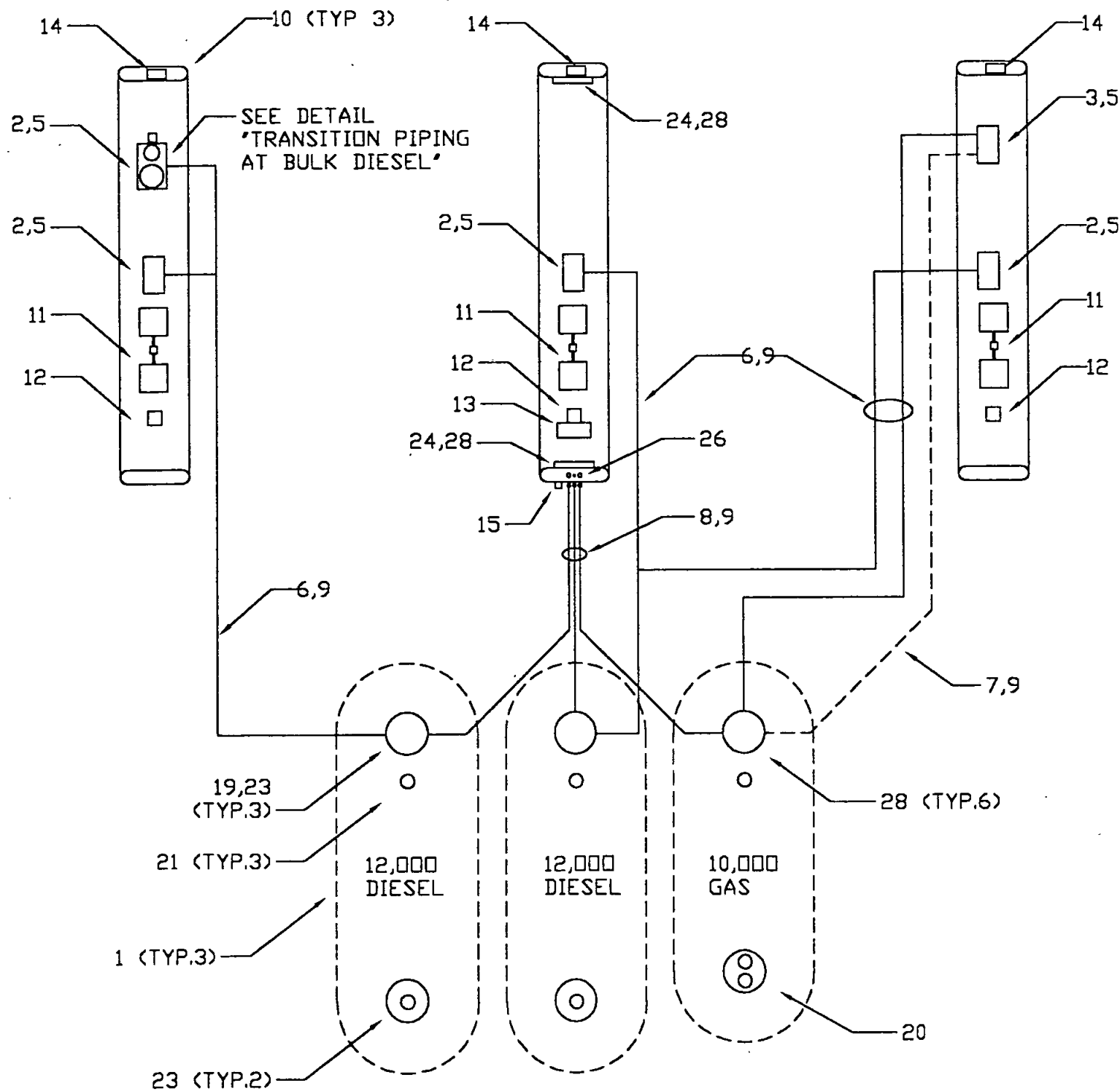
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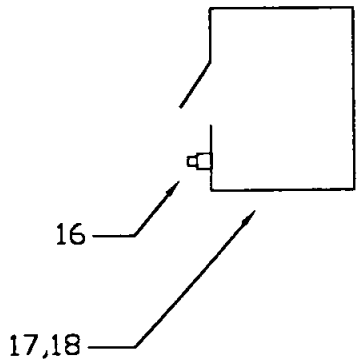
PAGE 1/10

SCALE - 1" = 10'



NOTES:

- 1 EX. UST TO REMAIN.
- 2 EX. DIESEL DISPENSER TO REMAIN.
- 3 EX. GAS DISPENSER TO REMAIN.
- 4 EX. BULK DIESEL DISPENSER TO REMAIN.
- 5 INSTALL UDC. MODIFY ISLAND AS REQ'D.
- 6 NEW 2" DWFG PRODUCT PIPING.
- 7 NEW 2" SWFG VAPOR RETURN PIPING.
- 8 NEW 2" SWFG VENT PIPING.
- 9 REMOVE ALL EX. BELOW GROUND FUEL SYSTEM PIPING UNDER THE DIRECTION OF S.D. COUNTY ENVIRONMENTAL HEALTH DEPT.
- 10 EX. RAISED-END CONCRETE ISLANDS TO REMAIN.
- 11 EX. AREA LIGHT.
- 12 EX. CARD READER.
- 13 EX. ELECTRICAL CABINET.
- 14 EX. AIR & WATER REEL.
- 15 EX. ESD.
- 16 EX. OVERFILL ALARM.
- 17 EX. ELECTRICAL ROOM.
- 18 EX. VEEDER ROOT TLS-350
- 19 EX. TURBINES TO REMAIN.
- 20 NEW PHIL TITE EVR MANHOLE.
- 21 ANNULAR PROBE & MANHOLE.
- 22 RE-UTILIZE EX. SINGLE PORT DIESEL MANHOLE.
- 23 RE-UTILIZE EX. TURBINE MANHOLE.
- 24 EX. ELECTRICAL GUTTER BOX.
- 25 NEW 2" VENT RISERS W/ NEW VENT RACK.
- 26 CUT OFF EX. VENT RISERS AT TOP OF RAISED ISLAND AND FILL VOID W/ CONCRETE.
- 27 RE-UTILIZE ALL EX. ELECTRICAL CONDUITS.
- 28 REPAIR OR REPLACE TANK SUMP. SUMP MUST MEET SB989 TEST REQUIREMENTS.



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SITE PLAN

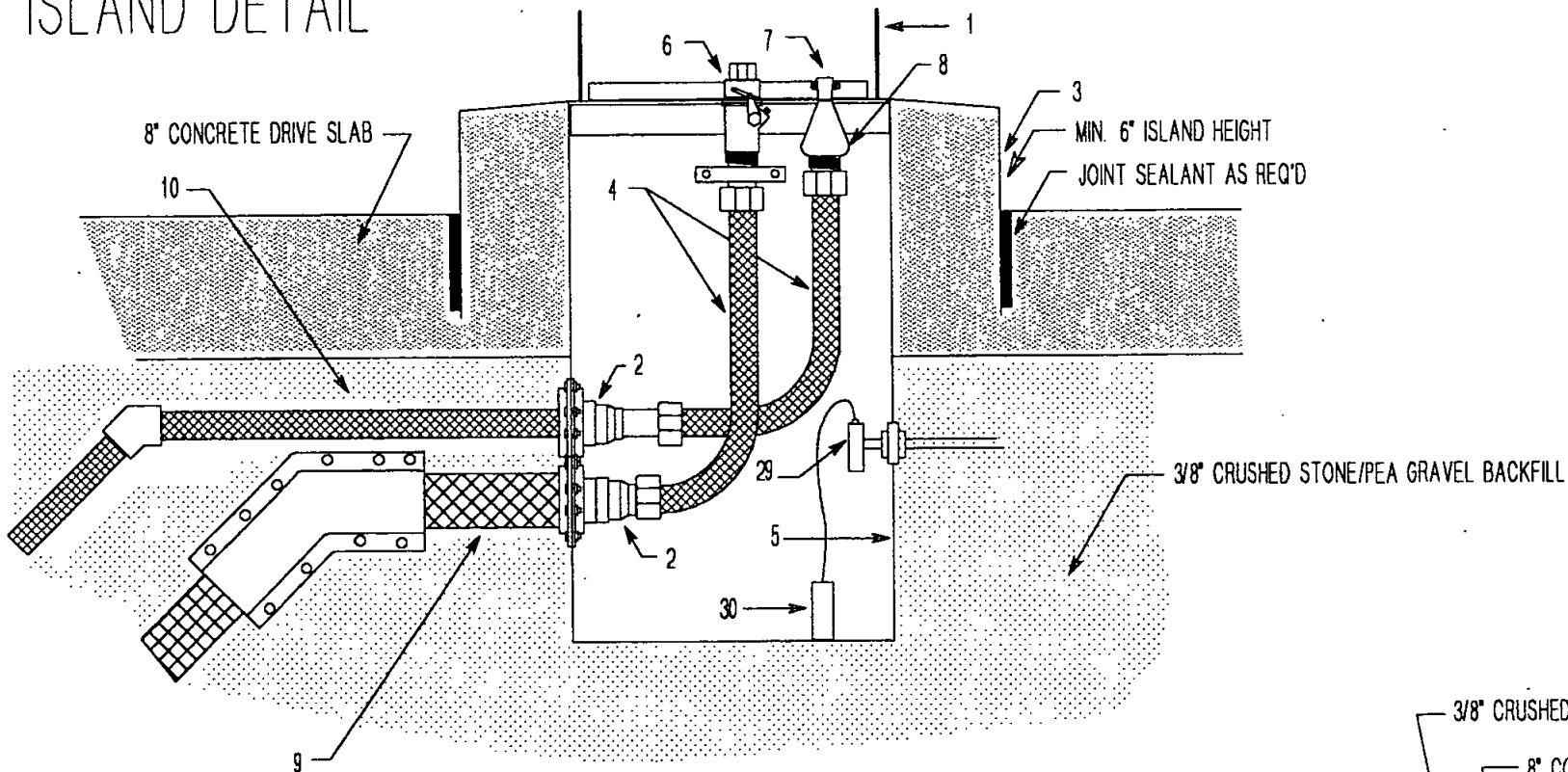
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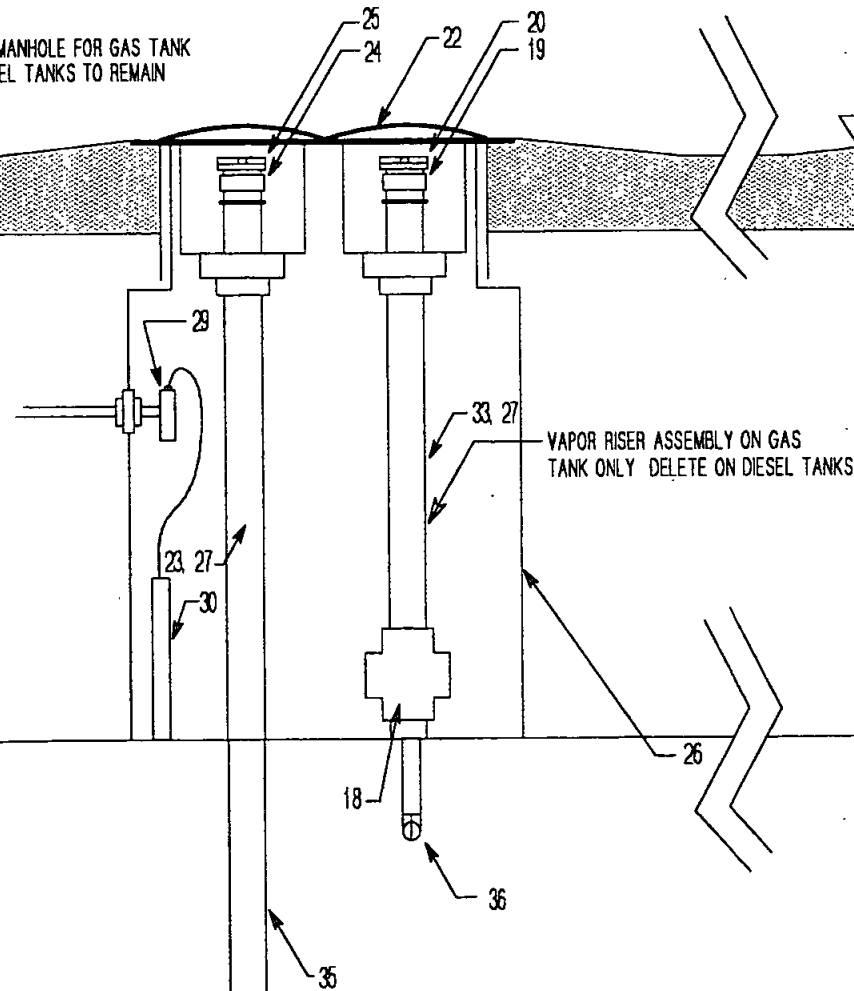
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J.C.

ISLAND DETAIL



NOTE: PHIL-TITE - EVR CONTAINMENT MANHOLE FOR GAS TANK
EX POMEKO FILL MANHOLES FOR DIESEL TANKS TO REMAIN



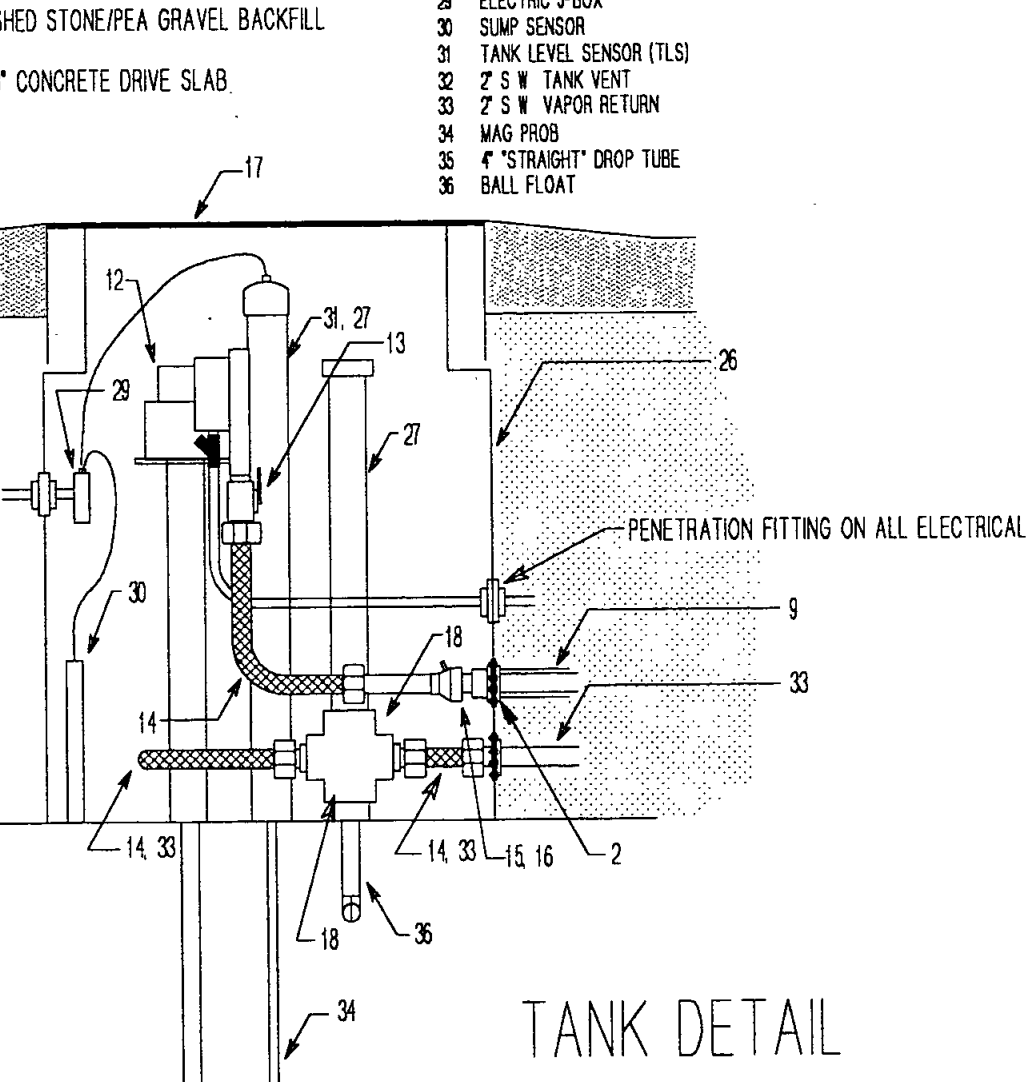
VAPOR RISER ASSEMBLY ON GAS
TANK ONLY DELETE ON DIESEL TANKS

NO EQUIPMENT DESCRIPTION

- 1 EXISTING DISPENSER
- 2 2" & 3" FLEXIBLE SUMP ENTRY BOOTS
- 3 EXISTING ISLANDS, 5' WIDE X 30' LONG W, CONCRETE FILLED RAISED ENDS
- 4 1 1/2" x 18" SWIVEL FLEX CONNECTOR
- 5 DISPENSER CONTAINMENT BOX
- 6 1 1/2" MALE, PRODUCT SHEAR VALVE W/ DOUBLE POPPET
- 7 1" x 1 1/2" VAPOR SHEAR VALVE W/ DOUBLE POPPET
- 8 DISPENSER SUMP SENSOR
- 9 DOUBLE WALL FIBERGLASS PIPE
- 10 2" VAPOR PIPE BRANCH TO EACH DISPENSER
- 11 EX DOUBLE WALL FIBERGLASS (DWFG) STORAGE TANK
- 12 SUBMERSIBLE TURBINE PUMP
- 13 2" BALL VALVE
- 14 2" x 24" FLEX CONNECTOR
- 15 3" x 2" REDUCER W/ AIR VALVE ON 2" PIPE
- 16 NOT USED
- 17 37" WATER TIGHT MANHOLE
- 18 EXTRACTOR CROSS W/ BALL FLOAT
- 19 VAPOR RECOVERY ADAPTER
- 20 VAPOR RECOVERY CAP
- 21 18" WATER TIGHT MANHOLE
- 22 FILL/VAPOR SPILL CONTAINMENT MANHOLE, (SEE NOTE)
- 23 FILL RISER W/ 4" DROP TUBE
- 24 4" FILL ADAPTER
- 25 4" FILL CAP
- 26 42" DIA FIBERGLASS CONTAINMENT SUMP ON EX TANK COLLAR (42" FILL)
- 27 4" STEEL RISER
- 28 4" PVC SCH 40 RISER FOR ANNULAR PROBE
- 29 ELECTRIC J-BOX
- 30 SUMP SENSOR
- 31 TANK LEVEL SENSOR (TLS)
- 32 2" S W TANK VENT
- 33 2" S W VAPOR RETURN
- 34 MAG PROB
- 35 4" "STRAIGHT" DROP TUBE
- 36 BALL FLOAT

3/8" CRUSHED STONE/PEA GRAVEL BACKFILL

8" CONCRETE DRIVE SLAB



TANK DETAIL

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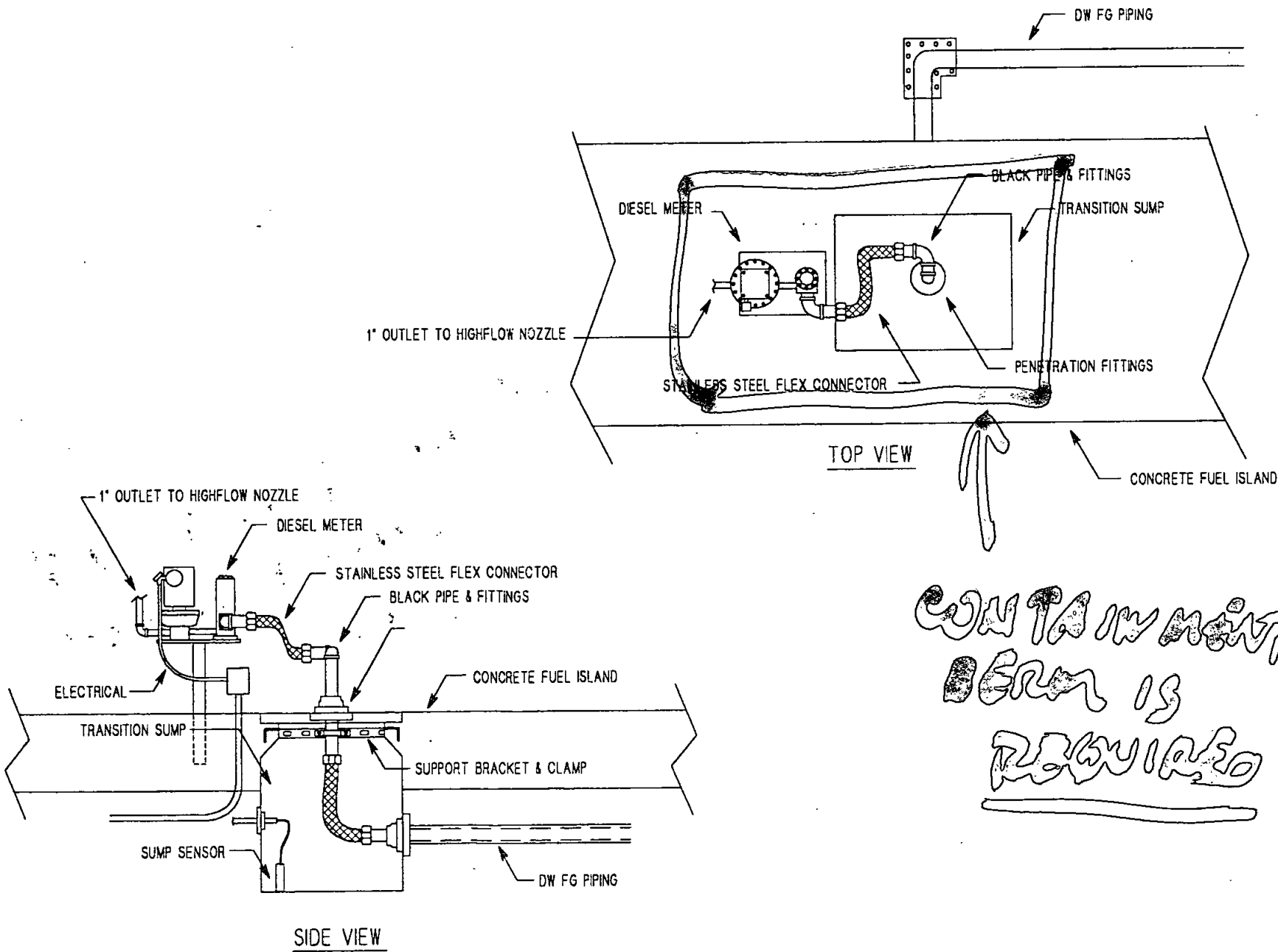
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ISLAND & TANK
DETAILS

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*CONTAINMENT
BERM IS
REQUIRED*

TRANSITION PIPING AT BULK DIESEL

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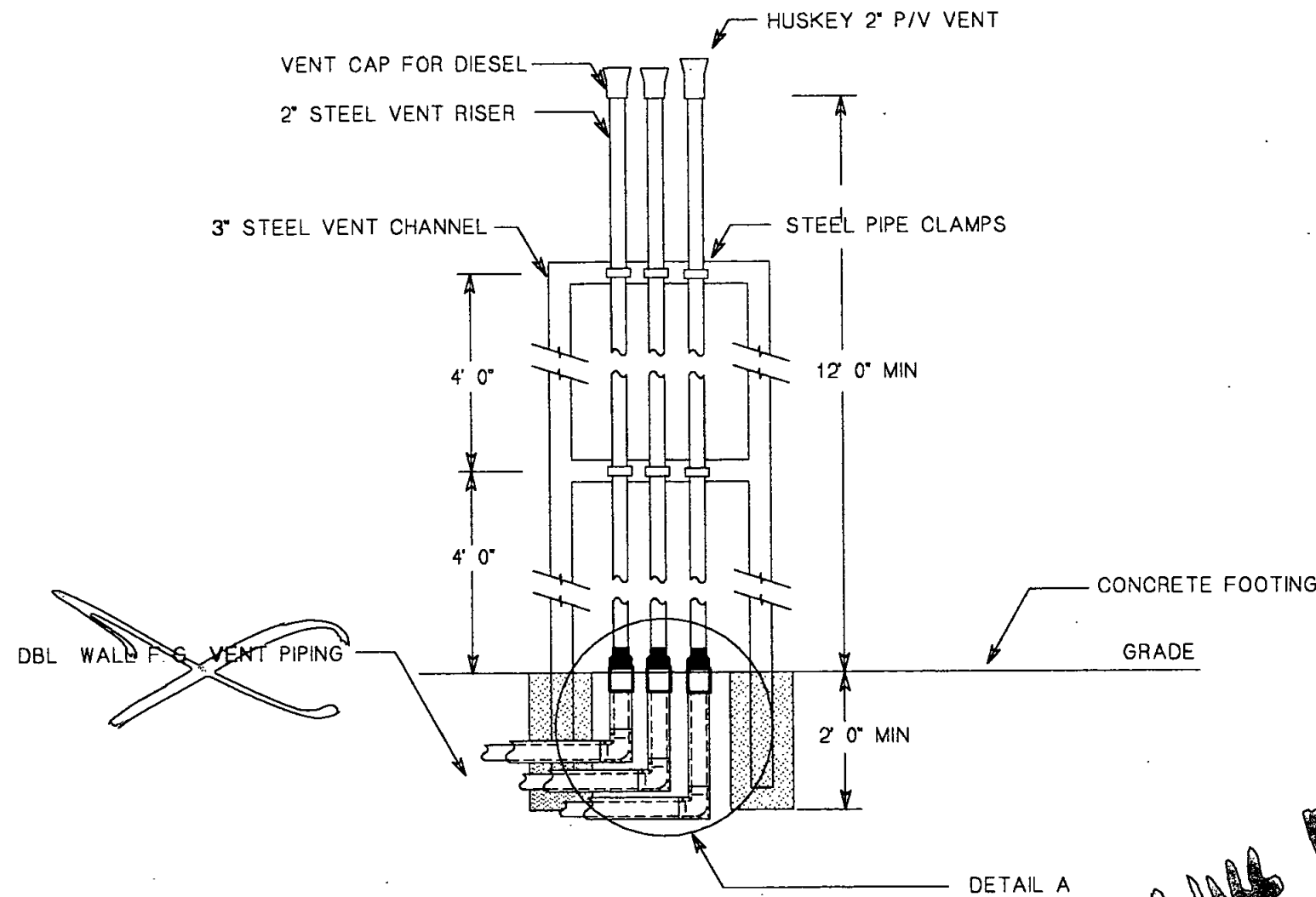
DETAIL
TRANSITION SUMP

DATE DRAWN 6/17/03

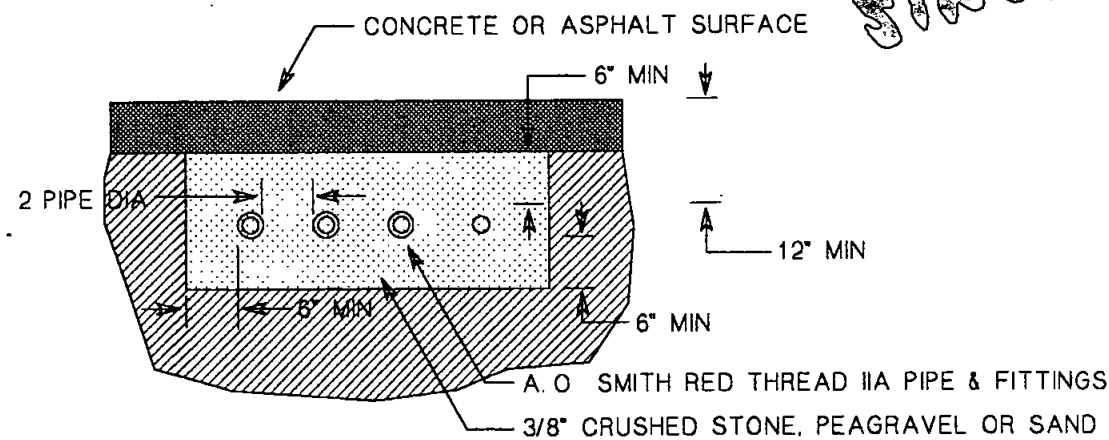
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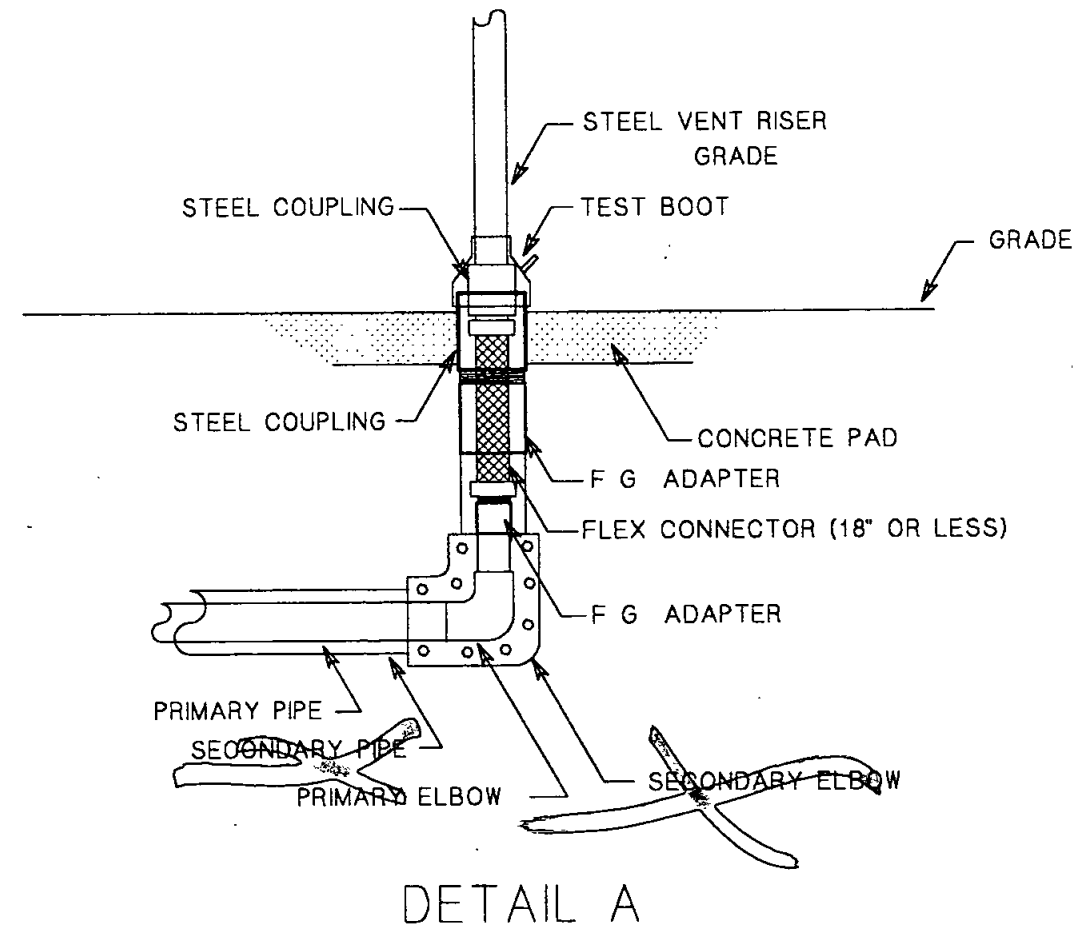
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VENT RACK

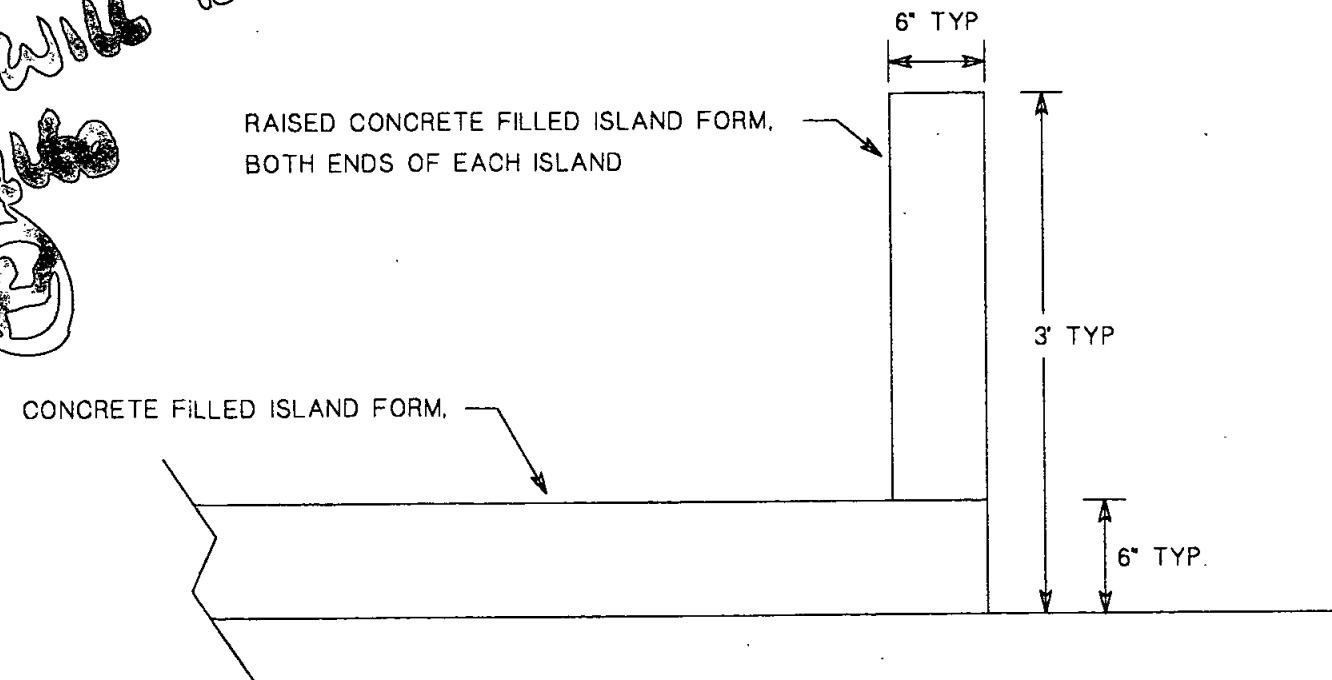


TYPICAL PIPING TRENCH



DETAIL A

*VENT LINES WILL BE
SINKAGE MARK*



ISLAND PROTECTION

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J.C.

FIRE DEPT. NOTES

ALL FIRE EXTINGUISHERS SHALL BE 3A:40BC MIN (LOCATIONS OF FIRE EXTINGUISHERS ARE NOTED ON PLANS)
PROVIDE ALL REQUIRED SIGNAGE FOR UNATTENDED STATION
(I.E. SMOKING PROHIBITED, STOP ENGINES, EMERGENCY SHUT-OFFS,
*IN CASE OF EMERGENCY. *, SAFE OPERATION INSTRUCTIONS, POSTED
TELEPHONE NUMBERS FOR OWNER/OPERATOR, ETC)

HEALTH DEPT. NOTES

EX (3) DWFG TANKS TO REMAIN
ALL BELOW GROUND PIPING TO BE A O SMITH RED THREAD II
THE VEEDER ROOT MONITORING SYSTEM SHALL BE INSTALLED
PER MANUFACTURERS SPECIFICATIONS
THE VEEDER ROOT MONITORING SYSTEM SHALL BE PROGRAMMED TO:
MONITOR ANNULAR SPACE
MONITOR PRODUCT PIPING SUMPS ON TANKS W/ POSITIVE SHUT DOWN
W/ LIQUID RELEASE
MONITOR FILL SUMPS ON TANKS
AUTOMATIC TANK GUAGE (ATG) -FUEL LEVEL INDICATOR
ELECTRONIC OVERFILL PROTECTION @ 90% W/ AUDIBLE &
VISUAL ALARM (SEE PLANS FOR LOCATION)
MONITOR DISPENSER CONTAINMENT SUMPS
THE CONTINUOUS MONITORING DEVICES (I.E. SENSORS, ATG, ETC.) ARE
APPROVED FOR USE W/ THE VEEDER ROOT MONITORING SYSTEM (SEE
EQUIPMENT LIST FOR MAKE AND MODEL NUMBERS)
ELECTRICAL SUPPLY WIRING TO BE HARDWIRED TO THE JUNCTION/BREAKER BOX.
PRESSURE PIPING SHALL BE INSTALLED W/ VEEDER ROOT SUMP
SENSORS (749380-208) AS THE MEANS OF AUTOMATIC INE LEAK DETECTION
BACKFILL MATERIALS TO BE CLEAN 3/8" CRUSHED STONE, WASHED SAND OR PEA GRAVEL
SOIL SAMPLES ARE TO BE TAKEN UNDER THE DIRECTION OF THE HMMD INSPECTOR
FROM UNDER ALL REMOVED PIPING, DISPENSERS AND TANKS AND ANALYSIS
IS TO BE PROVIDED TO THE HMMD

ALL SITE INSPECTONS SHALL BE SCHEDULED A MINIMUM OF FIVE
WORING DAYS IN ADVANCE OF REQUESTED DATE
TANK SYSTEM SHALL BE INSPECTED BY THE HMMD AT 3 SEPERATE INSPECTIONS:
A) TANK & PRIMARY PIPING HYDROSTATICALLY OR PNEUMATICALLY
TESTED FOR 30 MINUTES
B) INSPECTION OF ALL SECONDARY CONTAINMENT, INCLUDING TESTING,
IN ACCORDANCE W/ MANUFACTURER'S GUIDELINES. ALL SUMPS &
DISPENSER CONTAINMENT BOXES SHALL BE HYDROSTATICALLY
TESTED FOR 30 MINUTES
C) FINAL INSPECTION, INCLUDING ALL PORTIONS OF THE LEAK DETECTION SYSTEM
RESULTS FOR A FULL UST SYSTEM INTEGRITY TEST CONDUCTED FOR EACH
UST SYSTEM ARE TO BE SUBMITTED & APPROVED BY THE HMMD

STATE WATER RESOURCES FORMS A, B & C SHALL BE COMPLETED & SUBMITTED
TO THE HMMD
CERTIFICATE OF FINANCIAL RESPONSIBILITY SHALL BE SUBMITTED OR BE
ON FILE WITH THE HMMD.
PAYMENT OF ALL APPLICABLE UST OPERATING FEES SHALL BE SUBMITTED
TO THE HMMD AT THE FINAL INSPECTION

EQUIPMENT LIST

TANK SUMPS
AC 42" X 48" FIBERGLASS SUMPS W/ 33" TOP HAT
MANHOLES
OPW-EVR 36" MULTIPOINT MANHOLE PACKAGE
CONTAINING THE FOLLOWING:
1-FILL SPILL BUCKET, 1-VAPOR SPILL BUCKET,
1-FILL SWIVEL ADAP., 1-VAPOR SWIVEL ADAP
POMECO 37" ROUND, SINGLE PORT 1-5 GALLON
SPILL CONTAINER MANHOLE FOR DIESEL
REUSE EXISTING TURBINE MANHOLES
CNI18" WATER TIGHT MANHOLE

TANK TOP EQUIPMENT
PHIL-TITE SC-3600-TCS-2-1
W/ 85000 SERIES SPILL BUCKETS
OPW 4" X 4" X 3" X 2" EXTRACTOR FITTING
OPW 3" X 12" FLOAT VALVE
HUSKEY 2" PRESSURE/VACUUM VENT (GASOLINE EVR)
OPW 2" VENT CAP FOR DIESEL
JOMAR 2" BALL VALVE
HOSEMASTER 3" X 18" FLEX CONNECTOR MALE X MALE
TITEFLEX 2" X 24" M XMS FLEX CONNECTOR
ENTRY BOOTS
ENVIRON 1/2" 3/4" 1" ENTRY BOOT
ENVIRON 3" ENTRY BOOT
WEAVER 3" X 2" RUBBER REDUCER
WEAVER 3" X 2" RUBBER REDUCER W/ TEST PORT

EX. ISLANDS TO REMAIN

MONITORING SYSTEM
EX VEEDER ROOT TLS 350 CONSOLE TO REMAIN IT INCLUDES:
VEEDER ROOT FOUR INPUT PROBE INTERFACE
VEEDER ROOT EIGHT INPUT MODULE
VEEDER ROOT FOUR-RELAY OUTPUT MODULE
VEEDER ROOT 8" MAG-1 INTANK PROBES
VEEDER ROOT MAG-1 FLOAT KIT (1 GASOLINE - 2 DIESEL)
MORRISON 4" CAP & RING KIT
VEEDER ROOT 208 SUMP SENSOR
VEEDER ROOT INTERSTITIAL SENSOR
MORRISON 2" INTERSTITIAL SENSOR RISER CAP & ADAP KIT
VEEDER ROOT OVERFILL ALARM
VEEDER ROOT OVERFILL ACKNOWLEDGMENT SWITCH

DISPENSERS & TRIM

EXISTING DISPENSERS AND TRIM TO REMAIN

DISPENSER CONTAINMENT
TOTAL CONTAINMENT UDC SUMP FOR THE EX DISPENSERS W/
PRODUCT SHEAR VALVE MOUNTING BRACKETS
DOUBLE POPPET SHEAR VALVES
POPPETED VAPOR SHEAR VALVE W/ BRACKET

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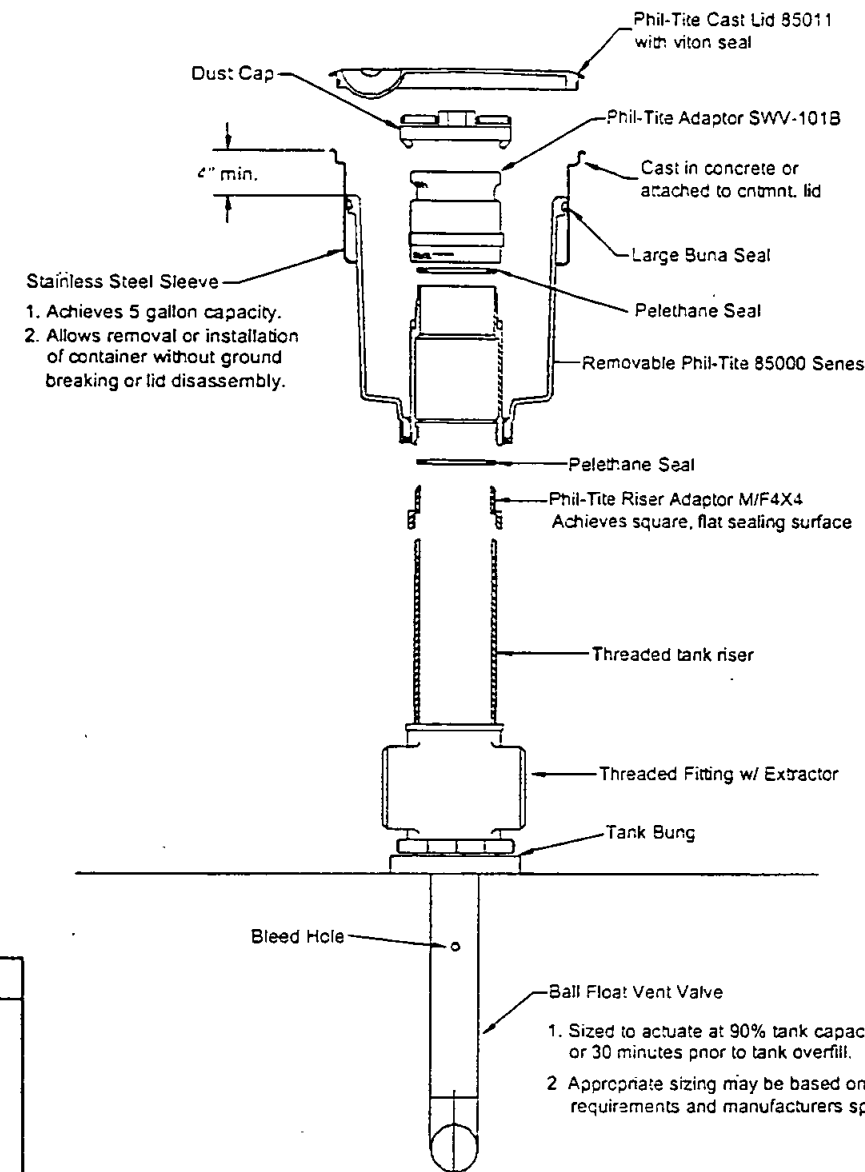
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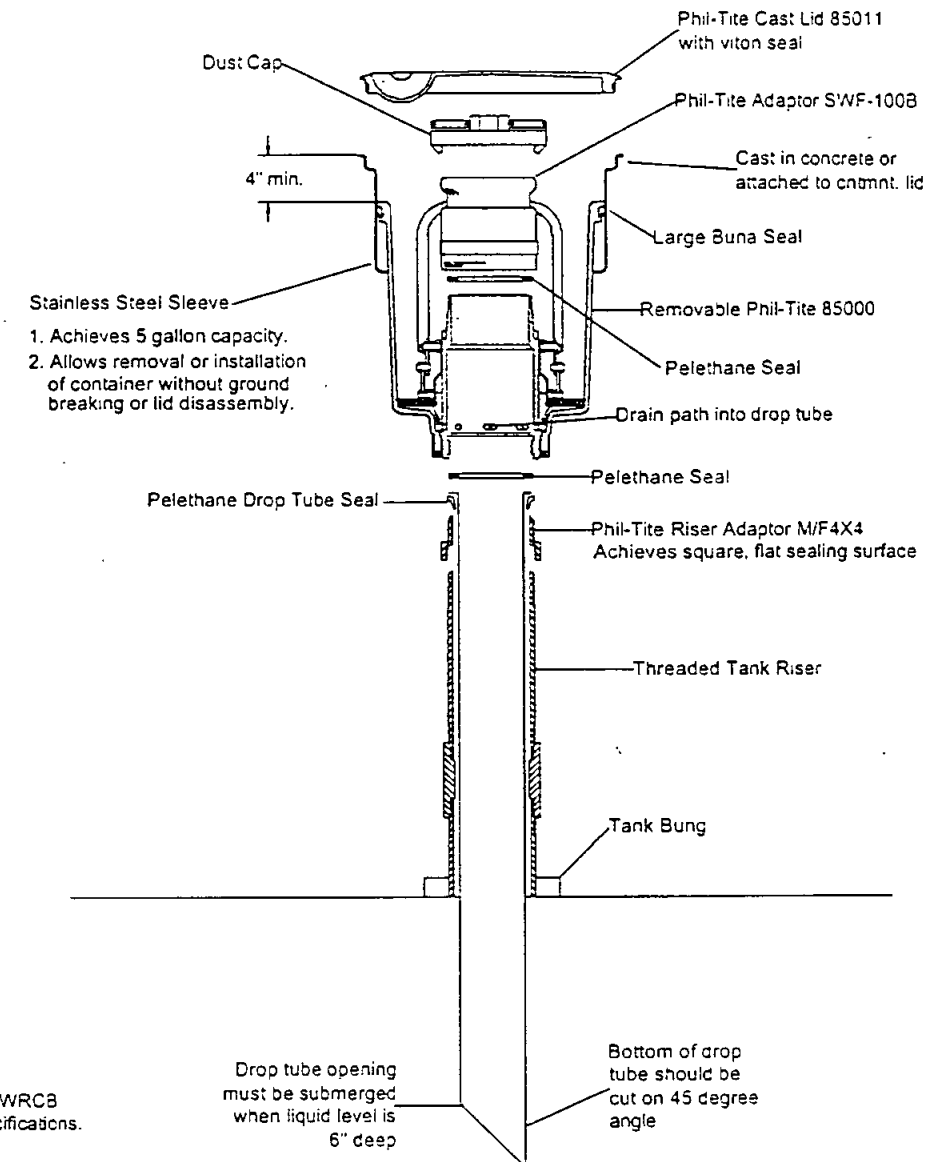
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J.C.

Vapor Recovery Installation Using Phil-Tite System



Product Side Installation Using Phil-Tite System



Phil-Tite Phase I Vapor Recovery System Equipment List

Component Name	Manufacturer	Model Number
Spill Container	Phil-Tite	85000 Series
Debris Bucket	Phil-Tite	PP 1005 TB (product) (required)
	Phil-Tite	PP 1005 TBP (vapor) (optional)
Gasoline Hand Pump	Phil-Tite	EP-400-VB (optional)
Rotatable Phase I Adaptors	Phil-Tite	SWF-100-B (product)
	Phil-Tite	SWV-101-B (vapor)
Phase I Vapor Riser Offset	Phil-Tite	M-6050 (optional)
Riser Adaptor	Phil-Tite	M/F4X4
Spill Container Cast Lid	Phil-Tite	85011
Drop Tube	OPW	61-T (various lengths)
Dust Caps	Morrison Brothers	305C (product)
	Morrison Brothers	323C (vapor)
Pressure/Vacuum Vent Valve	Husky	Model 4885, 2-Inch Threaded
Extractor Fitting	Universal	V421 Series
	OPW	233 Series
Ball Float Vent Valve	Universal	Model 37 Series
	OPW	Model 53 VM Series
Tool Kit for Rotatable Adaptors and Spill Containers	Phil-Tite	T-7043
Tank Gauge Port Components *	Ever-Tite	4097AGBR (Threaded Adaptor)
		4097MBR (Double Handle Cap)

* Tank gauge port components, other than those listed above shall not be installed after September 1, 2002. Tank gauge port components installed prior to September 1, 2002, shall be allowed to remain in use for the remainder of their useful life.

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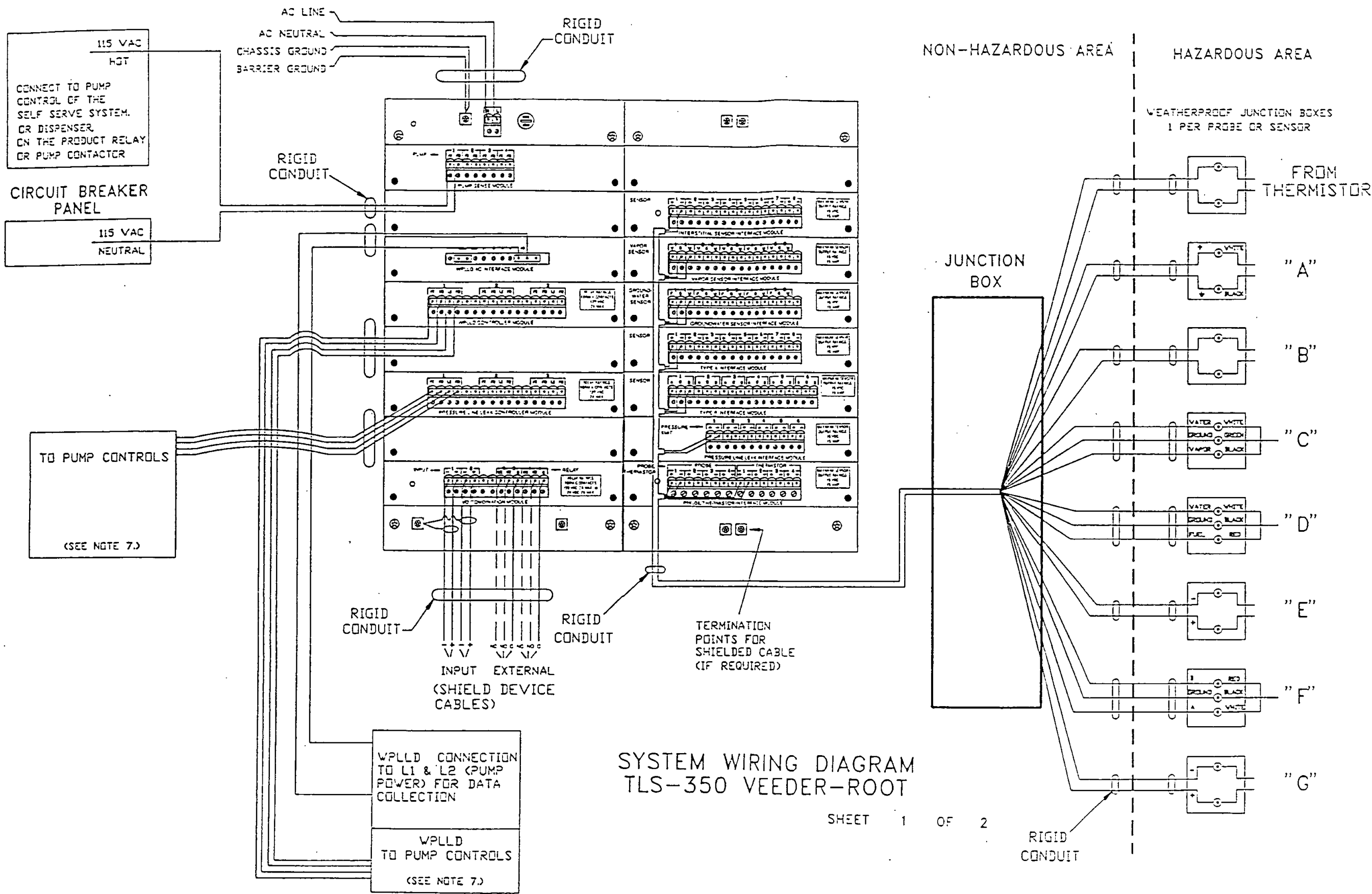
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PHIL-TITE EVR

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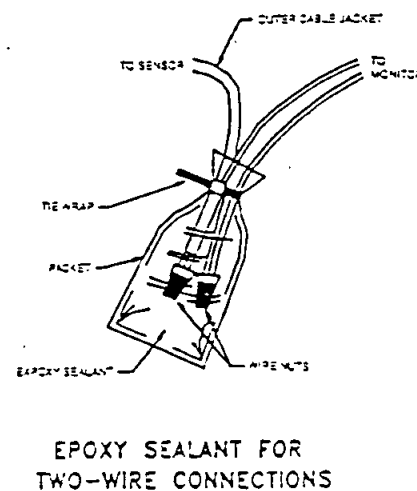
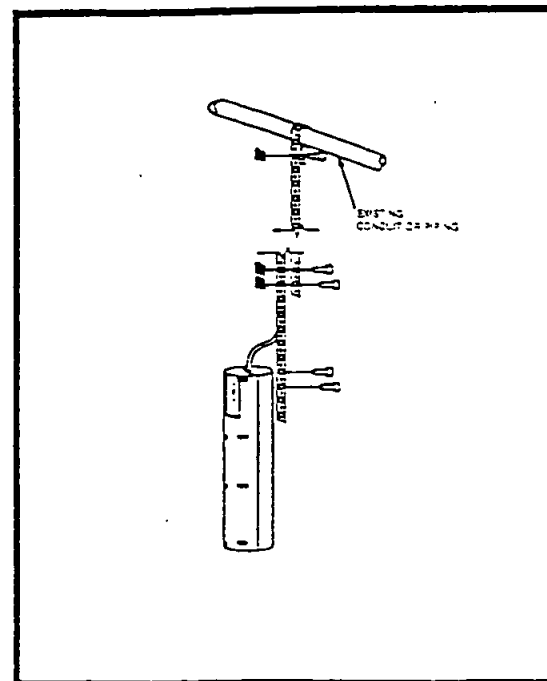
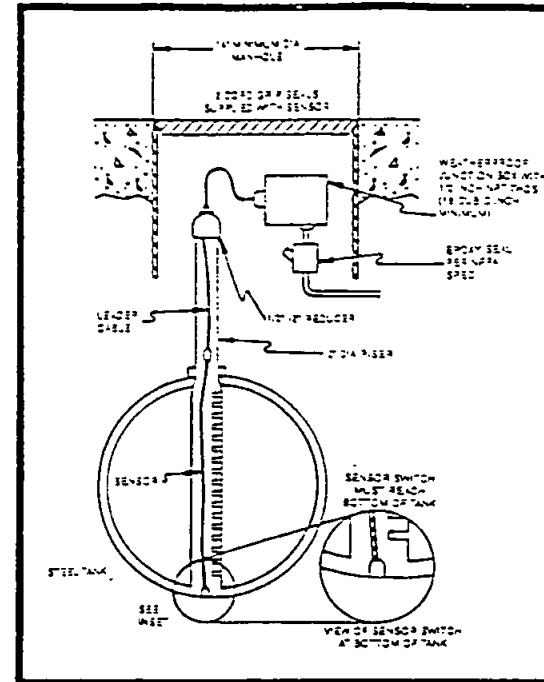
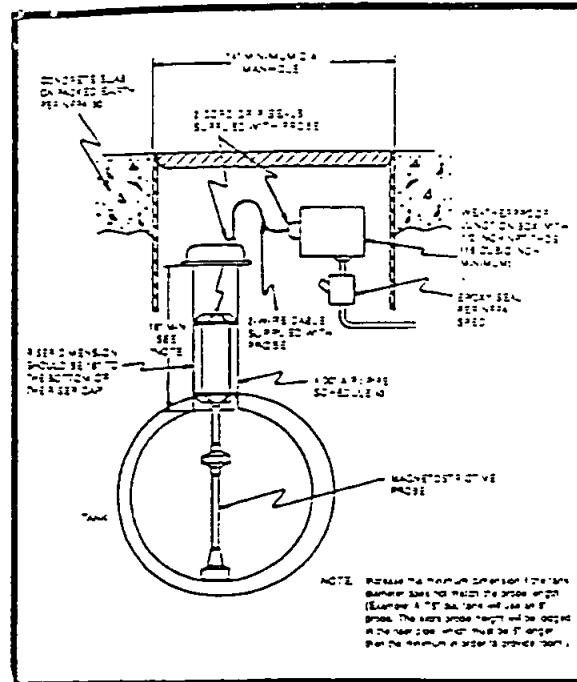
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VEEDER ROOT 1/2
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J.C.



IMPORTANT: THIS IS A CONTROL DRAWING ONLY AND DOES NOT REFLECT THE ACTUAL LOCATIONS OF CONDUIT ENTRY (SEE NOTE 7 BELOW).

VEEDER-ROOT REQUIRES THAT ANYONE INSTALLING OUR EQUIPMENT MUST BE LEVEL 1 CERTIFIED. FOR MORE INFORMATION REGARDING THE HOMESTUDY INSTALLERS COURSE CONTACT 860-651-2762.

-  WARNING: IN INSTALLATION AND USE OF THIS PRODUCT, COMPLY WITH THE NATIONAL ELECTRICAL CODE; FEDERAL, STATE AND LOCAL CODES. IN ADDITION, TURN OFF POWER AND TAKE OTHER NECESSARY PRECAUTIONS DURING INSTALLATION, SERVICE AND REPAIR TO PREVENT PERSONAL INJURY, PROPERTY LOSS AND EQUIPMENT DAMAGE.
-  WARNING: DISCONNECT ALL POWER BEFORE MAKING ANY CONNECTIONS TO PREVENT DEATH, SERIOUS INJURY, EXPLOSION, OR ELECTRICAL SHOCK. MONITOR MUST NEVER BE OPERATED UNLESS THE FRONT COVER IS CLOSED OVER THE BARRIER TERMINALS IN THE INTRINSICALLY SAFE AREA.

- 
1. INTRINSICALLY SAFE WIRING
 BONDED CONDUIT MEANS THAT THE METALLIC SECTIONS OF CONDUIT ARE PERMANENTLY JOINED TO FORM AN ELECTRICALLY CONDUCTIVE PATH THAT WILL ASSURE ELECTRICAL CONTINUITY, AND THAT THE CONDUIT HAS THE CAPACITY TO CONDUCT SAFELY, ANY CURRENT LIKELY TO BE IMPOSED.
 - c) BONDED METAL CONDUIT — THE WIRES BETWEEN THE MONITOR AND EACH PROBE/SENSOR LOCATION MUST BE OF A TYPE DESIGNED FOR USE IN THE PRESENCE OF GASOLINE AND OIL. THE WIRES MUST ALSO BE BETWEEN AWG 14 AND AWG 18.
 - b) NON-BONDED CONDUITS — IF THE CONDUIT IS NOT BONDED, SHIELDED CABLE IS REQUIRED. SHIELDED CABLE MUST BE RATED LESS THAN 100 PICO FARAD PER FOOT AND BE MANUFACTURED WITH A MATERIAL SUITABLE FOR THE ENVIRONMENT SUCH AS CAROL™ C2534 OR BELDON™ 88760, 8760.
 2. CONNECT THE BARRIER GROUND TO THE EARTH GROUND BUS AT THE POWER DISTRIBUTION PANEL WITH #12 AWG (OR LARGER) CONDUCTOR.
 3. © DENOTES FIELD WIRING CONNECTION USING WATERPROOF CONNECTORS SUPPLIED WITH THE PROBE(S) AND SENSOR(S).
 4. INTRINSICALLY SAFE WIRING SHALL BE INSTALLED IN ACCORDANCE WITH ARTICLE 504-20 OF THE NEC, ANSI/NFPA 70.
 5. TO MAINTAIN INTRINSIC SAFETY, PROBE/SENSOR WIRING MUST BE INSTALLED WITH EITHER SEALED CONDUIT OR DIRECT BURIAL METHODS.
 REFER TO "DIRECT BURIAL CABLE INSTALLATION", MANUAL NO. 576013-858.
 6. ELECTRICAL RATING POWER INPUT 120 VAC, 50/60 HZ, 100 VA MAXIMUM.
 7. THIS DOCUMENT IS NOT TO BE USED AS A SUBSTITUTE FOR SPECIFIC EQUIPMENT INSTALLATION MANUALS. FOR INSTALLATION DETAILS USE THE RESPECTIVE MANUAL:

TLS-350(R)	576013-879
PLLO	576013-902
WPLLO	576013-923

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VEEDER ROOT
2/2

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SYSTEM WIRING DIAGRAM
TLS-350 VEEDER-ROOT

SHEET 2 OF 2

ELECTRICAL NOTES

- 1) ALL MATERIALS AND WORKMANSHIP WILL CONFORM TO THE MOST RECENT EDITIONS OF THE NATIONAL ELECTRICAL CODE, N.E.T.A., B.I.C.S.I., U.B.C. & NFPA AS REQUIRED BY THE ENGINEER, LOCAL AND STATE CODES AND ORDINANCES, AMERICANS WITH DISABILITIES ACT, E.P.A., AND UTILITY COMPANY REQUIREMENTS.
- 2) FURNISH AND INSTALL A COMPLETE ELECTRICAL SYSTEM AS DEPICTED FROM THE PLANS AND SPECIFICATIONS HEREIN - AS NOTED OR IMPLIED - NOT LIMITED TO WHAT IS SHOWN.
- 3) ALL DRAWINGS ARE SCHEMATIC IN NATURE AND ALL APPURTENANCES NOT INDICATED TO MAKE A WORKING SYSTEM MUST BE INCLUDED IN CONTRACTOR'S BID.
- 4) IF THERE APPEARS TO BE ANY ITEMS IN CONFLICT WITH THE DRAWINGS, INCONSISTENCIES WITH DESIGN OR INTENT, OR NEED FOR CLARIFICATION, IT IS THE CONTRACTOR'S RESPONSIBILITY TO CLARIFY THESE ITEMS PRIOR TO BID IN WRITING WITH THE ENGINEER. IF THE CONTRACTOR FAILS TO CLARIFY ANY QUESTIONS OR INCONSISTENCY, THEY ACCEPT RESPONSIBILITY TO CORRECT AT THEIR COST ANY SUCH ITEM SO AS TO MEET INTENT AS DEFINED BY ENGINEER.
- 5) CONTRACTOR WILL SUPPLY INFORMATION AS REQUIRED TO ALL SERVING UTILITIES IN A TIMELY MANNER TO PROVIDE SERVICE REQUIRED.
- 6) RGS FITTINGS MUST BE STEEL COMPRESSION TYPE; EACH WITH CODE SIZED COPPER BOND WIRE. MINIMUM CONDUIT 1" C. EXCEPT AS NOTED. ALL WORK WILL BE IN CONDUIT; COMPLETED SYSTEM REAMED, AND SWABBED PRIOR TO CONDUCTOR INSTALL.
- 7) CONDUCTORS TO BE 600V., COPPER (98% CONDUCTIVITY). BRANCH CIRCUITS TO HAVE THHN/THWN GAS & OIL RESISTANT INSULATION.
- 8) MINIMUM LINE VOLTAGE WIRE SIZE IS #12 AWG (STRANDED) FOR LINE VOLTAGE WIRING DEVICES TO BE SPECIFICATION GRADE, MINIMUM 20 AMPS FOR RECEPTACLES. HUBBELL OR ENGINEER APPROVED. ALL SPECIAL RECEPTACLES AND GROUND FAULT PROTECTED DEVICES MUST BE PERMANENTLY MARKED.
- 9) ALL CONDUITS TO BE CONCEALED EXCEPT TO SURFACE MOUNTED PANELS. TIE WIRE, PERFORATED STRAPS, OR OTHER PIPING OR CONDUIT ARE NOT ACCEPTABLE SUPPORTS. NO TIE WIRE WILL BE ALLOWED ON PROJECT.
- 10) CONTRACTOR WILL PROVIDE LETTER TO ENGINEER CONFIRMING ALL EQUIPMENT AND TERMINATIONS ARE PROPERLY TORQUED - SIGNED BY LICENSED CONTRACTOR.
- 11) CONDUCTORS WILL BE STRANDED, HYDRAULIC CRIMP CONNECTIONS--ALL CONDUCTOR INSULATION WILL BE CONTINUOUSLY COLOR COATED. ALL GROUNDING/BUILDING CONDUCTORS WILL BE MULTI-CONDUCTOR TYPE (U.L. LABELED - ROPE STRAND BUILDING WIRE CLASS 'M') BARE OR INSULATED AS NOTED OR REQUIRED.

N.E.C. HAZARDOUS AREA NOTES

- A** TYPICAL N.E.C. ARTICLE 514 CLASS 1 LOCATION (UNDERGROUND TANK - FILL OPENING)
EXTENT OF CLASS 1, GROUP D, DIVISION 1 LOCATION:
ANY PIT, BOX, OR SPACE BELOW GRADE LEVEL, ANY PART OF WHICH IS WITHIN THE DIVISION 1 OR 2 CLASSIFIED LOCATION.
EXTENT OF CLASS 1, GROUP D, DIVISION 2 LOCATION:
UP TO 18 INCHES ABOVE GRADE LEVEL WITHIN A HORIZONTAL RADIUS OF 10 FEET FROM A LOOSE FILL CONNECTION AND WITHIN A HORIZONTAL RADIUS OF 5 FEET FROM A TIGHT FILL CONNECTION.
- B** TYPICAL N.E.C. ARTICLE 514 CLASS 1 LOCATION (UNDERGROUND TANK - VENT-DISCHARGING UPWARD)
EXTENT OF CLASS 1, GROUP D, DIVISION 1 LOCATION:
WITHIN 3 FEET OF OPEN END OF VENT, EXTENDING IN ALL DIRECTIONS.
EXTENT OF CLASS 1, GROUP D, DIVISION 2 LOCATION:
SPACE BETWEEN 3 FEET AND 5 FEET OF OPEN END OF VENT, EXTENDING IN ALL DIRECTIONS.
- C** TYPICAL N.E.C. ARTICLE 514 CLASS 1 LOCATION (REMOTE PUMP - OUTDOOR)
EXTENT OF CLASS 1, GROUP D, DIVISION 1 LOCATION:
ANY PIT, BOX, OR SPACE BELOW GRADE LEVEL IF ANY PART IS WITHIN A HORIZONTAL DISTANCE OF 10 FT. FROM ANY EDGE OF PUMP.
EXTENT OF CLASS 1, GROUP D, DIVISION 2 LOCATION:
WITHIN 3 FEET OF ANY EDGE OF PUMP, EXTENDING IN ALL DIRECTIONS. ALSO UP TO 18 INCHES ABOVE GRADE LEVEL WITHIN 10 FEET HORIZONTALLY FROM ANY EDGE OF PUMP.
- D** TYPICAL N.E.C. ARTICLE 514 CLASS 1 LOCATION (DISPENSING DEVICE - PITS)
EXTENT OF CLASS 1, GROUP D, DIVISION 1 LOCATION:
ANY PIT, BOX, OR SPACE BELOW GRADE LEVEL, ANY PART OF WHICH IS WITHIN THE DIVISION 1 OR 2 CLASSIFIED LOCATION.
- E** TYPICAL N.E.C. ARTICLE 514 CLASS 1 LOCATION (DISPENSING DEVICE - DISPENSER)
EXTENT OF CLASS 1, GROUP D, DIVISION 1 LOCATION:
SPACE CLASSIFICATION INSIDE THE DISPENSER ENCLOSURE IS COVERED IN ANSI/UL 87, "POWER OPERATED DISPENSING DEVICES FOR PETROLEUM PRODUCTS."
- F** TYPICAL N.E.C. ARTICLE 514 CLASS 1 LOCATION (DISPENSING DEVICE - DISPENSER)
EXTENT OF CLASS 1, GROUP D, DIVISION 2 LOCATION:
WITHIN 18 INCHES HORIZONTALLY IN ALL DIRECTIONS EXTENDING TO GRADE FROM (1) THE DISPENSER ENCLOSURE OR (2) THAT PORTION OF THE DISPENSER ENCLOSURE CONTAINING LIQUID HANDLING COMPONENTS.
- G** TYPICAL N.E.C. ARTICLE 514 CLASS 1 LOCATION (DISPENSING DEVICE - OUTDOOR)
EXTENT OF CLASS 1, GROUP D, DIVISION 2 LOCATION:
UP TO 18 INCHES ABOVE GRADE LEVEL WITHIN 20 FEET HORIZONTALLY OF ANY EDGE OF ENCLOSURE.

OWNER:
HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA 92127

PROJECT LOCATION:
HANSON AGGREGATE
9255 CAMINO SANTA FE
SAN DIEGO, CA 92127

Jauregui & Culver, Inc.

959 W. Mission Ave.
Escondido, CA 92025

(760) 743-0518 Fax (760) 743-0521 email: jcu@jcuinc.com Lic: 708213

ELECTRICAL
NOTES

DATE DRAWN: 6/17/03

APPROVED: _____

PAGE 1%

J.C.

117076

RT2402

7-14-2003

DATE	COMMENTS	INITIALS
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County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261; (619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

MONITORING EQUIPMENT AND INTEGRITY TEST VERIFICATION REPORT

Plan Check Number: RT 2402UPF Permit Number: 117076Facility Name: Hanson AggregatesSite Address: 9255 Camino Santa Fe City: San Diego Zip: 92127Contractor's Name: Lauvagin & AuOver Phone #: (760) 644-6381

REQUIRED DOCUMENTATION:		YES	NO
Integrity Test Report Received	<input type="checkbox"/> Tank <input checked="" type="checkbox"/> Piping <input type="checkbox"/> Secondary	<input checked="" type="checkbox"/>	
Certification of Tank System Installation Forms for each tank:		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Facility (Form A)	<input checked="" type="checkbox"/> Tanks (Form B) <input checked="" type="checkbox"/> Installation Certification (Form C)	<input checked="" type="checkbox"/>	
Tank Manufacturer's Checklist for New Tank Systems Installed			<input checked="" type="checkbox"/>
Received: <input type="checkbox"/> Certification of Monitoring Equipment Installation	<input checked="" type="checkbox"/> UST Monitoring System Cert.	<input checked="" type="checkbox"/>	
Complete Monitoring and Response Plans Received: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input checked="" type="checkbox"/> Plot Plan		<input checked="" type="checkbox"/>	
MONITORING SYSTEM TYPE: <u>Veeder Root TLS 350</u>		DATE: <u>10/15/03</u>	
Number of monitoring probes installed <u>2</u>	Number of monitoring sensors installed <u>2</u>	YES	NO
Monitoring devices/piping/tanks installed as shown on HMD approved plans.		<input checked="" type="checkbox"/>	
Tank (interstitial space)	<input checked="" type="checkbox"/> Wet annular (3) <input type="checkbox"/> Dry annular	<input checked="" type="checkbox"/>	
Manway sumps	<input checked="" type="checkbox"/> Turbines (3) <input checked="" type="checkbox"/> Fills (3) <input type="checkbox"/> ATG	<input checked="" type="checkbox"/>	
1 st & 2 nd ary Containment piping	<input type="checkbox"/> Flexible <input checked="" type="checkbox"/> FRP <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	
Dispenser Containment sumps	<input type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	
Shut down device with alarm	<input checked="" type="checkbox"/> Turbine and UDC <input type="checkbox"/> Turbine only	<input checked="" type="checkbox"/>	
Monitoring devices on turbine	<input type="checkbox"/> PLLD <input checked="" type="checkbox"/> Restrictive/Mechanical <input type="checkbox"/> Other <input type="checkbox"/> None		
Fail Safe enabled	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N As built received <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A		
SPILL/OVERFILL PREVENTION CHECK:		YES	NO
Catchment Basin on fill pipe installed		<input checked="" type="checkbox"/>	
Ball Float Valves on vent and vapor lines installed <u>95 %</u>		<input checked="" type="checkbox"/>	
Product Level Sensing Device (ATG) <u>90 %</u>		<input checked="" type="checkbox"/>	
Positive shutoff on fill pipe (Flapper Valve) <u>90 %</u>		<input checked="" type="checkbox"/>	
Vapor/Vent secondarily contained			<input checked="" type="checkbox"/>
Tanks and piping secondary containment under constant pressure/vacuum			<input checked="" type="checkbox"/>
MONITORING EQUIPMENT VERIFICATION APPROVED		<input checked="" type="checkbox"/>	
REINSPECTION AND REINSPECTION FEE REQUIRED			<input checked="" type="checkbox"/>
FINAL OPERATING PERMIT ISSUED <u>N/A expires 9/13/05 - no change</u>			<input checked="" type="checkbox"/>

Received by: [Signature]Print Name: JOHN STANGLERDATE: 10/15/03HMD Inspector: [Signature]DATE: 10/15/03Remarks: No compliance inspection

* Final - Pass

* ATG - non-functinal Inspection Report / Violation page Signed
by site contact for Hanson Aggregate.

VERDUGO TESTING COMPANY**622 Wilmington Drive****Chula Vista, CA 91914****Tel. (619) 482-8275 Fax (619) 421-2317****E-mail - verdugotesting@cox.net****Contractor license # 809511 SWRCB License # 94-1411**

October 02, 2003

Jim Jauregui
J.C. Construction Inc.
959 West Mission Avenue
Escondido, CA 92025

Re: Hanson Aggregates
9255 Camino Santa Fe.
San Diego, CA 92127

Mr. Jauregui,

Here are the following testing results of the precision integrity product line test including line leak detector test performed. Test was performed at the above referred site for the year 2003. Verdugo Testing Company assumes no responsibility for product leakage. Our responsibility extends only to testing lines as to meet USEPA and petrotite criteria. Please see report

- 2- Petrotite precision integrity line test
- 3- Mechanical line leak detector test

I declare under penalty of perjury that I am a licensed tank tester in the State of California and that the information contained in this report is true And correct to the best of my knowledge.

Signature Antonio Fernando Verdugo Date 10-02-2003

Name: Antonio Fernando Verdugo License # CA 94-1411

If you have any questions, please don't hesitate to call.



TANK INTEGRITY TEST REPORT

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS MANAGEMENT DIVISION

P.O. Box 85261
San Diego, CA 92186-5261

OFFICE USE ONLY

Est./H. _____ Date Rec. _____ Tester on file y/n _____

TANK LOCATION	ADDRESS <u>9255 CAMINO SANTA FE</u>	
	CITY <u>SAN DIEGO CA.</u>	ZIP <u>92127</u>
TANK OPERATOR	NAME <u>HANSON AGGREGATES</u>	PHONE <u>(858) 577-2772</u>
TANK OWNER	NAME <u>HANSON AGGREGATES</u>	PHONE <u>(858) 577-2772</u>
	ADDRESS <u>9255 CAMINO SANTA FE</u>	
	CITY <u>SAN DIEGO CA.</u>	ZIP <u>92127</u>

Reason for Tank System Testing: ☐ Annual Test ☐ Retest After Repair ☐ Suspected Leak
☐ Triennial Product Suction/Remote Fill Line ☐ Annual Product Pressure Line ☒ Other UPGRADE

PRESENCE OF GROUNDWATER MUST BE DETERMINED OR TEST RESULTS WILL BE INVALID

Method for determining groundwater in tank excavation NOT INFLUENCED IN LINE TEST

Was groundwater encountered in tank excavation? ☐ Yes ☒ No

If yes, state groundwater compensation procedure used N/A

Automatic Line Leak Detector Tested in accordance with CCR Section 2641 (i) ☒ Yes ☐ No

Type of Product Line/Fill Delivery: ☒ Pressurized ☐ Remote Fill ☐ Suction ☐ Other _____

Type of Spill/Overfill Prevention: ☒ Positive Shut Off ☐ Ball Floats ☐ High Level Alarm

Tank No.	Tank Capacity	Tank Content	Product Line		Overfilled Tank Test Including Vent/Vapor/Fill		Underfilled Tank Test (spill/overfill prevention equipment Required)		Test Date
			Gal/Hour	Pass/Fail	Gal/Hour	Pass/Fail	Gal/Hour	Pass/Fail	
1	2" LINE	UNGL	±.0000	PASSED	N/A	N/A	N/A	N/A	10-2-03
2	2" LINE	DIESEL	±.0000	PASSED	N/A	N/A	N/A	N/A	10-2-03

These test results have been conducted and performed, by a tester certified according to the requirements of the tank test equipment manufacturer. The tester is licensed by the Water Resources Control Board Office of Tank Tester Licensing and meets the requirements of Subchapter 17, Title 23, of the CA Code of Regulations (effective January 1, 1990). The tank owner has been notified of these results, and has been advised of the reporting requirements for integrity testing. This UST tightness test is approved by the State Water Resources Control Board (SWRCB), has received third party verification, and meets its applicable limitations.

Testing Company VERDUGO TESTING COMPANY
 Name of Test Equipment PETRO TITE ESTABROOK
 Name of Licensed Tester ANTONIO F VERDUGO License No. 94-1411
 Signature of Tester Antonio F Verdugo Date 10/02/2003

County of San Diego

Department of Environmental Health

VERDUGO TESTING CO.

Date: OCTOBER 02, 2003Owner: HANSON AGGREGATESAddress: 9255 CAMINO SANTA FECity: SAN DIEGOState: CA Zip: 92127Test Method: PETROTYPEStation #: 858-577-2772FERNANDO VERDUGO
LIC # 91-1411

- Complete Service
- Station Maintenance
- Certified Tank Testing
- Vapor Testing

706 Sundance Ct.
Chula Vista, CA 91911
(619) 482-8275
Fax (619) 421-2317**Premium:****Pre test product lines one hour each**Military
Time:

Procedure:

Pressure
Before AfterVolume
Before After Net

Results

Charge Line To:

50

0

Recharge To:

50

50

Start Test

50

Test Continued

50

Test Continued

50

Test Continued

50

Bleed Back

50

0

Line Test Tol +/- .010

Bleed Back Tol + .050

Leak Detector OK? Serial #:

GPH

Bleed back

Unleaded:Military
Time:

Procedure:

Pressure
Before AfterVolume
Before After Net

Results

1400

Charge Line To:

50

0

1500

Recharge To:

50

50

1515

Start Test

50

50

1530

Test Continued

50

50

1545

Test Continued

50

50

1600

Test Continued

50

50

1600

Bleed Back

50

0

.063

.077

+0.14

.060

.060

+0.000

.060

.060

+0.000

.060

.060

+0.000

.060

.060

+0.000

.060

.060

+0.000

.060

.075

+0.015

Line Test Tol +/- .010

Bleed Back Tol + .050

Leak Detector OK? ✓Serial #: RJ 116-053 30589

+0.000 GPH

Bleed back

Regular:Military
Time:

Procedure:

Pressure
Before AfterVolume
Before After Net

Results

Charge Line To:

50

0

Recharge To:

50

50

Start Test

50

Test Continued

50

Test Continued

50

Test Continued

50

Bleed Back

50

0

Line Test Tol +/- .010

Bleed Back Tol + .050

Leak Detector OK? Serial #:

GPH

Bleed back

Diesel: # 2Military
Time:

Procedure:

Pressure
Before AfterVolume
Before After Net

Results

1344

Charge Line To:

50

0

1444

Recharge To:

50

50

1459

Start Test

50

50

1514

Test Continued

50

50

1529

Test Continued

50

50

1544

Test Continued

50

50

1544

Bleed Back

50

0

.016

.053

+0.037

.015

.015

+0.000

.015

.015

+0.000

.015

.015

+0.000

.015

.015

+0.000

.015

.015

+0.000

.015

.052

+0.037

Line Test Tol +/- .010

Bleed Back Tol + .050

Leak Detector OK? ✓Serial #: RJ 41192-1460 NorthRJ 51192-1832 South

+0.000 GPH

Bleed back

VERDUGO TESTING



FERNANDO VERDUGO
LIC # 91-1411

- Complete Service
- Station Maintenance
- Certified Tank Testing
- Vapor Testing

706 Sundance Ct.
Chula Vista, CA 91911
(619) 482-8275
Fax (619) 421-2317

Mechanical Leak Detector Test Data Sheet

Station # HANSON AGGREGATES

Date OCTOBER 02, 2003

Address 9255 CAMINO SANTA FE

SAN DIEGO CA, 92127

Test Information

	1	2	3	4	5
Product	DIESEL #2	DIESEL #2	UNLD		
Manufacturer	RED JACKET	RED JACKET	RED JACKET		
Model	116-05B	116-05B	116-053		
Full Operating Pressure (psi)	26 PSI	27 PSI	24 PSI		
Line Blood Back (ml)	150 mL	140 mL	130 mL		
Trip Time (sec)	7.47 Sec.	4.53 Sec.	3.53 Sec.		
Metering Pressure (psi)	5 PSI	5 PSI	5 PSI		
P/B Holding Pressure (psi)	24 PSI	24 PSI	11 PSI		
Test Leak Rate (ml/min) (gph)	120 mL	140 mL	160 mL		
PASS or FAIL	PASSED	PASSED	PASSED		

Replaced All Failed Leak Detectors Yes _____ No _____ N/A ☒

If No, Replacement To Be Completed By (Date) 1/1

This letter certifies that the annual leak detector tests were performed at the above referenced facility according to the equipment manufacturers procedures and limitations and the results as listed are to my knowledge true and correct. The mechanical leak detector test pass/fail is determined using a low flow threshold trip rate of 3 gph at 10 PSI.

Inspected By: Contractor VERDUGO TESTING COMPANY

Technician CARLOS ANTONIO VERDUGO Lic# 94-1411

Signature Antonio Verdugo

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – INSTALLATION

CERTIFICATE OF COMPLIANCE

(one page per tank)

Page 2 of 3

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

3

HANSON AGGREGATES PSW, INC.

ADDRESS (For local use only)

476

9255 Camino Santa Fe San Diego Ca. 92127

FACILITY ID#

37 000 H17076

TANK ID #

477

II. INSTALLATION

(Check all that apply)

- ☒ The installer has been trained and certified by the tank and piping manufacturers. 478
- ☒ The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations. 479
- ☒ The installation has been inspected and approved by the Unified Program Agency. 480
- ☒ All work listed on the manufacturer's installation checklist has been completed. 481
- ☒ The installer has been certified or licensed by the Contractors' State License Board. 482
- ☒ The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer's installation procedures. 483

Description of work being certified:

NEW DW FG PIPING.

III. TANK OWNER/AGENT SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF TANK OWNER/AGENT

DATE

10/14/03

484

NAME OF TANK OWNER/AGENT (print)

485

TITLE OF TANK OWNER/AGENT

486

Tom Ferrell

Reg. Affairs Coord.

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – INSTALLATION

CERTIFICATE OF COMPLIANCE

(one page per tank)

Page 2 of 2

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

HANSON AGGREGATES PSW, INC.

ADDRESS (For local use only)

9255 Camino Santa Fe San Diego Ca. 92127

FACILITY ID#

37 000 H 17076

TANK ID #

II. INSTALLATION

(Check all that apply)

- ☒ The installer has been trained and certified by the tank and piping manufacturers. 478
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- ☒ The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer's installation procedures. 483

Description of work being certified:

NEW FG DW PIPING

III. TANK OWNER/AGENT SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF TANK OWNER/AGENT

DATE

10/14/03

NAME OF TANK OWNER/AGENT (print)

Tom Ferrell

TITLE OF TANK OWNER/AGENT

Regulatory Affairs Coord.

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – INSTALLATION

CERTIFICATE OF COMPLIANCE

(one page per tank)

Page 1 of 3

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

3

HANSON AGGREGATES PSW, INC.

ADDRESS (For local use only)

476

9255 Camino Santa Fe San Diego Ca. 92127

FACILITY ID#

37 000 H17076

TANK ID #

477

87 unlined

II. INSTALLATION

(Check all that apply)

- ☒ The installer has been trained and certified by the tank and piping manufacturers. 478
- ☒ The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations. 479
- ☒ The installation has been inspected and approved by the Unified Program Agency. 480
- ☒ All work listed on the manufacturer's installation checklist has been completed. 481
- ☒ The installer has been certified or licensed by the Contractors' State License Board. 482
- ☒ The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer's installation procedures. 483

Description of work being certified:

New DN FG Piping.

III. TANK OWNER/AGENT SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF TANK OWNER/AGENT

DATE

484

NAME OF TANK OWNER/AGENT (print)

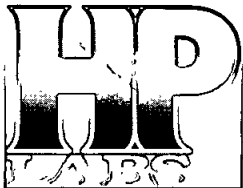
485

TITLE OF TANK OWNER/AGENT

486

Tom Ferrell

Regulatory Affairs Coord.



PIC PROJECT #ES8214
HANSEN AGGREGATES
9255 CAMINO SANTA FE
SAN DIEGO, CA

RECEIVED
2003 SEP 15 AM 11 11
D. E. H.
MAILROOM

HPL Project #PC082503-10

TPH (DHS LUFT/8015M Method) ANALYSES OF SOILS

SAMPLE NUMBER	DATE ANALYZED	TPH-GAS C5-C11 (mg/kg)	TPH-DIESEL C12-C24 (mg/kg)	TPH-EXT C25-C36 (mg/kg)
METHOD BLANK	9/2/2003	ND	ND	ND
P1-3'	9/2/2003	ND	140	ND
P2-2.5'	9/2/2003	ND	ND	ND
P3-3'	9/2/2003	ND	ND	ND
P4-2.5	9/2/2003	ND	ND	ND
D1-2'	9/2/2003	ND	ND	ND
D2-2'	9/2/2003	ND	ND	ND
D3-2'	9/2/2003	ND	ND	ND
D4-2'	9/2/2003	ND	ND	ND
D5-2'	9/2/2003	ND	540	ND

DETECTION LIMITS

10

10

20

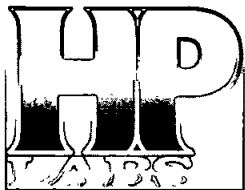
ND INDICATES NOT DETECTED AT LISTED DETECTION LIMITS

ANALYSES PERFORMED IN CA DOHS CERTIFIED MOBILE LABORATORY (CERT #1839)

ANALYSES PERFORMED BY: MS. JODY GRINDEL

DATA REVIEWED BY: DR. BLAYNE HARTMAN

Blayne Hartman
9-10-03



QA/QC REPORT - CALIBRATION DATA

HPL Project #PC082503-10

DAILY CALIBRATION DATE : 09/02/03

CALIBRATION RANGE			INITIAL	INITIAL		OPENING			CLOSING / LCS		
COMPOUND	SOIL (ppm)	WATER (ppb)	CALIB DATE	RF	%RSD	AREA	RF	%DIFF	AREA	RF	%DIFF
TPH GASOLINE - FID1	20 - 20000	880 - 880000	4/8/2003	0.667	15.5%	299	0.669	0.3%	302	0.662	0.7%
TPH DIESEL - FID1	50-50000	2200 - 220000	4/8/2003	0.611	7.8%	796	0.628	2.8%	803	0.623	1.9%

INITIAL RF - AVERAGE RESPONSE FACTOR FROM MULTIPOINT CALIBRATION CURVE

% RSD - LINEARITY OF MULTIPOINT CALIBRATION CURVE (+/- 20% ACCEPTABLE LIMITS)

AREA - AREA COUNTS FROM DAILY CALIBRATION STANDARD

RF - DETECTOR RESPONSE FACTOR FROM MID-POINT CALIBRATION STANDARD

% DIFF - DIFFERENCE, IN PERCENT, BETWEEN THE AVERAGE RF AND THE OPENING OR CLOSING RF

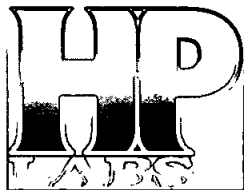
OPENING - MID-POINT CALIBRATION STANDARD ANALYZED BEFORE SAMPLE ANALYSES BEGIN

CLOSING - MID-POINT CALIBRATION STANDARD ANALYZED AFTER SAMPLES ANALYSES ARE COMPLETE

ANALYSES PERFORMED IN CA DOHS CERTIFIED MOBILE LABORATORY (CERT #1839)

ANALYSES PERFORMED BY: MS. JODY GRINDEL

DATA REVIEWED BY: DR. BLAYNE HARTMAN



QA/QC REPORT - MS/MSD DATA

MATRIX SPIKE (MS)/MATRIX SPIKE DUPLICATE (MSD) FOR SOILS

ANALYSIS DATE : 09/02/03

HPL Project #PC082503-10

COMPOUND	SPK CONC (mg/kg)	MS CONC (mg/kg)	%REC MS	MSD CONC (mg/kg)	%REC MSD	RPD	ACCEPTABLE RPD	ACCEPTABLE RECOVERY
TPH GASOLINE	200	205	102.5%	211	105.5%	2.9%	15%	75% - 135%
TPH DIESEL	500	408	81.6%	406	81.2%	0.5%	15%	75% - 135%

SPK CONC - CONCENTRATION SPIKED INTO MATRIX

MS CONC - ANALYZED CONCENTRATION OF SPIKED SAMPLE

% REC - PERCENT RECOVERY OF SPIKE FROM MATRIX

RPD - RELATIVE PERCENT DIFFERENCE BETWEEN MATRIX SPIKE AND MATRIX SPIKE DUPLICATE RECOVERIES

ANALYSES PERFORMED IN CA DOHS CERTIFIED MOBILE LABORATORY (CERT #1839)

ANALYSES PERFORMED BY: MS. JODY GRINDEL

DATA REVIEWED BY: DR. BLAYNE HARTMAN

PIC
ES0214

Donny Oliver 858-259-3157

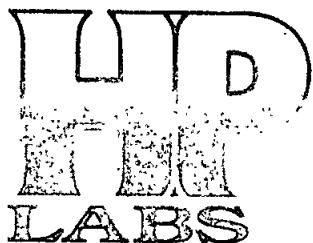
SAM Chain-of-Custody Record

Date 8/25/03 Page 1 of 1

Project Name Reference Address Sampler's Signature Lab To Be Used				ANALYSIS REQUESTED					SAMPLE TYPE				NO. OF	COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Site Assessment and Mitigation Division P.O. Box 129261 San Diego, CA 92112-9261
TAT STD				TPH DOHS METHOD Extended	TRPH EPA 418.1	BTXE (8020/602)	HALOGENATED (8010/601)	SOLID	LIQUID	GRAB	COMPOSITE	COMMENTS		
P1-3'	8/25/03	0943	No stains or odors	X					X	X			1	* Analyze highest
P2-2.5'		0947	No stains or odors	X					X	X			1	TPH sample (from dispenser + piping)
P3-3'		0952	No stains or odors	X					X	X			1	for BTEX, MTBE,
P4-2.5'		1000	Some stains, No odors	X					X	X			1	DIPE, ETBE, TAME,
D1-2'		1008	No stains, No odors	X					X	X			1	TBA by 8260B
D2-2'		1015	Same as above	X					X	X			1	
D3-2'		1019	"	X					X	X			1	* Total of 2 samples
D4-2'		1022	"	X					X	X			1	for 8260B
D5-2'		1027	Some stains, some odors	X					X	X			1	

1 RELINQUISHED BY		Date	2 RELINQUISHED BY		Date	3 RELINQUISHED BY		Date	TOTAL NO. OF CONTAINERS
Signature	Donny Oliver	8/25/03	Signature			Signature			
Printed Name	Donny Oliver	11:28	Printed Name			Printed Name			
Company	PIC Env'l Services		Company			Company			Split Sample Location Site Identification #117076 AT# RT 2402
RECEIVED BY	Judy Cordell	8/25/03	RECEIVED BY			RECEIVED BY (LAB)			
Signature	Judy Cordell	11:28	Signature			Signature			SAM Jon Senaha 619-338-2195
Printed Name	Judy Cordell		Printed Name			Printed Name			

Distribution: White - Laboratory
Yellow - Contractor/Responsible Party
Pink - SAM



13 September 2003

RECEIVED

2003 SEP 18 AM 9 12

D. E. H.
MAILROOM

Mr. Danny Oliver
PIC Environmental
742 Genevieve Street, Suite G
Solana Beach, CA 92075
RE: PC090403-31

Enclosed are the results of analyses for samples received by the laboratory on 25-Aug-03 . If you have any questions concerning this report, please feel free to contact me.

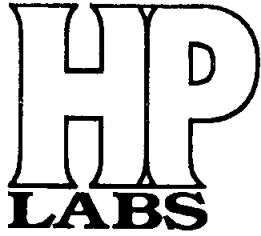
Sincerely,

A handwritten signature in cursive script that reads 'Tamara Davis'.

Tamara Davis

Laboratory Director

HP Labs operates under CA Environmental Lab Accreditation Program Numbers 1561, 2088, 2278 and 2530.



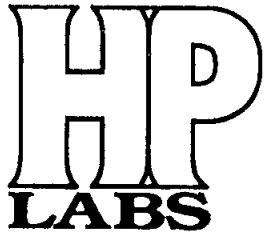
PIC Environmental
742 Genevieve Street, Suite G
Solana Beach CA, 92075

Project: PC090403-31
Project Number: Hanson Aggregates
Project Manager: Mr. Danny Oliver

Reported:
13-Sep-03

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
P1-3'	E309010-01	Soil	25-Aug-03	25-Aug-03
D5-2'	E309010-02	Soil	25-Aug-03	25-Aug-03



PIC Environmental
742 Genevieve Street, Suite G
Solana Beach CA, 92075

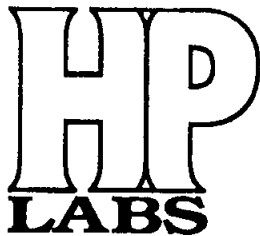
Project: PC090403-31
Project Number: Hanson Aggregates
Project Manager: Mr. Danny Oliver

Reported:
13-Sep-03

Volatile Organic Compounds by EPA Method 8260B

HP Labs

Analyte	Result	Reporting Limit	Units	Dilution Factor	Batch	Prepared	Analyzed	Method	Notes
P1-3' (E309010-01) Soil Sampled: 25-Aug-03 Received: 25-Aug-03									
Methyl tert-butyl ether	ND	5	ug/kg	0.5	E130802	08-Sep-03	08-Sep-03	EPA 8260B	
Di-isopropyl ether	ND	5	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	5	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	5	"	"	"	"	"	"	
Benzene	ND	5	"	"	"	"	"	"	
Toluene	ND	5	"	"	"	"	"	"	
Ethylbenzene	ND	5	"	"	"	"	"	"	
m,p-Xylene	ND	10	"	"	"	"	"	"	
o-Xylene	ND	5	"	"	"	"	"	"	
Tert-butyl alcohol	ND	25	"	"	"	"	"	"	
Surrogate: Dibromofluoromethane		95.6 %	65-135		"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		98.8 %	52-149		"	"	"	"	
Surrogate: Toluene-d8		96.0 %	65-135		"	"	"	"	
Surrogate: 4-Bromofluorobenzene		98.0 %	65-135		"	"	"	"	
D5-2' (E309010-02) Soil Sampled: 25-Aug-03 Received: 25-Aug-03									
Methyl tert-butyl ether	ND	5	ug/kg	0.5	E130802	08-Sep-03	08-Sep-03	EPA 8260B	
Di-isopropyl ether	ND	5	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	5	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	5	"	"	"	"	"	"	
Benzene	ND	5	"	"	"	"	"	"	
Toluene	ND	5	"	"	"	"	"	"	
Ethylbenzene	ND	5	"	"	"	"	"	"	
m,p-Xylene	ND	10	"	"	"	"	"	"	
o-Xylene	ND	5	"	"	"	"	"	"	
Tert-butyl alcohol	ND	25	"	"	"	"	"	"	
Surrogate: Dibromofluoromethane		100 %	65-135		"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		105 %	52-149		"	"	"	"	
Surrogate: Toluene-d8		87.2 %	65-135		"	"	"	"	
Surrogate: 4-Bromofluorobenzene		102 %	65-135		"	"	"	"	



PIC Environmental
742 Genevieve Street, Suite G
Solana Beach CA. 92075

Project: PC090403-31
Project Number: Hanson Aggregates
Project Manager: Mr. Danny Oliver

Reported:
13-Sep-03

Volatile Organic Compounds by EPA Method 8260B - Quality Control

HP Labs

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch EI30802 - EPA 5030

Blank (EI30802-BLK1)

Prepared & Analyzed: 08-Sep-03

Methyl tert-butyl ether	ND	5.0	ug/kg
Di-isopropyl ether	ND	5.0	"
Ethyl tert-butyl ether	ND	5.0	"
Tert-amyl methyl ether	ND	5.0	"
Benzene	ND	5.0	"
Toluene	ND	5.0	"
Ethylbenzene	ND	5.0	"
m,p-Xylene,	ND	10	"
o-Xylene	ND	5.0	"
Tert-butyl alcohol	ND	25	"

Surrogate: Dibromofluoromethane	23.6	"	25.0	94.4	65-135
Surrogate: 1,2-Dichloroethane-d4	23.4	"	25.0	93.6	52-149
Surrogate: Toluene-d8	23.2	"	25.0	92.8	65-135
Surrogate: 4-Bromofluorobenzene	29.6	"	25.0	118	65-135

LCS (EI30802-BS1)

Prepared & Analyzed: 08-Sep-03

Benzene	26.8	5.0	ug/kg	25.0	107	64-135
Toluene	27.5	5.0	"	25.0	110	65-135

Surrogate: Dibromofluoromethane	23.1	"	25.0	92.4	65-135
Surrogate: 1,2-Dichloroethane-d4	24.2	"	25.0	96.8	52-149
Surrogate: Toluene-d8	23.5	"	25.0	94.0	65-135
Surrogate: 4-Bromofluorobenzene	23.1	"	25.0	92.4	65-135

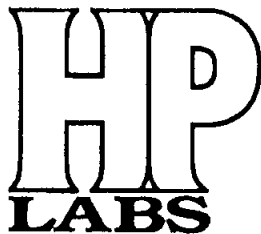
Matrix Spike (EI30802-MS1)

Source: E309010-01

Prepared & Analyzed: 08-Sep-03

Benzene	28.9	5.0	ug/kg	25.0	1.0	112	65-135
Toluene	35.6	5.0	"	25.0	1.8	135	64-135

Surrogate: Dibromofluoromethane	23.4	"	25.0	93.6	65-135
Surrogate: 1,2-Dichloroethane-d4	24.4	"	25.0	97.6	52-149
Surrogate: Toluene-d8	23.5	"	25.0	94.0	65-135



PIC Environmental
742 Genevieve Street, Suite G
Solana Beach CA, 92075

Project: PC090403-31
Project Number: Hanson Aggregates
Project Manager: Mr. Danny Oliver

Reported:
13-Sep-03

Volatile Organic Compounds by EPA Method 8260B - Quality Control
HP Labs

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch EI30802 - EPA 5030

Matrix Spike (EI30802-MS1) **Source: E309010-01** **Prepared & Analyzed: 08-Sep-03**

<i>Surrogate: 4-Bromofluorobenzene</i>	22.5		ug/kg	25.0		90.0	65-135			
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Matrix Spike Dup (EI30802-MSD1) **Source: E309010-01** **Prepared & Analyzed: 08-Sep-03**

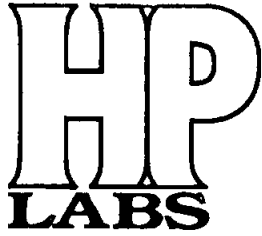
Benzene	27.6	5.0	ug/kg	25.0	1.0	106	65-135	4.60	30	
Toluene	27.5	5.0	"	25.0	1.8	103	64-135	25.7	30	

<i>Surrogate: Dibromofluoromethane</i>	24.0		"	25.0		96.0	65-135			
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<i>Surrogate: 1,2-Dichloroethane-d4</i>	25.2		"	25.0		101	52-149			
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<i>Surrogate: Toluene-d8</i>	23.1		"	25.0		92.4	65-135			
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<i>Surrogate: 4-Bromofluorobenzene</i>	22.7		"	25.0		90.8	65-135			
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PIC Environmental
742 Genevieve Street, Suite G
Solana Beach CA, 92075

Project: PC090403-31
Project Number: Hanson Aggregates
Project Manager: Mr. Danny Oliver

Reported:
13-Sep-03

Notes and Definitions

DET Analyte DETECTED
ND Analyte NOT DETECTED at or above the reporting limit
NR Not Reported
dry Sample results reported on a dry weight basis
RPD Relative Percent Difference

PIC
ES8214

Donny Oliver 858-259-3157

SAM Chain-of-Custody Record

PC092403.31
PC082503.10

Date 8/25/03 Page 1 of 1

Project Name Reference Address				ANALYSIS REQUESTED					SAMPLE TYPE				COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Site Assessment and Mitigation Division P.O. Box 129261 San Diego, CA 92112-9261		
Sampler's Signature Lab To Be Used				TPH DOHS METHOD	TRPH EPA 418.1	BTXE (8020/602)	HALOGENATED (8010/601)			SOLID	LIQUID	GRAB	COMPOSITE	NO. OF	COMMENTS
Hansen Aggregates 9255 Camian Santa Fe San Diego, CA 92127															
TAT STD															
P1-3'	8/25/03	0943	No stains or odors	X						X		X		1	* Analyze highest
P2-2.5'		0947	No stains or odors	X						X		X		1	TPH sample for duplicate
P3-3'		0952	No stains or odors	X						X		X		1	for BTEX, MTBE,
P4-2.5'		1000	Some stains, No odors	X						X		X		1	DIPE, ETBE, TAME,
D1-2'		1008	No stains, No odors	X						X		X		1	TBA by 8260B
D2-2'		1015	Same as above	X						X		X		1	
D3-2'		1019	"	X						X		X		1	* Total of 2 samples
D4-2'		1022	"	X						X		X		1	for 8260B
D5-2'		1027	Some stains, some odors	X						X		X		1	
1 RELINQUISHED BY		Date	2 RELINQUISHED BY		Date	3 RELINQUISHED BY		Date	TOTAL NO. OF CONTAINERS						
Signature		Time	Signature		Time	Signature		Time	Sample Conditions						
Printed Name		Time	Printed Name		Time	Printed Name		Time	Received On Ice Yes/No						
Company		Date	Company		Date	Company		Time	Tape Seal Intact Yes/No						
RECEIVED BY		Date	RECEIVED BY		Date	RECEIVED BY (LAB)		Time	Special Shipment/Handling Or Storage Requirements:						
Signature		Time	Signature		Time	Signature		Time	Split Sample Location						
Printed Name		Time	Printed Name		Time	Printed Name		Time	Site Identification						
								Time	H# 117076 AT# RT 2402						
								Time	SAM Jon Senaha						
								Time	619-338-2195						

Distribution: White - Laboratory
 Yellow - Contractor/Responsible Party
 Pink - SAM

SC REPAIRUPF PERMIT # 117076RT 3590

INITIALS/DATE

PLAN CHECK DOCUMENTATIONSC 3-28-06

RECEIVED APPLICATION

SC 3-28-06

APPLICATION COMPLETE

APPLICATION INCOMPLETE: APCD _____

FD _____

CONTRACTOR _____

INCOMPLETE PAYMENT _____

BOE# _____

CD/LN 4-14-06

PERMIT APPROVED

DATE _____

SCT REPAIRJH/LN 5/16/06

"PASSING" PRESSURE TEST/HYDROSTATIC TEST

N/A

*** INITIAL & POST CONSTRUCTION SCT RESULTS ARE TO BE SENT TO THE MAIN FILE.

KIVA ENTRYJH/LN 5/16/06

TANK TRAILER UPDATED

JH/LN 5/16/06

CLEARANCE CHECK LIST PRINTED/VERIFIED

N/A

UST OPERATING PERMIT CHECKLIST SUBMITTED

-MAILED TO OWNER (EHT)

-PLACED IN FILE (EHT)

LN 6/14/06

FILE READY TO CLOSE

SM/LN 6/14/06

SUPERVISOR'S INITIALS

LN 6/14/06

SENT TO MAIN FILE (EHT)

INITIALS/DATE

COMMENTS

SC 3-28-06Receipt given to Harold/Lemosuagon.SC 4-14-06Permit in will call for Harold Taylor

[illegible]



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933
http://www.sdcountry.ca.gov/deh/hmd/index.html

UST expires 9/13/08
FWA ✓
TTV ✓
Scope ✓

UST PRESSURE TEST/SECONDARY CONTAINMENT INSPECTION REPORT

Plan Check Number: RT 3590 UPF Permit Number: 117076
Facility Name: Hansen Aggregates Bldg. No.: _____
Site Address: 9255 Camino Santa Fe City: S.D. Zip: 92121
Contractor: Greg McLucas Contractor's Phone No.: (619) 980-9070

PROJECT DESCRIPTION

☐ New Tank Installation ☐ Repipe/Repair ☒ Secondary Containment Repair ☐ Other: _____

I. PRESSURE TEST

	Tank Id:	P/F	P/F	P/F	P/F	P/F
Product Line	Product Type:	oil line		DIESEL		OIL line
Primary	Start time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
	End time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
Secondary	Start time:	8:30	8:45	9:40	9:40	9:40
	End time:	9:00	9:10	10:10	10:10	10:10
Vapor/Tank & Vent	Start time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
Primary	End time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
Secondary	Start time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
	End time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

II. HYDROSTATIC TEST

	HIGH FLOW UDC	OIL Sump UDC	OIL Sump UDC
Sump/dispenser/ spill bucket:	Start time: 8:12	Start time: 8:12	Start time: 8:12
	End time: 8:27	End time: 8:27	End time: 8:27
	Start time: 8:27	Start time: 8:27	Start time: 8:27
	End time: 8:42	End time: 8:42	End time: 8:42

HMD approved plans onsite? ☒ YES ☐ NO Inspection and reinspection fee required? ☐ YES ☒ NO
Inspection approved? ☐ YES ☐ NO "As Builts" required for final inspection? ☐ YES ☒ NO

REMARKS: RT3590: SCOPE OF WORK: OIL Sump - add Penetration Attchings & SSI boots / Positive shut down to existing sensor -> Operational
Repair: Oil line with new penetration boots -> Pressure test - Passed
Repair: DSL Sump - secondary lines, replaced clamp shells on cracked pipe - Pressure Test - Passed

Received by: Greg McLucas

Date: 5/16/06

Print name: Greg McLucas

HMD Inspector: JHUSTOFT

Date: 5/16/06



County of San Diego
Department of Environmental Health
Hazardous Materials Division
1255 Imperial Avenue
P.O. Box 129261
San Diego, CA 92112-9261



ACTIVITY CODE 428T29

Permit # RT3590
Establishment # 117076
Date: April 14, 2006
Expiration Date: April 14, 2007

Permit for Underground Storage Tank Construction

SITE NAME: Hanson Aggregates
SITE ADDRESS: 9255 Camino Santa Fe, San Diego 92121
OWNER NAME: Hanson Aggregates
OWNER ADDRESS: PO BOX 639069, San Diego 92163

DESCRIPTION OF PROPOSED WORK: Repair secondary containment & add solenoid valve to oil line & add PLLD to oil line

PERMIT CONDITIONS: The following is the scope of work that will be performed at the site listed above. The DEH inspector will verify that the CCR Title 23 requirements have been met.

- ☐ Scope of work is to make secondary containment repairs to the DSL south line, both lines associated with the Diesel north tank, the main oil line, a portion of the oil line between the fuel island and fuel island end cap (adjacent to UDC #3), the oil sump, and the "bulk" UDC.
 - Install Blueline or SSI repair boots/fittings as necessary
 - Please note that sealants such as Bostik cannot be used by themselves to make repairs. Sealants can only be used in a manner where it cannot come into contact with fuel in the event of a leak.

DO NOT BACKFILL AREA OF REPAIR UNTIL REPAIRS HAVE BEEN EVALUATED BY DEH INSPECTOR

- All actual scope of repair to be documented by DEH Inspector
- ☐ All secondary containment repairs must be tested by the same protocol as it was tested before the repair. Submit the before and after repair test results. (Please use San Diego County reporting form DEH:HMD-9169)
- ☐ A solenoid valve is to be added to the active oil line in order to provide positive shutdown for the existing oil sump sensor.
- ☐ Install New Line Leak Detector (ELLDs) for the active oil line.

Inspection Requirements:

One Inspection visit to inspect the following:

- ☐ Hydrostatic Test on repaired UDC & sump; pressure test on repaired lines.
- ☐ Test positive shutdown of the oil sump sensor
- ☐ Test new ELLD – Certification of Monitoring Equipment Installation (SD County form DEH:HMD-9301)
- ☐ Submit as-builts at inspection showing all repair locations.

Please note: Any deviation from the above scope of work may require a \$260.00 plan re-review fee and \$385.00 re-inspection fee

This office must be given at least 48 hours notice for all required Underground Storage Tank Activity. Please call at (619) 338-2214 to schedule an appointment. For cancellations, please call (619) 237-8451.

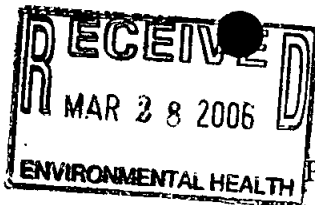
PERMIT AND STAMPED APPROVED PLANS MUST BE ON-SITE. FAILURE TO DO SO WILL RESULT IN THE INSPECTOR FAILING THE SCHEDULED INSPECTION AND ASSESSING A \$385.00 REINSPECTION FEE.

THIS PERMIT DOES NOT EXCUSE ANY OWNER OR OPERATOR FROM COMPLYING WITH ALL APPLICABLE FEDERAL, STATE, COUNTY OR LOCAL LAWS, ORDINANCES OR REGULATIONS. THE OWNER OR OPERATOR IS REQUIRED TO DETERMINE IF ANOTHER PERMIT OR APPROVAL FROM ANY OTHER AGENCY OR DEPARTMENT IS NECESSARY. THE COUNTY, BY ISSUING THIS PERMIT, DOES NOT RELINQUISH RIGHT TO ENFORCE ANY VIOLATION OF LAW

Plans Reviewed and Approved By: Cecilia Díaz
Notified _____



Date: 04/14/06



PERMIT APPLICATION
PART I
GENERAL PROJECT INFORMATION

OFFICE USE ONLY
PERMIT #: 117076
PLAN CK#: RT3590
DATE RECEIVED: 3/28/06
FEE PAID: \$621.00
PLAN APPROVAL: CD 4/4/06
HYDRO UNIT: _____
BENEF. USE: _____

HAZARDOUS MATERIALS UNDERGROUND STORAGE TANK FACILITY

ORIGINAL

A. SITE NAME: HANSON CARROLL CANYON
SITE ADDRESS: 9255 CAMINO SANTAFE City SAN DIEGO CA Zip 92121

B. PROPERTY OWNER:
Assessor's Parcel No. 341-050-39
Company HANSON AGGREGATES Contact CLAY SMITH
Mailing Address 9255 CAMINO SANTAFE City SAN DIEGO State CA Zip 92121
Phone (858) 715-5694
24-Hour Emergency Contact CLAY SMITH Phone (858) 578-7008

C. TANK OPERATOR:
Company HANSON AGGREGATES Contact CLAY SMITH
Mailing Address PO Box 639069 City SAN DIEGO CA Zip 92163-7069
Phone (858) 715-5694
24-Hour Emergency Contact CLAY SMITH Phone (858) 578-7008

D. CONTRACTOR PERFORMING WORK:
Primary Contractor LEWENAGGER ENGINEERING INC. Contact RENE LEWENAGGER
Mailing Address 8211 SANTIAGO VILLAGE GREEN DR City SAN DIEGO CA Zip 92187
Phone (619) 917-8001
State Contractor's License 203029 A
Hazardous Substances Certificate A YES
Worker's Compensation Insurance Company STATE FUND

E. APPLICATION SUBMITTAL, PLAN APPROVAL, PERMIT ISSUANCE, AND REQUIRED INSPECTIONS

Submit one (1) original and two (2) copies of this application package, including plan drawings, with the required fee to the Department of Environmental Health (DEH), Hazardous Materials Division, 1255 Imperial Avenue, Third Floor, San Diego, CA 92101; or mail to P.O. Box 129261, San Diego, CA 92112-9261. Checks should be made payable to the County of San Diego.

A permit will be issued by DEH upon review and approval of the application and plans. The required fees must be submitted with the application package. Information in addition to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued. The required inspections cannot be scheduled until a permit is issued.

Once the permit has been issued, it is the responsibility of the permittee to notify DEH at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III, IV, & V). If you need additional information, please call the Underground Storage Plan Check Desk at (619) 237-8451.

F. PROJECT WORK TO BE COMPLETED: _____ Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G
<input type="checkbox"/> Installation/Construction of new tank(s) systems only (without closing any existing tanks)	I & II	1
<input type="checkbox"/> Closure of existing tank(s) systems with installation of new tanks (tank replacement)	I, II & III	1 & 2
<input type="checkbox"/> Closure of existing tank(s) systems with no new tank installation	I & III	2
<input type="checkbox"/> Interior coating/repair of an existing underground storage tank	I & IV	1
<input type="checkbox"/> Repipe/pipe-repair piping upgrade of an existing underground storage tank facility	I & V	3
<input type="checkbox"/> Installation/Construction of vaulted tanks	VI	4

G. FEES: The fees shown below cover plan review and the required field inspections. Use the appropriate Fee Code as determined in Section F above.

FEE CODE	Installation fee for first tanks \$1090.00 (fee will apply to all <u>tank</u> installations, <u>tank repairs</u> , interior lining and bladder installations)	Fee: \$
1	Installation fee for each additional tank No. _____ X \$110.00	Fee: \$
	Establishment Base Fee \$210.00 (Applies to establishments not currently under permit with DEH)	Fee: \$
	Operating Permit Fee per tank No. _____ X \$315.00 (Does not apply to replacement tanks if the existing tank to be replaced has paid current operating permit fees)	Fee: \$
2	Closure fee for first tank \$625.00	Fee: \$
	Closure fee for each additional tank No. _____ X \$105.00	Fee: \$
3	Upgrade /Repair – 1 inspections \$653.00	Fee: \$ 621.-
	Upgrade /Repair – 2 inspections \$930.00	Fee: \$
	Additional inspection(s): Soil Sampling: \$275.00 Other: \$275.00	Fee: \$ Fee: \$
4	Consultation fee (e.g. vaulted tank: minimum 2 hours) _____ Hours X \$110.00	Fee: \$
5	Re-inspection fee \$370.00	Fee: \$
	Plan Re-Review \$245.00	Fee: \$
TOTAL FEE: \$		621.-

H. PERMITS REQUIRED BY OTHER AGENCIES:

FIRE DEPARTMENT _____ APCD _____ BUILDING DEPARTMENT _____ OTHER _____

Provide copies of approved applications from these departments and others if needed.

52-1064286



PERMIT APPLICATION PART V

APPLICATION FOR REPIPE, PIPING UPGRADE OR PIPE REPAIR OF AN EXISTING TANK FACILITY
BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER-Call (916) 324-2300 for information

TY (TK) HQ

4	4	-	0	2	1	6	7	7
---	---	---	---	---	---	---	---	---

NOTE: Application will be disapproved without this information

A. TOTAL NUMBER OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED _____

B. DESCRIPTION OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED

TANK NO.	TANK CAPACITY	PRODUCT TYPE	COMPOSITION
1 SOUTH	10,000	DIESEL	FIBERGLASS

CHECK BELOW WHAT PIPING IS TO BE REPLACED, REPAIRED OR UPGRADED.

	PRODUCT	VAPOR	VENT	FILL LINES
TANK NO. 1	SECONDARY			
TANK NO. 2				
TANK NO. 3				
TANK NO. 4				

C. REASON FOR TANKS TO BE REPIPED/REPAIRED/UPGRADED:

- ☐ Upgrade to meet current state/federal requirements
☒ Piping system failure
☐ Other, briefly describe NOPE

D. PIPING MATERIALS AND CONSTRUCTION:

Primary Containment A.O. Smith Fiberglass Manufacturer/model _____
 Secondary Containment A.O. SMITH FIBERGLASS Manufacturer/model A.O. SMITH 3"
 Dispenser Containment yes Manufacturer/model BRAVO

E. TYPE OF PRODUCT DELIVERY/FILL SYSTEM:

- ☒ Pressurized ☐ Suction ☐ Gravity ☐ Direct Fill ☐ Manifolded System

F. PIPING LEAK DETECTION/MONITORING SYSTEM:

- ☒ Leak detector on pressurized line: Manufacturer RED JACKET
☒ Continuous monitoring device within the secondary containment: Manufacturer VEEDER-ROOT
☒ Leak detector on pressurized line (must shut down pump and activate alarm) (pressurized lines only)
☒ Continuous monitoring device shuts down pump and activates alarm (pressurized lines only)

G. DISPENSER CONTAINMENT MONITORING: (at a minimum must shut down dispenser)

- ☐ Mechanical monitoring
☒ Electronic monitoring Veeder Root Model _____

H. TANK OVERFILL PREVENTION:

Catchment Basin surrounding the product fill pipe:

Manufacturer OPW

-AND-

- ☐ Product Level Sensing Device with High Level Alarm and Ball Float Valves

Manufacturer Veeder Root

-OR-

- ☐ Positive shutoff device in fill pipe at 95% full

Manufacturer Veeder Root

-OR-

- ☐ Secondary containment for vent, vapor, and tank riser piping with Ball Float Valves or Product Level Sensing Device with High Level Alarm

Manufacturer Veeder Root**I. PIPING UPGRADE REQUIREMENT:**

- ☒ Cathodic protection for all product piping in direct contact with backfill material, including turbine, flex connectors and all other appurtenances containing product
- ☒ Secondary containment of all product piping including turbines, dispenser piping, and all other appurtenances containing product

J. PROPOSED METHOD OF PIPE CLOSURE:☐ REMOVAL☐ CLOSURE IN PLACE

SAMPLING PROTOCOL Tank owner/authorized representative responsible for all sampling analyses and associated costs.

- For piping that is to be removed, the trenching shall be exposed prior to the scheduled inspection, sampling points will be identified by the DEH inspector and samples taken every 20 feet.
- Piping to be closed in place may be considered only if the removal might damage structures. Submit an alternate plan which must include soil sampling.

K. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING (Must be drawn to scale):

1. Location of existing and proposed structures.
2. Location of all existing underground tanks and piping. (Indicate what piping is to be closed in place or by removal)
3. Location of new piping, secondary containment, leak detection, and overfill prevention.
4. Cross section of piping, tank sumps, dispenser containment.

L. REQUIRED INSPECTIONS-PIPING REPAIR/REPLACEMENT/PIPING UPGRADE:

EACH PIPING REPAIR/REPLACEMENT AND/OR PIPING UPGRADE MUST BE INSPECTED BY DEH. THREE INSPECTIONS MAY BE REQUIRED.

1. FIRST INSPECTION:

- Piping to be closed by removal. Trenching shall be exposed prior to the scheduled inspection and sampling points identified by the DEH inspector.
- Piping to be closed in place. Piping shall be capped and drained and per alternate approved plan, samples collected by the DEH inspector.

2. SECOND INSPECTION:

- Pressure test of all piping repaired, replaced, or upgraded - verification of cathodic protection.

3. THIRD INSPECTION:

- Verification of leak detection devices/secondary containment.

M. DECLARATION

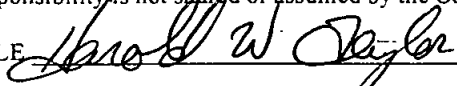
I declare that to the best of my knowledge and belief the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain a permit from the Department of Environmental Health (DEH).

I understand that any changes in design, materials, or equipment will void my permit to construct if prior approval is not obtained.

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Department of Environmental Health (DEH).

I will notify the Department of Environmental Health (DEH) at least two working days (48 hours) before work is to begin in order to schedule the required inspection. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that the responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE



TECHNICIAN

PRINT NAME

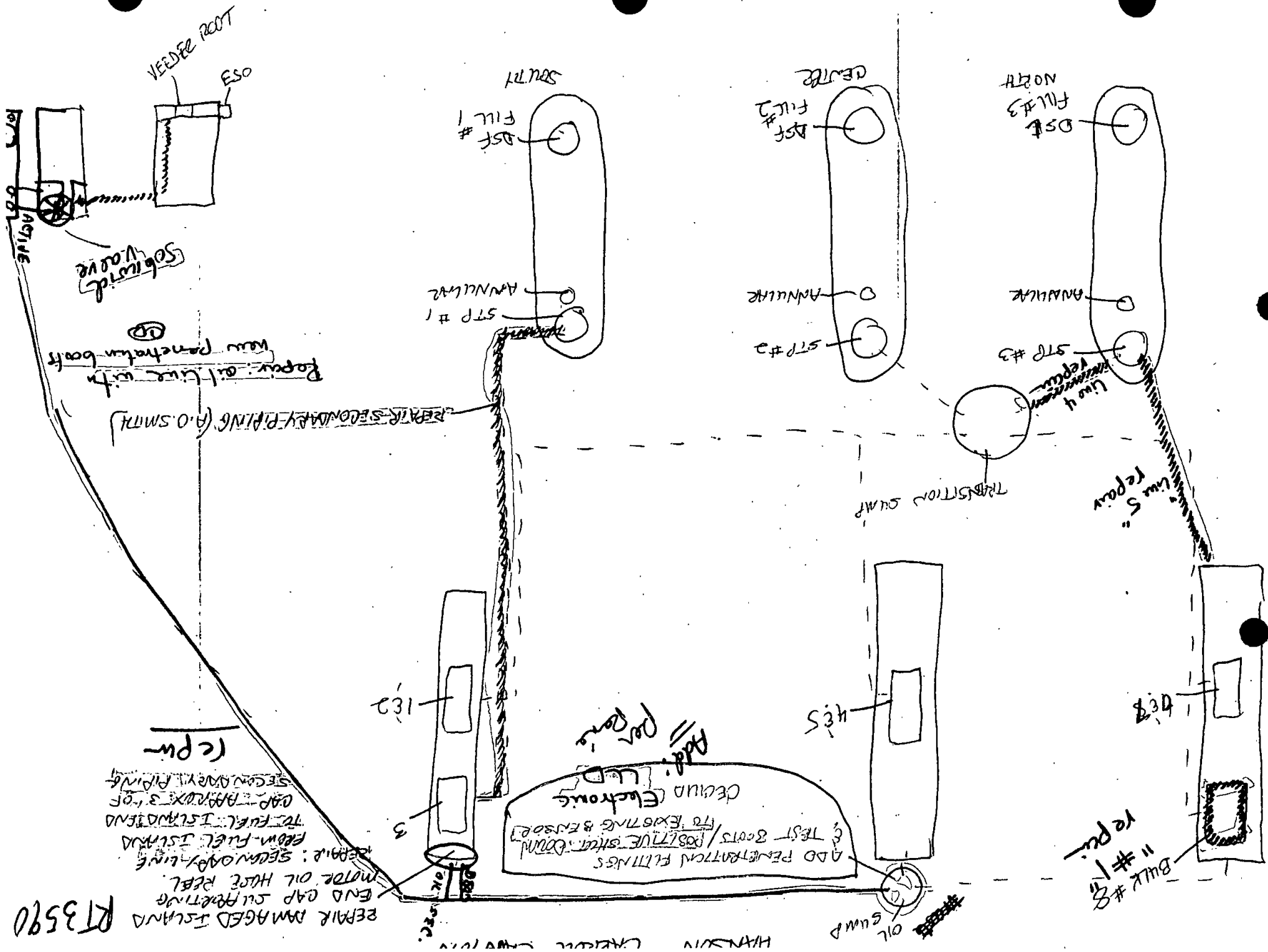
TAYLOR, HAROLD, W

TELEPHONE

(619) 993-0226

DATE

3/28/06



**COUNTY OF SAN DIEGO**

DEPARTMENT OF ENVIRONMENTAL HEALTH

1255 Imperial Ave

San Diego, CA 92101

619-338-2222

INVOICE**PERMIT TYPE & NUMBER: HURT 3590****INVOICE DATE:** 28 MAR 2006**PERMIT OWNER:**HANSON AGGREGATES PSW
9255 CAMINO SANTA FE**CONTACT:**LeMESNAGER ENGINEERING
5441 LA JOLLA BL

HANSON AGGREGATES

SAN DIEGO CA 92121

LA JOLLA

CA 92037

APN: 341-050-39-00**APPLICANT:**

HANSON AGGREGATES PACIFIC SOUTH

SITE ADDRESS: 9255 CAMINO SANTA FE**LOCATION DESCRIPTION:** 9255 CAMINO SANTA FE, SAN DIEGO, 92121-2201**PROJECT DESCRIPTION/SCOPE**

Repair/check#1284

FEE/DEPOSIT DETAILS

FEE CODE	DESCRIPTION	TIME ACCT.	ACCT. CODE	AMOUNT
6HURT1-EHO	FEES FOR TANK UPGRADE-1 INSPECTIONS	428T29	1002432-995-10	690.00
6HURT1ZCRO	FISCAL YEAR 05/06 ONE-TIME 10% CREDIT	428T29	1002432-995-10	- 69.00
TOTAL AMOUNT DUE				\$621.00

SCT REPAIR

UPF PERMIT # 117076RT 4730

INIT'S/DATE

PLAN CHECK DOCUMENTATION

SL 5-1-09

RECEIVED APPLICATION

SCS-1-09

APPLICATION COMPLETE

APPLICATION INCOMPLETE: APCD _____ FD _____ CONTRACTOR _____ BOE # _____

INCOMPLETE PAYMENT: \$ _____

PERMIT APPROVED: DATE 5/21/09

SCT REPAIR

SK/S.29.09

"PASSING" PRESSURE TEST/HYDROSTATIC TEST

N/A

*** INITIAL & POST CONSTRUCTION SCT RESULTS ARE TO BE SENT TO THE MAIN FILE.

KIVA ENTRY

SK/S.29.09

TANK TRAILER UPDATED

N/A

CLEARANCE CHECK LIST PRINTED/VERIFIED

UST OP PERMIT CHECKLIST SUBMITTED

-MAILED TO OWNER (EHT)

-PLACED IN FILE (EHT)

SENT TO FILE (EHT)

EQ. 9.21.09 FILE READY TO CLOSERR/EQ. 9.21.09 SUPERVISOR'S INITIALS

Init's/Date

COMMENTS

SL 5-28-09 Released permit to Greg McClure.EQ. 9.21.09 SENT TO FILE.

WORK LOG

Specialist Name	Date	Total Hrs.	Description of Work
C. Lewallen	5/21/09	.5	Permit approval
Total			



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933
<http://www.sdcountry.ca.gov/deh/hmd/index.html>

2.20 hrs

UST PRESSURE TEST/SECONDARY CONTAINMENT INSPECTION REPORT

Plan Check Number: RT 4730

UPF Permit Number: 117076

Facility Name: Hansen Aggregates

Bldg. No.: _____

Site Address: 9255 Camino Santa Fe

City: San Diego

Zip: 92127

Contractor: Lemesager Co.

Contractor's Phone No.: (619) 980-9070

PROJECT DESCRIPTION

☐ New Tank Installation ☐ Repipe/Repair ☐ Secondary Containment Repair ☐ Other: _____

I. PRESSURE TEST

Tank Id:	1002/1003 P/F	P/F	P/F	P/F	P/F
Product Type:	DSL				

Product Line

Primary

Start time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

Secondary

Start time: 1:00	5.0 psi	_____ psi	_____ psi	_____ psi	_____ psi
End time: 2:00	50 psi	_____ psi	_____ psi	_____ psi	_____ psi

Vapor/Tank & Vent

Primary

Start time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

Secondary

Start time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

II. HYDROSTATIC TEST

Sump/dispenser/
spill bucket:

Start time:	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
End time:	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
Start time:	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
End time:	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches

HMD approved plans onsite? ☒ YES ☐ NO

Inspection and reinspection fee required?

☐ YES ☒ NO

Inspection approved? ☒ YES ☐ NO

"As Builts" required for final inspection?

☐ YES ☒ NO

REMARKS: RT 4730: onsite w/ Lemesager Co to witness Pressure test on repaired siphon
secondary product line. Soap test performed - PASS. Pressure test performed - PASS.
Photos taken. Plans onsite. Ice: not verified.

Pending - submittal of test results w/in 30 days.

Received by: _____

Date: 5/29/09

Print name: _____

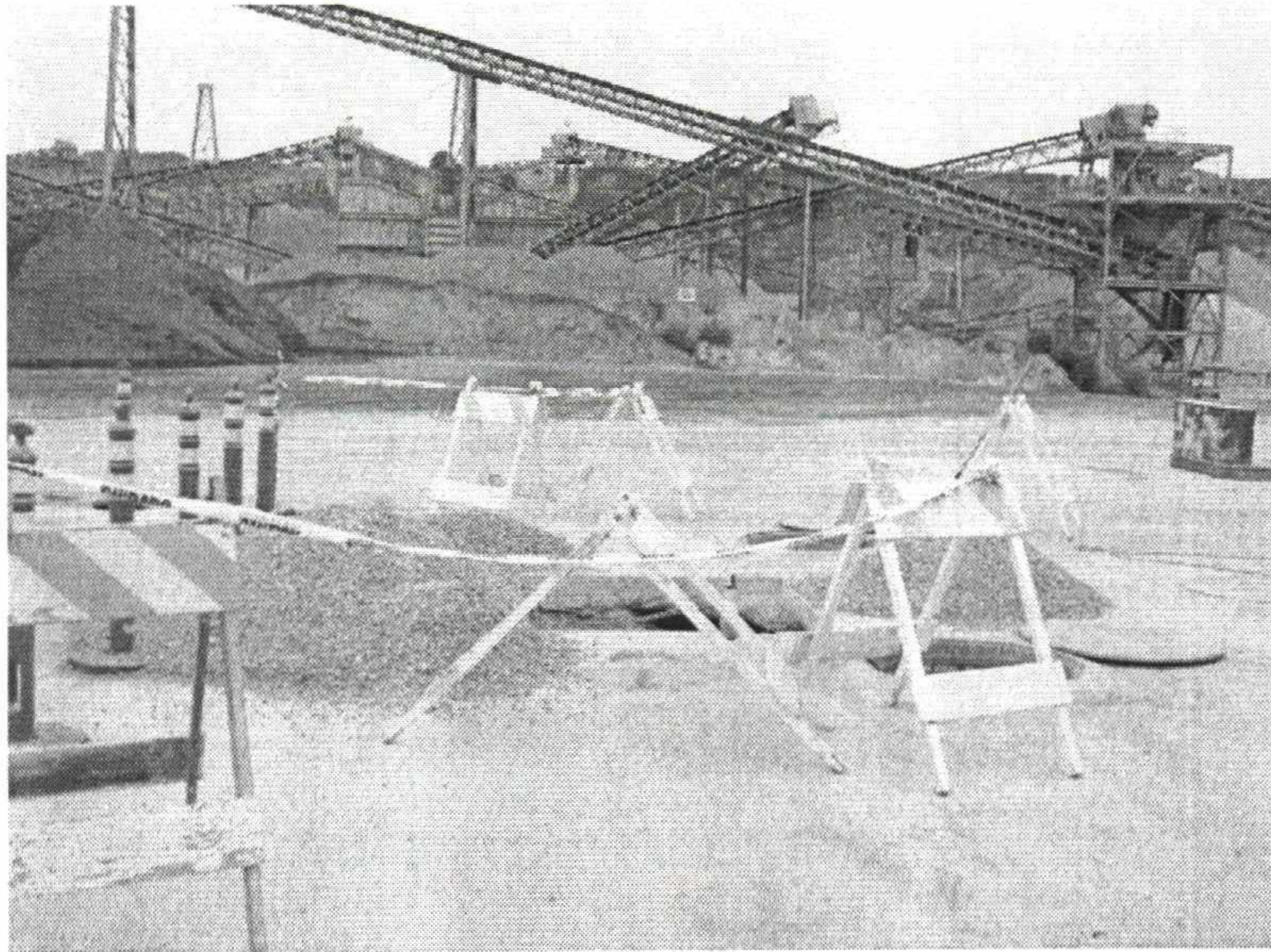
James Romero

HMD Inspector: _____

Steven Khan

Date: 5/29/09

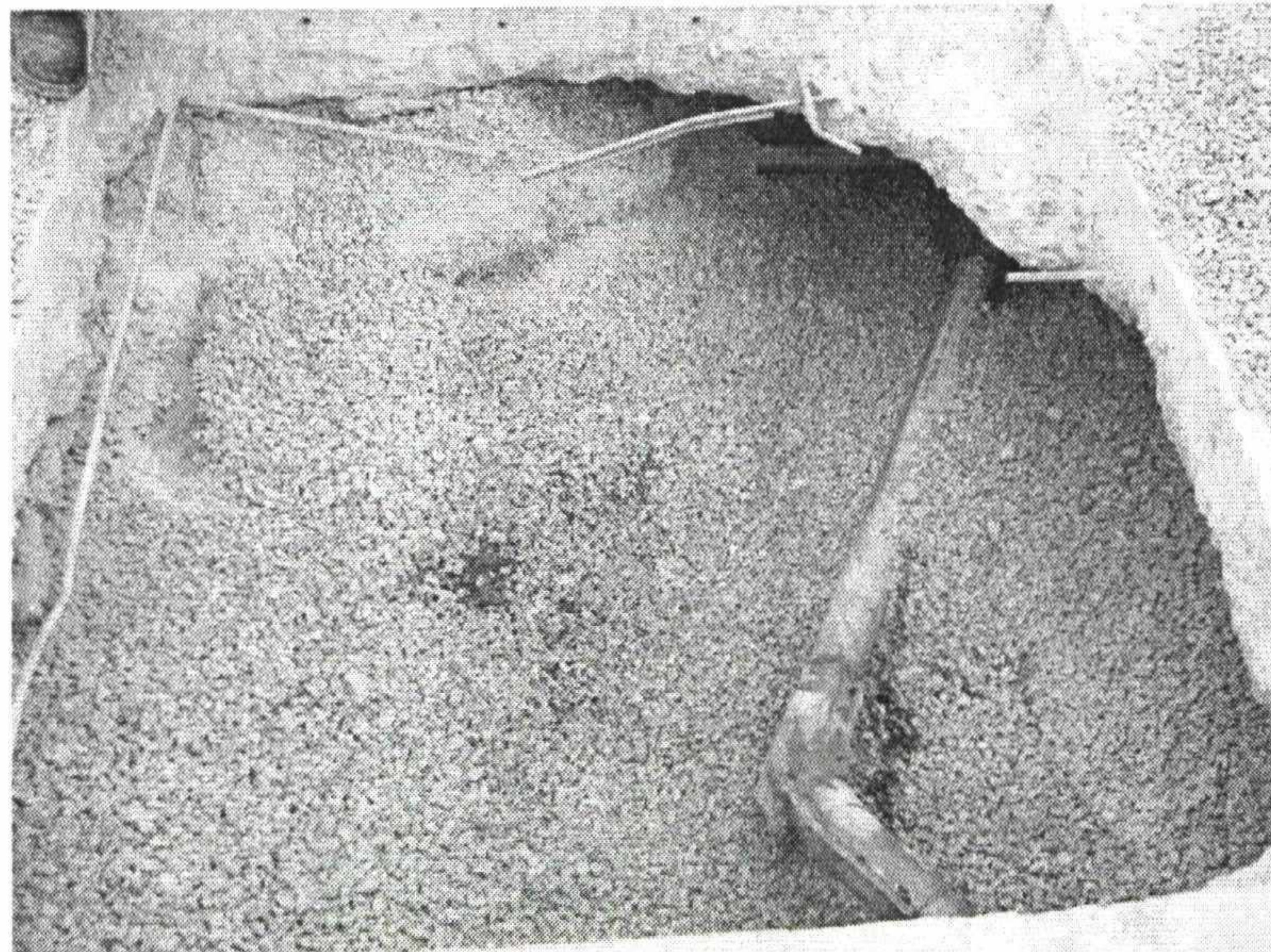
Hansen Aggregates, San Diego 92127
Permit 11076 - Photos by Steven Khan HMD - 5/29/09



Overview of site under construction. Pressure test on repaired syphon secondary product line

1

Hansen Aggregates, San Diego 92127
Permit 11076 - Photos by Steven Khan HMD - 5/29/09



Overview of site under construction. Pressure test on repaired syphon secondary product line

Soap test & pressure test conducted on repaired pipe- PASS

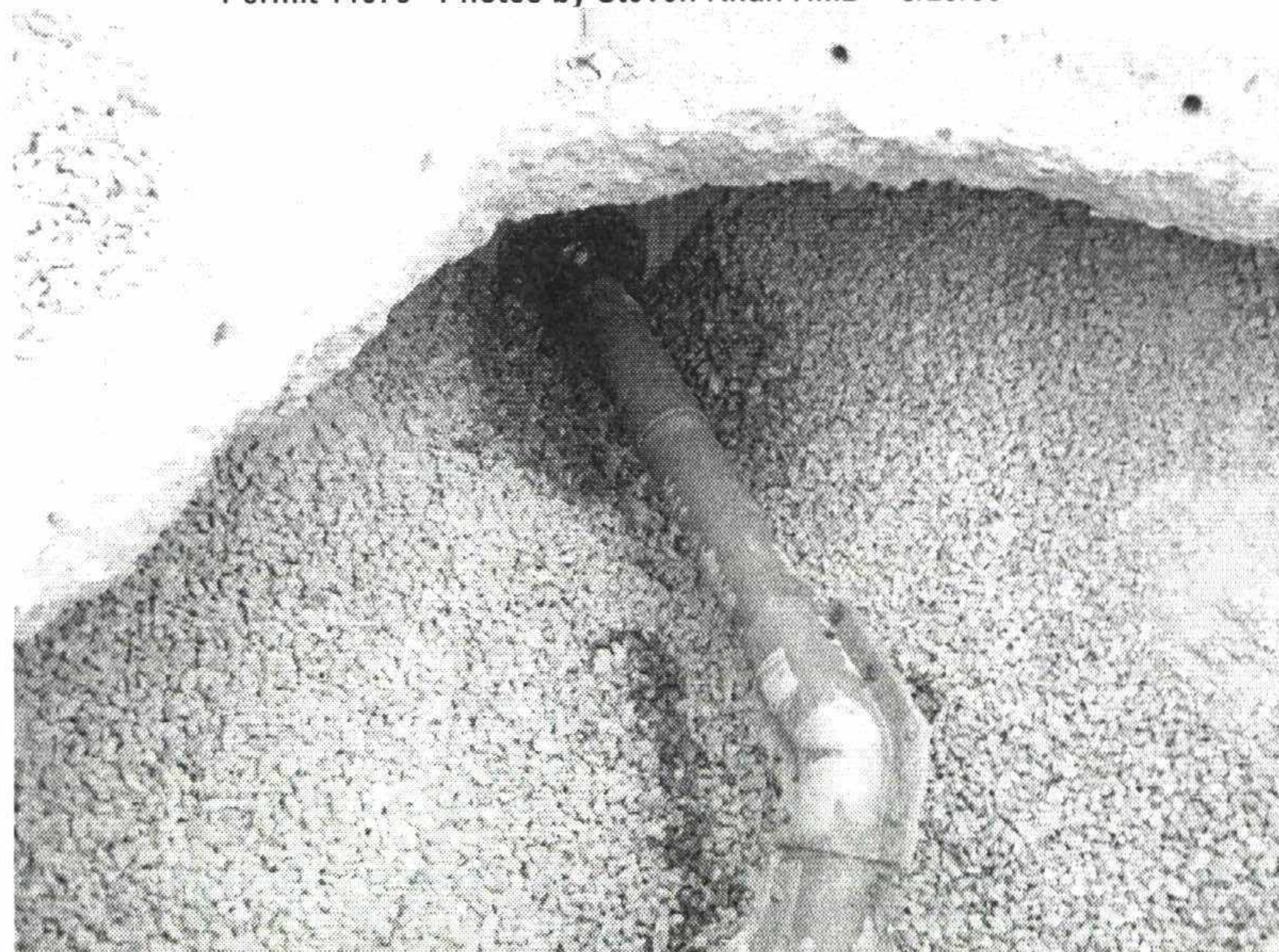
2

Hansen Aggregates, San Diego 92127
Permit 11076 - Photos by Steven Khan HMD - 5/29/09

Supplemental view of site under construction. Pressure test on repaired syphon secondary product line
Soap & pressure test test conducted on repaired pipe- PASS



Hansen Aggregates, San Diego 92127
Permit 11076 - Photos by Steven Khan HMD - 5/29/09



Supplemental view of site under construction. Pressure test on repaired syphon secondary product line

Soap test & pressure test conducted on repaired pipe- PASS

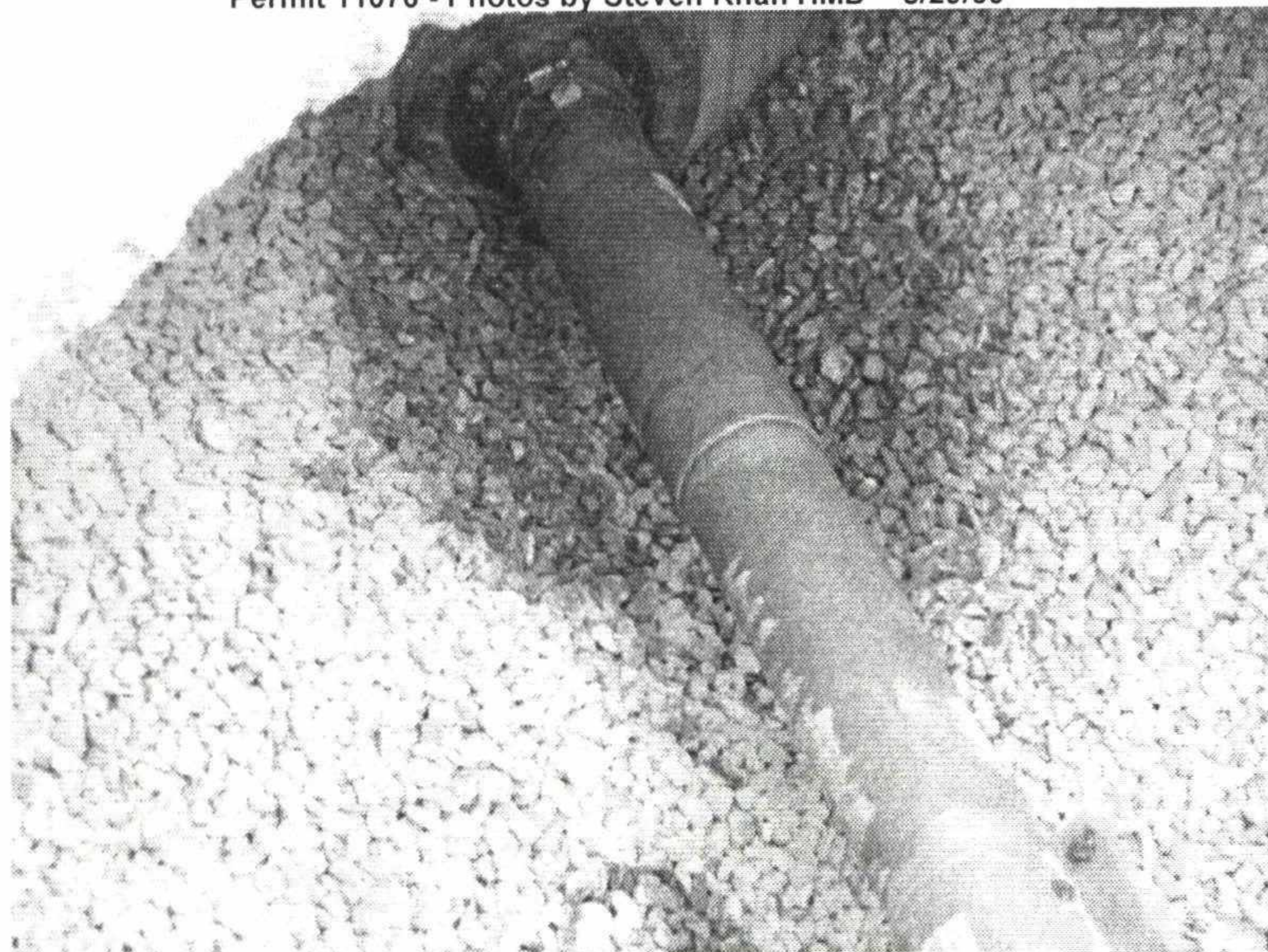
4

Hansen Aggregates, San Diego 92127
Permit 11076 - Photos by Steven Khan HMD - 5/29/09

Supplemental view of site under construction. Pressure test on repaired syphon secondary product line
Soap test & pressure test conducted on repaired pipe- PASS



Hansen Aggregates, San Diego 92127
Permit 11076 - Photos by Steven Khan HMD - 5/29/09



Supplemental view of site under construction. Pressure test on repaired syphon secondary product line
Soap test & pressure test conducted on repaired pipe- PASS

6



County of San Diego
Department of Environmental Health
Hazardous Materials Division
1255 Imperial Avenue
P.O. Box 129261
San Diego, CA 92112-9261



OFFICE USE ONLY

ACTIVITY CODE 428T29

Permit # RT4730
Establishment # 117076
Date: May 12, 2009
Expiration Date: May 12, 2010

Permit for Underground Storage Tank Construction

SITE NAME: Hansen Aggregates
SITE ADDRESS: 9255 Camino Santa Fe, San Diego, CA 92127
OWNER NAME: SAME
OWNER ADDRESS: SAME

DESCRIPTION OF PROPOSED WORK: Repair secondary containment

PERMIT CONDITIONS: The following is the scope of work that will be performed at the site listed above. The DEH inspector will verify that the CCR Title 23 requirements have been met.

Scope of work is to repair the fiberglass siphon line between tank #2 and tank #3, within the STP sumps; and the T3 Fill sump.

- Install Blueline or SSI repair boots/fittings as necessary
- Please note that sealants such as Bostik cannot be used by themselves to make repairs. Sealants can only be used in a manner where it cannot be exposed to fuel in the event of a leak

- ☐ All repair locations must be able to be visually observed
- ☐ Ensure that all repair methods have the manufacturer's approval.

Inspection Requirement:

One Inspection visit to inspect the following:

- ☐ Pressure test on siphon line

All secondary containment repairs must be tested by the same protocol as it was tested before the repair. Submit the repair test results to the plan check Inspector directly. (Please use San Diego County reporting form DEH:HMD-9169)

Please note: Any deviation from the above scope of work may require a \$452.00 plan re-review fee and \$700.00 re-inspection fee

Please note: Permit fees are non-refundable after the expiration date. The one time 180 day permit extension *must* be applied for before the permit expires

Please note: If warranted, the HMD Environmental Health Specialist may require additional testing or documentation at the inspection that may be outside the scope of the permit conditions.

This office must be given at least 48 hours notice for all required Underground Storage Tank Activity. Please call at (619) 338-2214 to schedule an appointment. For cancellations, please call (619) 237-8451.

PERMIT AND STAMPED APPROVED PLANS MUST BE ON-SITE. FAILURE TO DO SO WILL RESULT IN THE INSPECTOR FAILING THE SCHEDULED INSPECTION AND ASSESSING A \$700.00 REINSPECTION FEE.

THIS PERMIT DOES NOT EXCUSE ANY OWNER OR OPERATOR FROM COMPLYING WITH ALL APPLICABLE FEDERAL, STATE, COUNTY OR LOCAL LAWS, ORDINANCES OR REGULATIONS. THE OWNER OR OPERATOR IS REQUIRED TO DETERMINE IF ANOTHER PERMIT OR APPROVAL FROM ANY OTHER AGENCY OR DEPARTMENT IS NECESSARY. THE COUNTY, BY ISSUING THIS PERMIT, DOES NOT RELINQUISH RIGHT TO ENFORCE ANY VIOLATION OF LAW

Plans Reviewed and Approved By: Cecilia Lewallen
Notified _____

Date: 5/12/09

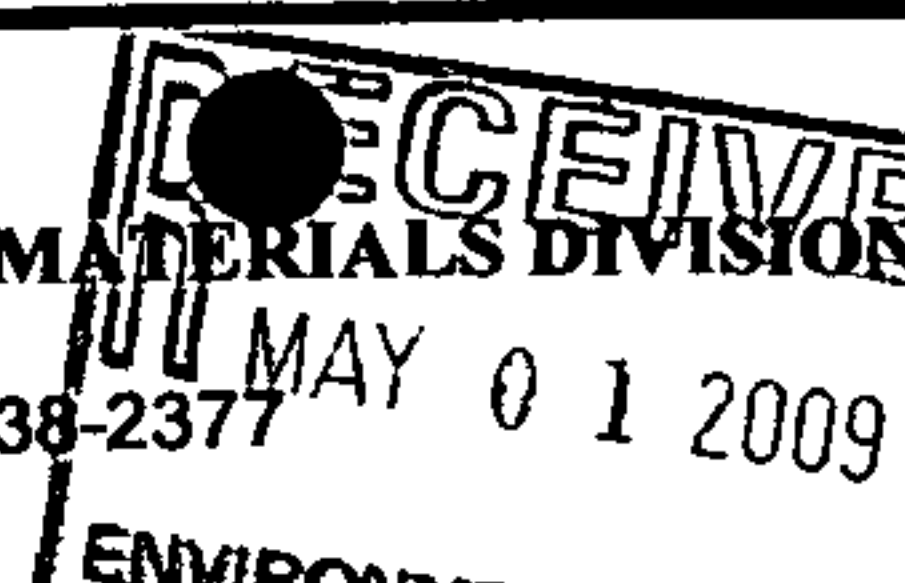


COUNTY OF SAN DIEGO CUPA

DEPARTMENT OF ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS DIVISION

P.O. Box 129261, San Diego, CA 92112-9261
 (619) 338-2222; Toll free 1-800-253-9933; Fax (619) 338-2377
<http://www.sdcdeh.org>

ORIGINAL



OFFICE USE ONLY
 117076
 Unified Program
 Facility Permit #
 RT 4730
 Plan Check Permit #.

PART I - UNDERGROUND STORAGE TANK PLAN CHECK PERMIT APPLICATION

GENERAL INFORMATION

FACILITY NAME: Hanson Aggregates

APN: 3410504200

FACILITY ADDRESS: 9255 Camino Santa Fe

Street Number

Street Name

San Diego

City

92127

Zip Code

TANK OWNER

TANK OPERATOR

Name: Hanson Aggregates

Name: Hanson Aggregates

Address: 9255 Camino Santa Fe

Address: 9255 Camino Santa Fe

City: San Diego

State: CA Zip: 92127

City: San Diego

State: CA Zip: 92127

Phone 1: (658)715-7008

Phone 2: ()

Phone 1: (619)715-7008

Phone 2: ()

E-Mail: clay.smith@hanson.biz

E-Mail: clay.smith@hanson.biz

CONTRACTOR INFORMATION

Contractor Name: LeMesnager Eng. Inc.

Contact Name: Greg McLucas

Mailing Address: 9450 Mira Mesa Blvd.

City: San Diego

State: CA Zip: 92126

Phone: (619) 980-9070

License #: 203029

E-mail: Greg McLucas

Haz removal certificate #yes

Worker Comp. Insurance Co.: First Ins. Fund

ICC Installer's Certification: 5259453-UI

SCOPE OF WORK (Check all that apply)

☐ TANK INSTALLATION

☐ New Tank Installation Only

☐ Tank(s) Replacement
(remove and install)

☐ TANK CLOSURE ONLY

☐ TANK SYSTEM UPGRADE

☐ Installation of Dispenser Containment

☐ Installation of Double-wall Piping

☐ Installation of Turbine/Fill Sump

☐ TANK SYSTEM MODIFICATION/REPAIR

☐ Install Electronic in-line Leak Detector

☐ Install New Monitoring System or component

☐ Piping Repair/Modification ☐ Replace Turbine Pump

☒ Secondary Containment Repair

☐ Repair sump(s): How many? _____

☐ Repair Under Dispenser Containment: How many? _____

Other: _____

Comments: Repair secondary siphon line between

tank 2 and tank 3

Activity Code	NEW UST CONSTRUCTION (COMPLETE APPLICATION PART II: HM-9312)	Fees
428T21	Installation fee for first tank (also applies to tank repairs, interior lining & bladder installations) \$1420.00	\$
	Each additional tank No. of tank(s) _____ x \$418.00	\$
	Establishment Base Fee (applies to establishments not currently under permit with DEH) \$227.00	\$
	Operating Permit Fee per tank (Does not apply to replacement tanks if the existing tank(s) be replaced paid current operating permit fees) \$339.00	\$
	CUPA Surcharge - Program Oversight-Hazmat (Per Facility) \$24.00	\$
	CUPA Surcharge - Underground Storage Tanks (Per Tank) No. of tank(s) _____ x \$15.00	\$
UST CLOSURE (COMPLETE APPLICATION PART III: HM-9313)		
428T23	Closure fee for first tank \$860.00	\$
	Each additional tank No. of tanks(s) _____ x \$384.00	\$
UPGRADE / REPAIR (COMPLETE APPLICATION PART IV: HM-9314)		
428T29	Upgrade / Repair - 1 inspection \$1108.00	\$ 1108.00
428T24	Upgrade / Repair - 2 inspections \$1544.00	\$
MISCELLANEOUS ACTIVITIES		
	Additional inspection(s): <input type="checkbox"/> Soil sampling <input type="checkbox"/> Press./Hydro. test <input type="checkbox"/> Final <input type="checkbox"/> Other: _____ x \$578.00	\$
	Plan Re-Review \$452.00	\$
	Re-inspection Fee <input type="checkbox"/> Other: \$700.00	\$
	Consultation Fee (minimum 2 hours) No. of hours _____ x \$119.00	\$
	Investigative Fee <input type="checkbox"/> Other \$	\$
TOTAL FEE		\$ 1108.00

PERMITS REQUIRED BY OTHER AGENCIES: ☒ FIRE DEPT ☐ APCD ☐ BUILDING DEPT ☐ OTHER

Provide copies of approved applications from these departments and others if permits are needed. Submit one (1) original and two (2) copies of this application package, including plan drawings with the required fee. Make checks payable to the County of San Diego.

A permit will be issued by DEH upon review and approval of the application and plans. Applicable fees must be submitted with the application package. Additional information to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued.

OFFICE
USE:

DATE RECEIVED: _____

CHECK NO. _____

PLAN APPROVED: CS/12/09
27



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH – HAZARDOUS MATERIALS DIVISION
 P.O. Box 129261, San Diego, CA 92112-9261
 (619) 338-2222; Toll free 1-800-253-9933; Fax (619) 338-2377
<http://www.sdcdeh.org>

**OFFICE USE
ONLY**

Unified Program
Facility Permit #

Plan Check Permit #

PART IV – APPLICATION FOR UPGRADE, REPAIR OR MODIFICATION OF AN EXISTING TANK FACILITY

BOARD OF EQUALIZATION NUMBER - Call (916) 324-2300

TY (TK) HO

4 4 - 6 2 1 6 7 7

NOTE: Application will be disapproved without this information

Reason for UST systems to be repiped/repared/upgraded:

- ☐ Upgrade to meet current state/federal requirements ☒ Piping system failure
☐ Other (briefly describe) _____

Scope of Work

(CHECK ALL THAT APPLY)

UPGRADE

- ☐ Install Under Dispenser Containment (UDC)
☐ Install Double-wall Piping (Repipe)
☐ Install Sump around Turbine/Fill
☐ Install Monitoring System, Component or Software

REPAIR

- ☐ Piping Repair/Modification
☒ Secondary Containment Repair: _____

MODIFICATION

- ☐ Install Electronic In-line Leak Detector
☐ Install Overfill Protection

Provide brief description of work to be performed: Repair of secondary containment on syphon line between tank2 and tank 3 in STP sumps

Identify tanks associated with repipe/repair/upgrade/modification:

TANK NO.	TANK CAPACITY	PRODUCT TYPE
1	20,000	Diesel
1	20,000	Diesel

Materials and Construction (list all items to be installed)

EQUIPMENT/MATERIALS	MANUFACTURER	MODEL NO. / TYPE
Primary Product Piping	Fiberglass	A.O. Smith
Secondary Product Piping	Fiberglass	A.O. Smith
Vent / Vapor Piping <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
Under Dispenser Containment		
Monitoring System <input type="checkbox"/> New System <input type="checkbox"/> Software Upgrade		
Monitoring Device		
Other: Syphon Line	Fiberglass	A.O. Smith

DECLARATION

I declare that to the best of my knowledge and belief, the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval by the Department of Environmental Health (DEH).

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the DEH.

I will notify the DEH at least two working days (48 hours) before work is to begin in order to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE: [Signature] - Manager PRINT NAME: Craig M. Lucas DATE: 1/1

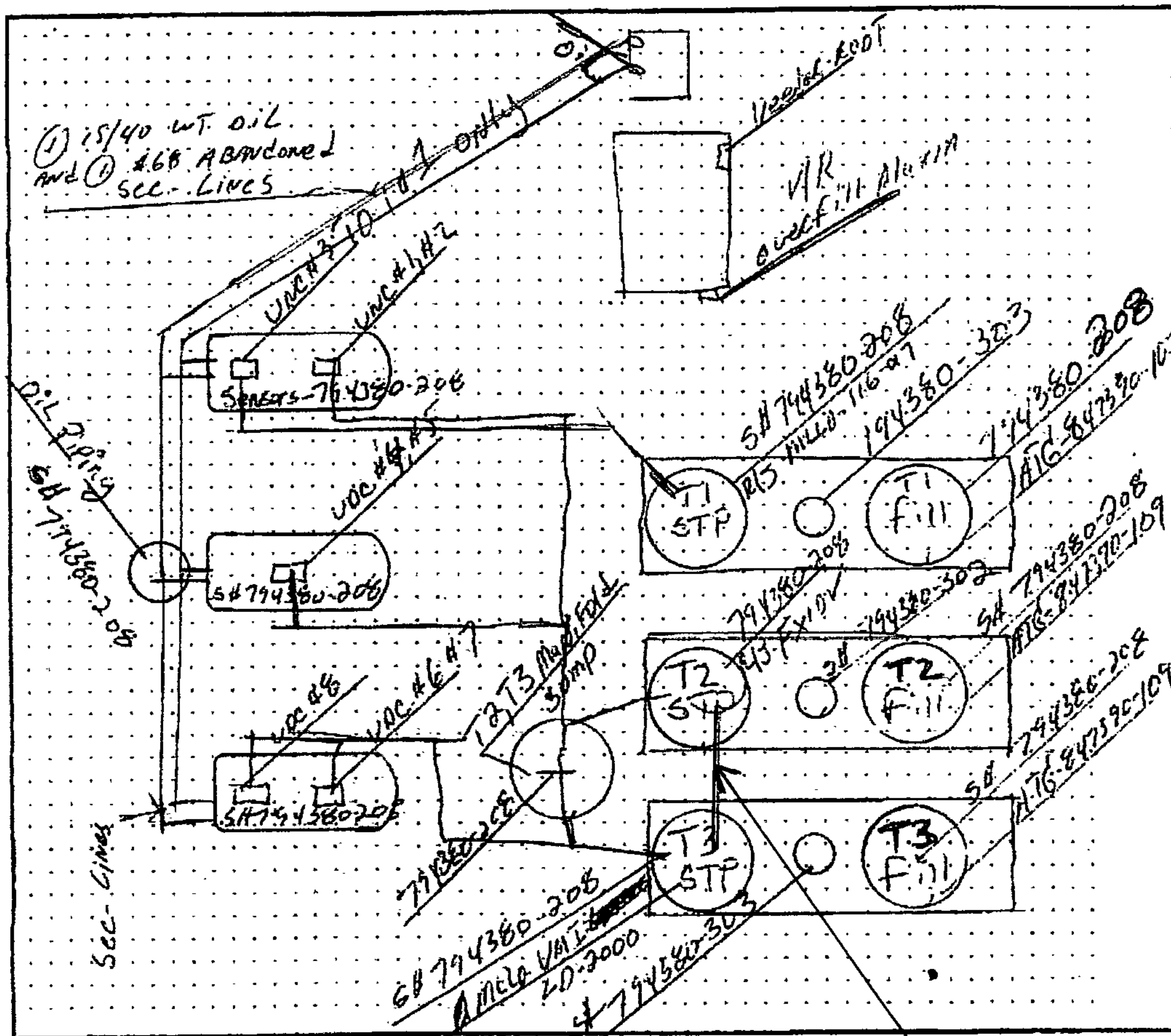
PHONE NUMBER FOR PROJECT CONTACT: (619) 338-2222

SEE REVERSE

Monitoring System Certification

Hanson Agseguez
UST Monitoring Site Plan

Site Address: 9255 Camino Santa Fe S.D. CA 92131



Date map was drawn: 6/11/08

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Monitoring System Certification

Page 4 of 4

Notes: Repair Secondary Tank #3 Siphon.

4

Repair to be made on Secondary line.

County of San Diego
- Department of Environmental Health -
Hazardous Materials Division

PLAN APPROVAL

PC# 174730 H# 117074

Approved By: C. Lewallen Date: 5/10/09

Comments: 2/21/07

Secondary Containment Repairs

"Any change in these plans may void this approval. This stamp does not constitute or imply approval by other agencies."



CITY OF SAN DIEGO FIRE & LIFE SAFETY SERVICES

1010 SECOND AVENUE, SUITE #300
SAN DIEGO, CA 92101
PHONE: 533-4477 / 533-4449

FIMS FILE #: _____

PERMIT/APPL NO.: _____

RECEIPT # _____

DATE RECEIVED _____

Hazardous Material Permit Application (Fire Dept.)

S I T E A D D R E S S	NAME (OR NAME OF BUSINESS) Hanson Aggregates			C O N T R A C T O R	NAME (IF NOT OWNER) LeMesnager Engineering, Inc		
	ADDRESS (NUMBER) (STREET) 9255 Camino Sante Fe				MAILING ADDRESS (NUMBER) (STREET) 9450 Mira Mesa Blvd, Suite C		
	CITY San Diego	ZIP 92127	TELEPHONE NO. 858 715-7008		CITY San Diego, CA	ZIP 92126	TELEPHONE NO. 619 980-9070
O W N E R	NAME (IF NOT OWNER) same as above			PROVIDE CONTRACTOR LICENSE 203029			
	MAILING ADDRESS (NUMBER) (STREET)			SIGNATURE (OWNER OR AGENT) REQUIRED			DATE SIGNED 4/27/09
	CITY	ZIP	TELEPHONE NO.	CELLULAR PHONE NUMBER 619 980-9070		FAX NUMBER 619 704-2335	

COMPENSATION/LIABILITY INSURANCE:

(OF CONTRACTOR OR OWNER) PROOF REQUIRED FOR EACH APPLICATION

NO. OF TANKS	WORK PERFORMED: NEW, REMOVED, ETC.	TANK CAPACITY GALLONS (Pressurized Gas Cylinders in cu. ft.)	TYPE OF HAZARDOUS MATERIAL STORED OR USED	TYPE OF STORAGE: ABOVE GROUND, BELOW GROUND	TYPE OF SUPPLY: PUMP, PRESSURE, INTERNAL PRESSURE OR GRAVITY	DISTANCE INSTALLED FROM BUILDING	DISTANCE INSTALLED FROM PROPERTY LINE
2	Existing	20,000 gal	Diesel	Below Ground	Pressure	500 yd	1,000 yd

OTHER HAZARDOUS MATERIALS:**SOIL REMEDIATION:**

Repair secondary line between tanks 2 & 3. This is a siphon line between both tanks.

REPIPE:**MEDICAL GAS / COMPRESSED GAS SYSTEM:****COMMENTS:****FIRE DEPARTMENT USE ONLY**

DATE	INSPECTOR'S NAME	COMMENTS
4/27/09		
	LeMesnager Engineering, Inc	
	same as above	

1. White Copy – Permit
2. Canary Copy – Office File (HMM)
3. Pink Copy – Records
4. Goldenrod Copy – Permittee's Receipt

Clear Entire Form

APPLICATION APPROVED:

DEPUTY FIRE MARSHAL

DATE _____



COUNTY OF SAN DIEGO
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1255 Imperial Ave
 San Diego, CA 92101
 1-800-253-9933 / 619-338-2222

INVOICE

PERMIT TYPE & NUMBER: HURT 4730		PID: 744339	INVOICE DATE: 01 MAY 2009
PERMIT OWNER: HANSON AGGREGATES PSW 9255 CAMINO SANTA FE		CONTACT: LeMESNAGER ENGINEERING 5441 LA JOLLA BL	
HANSON AGGREGATES SAN DIEGO CA 92121		LA JOLLA CA 92037	
APN: 341-050-39-00		APPLICANT: HANSON AGGREGATES PACIFIC SOUTH	
SITE ADDRESS: 9255 CAMINO SANTA FE			
LOCATION DESCRIPTION: 9255 CAMINO SANTA FE, SAN DIEGO, 92121-2201			

PROJECT DESCRIPTION/SCOPE

Repair/check#3124

FEE/DEPOSIT DETAILS

FEE CODE	DESCRIPTION	TIME ACCT.	ACCT. CODE	AMOUNT
6HURT1-EHO	FEES FOR TANK UPGRADE-1 INSPECTION	428T29	1002432-995-10	1,108.00
TOTAL AMOUNT DUE				\$1,108.00

DEH 2002 -
HUPFA - 121310

#121310

RECEIVED

APR 15 2013

ENVIRONMENTAL
HEALTH

Superior Ready Mix Concrete, L.P.
1508 West Mission Road
Escondido, California 92029
(760) 745-0556

April 12, 2013

Mr. Mike Mann
County of San Diego
Hazardous Materials Division
P.O. Box 129261
San Diego, Calif. 92112-9261

RE: 9245 Camino Santa Fe – Site Inspection

Dear Mr. Mann,

This letter is in response for your request of a "Hazardous Waste Determination" of plant mixer rinse water and truck rinse water, that was result of the Annual Underground Storage tank Inspection you performed on 3//13/2013, at our Carroll Canyon Concrete Ready Mix Facility.


We respectfully disagree with your description of this process water as a waste.

The rinse water is not a "waste". It is process water reused as a material in the production of concrete ready mix. The water is contained until it is needed for batching, and is kept contained on site.

I hope you will re-consider your interpretation of our process based on this clarification and not require any additional follow-up.

I can be reached at (760) 745-0556.

Sincerely,


Shawn Mendoza
Environmental Coordinator
Superior Ready Mix

COUNTY OF SAN DIEGO

Unified Program Facility Report

ROUTE: 6HR008

Permit Type: HK07

Kiva PROJECT/SCOPE:6HK61

1 2 1 3 1 0

Thomas Bros: -1208-J6

PERMIT OWNER

OWNER: SUPERIOR READY MIX CONCRETE LP

9245 CAMINO SANTA FE, SAN DIEGO, 92121-2201

SUPERIOR READY MIX

PHONE: 858-695-0666

APPLICANT

MAIL TO: SUPERIOR READY MIX CONCRETE LP

ATTN:

1508 W MISSION RD

ESCONDIDO 92029

Billing Contact Email:

INSPECTION CONTACT: JOSE TORRES

Permit Status

OPEN

Expiration: 30-Jun-13

LAST INSPECTION: 14-Mar-12 6H12MONTH by MMANN

NEXT SCHED. INS 14-Mar-13

TYPE: 6H12MONTH

Inspection Communication	Y*/N*	Business Activity Last Insp:	Insp. Element KRONOS Code	Time Spent	Additional Facility Information
Date of Inspection: / /	Y	A Hazardous Materials 3/17/2011	<input type="checkbox"/> 1000560 (GENRAL) <input type="checkbox"/> 1002342 (1 HM) <input type="checkbox"/> 1002339 (REMOTE)		HMBP Acceptance Date: 07-Feb-01 HMBP Certification Date 14-Mar-12 Fire District: 20 HIRT Site: Y
Purpose of Inspection: (Choose 1) <input type="checkbox"/> 12 Month <input type="checkbox"/> 18 Month <input type="checkbox"/> 24 Month <input type="checkbox"/> 36 Month <input type="checkbox"/> New Permit <input type="checkbox"/> Complaint <input type="checkbox"/> Follow Up <input type="checkbox"/> Closure <input type="checkbox"/> EPIC +		B CalARP	<input type="checkbox"/> 1002408		
	Y	C UST 3/17/2011	1000561 <input type="checkbox"/> Completed below grade inspection		OP Permit: 1151 Exp: 23-May-13 APN: 341-050-37-0 BOE: 44022163
	Y	D APSA 3/17/2011	<input type="checkbox"/> 10114341		Total Shell Capacity of Petroleum: 4945
Schedule NEXT Insp on: / /	Y	E Hazardous Waste 3/17/2011	<input type="checkbox"/> 1000559 (GENRAL) <input type="checkbox"/> 1002342 (1 HW) <input type="checkbox"/> 1002339 (PHOTO)		EPA ID CAL000114184
<input type="checkbox"/> Do Not Change Sch'd Inspection		HW Onsite & Treatmnt	<input type="checkbox"/> 1002400 (CE) <input type="checkbox"/> 1002399 (CA) <input type="checkbox"/> 1002398 (PBR) <input type="checkbox"/> 1002401 (HHW)		Billed Tier:
Schedule Inspection Type: <input type="checkbox"/> 12 Month <input type="checkbox"/> 18 Month <input type="checkbox"/> 24 Month <input type="checkbox"/> 36 Month <input type="checkbox"/> Follow Up		F SQG MW	<input type="checkbox"/> 1002336 (K10) <input type="checkbox"/> 1002337 (K11) <input type="checkbox"/> 1000558 (K58)		LQHE:
* Data in KIVA. If the field is empty, please check scanned files for a Unified Program Facility Permit application. If the file needs to be updated, obtain new "BUSINESS ACTIVITIES" form and any other required forms.		SQG MW & TRTMT	<input type="checkbox"/> 1002338 (K12)		
		LQG MW	<input type="checkbox"/> 1000558		LQG MW Surcharge: EPIC+ Inspection:
		LQG MW & TRTMT	<input type="checkbox"/> 1000558		

Total Time:

SPECIAL INSTRUCTIONS:☐ INACTIVATE☐ Add inventory item for Carcinogen and Repro Toxin Reporting List dated / /

Phone Private Western Pump 619-578-2177

EHS:

Date: / /



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 121310

DATE 3/13/2013

PAGE 2 OF 3

BUSINESS ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

REMARKS CONTINUED:

- PERFORM A HAZARDOUS WASTE DETERMINATION ON THE PLANT MIXER RINSE WATER AND TRUCK RINSE TO SEE IF IT MEETS THE CRITERIA OF A HAZARDOUS WASTE EITHER CORROSIVE ($\text{pH} \geq 12.5$) OR TOXIC. THE WASTE DETERMINATION CAN EITHER BE BY KNOWLEDGE OF PROCESS OR A CERTIFIED LABORATORY ANALYSIS. PROVIDE THE HAZARDOUS MATERIALS DIVISION (HMD) WITH A COPY OF YOUR WASTE DETERMINATION REPORT. KEEP A COPY OF THE REPORT ON FILE AT YOUR BUSINESS. PLEASE REFER TO THE PRINTED HAND OUT THAT WAS PROVIDED.
- ALL UST MONITORING SYSTEM SENSORS AND THE ATG SUCCESSFULLY PASSED THIS INSPECTION. THE SPILL CONTAINER AND MECHANICAL LINE LEAK DETECTOR WERE TESTED AND PASSED INSPECTION.
- THE FOLLOWING UST SUPPORTING DOCUMENTS WERE REVIEWED: WRITTEN MONITORING PROCEDURES, EMERGENCY RESPONSE PLAN, PLOT PLAN, UST FINANCIAL RESPONSIBILITY, UST FACILITY AND TANK INFORMATION FORMS, ANNUAL UST MONITORING SYSTEM CERTIFICATIONS, SECONDARY CONTAINMENT TESTING (4/5/2012), UST OPERATING PERMIT, DESIGNATOR OPERATOR (DO) MONTHLY INSPECTIONS, AND DO EMPLOYEE TRAINING DOCUMENTATION.
- THIS FACILITY STORES MORE THAN 1320 GALLONS (CAPACITY) OF PETROLEUM PRODUCTS, BUT LESS THAN 10,000 GALLONS OF PETROLEUM PRODUCTS ON SITE. A SELF-CERTIFIED SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLAN DATED 4/6/2011 HAS BEEN PREPARED.
- KEEP DOCUMENTATION OF DAILY INSPECTIONS OF YOUR WASTE OIL TANK.
- AS OF JANUARY 1, 2013, ALL BUSINESSES ARE REQUIRED TO REPORT THEIR HAZARDOUS MATERIALS MANAGEMENT PROGRAM THROUGH THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS). REFER TO THE PRINTED LETTER FOR MORE INFORMATION. GO TO THE CERS WEBSITE TO ESTABLISH A USER ACCOUNT AND VERIFY YOUR BUSINESS INFORMATION. ALL UPDATES TO YOUR HAZARDOUS MATERIALS BUSINESS PLAN NEED TO BE MADE THROUGH CERS.

SIGNATURE OF BUSINESS REPRESENTATIVE

3/13/13

DATE SIGNED

Plant Supervisor

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 3/13/15
 RECORD ID # DEH2002-MUPFP-121310
 TIME START 9:00 END 11:20
 SPECIALIST MIKE MANESE
 INSPECTION CONTACT
SHAWN MENDOZA
 TITLE ENV. COORDINATOR
 PHONE (760) 745-0556

FACILITY NAME SUPERIOR READY MIXADDRESS 9245 CAMINO SANTA FECITY/ZIP SAN DIEGO 92121

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y* N/A* NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current	Y* N/A*	Permit Expires on: <u>6/30/15</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste disposal records available for review	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical inventory/map current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Contingency Plan available ☐ LQG ☒ SQG
 Employee training records available
 Universal waste managed properly
 Waste containers ☐ closed ☐ labeled
 Waste containers in good condition

Consent to inspect granted by: ☒ Inspection Contact ☐ Other:

- ROUTINE INSPECTION -

ON SITE WITH SHAWN MENDOZA TO CONDUCT THE ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE INSPECTION. GABRIEL PEDROZA FROM WESTERN PUMP WAS ON SITE AS THE SERVICE TECHNICIAN. NO HAZARDOUS MATERIALS OR WASTE INSPECTION WAS CONDUCTED AS IT WAS COMPLETED LAST YEAR ON 3/13/14. FULL INSPECTION (HAZMAT/HAZWASTE/UST/APSA) WILL BE CONDUCTED NEXT YEAR.

- NO VIOLATIONS OBSERVED AT THE TIME OF INSPECTION -

REMARKS:

AN INCH OR LESS OF WATER WAS REMOVED FROM THE TURBINE SUMP AND WILL BE DISPOSED OF AS HAZARDOUS WASTE BY SUPERIOR READY MIX.

SECONDARY CONTAINMENT TESTING IS DUE BY 4/5/15TANK OPERATING PERMIT EXPIRES 5/23/18

DESIGNATED OPERATOR AGREEMENT IS CURRENT

UST TRAINING COMPLETED ON 3/10/15CFO LETTER RENEWED ON 3/12/15

ALL SENSORS, LEAK DETECTOR AND AUDIO/VISUAL ALARM PASSED

SPILL BUCKET AND ATG PASSED

The Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is required by law to be certified online through the California Environmental Reporting System (CERS). For additional information about hazardous materials business plans and CERS, go to: <http://www.sdcountry.ca.gov/deh/hazmat/hmd-cers-info.html>

PRINTED NAME OF FACILITY REPRESENTATIVE

SHAWN MENDOZA

SIGNATURE OF FACILITY REPRESENTATIVE

X

DATE SIGNED

3 / 13 / 15

TITLE OF FACILITY REPRESENTATIVE

ENV. COORDINATOR

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 4 DATE 3 / 13 / 2014
 RECORD ID # DEH2002 - HUPFP - 121310
 TIME START 930 END 1412
 SPECIALIST MIKE MANN
 INSPECTION CONTACT
SHAWN MENDOZA
 TITLE ENVIRONMENTAL COORDINATOR
 PHONE (858) 695-0666

FACILITY NAME SUPERIOR READY MIXADDRESS 9245 CAMINO SANTA FECITY/ZIP SAN DIEGO 92121

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y*/N/A*	NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.	Y*/N/A*	Permit Expires on: <u>30 / JUN / 2014</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Unified Program Facility Permit current	<input checked="" type="checkbox"/>	<input type="checkbox"/> Contingency Plan available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/> Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/> Employee training records available
<input checked="" type="checkbox"/>	<input type="checkbox"/> Employee training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/> Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/> Waste disposal records available for review	<input checked="" type="checkbox"/>	<input type="checkbox"/> Waste containers <input checked="" type="checkbox"/> closed <input checked="" type="checkbox"/> labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/> Emergency contacts current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/> Waste containers in good condition
<input checked="" type="checkbox"/>	<input type="checkbox"/> Chemical inventory/map current <input type="checkbox"/> Updated today		

Consent to inspect granted by: ☒ Inspection Contact ☐ Other:

ROUTINE INSPECTION

ON 3/13/2014, AN ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE INSPECTION WAS CONDUCTED WITH SHAWN MENDOZA OF SUPERIOR READY MIX AND JEFFREY LANE A CALIFORNIA UST SERVICE TECHNICIAN (ICC# 5248680) WITH WESTERN PUMP. ADDITIONALLY, THE HAZARDOUS MATERIALS, HAZARDOUS WASTE, AND ABOVEGROUND PETROLEUM STORAGE ACT PROGRAMS WERE REVIEWED. THIS BUSINESS IS A SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE.

THE FOLLOWING VIOLATIONS WERE OBSERVED DURING THIS INSPECTION.

NOTICE TO COMPLY:

1. THIS BUSINESS HAS NOT SUBMITTED THEIR HAZARDOUS MATERIALS BUSINESS PLAN (HMBP) TO THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS).
 - CORRECTIVE ACTION REQUIRED: WITHIN 30 DAYS, SUBMIT YOUR HMBP AND UST INFORMATION TO CERS. AT LEAST ANNUALLY, CERTIFY YOUR HMBP THROUGH CERS.
2. THE DIESEL UST SPILL CONTAINER/BUCKET FAILED A LEAK TEST AND WOULD NOT HOLD THE 5 GALLON TEST VOLUME. SPILL CONTAINER CONTENTS LEAKED INTO TANK.
 - CORRECTIVE ACTION REQUIRED: WITHIN 30 DAYS, REPAIR OR REPLACE THE SPILL BUCKET.
3. THE TURBINE SUMP SECONDARY, CONTAINED TWO INCHES OF WATER IN THE LOW POINT OF THE SUMP. THE SENSOR DID NOT ALARM BECAUSE IT WAS HIGH ON THE TANK SHELL.
 - CORRECTIVE ACTION REQUIRED: REMOVE THE WATER AND KEEP THE SECONDARY CONTAINMENT DRY.

The Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is required by law to be certified online through the California Environmental Reporting System (CERS). For additional information about hazardous materials business plans and CERS, go to: <http://www.sdcountry.ca.gov/deh/hazmat/hmd-cers-info.html>

PRINTED NAME OF FACILITY REPRESENTATIVE

DATE SIGNED

SIGNATURE OF FACILITY REPRESENTATIVE

TITLE OF FACILITY REPRESENTATIVE

X

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # DEH 2002 - HUPFP-121 3/0

DATE 3 / 13 / 2014

PAGE 2 OF 4

FACILITY ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO

ZIP CODE: 92121

NOTICE TO COMPLY CONTINUED:

4. THE UST TURBINE SUMP SENSOR IS NOT PLACED IN THE LOW POINT OF THE SUMP. APPROXIMATELY, 2 INCHES OF WATER WAS INSIDE THE SUMP. THE SENSOR RESTED ON THE TANK SHELL HIGHER THAN THE WATER LEVEL. WHEN THE SENSOR WAS MOVED TO THE LOW POINT OF THE SUMP WHERE THE WATER WAS LOCATED, THE ALARM WAS ACTIVATED.

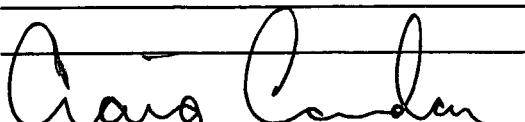
- CORRECTIVE ACTION REQUIRED: MAINTAIN^m ALL SENSORS IN THE LOW POINTS OF THE SUMPS OR OTHER ADEQUATE POSITION. THE SENSOR FOR THE TURBINE SUMP WAS REPOSITIONED DURING THIS INSPECTION.

REMARKS:

- ENSURE THAT YOU HAVE PERFORMED AN ADEQUATE HAZARDOUS WASTE DETERMINATION ON ^m THE PLANT MIXER RINSE WATER AND TRUCK RINSE. KEEP A COPY OF THE DETERMINATION ON FILE AT YOUR BUSINESS.

- ALL UST MONITORING SYSTEM SENSORS AND THE ATG WERE TESTED AND SUCCESSFULLY PASSED THIS INSPECTION. THE MECHANICAL LINE LEAK DETECTOR WAS TESTED AND PASSED.

- THIS FACILITY IS SUBJECT TO APSA AND HAS PREPARED A SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN.


SIGNATURE OF FACILITY REPRESENTATIVE
HM-9110 (06/11) NCR White: HMD Yellow: Facility

03/13/2014
DATE SIGNED


TITLE OF FACILITY REPRESENTATIVE
DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT
Small and Large Quantity Generators of Hazardous Waste
Handlers of Hazardous Materials
PERMIT # DEH 2002-HUPFA-12/310DATE 3 / 13 / 2014PAGE 3 OF 4FACILITY ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19, 22 & 27 of the California Code of Regulations (CCR), Chapters 6.5, 6.67 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (858) 505-6880 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
	<input type="checkbox"/>	1001 UPF permit not obtained for hazardous materials. SDCC 68.905
	<input type="checkbox"/>	1002 Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5(a)
<u>1</u>	<input checked="" type="checkbox"/>	1004 HMBP not submitted to the CUPA. 25505(a)
	<input type="checkbox"/>	1005 Emergency contact not provided or current. 25509(a)(7)
	<input type="checkbox"/>	1007 Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
	<input type="checkbox"/>	1008 Did not submit annual carcinogen/reproductive toxin list. 68.1113(c)
	<input type="checkbox"/>	1009 Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
	<input type="checkbox"/>	1010 Did not report release or threatened release. 25507(a), 19 CCR 2703
	<input type="checkbox"/>	1012 SPCC Plan not prepared. 25270.3 & 25270.4.5(a)
	<input type="checkbox"/>	1013 Copy of HMBP not onsite for inspector's review. 25505(e)
	<input type="checkbox"/>	1014 HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729 & 2729.1
	<input type="checkbox"/>	1015 Did not have adequate employee training program 2732 &/or 25504(c)
	<input type="checkbox"/>	1016 Failed to have an adequate emergency response plan 25504(b); 2731
	<input type="checkbox"/>	1017 Business Plan not certified annually. 25505(d) & (e)(2)
	<input type="checkbox"/>	1018 Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510
	<input type="checkbox"/>	1019 SPCC Plan amendment not prepared within 6 months of change. 25270.4.5(a) [ref. CFR 112.1(b) & CFR 112.5]
	<input type="checkbox"/>	Failed to submit Unified Program Consolidated Form(s) to the CUPA for regulated activity or change of information. 27 CCR 15400.1(b) &/or SDCC 68.906; 68.909; &/or 68.908.2
	<input type="checkbox"/>	1020

HAZWASTE REQUIREMENTS FOR LQs & SQs

Viol #	V	VIOLATION DESCRIPTION
		STORAGE AND HANDLING
	<input type="checkbox"/>	0214 Used oil intentionally contaminated with HW. 25250.7(a)
	<input type="checkbox"/>	0215 Used oil filters improperly managed. 66266.130
	<input type="checkbox"/>	0216 Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
	<input type="checkbox"/>	0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	<input type="checkbox"/>	0218 Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> used fuel filters. 25250.22 & 66266.130(c)(3)
	<input type="checkbox"/>	0219 Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	<input type="checkbox"/>	0220 Spent lead acid batteries not properly managed. 66266.81
	<input type="checkbox"/>	0221 Failed to comply with satellite regulations. 66262.34(e)
	<input type="checkbox"/>	0222 Failed to properly label ERM. 25143.9(a)
	<input type="checkbox"/>	0223 Failed to properly manage non-empty container or inner liner removed from a container. 66261.7(b), (d) &/or (r)
	<input type="checkbox"/>	0224 Failed to mark date on empty container larger than 5 gallons &/or manage it within one year. 66261.7(e) & (f)
	<input type="checkbox"/>	0237 Failed to properly dispose of UW within one year. 66273.35(a) &/or (b)
	<input type="checkbox"/>	0238 Failed to manage UW in a manner to prevent release(s) to the environment. 66273.33 & 66273.33.5
	<input type="checkbox"/>	0239 Failed to properly label or mark UW (non-CESQUWG). 66273.34

HAZWASTE REQUIREMENTS FOR LQs & SQs**RECORDKEEPING**

	<input type="checkbox"/>	0131 Unified Program Facility (UPF) permit not obtained. SDCC 68.905
	<input type="checkbox"/>	0132 Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
	<input type="checkbox"/>	0133 Failed to send manifest copy to DTSC. 66262.23(a)(4)
	<input type="checkbox"/>	0134 Failed to file Exception Report with DTSC. 66262.42
	<input type="checkbox"/>	0135 Failed to keep hazardous waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3), 25185(a)(4)
	<input type="checkbox"/>	0136 Did not have records of battery disposal. 66266.81(a)(4)(B)
	<input type="checkbox"/>	0137 Failed to complete manifest properly. 66262.23(a)
	<input type="checkbox"/>	0138 Manifest signed by the TSDF not available for inspection. 66262.40(a)
	<input type="checkbox"/>	0140 Failed to have LDR documentation onsite. 66268.7(a)(8)
	<input type="checkbox"/>	0141 Failed to obtain approval for TSDF. 25201(a)
	<input type="checkbox"/>	0142 Failed to notify CUPA for eligible onsite treatment. 25201(a)
	<input type="checkbox"/>	0145 ERM reporting not submitted biennially &/or available. 25143.10
	<input type="checkbox"/>	0146 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
	<input type="checkbox"/>	0147 Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. 66273.39(c) & (d)(2); 25185(a)(4)
	<input type="checkbox"/>	0148 Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
	<input type="checkbox"/>	0149 Failed to keep disposal receipts (3 years) for drained used oil filters &/or drained fuel filters. 25250.22 & 66266.130(c)(5)

DISPOSAL AND TRANSPORTATION

	<input type="checkbox"/>	0301 Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(c) or (d) or 25189.2(c)
	<input type="checkbox"/>	0302 Unlawful transportation of hazardous waste (HW). 25163(a)
	<input type="checkbox"/>	0303 Did not use HW manifest for disposal. 66262.20(a); 25160(b)(1) or (2), 25160.2(b)(9)
	<input type="checkbox"/>	0304 Failed to make a proper waste determination. 66262.11 & 66260.200(c)
	<input type="checkbox"/>	0305 Disposed of used oil illegally. 25250.5(a) & 25189.5(a) or 25189(c) or (d) or 25189.2(c)
	<input type="checkbox"/>	0306 Disposed of latex paint illegally. 25217.1
	<input type="checkbox"/>	0307 Disposed of UW to an unauthorized point. 25189.5(a) or 25189(c) or (d) or 25189.2(c); 66273.31(a)
	<input type="checkbox"/>	0308 Impermissible dilution of hazardous waste. 66268.3(a)

HAZWASTE REQUIREMENTS FOR SQs ONLY**STORAGE AND HANDLING Pursuant to 66262.34(d)**

	<input type="checkbox"/>	0225 Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) >90 days for an AHW waste]
	<input type="checkbox"/>	0226 Did not accumulate waste in container or tank. 66262.34(d)(2)
	<input type="checkbox"/>	0227 Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
	<input type="checkbox"/>	0228 Failed to keep container closed. CFR 265.173
	<input type="checkbox"/>	0229 Failed to conduct weekly inspections. CFR 265.174
	<input type="checkbox"/>	0230 Failed to maintain aisle space. CFR 265.35
	<input type="checkbox"/>	0231 Failed to properly separate incompatible wastes. CFR 265.177
	<input type="checkbox"/>	0232 Waste accumulated in a container in poor condition. CFR 265.171
	<input type="checkbox"/>	0233 Failed to use a lined/compatible container. CFR 265.172
	<input type="checkbox"/>	0234 Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES**Pursuant to 66262.34(d)(2)**

	<input type="checkbox"/>	0407 Employee training program not adequate. CFR 262.34(d)(5)(iii)
	<input type="checkbox"/>	0408 Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
	<input type="checkbox"/>	0409 Spill/fire control equip not available. CFR 265.32(c)
	<input type="checkbox"/>	0410 Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
	<input type="checkbox"/>	0411 Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
	<input type="checkbox"/>	0412 Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

	<input type="checkbox"/>	1612 Hazardous waste improperly stored in a tank system causing <input type="checkbox"/> leaks, <input type="checkbox"/> corrosion, or <input type="checkbox"/> failure. CFR 265.201(b)(2)
	<input type="checkbox"/>	1613 Failed to comply with tank standards which include: two (2) feet of freeboard (where applicable), shut off for waste feed line, and daily and weekly inspections. CFR 265.201(b) & (c)
	<input type="checkbox"/>	1614 Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
	<input type="checkbox"/>	1615 Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
	<input type="checkbox"/>	1616 Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF FACILITY REPRESENTATIVE

HM-923 (06/11) NCR

DATE SIGNED

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

TITLE OF FACILITY REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

DATE: 3 / 13 / 2014

PAGE: 4 OF 4

BUSINESS ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO

ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7 of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
Viol # NOV	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V
	Current UPF Permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components and/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All maintenance/monitoring/calibration/repair records not available. 25293; 2712 (b)	3152	
	CUPA UST form(s) A and/or B not available/complete/ submitted to HMD. 25286(a); 2711	3104			Monitoring Cert. not submitted to CUPA w/in 30 days. 2638(d)	3161	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Owner/operator agreement not available/complete/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Monitoring procedures not available/complete/ submitted to HMD. 2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor and/or technician not trained and certified as required. 25284.1(a)(5)(D); 2715	3162	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot Plan showing tank, piping and equipment location not available/complete/ submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660(a)(k)(l)&(m)	3160	
	Designated Operator (DO) Notification/Change form not submitted and/or DO not ICC certified. 2715 (a)(b)	3191			Designated Operator (DO) monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)&(e)	3192	

UST SYSTEM INSPECTION

Requirements applicable for both single & double walled systems

		TANK #					
		PRODUCT					
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
2	Spill container is not in good condition and/or liquid free. 2635(b)(1), 2636(a)(1)		3255	X			
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256	X			
3	Secondary containment system components not liquid free. 2631(d)(4)		3257	X			
4	Sensors not placed adequately and/or at low point in sumps. 2641(a); 25291(a)(7)(C)		3258	X			
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components and/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1(a)		3265				
	UST system not product tight (for tank installed on or after 7/1/03). 25290.1(c), 25290.2(c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installed on or after 7/1/04). 25290.1(d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3 years). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298; 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298; 2672		3324				

Signature of Business Representative

Date Signed

Title of Business Representative

DEH 2002 - HUPPP - 12/3/0

U023922

3/13



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

(858) 505-6880 1-800-253-9933 FAX (858) 505-6848; <http://www.sdcdeh.org>

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number:

A. General Information

Facility Name: Superior Ready Mix

Bldg. No.:

Site Address: 9245 Camino Sante Fe

City: San Diego, CA

Zip: 92121-

Facility Contact Person: Sean

Contact Phone No.:

Make/Model of Monitoring System: V/R TLS 300

Date of Testing/Servicing: 13-Mar-14

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected serviced:

Tank ID: Diesel

- ☒ In-Tank Gauging Probe Model: 847390-109
☒ Annular Space or Vault Sensor Model: 794380-420
☒ Piping Sump / Trench Sensor(s) Model: 794380-208
☒ Fill Sump Sensor(s) Model: 794380-208
☒ Mechanical Line Leak Detector Model: R/J FX1V
☐ Electronic Line Leak Detector Model:
☐ Tank Overfill / High-Level Sensor Model:
☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: N/A

- ☐ In-Tank Gauging Probe Model:
☐ Annular Space or Vault Sensor Model:
☐ Piping Sump / Trench Sensor(s) Model:
☐ Fill Sump Sensor(s) Model:
☐ Mechanical Line Leak Detector Model:
☐ Electronic Line Leak Detector Model:
☐ Tank Overfill / High-Level Sensor Model:
☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: N/A

- ☐ In-Tank Gauging Probe Model:
☐ Annular Space or Vault Sensor Model:
☐ Piping Sump / Trench Sensor(s) Model:
☐ Fill Sump Sensor(s) Model:
☐ Mechanical Line Leak Detector Model:
☐ Electronic Line Leak Detector Model:
☐ Tank Overfill / High-Level Sensor Model:
☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: N/A

- ☐ In-Tank Gauging Probe Model:
☐ Annular Space or Vault Sensor Model:
☐ Piping Sump / Trench Sensor(s) Model:
☐ Fill Sump Sensor(s) Model:
☐ Mechanical Line Leak Detector Model:
☐ Electronic Line Leak Detector Model:
☐ Tank Overfill / High-Level Sensor Model:
☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1-2

- ☒ Dispenser Containment Sensor(s). Model: 794380-208
☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: N/A

- ☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: N/A

- ☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

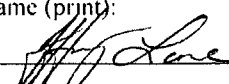
Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): ☒ Copy of the report ☒ System set-up ☒ Alarm history report

Technician Name (print):

Signature: 

Certification No.: A26540

License No.: 673853

Testing Company Name: Western Pump Inc.

Phone No.: (619) 239-9988 x

Testing Company Address: 3235 F St. San Diego, CA 92102

Date of Testing/Servicing: 13-Mar-14

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Service**Permit Number:**

Software Version Installed: 16.05

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shutdown? <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shutdown due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90%
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments (500 characters max. add additional sheets if needed): STP sump contained less than 1 gallon of liquid. removed liquid and had customer dispose of properly.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:
Permit Number:

- ☒ Check this box if tank gauging is used only for inventory control
- ☐ Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h. ; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

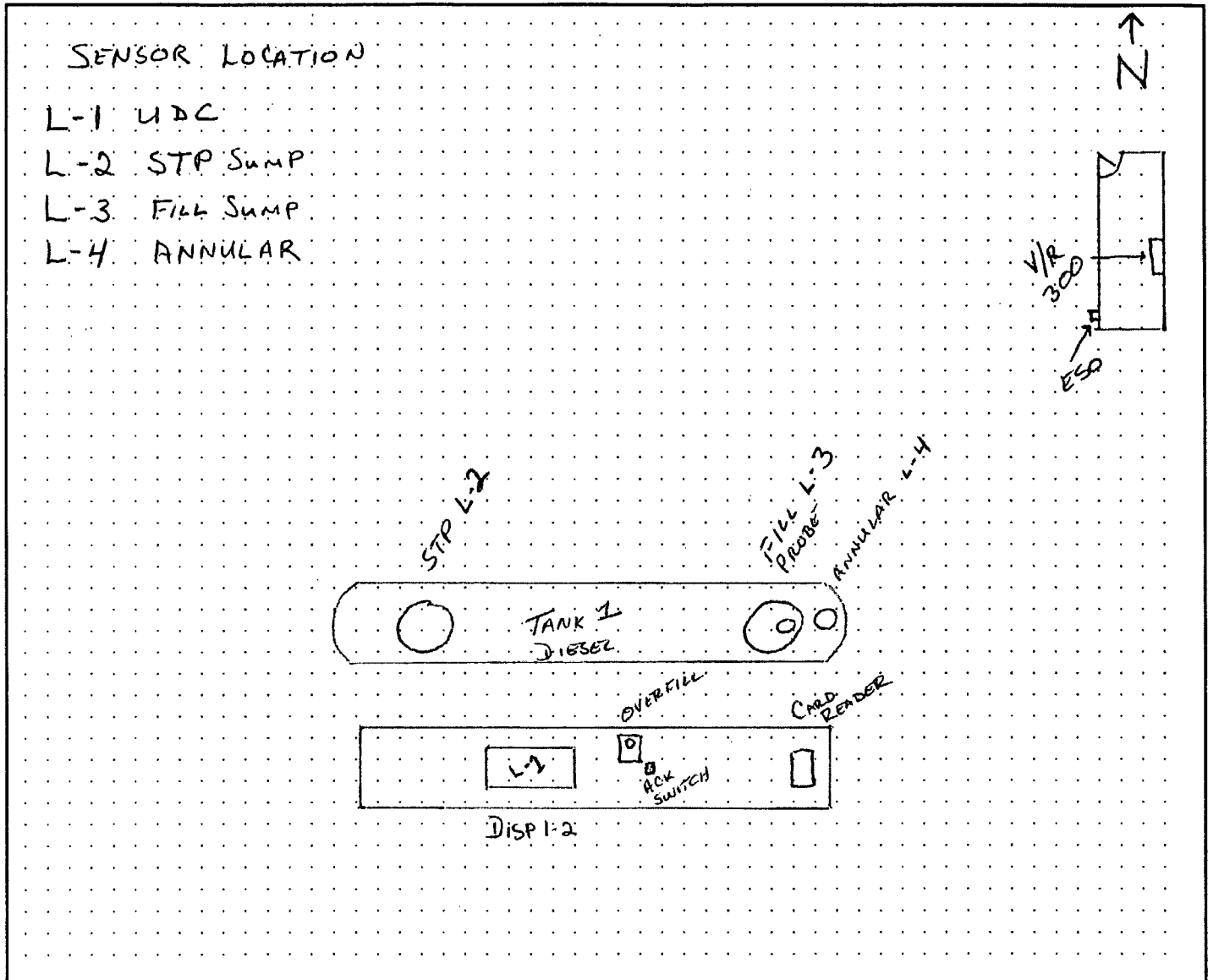
H. Comments (500 characters max. add additional sheets if needed):

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address:



Date map was drawn: 3-13-14

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Superior Ready Mix	Date of Testing:	Mar. 13, 2014
Facility Address:	9425 Camino Sante Fe San Diego CA 92121		
Facility Contact:	Sean	Phone:	
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing):	Micheal Mann		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Western Pump Inc. 3235 F St. San Diego, CA 92102		
Technician Conducting Test:	Jeffrey Lane		
Credentials ¹ :	<input checked="" type="checkbox"/> CSLB Contractor	<input checked="" type="checkbox"/> ICC Service Tech.	<input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)
License Number(s):	673853 ICC 5248680		

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used:	Tape Measure		Equipment Resolution: +/- 1/16"	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 Diesel	2	3	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	13.5"			
Wait time between applying vacuum/water and start of test:	15 min			
Test Start Time (T _I):	10:00am			
Initial Reading (R _I):	11"			
Test End Time (T _F):	10:15am			
Final Reading (R _F):	10"			
Test Duration (T _F - T _I):	15 min			
Change in Reading (R _F - R _I):	1"			
Pass/Fail Threshold or Criteria:	Zero Loss			
Test Result:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Spill bucket is broken around top at seal around mounting collar. Advised customer they need to replace spill bucket.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____

Date: Mar. 13, 2014

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121

MAR 13. 2014 9:34 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

SYSTEM SETUP

MAR 13. 2014 9:43 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS XM

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS
DISABLED
TANK ANNUAL WARNINGS
DISABLED
LINE PERIODIC WARNINGS
DISABLED
LINE ANNUAL WARNINGS
DISABLED

PRINT TO VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F) : 60.0
STICK HEIGHT OFFSET
DISABLED

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 2 (RS-232)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 2 STOP
DATA LENGTH: 8 DATA

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 SECURITY
CODE : 000000

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP

T 1:DSL
PRODUCT CODE : 1
THERMAL COEFF : .000450
TANK DIAMETER : 95.00
TANK PROFILE : 1 FT
FULL VOL : 12032

FLOAT SIZE: 2.0 IN. 8496

WATER WARNING : 3.0
HIGH WATER LIMIT: 4.0

MAX OR LABEL VOL: 12032
OVERFILL LIMIT : 90%
: 10828
HIGH PRODUCT : 95%
: 11430

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 8
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00

MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 10 MIN

LEAK TEST METHOD

TEST ON DATE : ALL TANK
JAN 1. 1996
START TIME : DISABLED
TEST RATE : 0.20 GAL/HR
DURATION : 2 HOURS

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:UDC
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 2:TURBINE SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 3:FILL SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 4:ANNULAR
TRI-STATE (SINGLE FLOAT)
CATEGORY : ANNULAR SPACE

EXTERNAL INPUT SETUP

NONE

OUTPUT RELAY SETUP

R 1:OVERFILL
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:OVERFILL ALARM
ALL:HIGH PRODUCT ALARM
ALL:MAX PRODUCT ALARM

R 2:DSL PSD
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 2:FUEL ALARM
L 1:SENSOR OUT ALARM
L 2:SENSOR OUT ALARM
L 1:SHORT ALARM
L 2:SHORT ALARM

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
DEC 20, 2013 12:23 PM
PRINTER ERROR
DEC 20, 2013 12:23 PM
BATTERY IS OFF
JAN 1, 1996 8:00 AM
SYS SECURITY WARNING
FEB 21, 2014 11:30 AM
CLOCK IS INCORRECT
APR 1, 2007 3:01 AM

***** END *****

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DSL

SETUP DATA WARNING
DEC 21, 1998 10:30 AM

LEAK ALARM
OCT 15, 2013 2:39 PM

HIGH WATER ALARM
MAR 13, 2013 12:15 PM
MAR 14, 2012 11:06 AM
MAR 23, 2010 10:47 AM

OVERFILL ALARM
MAR 13, 2013 11:48 AM
APR 10, 2012 8:48 AM
MAR 14, 2012 10:52 AM

LOW PRODUCT ALARM
MAR 10, 2011 2:44 PM
JAN 17, 2011 1:10 PM
MAR 28, 2008 11:18 AM

SUDDEN LOSS ALARM
OCT 16, 2013 10:04 AM
OCT 15, 2013 3:39 PM

HIGH PRODUCT ALARM
MAR 28, 2008 11:33 AM
MAY 31, 2005 12:48 PM
MAY 31, 2005 12:43 PM

INVALID FUEL LEVEL
MAR 24, 2006 10:54 AM
APR 9, 2005 11:33 AM
MAR 16, 2005 5:41 PM

PROBE OUT
FEB 7, 2014 4:18 PM
MAR 13, 2013 12:26 PM
MAR 13, 2013 11:54 AM

HIGH WATER WARNING
MAR 13, 2013 12:15 PM
MAR 14, 2012 11:06 AM
MAR 23, 2010 10:47 AM

DELIVERY NEEDED
OCT 19, 2013 12:53 PM
MAR 8, 2011 6:12 PM
FEB 15, 2011 4:39 PM

MAX PRODUCT ALARM
MAY 28, 2003 3:12 PM
MAR 26, 2003 1:53 PM
MAR 26, 2003 1:53 PM

LOW TEMP WARNING
MAR 13, 2013 11:45 AM
MAR 14, 2012 11:17 AM
MAR 23, 2010 10:56 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:UDC
DISPENSER PAN
FUEL ALARM
MAR 13, 2013 11:11 AM

FUEL ALARM
MAR 14, 2012 10:07 AM

FUEL ALARM
MAR 14, 2012 10:04 AM

***** END *****

ALARM HISTORY REPORT

- EXTERNAL INPUT ALARM
I 1:

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2: TURBINE SUMP
STP SUMP
FUEL ALARM
FEB 7. 2014 7:17 AM

FUEL ALARM
MAR 13. 2013 11:12 AM

FUEL ALARM
MAR 13. 2013 11:02 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3: FILL SUMP
OTHER SENSORS
FUEL ALARM
MAR 13. 2013 11:03 AM

FUEL ALARM
MAR 14. 2012 10:01 AM

SENSOR OUT ALARM
MAR 17. 2011 9:29 AM

***** END *****

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4: ANNULAR
ANNULAR SPACE
FUEL ALARM
MAR 13. 2013 11:07 AM

FUEL ALARM
MAR 13. 2013 11:05 AM

FUEL ALARM
MAR 14. 2012 9:59 AM

Permit #: 121310
State ID: 37-000-121310



Operating Permit Issued on: 05/24/2013
Operating Permit Expires on: 05/23/2018
Reference Number: 1151

San Diego County

Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: SUPERIOR READY MIX

Site Address: 9245 CAMINO SANTA FE, SAN DIEGO, 92121-2201

Tank Owner's Name: SUPERIOR READY MIX CONCRETE, LP

Tank Operator's Name: SUPERIOR READY MIX

**See reverse side for permit conditions and requirements.*

Tank#	Capacity (gallons)	Tank Use	Piping Construction	Contents	Monitoring Alternative
1. 26971	12000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK, DW PRESSURIZED PIPE W/ DRY TANK ANNULAR; POSITIVE SHUT-OFF & FAILSAFE, 3.0 LLD; UDC W/ POSITIVE SHUT-OFF

Total Number of Operating Permitted Tanks: 1

A red stamp with the word 'COPY' in a bold, sans-serif font. To the left of the text is a small, stylized graphic of a document or folder.

**OPERATING CONDITIONS AND REQUIREMENTS
FOR THE PERMIT TO OPERATE UNDERGROUND STORAGE TANKS**

This permit is valid for 5 years pursuant to the California Health & Safety Code, Chapter 6.7, Section 25285 with an annual renewal fee per San Diego County Code, Title 6, Division 8, Chapter 9, Certified Unified Program Agency. Failure to comply with the following operating conditions, 1998 U.S.T. Upgrading Requirements, and requirements for this permit to operate may cause the HMD to revoke, or modify this permit pursuant to Section 25285.1 of the California Health & Safety Code. NOTE: The owner and operator are subject to all applicable requirements of Chapters 6.7 and 6.75 of the California Health and Safety Code, and CCR Title 23 Division 3, Chapters 16 and 18.

The Underground Storage Tank Facility Owner/Operator shall provide and maintain the following:

1. Obtain appropriate permits from the Department of Environmental Health (DEH). Permits are required to install, operate, close, upgrade or repair an underground storage tank system including associated piping.
2. A copy of this permit and all conditions and attachments, including a copy of the "Operating Permit Application – Facility Information" and the "Operating Permit Application – Tank Information", must be kept at the underground storage tank location at all times. This permit must be renewed prior to the expiration date.
3. The permittee shall ensure that both the owner and the operator of the tank are provided with a copy of this permit. If the permittee is not the operator of the tank, then the permittee must:
 - a. Enter into a written agreement with the operator of the tank to monitor the tank system as set forth in this permit;
 - b. Provide the operator with a copy or summary of Section 25299 (attached); and
 - c. Notify the DEH of any change of operator.
4. Allow the DEH to inspect the facility, equipment, device or records pursuant to Section 68.903 of the San Diego County Code and HSC Chapter 6.7, Section 25289.
5. Monitor the underground storage tank using a monitoring method specified on the permit application. Monitoring, maintenance and testing records shall be kept on site for at least 3 years, 6 1/2 years for cathodic protection maintenance records, and 5 years for written performance claims pertaining to release detection systems, and calibration and maintenance records for such systems. Records of repairs, lining, and upgrades shall be maintained on site or at another approved location for the remaining life of the underground storage tank. These records shall be kept on site and made available upon request to the DEH or the State Water Board. Monitoring records shall include:
 - a. The date and time of all monitoring or sampling;
 - b. Monitoring equipment calibration and maintenance records;
 - c. The results of any visual observations;
 - d. The results of all sample analysis performed in the laboratory or in the field, including laboratory data sheets and analysis used;
 - e. The logs of all readings of gauges or other monitoring equipment, ground water elevations, or other test results; and
 - f. The results of any inventory readings and daily inventory reconciliation.
6. A copy of the Designated Operator monthly inspection record with all attachments for the previous 12 months and a list of facility employees who have been trained by the designated operator (including dates of training and dates of hire) shall be kept on site.
7. A copy of the written approved "Underground Storage Tank Monitoring Plan" (referenced in Jan. 17, 2008 Title 23, Section 2632 (d)(1)), emergency response plan, and plot plan shall be kept on site.
8. Maintain all equipment, devices and instruments in good repair. All monitoring and leak detection equipment shall be installed, calibrated, operated, and maintained in accordance with manufacturer's instructions, including routine maintenance and service checks (at least once per calendar year) for operating or running condition. All primary containment shall be product-tight.
9. Owners and operators shall use care to prevent releases due to spilling or overfilling. Before product is delivered, owners, operators, or their agents shall ensure that the space available in the tank is greater than the volume of product to be transferred to the tank and shall ensure that the transfer operation is monitored constantly to prevent overfilling and spilling. In addition, you must report and record all unauthorized releases (leaks) to the DEH within 24 hours [(Phone Number (858) 505-6880)].
10. Report and record all failed integrity tests or inconclusive SIR results to the DEH within 24 hours [Phone Number (858) 505-6880].
11. Submit a copy of all monitoring certification, spill bucket, integrity and secondary containment test results to the DEH within 30 days after the completion of the test. Submit a copy of enhanced leak detection results to the DEH within 60 days after the completion of the test.
12. Notify the DEH in writing within 30 days of a change in ownership, operator, monitoring procedure, equipment or tank usage.
13. Maintain adequate Pollution Liability Insurance (Financial Responsibility) pursuant to Article 3, Chapter 6.75 of the California Health & Safety Code.
14. Additional requirements may be imposed on the tank owner/operator for the permit to operate should the State Water Resources Control Board (SWRCB) adopt new sections or amend the California Health & Safety Code or the California Code of Regulations, Title 23.



State of California
State Water Resources Control Board

For Regulatory Agency Use Only

H2 1310

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

☐ 500,000 dollars per occurrence

or

AND

☒ 1 million dollars annual aggregate

or

☒ 1 million dollars per occurrence

☐ 2 million dollars annual aggregate

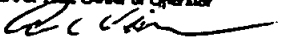
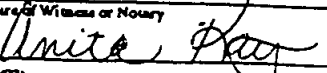
B. Superior Ready Mix Concrete, L.P. hereby certifies that it is in compliance with the requirements of Section 2807, (Name of Tank Owner or Operator)

Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
State UST Fund	State UST Cleanup Fund P.O. Box 944212 Sacramento, CA 94244-2120	N/A for UST Cleanup Fund	\$990,000 per occurrence and annual aggregate	Continuous	Yes	Yes
Chief Financial Officer Letter	Superior Ready Mix Concrete, L.P. 1508 W. Mission Road Escondido, CA 92029	N/A for this mechanism	\$10,000 per occurrence and annual aggregate	Annual	Yes	Yes

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.

D. Facility Name		Facility Address
Superior Ready Mix Concrete, L.P.		1508 W. Mission Road Escondido, CA 92029
Facility Name		Facility Address
Superior Ready Mix Concrete, L.P.		7188 Mission Gorge Road San Diego, CA 92120
Facility Name		Facility Address
Superior Ready Mix Concrete, L.P.		940 Pine Street Ramona, CA 92065
Facility Name		Facility Address
Superior Ready Mix Concrete, L.P. H21310		9245 Camino Santa Fe San Diego, CA 92121
Facility Name		Facility Address
Superior Ready Mix Concrete, L.P.		1385 Sycamore Avenue Vista, CA 92083
E. Signature of Tank Owner or Operator		
		Date
		11/11/96
Name and Title of Tank Owner or Operator		
Arnold Veldkamp, Secretary		
Signature of Witness or Notary		
		Date
		11/11/96
Name of Witness or Notary		
Anita Katje		

CFR (0492)

H21310

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for Superior Ready Mix Concrete, L.P.
(Business name, business address, and correspondence address of owner or operator)
1508 West Mission Road, Escondido, CA 92029

This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ 10,000 per occurrence and \$ 10,000 annual aggregate coverage.
(Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

See attachment

(Name and address of each facility where tanks for which financial responsibility is being demonstrated is located.)

- | | | |
|----|--|----------------------|
| 1. | Amount of annual aggregate coverage being assured by this letter..... | \$ <u>10,000</u> |
| | | in excess of |
| 2. | Total tangible assets..... | \$ <u>27,590,000</u> |
| 3. | Total liabilities..... | \$ <u>17,590,000</u> |
| 4. | Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... | \$ <u>10,000,000</u> |

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at Escondido, California
(Place of Execution)

On November 11, 1996

Richard Brouwer
(Signature)

Richard Brouwer
(Printed Name)

CFO
(Title)

To File

H21310

RECEIVED

JUL 5 10 24 AM '96

ENVIRONMENTAL
HEALTH SERVICES

SUPERIOR READY MIX CONCRETE, L.P.

1508 WEST MISSION ROAD

ESCONDIDO, CALIFORNIA 92029

(619) 745-0556

FAX (619) 740-9556

July 2, 1996

Scott Weldon
HMMD
P.O. Box 85261
San Diego, CA
92186-5261

Re: Establishment #21310
9245 Camino Santa Fe

Dear Mr. Weldon:

Enclosed please find a copy of the service invoice from Western Pump certifying the leak monitoring system at the above facility.

I am informed that the leak monitoring system was also not functioning on your latest site visit. I have contacted Western Pump to repair the leak monitoring system.

I will be on vacation from July 3, 1996 through July 15, 1996, and intend to bring this facility into full compliance with HMMD requirements on my return.

Thank you for your patience and cooperation in this matter.

Sincerely,



Arnold Veldkamp

5669A

SUPERIOR READY MIX CONCRETE, L.P.

1508 WEST MISSION ROAD
ESCONDIDO, CALIFORNIA 92029
(619) 745-0556
FAX (619) 740-9556

July 2, 1996

Western Pump
3235 "F" Street
San Diego, CA
92102

Re: 9245 Camino Santa Fe
San Diego

Dear Sirs:

On March 21, 1996, you repaired and certified a leak monitoring system at the above location. The system is malfunctioning again. Please make a site visit and repair the equipment.

Sincerely,



Arnold Veldkamp

5669A



COUNTY OF SAN DIEGO

 EST # H 21310
 PAGE 1 OF 3
 SPECIALIST: S. Weldon

 OFFICIAL NOTICE
 NOTICE OF VIOLATION

 BUSINESS NAME Superior Ready Mix PHONE _____
 BUSINESS ADDRESS 9245 Camino Santa Fe CITY San Diego ZIP 92121
 OWNERS NAME _____ PHONE _____
 OWNERS ADDRESS _____ CITY _____ ZIP _____

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with the purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (H&S); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

On 12-7-95, an inspection occurred and a Notice of Violation was written outlining specific violations and corrective action to be taken. To date, only one of the 7 violations was corrected.

One this date the following violations were observed:

1. Leak detection system is in alarm mode. It has been in alarm mode for ~ 6 weeks
2. Gasoline product line and pressurized line leak detector haven't been integrity tested in the last 12 months
3. Written monitoring procedure and leak response plan aren't at site and haven't been submitted to HMMD
4. Financial responsibility for underground tanks isn't at site
5. Business Plan isn't complete and hasn't been submitted.

 PRINT FULL NAME: Ken Conley DATE: _____

JOB TITLE: _____

(ESTABLISHMENT REPRESENTATIVE'S SIGNATURE)

IDENTIFICATION (CA DRIVERS LICENSE #, OR DATE OF BIRTH)

Scott Weller 940-2853

1-29-96
 Date

Signature - Hazardous Materials Specialist



If this box is checked, provide written documentation of compliance with this notice to this office within 5 days.

Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken; and
2. The expected date of completion.

Department of Health Services, Environmental Health Services, Hazardous Materials Management Division, PO Box 85261 San Diego CA, 92186-5261

 Ken Conley 695 0666
 Steve Venolia

(619) 338-2222


 OFFICE USE ONLY
 Reinspection fee Required if Marked



COUNTY OF SAN DIEGO

2nd Notice of Violation

EST. NUMBER H 21310
 DATE 11/29/96
 PAGE 2 OF 3

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP CODE: 92121

6. Employee training on emergency procedures and management of hazardous materials isn't adequate or documented

* refer to attached checklist for specific violations.

To comply, do the following within 5 days.

1. A licensed contractor is to certify leak detection system is working correctly. Mail certification to the address below
2. Product line is to be integrity tested. Leak detector is to be certified.
3. Provide a filled out monitoring procedure and response plan
4. Provide a copy of financial responsibility
5. Provide a copy of your current Business Plan
6. Provide documentation of current employee training.

Mail copies of the above to the address below within 5 days

A \$100⁰⁰ re-inspection fee has been assessed today.

Each additional re-inspection is \$100⁰⁰. Failure to comply will result in a referral to the city attorney.

Ken Guley

Signature of Business Representative

Title

Department of Health Services, Environmental Health Services, Hazardous Materials Management Division, PO Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD
 YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

EST. NUMBER H 21310
DATE 1, 29, 96
PAGE 3 OF 3

COMPLIANCE INSPECTION REPORT

BUSINESS ADDRESS: 9245 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 88.905
☐ No EPA Identification Number 86282.12
☐ Waste Manifests/Receipts not on-site for 3 years 86282.40
☐ Manifest not properly completed 86282.23
☐ Manifest copy not sent to CAL-EPA 86282.23
☐ TSDF signed-manifest not on-site 86282.40
☐ Biennial report not sent to CAL-EPA 86282.41
☐ LDR Documentation not available 86288.7
☐ Exception Rpt. not filed with CAL-EPA 86282.42
☐ Operating TSDF without authorization 25201

V0108 W
 V0105 W
 V0118 W
 V0120 W
 V0115 W
 V0121 W
 V0122 W
 V0123 W
 V0116 W
 V0124 W

STORAGE AND HANDLING

- ☐ Waste stored longer than 90 days 86282.34
☐ Waste container missing/improperly labeled 86282.34
☐ Haz Materials not properly labeled 25124
☐ Waste container not kept closed 86285.173
☐ Waste container in poor condition 86285.171
☐ Waste container(s) not properly managed 86285.173
☐ Damaged container not repackaged 86285.171
☐ Container incompatible with waste 86285.172
☐ Incompatibles in the same container 86285.177
☐ Incompatibles not stored separately 86285.177
☐ Ignitable Wastes less than 50 feet 86285.178
☐ Ignitable Wastes not grounded 86285.31
☐ Storage area not inspected weekly 86285.174

V0221 W
 V0222 W
 V0223 W
 V0202 W
 V0205 W
 V0210 W
 V0226 W
 V0207 W
 V0224 W
 V0213 W
 V0214 W
 V0215 W
 V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
☐ Waste determination not made 86282.11
☐ Unlawful transport of haz. waste 25183
☐ Waste transported without manifest 86282.20
☐ No Extremely Haz. Waste Permit 87430.1

V0313 W
 V0319 W
 V0315 W
 V0318 W
 V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☒ Training records unavailable 86285.18
☒ Training program not adequate 86285.18
☐ Facility not designed to minimize release 86285.31
☐ Spill control equip not available 86285.32
☐ Aisle space is obstructed 86285.35
☐ Contingency plan not prepared and/or on file 86285.51, 86285.53

V0405 W
 V0406 W
 V0501 W
 V0508 W
 V0509 W
 V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
☐ Used oil filters improperly managed 86286.130
☐ Damaged batteries improperly managed 86286.81

V0225 W
 V0701 W
 V0702 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 88.1005, 25284
☐ Repair/modify/close permit not obtained 88.1005
☐ UST Permit Application not submitted 25286(a)
☐ Operating permit conditions violated 2712
☐ Failed to notify HMMD of changes 25284
☐ No owner/operator agreement 25293
☐ No records of financial coverage 25292.2
☒ No maint/monit/calib records available 2712(b), 2641i

V3002 T
 V3007 T
 V3010 T
 V3011 T
 V3012 T
 V3005 T
 V3013 T
 V3001 T

MONITORING REQUIREMENTS (SINGLE WALL) piping

- ☐ Leak Detection Method does not meet performance standards 2643
☒ Annual Integrity test not conducted 25292
☐ Copy of tank test not submitted to HMMD within 30 days 2643
☐ Manual tank gauging (<2000 gal) 2645 not done properly
☐ Reconciliation not done properly 2648
☐ Reconciliation not approved for facility 2648
☐ Dispenser meter(s) not calib annually 2648
☐ Improper liquid measurements 2648
☐ Stick in poor condition 2648
☐ Improper monthly reconciliation 2648
☐ Failed to report excessive variation 2648
☒ Pressurized Product Piping Leak Device not tested annually 25292

V3014 T
 V3015 T
 V3016 T
 V3017 T
 V3018 T
 V3019 T
 V3020 T
 V3021 T
 V3022 T
 V3023 T
 V3024 T
 V3025 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☒ Monitoring system not functional 2632
☒ No written monitoring procedure 2632
☒ Written response plan not available 2632
☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
 V3027 T
 V3028 T
 V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
☐ Release record log not available 2651, 2650
☐ No leak report/investigation/action 2652

V3009 T
 V3030 T
 V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
☐ Abandoned tank not properly closed 25298
☐ Permanent closure req. not completed 2672

V3006 T
 V3032 T
 V3033 T

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 88.1105
☒ Business Plan not established/implemented 25503.5
☒ Business Plan not submitted to HMMD 25505
☐ Business Plan not amended 25505
☒ Personnel Training Records not available 2732

V2001 W
 V2002 W
 V2007 W
 V2003 W
 V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

BUSINESS PLAN ELEMENTS

- ☐ Emergency Response Plan inadequate 25504
☐ Emergency Contacts not provided/current 25509
☐ Personnel Training Program inadequate 25504
☐ Inventory is incomplete 25504
☐ Site Map is not sufficient 25509
☐ Acutely Haz. Mat. not registered 25533

V2201 W
 V2203 W
 V2301 W
 V2005 W
 V2202 W
 V2009 W

An inspection summary report will be mailed shortly. All violations must be corrected. Please call (619) 338-2222 if you have any questions.

ESTABLISHMENT REPRESENTATIVE

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261, San Diego, CA 92186-5261

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

**OFFICIAL NOTICE
NOTICE OF VIOLATION**
EST # H 21310PAGE 1 OF 1
SPECIALIST: Scott Weldon

BUSINESS NAME Superior Ready Mix PHONE 695 0666
 BUSINESS ADDRESS 9245 Camino Santa Fe CITY San Diego ZIP 92121
 OWNERS NAME Same PHONE _____
 OWNERS ADDRESS _____ CITY _____ ZIP _____

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with the purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (H&S); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

On this date, the following violations were observed:

1. Business Plan isn't complete and hasn't been submitted to HMMD
2. Employee training records aren't on file
3. Leak detection system is in alarm mode
4. Spill bucket is full of water/fuel/dirt
5. Pressurized line leak detector & product line haven't been integrity tested in last 12 months
6. Written monitoring procedure and response plan hasn't been submitted to HMMD
7. Financial Responsibility for underground tank isn't at site

* All the above violations were observed last year

Refer to inspection report dated 12-7-95 for specific violations and corrective action to be taken

Failure to comply will result in a 100th re-inspection fee for each additional site visit and possible legal action

PRINT FULL NAME: _____ DATE: _____

Kenneth Bailey
(ESTABLISHMENT REPRESENTATIVE'S SIGNATURE)

JOB TITLE: _____

IDENTIFICATION (CA DRIVERS LICENSE # OR DATE OF BIRTH) 6-2-37

Scott Weldon
Signature - Hazardous Materials Specialist

12-7-95

Date

☒ If this box is checked, provide written documentation of compliance with this notice to this office within 5 days.

Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.

Department of Health Services, Environmental Health Services, Hazardous Materials Management Division, PO Box 85261 San Diego CA, 92186-5261

(619) 338-2222

OFFICE USE ONLY

☐ Reinspection fee Required if Marked

DISTRIBUTION: WHITE - HMMD FILE

DHS-HM-912 (Rev. 3/94) (NCR)

YELLOW - ESTABLISHMENT COPY

OFFICE USE ONLY

Request # 12-02

REQUEST TO REVIEW EHS RECORDS



DAMES & MOORE

A DAMES & MOORE GROUP COMPANY

Kathleen Harrison
Project Geologist
Registered Geologist
Registered Environmental Assessor

9665 Chesapeake Drive, Suite 201
San Diego, California 92123
619 541 0833 Tel
619 541 0890 Fax

NOTICE:

A \$30.00
NON-REFUNDABLE
FEE MUST BE
SUBMITTED FOR
EACH ADDRESS
REQUESTED.

SUBMIT TO:

County of San Diego
Department of Health Services
Environmental Health Services
P.O. Box 85261
San Diego, CA 92186-5261
(619) 338-2268
FAX (619) 338-2377

A request is hereby made to review

and below for the following reason:

Phase I ESA

Kathleen Harrison
Signature

Project Geologist
Title

12/1/97
Date

A separate form must be completed and a \$30.00 NON-REFUNDABLE fee submitted for each file/address. Each request is limited to a MAXIMUM OF 5 addresses.

Establishment Name

EXACT Address/City REQUIRED
(No Street Ranges Accepted)

Zip Code REQUIRED

File # (Optional)

Superior Ready Mix9245 Camino Santa Fe9212114 21310-001

TYPE OF INFORMATION REQUESTED

(Check as many as apply) Must be checked.



Routine Inspection
Permit File

Tank Removal

Tank Installation/
Repiping

Contamination
Files

Emergency
Response

Complaint

OFFICE USE ONLY BELOW THIS LINE

Files checked for Conf. Info

H#

AT#

NT#

TS 2430

HIRT#

#

by/date:

12/8/97

Clerical Time:

Research

Pulling

Initials

Initials

Checking

Misc.

Initials

Initials

Files reviewed by: Kathleen Harrison of Dames & MooreDate: 12-17-97

Photocopies

Cost

Paid

Photocopies picked-up/mailed on

Date

By

Name



A review of records has been conducted and HMMD finds no record of the files you requested for this site.

Signature

Title

Date

To File



COUNTY OF SAN DIEGO

EST # H 21310

PAGE 1 OF 3
SPECIALIST: Scott Weldon2nd OFFICIAL NOTICE
NOTICE OF VIOLATION

BUSINESS NAME Superior Ready Mix PHONE 695-0666
 BUSINESS ADDRESS 9245 Camino Santa Fe CITY San Diego ZIP 92121
 OWNERS NAME Superior Ready Mix PHONE _____
 OWNERS ADDRESS 1508 W. Mission Rd CITY Escondido ZIP 92025

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with the purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (H&S); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

On this date the following ongoing violations were observed:

1. A completed written monitoring procedure and written response plan hasn't been submitted to HMMD. This pertains to the U.S.T.
 - complete the above and mail it to the address below.
2. Business Plan Site map was submitted and accepted on this date, as well as the E.R. page. The employee training description hasn't been submitted
 - mail a copy of the employee training description to the address below within 5 days. Make sure it's on S.D. County format
3. Pressurized line leak detector hasn't been tested in the last year. Also, if the P.P.L.L.D. is restrictive instead of complete shut-off with alarm, it is necessary to pressure test the delivery line once a year.
 - provide a copy of line leak detector test done in the last year to the address below within 5 days.
 - either provide certification that P.P.L.L.D. is complete shut off with alarm or conduct an integrity test on

PRINT FULL NAME: Ken Conley DATE: 3-5-97

Kenneth Conley
 (ESTABLISHMENT REPRESENTATIVE'S SIGNATURE)

JOB TITLE: _____

IDENTIFICATION (CA DRIVERS LICENSE #, OR DATE OF BIRTH) 6-2-37

Signature - Hazardous Materials Specialist

Date 3-5-97



If this box is checked, provide written documentation of compliance with this notice to this office within 5 days.
 Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.

Department of Health Services, Environmental Health Services, Hazardous Materials Management Division, PO Box 85261 San Diego CA, 92186-5261

(619) 338-2222



OFFICE USE ONLY
 Reinspection fee Required if Marked



COUNTY OF SAN DIEGO

EST. NUMBER H 21310

DATE 3/5/97

PAGE 2 OF 3

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP CODE: 92121

3(cont) product delivery line. Mail a copy of test to the address below within 30 days.

- remember to conduct test annually.

4. Owner/operator agreement as to who's responsible for monitoring, recordkeeping or reporting hasn't been submitted to HMMD

- provide a copy to the address below within 5 days.

Remarks:

1. The U.S.T. manway has been sealed with Silicone and the monitoring system is no longer in alarm mode. However, this is only a short-term fix.

- strongly recommend that the manway lid be replaced with a tight-fitting lid that doesn't allow water in manway.

2. Dale Deweese reviewed employee training records on ~~3-5-97~~ 2-26-97.

Kenneth Conley
Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 21310DATE 3/5/97PAGE 3 OF 3BUSINESS ADDRESS: 9245 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to DTSC 66262.23
- ☐ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to DTSC 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with DTSC 66262.42
- ☐ Operating TSDF without authorization 25201

V0108 W
V0105 W
V0118 W

V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
- ☐ Failure to clean up hazwaste off of floor surface 66262.10b
- ☐ Waste container missing/improperly labeled 66262.34
- ☐ Haz Materials not properly labeled 25124
- ☐ Waste container not kept closed 66265.173
- ☐ Waste container in poor condition 66265.171
- ☐ Waste container(s) not properly managed 66265.173
- ☐ Damaged container not repackaged 66265.171
- ☐ Container incompatible with waste 66265.172
- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Waste less than 50 feet 66265.176
- ☐ Ignitable Waste not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

V0221 W
V0313 W
V0222 W
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☐ Training records unavailable 66265.16
- ☐ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81
- ☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- ☐ Onsite treatment of waste without authorization 25201

V0225 W
V0701 W
V0702 W

V0125 W
V0125 W

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
- ☐ Business Plan not established/implemented 25503.5
- ☒ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☐ Personnel Training Records not available 19 CCR 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☒ No owner/operator agreement 25284
- ☐ No records of financial coverage 25292.2
- ☐ No maint/monit/calib records available 2712(b), 2641(j)
- ☐ Monitoring Equip. not tested annually 2630, 2641

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T
V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☒ Integrity test not conducted 25292
- ☐ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2646
- ☐ Reconciliation not approved for facility 2646
- ☐ Dispenser meter(s) not calib annually 2646
- ☐ Improper liquid measurements 2646
- ☐ Stick in poor condition 2646
- ☐ Improper monthly reconciliation 2646
- ☐ Failed to report excessive variation 2646
- ☒ Pressurized Product Piping Leak Device not tested annually 25292
- ☐ No written monitoring procedure 2641
- ☐ No written emergency response plan 2641
- ☐ SIR reporting incorrectly done 2646.1

V3014 T

V3015 T
V3016 T

V3017 T

V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T

V3025 T
V3027 T
V3027 T
V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☐ Monitoring system not functional 2632
- ☒ No written monitoring procedure 2632
- ☒ Written emergency response plan not available 2632
- ☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Unused tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672
- ☐ Failed to apply for temporary closure 25298

V3006 T
V3032 T
V3033 T
V3008 T

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

James H. Collins
ESTABLISHMENT REPRESENTATIVE

DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261, San Diego, CA 92186-5261



COUNTY OF SAN DIEGO

 EST # H 21310
 PAGE 1 OF 4
 SPECIALIST: Scott Weldon

 OFFICIAL NOTICE
 NOTICE OF VIOLATION - and Inspection Report

 BUSINESS NAME Superior Ready Mix PHONE 695-0666
 BUSINESS ADDRESS 9245 Camio Santa Fe CITY San Diego ZIP 92121
 OWNERS NAME Superior Ready Mix PHONE _____
 OWNERS ADDRESS 1508 W. Mission Rd CITY Escondido ZIP 92025

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with the purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (H&S); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

On this date, the following violations were observed:

1. A complete current business plan isn't on file and hasn't been submitted to HMMD. This is an ongoing violation
2. Employee training on emergency procedures and proper management of hazardous materials & wastes is inadequate and undocumented. This is an ongoing violation
3. The underground diesel tank monitoring system was in alarm mode at the time of inspection. The sump was full of water. After the sump was pumped out, the monitoring system was no longer in alarm mode. This U.S.T system continually fills with water, causing the monitoring system to be in alarm mode. This is an ongoing violation
4. Written Monitoring Procedure and written Response plan hasn't been filled out and hasn't been submitted to HMMD. This is an ongoing violation.
5. Pressurized line leak detector (Red Jacket) hasn't been tested and certified annually. This is an ongoing violation

 PRINT FULL NAME: Ken Bailey DATE: _____

JOB TITLE: _____

(ESTABLISHMENT REPRESENTATIVE'S SIGNATURE)

 IDENTIFICATION (CA DRIVERS LICENSE #, OR DATE OF BIRTH) 6-2-37

Signature - Hazardous Materials Specialist

Date



If this box is checked, provide written documentation of compliance with this notice to this office within 5 days, not later than Feb 20th, 1997. Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.

Department of Health Services, Environmental Health Services, Hazardous Materials Management Division, PO Box 85261 San Diego CA, 92186-5261

(619) 338-2222

OFFICE USE ONLY

☐ Reinspection fee Required if Marked

DISTRIBUTION: WHITE - HMMD FILE

DHS:HM-912 (Rev. 3/94) (NCR)

YELLOW - ESTABLISHMENT COPY



COUNTY OF SAN DIEGO N.E.V. and

EST. NUMBER H 21310

DATE 1 / 21 / 97

PAGE 2 OF 4

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP CODE: 92121

6. There is not an owner/operator agreement on file at site as to who is responsible for monitoring, recordkeeping and reporting requirements
7. There's an open unlabelled 55 gallon drum containing used oil in the containment area
8. There's a 75 gallon tank in the containment area with a blank label
9. The signed manifests for March & April 1996 are missing.
- * Refer to violation checklist for specific laws/regulations site is in violation of.

To comply, do the following:

1. Fill out the business plan and mail it to the address below within 30 days. Include a current site map, emergency response page and employee training description sheet. Keep a copy on file at site
2. Train employees on emergency procedures and proper management of hazardous materials/wastes. Document the training. Mail a copy of documented training to the address below within 30 days. Keep a copy at site. Update training annually.
3. Repair the manway and cover so that water cannot flood the manway. Replace the manway and cover if it's necessary. It is unacceptable and illegal to routinely have the tank monitoring system in alarm mode. Mail a copy of repair bill to the address below within 30 days

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

EST. NUMBER H Z1310DATE 1 / 21 / 97PAGE 3 OF 4

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP CODE: 92121

4. Mail the written monitoring procedure & written response plan to the address below within 30 days. Keep a copy at the site
5. Pressurized line leak detector is to be ~~pressure~~ tested and certified that it's operating correctly in the next 30 days. Mail a copy of certification to the address below
6. Provide an owner/operator agreement, signed by owner of land and leasee, as to who's responsible for monitoring, recordkeeping and reporting requirements for the U.S.T.
7. Put a lid on the open drum. Label it with a hazardous waste label. Fill out label. Dispose of contents as hazardous waste using a licensed hauler.
8. Fill out the label on the 75 gallon tank
9. Contact your haz. waste hauler and obtained signed T.S.D.F. manifests for the two oil/absorbent waste shipments in March & April.

Remarks:

1. Empty the water out of the secondary containment areas of the HMMD.
2. Contact Dale Poweese at 495-5213 if you have any questions concerning this Notice of Violation.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 21310DATE 1 / 21 / 97PAGE 4 OF 4BUSINESS ADDRESS: 9245 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to DTSC 66262.23
- ☒ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to DTSC 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with DTSC 66262.42
- ☐ Operating TSDF without authorization 25201

V0108 W
V0105 W
V0118 W

V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
- ☐ Failure to clean up hazwaste off of floor surface 66262.10b
- ☒ Waste container missing/improperly labeled 66262.34
- ☒ Haz Materials not properly labeled 25124
- ☒ Waste container not kept closed 66265.173
- ☐ Waste container in poor condition 66265.171
- ☐ Waste container(s) not properly managed 66265.173
- ☐ Damaged container not repackaged 66265.171
- ☐ Container incompatible with waste 66265.172
- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Waste less than 50 feet 66265.176
- ☐ Ignitable Waste not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

V0221 W
V0313 W
V0222 W
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☒ Training records unavailable 66265.16
- ☒ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☒ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81
- ☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- ☐ Onsite treatment of waste without authorization 25201

V0225 W
V0701 W
V0702 W

V0125 W
V0125 W

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
- ☒ Business Plan not established/implemented 25503.5
- ☒ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☒ Personnel Training Records not available 19 CCR 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☒ No owner/operator agreement 25284
- ☐ No records of financial coverage 25292.2
- ☐ No maint/monit/calib records available 2712(b), 2641(j)
- ☐ Monitoring Equip. not tested annually 2630, 2641

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T
V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☐ Integrity test not conducted 25292
- ☐ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2646
- ☐ Reconciliation not approved for facility 2646
- ☐ Dispenser meter(s) not calib annually 2646
- ☐ Improper liquid measurements 2646
- ☐ Stick in poor condition 2646
- ☐ Improper monthly reconciliation 2646
- ☐ Failed to report excessive variation 2646
- ☒ Pressurized Product Piping Leak Device not tested annually 25292 (double-wall)
- ☐ No written monitoring procedure 2641
- ☐ No written emergency response plan 2641
- ☐ SIR reporting incorrectly done 2646.1

V3014 T
V3015 T
V3016 T
V3017 T
V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T
V3025 T
V3027 T
V3027 T
V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☒ Monitoring system not functional 2632
- ☒ No written monitoring procedure 2632
- ☒ Written emergency response plan not available 2632
- ☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Unused tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672
- ☐ Failed to apply for temporary closure 25298

V3006 T
V3032 T
V3033 T
V3008 T

BUSINESS PLAN ELEMENTS

- ☒ Emergency Response Plan inadequate 25504
- ☐ Emergency Contacts not provided/current 25509
- ☒ Personnel Training Program inadequate 25504
- ☐ Inventory is incomplete 25504
- ☒ Site Map is not sufficient 25509
- ☐ Acutely Haz. Mat. not registered 25533

V2201 W
V2203 W
V2301 W
V2005 W
V2202 W
V2009 W

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261, San Diego, CA 92186-5261

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

UST FIELD INSPECTION CHECKLIST

H# 21310 DATE: 1-21-97 SPECIALIST: Weldon

FACILITY INFORMATION	Y/N/NA CODES	COMMENTS
F1) Facility Permit [HSC Sec 25284 & SDCC Sec. 68.1005] • Is a valid Health Permit available?	N	
F2) U.S.T. Operating Permit [HSC Sec. 25284] • Is a current operating permit available?	N	
F3) Owner/Operator Agreement [HSC Sec. 25293(b)] • If different persons, has the tank owner and tank operator entered into a written agreement to properly monitor the U.S.T. system? • Is a copy of the agreement on site?	N	violation
F4) Permit Changes [HSC Sec. 25284] • Has facility notified HMMD in writing of changes in ownership, operator, tank usage, and/or monitoring alternative?	N/A	
F5) Financial Responsibility [HSC Sec. 25292.2] • Has facility provided HMMD with a copy of Financial Responsibility? If not request a copy within 30 days. Is a copy kept onsite?	N	No copy on-site
F6) Improper Closure [HSC Sec. 25298 & CCR Sec. 2670] • Have any abandoned tanks been improperly closed? • If so, issue an NOV and refer to SAM.	N	
F7) Unauthorized Release [HSC Sec. 25294/5 & CCR Sec. 2650, 2651] • Has facility experienced any recordable or reportable releases? • List type, date and amount of release.	Yes	site assessment is ongoing
F8) Written Routine Monitoring Procedure & Response Plan [CCR 2632] • Is a copy of each on site? • Has HMMD received a copy of the plan?	NO	violation
F9) Single-walled UST systems [HSC Sec. 25299 & CCR Sec. 2645, 2646] • Are daily or weekly gauging inventory records for the past three years on site and reconciled? • If an A.T.G. is in use, are monthly leak test records on site? • Is ground water within 20 feet of the bottom of the tank? If yes, is A.T.G. in use or are S.I.R. records on site for the past three years? Are results conclusive?	N/A	
F10) Integrity Testing [HSC Sec. 25299 & CCR 2643.1] • Are appropriate integrity test records at site for tanks and/or piping? • Are the tank(s) and piping tight? • Has a copy been submitted to HMMD within 30 days? • Has gravity flow piping been tested in the last 2 years?	N/A	
F11) External Leak Detection • Is facility using groundwater monitoring for UST leak detection? • If yes describe monitoring method and recordkeeping.	NO	
F12) Calibration of Dispenser Meters [CCR Sec. 2646] • Are meters calibrated annually?	N/A	
F13) Business Plan and Training Records [HSC Sec. 25503.50 & CCR 66265] • Is a current Business Plan at site? • Is annual training on emergency response procedures and management of hazardous materials on site and documented?	NO NO	violation

UST FIELD INSPECTION CHECKLIST (Continued)

EQUIPMENT VERIFICATION	Y/N/NA CODES	COMMENTS
E1) <u>Manual Gauging Stick</u> [CCR Sec. 2645, 2646] <ul style="list-style-type: none"> Is stick legible and in good condition? Are increments 1/8"? 	N/A	
E2) <u>Dispensers</u> <ul style="list-style-type: none"> Check for leaks at dispensers. If suction piping, verify check valve if possible. 	OK	
E3) <u>Secondary Containment with Interstitial Monitoring</u> [CCR 2630, 2632, 2641] <ul style="list-style-type: none"> Ask for a test demonstration of monitoring device. Is equipment in good working order? Is equipment serviced and certified per manufacturer's recommendations or once a year? 	Yes	in alarm mode due to presence of water -water removed, alarm went off.
E4) <u>Automatic Tank Gauge</u> <ul style="list-style-type: none"> Is equipment in good working order? Is equipment serviced and certified per manufacturer's recommendations. Indicate make and model of device. 	N/A	
E5) <u>Pressurized Line Leak Detector</u> [CCR Sec. 2641] <ul style="list-style-type: none"> Is equipment serviced and certified per manufacturers recommendations or minimally once a year? 	No	NOTE DATE LAST INSPECTED: 1-97 Red Jacket
E6) <u>Sumps Manways - Every 3 Years</u> <ul style="list-style-type: none"> Are interstitial space probes/manway probes in place? Is A.T.G. wiring in place? Visually check turbines and line leak detectors. 	Yes	
E7) <u>Spill Upgrades</u> (Required by December 22nd 1998) <ul style="list-style-type: none"> Are spill buckets installed at site? 	Yes	
E8) <u>Corrosion Protection</u> (Steel Tanks) <ul style="list-style-type: none"> Has facility done interior coating and installed cathodic protection? Is certification for corrosion protection on file at site? [Every 3 years] 	Unknown	

H21310 Approved
M. COOK 12/19/98

*Access ✓
Excellent ✓
EDP ✓*

SUPERIOR READY MIX CONCRETE L.P.
1508 W. MISSION ROAD
ESCONDIDO, CALIFORNIA 92029
(760) 745-0556
(760) 740-9556 FAX

FAX COVER SHEET

12-18-98

TO: U.S.T. Planchek 619-338-2139

FROM: Garrar Browner

RE: H21310 - Tank Upgrades

NUMBER OF PAGES INCLUDING COVER SHEET: 4

COMMENTS: Request for certificate to be issued.

Lube Equipment & Pump has completed the upgrade
requirements for this site per the attached letter.

- Tank monitoring system Veeder Root TKS 300C-1

with overfill alarm, tank monitoring and pump

monitoring with automatic turbine shutoff installed.

All other items have been verified as noted in letter.

*also -
includes high
level alarm!*

Please call me if you have any questions. 760-745-0556 Ext. 146

Let me know if certificate will be mailed or do we pick up.
(Hard copy will be mailed.)

↳ of this FAX

Faxed on 12-18-98

SUPERIOR READY MIX CONCRETE, L.P.

1508 WEST MISSION ROAD
ESCONDIDO, CALIFORNIA 92029
(760) 745-0556
FAX (760) 740-9556

*With the upgrade the
structure must be
11/13/98
Sent Certification
of Comp Form
in mail
MMU*

November 4, 1998

Department of Environmental Health
Haz. Mat. Mngmt. Div.
P.O. Box 129261
San Diego, CA 92112-9261

*(why?)
Mac*

RE: UST Upgrade Inspection - H 21310
9245 Camino Santa Fe

Per your request, this letter is submitted to verify that the 12,000 Gal. UST located at this site will satisfy the 1998 UST Upgrade requirements before the December 22, 1998 deadline. The positive shutdown device, overfill valve and sealed manway are scheduled to be installed within the next 30 days. I request that the County provide a self certification form which we will have the contractor complete when the work is done.

In addition, this letter certifies that the existing Veeder Root ILS 250 is functional and the turbine sump is clear of water.

If you have any questions or require additional information, feel free to contact me at (760) 745-0556.

Sincerely,

*11/30/98 - Talked to Garret & told him of
3 items below & send us paperwork on.
Work to date has not been completed. RW 1/30*

Garret J. Brouwer

Garret J. Brouwer
Project Manager

*Needs :- Test probes / ppeled - New Probes for Veeder Root
- Flex hose & (?dispensars) - per letter
- overfill protection alarm OK*

*for
(11-18-98)*

*PPUD
rod jacket*



COUNTY OF SAN DIEGO

Page 1 of 3

COMPLIANCE INSPECTION REPORT

BUSINESS NAME SUPERIOR READY MIX
 ADDRESS 9245 CAMINO SANTA FE
 CITY/ZIP SAN DIEGO 92121-2201

EST. NO. H 213/0
 DATE 10/30/98
 TIME START 1:33 END 3:45
 BUS. CODE 1070
 SPECIALIST E. PAREDES
 CONTACT KEIT CARROLL
 TITLE MECHANIC
 PHONE 695-0666

On the above date an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

DEC 01 1998

10/30/98
 18/82/98
 JC

ROUTINE INSPECTION

UST UPGRADE VERIFICATION INSPECTION

- UST LEAK MONITOR / VEEPER ROOT ILS 250, IS IN ALARM. TURBINE SUMP VISUAL ALARM IS FLASHING RED. OBSERVED ABOUT 2-4" OF WATER IN TURBINE SUMP, SENSOR IS SITTING IN WATER. WITHIN 15 DAYS, SUBMIT WRITTEN DOCUMENTATION TO THIS DIVISION CERTIFYING THE VEEPER ROOT ILS 250 IS FUNCTIONAL AND TURBINE SUMP IS CLEAR OF WATER. THE

- UNABLE TO DETERMINE OVERFILL PROTECTION, CORROSION PROTECTION FOR PRODUCT LINES UNDER FUEL DISPENSER, AND POSITIVE SHUT DOWN FOR TURBINE. OBSERVED RED JACKET PPLD MOUNTED ON TURBINE HEAD.

WITHIN 5 DAYS, SUBMIT WRITTEN DOCUMENTATION VERIFYING THE 12,000 GALLON DIESEL UST HAS MET OR WILL SATISFY 1998 UST UPGRADE REQUIREMENTS. FAILURE TO ~~MEET~~ MEET UPGRADE REQUIREMENTS BY DECEMBER 22, 1998 WILL RESULT IN A FUEL BAN FOR THIS UST.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, CA, 92112-9261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD
 YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 21310

DATE 10 / 30 / 98

PAGE 2

OF 3

Office Use Only

BUSINESS ADDRESS: 9245 CAMINO SANTA FE

ZIP CODE: 92121-

SAN DIEGO

2201

THE FOLLOWING COUNTY HANDOUTS WERE PROVIDED:

- LIST OF UST CONTRACTORS, CONSULTANTS, LABS
- GOVERNOR WILSON'S SIGN FUEL BAN BILL BULLETIN
- UST UPGRADE REQUIREMENTS INFO BULLETIN
- CALIFORNIA WATER BOARD PAMPHLET TITLE
- "UPGRADING UST'S BY 1998"

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 21310

DATE 10/30/98

PAGE 3 OF 3

BUSINESS ADDRESS: 9245 CAMINO SANTA FE SAN DIEGO 92121-2201

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:**RECORD KEEPING**

- ☐ Health Permit not obtained SDCC 68.905
☐ No EPA Identification Number 66262.12
☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
☐ Manifest not properly completed 66262.23
☐ Manifest copy not sent to DTSC 66262.23
☐ TSDF signed-manifest not on-site 66262.40
☐ Biennial report not sent to DTSC 66262.41
☐ LDR Documentation not available 66268.7
☐ Exception Rpt. not filed with DTSC 66262.42
☐ Operating TSDF without authorization 25201

V0108 W
V0105 W
V0118 W
V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
☐ Failure to clean up hazwaste off of floor surface 66262.10b
☐ Waste container missing/improperly labeled 66262.34
☐ Haz Materials not properly labeled 25124
☐ Waste container not kept closed 66265.173
☐ Waste container in poor condition 66265.171
☐ Waste container(s) not properly managed 66265.173
☐ Damaged container not repackaged 66265.171
☐ Container incompatible with waste 66265.172
☐ Incompatibles in the same container 66265.177
☐ Incompatibles not stored separately 66265.177
☐ Ignitable Waste less than 50 feet 66265.176
☐ Ignitable Waste not grounded 66265.31
☐ Storage area not inspected weekly 66265.174

V0221 W
V0313 W
V0222 W
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
☐ Waste determination not made 66262.11
☐ Unlawful transport of haz. waste 25163
☐ Waste transported without manifest 66262.20
☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☐ Training records unavailable 66265.16
☐ Training program not adequate 66265.16
☐ Facility not designed to minimize release 66265.31
☐ Spill control equip not available 66265.32
☐ Aisle space is obstructed 66265.35
☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
☐ Used oil filters improperly managed 66266.130
☐ Damaged batteries improperly managed 66266.81
☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
☐ Onsite treatment of waste without authorization 25201

V0225 W
V0701 W
V0702 W
V0125 W
V0125 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:**GENERAL UST REQUIREMENTS**

- ☐ Health Permit not obtained 68.1005, 25284
☐ Repair/modify/close permit not obtained 68.1005
☐ UST Permit Application not submitted 25286(a)
☐ Operating permit conditions violated 2712
☐ Failed to notify HMMD of changes 25284
☐ No owner/operator agreement 25284
☐ No records of financial coverage 25292.2
☐ No maint/monit/calib records available 2712(b), 2641(j)
☐ Monitoring Equip. not tested annually 2630, 2641

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T
V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
☐ Integrity test not conducted 25292
☐ Copy of tank test not submitted to HMMD within 30 days 2643
☐ Manual tank gauging (<2000 gal) 2645 not done properly
☐ Reconciliation not done properly 2646
☐ Reconciliation not approved for facility 2646
☐ Dispenser meter(s) not calib annually 2646
☐ Improper liquid measurements 2646
☐ Stick in poor condition 2646
☐ Improper monthly reconciliation 2646
☐ Failed to report excessive variation 2646
☐ Pressurized Product Piping Leak Device not tested annually 25292
☐ No written monitoring procedure 2641
☐ No written emergency response plan 2641
☐ SIR reporting incorrectly done 2646.1

V3014 T
V3015 T
V3016 T
V3017 T
V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T
V3025 T
V3027 T
V3027 T
V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☒ Monitoring system not functional 2632
☐ No written monitoring procedure 2632
☐ Written emergency response plan not available 2632
☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
☐ Release record log not available 2651, 2650
☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
☐ Unused tank not properly closed 25298
☐ Permanent closure req. not completed 2672
☐ Failed to apply for temporary closure 25298

V3006 T
V3032 T
V3033 T
V3008 T

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:**RECORD KEEPING**

- ☐ Health Permit not obtained SDCC 68.1105
☐ Business Plan not established/implemented 25503.5
☐ Business Plan not submitted to HMMD 25505
☐ Business Plan not amended 25505
☐ Personnel Training Records not available 19 CCR 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

BUSINESS PLAN ELEMENTS

- ☐ Emergency Response Plan inadequate 25504
☐ Emergency Contacts not provided/current 25509
☐ Personnel Training Program inadequate 25504
☐ Inventory is incomplete 25504
☐ Site Map is not sufficient 25509
☐ Acutely Haz. Mat. not registered 25533

V2201 W
V2203 W
V2301 W
V2005 W
V2202 W
V2009 W

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 129261, San Diego, CA 92112-9261

DISTRIBUTION: WHITE-RETURN TO HMMD
 YELLOW-BUSINESS RETAINS

4 21310

FCS, INC.**FUEL CONTROL SERVICES
DBA CHAMPION TANK TESTING****RECEIVED**Date 4-3-98

APR 30 2 00 PM '98

Operator SUPERIOR READY MIXENVIRONMENTAL
HEALTH SERVICESLocation 9245 CAMINO SANTA FE
SAN DIEGO, CA**ANNUAL MONITOR MAINTENANCE & FUNCTIONAL TEST**Service Requested TEST & CERTIFY MONITOR**CHECK LIST**Type of Monitor ILS-250

1. Check installation and safety requirements
2. Performed visual check of components and connections
3. Inspected and cleaned tank probes
4. Check fuel and water levels in tank with dip stick
5. Printed out system and tank set-up values
6. Printed diagnostic probe values
7. Compared stick readings with probe values
8. Checked all programming for accurate and complete data
9. Well head diameter
10. System is operational

✓
✓
✓
✓
N/A
N/A
N/A
✓
4"
YES NO

Remarks SYSTEM IS FUNCTIONAL AS INSTALLED.NOTE: SYSTEM WILL NOT PERFORM RESERVE SHUTDOWN OF STPTechnician Richard Brown

P.O. Box #13059 Sacramento, CA 95813-3059

Phone: (916)927-1557

Fax: (916)927-7345

9269 Mission Gorge Rd. #156, Santee, Ca 92071

Phone: (619)562-3255

Fax: (619)258-8704



COUNTY OF SAN DIEGO

 Inspection Report and
 OFFICIAL NOTICE
 NOTICE OF VIOLATION

EST # H 21310

PAGE 1 OF

SPECIALIST: Scott Weldon

BUSINESS NAME Superior Ready Mix PHONE 695-0666
 BUSINESS ADDRESS 9245 Camino Santa Fe CITY San Diego ZIP 92121
 OWNERS NAME Same PHONE _____
 OWNERS ADDRESS 1508 W Mission Rd CITY Escondido ZIP 92025

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with the purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (H&S); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

On this date, the following violations were observed:

1. Underground storage tank monitoring system is in alarm mode
 This is an ongoing violation that's been observed 3 years in a row
 - remove water from manway. Strongly recommend that a new manway be installed with a sealed lid that is a couple inches above grade.
2. Monitoring system certification by a licensed contractor done in last 12 months isn't at site
 - provide certification that monitoring system is working correctly to address below within 30 days. Keep original on file at site.
3. Written monitoring procedure and response plan isn't on file at site
 - mail a copy of written monitoring procedure and written response plan to address below. Keep a copy on file at site.
4. Owner/operator agreement isn't on file at site
 - provide a written agreement to address below as to who's responsible for U.S.T. monitoring, recordkeeping and reporting.
5. Business Plan isn't complete. Training description is missing.

PRINT FULL NAME: KENNETH CONLEYDATE: 3-9-98

(ESTABLISHMENT REPRESENTATIVE'S SIGNATURE)

JOB TITLE: Shop Foreman

IDENTIFICATION (CA DRIVERS LICENSE # OR DATE OF BIRTH)

Signature - Hazardous Materials Specialist

Date

If this box is checked, provide written documentation of compliance with this notice to this office within 5 days. Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261 San Diego CA, 92186-5261

(619) 338-2222

OFFICE USE ONLY

Reinspection fee Required if Marked

3/09 3/09



COUNTY OF SAN DIEGO

Inspection Report and
OFFICIAL NOTICE
NOTICE OF VIOLATIONSET # H 21310
PAGE 1 OF 3
SPECIALIST: Scott Weldon

BUSINESS NAME Superior Ready Mix PHONE 695-0666
 BUSINESS ADDRESS 9245 Camino Santa Fe CITY San Diego ZIP 92121
 OWNERS NAME same PHONE _____
 OWNERS ADDRESS 1508 W Mission Rd CITY Escondido ZIP 92025

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with the purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (H&S); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

MAR 17 1998

On this date, the following violations were observed:

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- provide certification that monitoring system is working correctly to address below, within 30 days. Keep original on file at site.
3. Written monitoring procedure and response plan isn't on file at site
- mail a copy of written monitoring procedure and written response plan to address below. Keep a copy on file at site.
4. Owner/Operator agreement isn't on file at site
- provide a written agreement to address below as to who's responsible for U.S.T. monitoring, recordkeeping and reporting.
5. Business Plan isn't complete. Training description is missing.

PRINT FULL NAME: KENNETH CONLEY DATE: 3-9-98

Kenneth Conley

(ESTABLISHMENT REPRESENTATIVE'S SIGNATURE)

JOB TITLE: Shop Foreman

IDENTIFICATION (CA DRIVERS LICENSE # OR DATE OF BIRTH) _____

Signature - Hazardous Materials Specialist

3-9-98

Date

If this box is checked, provide written documentation of compliance with this notice to this office within 5 days.
Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261 San Diego CA, 92186-5261

(619) 338-2222

OFFICE USE ONLY
☐ Reinspection fee Required if Marked

DISTRIBUTION: WHITE - HMMD FILE
YELLOW - ESTABLISHMENT COPY

DEH:HM-912 (1/95) (NCR)

P: 3/14/98



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 21310

DATE 3 / 9 / 98

PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP CODE: 92121

5(cont)

- fill out employee training description portion of Business Plan. Mail a copy to address below. Keep original on file at site.

6. Documentation of Employee training on emergency procedures and proper management of hazardous materials/wastes is at site.

- mail a copy of training documentation done in the last year to address below within 10 days. Copy should also be kept at site.
- update training annually.

Remarks:

1. Secondary containment for hazardous waste has ~ 3" rainwater in it.

- pump out secondary containment.

2. U.S.T system does not meet Dec 1998 requirements as mandated in Federal and State regulations. Restrictive flow pressurized line leak detector must be replaced with complete shut off line leak detector.

If piping is steel, corrosion protection is required. Also, overflow protection is required.

- have a licensed contractor certify that system meets 1998 requirements prior to Dec 22nd 1998. Mail to attention of Scott Weldon, at address below.

3. Recommend that all required records be kept in a single folder or three ring binder at the site.

Kenneth Emley
Signature of Business Representative

3-9-98
Date Signed

Shipp Foreman
Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 21310DATE 3/9/98PAGE 3 OF 3BUSINESS ADDRESS: 9245 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to DTSC 66262.23
- ☐ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to DTSC 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with DTSC 66262.42
- ☐ Operating TSDF without authorization 25201

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
- ☐ Failure to clean up hazwaste off of floor surface 66262.10b
- ☐ Waste container missing/improperly labeled 66262.34
- ☐ Haz Materials not properly labeled 25124
- ☐ Waste container not kept closed 66265.173
- ☐ Waste container in poor condition 66265.171
- ☐ Waste container(s) not properly managed 66265.173
- ☐ Damaged container not repackaged 66265.171
- ☐ Container incompatible with waste 66265.172
- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Waste less than 50 feet 66265.176
- ☐ Ignitable Waste not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ Extremely Haz Waste Permit not obtained 25205.7

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☒ Training records unavailable 66265.16
- ☐ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81
- ☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- ☐ Onsite treatment of waste without authorization 25201

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
- ☐ Business Plan not established/implemented 25503.5
- ☐ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☒ Personnel Training Records not available 19 CCR 2732

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☒ No owner/operator agreement 25284
- ☐ No records of financial coverage 25292.2
- ☐ No maint/monit/calib records available 2712(b), 2641(j)
- ☒ Monitoring Equip. not tested annually 2630, 2641

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☐ Integrity test not conducted 25292
- ☐ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2646
- ☐ Reconciliation not approved for facility 2646
- ☐ Dispenser meter(s) not calib annually 2646
- ☐ Improper liquid measurements 2646
- ☐ Stick in poor condition 2646
- ☐ Improper monthly reconciliation 2646
- ☐ Failed to report excessive variation 2646
- ☐ Pressurized Product Piping Leak Device not tested annually 25292
- ☐ No written monitoring procedure 2641
- ☐ No written emergency response plan 2641
- ☐ SIR reporting incorrectly done 2646.1

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☒ Monitoring system not functional 2632 (in alarm mode)
- ☒ No written monitoring procedure 2632
- ☒ Written emergency response plan not available 2632
- ☒ Spill/Overfill equip. not maintained or installed 2635

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Unused tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672
- ☐ Failed to apply for temporary closure 25298

BUSINESS PLAN ELEMENTS

- ☐ Emergency Response Plan inadequate 25504
- ☐ Emergency Contacts not provided/current 25509
- ☒ Personnel Training Program inadequate 25504
- ☐ Inventory is incomplete 25504
- ☐ Site Map is not sufficient 25509
- ☐ Acutely Haz. Mat. not registered 25533

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

Kenneth Conley
ESTABLISHMENT REPRESENTATIVE

3-9-98
DATE SIGNED

Shop Foreman
TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 85261, San Diego, CA 92186-5261

UST FIELD INSPECTION CHECKLIST

H# 21310DATE: 3-9-98SPECIALIST: Weldon

FACILITY INFORMATION	Y/N/NA CODES	COMMENTS
F1) Facility Permit [HSC Sec 25284 & SDC Sec. 68.1005] • Is a valid Health Permit available?	Y/N/NA	
F2) U.S.T. Operating Permit [HSC Sec. 25284] • Is a current operating permit available?	Y/N/NA	
F3) Owner/Operator Agreement [HSC Sec. 25284] • If different persons, have the tank owner and tank operator entered into a written agreement to properly monitor the U.S.T. system? • Is a copy of the agreement on site?	Y/N/NA Y/N/NA	violation
F4) Permit Changes [HSC Sec. 25284] • Has facility notified HMMD in writing of changes in ownership, operator, tank usage, and/or monitoring alternative?	Y/N/NA	
F5) Financial Responsibility [HSC Sec. 25292.2] • Has facility provided HMMD with a copy of Financial Responsibility? If not request a copy within 30 days. Is a copy kept onsite?	Y/N/NA	
F6) Improper Closure [HSC Sec. 25298 & CCR Sec. 2670] • Have any abandoned tanks been improperly closed? • If so, issue an NOV	Y/N/NA	
F7) Unauthorized Release [HSC Sec. 25294/5 & CCR Sec. 2650, 2651] • Has facility experienced any recordable or reportable releases? • List type, date and amount of release.	Y/N/NA	
F8) Written Routine Monitoring Procedure & Emergency Response Plan [CCR 2632 SW, CCR 2641 DW] • Is a copy of each on site? • Has HMMD received a copy of the plan?	Y/N/NA Y/N/NA	violation
F9) Single-walled UST systems [HSC Sec. 25299 & CCR Sec. 2645, 2646, 2646.1] • Are daily or weekly gauging inventory records for the past three years on site and reconciled? • If an A.T.G. is in use, are monthly leak test records on site? • Is ground water within 20 feet of the bottom of the tank? If yes, is A.T.G. in use or are S.I.R. records on site for the past three years? Are results conclusive?	Y/N/NA Y/N/NA Y/N/NA	
F10) Integrity Testing [HSC Sec. 25292 & CCR 2643 and 2643.1] • Are appropriate integrity test records at site for tanks and/or piping? • Are the tank(s) and piping tight? • Has a copy been submitted to HMMD within 30 days? • Has gravity flow piping been tested in the last 2 years?	Y/N/NA Y/N/NA Y/N/NA Y/N/NA	
F11) External Leak Detection • Is facility using groundwater monitoring for UST leak detection? • If yes describe monitoring method and recordkeeping.	Y/N/NA Y/N/NA	
F12) Calibration of Dispenser Meters [CCR Sec. 2646] • Are meters calibrated annually?	Y/N/NA	
F13) Business Plan and Training Records [HSC Sec. 25503.5 & CCR 66265.51 and 25299.61] • Is a current Business Plan at site? • Is annual training on emergency response procedures and management of hazardous materials on site and documented?	Y/N/NA Y/N/NA	violation

UST FIELD INSPECTION CHECKLIST (Continued)

EQUIPMENT VERIFICATION	Y/N/NA CODES	COMMENTS
E1) <u>Manual Gauging Stick</u> [CCR Sec. 2645, 2646] • Is stick legible and in good condition? • Are increments 1/8"?	Y/N/NA	
E2) <u>Dispensers</u> • Check for leaks at dispensers. • If suction piping, verify check valve if possible.	OK	
E3) <u>Secondary Containment with Interstitial Monitoring</u> [CCR 2630, 2632] • Ask for a test demonstration of monitoring device. Is equipment in good working order? • Is equipment serviced and certified per manufacturer's recommendations or once a year?	Y/N/NA Y/N/NA	alarm
E4) <u>Automatic Tank Gauge</u> [CCR Sec. 2643] • Is equipment in good working order? • Is equipment serviced and certified per manufacturer's recommendations. • Indicate make and model of device.	Y/N/NA Y/N/NA	
E5) <u>Pressurized Line Leak Detector</u> [CCR Sec. 2641 and 25292] • Is equipment serviced and certified per manufacturer's recommendations or minimally once a year?	Y/N/NA	violation
E6) <u>Sumps Manways - Every 3 Years</u> • Are interstitial space probes/manway probes in place? • Is A.T.G. wiring in place? • Visually check turbines and line leak detectors.	Y/N/NA Y/N/NA	NOTE DATE LAST INSPECTED: violation-sump full of water
E7) <u>Spill Upgrades</u> [CCR Sec. 2665 and 2635(b)] (Required by December 22nd 1998) • Are spill buckets installed at site?	Y/N/NA	
E8) <u>Corrosion Protection</u> (Steel Tanks or piping) [CCR Sec. 2662 and 2666] (Required by December 22nd 1998) • Has facility done interior coating and installed cathodic protection? • Is certification for corrosion protection on file at site? [Every 3 years]	Y/N/NA Y/N/NA	unknown

To File

H21310
4-7-98

Superior Ready Mix

Response to violations dated 3-9-98

EST# H21310

RECEIVED

APR 20 10 12 AM '98

#1 Repair work done (Roger) week of 3-23-98
ENVIRONMENTAL
HEALTH SERVICES

#2 Certification completed week of 3-30-98

Awaiting copy of certification, will mail to county

#3 Submitted on 4-7-98

#4 Not required, Owner & operator are the same.

#5 Submitted on 4-7-98

#6 Submitted on 3-18-98 (copy enclosed)



Est. #	PH
NE #	

Date 4-6-98

UNDERGROUND STORAGE TANK MONITORING PROGRAM

I. WRITTEN MONITORING PROCEDURES

1. Site Name Superior Ready Mix - Carroll Canyon Site
2. Site Address 9245 Camino Santa Fe San Diego, CA 92121
3. Describe the frequency of performing the monitoring method.
Continuous monitoring by automatic alarm. Daily inspection by site personnel. Annual certification of system by contractor.
4. What method and equipment will be used for performing the monitoring?
Alarm system "Red Jacket" interstitial monitoring. Daily visual inspection of piping for leaks and check monitoring system.
5. Describe the location(s) where the monitoring will be performed. Audible/visual alarms are required for all continuous monitoring systems in the event of overspill. The alarms must be clearly seen and heard by the tank filling and station operators.
Monitoring is performed continuously at the tank by the alarm system and also visually at the tank.
6. List the name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment.
Kenneth Conley - Shop Foreman
Brian Garter - Site Manager
Monitoring system certification by licensed contractor
7. Reporting format: Report shall be written when leak occurs and cleanup performed.
8. State the preventive maintenance schedule for the monitoring equipment. Note: The maintenance schedule shall be in accordance with the manufacturer's instructions.
Daily inspection of the monitoring system.
Annual certification by licensed contractor.
9. Describe the training needed for the operation of both the tank system and the monitoring equipment.
Knowledge of the operation of the monitoring system.
Method of action when the alarm system is activated.
Response plan to handle any potential leak or spill.

II. WRITTEN RESPONSE PLAN

1. If a leak occurs, how will the secondary containment be cleaned up? Note: Must be done within 30 days:

For small leaks: Control the leak. Pick up with absorbant material and place in labeled waste drum.

For large leaks: Determine source of leak and control if possible. Contact Clean Up Contractor to handle disposal of material.

2. List the proposed methods and equipment to be used for removing and properly disposing of any hazardous substances. Include the location and availability of the required equipment if not permanently on-site and an equipment maintenance schedule for the equipment located on site:

Absorbant material in shop or sand from storage pile will be used to contain/absorb the substance.

Pick up material with shovel and place in labeled container at shop. Hazardous material contractor will bring in their equipment for large spills/leaks.

Contractor: Asbury Environmental 310-886-3400

3. List the name(s) and title(s) of the person(s) responsible for authorizing any work necessary under the response plan:

Kenneth Conley - Shop Foreman

Brian Gorter - Site Manager

Jack Browner - owner

Permit H#: H21310

State ID: 37-000-H21310

CA Cert. No: 05060

CA Cert. Issue Date: 12/21/1998



Operating Permit Issued on: 12/19/2001
 Operating Permit Expires on: 05/23/2005

San Diego County Department of Environmental Health (DEH)

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: SUPERIOR READY MIX

Site Address: 9245 CAMINO SANTA FE, SAN DIEGO 92121

Tank Owner's Name: SAN DIEGO READY MIX CONCRETE

Tank Operator's Name: SUPERIOR READY MIX

Total Number of Operating Permitted Tanks: 1

**See reverse side for permit conditions and requirements.*

Tank#	Capacity (gallons)	Waste/ Product	Piping Construction	Contents	Monitoring Alternative
1. Tank-001	12000	Product	DOUBLE WALL	DIESEL	DW TANK DW PRESSURE PIPE W/ SHUT OFF AND ALARM ON LINE LEAK DETECTOR: INTERSTITIAL.



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Superior Ready Mix
 ADDRESS 9245 Camino Santa Fe
 CITY/ZIP San Diego 92121

PAGE 1 OF 3
 EST. NO. H 21310
 DATE 2/7/01
 TIME START 9:40 END 1:30
 BUS. CODE K701
 SPECIALIST Hart
 CONTACT Aaron Schoeneweis
 TITLE Shop Foreman
 PHONE (858) 695-0666

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

- Routine Inspection -

APR 16 2001

Violations and Corrective Actions:

- 1) Hazardous waste manifests from 2000 are missing the signed TSDF copy.
 - Corrective Action: Contact your waste disposal company and have the TSDF signed copy of your Hazardous waste manifests sent to you. In the future, contact your waste disposal company if you have not received the signed copy of the Hazardous Waste Manifest from the TSDF within 30 days.
- 2) A 55-gallon drum of ^{hazardous} waste solvent has exceeded the allowable 90 day storage limit and been onsite since 8/99.
 - Corrective Action: Within 30 days, have the hazardous waste solvent properly disposed of and mail for me a copy of the manifest.
- 3) Hazardous waste containers are missing/improperly labeled.
 - Corrective Action: Label all containers holding hazardous waste with complete, appropriate labels.
- 4) Underground Storage Tank monitoring equipment maintenance and calibration records are not available since installation in 1998.
 - Corrective Action: It is an annual requirement to have the monitoring system for your underground storage tank calibrated and certified. Please do so and keep the records onsite.

Remarks:

- 1) The aboveground hazardous waste used oil tank requires a Professional Engineer's Assessment. Within 30 days, please arrange for this assessment.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 21310DATE: 2/7/01PAGE: 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9245 Camino Santa Fe S.D. ZIP CODE: 92121

and notify me of the status of the assessment. Also, please notify me of the status of your aboveground hazardous waste antifreeze tank (assessment or exemption).

2) All containers holding hazardous waste must be kept closed unless adding or removing waste.

3) Keep your safety-Kleen parts washer receipts onsite to document proper disposal of hazardous waste solvent.

4) Label all 55-gallon drums as to their contents.

5) Send off all blue copies of your Hazardous Waste Manifests within 30 days of waste shipments.

6) Financial Responsibility, an updated business plan, an updated written routine monitoring procedure and emergency response plans, have all been submitted.

7) Employee safety training records and hazardous waste manifests onsite.

8) Health permit onsite, expires 6/30/01

9) Reattach the upgrade certification tag in your underground storage tank fill sump.

10) Keep fill sump dry and clean of any debris or water.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 21310

DATE 2/7/01

PAGE 3 OF 3

BUSINESS ADDRESS: 9245 Camino Santa Fe San Diego 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:**RECORD KEEPING**

- ☐ Health Permit not obtained SDCC 68.905
☐ No EPA Identification Number 66262.12
☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
☐ Manifest not properly completed 66262.23
☒ Manifest copy not sent to DTSC 66262.23
☒ TSDf signed-manifest not on-site 66262.40
☐ Biennial report not sent to DTSC 66262.41
☐ LDR Documentation not available 66268.7
☐ Exception Rpt. not filed with DTSC 66262.42
☐ Operating TSDf without authorization 25201

V0108 W
V0105 W
V0118 W

V0120 W
V0115 W
V0121 W
V0122 W
V0123 W
V0116 W
V0124 W

STORAGE AND HANDLING

- ☒ Waste stored longer than 90, 180, or 270 days 66262.34
☐ Failure to clean up hazwaste off of floor surface 66262.10b
☒ Waste container missing/improperly labeled 66262.34
☐ Haz Materials not properly labeled 25124
☐ Waste container not kept closed 66265.173
☐ Waste container in poor condition 66265.171
☐ Waste container(s) not properly managed 66265.173
☐ Damaged container not repackaged 66265.171
☐ Container incompatible with waste 66265.172
☐ Incompatibles in the same container 66265.177
☐ Incompatibles not stored separately 66265.177
☐ Ignitable Waste less than 50 feet 66265.176
☐ Ignitable Waste not grounded 66265.31
☐ Storage area not inspected weekly 66265.174

V0221 W
V0313 W
V0222 W
V0223 W
V0202 W
V0205 W
V0210 W
V0226 W
V0207 W
V0224 W
V0213 W
V0214 W
V0215 W
V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
☐ Waste determination not made 66262.11
☐ Unlawful transport of haz. waste 25163
☐ Waste transported without manifest 66262.20
☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W
V0319 W
V0315 W
V0316 W
V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☐ Training records unavailable 66265.16
☐ Training program not adequate 66265.16
☐ Facility not designed to minimize release 66265.31
☐ Spill control equip not available 66265.32
☐ Aisle space is obstructed 66265.35
☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
V0406 W
V0501 W
V0508 W
V0509 W
V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
☐ Used oil filters improperly managed 66266.130
☐ Damaged batteries improperly managed 66266.81
☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
☐ Onsite treatment of waste without authorization 25201

V0225 W
V0701 W
V0702 W

V0125 W
V0125 W

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:**RECORD KEEPING**

- ☐ Health Permit not obtained SDCC 68.1105
☐ Business Plan not established/implemented 25503.5
☐ Business Plan not submitted to HMMD 25505
☐ Business Plan not amended 25505
☐ Personnel Training Records not available 19 CCR 2732

V2001 W
V2002 W
V2007 W
V2003 W
V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:**GENERAL UST REQUIREMENTS**

- ☐ Health Permit not obtained 68.1005, 25284
☐ Repair/modify/close permit not obtained 68.1005
☐ UST Permit Application not submitted 25286(a)
☐ Operating permit conditions violated 2712
☐ Failed to notify HMMD of changes 25284
☐ No owner/operator agreement 25284
☐ No records of financial coverage 25292.2
☒ No maint/monit/calib records available 2712(b), 2641(j)
☒ Monitoring Equip. not tested annually 2630, 2641

V3002 T
V3007 T
V3010 T
V3011 T
V3012 T
V3005 T
V3013 T
V3001 T
V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
☐ Integrity test not conducted 25292
☐ Copy of tank test not submitted to HMMD within 30 days 2643
☐ Manual tank gauging (<2000 gal) 2645 not done properly
☐ Reconciliation not done properly 2646
☐ Reconciliation not approved for facility 2646
☐ Dispenser meter(s) not calib annually 2646
☐ Improper liquid measurements 2646
☐ Stick in poor condition 2646
☐ Improper monthly reconciliation 2646
☐ Failed to report excessive variation 2646
☐ Pressurized Product Piping Leak Device not tested annually 25292
☐ No written monitoring procedure 2641
☐ No written emergency response plan 2641
☐ SIR reporting incorrectly done 2646.1

V3014 T
V3015 T
V3016 T
V3017 T
V3018 T
V3019 T
V3020 T
V3021 T
V3022 T
V3023 T
V3024 T
V3025 T
V3027 T
V3027 T
V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☐ Monitoring system not functional 2632
☐ No written monitoring procedure 2632
☐ Written emergency response plan not available 2632
☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
V3027 T
V3028 T
V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
☐ Release record log not available 2651, 2650
☐ No leak report/investigation/action 2652

V3009 T
V3030 T
V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
☐ Unused tank not properly closed 25298
☐ Permanent closure req. not completed 2672
☐ Failed to apply for temporary closure 25298

V3006 T
V3032 T
V3033 T
V3008 T

BUSINESS PLAN ELEMENTS

- ☐ Emergency Response Plan inadequate 25504
☐ Emergency Contacts not provided/current 25509
☐ Personnel Training Program inadequate 25504
☐ Inventory is incomplete 25504
☐ Site Map is not sufficient 25509
☐ Acutely Haz. Mat. not registered 25533

V2201 W
V2203 W
V2301 W
V2005 W
V2202 W
V2009 W

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 929261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Superior Ready Mix
 ADDRESS 9245 Camino Santa Fe
 CITY/ZIP San Diego 92121

PAGE 1 OF 1 DATE 5/20/02
 PERMIT # 121310
 TIME START 1000 END 1100
 BUS. CODE 1470
 SPECIALIST HATHN
 INSPECTION CONTACT/TITLE John Callan
 PHONE: (710) 945-0556

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Y N/A

- ☐ ☐ Unified Facility Permit current and available
☐ ☐ Hazardous Materials Business Plan available
☐ ☐ Employee Training is adequate
☐ ☐ Waste disposal records available for review
☐ ☐ Emergency contacts current ☐ Updated today
☐ ☐ Chemical inventory current ☐ Updated today

Y N/A

- ☐ ☐ Permit Expires on JUN 20 2002
☐ ☐ Contingency Plan available
☐ ☐ Employee Training records available
☐ ☐ Waste containers kept closed
☐ ☐ Waste containers kept labeled
☐ ☐ Waste containers in good condition

FOLLOW-UP INSPECTION

Met w/ John Callan & Roger regarding UST and what is needed to correct situation. Roger - Construction head understood the situation.
 ① Corrosion Protection for turbine pump
 ② Secondary Containment for riser pipe from tank to turbine.

Please contact Robert Rapista within 30 days for permit or if permit needed @ 619-338-2207

By 1/1/2003 secondary containment testing must be completed

By 12/31/2003 under dispenser containment must be installed.

☐ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

Signature of Business Representative

Date Signed

Title



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Superior Ready Mix
 ADDRESS 9245 Carnino Santa Fe
 CITY/ZIP S.D. 92121

PSD 6/20/02 MC

GE _____ OF _____

EST. NO. H 21310

DATE 4/3/02

TIME START 100 END 130

BUS. CODE K70

SPECIALIST HATTN

CONTACT Aaron Schoeneweis

TITLE SHOP FOREMAN

PHONE 858-695-0666

JUN 18 2002

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

FOLLOW UP INSPECTION

Provided business w/ SPCC information; brochure on Info on the Aboveground Petroleum Storage Tank Program, plus other information from the State Water Resources Control Board web page including the SPCC Plan Rule; Sec. 112.7. Guidelines to SPCC.

Also provided business w/ AST Cert. & Eng. Assessment Exemption (HM-9272). This is due within 60 days. It is recommended to do both SPCC and AST Certification at same time, since both requires a Professional Engineering Assessment.

Upon further consideration of the UST on this site, it was questioned whether the riser ext pipe extending from tank to sump / bravo box has any corrosion protection / cathodic protection.

Specialist will do a file review for information regarding this. ~~AST~~ UST operating permit will not be issued until this matter has been resolved.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Superior Ready Mix
 ADDRESS 9245 Camino Santa Fe
 CITY/ZIP San Diego 92121

PAGE 1 OF 3
 EST. NO. H 21310
 DATE 4/2/02
 TIME START _____ END _____
 BUS. CODE 1C 70
 SPECIALIST M. MANN / S. HAHN
 CONTACT John Callan
 TITLE SAFETY
 PHONE 858.695.0666

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

ROUTINE INSPECTION

UNDERGROUND STORAGE TANK AND HAZARDOUS WASTE/MATERIALS

HAZWASTE

- Health Permit valid - expires 6/30/02
- Haz Mat. Business Plan current + available
- Employee Training records current
- Haz waste manifests reviewed

NOTICE TO COMPLY

OBSERVATIONS, VIOLATIONS and CORRECTIVE ACTION

- ① TSD signed-manifest not on-site for manifests # 20785394 and #20785372.
 Contact ~~Corpor~~ Corporate office for copies or EFR, fax ATTN: Susan Hahn @ 858.694.3705
- ② Label of waste oil tank illegible, appears to have been faded by sun. Plastic drum - 55 gal unlabeled in plant area. (a) Rewrite info on label for Waste-Oil and check periodically.
- ③ ~~Dispose of 55 gal drum as hazardous waste - EFR manifest ATTN: Susan A Hahn @ 858.694.3705~~
- ③ Fluid in secondary container needs to be disposed of as HAZ WASTE - container below HCl-TOZ in PLANT AREA. OR use

John Callan
 Signature of Business Representative

4-2-02
 Date Signed

Safety Person
 Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 21310

DATE 4 / 2 / 02

PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP CODE: 92121

Use to clean trucks

UNDERGROUND STORAGE TANK

REMARKS

① Unsure if adequate corrosion protection exists for sump. Sump has metal/steel collar. Determine if corrosion protection exists, if there is not - install cathodic protection. - Contact Susan Hahn c 644-2875 w/results.

② Please note

Secondary containment testing must be completed by 1/1/2003.
Under dispenser containment must be installed by 12/2003.

Written monitoring procedures and response plan current.
Annual Certification completed on this day by Western Pump.

BAST Certification needed for Waste Oil above ground storage tank - Have Completed within 60 days and fax ATTN: SUSAN HAHN c 858-644-3705

SPCC plan is needed. Business recently (3/26/02) received letter from SWRCB.

② Determine what is in ~~DP~~ Plastic 55 gal drum and dispose of properly.

Signature of Business Representative

4-2-02

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 21310
 DATE 4, 2, 02
 PAGE 3 OF 3

BUSINESS ADDRESS: 9245 Camino Santa Fe

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.905
- ☐ No EPA Identification Number 66262.12
- ☐ Waste Manifests/Receipts not on-site for 3 years 66262.40
- ☐ Manifest not properly completed 66262.23
- ☐ Manifest copy not sent to DTSC 66262.23
- ☒ TSDF signed-manifest not on-site 66262.40
- ☐ Biennial report not sent to DTSC 66262.41
- ☐ LDR Documentation not available 66268.7
- ☐ Exception Rpt. not filed with DTSC 66262.42
- ☐ Operating TSDF without authorization 25201

V0108 W
 V0105 W
 V0118 W
 V0120 W
 V0115 W
 V0121 W
 V0122 W
 V0123 W
 V0116 W
 V0124 W

STORAGE AND HANDLING

- ☐ Waste stored longer than 90, 180, or 270 days 66262.34
- ☐ Failure to clean up hazwaste off of floor surface 66262.10b
- ☒ Waste container missing/improperly labeled 66262.34
- ☐ Haz Materials not properly labeled 25124
- ☐ Waste container not kept closed 66265.173
- ☐ Waste container in poor condition 66265.171
- ☐ Waste container(s) not properly managed 66265.173
- ☐ Damaged container not repackaged 66265.171
- ☐ Container incompatible with waste 66265.172
- ☐ Incompatibles in the same container 66265.177
- ☐ Incompatibles not stored separately 66265.177
- ☐ Ignitable Waste less than 50 feet 66265.176
- ☐ Ignitable Waste not grounded 66265.31
- ☐ Storage area not inspected weekly 66265.174

V0221 W
 V0313 W
 V0222 W
 V0223 W
 V0202 W
 V0205 W
 V0210 W
 V0226 W
 V0207 W
 V0224 W
 V0213 W
 V0214 W
 V0215 W
 V0216 W

DISPOSAL AND TRANSPORTATION

- ☐ Unauth. disposal of waste to 25189.5
- ☐ Waste determination not made 66262.11
- ☐ Unlawful transport of haz. waste 25163
- ☐ Waste transported without manifest 66262.20
- ☐ Extremely Haz Waste Permit not obtained 25205.7

V0313 W
 V0319 W
 V0315 W
 V0316 W
 V0317 W

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- ☐ Training records unavailable 66265.16
- ☐ Training program not adequate 66265.16
- ☐ Facility not designed to minimize release 66265.31
- ☐ Spill control equip not available 66265.32
- ☐ Aisle space is obstructed 66265.35
- ☐ Contingency plan not prepared and/or on file 66265.51, 66265.53

V0405 W
 V0406 W
 V0501 W
 V0508 W
 V0509 W
 V0609 W

MISCELLANEOUS

- ☐ Waste oil contaminated 25250.7
- ☐ Used oil filters improperly managed 66266.130
- ☐ Damaged batteries improperly managed 66266.81
- ☐ Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- ☐ Onsite treatment of waste without authorization 25201

V0225 W
 V0701 W
 V0702 W
 V0125 W
 V0125 W

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- ☐ Health Permit not obtained SDCC 68.1105
- ☐ Business Plan not established/implemented 25503.5
- ☐ Business Plan not submitted to HMMD 25505
- ☐ Business Plan not amended 25505
- ☐ Personnel Training Records not available 19 CCR 2732

V2001 W
 V2002 W
 V2007 W
 V2003 W
 V2302 W

RELEASE REPORTING

- ☐ Failure to report a release/threatened release 25507

V2008 W

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- ☐ Health Permit not obtained 68.1005, 25284
- ☐ Repair/modify/close permit not obtained 68.1005
- ☐ UST Permit Application not submitted 25286(a)
- ☐ Operating permit conditions violated 2712
- ☐ Failed to notify HMMD of changes 25284
- ☐ No owner/operator agreement 25284
- ☐ No records of financial coverage 25292.2
- ☐ No maint/monit/calib records available 2712(b), 2641(j)
- ☐ Monitoring Equip. not tested annually 2630, 2641

V3002 T
 V3007 T
 V3010 T
 V3011 T
 V3012 T
 V3005 T
 V3013 T
 V3001 T
 V3003 T

MONITORING REQUIREMENTS (SINGLE WALL)

- ☐ Leak Detection Method does not meet performance standards 2643
- ☐ Integrity test not conducted 25292
- ☐ Copy of tank test not submitted to HMMD within 30 days 2643
- ☐ Manual tank gauging (<2000 gal) 2645 not done properly
- ☐ Reconciliation not done properly 2646
- ☐ Reconciliation not approved for facility 2646
- ☐ Dispenser meter(s) not calib annually 2646
- ☐ Improper liquid measurements 2646
- ☐ Stick in poor condition 2646
- ☐ Improper monthly reconciliation 2646
- ☐ Failed to report excessive variation 2646
- ☐ Pressurized Product Piping Leak Device not tested annually 25292
- ☐ No written monitoring procedure 2641
- ☐ No written emergency response plan 2641
- ☐ SIR reporting incorrectly done 2646.1

V3014 T
 V3015 T
 V3016 T
 V3017 T
 V3018 T
 V3019 T
 V3020 T
 V3021 T
 V3022 T
 V3023 T
 V3024 T
 V3025 T
 V3027 T
 V3027 T
 V3004 T

MONITORING REQUIREMENTS (DOUBLE WALL)

- ☐ Monitoring system not functional 2632
- ☐ No written monitoring procedure 2632
- ☐ Written emergency response plan not available 2632
- ☐ Spill/Overfill equip. not maintained or installed 2635

V3026 T
 V3027 T
 V3028 T
 V3029 T

RELEASE REPORTING

- ☐ Failure to report an unauthorized release 25295
- ☐ Release record log not available 2651, 2650
- ☐ No leak report/investigation/action 2652

V3009 T
 V3030 T
 V3031 T

CLOSURE

- ☐ Temporary closure req. not completed 2671
- ☐ Unused tank not properly closed 25298
- ☐ Permanent closure req. not completed 2672
- ☐ Failed to apply for temporary closure 25298

V3006 T
 V3032 T
 V3033 T
 V3008 T

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

Compliance

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 21310

DATE 1 / 16 / 03

PAGE 1 OF 1

Office Use Only

BUSINESS ADDRESS: Superior Ready Mix
9245 Camino Santa Fe ZIP CODE: 92121

Violation/Corrective Action.

1. A plan check permit was received on 10/22/02 and approved 1/10/03 for upgrades to include installation of under dispenser containment, double-wall pipe and turbine/fill sumps. The annular space to DW tank was not tested by 1/1/03 due to upgrade as required by California Code of Regulations Title 23 Section 2637(a)

Corrective Actions: Conduct secondary containment testing on all existing containment not upgraded and submit at final plan check inspection by Jan 30, 2003.

Be advise: Vents and fill sump was required under permit PT 2067 and not installed during soil sample/pressure test. A determination as to Automatic Tank Gauge requiring a sump will be made and reported w/in 5 days. Ensure fill and vent are installed per permit.

WESTERN PUMP
Mark R. [Signature]
Signature of Business Representative

1-16-03
Date Signed

AGENT FOR SUPERNOVA
Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Superior Ready Mix Concrete
 ADDRESS 9245 Camino Santa Fe
 CITY/ZIP SD 92121

GE 1 OF 3 DATE 5/13/03
 PERMIT # 121310
 TIME START 830 END 1200
 BUS. CODE K70
 SPECIALIST Hahn
 INSPECTION CONTACT/TITLE Harold Schoeneweis
 PHONE: (858) 695-0666
prod 7-29-03 cm File

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Y N/A

- ☒ ☐ Unified Program Facility Permit current and available
☒ ☐ Hazardous Materials Business Plan available
☐ ☐ Employee Training is adequate
☒ ☐ Waste disposal records available for review
☐ ☐ Emergency contacts current ☐ Updated today
☒ ☐ Chemical inventory current ☒ Updated today

Y N/A

- ☒ ☐ Permit Expires on: 30 JUN 03
☒ ☐ Contingency Plan available
☐ ☐ Employee Training records available
☒ ☐ Waste containers kept closed
☒ ☐ Waste containers kept labeled
☒ ☐ Waste containers in good condition

JUN 27 2003

no UST inspection conducted on this day.
 Business recently (4/03) had corrosion protection - new pump, line integrity test completed - but contractor did not certify monitor at this time. Business had/was under impression it was ~~done~~ done.

* WITHIN 2 wks schedule UST monitor certification to be completed within 30 days. CONTACT Susan A. Hahn c 858. 694. 2875 w/date and to also be there to witness.

NOTICE TO COMPLY

① Business has a 1200 g waste oil tank outside. There is no fire marshalls exemption or P.E. assessment on this tank.

* Within 30 days obtain fire marshall to fill out form for exemption or P.E. assessment. CONTACT SUSAN A. Hahn and fax paperwork-858.694.3705

☒ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of
Business
Representative

Harold Schoeneweis
Signature of Business Representative

5/13/03
Date Signed

Shop Foreman
Title



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

 EST. NUMBER H 121310
 DATE 5/13/03
 PAGE 2 OF 3

Office Use Only

 BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP CODE: 92121

② Business has a 3000 gal tank containing new oil. This tank requires a SPCC and was referred to RWQCB in 2001.

* This is required to be completed. Specialist will re-refer to RWQCB. This requires a Professional Engineer's assessment.

REMARKS:

Training records @ Corporate Office
 FAX these ATTN: SUSAN A. HARRIS C 858-694-3705
 within 7 days.

POZZUTEC 20 deleted from inventory -
 new non-haz. material used.

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

 DISTRIBUTION: WHITE-RETURN TO HMMD
 YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

 PERMIT # 121310
 DATE 5/13/03
 PAGE 3 OF 3
BUSINESS ADDRESS: 9245 Camino Santa FeZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS WASTE REQUIREMENTS

RECORDKEEPING

Viol #	VIOL	VIOLATION DESCRIPTION
<input type="checkbox"/>	V0131	UPF Permit not obtained SDCC. 68.905
<input type="checkbox"/>	V0132	No EPA Identification Number. 66262.12
<input type="checkbox"/>	V0133	Manifest copy not sent to DTSC. 66262.23
<input type="checkbox"/>	V0134	Exception Rpt. not filed with DTSC. 66262.42
<input type="checkbox"/>	V0135	Waste Manifests/Receipts not on-site for 3 years. 66262.40
<input type="checkbox"/>	V0136	No records of battery disposal. 66262.81
<input type="checkbox"/>	V0137	Manifest not properly completed. 66262.23
<input type="checkbox"/>	V0138	TSDF signed-manifest not on-site. 66262.40
<input type="checkbox"/>	V0139	Biennial report not sent to DTSC. 66262.41
<input type="checkbox"/>	V0140	LDR Documentation not available. 66268.7
<input type="checkbox"/>	V0141	Operating TSDF without authorization. 25201
<input type="checkbox"/>	V0142	Failed to notify local CUPA of onsite treatment of hazardous waste. 25201
<input type="checkbox"/>	V0143	Tiered Permitting notification has incomplete or incorrect information 25201
<input type="checkbox"/>	V0144	SB14 compliance doc. not available. 25244.19
<input type="checkbox"/>	V0145	Excluded recyclable materials report not submitted to HMD. 25143.10

STORAGE AND HANDLING

<input type="checkbox"/>	V0201	Waste container not kept closed. 66265.173
<input type="checkbox"/>	V0202	Waste container missing/improperly labeled. 66262.34, 25143.9
<input type="checkbox"/>	V0203	Damaged container not repackaged. 66265.171
<input type="checkbox"/>	V0204	Waste container not properly managed. 66265.173
<input type="checkbox"/>	V0205	Waste container in poor condition. 66265.171
<input type="checkbox"/>	V0206	Ignitable Waste < 50 feet of property line. 66265.176
<input type="checkbox"/>	V0207	Facility no maintained/operated to minimize possibility of fire, explosion or release. 66265.31
<input type="checkbox"/>	V0208	Storage area not inspected weekly. 66265.174
<input type="checkbox"/>	V0209	Waste stored > 90, 180, or 270 days. 66262.34
<input type="checkbox"/>	V0210	Hazwaste not cleaned up off floor surface. 66262.10b
<input type="checkbox"/>	V0211	Incompatibles in the same container. 66265.177
<input type="checkbox"/>	V0212	Incompatibles not stored separately. 66265.177
<input type="checkbox"/>	V0213	Container incompatible with waste. 66265.172
<input type="checkbox"/>	V0214	Waste oil contaminated. 25250.7
<input type="checkbox"/>	V0215	Used oil filters improperly managed. 66266.130
<input type="checkbox"/>	V0216	Hazardous materials not properly labeled. 25124

DISPOSAL AND TRANSPORTATION

<input type="checkbox"/>	V0301	Unauth. disposal of waste to: _____ 25189.5
<input type="checkbox"/>	V0302	Unlawful transportation of hazardous waste. 25163
<input type="checkbox"/>	V0303	Waste transported without a manifest. 66262.20
<input type="checkbox"/>	V0304	Waste determination not made. 66262.11

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Viol #	VIOL	VIOLATION DESCRIPTION
<input type="checkbox"/>	V0401	Training records unavailable. 66265.16
<input type="checkbox"/>	V0402	Training program not adequate. 66265.16
<input type="checkbox"/>	V0403	Facility not designed to minimize release. 66265.31
<input type="checkbox"/>	V0404	Spill control equip not available. 66265.32
<input type="checkbox"/>	V0405	Aisle space is obstructed. 66265.35
<input type="checkbox"/>	V0406	Contingency plan not prepared and/or on file. 66265.51, 66265.53

HAZARDOUS WASTE TANK SYSTEMS

<input checked="" type="checkbox"/>	V1601	Hazwaste tanks w/o P.E. assessment. 66265.191a, 66265.192a
<input type="checkbox"/>	V1602	P.E. Assessment report not complete. 66265.191g, 66265.192k
<input type="checkbox"/>	V1603	Hazwaste tank system: no secondary containment. 66265.193a
<input type="checkbox"/>	V1604	Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
<input type="checkbox"/>	V1605	No daily tank inspection/inspect. log 66265.195 (b&c)
<input type="checkbox"/>	V1606	Improper or absent spill/overflow protection. 66265.194b
<input type="checkbox"/>	V1607	Improper corrosion protection. 66265.191, 66265.192
<input type="checkbox"/>	V1608	Integrity assessment not done for tanks without secondary containment system. 66265.191
<input type="checkbox"/>	V1609	Improper use of hazwaste tank system. 66265.196
<input type="checkbox"/>	V1610	No PE assessment report-repairs/changes. 66265.196g
<input type="checkbox"/>	V1611	Improper closure of haz waste tank unit. 67383.3, 66265.197

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

<input type="checkbox"/>	V1001	UPF permit not obtained for Haz. Materials. 68.905
<input type="checkbox"/>	V1002	Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
<input type="checkbox"/>	V1003	HMBP not amended to reflect changes 25505
<input type="checkbox"/>	V1004	HMBP not submitted to HMD. 25505
<input type="checkbox"/>	V1005	Emergency Contacts not provided/current. 25509
<input type="checkbox"/>	V1006	Inventory is incomplete. 25504
<input type="checkbox"/>	V1007	Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
<input type="checkbox"/>	V1008	Annual carcinogen & reproductive toxin list not submitted to HMD 68.1113
<input type="checkbox"/>	V1009	Site map is not sufficient. 25509
<input type="checkbox"/>	V1010	Failure to report a release/threatened release. 25507
<input type="checkbox"/>	V1011	Personnel Training records not available. 19 CCR 2732
<input checked="" type="checkbox"/>	V1012	SPCC Plan required but not prepared. 25270.5 (c)
<input type="checkbox"/>	V2504	Owner or operator (O/O) Stationary Source (SS) with >TPQ of a regulated substance (RS) did not comply with Chapter 4.5 (CalARP process). 2745.1
<input type="checkbox"/>	V2553	O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d)

SIGNATURE OF BUSINESS REPRESENTATIVE

DEH:HM-923 (Revised 09/02) NCR

DATE SIGNED

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Superior Ready Mix
 ADDRESS 9245 Camino Santa Fe
 CITY/ZIP SD 92121

GE 1 OF 1 DATE 5/28/03
 PERMIT # 121310
 TIME START 245 END 400
 BUS. CODE K70
 SPECIALIST HATHN
 INSPECTION CONTACT/TITLE Aaron Schoenweis
 PHONE: (858) 695-0666
prsd 7-29-03 - K70

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Y N/A

- ☐ ☐ Unified Program Facility Permit current and available
☐ ☐ Hazardous Materials Business Plan available
☐ ☐ Employee Training is adequate
☐ ☐ Waste disposal records available for review
☐ ☐ Emergency contacts current ☐ Updated today
☐ ☐ Chemical inventory current ☐ Updated today

Y N/A

- Permit Expires on: 1/1/
☐ ☐ Contingency Plan available
☐ ☐ Employee Training records available
☐ ☐ Waste containers kept closed
☐ ☐ Waste containers kept labeled
☐ ☐ Waste containers in good condition

FOLLOW-UP INSPECTION / UST Monitor Cert

Veeder Root certified on this day by
Western Pump -

REMARKS:

Due in 6 months - secondary containment
testing for new sumps.

☐ This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of
 Business
 Representative

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdch.org



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page 1 of 1

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW SITE PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION specify change local use only _____	<input type="checkbox"/> 7. PERMANENTLY CLOSED SITE
	<input checked="" type="checkbox"/> 4. AMENDED PERMIT		<input type="checkbox"/> 6. TEMPORARY SITE CLOSURE	<input type="checkbox"/> 8. TANK REMOVED

400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3	FACILITY ID#	3	7	0	0	0	H	2	1	3	1	0
LOCATION OF TANK (Address)	401	FACILITY OWNER TYPE											
9245 Camino Santa Fe SD 92121		<input checked="" type="checkbox"/> 1. CORPORATION	<input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT*										
BUSINESS TYPE		<input type="checkbox"/> 2. INDIVIDUAL	<input type="checkbox"/> 5. COUNTY AGENCY*										
<input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 3. FARM <input checked="" type="checkbox"/> 5. COMMERCIAL		<input type="checkbox"/> 3. PARTNERSHIP	<input type="checkbox"/> 6. STATE AGENCY*										
<input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER	403		<input type="checkbox"/> 7. FEDERAL AGENCY* 402										
TOTAL NUMBER OF TANKS REMAINING AT SITE	404	Is facility on Indian Reservation or trustlands?											
1		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	405										
*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406													

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME	407	PHONE	408
Hanson Aggregates		(858) 277-5481	
MAILING OR STREET ADDRESS	409		
9229 Harris Place			
CITY	410	STATE	411
San Diego		CA	
ZIP CODE	412		
92020			
PROPERTY OWNER TYPE	413		
<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY			
<input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY			

III. TANK OWNER INFORMATION

TANK OWNER NAME	414	PHONE	415
Hanson Aggregates		(858) 277-5481	
MAILING OR STREET ADDRESS	416		
9229 Harris Place			
CITY	417	STATE	418
San Diego		CA	
ZIP CODE	419		
92020			
TANK OWNER TYPE	420		
<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY			
<input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY			

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-	0	4	0	2	6	3	Call (916) 322-9669 if questions arise	421
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V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(s)	<input type="checkbox"/> 1. SELF-INSURED	<input type="checkbox"/> 4. SURETY BOND	<input type="checkbox"/> 7. STATE FUND	<input type="checkbox"/> 10. LOCAL GOVT MECHANISM
	<input type="checkbox"/> 2. GUARANTEE	<input type="checkbox"/> 5. LETTER OF CREDIT	<input type="checkbox"/> 8. STATE FUND & CFO LETTER	<input type="checkbox"/> 99. OTHER:
	<input checked="" type="checkbox"/> 3. INSURANCE	<input type="checkbox"/> 6. EXEMPTION	<input type="checkbox"/> 9. STATE FUND & CD	422

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.	<input checked="" type="checkbox"/> 1. FACILITY	<input type="checkbox"/> 2. PROPERTY OWNER	<input type="checkbox"/> 3. TANK OWNER	423
---	---	--	--	-----

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.			
SIGNATURE OF APPLICANT	DATE	424	PHONE
Matthew Bodd	4-1-03		(619) 239 9988
NAME OF APPLICANT (prim)	426	TITLE OF APPLICANT	427
Matthew Bodd		Project Manager	
STATE UST FACILITY NUMBER (For local use only)	428	1998 UPGRADE CERTIFICATE NUMBER (For local use only)	429

UST - Facility

Formerly SWRCB Form A.

Complete the UST - Facility page for all new permits, permit changes or any facility information changes. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes.

Submit one UST - Facility page per facility, regardless of the number of tanks located at the site. This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR Section 2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR Section 2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR Section 2711 (a)(11)].

Refer to 23 CCR Section 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter your 5 digit Establishment Number (H#) on your Health Permit. If you do not have a health permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
401. LOCATION OF TANK - Enter the address where the tanks are physically located.
402. FACILITY OWNER TYPE - Check the type of business ownership.
403. BUSINESS TYPE - Check the type of business.
404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.
405. INDIAN OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.
406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.
407. PROPERTY OWNER NAME - Complete items 407- 412 for the property owner, unless all items are the same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
408. PROPERTY OWNER PHONE
409. PROPERTY OWNER MAILING OR STREET ADDRESS
410. PROPERTY OWNER CITY
411. PROPERTY OWNER STATE
412. PROPERTY OWNER ZIP CODE
413. PROPERTY OWNER TYPE - Check the type of property ownership.
414. TANK OWNER NAME - Complete items 414- 419 for the tank owner,, unless all items are the same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
415. TANK OWNER PHONE
416. TANK OWNER MAILING OR STREET ADDRESS
417. TANK OWNER CITY
418. TANK OWNER STATE
419. TANK OWNER ZIP CODE
420. TANK OWNER TYPE - Check the type of tank ownership.
421. BOE NUMBER - Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.
422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE - Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "other" and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.
423. LEGAL NOTIFICATION AND MAILING ADDRESS - Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.
SIGNATURE OF APPLICANT - The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.
424. DATE CERTIFIED - Enter the date that the page was signed.
425. APPLICANT PHONE - Enter the phone number of the applicant (person certifying).
426. APPLICANT NAME - Enter the full printed name of the person signing the page.
427. APPLICANT TITLE - Enter the title of the person signing the page.
428. STATE UST FACILITY NUMBER - Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three digit jurisdiction number, and a six digit facility number. The facility number must be the same as shown in item 1.
429. 1998 UPGRADE CERTIFICATE NUMBER - Leave this blank. This number is assigned by the CUPA.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (619) 338-2222 FAX (619) 338-2377
 1-800-253-9933

UNDERGROUND STORAGE TANKS - TANK PAGE 1

TANKS (two pages per tank)

TYPE OF ACTION ☐ 1 NEW SITE PERMIT ☒ 4 AMENDED PERMIT ☒ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE CLOSURE
 (Check one item only) ☐ 7 PERMANENTLY CLOSED ON SITE

☐ 3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason - for local use only) ☐ 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Superior Ready Mix 3 FACILITY ID: 37000H21310 431

LOCATION WITHIN SITE (Optional) 9245 Camino Santa Fe San Diego, CA 92121 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # <u>T-1</u> 432	TANK MANUFACTURER <u>Modern</u> 433	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 434
DATE INSTALLED (YEAR/MO) <u>UNKNOWN</u> 435	TANK CAPACITY IN GALLONS <u>12,000</u> 436	NUMBER OF COMPARTMENTS <u>1</u> 437

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439	PETROLEUM TYPE 440
<input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOLINE <input type="checkbox"/> 99. OTHER COMMON NAME (from Hazardous Materials Inventory page) 441 <u>Diesel</u> CAS# (from Hazardous Materials Inventory page) 442 <u>NA</u>

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only)	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 4. SINGLE WALL IN VAULT <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER	443
TANK MATERIAL - primary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 2. STAINLESS STEEL <input checked="" type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER	444
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 2. STAINLESS STEEL <input checked="" type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 10. COATED STEEL	445

TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 3. EPOXY LINING <input type="checkbox"/> 5. GLASS LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 2. ALKYLID LINED <input type="checkbox"/> 4. PHENOLIC LINING <input type="checkbox"/> 6. UNLINED <input type="checkbox"/> 99. OTHER	446
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OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC <input checked="" type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 2. SACRIFICIAL ANODE <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 99. OTHER	448
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SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT <u>3/31/03</u> <input checked="" type="checkbox"/> 2 DROP TUBE <u>3/31/03</u> <input checked="" type="checkbox"/> 3 STRIKER PLATE <u>UNK EXIST</u>			<input checked="" type="checkbox"/> 1 ALARM <u>3/31/03</u> <input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE <u>/ /</u> <input type="checkbox"/> 2 BALL FLOAT <u>UNK</u> <input type="checkbox"/> 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
<input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING <input type="checkbox"/> 8 TANK TESTING <input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
	gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No

UST - Tank Page 1**Formerly SWRCB Form B**

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR Section 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Enter your 5 digit Establishment Number (H#) on your Health Permit. If you do not have a health permit, leave this blank.
3. **BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business as.
430. **TYPE OF ACTION** - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. **LOCATION WITHIN SITE** - Enter the location of the tank within the site.
432. **TANK ID NUMBER** - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. **TANK MANUFACTURER** - Enter the name of the company that manufactured the tank.
434. **COMPARTMENTALIZED TANK** - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. **DATE TANK INSTALLED** - Enter the year and month the tank was installed.
436. **TANK CAPACITY** - Enter the tank capacity in gallons.
437. **NUMBER OF TANK COMPARTMENTS** - If the tank is compartmentalized, enter the number of compartments.
438. **ADDITIONAL DESCRIPTION** - Use this space for additional tank or location description.
439. **TANK USE** - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. **PETROLEUM TYPE** - If box 1 is checked in item 439, check the type of fuel.
441. **COMMON NAME** - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. **CAS #** - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. **TYPE OF TANK** - Check the type of tank construction. If type of tank is not listed, check "other" and enter type.
444. **TANK MATERIAL (PRIMARY TANK)** - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check "other" and enter material.
445. **TANK MATERIAL (SECONDARY TANK)** - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check "other" and enter material.
446. **TANK INTERIOR LINING OR COATING** - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check "other" and enter type.
447. **DATE TANK INTERIOR LINING INSTALLED** - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. **OTHER TANK CORROSION PROTECTION** - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check "other" and enter method.
449. **DATE TANK CORROSION PROTECTION INSTALLED** - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. **YEAR SPILL AND OVERFILL INSTALLED** - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. **TYPE OF SPILL PROTECTION** - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. **YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED** - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. **TANK LEAK DETECTION (SINGLE WALL)** - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check "other" and enter system.
454. **TANK LEAK DETECTION (DOUBLE WALL)** - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. **ESTIMATED DATE LAST USED** - For closure in place, enter the date the tank was last used.
456. **ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK** - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. **TANK FILLED WITH INERT MATERIAL** - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377 1-800-253-9933

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page ___ of ___

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462
MANUFACTURER	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		463
MANUFACTURER Ameron				461	MANUFACTURER			
<input type="checkbox"/> 1. BARE STEEL	<input checked="" type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 99. Other		<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL		
<input type="checkbox"/> 2. STAINLESS STEEL		<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 99. Other		<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		
<input type="checkbox"/> 3. PLASTIC COMPATIBLE w/ CONTENTS		<input type="checkbox"/> 99. Other			<input type="checkbox"/> 3. PLASTIC COMPATIBLE w/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER	
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)				<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION		
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION		464		<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN		465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING	SINGLE WALL PIPING
466	467
PRESSURIZED PIPING (Check all that apply):	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)	<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)
CONVENTIONAL SUCTION SYSTEMS (Check all that apply):	
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):
<input type="checkbox"/> 7. SELF MONITORING	<input type="checkbox"/> 7. SELF MONITORING
GRAVITY FLOW	GRAVITY FLOW (Check all that apply)
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 8. DAILY VISUAL MONITORING
	<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
SECONDARILY CONTAINED PIPING	SECONDARILY CONTAINED PIPING
PRESSURIZED PIPING (Check all that apply):	
10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)	10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)
<input checked="" type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	<input checked="" type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)
SUCTION/GRAVITY SYSTEM	SUCTION/GRAVITY SYSTEM
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	<input checked="" type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
EMERGENCY GENERATORS ONLY (Check all that apply)	EMERGENCY GENERATORS ONLY (Check all that apply)
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)
<input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
468	<input checked="" type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE
		469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.	
SIGNATURE OF OWNER/OPERATOR <i>Matthew J. Bodde</i>	DATE 4-1-03
NAME OF OWNER/OPERATOR (print) Matthew J. Bodde	TITLE OF OWNER/OPERATOR Agent, Project Manager
Permit Number (For local use only) 473	Permit Expiration Date (For local use only) 475

UST - Tank Page 2

Formerly SWRCB Form B

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank's piping system information. CHECK ALL THAT APPLY.
459. PIPING SYSTEM TYPE (ABOVEGROUND)
460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.
461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.
462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.
463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.
464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank's piping material and corrosion protection.
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)
466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.
467. PIPING LEAK DETECTION (ABOVEGROUND)
468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.
469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.
- SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.
470. DATE CERTIFIED - Enter the date the page was signed.
471. OWNER/ OPERATOR NAME - Print the name of signatory.
472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.
473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.
474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.
475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.

VERDUGO TESTING CO

- Complete Service
- Station Maintenance
- Certified Tank Testing
- Vapor Testing

FERNANDO VERDUGO
LIC # 91-1411

Mechanical Leak Detector Test Data SheetStation # SUPERIOR READY MIXDate APRIL 01, 2007

Address 9245 CAMINO SANTA FE
SAN DIEGO CA, 92121

Test Information

	1	2	3	4	5
Product	DIESEL #2				
Manufacturer	RED JACKET				
Model	116-058				
Full Operating Pressure (psi)	25 PSI				
Line Bleed Back (ml)	50 mL				
Trip Time (sec)	4 Sec.				
Metering Pressure (psi)	8 PSI				
P.E. Holding Pressure (psi)	13 PSI				
Test Leak Rate (ml/min) (gph)	170 ML				
PASS or FAIL	PASSED				

Comments:

This letter certifies that the annual leak detector tests were performed at the above referenced facility according to the equipment manufacturers procedures and limitations and the results as listed are to my knowledge true and correct. The mechanical leak detector test pass/fail is determined using a low flow threshold trip rate of 3 gph at 10 PSI.

VERDUGO TESTING CO.
706 Sundance Ct.
Chula Vista, CA 91911

Inspected By: Contractor

Technician Carlos Acuna / ANTONIO F VERDUGOLic# 94-1411Signature Antonio F Verdugo

WRITTEN MONITORING PROCEDURES UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Authority cited: Title 23 CCR, Sections 2632 (d)(1), 2634 (d)(2), and 2641 (h)

This monitoring program must be kept at the UST location at all times. The elements of this monitoring program constitute conditions of the UST operating permit. The permit holder must submit any changes to the San Diego County, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261, within 30 days of any changes to the monitoring program, unless required to obtain approval before making the change.

A. General Information

Facility Name: Superior Ready Mix
Facility Address: 9245 Camino Santa Fe San Diego CA 92121

- ☒ Tank and piping monitoring is identical for all UST's located at this facility; or
☐ This plan covers only the following tank(s): _____

- ☐ No electronic leak detection systems are used to monitor UST systems covered by this plan; or
☒ The following type of electronic monitoring system performs leak detection monitoring for UST systems covered by this plan (i.e., Veeder Root TLS 350):

Manufacturer: Veeder Root Model # 300C
Manufacturer: _____ Model # _____

B. Tank Monitoring (refer to annual monitor certification for help)

- ☒ Continuous electronic monitoring of tank interstitial space or secondary containment:
Leak Sensor Manufacturer Veeder Root Sensor Model # 794390-420

- ☐ Automatic Tank Gauging system used to monitor single-walled tank(s):

In-Tank Probe Manufacturer _____ Probe Model # _____
Frequency of Leak Tests: ☐ Continuous (i.e. CITLD, CSLD) ☐ Daily ☐ Weekly
☐ Monthly ☐ Other (Specify) _____

Programmed Leak Threshold: ☐ 0.1gph ☐ 0.2gph

- ☐ Weekly Manual Tank Gauging. Testing Period: ☐ 36 hours ☐ 60 hours

- ☐ Statistical Inventory Reconciliation (SIR): Note: requires biennial tank integrity test

SIR Vendor: _____

- ☐ Tank Tightness Testing conducted: ☐ Annually ☐ Monthly ☐ Other (specify) _____

- ☒ Other Monitoring (specify): Secondary Containment Testing every three years

C. Piping Monitoring (refer to annual monitor certification for help)

Line Monitoring is performed using the following methods: (check all that apply)

- ☐ No product or remote-fill piping connected to UST

- ☒ Continuous electronic monitoring of piping sump and other secondary containment sumps:

Sensor Manufacturer Veeder Root Sensor Model # 794380-208

Will piping leak alarm trigger automatic shutdown of pump? ☒ Yes ☐ No

Will failure/disconnection of monitoring system trigger automatic shutdown of pump? ☒ Yes ☐ No

- ☒ Mechanical line leak detector (performs 3.0 gph leak test & restricts or shuts off flow when leak is detected):

Manufacturer RED JACKET Model # RX

- ☐ Electronic line leak detector (ELLD):

Manufacturer _____ Model # _____

Programmed line tightness test: ☐ 0.1gph annually ☐ 0.2gph monthly ☐ 3.0 gph

Will ELLD detection of a piping leak trigger automatic shutdown of pump? ☐ Yes ☐ No

Will failure or disconnection of the ELLD trigger automatic shutdown of pump? ☐ Yes ☐ No

- ☐ Line tightness testing conducted: ☐ Annually ☐ Every 3 years ☒ Other (specify) AS DIRECTED

- ☐ Piping is suction piping meeting all requirements for exemption from monitoring (23 CCR § 2636(a)(3))

- ☐ Dispensers are checked daily and "Suction Piping Daily Inspection Log" is completed

- ☒ Above ground visual monitoring daily

- ☒ Other (specify): Secondary containment testing every three years

D. Dispenser Leak Detection (check all that apply)

- ☐ No Under Dispenser Containment (UDC): Dispenser housings are opened and fittings inspected daily

- ☐ No dispensers in system

- ☐ Float and chain assembly in under dispenser containment trips shear valve in case of leak

Assembly Manufacturer _____ Model # _____

- ☒ Continuous electronic monitoring of UDC

OFFICE USE ONLY
UPFP: _____

WRITTEN MONITORING PROCEDURES

Page 2 of 2

Leak sensor Manufacturer: Voeder-RosterModel #: 794380-208Will leak trigger audible and visual alarms? ☒ Yes ☐ NoWill leak trigger automatic shutdown of turbine pump? ☒ Yes ☐ NoWill failure/disconnection of monitoring system trigger shutdown of pump? ☒ Yes ☐ No

Other (specify): _____

E. Overfill Protection

The following method is present to prevent overfilling the UST(s): (check all that apply)

☒ High Level Alarm alerts transfer operator when tank is 90 % capacity☒ Ball Float Valve that activates at 95 % of tank capacity☐ Automatic Shut-off device (flapper valve)☒ Total secondary containment of piping including vent lines

F. Monitoring Locations

☒ Attached to this monitoring plan is a site plan which shows the general tank and piping layouts and the location where monitoring is performed (i.e. locations of sumps, sensors, line leak detectors, control panels, etc.)

G. Personnel Responsibilities

The following facility personnel are responsible for performing UST monitoring activities and/or maintaining UST leak detection equipment: (include employee job title and specific UST monitoring responsibilities: i.e., inspection of equipment, reporting of alarms, arranging equipment testing & servicing, maintaining monitoring records, etc.)

Name:	Title:	Area of Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Reporting Format

Briefly describe the reporting format for monitoring: (i.e. SIR, in tank test, annual certification.)

Annual Certification

I. Equipment Testing and Preventive Maintenance

State law requires that testing, preventive maintenance, and calibration (if applicable) of monitoring equipment (i.e. sensors, probes, line leak detectors, etc.) be performed in accordance with the equipment manufacturer's instructions or annually, whichever is more frequent. Qualified personnel must perform such work.

Monitor equipment is serviced: ☒ Annually ☐ Other (specify) _____

Describe the preventive maintenance schedule for the monitoring equipment: (List contractor performing repairs and or certifications, if known)

Self test, perform Annual monitoring system certifications

J. Training

Briefly describe the employee training necessary for the operation of UST system, including piping, and the monitoring equipment:

Employees are trained on doing manual stick machines and logging the date & time of alarm condition and proper action required for various conditions.

Certification

I have reviewed this Underground Storage Tank Monitoring Plan and determined that it accurately describes monitoring of underground storage tank systems at this facility.

Signature of Owner/Operator Matt BalducciDate 9.1.03

Below This Line For Agency Use Only

☒ This plan has been approvedSpecialist's Signature Amy Sexton

Comments: _____

☐ This plan has been returnedDate 4.2.03

OFFICE USE ONLY

UPFP #: _____

EMERGENCY RESPONSE PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Authority cited: title 23 CCR, Sections 2632 (d)(2), 2634 (e)(2), and 2641 (h)

California Underground Storage Tank (UST) Regulations require that facilities with USTs prepare a written response plan that describes how an unauthorized release will be handled. The plan must be approved by the County of San Diego, Hazardous Materials Division.

This monitoring program must be kept at the UST location at all times. The elements of this monitoring program constitute conditions of the UST operating permit. The permit holder must submit any changes to the San Diego County, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261, within 30 days of any changes to the monitoring program, unless required to obtain approval before making the change.

A. General Information

Facility Name: _____

Site Address: _____

City: _____

Zip Code: _____

B. Spill Control and Clean-up Methods

Note: This plan supplements the Emergency Response/Contingency Plan module in the facility's Hazardous Materials Business Plan (Business Plan).

If safe to do so, facility personnel will take immediate measures to control or stop the release (e.g. activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.

Any release to secondary containment will be pumped or otherwise removed from the secondary containment system within a time consistent with the ability of the secondary containment system to contain the hazardous substance, but not greater than 30 calendar days or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.

Absorbents will be used to contain and clean up manageable spills of hazardous materials. Absorbents may be reused until they become too saturated to be effective. At that point, they will be managed as hazardous waste. Used absorbents, whether reusable or waste, will be stored in a properly labeled and sealed container.

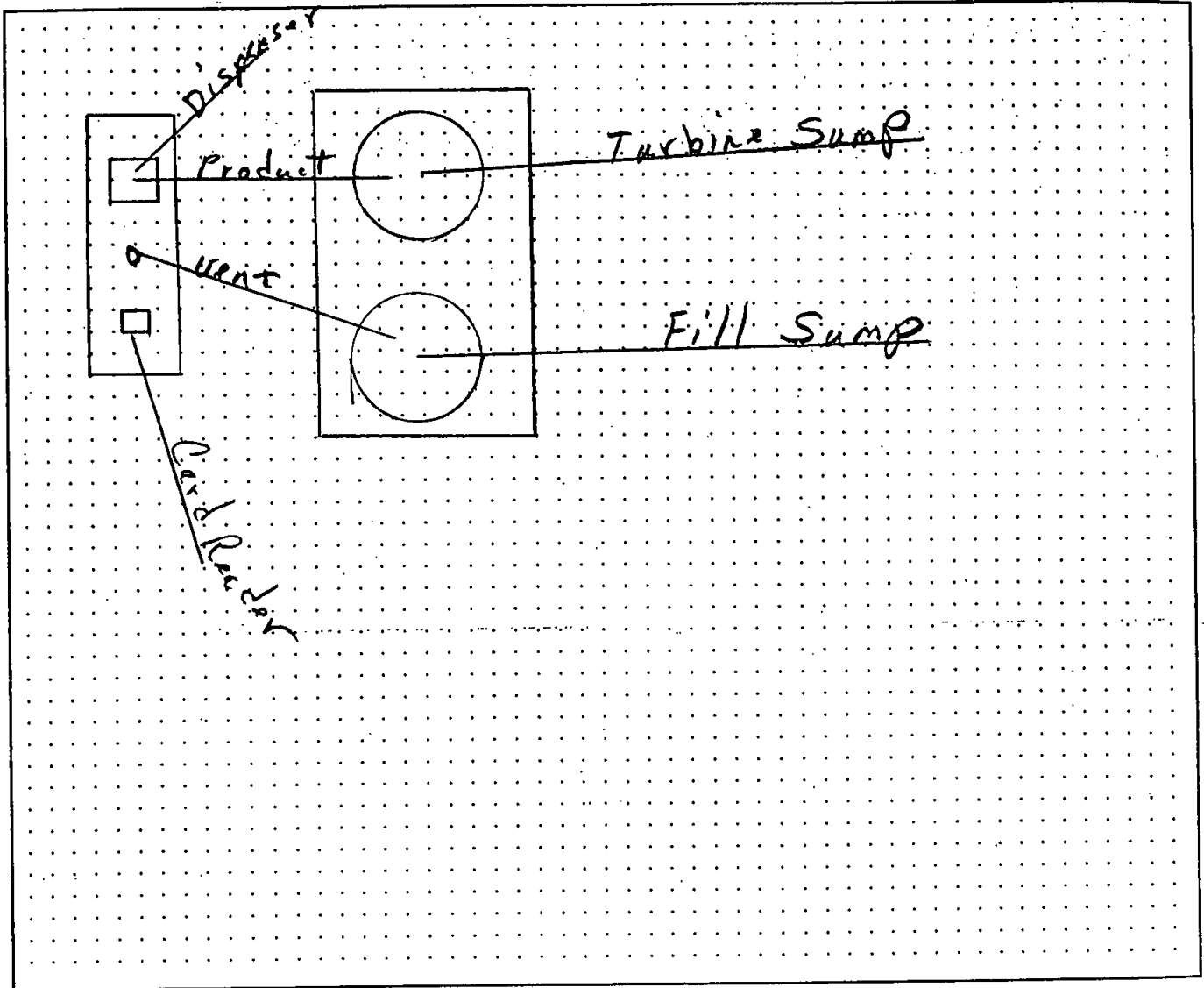
Facility personnel will determine whether or not any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste. In the case of petroleum, a visual check will usually suffice. If the water has a petroleum sheen (i.e. rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed of on the ground or to storm water systems.

C. Spill Control and Clean-up Equipment

Spill control and clean-up equipment kept on-site is listed in the Emergency Equipment Inventory Table in the Business Plan. This equipment is inspected at least monthly, and after each use, and supplies are replenished as needed.

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Site Name: Superior Ready Mix Permit No: RT2067
 Site Address: 9245 Camino Santa Fe San Diego CA 92121



Date map was drawn or revised: ___/___/___

Instructions

On your site monitoring plot plan, show the general layout of tanks and piping in relation to nearby buildings or other structures. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, trench systems, under-dispenser containment, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Page ___ of ___



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Establishment Number: H21310

Plan Check Number: RT2047

1. FACILITY INFORMATION

Facility Name: <u>Superior Ready Mix</u>	Date of Testing: <u>02/21/03</u>
Facility Address: <u>9245 Camino Santa Fe San Diego, CA 92121</u>	
Facility Contact: <u>Roger Destigter</u>	Initial: <u>760-745-0554</u>
Date Local Agency Was Notified of Testing: <u>02/10/03</u>	6 month
Name of Local Agency Inspector (if present during testing):	36 month

2. TESTING CONTRACTOR INFORMATION

Company Name: <u>Western Pump, Inc.</u>		
Technician Conducting Test: <u>Vern Sabin</u>		
Credentials: <u>CSLB Licensed Contractor</u>	<u>SWRCB Licensed Tank Tester</u>	
License Type:	License Number:	
Manufacturer	Manufacturer Training Component(s)	Date Training Expires
<u>Incon</u>	<u>TS-STS</u>	<u>03/03</u>

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
<u>Annulars</u>					<u>Secondary Piping</u>				
<u>Tank #1</u>	<u>X</u>				<u>Pipe Run 10</u>	<u>X</u>			
<u>Piping Sumps</u>					<u>UDCLB</u>				
<u>Pipe #1</u>	<u>X</u>				<u>UDC-1</u>	<u>X</u>			
<u>Fill Sumps</u>					<u>Spill Basin</u>				
<u>Fill #1</u>	<u>X</u>				<u>Spill #1</u>			<u>X</u>	

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING
To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Vern Sabin

Date: 02/21/03

4. TANK ANNULAR TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	Professional Engineer	
Test Method Used:	Pressure	<input checked="" type="checkbox"/> Vacuum	Hydrostatic	
Test Equipment Used:	Vacuum Gauges		Equipment Resolution: ± 0.1 in.	

	Tank # 1	Tank #	Tank #	Tank #
Is Tank Exempt From Testing? ¹	Yes <input checked="" type="checkbox"/> No	Yes No	Yes No	Yes No
Tank Capacity:	12,000 Gal.			
Tank Material:	ST/FRP			
Tank Manufacturer:				
Product Stored:	Diesel			
Wait time between applying pressure/vacuum/water and starting test:	15 Min.			
Test Start Time:	9:00 AM			
Initial Reading (R _i):	10 IN-HG			
Test End Time:	10:00 AM			
Final Reading (R _f):	10 IN-HG			
Test Duration:	60 Min.			
Change in Reading (R _f -R _i):	NONE			
Pass/Fail Threshold or Criteria:	0 Variation			
Test Result:	<input checked="" type="checkbox"/> Pass Fail	<input checked="" type="checkbox"/> Pass Fail	<input checked="" type="checkbox"/> Pass Fail	<input checked="" type="checkbox"/> Pass Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes No NA	<input checked="" type="checkbox"/> Yes No NA	<input checked="" type="checkbox"/> Yes No NA	<input checked="" type="checkbox"/> Yes No NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes No NA	<input checked="" type="checkbox"/> Yes No NA	<input checked="" type="checkbox"/> Yes No NA	<input checked="" type="checkbox"/> Yes No NA

Comments – (include information on repairs made prior to testing, & recommended follow-up for failed tests)

¹ Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. (California Code of Regulations, Title 23, Section 2627(a)(6))

6. PIPING SUMP TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	Professional Engineer	
Test Method Used:	Pressure	Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
Test Equipment Used:	Equipment Resolution:			
	Sump # 1	Sump #	Sump #	Sump #
Sump Diameter:	42"			
Sump Depth:	47"			
Sump Material:	Fiberglass			
Height from Tank Top to Top of Highest Piping Penetration:	13"			
Height from Tank Top to Lowest Electrical Penetration:	9"			
Condition of sump prior to testing:	Some water			
Portion of Sump Tested ²	15" Electric			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	Yes No <input checked="" type="checkbox"/> NA	Yes No NA	Yes No NA	Yes No NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	Yes No <input checked="" type="checkbox"/> NA	Yes No NA	Yes No NA	Yes No NA
Was fail-safe verified to be operational?*	Yes No <input checked="" type="checkbox"/> NA	Yes No NA	Yes No NA	Yes No NA
Wait time between applying pressure/vacuum/water and starting test:	30 min.			
Test Start Time:	11:59 AM	12:05 PM		
Initial Reading (R _i):	6.5154 IN	6.5153		
Test End Time:	12:14 PM	12:20 PM		
Final Reading (R _f):	6.5153 IN	6.5153		
Test Duration:	15 min.	15 min.		
Change in Reading (R _f -R _i):	None			
Pass/Fail Threshold or Criteria:	0 Variation			
Test Result:	<input checked="" type="checkbox"/> Pass Fail	Pass Fail	Pass Fail	Pass Fail
Was sensor removed for testing?	Yes <input checked="" type="checkbox"/> No NA	Yes No NA	Yes No NA	Yes No NA
Was sensor properly replaced and verified functional after testing?	Yes No <input checked="" type="checkbox"/> NA	Yes No NA	Yes No NA	Yes No NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

2 X 15 min test for piping sump, all, UDC
on face attached - see back page
all pass

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	Professional Engineer	
Test Method Used:	Pressure	Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
Test Equipment Used:	INCOR		Equipment Resolution: 0.002 IN	
UDC #	1	UDC #	UDC #	UDC #
UDC Manufacturer:	ENVIRON			
UDC Material:	PLASTIC			
UDC Depth:	9"			
Height from UDC Bottom to Top of Highest Piping Penetration:	thru bottom			
Height from UDC Bottom to Lowest Electrical Penetration:	thru bottom			
Condition of UDC prior to testing:	Clean, dry			
Portion of UDC Tested ³				
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	Yes No NA	Yes No NA	Yes No NA	Yes No NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	Yes No NA	Yes No NA	Yes No NA	Yes No NA
Was fail-safe verified to be operational?*	Yes No NA	Yes No NA	Yes No NA	Yes No NA
Wait time between applying pressure/vacuum/water and starting test	30 Min.			
Test Start Time:	1:33 PM			
Initial Reading (R _I):	1.5127 IN			
Test End Time:	1:48 PM			
Final Reading (R _F):	1.5127 IN			
Test Duration:	15 MIN.			
Change in Reading (R _F -R _I):	None			
Pass/Fail Threshold or Criteria:	0 Variation			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	Yes <input checked="" type="checkbox"/> No NA	Yes No NA	Yes No NA	Yes No NA
Was sensor properly replaced and verified functional after testing?	Yes No <input checked="" type="checkbox"/> NA	Yes No NA	Yes No NA	Yes No NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

³ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps														
Fill Riser Containment Sumps are Present, but were Not Tested														
Test Method Developed By:			<input checked="" type="checkbox"/> Sump Manufacturer			<input checked="" type="checkbox"/> Industry Standard			Professional Engineer					
Test Method Used:			Pressure			Vacuum			<input checked="" type="checkbox"/> Hydrostatic					
Test Equipment Used:			Incon			Equipment Resolution: 0.002 IN.								
			Fill Sump #		Fill Sump #		Fill Sump #		Fill Sump #					
Sump Diameter:			42"											
Sump Depth:			50"											
Height from Tank Top to Top of Highest Piping Penetration:			12"											
Height from Tank Top to Lowest Electrical Penetration:			15"											
Condition of sump prior to testing:			Some Water											
Portion of Sump Tested			20"											
Sump Material:			Fiberglass											
Wait time between applying pressure/vacuum/water and starting test:			30 Min.											
Test Start Time:			11:59 AM											
Initial Reading (R _i):			4.91692 IN											
Test End Time:			12:14 PM											
Final Reading (R _f):			4.9711 IN											
Test Duration:			15 MIN.											
Change in Reading (R _f -R _i):			None											
Pass/Fail Threshold or Criteria:			0 Variation											
Test Result:			<input checked="" type="checkbox"/> Pass		<input type="checkbox"/> Fail		<input type="checkbox"/> Pass		<input type="checkbox"/> Fail		<input type="checkbox"/> Pass		<input type="checkbox"/> Fail	
Is there a sensor in the sump?			<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Does the sensor alarm when either product or water is detected?			<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was sensor removed for testing?			<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was sensor properly replaced and verified functional after testing?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input checked="" type="checkbox"/>				
Test Method Developed By: <input checked="" type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer Other (Specify)				
Test Method Used: Pressure Vacuum <input checked="" type="checkbox"/> Hydrostatic Other (Specify)				
Test Equipment Used: <u>INCOR</u>			Equipment Resolution: <u>0.002 IN.</u>	
	Spill Box #	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:				
Bucket Depth:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _i):				
Test End Time:				
Final Reading (R _f):				
Test Duration:				
Change in Reading (R _f - R _i):				
Pass/Fail Threshold or Criteria:				
Test Result:	Pass Fail	Pass Fail	Pass Fail	Pass Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Send Completed Form to:
County of San Diego, Department of Environmental Health, Hazardous Materials Division
UST Group
P.O. Box 129261
San Diego CA 92112-9261

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
JOB NO. 1865-C

02/21/2003 12:14 PM

SUMP LEAK TEST REPORT

PIPE-1

TEST STARTED 11:59 AM
TEST STARTED 02/21/2003
BEGIN LEVEL 6.5154 IN
END TIME 12:14 PM
END DATE 02/21/2003
END LEVEL 6.5153 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

FILL-1

TEST STARTED 11:59 AM
TEST STARTED 02/21/2003
BEGIN LEVEL 4.9692 IN
END TIME 12:14 PM
END DATE 02/21/2003
END LEVEL 4.9711 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT INCREASED

ONLY INCREASED
0.0019 WHICH IS LESS
THAN .0020

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
JOB NO. 1865-C

02/21/2003 1:33 PM

SUMP LEAK TEST REPORT

UDC-1

TEST STARTED 1:18 PM
TEST STARTED 02/21/2003
BEGIN LEVEL 1.5629 IN
END TIME 1:33 PM
END DATE 02/21/2003
END LEVEL 1.5628 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
JOB NO. 1865-C

02/21/2003 1:43 PM

SUMP LEAK TEST REPORT

UDC-1

TEST STARTED 1:33 PM
TEST STARTED 02/21/2003
BEGIN LEVEL 1.5327 IN
END TIME 1:48 PM
END DATE 02/21/2003
END LEVEL 1.5327 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

TEST STARTED 11:25 AM
TEST STARTED 02/21/2003
BEGIN LEVEL 4.9647 IN
END TIME 11:40 AM
END DATE 02/21/2003
END LEVEL 4.9688 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT INCREASED

FILL-1

TEST STARTED 11:25 AM
TEST STARTED 02/21/2003
BEGIN LEVEL 6.5156 IN
END TIME 11:49 AM
END DATE 02/21/2003
END LEVEL 6.5155 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

PIPE-1

02/21/2003 11:40 AM
SUMP LEAK TEST REPORT

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
JOB NO. 1865-C

02/21/2003 11:56 AM

SUMP LEAK TEST REPORT

PIPE-1

TEST STARTED 11:41 AM
TEST STARTED 02/21/2003
BEGIN LEVEL 6.5156 IN
END TIME 11:56 AM
END DATE 02/21/2003
END LEVEL 6.5155 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

FILL-1

TEST STARTED 11:41 AM
TEST STARTED 02/21/2003
BEGIN LEVEL 4.9685 IN
END TIME 11:56 AM
END DATE 02/21/2003
END LEVEL 4.9689 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
JOB NO. 1865-C



MARRS

MARRS Services, Inc.
101 State Place, STE F
Escondido, CA 92029
Tel. 760.233.7507
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RECEIVED

2003 SEP 29 PM 1 57

D. E. H.
MAILROOM

September 24, 2003

Ms. Susan Hahn, Environmental Health Specialist
County of San Diego
Department of Environmental Health
Hazardous Materials Division
1255 Imperial Avenue
San Diego, California 92112-9261

**Subject: PE Assessment of two AST Systems at Superior Ready Mix, Plant 6 –
Carroll Canyon, 9245 Camino Santa Fe, San Diego, California 92121**

Dear Ms. Hahn:

MARRS Services, Inc. (MARRS) is please to re-submit the attached professional engineer's (PE) aboveground storage tank (AST) assessment for the 3,000-gallon new oil and the 1,200-gallon waste oil AST systems located at the Carroll Canyon property. The attached assessment was revised to include the minor changes per your request in an email dated July 31, 2003. The following revisions were made: the Engineers Certification was revised to read the exact language contained in Title 22, §66270.11(d); Title 23 was changed to read Title 22 under Section 2; and the PE assessment was revised to include the applicable information contained in Title 22, §662650.192(k), with the exception of the integrity testing as previously discussed with DEH and waived. Please refer to the attached assessment for the current AST system conditions and system corrective recommendations.

If you have any questions regarding this transmittal, please contact me directly at (760) 233-7508. Superior Ready Mix appreciates your efforts in this matter.

Sincerely,

Greg Alyanakian
Project Manager

cc:

Riaz Chaudhary, P.E. MARRS Services, Inc.
Garret Brouwer, Superior Ready Mix Concrete, L.P.
file

AST SYSTEM ASSESSMENT

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2003 SEP 29 PM 1 58

**SUPERIOR READY MIX CONCRETE, D. E. H.
9245 CAMINO SANTA FE, MAILROOM
SAN DIEGO, CALIFORNIA 92121**

PREPARED BY

MARRS Services, Inc.
101 State Place, Suite F
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Phone: (760) 233-7507
Fax: (760) 233-7510

PREPARED FOR

Superior Ready Mix Concrete, L.P.
1508 Mission Road
Escondido, California 92029

September 24, 2003

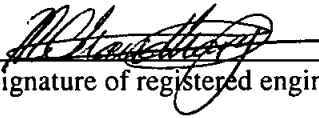


ENGINEERS CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system design to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Riaz Chaudhary

Printed name of registered engineer



Signature of registered engineer

September 25, 2003

Date

C48177

Registration No.

1.0 INTRODUCTION

MARRS Services, Inc. (MARRS) was retained by Superior Ready Mix Concrete, L.P. (Superior) to perform an aboveground storage tank (AST) assessment for the 3,000 gallon AST containing engine oil and 1,200 gallon AST containing waste oil (refer to Figure 1). The objective of the assessment is to minimize the risk to public health and safety, and the environment associated with the storage of Resource Conservation Recovery Act (RCRA) hazardous waste (engine waste oil) and petroleum products at the Superior Ready Mix Plant located at 9245 Camino Santa Fe, San Diego, California 92121.

2.0 REGULATIONS AND GUIDANCE DOCUMENTS AFFECTING ASTS

MARRS is familiar with, and has reviewed, the regulations and guidelines listed below. These documents were utilized to develop a physical inspection form, which was completed during the AST assessments. A copy of the field assessment notes is included in Appendix A.

- **California Aboveground Petroleum Storage Act** – requires owners and operators to file a Storage Statement with the California State Water Resources Control Board. In addition, specific actions to prevent a spill, and in certain instances implementation of groundwater monitoring program, are required under the Act.
- **NFPA 30, Flammable and Combustible Liquids Code** – contains guidance on the storage of flammable liquids. NFPA 30 is intended to reduce the hazard to a degree consistent with reasonable public safety, without undue interference with public convenience and necessity, of operations that require the use of flammable and combustible liquids.
- **California Code of Regulations (CCR) Title 22, Section 66265.190** – describes the requirements for the design, operation, and regulation of hazardous waste tank systems.
- **CCR Title 22, Section 66265.193** – describes the containment and detection of releases for all new and existing tank systems including secondary containment system requirements.
- **CCR Title 22, sections 66265.191(b) and (g) and 66270.11(d)** – contains the requirements for integrity assessment reporting for ASTs without 100 percent (100%) secondary containment.
- **Air Quality Regulations** – Pursuant to California Health and Safety Code sections 39600, 39601, and 41954, certification procedures are required for systems designed to control gasoline vapor emissions displaced during the filling of service station storage tanks (Phase I Vapor Recovery [VR] Systems) and for systems designed to control vapor recovery from motor vehicle refueling operations (Phase II VR Systems). This regulation only affects ASTs, which hold gasoline, and therefore is not applicable at this Plant.
- **Oil Pollution Prevention (40 CFR Part 112)** – The Oil Pollution Prevention Act establishes procedures, methods, and equipment requirements to prevent the discharge of oil from non-transportation related on-shore and off-shore facilities into or upon navigable waters of the United States or adjoining shorelines. Part 112.7 provides guidance for the preparation of a Spill Prevention, Control, and Countermeasure (SPCC) Plan. Tanks inspections should include: checking for tank leaks, cracked foundations, and cracked piping. In addition, the secondary containment should be inspected and assessed pertaining to type of dike or berm system; cracks or damage; and condition of any retention or drainage ponds.
- **Oil Pollution Act of 1990** – OPA-90 was enacted to expand prevention and preparedness activities and improve response capabilities to large releases. OPA-90 amends section 311(j) to the Clean Water Act (CWA) to require owners and operators to prepare and submit a Facility Response Plan for responding, to the maximum extent practicable, to the worst case discharge and substantial threat of such a discharge, of oil or a hazardous substance. The Tank Inspection

Checklist identified in OPA-90 was utilized and incorporated in the assessment performed by MARRS.

- **Piping Requirements** – Underground piping associated with ASTs is subject to California Code of Regulations (CCR) Title 23, Division 3, Chapter 16 Underground Tank Regulations. These regulations specify that underground piping that is not designed and constructed in accordance with the standards set forth in section 2563(b)(7) must meet specified monitoring requirements. Section 2635(b)(7) states that all underground piping, if in direct contact with backfill material, shall be protected against corrosion. Corrosion protection requirements can be met by cathodic protection of piping or if piping is constructed of non-corrosive material such as fiberglass reinforced plastic.

3.0 CURRENT AST SYSTEM CONDITIONS

3,000-gallon Engine Oil AST – This AST is currently used to store new engine oil, which is delivered to the maintenance garage through a network of above ground single wall steel piping. The oil is extracted from the AST by an external wall mounted “in-line” oil pump located inside the maintenance building. The AST is constructed of single wall steel (see Figure 1 for schedule of AST) and has steel footers. A fill port is located at the top of the AST shell and is used for transferring new oil to the AST. The AST is approximately 10 years old.

1,200-gallon Waste Oil AST – This AST is currently used to store waste oil, which is delivered to the tank through a network of above ground single wall steel piping and a portion of subsurface single wall steel piping (beneath the maintenance garage concrete floor. The waste oil is transferred to the AST by an external hand pump located in the maintenance pit inside the maintenance garage. The AST is constructed of single wall steel (see Figure 1 for schedule of AST) and is mounted on a steel skid. A fill port is located at the top of the AST shell and is used for transferring waste oil manually to the AST. The AST is approximately 10 years old.

Secondary Containment Structure – The secondary containment structure houses both ASTs and is constructed of three concrete walls adjoined to the concrete maintenance garage. The dimensions of the structure are 13 feet in length, 20 feet width, and 2.7 feet high. The effective capacity of the structure is 5,251 gallons. The structure is void of cracks and failures and there is no indication of settling.

Characteristics of Hazardous Waste – The 1,200-gallon AST contains waste oil, which is collected during maintenance activities performed on Superior Ready Mix vehicles inside the maintenance garage. Waste oil may contain one or all of the following contaminants or contaminant classes: total recoverable petroleum hydrocarbons; benzene, toluene, ethylbenzene, and xylenes; methyl-tert butyl ether; chlorinated hydrocarbons; poly chlorinated biphenyls; Title 22 Metals (aluminum, antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, nickel, nitrate [as NO₃], nitrite [as nitrogen], selenium, and thallium); total lead; and organic lead. Many of the analytes mentioned above are known carcinogens.

4.0 RESULTS OF THE ASSESSMENT

MARRS performed a visual assessment of the 3,000-gallon engine oil and the 1,200-gallon waste oil ASTs on July 9, 2003. Table 1 presents the findings of the visual assessment.

Table 1: AST Condition Assessments

AST SHELL	3,000-gallon AST	1,200-gallon AST
Material of construction	Steel	Steel
Material thickness (determined by Kraut Kramer Branson Instrument DMS-2 Ultrasonic Gauge)	See attached drawing and measurement table	See attached drawing and measurement table
Drip Marks, tank discoloration from leaks	None observed	None observed
Puddles containing spilled or leaked material	None observed	Yes - beneath manual fill port on concrete
Paint failure, peeling, scratches	Yes - minor throughout tanks top/side surface	Yes - minor throughout tanks top/side surface
Cracks (especially around welds)	None observed	None observed
Localized dead vegetation	None observed	None observed
Bulges or out of roundness of tank shell	None observed	None observed
Inoperable mechanical systems (gauges, levels, etc.)	None observed	None observed
Corrosion, including pitting	Yes - near top of AST	None observed
AST FOUNDATIONS		
Cracks	None observed	None observed
Discoloration from leaks or spills	Yes - beneath fill port	Yes - beneath fill port
Puddles containing spilled or leaked material	None observed	Yes - beneath manual fill port on concrete
Settling of tank into asphalt or soil, uneven ground	None observed	None observed
Gaps between tank and foundation	None observed	None observed
Damage caused by vegetation roots	None observed	None observed
ASSOCIATED AST PIPING		
Material of construction	Steel, single wall	Steel, single wall
Diameter	1.5-inch	1-inch
Droplets of stored material	None observed	None observed
Discoloration	None observed	None observed
Corrosion	None observed	None observed
Bowing of pipe between supports	None observed	None observed
Evidence of stored material seepage from valves or seals	None observed	None observed
Localized dead vegetation	None observed	None observed
Paint failure, peeling	None observed	None observed
SECONDARY CONTAINMENT STRUCTURE		
Cracks	None observed	
Discoloration from leakage or spills	Yes - minor due to oil spillage on concrete	
Presence of spilled or leaked material (standing liquid)	Staining observed near fill ports on concrete	
Corrosion	None observed	
Condition of release valve	No release valve	

5.0 ASSESSMENT SUMMARY AND RECOMMENDATIONS

5.1 Assessment Summary

Overall, both ASTs appear to be in good working order and the concrete secondary containment intact. No major deficiencies were observed during the assessment. The ASTs appear to have some minor paint chipping and rust, however, it does not appear at this time that these deficiencies are severe enough to cause tank failure. Ultrasonic testing results (see Appendix C) indicated that the wall thickness of the 1,200-gallon waste oil tank walls and the 3,000-gallon engine oil tank walls were all within nominal range and no major thickness discrepancies were noted, which might suggest internal pitting or tank wall failure. The remaining life of the ASTs is infinite and should be replaced if leaking or tank failure occurs.

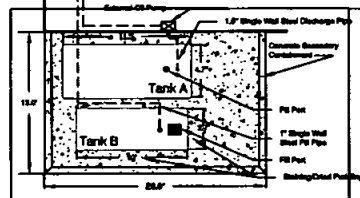
The above ground associated piping appears to be in good condition and does not show any visible signs of leaking. However, a portion of the waste oil discharge pipe is located underground, which could not be observed. The concrete secondary containment berm appears in tact and lacks any sign of cracks or damage. The capacity of the secondary containment berm is 5,251 gallons, which is capable of containing the entire combined volume of 4,200 gallons of petroleum, oil, and lubricants (POL) and allows capacity for precipitation from a 100-year storm (approximately 5.5-inches over a 24-hour period). Visual staining (dried puddles of oil) was observed on the floor of the secondary containment, which appears to have been caused by spilling oil from hand containers during manual transfer to the waste oil tank. It does not appear that this staining is a result of the associated pipe or tank failure. In addition, foreign debris (e.g. oil staining/spilled oil, trash, metal debris, etc.) was observed inside the secondary containment structure.

5.2 Recommendations

MARRS recommends the following corrective action for the AST systems:

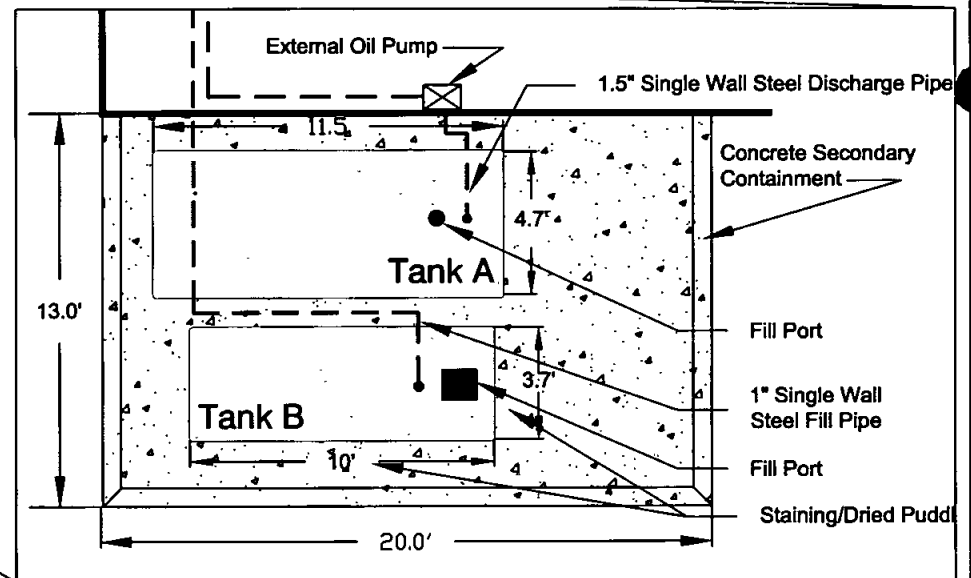
1. Abandon (pressure grout) "in place" that portion of the waste oil tank piping, which is located underground and install alternative above ground piping for daily use.
2. Remove minor rust on the surface of ASTs and repaint to avoid further corrosion or pitting.
3. Install breakaway automatic shutoff device (e.g. excess flow check valve, flow metering shutdown device, loss of pressure actuated shut off device) between the AST and the associated piping on each AST.
4. Perform daily visual inspection of the AST following the form provided in Appendix B and complete and file form on-site once a week.
5. Remove oil and debris from the secondary containment structure. Ensure that the structure is free and clear of all foreign debris (e.g. oil staining/spilled oil, trash, metal debris, etc.)
6. Apply an epoxy seal on the inside and outside corner seam of the concrete secondary containment wall and the concrete wall of the maintenance building.
7. Place placards near ASTs to warn pedestrians of the flammable hazard present (e.g. no smoking within 25 feet, flammable, etc.)

Camino Santa Fe

Maintenance shop
Bldg. 9245

AST Area

--- Above Ground Piping
 --- Subsurface Piping



Private Road

SCHEDULE OF ABOVE GROUND STORAGE TANKS

Tank	Tank Material	Volume (GAL)	Product	Tank Construction	Tank Spill/Leak Containment
Tank A	STEEL	3,000	ENGINE OIL	HORIZ. SINGLE WALL/CYL	YES
Tank B	STEEL	1,200	WASTE OIL	HORIZ. SINGLE WALL/CYL	YES

MARRS Services, Inc.

AST ASSESSMENT
 SUPERIOR READY MIX
 9245 CAMINO SANTA FE

Submitted By: G. Alyanakian
 Date: 09/04/03

Checked/Approved By: R. Chaudhary
 Date: 09/05/03

FIGURE 1

DWG No: Superior_9245

APPENDIX A

Field Notes

AST In-Service Inspection Checklist

Superior Ready Mix
9245 Camino Santa Fe

Inspect the general condition of the AST system. Note any obvious mechanical problems or deterioration deficiencies in the area provided at the end of each section.

1. Check Tanks for leaks, specifically looking for:

- ☒ A. Drip Marks, tank discoloration from leaks NO
- ☒ B. Puddles Containing spilled or leaked material YES (NEAR WASTE OIL TANK)
- ☒ C. Paint failure, peeling, scratches (MINOR ON BOTH)
- ☒ D. Cracks (especially around welds) NONE VISIBLE
- ☒ E. Localized Dead Vegetation NO
- ☒ F. Bulges or out of roundness of tank shell NO
- ☒ G. Inoperable mechanical systems (fuel level gage, dispenser, etc.) NO
- ☒ H. Corrosion including pitting MINOR NEAR TOP ON 3000 gal AST

Deficiencies: _____

2. Check Foundation For:

- ☒ A. Cracks NO
- ☒ B. Discoloration from leaks or spills YES BENEATH WASTE OIL AST / NEW OIL BENEATH FILL PITS
- ☒ C. Puddles containing spilled or leaked material YES MINOR AS ABOVE
- ☒ D. Settling of tank into asphalt or soil, uneven ground NO
- ☒ E. Gaps between tank and foundation NO
- ☒ F. Damage caused by vegetation roots NO

Deficiencies: NEED SEAL AT CORNERS OF SEC. CONT. WHERE CONC. WALLS
MEET BLDG.

3. Check Piping for:

- ☒ A. Droplets of stored material NO
- ☒ B. Discoloration NO
- ☒ C. Corrosion NO
- ☒ D. Bowing of pipe between supports NO
- ☒ E. Evidence of stored material seepage from valves or seals NO
- ☒ F. Localized Dead Vegetation NO
- ☒ G. Paint failure, peeling NO

Deficiencies: _____

4. Dike or Berm System

N/A

- ☐ A. Level of precipitation in dike/available capacity
- ☐ B. Operational status of drainage valves
- ☐ C. Dike or berm permeability
- ☐ D. Debris
- ☐ E. Erosion
- ☐ F. Permeability of the earthen floor of diked area
- ☐ G. Location/status of pipes, inlets, drainage beneath tanks

Deficiencies:

5. Secondary Containment

- ☒ A. Cracks no (need seals see front pg. note)
- ☒ B. Discoloration from leakage or spills
- ☒ C. Presence of spilled or leaked material (standing liquid) minor see front pg
- ☒ D. Corrosion minor
- ☒ E. Condition of release valve NO release valve

Deficiencies: NO SW release valve

6. Retention and Drainage Ponds

N/A

- ☐ A. Erosion
- ☐ B. Available capacity
- ☐ C. Presence of spilled or leaked material
- ☐ D. Debris
- ☐ E. Stressed vegetation

Deficiencies:

Raytheon Engineers & Constructors**GENERAL
COMPUTATION
SHEET**

CALCULATION SET NO.

REV.

COMP. BY

CHK'D. BY

PRELIM.

FINAL

VOID

DATE

DATE

PROJECT Superior Ready mixSUBJECT PE ASSESSMENT

SHEET

OF

J.O.

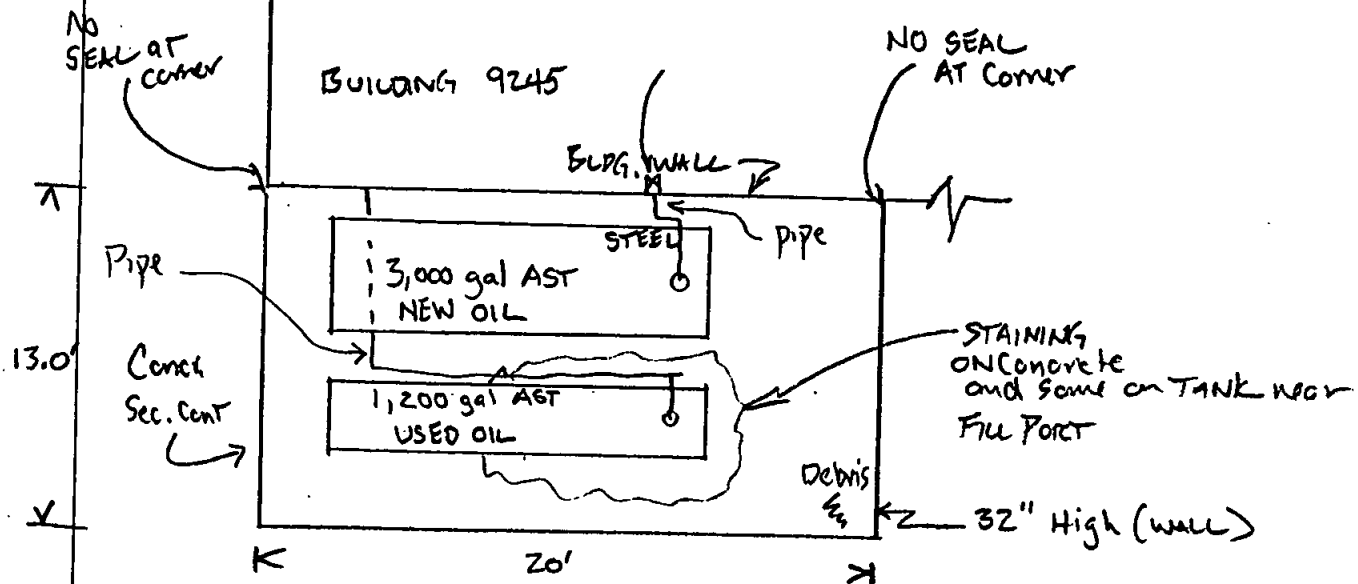
DATE

DATE

7/9/03

* INTEGRITY TEST RECORDS

* TANK SPEC'S

* Procedure For High Fill or ^{TANK} Pump
cleanout schedule.

3,000 gal STEEL AST - STEEL - welded Feet on concrete

MFG. SANNI POLI TANKS 110 N. HALE AVE, ESCONDIDO CA

1200 gal STEEL AST - STEEL SKID MOUNTED

APPENDIX B

AST In-Service Inspection List

SAMPLE**Hazardous Waste Tank****Tank T-1 Daily Inspection Log****Contents of Tank:** _____**Inspection Date** _____ **Time** _____**Inspector's Name** _____

	Yes	No
High level waste feed cutoff working?	_____	_____
Tank exterior free of signs of corrosion/leakage/damage?	_____	_____
Inlet piping/valves/connections free of signs of corrosion/leakage/damage?	_____	_____
Outlet piping/valves/connections free of signs of corrosion/leakage/damage?	_____	_____
Secondary containment free of cracks/deterioration?	_____	_____
Secondary containment free of accumulated liquids or sludge?	_____	_____
Leak detection equipment in good working order? If in alarm, explain below.	_____	_____

Explain all "No" answers: _____

Date/Nature of Repairs: _____

File Code: Tank T-1 Daily Inspec. Log - 6/26/98

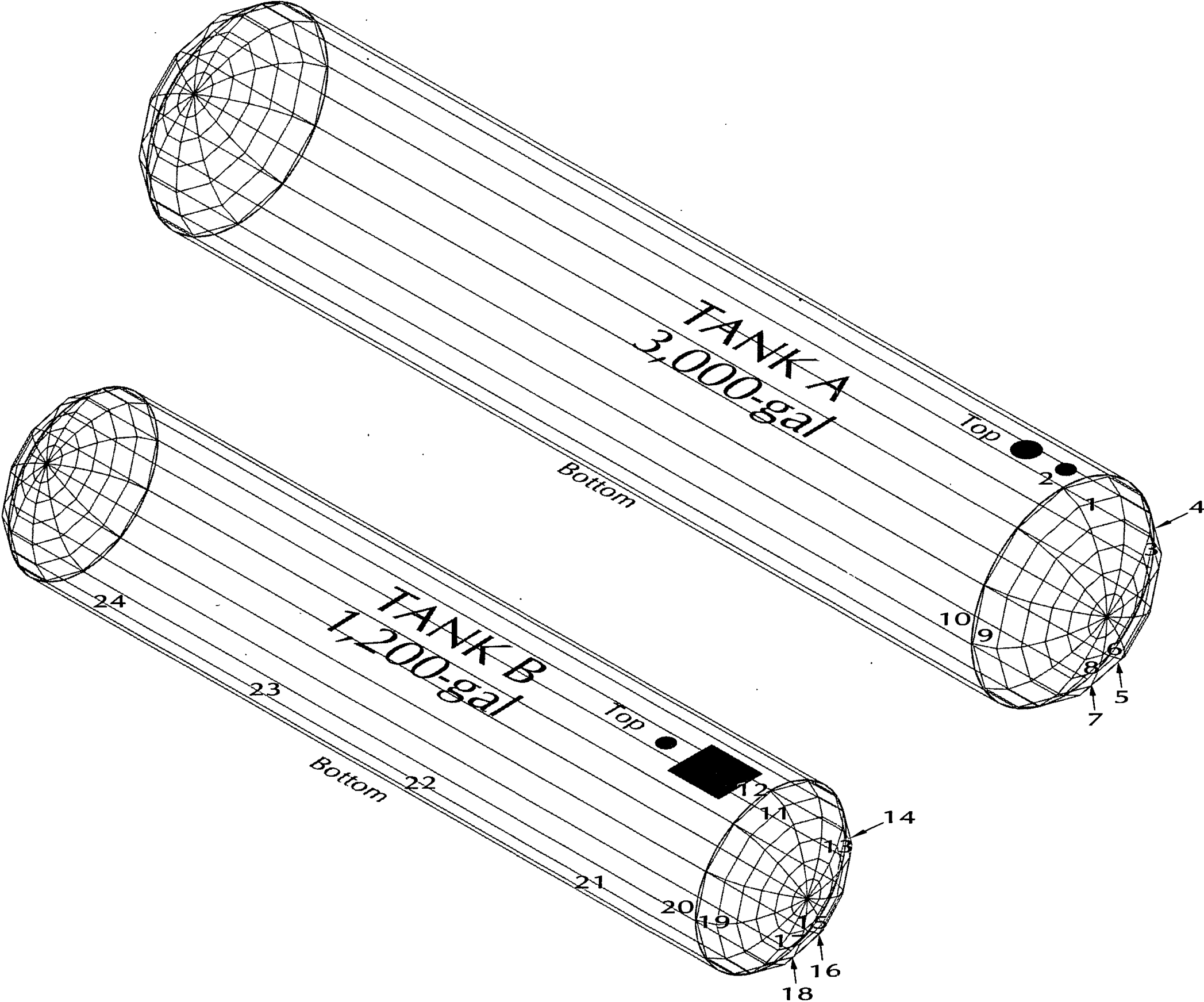
DEH-HM:931 (10/98)

- 9 -

 County of San Diego
 Department of Environmental Health

APPENDIX C
UST Thickness Testing Results
and Instrument Calibration Report

Survey Date: 08/25/2003



Reading No.	Location Description	Thickness (in)
1	TOP OF TANK A (F)	0.180
2	TOP OF TANK A (T)	0.199
3	FRONT OF TANK A (R)	0.180
4	RIGHT OF TANK A (SW)	0.190
5	BOTTOM OF TANK A (R)	0.189
6	FRONT OF TANK A (BR)	0.182
7	BOTTOM OF TANK A (L)	0.189
8	FRONT OF TANK A (BL)	0.181
9	FRONT OF TANK A (L)	0.180
10	LEFT OF TANK A (SW)	0.187
11	TOP OF TANK B (F)	0.115
12	TOP OF TANK B (T)	0.101
13	FRONT OF TANK B (R)	0.107
14	RIGHT OF TANK B (SW)	0.098
15	FRONT OF TANK B (BR)	0.107
16	BOTTOM OF TANK B (R)	0.101
17	FRONT OF TANK B (BL)	0.105
18	BOTTOM OF TANK B (L)	0.100
19	FRONT OF TANK B (L)	0.108
20	LEFT OF TANK B (SW)	0.104
21	LOWER BOTTOM TANK B (F)	0.096
22	LOWER BOTTOM TANK B (MF)	0.120
23	LOWER BOTTOM TANK B (ME)	0.101
24	LOWER BOTTOM TANK B (E)	0.096

Notes: in INCHES
F FRONT
T TOP
R RIGHT
L LEFT
E END
BL BOTTOM LEFT
BR BOTTOM RIGHT
MF MIDDLE FRONT
ME MIDDLE END
SW SIDE WALL

MARRS Services, Inc.	
AST ASSESSMENT SUPERIOR READY MIX 9245 CAMINO SANTA FE	
Submitted By: G. Alyanokian Date: 09/04/03	FIGURE C-1
Checked/Approved By: R. Chaudhary Date: 09/05/03	DWG No: Superior_9245_TankGauge