Krautkramer Ultrasonic Systems

AgfaNDT.com

Agfa NDT Inc.
50 Industrial Park Road
Lewistown, PA 17044

Tel 717-242-0327
Fax 717-248-7211
E-mail infolink@AgfaNDTinc.com

CERTIFICATE OF CALIBRATION

This Certificate shall not be reproduced, except in full, without written approval of Agfa NDT Inc..

Issued to: Krautkramer Ultrasonic Systems
50 Industrial Park Road
Lewistown, PA 17044
USA

Certificate #: 18244
PO Number: RENTAL UNIT
Serial#: 00NVHJ
Model#: DMS2
Description: Thickness Gauge
Manufacturer: Krautkramer

The accuracy of the instrument described above has been confirmed by factory standard test equipment and/or laboratory reference standards traceable to the National Institute of Standards and Technology. The uncertainty factor of the block standards used does not exceed 25% of the tolerance of the characteristic being verified. For the Hardness instruments the reference blocks are manufactured in accordance with ASTM E 18-00 for the UCI based instruments and ASTM A 956-00 for the LEEB based instruments. The calibration system procedures utilized at this facility conform to the requirements set forth in MIL-STD-45662A and ANSI/NCSL Z540-1-1994. This facility's quality system is registered to ISO 9001.

Calibration Date: Friday, October 04, 2002
Calibration Due: Saturday, October 04, 2003
Interval: 12

Temperature: 70 **Humidity:** 45 % R.H.
Technician: Cherry, Roy
Procedure Used: QCP1239

Found: ◉ In Tol ○ Out of Tol | **Left:** ◉ In Tol ○ Out of Tol | **Test Results:** ☑ PASS ☐ FAIL

Notes: None

The following Test Equipment was used to CALIBRATE/CERTIFY your Instrument:

SERIAL#	MODEL#	MANUFACTURE	CAL DATE	CAL DUE	NIST#s
00LRP7	DP-104	Krautkramer	23-Jul-02	23-Apr-03	821/257922-97, 821/957922-95, 821/261181-99, 821/261776-99, 821/264707-01, 1087, 1197, 1334, 1342..
00M39F-C	TC-560 Auto-V	Krautkramer	28-Jun-02	28-Mar-03	E91125, E90822, E90030, E90869, E90861, E90868, E90167, A50220, A50001, A50362, 436A28145, 5334B07003, 1404..
00VDW3	FH2E	Krautkramer	29-Jul-02	29-Apr-03	821/254922-97, 821/261181-99, 821/261776-99, 821/264707-01, 1334, 1342..
00VP9N	FH2E-D	Krautkramer	29-Jul-02	29-Apr-03	821/254922-97, 821/261181-99, 821/261776-99, 821/264707-01, 1334, 1342..
45	Block Set	Steel 28	20-Sep-02	20-Sep-03	821/261181-99, 821/263310-00, 821/264568-01..
49500791	83	Fluke	10-Oct-01	10-Oct-02	1334, 1342..
6482	Block	Krautkramer	24-Jan-02	24-Jan-03	821/257922-97, 821/261181-99, 1087, 1152, 1197, 1292, 1334, 1342, 1351, 1450..
D25123	ALPHA 2 DFR	KB	11-Feb-02	11-Nov-02	821/254921-95, 821/257922-97, 821/261181-99, 1204, 1255..
G19499	KBA 560 Dual	KB	15-Feb-02	15-Nov-02	821/254922-97, 821/261181-99, 1334, 1342..
H30214	F Style CA211A	KB	11-Feb-02	11-Nov-02	821/254921-95, 821/257922-97, 821/261181-99, 1204, 1255..

Certified By: Roy Cherry

Krautkramer Ultrasonic Systems | PANTAK SEIFERT X-ray Systems | RADView Medical Systems | STRUCTURIX Film Systems

AGFA

Krautkramer Ultrasonic Systems | PANTAK SEIFERT X-ray Systems | RADView Digital Systems | STRUCTURIX Film Systems

Agfa NDT Inc., 50 Industrial Park Road, Lewistown, PA 17044
(717) 242-0327 FAX: (717) 242-2606

CUSTOMER ORDER NO.: CREDIT CARD

** SERVICE **

SOLD TO:
MARRS SERVICES
13360 E. FIRESTONE BLVD
SUITE A2
ATTN; GREG ALYANAKIAN
SANTA FE SPRINGS CA 90670

SHIP TO:
MARRS SERVICES
ATTN; GREG ALYANAKIAN
101 STATE PLACE
SUITE F
ESCONDIDO CA 92029

CUSTOMER CODE	TERRITORY CODES	ORDER NO.	SPECIAL	TERMS:
4995645-001	369/	KB 066241	AA 000515	FOB POINT OF SHIPMENT

SHIPPED VIA	DATE CONFIRMED	SCHEDULE SHIP DATE	PAGE NO.
FED X NEXT DAY-COLLECT	8/21/03	8/21/03	1

ITEM NO.	PRODUCT LINE	PRODUCT CODE AND DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED
		RENTAL EQUIPMENT RENTAL EQUIPMENT RENTAL EQUIPMENT ATTN; GREG ALYANAKIAN @ 760-233-7508		
01	77	023-999-000 SERV--INSTRUMENT RENTAL DMS2 SN 00NVHJ RA#18244 (1) 5 STEP BLOCK,MANUAL, CERT,COUPLANT,NECKSTRAP, FH2E PROBE,CARRY CASE 00NVHJ	1	1
02	77	023-999-010 SERV--INST RENTAL EXTNDED 8/29/03 1	1	0

PACKING LIST

AgfaNDT.com

JECT TO TERMS, CONDITIONS, WARRANTY AND LIMITATIONS ON THE REVERSE SIDE

September 25 - October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

FILE

#121310

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 SECONDARY CONTAINMENT TESTING CERTIFICATION

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: SUPERIOR CONCRETE Date of Testing: 6-21-04	
Facility Address: SEE EXISTING	Test Type:
Facility Contact: Phone: INFO	☐ Initial
Date Local Agency Was Notified of Testing:	☒ 6 months
Name of Local Agency Inspector *(if present during testing)*:	☐ 36 months

TESTING CONTRACTOR INFORMATION

Company Name: Western Pump, Inc.	
Technician Conducting Test:	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: A, C61/D40/Haz	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
Incon	TS-STS	

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
ANNULAR - TANK - 1	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
SECONDARY PIPING - PIPE RUN - 1	☒	☐	☐	☐		☐	☐	☐	☐
" " " " - 2	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
Piping Sump - 1	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
Fill sump - 1	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
~~[illegible]~~ UDC - 1	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
SPILL BOX - 1	☒	☐	☐	☐		☐	☐	☐	☐

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: [signature] Date: 6-21-04

DEH-HMD-9169 (05-02)

September 25 - October 15, 2017 Pre- Diligence / LGT Permit Package Addendum 2 October 10, 2017

1. TANK ANNULAR TESTING

Test Method Developed By:	☒ Tank Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*			
Test Method Used:	☐ Pressure ☒ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*			
Test Equipment Used: Vacuum Gauges			Equipment Resolution: + or - 0 in.	
	Tank # 1	Tank #	Tank #	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:	12,000 GAL			
Tank Material:	STEEL			
Tank Manufacturer:	ZEECKES			
Product Stored:	DIESEL			
Wait time between applying pressure/vacuum/water and starting test:	20 MIN			
Test Start Time:	10:00 AM			
Initial Reading (R_i):	10 IN-HG			
Test End Time:	11:00 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:	☒ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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 2637(a)(6))

September 25 - October 15, 2017 Pre- Diligence / LGI Period Package Addendum 2 October 10, 2017

2. SECONDARY PIPE TESTING

Test Method Developed By:	☒ Piping Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer	
Test Method Used:	☒ Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic	
Test Equipment Used: Air Gauges			Equipment Resolution: + or - 0 in.	
	Piping Run # 1	Piping Run # 2	Piping Run #	Piping Run #
Piping Material:	FIBERGLASS	" "		
Piping Manufacturer:	AMERON	"		
Piping Diameter:	3"	3"		
Length of Piping Run:	10'	16'		
Product Stored:	DIESEL	"		
Method and location of piping-run isolation:	TEST BOOTS	" "		
Wait time between applying pressure/vacuum/water and starting test:	15 min	"		
Test Start Time:	10:30 am	11:00 am		
Initial Reading (R_I):	5 PSI	5 PSI		
Test End Time:	11:30 am	12 NOON		
Final Reading (R_F):	5 PSI	5 PSI		
Test Duration:	60 min	" "		
Change in Reading (R_F-R_I):	NONE	"		
Pass/Fail Threshold or Criteria:	Ø VARIATION	" "		
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)*

September 25 - October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

3. PIPING SUMP TESTING

Test Method Developed By:	☒ Sump Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used: Incon			Equipment Resolution: 0.002cin.	
	Sump # PIPE-1	Sump #	Sump #	Sump #
Sump Diameter:	42"			
Sump Depth:	57"			
Sump Material:	FIBERGLASS			
Height from Tank Top to Top of Highest Piping Penetration:	14"			
Height from Tank Top to Lowest Electrical Penetration:	14"			
Condition of sump prior to testing:	SOME DIRT, DRY			
Portion of Sump Tested[2]				
Does turbine shut down when sump 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:	SEE TAPE			
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
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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)

Supplemental October 15, 2017 Pre- Diligence / LOI Sufficient Package Addendum October 10, 2017

4. 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: Incon			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:	" "			
Condition of UDC prior to testing:	SOME DIRT, 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:	SEE TAPES			
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
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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 [illegible] indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

October 15, 2017 Pre- Diligence / L October 10, 2017

5. 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:	☒ Sump Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used: Incon			Equipment Resolution: 0.002 in.	
	Fill Sump # Fill-1	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:	42"			
Sump Depth:	51"			
Height from Tank Top to Top of Highest Piping Penetration:	14"			
Height from Tank Top to Lowest Electrical Penetration:	9"			
Condition of sump prior to testing:	SOME DIRT, DRY			
Portion of Sump Tested				
Sump Material:	FIBERGLASS			
Wait time between applying pressure/vacuum/water and starting test:	30 min			
Test Start Time:	SEE TAPE			
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
Is there a sensor in the sump?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ Yes ☐ No ☐ NA

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

September 25 - October 15, 2017 Pre- Diligence / LGI Period Package Addendum 2 October 10, 2017

6. 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 ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used: Incon		Equipment Resolution: 0.002 in.		
	Spill Box # 1	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:	11"			
Bucket Depth:	14"			
Wait time between applying pressure/vacuum/water and starting test:	15 min			
Test Start Time:	12 noon			
Initial Reading (R_I):	7 3/8"			
Test End Time:	1:00 pm			
Final Reading (R_F):	7 3/8"			
Test Duration:	60 min			
Change in Reading (R_F-R_I):	NONE			
Pass/Fail Threshold or Criteria:	0 VARIATION			
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)*

PERFORMED 1 HR. VISUAL TEST

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

September 25, 2017 October 15, 2017 Pre- Diligence / LOI Number 2 Response Attachment October 10, 2017

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 SECONDARY CONTAINMENT TESTING CERTIFICATION

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: Superior Ready Mix	Date of Testing: 2004-05-[illegible]	
Facility Address: 9245 Camino Santa Fe, San Diego 92121		**Test Type:**
Facility Contact: Aaron Schoeneweis	Phone:	☐ Initial
Date Local Agency Was Notified of Testing: 2004-05-14		☐ 6 months
Name of Local Agency Inspector *(if present during testing)*: DEH		☐ 36 months

TESTING CONTRACTOR INFORMATION

Company Name: Western Pump, Inc.	
Technician Conducting Test: Octavio Guiterrez	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: A, C61/D40/Haz	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Spill Bucket Fill	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THE TESTING

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

Technician's Signature: [signature] Date: 6-[illegible]-04

DEH:HMD-9169 (05-02)

September 15 - October 15, 2017 Pre- Diligence / LOI Vendor Package Addendum 10 October 10, 2017

6. 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 ☐ Other *(Specify)*			
Test Method Used:	☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other *(Specify)*			
Test Equipment Used: Incon			Equipment Resolution: 0.002 in.	
	Spill Box # fill	**Spill Box #**	**Spill Box #**	**Spill Box #**
Bucket Diameter:	12" fill	12" vapor		
Bucket Depth:	12"	12"		
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:	9:30 am			
Initial Reading (R_I):	3.75"			
Test End Time:	10:30 am			
Final Reading (R_F):	3.75"			
Test Duration:	1 hour			
Change in Reading (R_F-R_I):	0			
Pass/Fail Threshold or Criteria:	1 hour visual			
Test Result:	☒ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(Include information on repairs made prior to testing, and recommended follow-up tests)*
One hour visual test done with DEH Inspector present (Manon Erhart)

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

Supplemental Report October 15, 2017 Pre- Diligence / LOS Storage Tank Summary October 10, 2017

FILE: #121310

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 the test date.

A. General Information:

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

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

Facility Contact Person: AARON SCHOENEWEIS Contact Phone No.: 858-695-0666

Make/Model of Monitoring System: VEEDER ROOT TLS 300C Date of Testing/Servicing: 5/28/04

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: #1 - DIESEL X In Tank Gauging Probe. Model: 8473-20-109 X Annular Space or Vault Sensor. Model: 794390-420 X Piping Sump / Trench Sensor(s). Model: 794380-208 X Fill Sump Sensor(s). Model: 794380-208 ☐ Mechanical Line leak Detector. Model: X Electronic Line Detector. Model: 331014-001 ☐ Tank Overfill / High Level Detector. Model: ☐ 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 Detector. Model: ☐ Tank Overfill / High Level Detector. Model: ☐ 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 Detector. Model: ☐ Tank Overfill / High Level Detector. Model: ☐ 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 Detector. Model: ☐ Tank Overfill / High Level Detector. Model: ☐ Other (specify equipment type and model in Section E on Page 2.
Dispenser ID #DIESEL X Dispenser Containment Sensor(s). Model: 794380-208 X 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).
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 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 attached a copy of the report;(check all that apply): X System Set-Up X Alarm History Report

Technician Name(print): OCTAVIO GUITERREZ Signature: _____

Certification/License No.: 006-05-0897 Date of Testing/Servicing: 5/28/04

Testing Company Name: WESTERN PUMP, INC.

Site Address: 3235 "F" STREET SAN DIEGO, CA 92102 Phone No.: (619) 239 - 9988

Sensitive to October 15, 2017 Pre- Diligence / LOI Pre-Package Agreement / October 10, 2017

D. Results of Testing/Servicing

Software Version Installed **16.05**

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 operations?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communication equipment (e.g. modem) operational?
☒ Yes	☐ No* ☐ N/A	For pressurized piping systems, does the turbine automatically shut down [illegible] the piping secondary containment monitoring system detects a leak, fails to operate, [illegible] is electronically disconnected? If yes: which sensors initiate positive shut down? (*Check all that apply*) ☒ 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? [illegible] at what percent of tank capacity does the alarm trigger? % 90
☐ Yes	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, [illegible], or other equipment replaced and list the manufacturer name and model for all [illegible] parts in Section E, below.
☐ Yes	☒ No	Was liquid found inside any secondary containment systems designed as [illegible] systems? (*Check all that apply*) ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach [illegible] up reports, if applicable.
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer specifications?

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

E. Comments:

October 15, 2017 Pre- Diligence / LOS Page 4 of 4 October 10, 2017

F. In-Tank Gauging / SIR Equipment:

☒ Check this box if tank gauging is used 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 leakdetection 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? (*Check all that apply*) 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 the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

PLLD test not required at the is inspection per Manon Erhardt.

September 25 - October 15, 2017 Pre-Diligence / LOI Report Package Expansion 2 October 10, 2017

FILE ONLY.

COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT # 121310
SPECIALIST Ehrhart
INSPECTION DATE: 5/28/04
CONTACT Aaron Schoenweis

BUSINESS NAME Superior Ready Mix

ADDRESS 9245 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 3112	6/21/04	Wester pump came out to conducted test
2 v 3257	5/29/04	Sump was cleaned out and ~~[illegible]~~ Silicone was put around hole.
3 v 1605	5/29/04	Started ~~&~~ Hasmat Daily Log.
4 v		
5 v		
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 (Print Name): Aaron Schoeneweis Job Title Forman (Shop)

Signature of Responsible Party: [signature] Date: 6/23/04

Send completed form and supporting documentation to the address listed below

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: Marvin Maschke Date: 10/21/04

Specialist's comments: did not receive until 10/21/04 - DTC date stays 10/21/04.

☐ All violations noted on date listed above were corrected.

Department of Environmental Health, Hazardous Materials Division, P[illegible]ox 129261, San Diego, CA 92112-9261; (619) 338-2222; 1-800-253-9933

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

HM-926 (09/03) NCR

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 of 5 DATE 05/28/2004
PERMIT # 121310
TIME START 8:30 A END 11:30 A
BUS. CODE K70
SPECIALIST Ehrhart
INSPECTION CONTACT/TITLE
Aaron Schoeneweis / Shop Foreman
PHONE 858-695-0666

BUSINESS NAME Superior Ready Mix

ADDRESS 9245 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.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

JUN 1 6 2004

Y	N/A		Y	N/A	
✕	☐	**Unified Program Facility Permit current and available**			**Permit Expires on: 30 /JUN/ 04 .**
✕	☐	**Employee Training is adequate**	✕	☐	**Employee Training records available**
✕	☐	**Waste disposal records available for review**	✕	☐	**Waste containers kept closed**
☐	☐	**Emergency contacts current ✕ Updated today**	✕	☐	**Waste containers kept labeled**
☐	☐	**Chemical inventory current ✕ Updated today**	✕	☐	**Waste containers in good condition**

☐ **All violations noted on this compliance inspection report were corrected during this inspection.**

JUN 1 6 2004

Routine Inspection & Below Grade UST Inspection conducted this date with Shop Foreman, Aaron Schoenweis and Western Pump Tank Technician, Octavio Gutierrez. 4 sensors were tested, passed and placed in the lowest point of the sumps and dispenser. The ATG is functioning to have audible & visible alarm at 90% capacity (10,858 gallons). There is working fail safe. Spill bucket passed 1 hr test today. UST Monitoring System was Certified this date. Used oil AST has a P.E. Cert on site dated 7/14/03.

Observations/Violations – Notice to Comply

1) Re-piping was done at this site April 2003 and at that time a secondary containment test was completed. There are no records of this testing at the site. Also, there was supposed to have been a follow-up secondary containment test 6 months after the re-pipe, but this was not done. Secondary containment testing must be performed every 3 years AND 6 months after any new installation (including re-piping) per HSC 25284.1; 2637(a).

CORRECTIVE ACTION: By June 28th, 2004, complete a follow-up secondary containment test of this UST system that is identical to the testing performed immediately after the re-piping. Submit copies of the new test results by July 28th, 2004 and be sure to have all copies of all tests here on file available to be viewed by the next inspector.

☐ **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** AS

Aaron Schoeneweis — Signature of Business Representative
5/28/04 — Date Signed
Shop Foreman — Title

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

PERMIT # 121310
DATE 5/28/04
PAGE 2 of 5

BUSINESS ADDRESS: 9245 Camino Santa Fe

ZIP CODE: 92121

2) Observed at least 2 gallons of water that had intruded into the piping sump. UST System Sumps must be kept clear of debris/liquid per CCR 2631(d)(4). This water was removed during the inspection.
CORRECTIVE ACTION: Find the source for the water intrusion and work to mitigate this intrusion. Be aware that work on the UST System at any time may require UST Repair Permits. Call (619) 2378451 if you are ever in doubt if you need a repair permit.

3) 1500-gallon used oil AST has no daily tank log implemented. A daily AST Tank inspection log is required per CCR 66265.195 (b&c).
CORRECTIVE ACTION: Immediately implement the logs you have on site. Keep logs on record for 3 years.

REMARKS

** When the ATG was removed from the UST, there was debris on the sensor and all up the ATG itself. Aaron spoke about having the UST cleaned to remove the debris because it is possibly causing major repairs on the trucks fueling with this diesel. **BE ADVISED: Check with the UST Plan check office (619) 237-8451 to determine if you need a "UST Repair Permit" to clean the diesel tank.**

**Be advised, there are new requirements for a Designated UST Operator at your business site to conduct training and look at the UST System on a regular basis. The State Water Resources Control Boards testing/certification requirements come due January 1, 2005. See handout for more information.

Within 30 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.

QUESTIONS and/or CORRESPONDENCE regarding this report should be directed to -

Manón Ehrhart, 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

Signature of Business Representative | 5/28/04 Date Signed | Shop Foreman Title

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #: 121310
DATE: 5 / 28 / 04
PAGE: 3 OF 5

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP: 92121

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of R egulations (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			1	Secondary containment testing conducted at 6mo/36 months 25284.1; 2637(a)	3112	X	
	Operating Permit current and at facility? 25284(a); 25286(a), 2712 (i), 68.1003 ✓ 5/05	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		VIOL	V	NA	V	NA	V	NA	V	NA
	TANK #			T001							
	PRODUCT			DSL							
	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								
2	Is containment sump liquid free? 2631(d)(4)		3257	X							
	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		X						
CLOSURE REQUIREMENTS:											
	Temporary closure requirements completed? 25298, 2671		3322		X						
	Unused tank properly closed? Permanent closure requirements met? 25298, 2672		3324		X						

SIGNATURE OF BUSINESS REPRESENTATIVE — DATE SIGNED: 5/28/04 — TITLE OF BUSINESS REPRESENTATIVE: Shop Foreman

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #: 121310
DATE: 5 28 04
PAGE: 4 OF 5

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP: 92121

	UST SYSTEM INSPECTION		TANK #	T001							
	REQUIREMENTS FOR DOUBLE WALLED SYSTEMS		PRODUCT	DSL							
#	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		X						
	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: 5/28/04 — TITLE OF BUSINESS REPRESENTATIVE: Shop Foreman

DEH:HM-928-1 (Revised 05/02) NCR DISTRIBUTION:WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

PERMIT # 12/310
DATE 5/28/04
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COMPLIANCE INSPECTION REPORT

9245 Camino Santa Fe

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
	☐	V0131	UPF Permit not obtained SDCC. 68.905
	☐	V0132	No EPA Identification Number. 66262.12
	☐	V0133	Manifest copy not sent to DTSC. 66262.23
	☐	V0134	Exception Rpt. not filed with DTSC. 66262.42
	☐	V0135	Waste Manifests/Receipts not on-site for 3 years. 66262.40
	☐	V0136	No records of battery disposal. 66262.81
	☐	V0137	Manifest not properly completed. 66262.23
	☐	V0138	TSDF signed-manifest not on-site. 66262.40
	☐	V0139	Biennial report not sent to DTSC. 66262.41
	☐	V0140	LDR Documentation not available. 66268.7
	☐	V0141	Operating TSDF without authorization. 25201
	☐	V0142	Failed to notify local CUPA of onsite treatment of hazardous waste. 25201
	☐	V0143	Tiered Permitting notification has incomplete or incorrect information. 25201
	☐	V0144	SB14 compliance doc. not available. 25244.19
	☐	V0145	Excluded recyclable materials report not submitted to HMD. 25143.10

STORAGE AND HANDLING

	☐	V0201	Waste container not kept closed. 66265.173
	☐	V0202	Waste container missing/improperly labeled. 66262.34, 25143.9
	☐	V0203	Damaged container not repackaged. 66265.171
	☐	V0204	Waste container not properly managed. 66265.173
	☐	V0205	Waste container in poor condition. 66265.171
	☐	V0206	Ignitable Waste < 50 feet of property line. 66265.176
	☐	V0207	Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31
	☐	V0208	Storage area not inspected weekly. 66265.174
	☐	V0209	Waste stored > 90, 180, or 270 days. 66262.34
	☐	V0210	Hazwaste not cleaned up off floor surface. 66262.10b
	☐	V0211	Incompatibles in the same container. 66265.177
	☐	V0212	Incompatibles not stored separately. 66265.177
	☐	V0213	Container incompatible with waste. 66265.172
	☐	V0214	Waste oil contaminated. 25250.7
	☐	V0215	Used oil filters improperly managed. 66266.130
	☐	V0216	Hazardous materials not properly labeled. 25124

DISPOSAL AND TRANSPORTATION

	☐	V0301	Unauth. disposal of waste to:_____. 25189.5
	☐	V0302	Unlawful transportation of hazardous waste. 25163
	☐	V0303	Waste transported without a manifest. 66262.20
	☐	V0304	Waste determination not made. 66262.11

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Viol #		VIOL	VIOLATION DESCRIPTION
	☐	V0401	Training records unavailable. 66265.16
	☐	V0402	Training program not adequate. 66265.16
	☐	V0403	Facility not designed to minimize release. 66265.31
	☐	V0404	Spill control equip not available. 66265.32
	☐	V0405	Aisle space is obstructed. 66265.35
	☐	V0406	Contingency plan not prepared and/or on file. 66265.51, 66265.53

HAZARDOUS WASTE TANK SYSTEMS

	☐	V1601	Hazwaste tanks w/o P.E. assessment. 66265.191a, 66265.192a
	☐	V1602	P.E. Assessment report not complete. 66265.191g, 66265.192k
	☐	V1603	Hazwste tank system: no secondary containment. 66265.193a
	☐	V1604	Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
3	☒	V1605	No daily tank inspection/inspect. log 66265.195 (b&c)
	☐	V1606	Improper or absent spill/overfill protection. 66265.194b
	☐	V1607	Improper corrosion protection. 66265.191, 66265.192
	☐	V1608	Integrity assessment not done for tanks without secondary containment system. 66265.191
	☐	V1609	Improper use of hazwaste tank system. 66265.196
	☐	V1610	No PE assessment report-repairs/changes. 66265.196g
	☐	V1611	Improper closure of haz waste tank unit. 67383.3, 66265.197

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

	☐	V1001	UPF permit not obtained for Haz. Materials. 68.905
	☐	V1002	Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
	☐	V1003	HMBP not amended to reflect changes25505
	☐	V1004	HMBP not submitted to HMD. 25505
	☐	V1005	Emergency contacts not provided/current. 25509
	☐	V1006	Inventory is incomplete. 25504
	☐	V1007	Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
	☐	V1008	Annual carcinogen & reproductive toxin list not submitted to HMD 68.1113
	☐	V1009	Site map is not sufficient. 25509
	☐	V1010	Failure to report a release/threatened release. 25507
	☐	V1011	Personnel training records not available. 19 CCR 2732
	☐	V1012	SPCC plan required but not prepared. 25270.5 (c)
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	☐	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
	5/28/04	Shop Foreman

DEH:HM-923 (Revised 09/02) NCR

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

Permit #: **121310**
State ID: 37-000-121310

Operating Permit Issued on 05/24/2005
Operating Permit Expires on: 05/23/2008
Reference Number: 1151

San Diego County

Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMITING PERMIT

UST Facility Name: SUPERIOR READY MIX
Tank Owner's Name: HANSON AGGREGATES
Tank Operator's Name SUPERIOR READY MIX

Site Address: 9245 CAMINO SANTA FE, SAN DIEGO, 92121-2201

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 PRESSURE PIPE W/ SHUT OFF AND ALARM ON LINE LEAK DETECTOR: INTERSTITIAL

Total Number of Operating Permitted Tanks: 1

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2

ENTERED SEP 26 2005

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 of 5 DATE 05/31/2005
PERMIT # 121310
TIME START 10:30 A END 1:30 P
BUS. CODE ~~K70~~ K60
SPECIALIST Maschue
INSPECTION CONTACT/TITLE
Aaron Schoeneweis / Shop Foreman
PHONE 858-695-0666

BUSINESS NAME Superior Ready Mix

ADDRESS 9245 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.

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			Permit Expires on: 30 /JUN/ 05 .
✕	☐	Employee Training is adequate	✕	☐	Employee Training records available
✕	☐	Waste disposal records available for review	✕	☐	Waste containers kept closed
☐	☐	Emergency contacts current ✕ Updated today	✕	☐	Waste containers kept labeled
☐	☐	Chemical inventory current ✕ Updated today	✕	☐	Waste containers in good condition

☐ **All violations noted on this compliance inspection report were corrected during this inspection.**

RECEIVED SEP 22 2005

Routine Inspection & Below Grade UST Inspection conducted this date with Designated UST System Operator, John Janke, Alan Egan of Superior Ready Mix and Western Pump Tank Technician, Vern Sabin. 4 sensors were tested, passed, tagged and placed in the lowest point of the sumps and dispenser. The ATG is functioning to have audible & visible alarm at 90% capacity (10,858 gallons – 80 inches). There is working fail safe for the turbine sump sensor and the dispenser sensor. Mechanical line leak detector was tested and is in working order today. John Janke of Superior Ready mix passed the UST System Designated Operator Exam and is the D.O. for this UST System. His inspections began May 17, 2005. This DO report is on site. Spill bucket passed 1 hr test today. UST Monitoring System was Certified this date. Used oil AST has a P.E. Cert on site dated 7/14/03.

1) Observed at least 40 gallons of water that had intruded into the fill sump. The alarm was not triggered probably because the sump sensor was at the bottom of the sump, but it was on its side. Because no alarm was triggered, the D.O. did not check the sump. UST System Sumps must be kept clear of debris/liquid per CCR 2631(d)(4). This water was removed during the inspection.
CORRECTIVE ACTION: You MUST find the source for the water intrusion and work to mitigate this intrusion. Recommend resealing the sump lids and possibly diverting the water truck form this short stretch of pavement until the sumps are better sealed. Be aware that work on the UST System at any time may require UST Repair Permits. Call (619) 237-8451 if you are ever in doubt if you need 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** AE

Alan Egan — Signature of Business Representative
5/31/05 — Date Signed
Shop — Title

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

PERMIT # 121310
DATE 5/28/04
PAGE 2 of 5

BUSINESS ADDRESS: 9245 Camino Santa Fe

ZIP CODE: 92121

REMARKS

***Secondary Containment Testing for those components able to be tested is required 3 years after the December 31, 2002 deadline. So by January 1, 2006, you must do the secondary containment testing for this UST System. You may do the test up to 30 days in advance of the deadline.

*** Evidence of Financial Responsibility must be available during the inspection. FAX a copy to this location and to the inspector by June 30, 2005. Keep an updated valid certificate of financial responsibility on site

*** UST Operating Permit also must be kept on site. UST Operating Permit will be renewed today by this Department (as it expired 5/23/05) and the renewal expiration will be 3 years from now. Keep a copy of the permit here at this location.

Within 30 days, initiate corrective actions as required by this report, within an additional 5 days provide a written response, to the address listed on this report, providing corrective actions taken to resolve the items noted above.

Be advised, if a re-inspection is needed to determine return to compliance, 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**

Alan Egan — Signature of Business Representative
5/31/05 — Date Signed
Shop — Title

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 121370
DATE: 5 / 31 / 05
PAGE: 3 OF 5

BUSINESS ADDRESS: 9245 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 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					
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Monitoring Certification not submitted to CUPA within 30 days of inspection. 2638(d)	3161	
	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. 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. 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 #		1001			
		PRODUCT		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 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	V			
	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				

Alan Elan — Signature of Business Representative
5/31/05 — Date Signed
Shop — Title of Business Representative

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #: 121310

DATE: 5 / 31 / 05

PAGE: 4 OF 5

BUSINESS ADDRESS: 9245 Camino Santa Fe ZIP: 92121

UST SYSTEM INSPECTION

Requirements for Double Walled Systems

#	VIOLATION DESCRIPTION						
			TANK #	T001			
			PRODUCT	DSL			
	PIPING MONITORING: PRESSURIZED SYSTEMS-Includes Under Dispenser Containment (UDC)	NOV	VIOL	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: Monitoring system not checked daily or log (record) of daily checks not available. 2636(f)(6)		3415				
	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				

Alan Egan — Signature of Business Representative

5 / 31 / 05 — Date Signed

Shop — Title of Business Representative

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 121310
DATE 5/31/05
PAGE 5 OF 5

BUSINESS ADDRESS: 9245 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
	☐	V0131	UPF Permit not obtained SDCC. 68.905
	☐	V0132	No EPA Identification Number. 66262.12
	☐	V0133	Manifest copy not sent to DTSC. 66262.23
	☐	V0134	Exception Rpt. not filed with DTSC. 66262.42
	☐	V0135	Waste Manifests/Receipts not on-site for 3 years. 66262.40
	☐	V0136	No records of battery disposal. 66262.81
	☐	V0137	Manifest not properly completed. 66262.23
	☐	V0138	TSDF signed-manifest not on-site. 66262.40
	☐	V0139	Biennial report not sent to DTSC. 66262.41
	☐	V0140	LDR Documentation not available. 66268.7
	☐	V0141	Operating TSDF without authorization. 25201
	☐	V0142	Failed to notify local CUPA of onsite treatment of hazardous waste. 25201
	☐	V0143	Tiered Permitting notification has incomplete or incorrect information. 25201
	☐	V0144	SB14 compliance doc. not available. 25244.19
	☐	V0145	Excluded recyclable materials report not submitted to HMD. 25143.10

STORAGE AND HANDLING

	☐	V0201	Waste container not kept closed. 66265.173
	☐	V0202	Waste container missing/improperly labeled. 66262.34, 25143.9
	☐	V0203	Damaged container not repackaged. 66265.171
	☐	V0204	Waste container not properly managed. 66265.173
	☐	V0205	Waste container in poor condition. 66265.171
	☐	V0206	Ignitable Waste < 50 feet of property line. 66265.176
	☐	V0207	Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31
	☐	V0208	Storage area not inspected weekly. 66265.174
	☐	V0209	Waste stored > 90, 180, or 270 days. 66262.34
	☐	V0210	Hazwaste not cleaned up off floor surface. 66262.10b
	☐	V0211	Incompatibles in the same container. 66265.177
	☐	V0212	Incompatibles not stored separately. 66265.177
	☐	V0213	Container incompatible with waste. 66265.172
	☐	V0214	Waste oil contaminated. 25250.7
	☐	V0215	Used oil filters improperly managed. 66266.130
	☐	V0216	Hazardous materials not properly labeled. 25124

DISPOSAL AND TRANSPORTATION

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HAZARDOUS WASTE TANK SYSTEMS

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	☐	V1607	Improper corrosion protection. 66265.191, 66265.192
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HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

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	☐	V1011	Personnel training records not available. 19 CCR 2732
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	☐	V2553	O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d)

Alan Egan — SIGNATURE OF BUSINESS REPRESENTATIVE

5/31/05 — DATE SIGNED

Shop — TITLE OF BUSINESS REPRESENTATIVE

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

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

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UNDERGROUND STORAGE TANKS–FACILITY

(One page per site) Page ____ of ____

TYPE OF ACTION (Check one item only): ☐ 1. NEW SITE PERMIT ☐ 3. RENEWAL PERMIT ☒ 5. CHANGE OF INFORMATION (specify change local use only) ☐ 7. PERMANENTLY CLOSED SITE ☐ 4. AMENDED PERMIT ☐ 8. TANK REMOVED ☐ 6. TEMPORARY SITE CLOSURE 400

update/correct tank + property owner

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: San Diego Ready Mix

FACILITY ID#: 3 7 0 0 0 1 2 1 3 1 0

LOCATION OF TANK (Address) 401: 9245 Camino Santa Fe

BUSINESS TYPE: ☐ 1. GAS STATION ☐ 3. FARM ☐ 5. COMMERCIAL ☐ 2. DISTRIBUTOR ☐ 4. PROCESSOR ☒ 6. OTHER 403

FACILITY OWNER TYPE: ☐ 1. CORPORATION ☐ 2. INDIVIDUAL ☒ 3. PARTNERSHIP ☐ 4. LOCAL AGENCY/DISTRICT* ☐ 5. COUNTY AGENCY* ☐ 6. STATE AGENCY* ☐ 7. FEDERAL AGENCY* 402

TOTAL NUMBER OF TANKS REMAINING AT SITE 404: 1

Is facility on Indian Reservation or trustlands? ☐ Yes ☒ 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: Hanson Aggregates

PHONE 408: ( )

MAILING OR STREET ADDRESS 409: 9229 Harris Plant Road

CITY 410: San Diego

STATE 411: CA

ZIP CODE 412: 92163

PROPERTY OWNER TYPE: ☒ 1. CORPORATION ☐ 2. INDIVIDUAL ☐ 3. PARTNERSHIP ☐ 4. LOCAL AGENCY / DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY ☐ 7. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414: Superior Ready Mix L.P.

PHONE 415: (760) 745-0556

MAILING OR STREET ADDRESS 416: 1508 W. Mission Road

CITY 417: Escondido

STATE 418: CA

ZIP CODE 419: 92029

TANK OWNER TYPE: ☐ 1. CORPORATION ☐ 2. INDIVIDUAL ☒ 3. PARTNERSHIP ☐ 4. LOCAL AGENCY / DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY ☐ 7. FEDERAL AGENCY 420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44 0 2 2 1 6 3 — Call (916) 322-9669 if questions arise 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(s): ☐ 1. SELF-INSURED ☐ 2. GUARANTEE ☐ 3. INSURANCE ☐ 4. SURETY BOND ☐ 5. LETTER OF CREDIT ☐ 6. EXEMPTION ☐ 7. STATE FUND ☒ 8. STATE FUND & CFO LETTER ☐ 9. STATE FUND & CD ☐ 10. LOCAL GOVT MECHANISM ☐ 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. ☐ 1. FACILITY ☐ 2. PROPERTY OWNER ☒ 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: [signature]

DATE 424: 6/28/05

PHONE 425: (760) 745-0556

NAME OF APPLICANT (print) 426: Gannon J. Brouwer

TITLE OF APPLICANT 427: Project Manager

STATE UST FACILITY NUMBER (For local use only) 428:

1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429:

State of California
State of Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2120

RECEIVED
2005 JUN 30 AM 9 11
MAILROOM

(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
- [x] 1 million dollars per occurrence

AND

- [x] 1 million dollars annual aggregate
- or
- [ ] 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 P.O. Box 944212 Sacramento, CA 94244	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 occurence 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.	9245 Camino Santa Fe San Diego, CA 92121.
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
Richard Brannan (CFO)	6-29-05	Superior Ready Mix Concrete, L.P.
Signature of Witness or Notary	**Date**	**Name of Witness or Notary**
JRJ	6-29-05	John R. Janke.

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 Superior Ready Mix Concrete L.P.
(Business name, business address, and correspondence address of owner or operator)
1508 W. 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 (Dollar Amount) per occurrence and $ 10,000 (Dollar Amount) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:
9245 Camino Santa Fe, San Diego, CA 92121
(Name and address of each facility for which financial responsibility is being demonstrated.)

1.	Amount of annual aggregate coverage being assured by this letter.....	$ 10,000
2.	Total tangible assets.....	$ 54,452,992
3.	Total liabilities.....	$ 20,951,789
4.	Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1).....	$ 33,501,203

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 June 27, 2005
(Date)

Richard Brouwer
(Signature)

Richard Brouwer
(Printed Name)

CFO
(Title)

UST 02FR revised 4/95

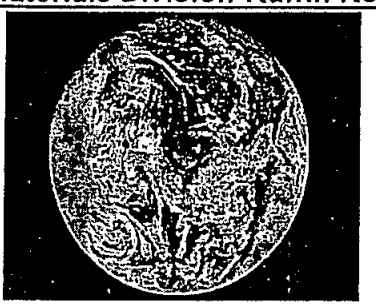
GARY W. ERBECK
DIRECTOR

RICHARD HAAS
ASSISTANT DIRECTOR

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

Hazardous Materials Division-Ruffin Road Office



May 31, 2005

To: John Janke, Environmental Engineer, Superior Ready Mix
Fax#: (760) 740-9556
Phone:

From: Manon Maschue
Phone: (858) 694-2875
Return Fax#: (858) 694-3705
Manon.Maschue@SDCounty.ca.gov
www.sdcounty.ca.gov/deh/hmd

Total number of pages (including cover page): 6

Re: Inspection Report from today 5/31/05 for 9245 Camino Santa Fe, San Diego 92121

Comments:

Please send a written response once you have mitigated the water intrusion. This violation is repeat from last year and cannot go on. Please fix this problem by June 30, 2005. One idea is to put a rubber mat down over the sump covers for when the water trucks go over.

Of interest: TOXIC refers to an LD50 of more than 50 mg/kg and less than 500 mg/kg when administered to albino rats orally who are between 200-300 grams each. There are other definitions, but that the oral dose definition. Highly toxic is an oral LD50 of less than 50 mg/kg for the same size rats. There are definitions for dermal doses too.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

SUPERIOR READY MIX CONCRETE, L.P.
1508 W. MISSION BLVD
ESCONDIDO, CA 92029
(760) 745-0556 , (760) 740-9556 (fax)

RECEIVED
2005 JUN 30 AM 9 11
D. E. H.
MAILROOM

12310

June 28, 2005

Ms. Manon Mashue
County of San Diego
Department of Environmental Health
P.O. Box 129261
San Diego, CA 92112-9261

Dear Ms. Maschue,

In response to your inspection of our Carroll Canyon Facility on May 31, 2005, Superior Ready Mix Concrete, L.P. has taken appropriate action to correct the noncompliance issues observed on that date.

Water intrusion into the fill sump has been mitigated by placing silicon sealer around the edges of the sump cover. The batch manager has also been instructed not to water this area during their daily watering activities.

I have included a copy of our current Certification of Financial Responsibility.

I have also included an Underground Storage Tank Facility Information sheet for your records, also per your request.

Please do not hesitate to call with any further question or comments you may have.

Sincerely,

John Janke
Environmental Scientist
Superior Ready Mix Concrete, L.P.

121310

Maschue, Manon E.

From: Trainor, Matt
Sent: Friday, June 03, 2005 7:44 AM
To: Vizzier, Michael
Cc: Maschue, Manon E.
Subject: RE: 121310 Superior Ready Mix...

Mike & Manon

This is probably not the correct parcel (maybe it never was). Parcel get split and change numbers over time. This may be the case here. When the parcel is split, the old parcel number becomes "historical". The Assessor no longer has owner information for historical parcel. That is why the owner is blank in Kiva. We can change to the correct parcel but need to verify. The next time Manon is downtown (say for file purging) I can bring up some aerial maps with parcel overlays so we can confirm the correct parcel. SAM is using this old parcel for past release also.

Matt Trainor

-----Original Message-----
From: Vizzier, Michael
Sent: Thursday, June 02, 2005 2:33 PM
To: Trainor, Matt
Cc: Maschue, Manon E.
Subject: RE: 121310 Superior Ready Mix...

Matt,
Should we make property owner changes or is that entry controlled by another Department. See Manon's e-mail below.

-----Original Message-----
From: **Maschue, Manon E.**
Sent: Thursday, June 02, 2005 9:11 AM
To: Vizzier, Michael
Subject: 121310 Superior Ready Mix...

Viz,

The APN for this site is listed as: 341-050-37-00 yet the Property Owner information on the UPFR is not populated. (This business is in the Carroll Canyon)

I think the site's UST may have undergone a change of owner, so I sent the Env. Contact an electronic UST Facility Information Page.

Manon Maschue, Environmental Health Specialist
San Diego County
Hazardous Materials Division
(858) 694-2875 / (858) 694-3705 FAX
www.sdcounty.ca.gov/deh/hmd

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

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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: Superior Ready Mix Concrete, L.P.	Facility Permit #: 1 2 1 3 1 0		
Facility Address: 9245 Camino Santa Fe	Phone: (858) 695-0666		
City: San Diego	Zip Code: 92929		

Reason for Submitting this Form *(Check One)* [X] **Initial Certification** [ ] **Change of Designated Operator** [ ] **Certificate Renewal**

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR	
Designated Operator's Name: John R Janke	Relation to UST Facility (Check One)
Business Name *(If different from above)*:	[ ] Owner [ ] Operator [X] Employee
Designated Operator's Phone #: 760-745-0556 x 126	[ ] Service Technician [ ] Third-Party
International Code Council Certification #: Not Available yet, see attached letter.	Expiration Date: ___/___/___
ALTERNATE 1 *(Optional)*	
Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name *(If different from above)*:	[ ] Owner [ ] Operator [ ] Employee
Designated Operator's Phone #:	[ ] Service Technician [ ] Third-Party
International Code Council Certification #:	Expiration Date: ___/___/___
ALTERNATE 2 *(Optional)*	
Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name *(If different from above)*:	[ ] Owner [ ] Operator [ ] Employee
Designated Operator's Phone #:	[ ] Service Technician [ ] Third-Party
International Code Council Certification #:	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.

Garret J. Brouwer — **DATE:** 5/4/05
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

[signature] — **OWNER'S PHONE #:** (760) 745-0556
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

HM-9174 (11/04)

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 by January 1, 2005. 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) by **January 1, 2005**. 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.sdcounty.ca.gov/deh/hmd/index.html**. 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. Please submit the name of the **Designated UST Operator(s)** for each facility you own using the enclosed **Form HM-9174 to HMD no later than January 1, 2005.** 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.swrcb.ca.gov/ust/training/new_trng_reqmts.html#operator or call the Hazardous Materials Duty Desk at 619-338-2231.

September 15 – October 15, 2017 Pre-Diligence / QI Period Package Addendum 2October 10, 2017

ENTERED JUL 0 6 2006

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 3/24/06
PERMIT # 121310
TIME START 715 END 1045
BUS. CODE ~~K60~~ K61
SPECIALIST M. Maschke
INSPECTION CONTACT/TITLE Aaron Schoeneweis Shop Foreman
PHONE: (858) 695-0666

BUSINESS NAME Superior Ready Mix
ADDRESS 9245 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.

RECEIVED MAY 12 2006

Y	N/A		Y	N/A	
☒	☐	Unified Program Facility Permit current and available			Permit Expires on: 30 Jun 06
☒	☐	Hazardous Materials Business Plan available	☐	☒	Contingency Plan available
☒	☐	Employee Training is adequate	☒	☐	Employee Training records available
☒	☐	Waste disposal records available for review	☒	☐	Waste containers kept closed
☒	☐	Emergency contacts current ☐ Updated today	☒	☐	Waste containers kept labeled
☒	☐	Chemical inventory current ☐ Updated today	☒	☐	Waste containers in good condition

Routine Hazardous Waste/Material and UST below grade inspection conducted today. Business has changed haulers to Asbury and Safety Kleen only at this time. UST monitoring system passed mechanical line leak detector of 3 gph today. 4 sensors were tested - UDC, turbine sump both caused positive shut down of turbine, annular and piping sump sensors engaged audible alarm. Overfill was tested and caused audible/visual alarm. Fail safe shut down turbine. The Designated Operator has been conducting monthly inspections. SB989 and Spill Buckets will be tested today. * I expect results of all testing from today to be sent to OEH by 4/24/06. * Be sure to update your "CFO" (Chief Financial Officer) Financial Responsibility for UST system letter by 6/29/06. Weekly container inspection logs and daily AST inspection logs are on site - be sure to keep these up. A P.E. Assessment is dated 7/15/03 for the Used oil AST. Monitoring alternative for the UST system is 3/A with fail safe. Written ER + Monitoring procedures for AST are on site. * Be sure D.O. forms submitted. * NO violations were observed today. Paperwork was in order and shop clean and organized. —

☒ 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 | 03/24/06 Date Signed | Shop Foreman 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 # 121310

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.sdcounty.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: 121310 **Plan Check Number:**

FACILITY INFORMATION

Facility Name: SUPERIOR READY MIX	Date of Testing: 2006-03-24	
Facility Address: 9245 CAMINO SANTA FE, SAN DIEGO, CA 92121		**Test Type:**
Facility Contact: AARON SCHOENEWEIS	Phone: 858-695-0666	☐ Initial
Date Local Agency Was Notified of Testing: 2006-03-01		☐ 6 months
Name of Local Agency Inspector *(if present during testing)*:		☒ 36 months

TESTING CONTRACTOR INFORMATION

Company Name: WESTERN PUMP, INC.	
Technician Conducting Test: KALID GOMEZ	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: A, C61/D40/HAZ	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
IN-CON	TS-STS	05-27-05

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
TANK ANNULAR	☐	☐	☐	☐		☐	☐	☐	☐
#1 Diesel	☒	☐	☐	☐		☐	☐	☐	☐
SECONDARY PIPE	☐	☐	☐	☐		☐	☐	☐	☐
#1 Diesel (Vent)	☒	☐	☐	☐		☐	☐	☐	☐
#2 Diesel (Product)	☒	☐	☐	☐		☐	☐	☐	☐
PIPING SUMP	☐	☐	☐	☐		☐	☐	☐	☐
#1 Diesel	☒	☐	☐	☐		☐	☐	☐	☐
UDC	☐	☐	☐	☐		☐	☐	☐	☐
#1-2	☒	☐	☐	☐		☐	☐	☐	☐
FILL SUMP	☐	☐	☐	☐		☐	☐	☐	☐
#1 Diesel	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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

It was disposed of properly into our full service test vehicle.

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: 03/24/06

DEH:HM-9169 (09/04)

1. TANK ANNULAR TESTING

Test Method Developed By:	☒ Tank Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*
Test Method Used:	☐ Pressure ☒ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*
Test Equipment Used: Vacuum Gauges	Equipment Resolution: 0-30 inches-H.G.

	Tank # 1	Tank #	Tank #	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:	12,000 gallons			
Tank Material:	Plasteel			
Tank Manufacturer:	Modern Welding			
Product Stored:	Diesel #2			
Wait time between applying pressure/vacuum/water and starting test:	30 minutes			
Test Start Time:	11:00 am			
Initial Reading (R_I):	-10" H.G.			
Test End Time:	1:00			
Final Reading (R_F):	-10" H.G.			
Test Duration:	2 hours			
Change in Reading (R_F-R_I):	None			
Pass/Fail Threshold or Criteria:	0 Variation			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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 2637(a)(6)}

2. SECONDARY PIPE TESTING

Test Method Developed By:	☒ Piping Manufacturer	☒ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☒ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Air Gauges		Equipment Resolution: 0-15 psi	

	Piping Run # 1	**Piping Run # 2**	**Piping Run #**	**Piping Run #**
Piping Material:	Fiberglass	Fiberglass		
Piping Manufacturer:	AMRON	AMRON		
Piping Diameter:	3"	3"		
Length of Piping Run:	8'	5'		
Product Stored:	#2 Diesel Vapor	#2 Diesel		
Method and location of piping-run isolation:	Test Boot Fill Sump	Test Boot STP Sump		
Wait time between applying pressure/vacuum/water and starting test:	30 minutes	30 minutes		
Test Start Time:	12:00 pm	12:00 pm		
Initial Reading (R_I):	5 psi	5 psi		
Test End Time:	1:00	1:00		
Final Reading (R_F):	5 psi	5 psi		
Test Duration:	1 hour	1 hour		
Change in Reading (R_F-R_I):	None	None		
Pass/Fail Threshold or Criteria:	0 Variation	0 Variation		
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)*

3. PIPING SUMP TESTING

Test Method Developed By:	☒ Sump Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used: IN-CON			Equipment Resolution: + or - 0.002 in.	
	Sump # 1	**Sump #**	**Sump #**	**Sump #**
Sump Diameter:	**42"**			
Sump Depth:	**50"**			
Sump Material:	**Fiberglass**			
Height from Tank Top to Top of Highest Piping Penetration:	**14"**			
Height from Tank Top to Lowest Electrical Penetration:	**10"**			
Condition of sump prior to testing:	**Dry**			
Portion of Sump Tested[2]	**2" above piping**			
Does turbine shut down when sump 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 minutes**			
Test Start Time:	**12:40/12:56**			
Initial Reading (R_I):	**6.6240/6.6248**			
Test End Time:	**12:55/1:11**			
Final Reading (R_F):	**6.6248/6.6250**			
Test Duration:	**15 minutes each**			
Change in Reading (R_F-R_I):	**0.0008/0.0002**			
Pass/Fail Threshold or Criteria:	**+/-0.002"**			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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)

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
2041-Q

03/24/2015 12:55 PM

SUMP LEAK TEST REPORT

FILL-1

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6762 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	6.6760 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 1-2

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	0.9284 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	0.9290 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PIPE-1

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6240 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	6.6248 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
2041-Q

03/24/2015 1:11 PM

SUMP LEAK TEST REPORT

FILL-1

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6760 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	6.6759 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 1-2

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	0.9291 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	0.9289 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PIPE-1

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6248 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	6.6250 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

4. 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: IN-CON		Equipment Resolution: + or - 0.002 in.	

	UDC # 1-2	UDC #	UDC #	UDC #
UDC Manufacturer:	ENVIRON			
UDC Material:	Plastic			
UDC Depth:	9"			
Height from UDC Bottom to Top of Highest Piping Penetration:	Bottom Penetration			
Height from UDC Bottom to Lowest Electrical Penetration:	Bottom Penetration			
Condition of UDC prior to testing:	clean and dry			
Portion of UDC Tested[3]	7"			
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 minutes			
Test Start Time:	12:40/12:56			
Initial Reading (R_I):	0.9284/0.9291			
Test End Time:	12:55/1:11			
Final Reading (R_F):	0.9290/0.9289			
Test Duration:	15 minutes each			
Change in Reading (R_F-R_I):	0.0006/-0.0002			
Pass/Fail Threshold or Criteria:	+/-0.002"			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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)

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
2041-Q

03/24/2015 12:55 PM

SUMP LEAK TEST REPORT

FILL-1

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6762 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	6.6760 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 1-2

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	0.9284 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	0.9290 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PIPE-1

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6240 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	6.6248 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
2041-Q

03/24/2015 1:11 PM

SUMP LEAK TEST REPORT

FILL-1

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6760 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	6.6759 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 1-2

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	0.9291 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	0.9289 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PIPE-1

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6248 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	6.6250 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

5. 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:	☒ Sump Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic
Test Equipment Used: IN-CON			Equipment Resolution: + or - 0.002 in.

	Fill Sump # 1	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:	42"			
Sump Depth:	58"			
Height from Tank Top to Top of Highest Piping Penetration:	13"			
Height from Tank Top to Lowest Electrical Penetration:	18"			
Condition of sump prior to testing:	Dry			
Portion of Sump Tested	2" above piping			
Sump Material:	Fiberglass			
Wait time between applying pressure/vacuum/water and starting test:	30 minutes			
Test Start Time:	12:40/12:56			
Initial Reading (R_I):	6.6762/6.6760			
Test End Time:	12:55/1:11			
Final Reading (R_F):	6.6760/6.6759			
Test Duration:	15 minutes each			
Change in Reading (R_F-R_I):	-0.0002/-0.0001			
Pass/Fail Threshold or Criteria:	+/-0.002"			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ Yes ☐ No ☐ NA

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

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
2041-0

03/24/2015 12:55 PM

SUMP LEAK TEST REPORT

FILL-1

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6762 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	6.6760 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 1-2

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	0.9284 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	0.9290 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PIPE-1

TEST STARTED	12:40 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6240 IN
END TIME	12:55 PM
END DATE	03/24/2015
END LEVEL	6.6248 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121
2041-0

03/24/2015 1:11 PM

SUMP LEAK TEST REPORT

FILL-1

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6760 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	6.6759 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 1-2

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	0.9291 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	0.9289 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PIPE-1

TEST STARTED	12:56 PM
TEST STARTED	03/24/2015
BEGIN LEVEL	6.6248 IN
END TIME	1:11 PM
END DATE	03/24/2015
END LEVEL	6.6250 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

#121310

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. ~~If more than one monitoring system control panel is installed at the facility, a~~ 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:** 121310

A. General Information

Facility Name: SUPERIOR READY MIX Bldg. No.:

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

Facility Contact Person: AARON SCHOENEWEIS Contact Phone No.: (858) 695-0666 x

Make/Model of Monitoring System: VEEDER-ROOT TLS-300C Date of Testing/Servicing: 24-Mar-06

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

Tank ID: T 1- 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: RED JACKET ☐ 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:** ☐ 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: ☐ 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:** ☐ 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:** ☐ 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).	**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. ☐ Copy of the report *(check all that apply)* ☒ System set-up ☒ Alarm history report

Technician Name (print): KALID GOMEZ Signature:

Certification No.: 006-05-2241 License No.: 673853

Testing Company Name: WESTERN PUMP, INC. Phone No.: (619) 239-9988 x

Site Address: 3235 F STREET, SAN DIEGO, CA 92102 Date of Testing/Servicing: 24-Mar-06

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: 16.05

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 shutdown? *(Check all that apply)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shutdown 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? *(Check all that apply)* ☐ 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:

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:

☒ 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? *(Check all that apply)* 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?

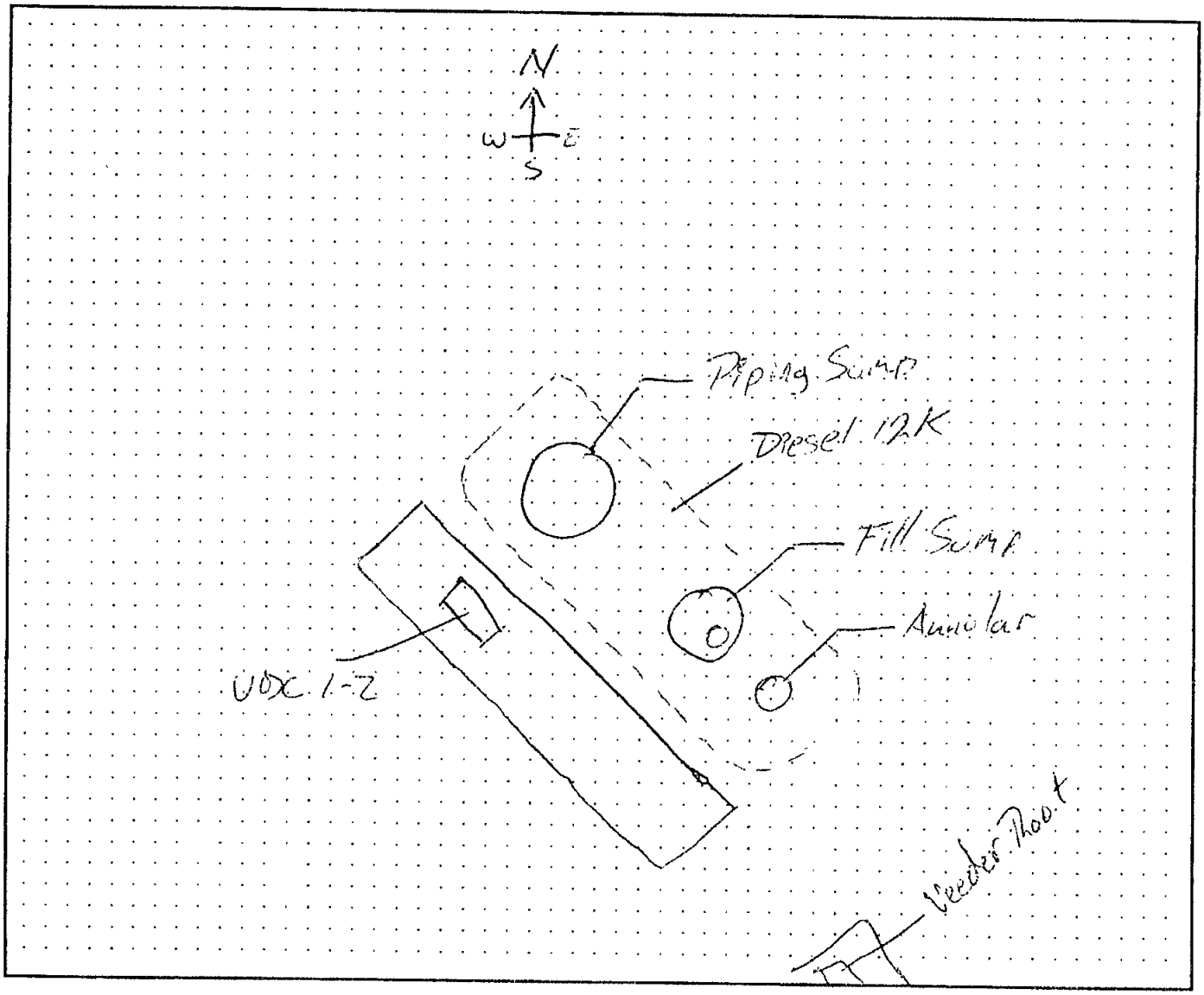
*** In Section H below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9245 Camino Santa Fe



Date map was drawn: 03/24/06

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

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.sdcounty.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: SUPERIOR READY MIX	Date of Testing: 2006-03-24	
Facility Address: 9245 CAMINO SANTA FE, SAN DIEGO, CA 92121		**Test Type:**
Facility Contact: AARON SCHOENEWEIS	Phone: 858-695-0666	☐ Initial
Date Local Agency Was Notified of Testing: 2006-03-01		☐ 6 months
Name of Local Agency Inspector *(if present during testing)*:		☐ 36 months

TESTING CONTRACTOR INFORMATION

Company Name: WESTERN PUMP, INC.	
Technician Conducting Test: KALID GOMEZ	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: A, C61/D40/HAZ	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
IN-CON	TS-STS	05-27-05

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
SPILL BOX	☐	☐	☐	☐		☐	☐	☐	☐
#1 Diesel	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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

It was disposed of properly into our full service test vehicle.

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: X _____ Date: 03/24/06

DEH:HM-9169 (09/04)

6. 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
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: IN-CON		Equipment Resolution: + or - 0.002 in.	

	Spill Box # 1	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:	12"			
Bucket Depth:	13"			
Wait time between applying pressure/vacuum/water and starting test:	30 minutes			
Test Start Time:	11:15 am			
Initial Reading (R_I):	12"			
Test End Time:	12:15			
Final Reading (R_F):	12"			
Test Duration:	1 hour			
Change in Reading (R_F-R_I):	None			
Pass/Fail Threshold or Criteria:	0 Variation			
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)*

Performed 1 hour visual test on spill bucket.

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

SYSTEM SETUP
- - - - - - - - - - - - - -

MAR 24. 2006 12:44 PM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS AM

SUPERIOR

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 TC 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

COMMUNICATIONS SETUP
- - - - - - - - - - - - - -

PORT SETTINGS:

COMM BOARD : 2 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 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 : ******

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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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

----- SYSTEM ALARM -----
SYS SECURITY WARNING
MAR 24, 2006 12:45 PM

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT .
FEB 25, 2006 9:36 AM
PRINTER ERROR
FEB 25, 2006 9:36 AM
BATTERY IS OFF
JAN 1, 1996 8:00 AM
SYS SECURITY WARNING
MAR 24, 2006 12:45 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

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

T 1:DSL

SETUP DATA WARNING
DEC 21. 1998 10:30 AM

OVERFILL ALARM
MAR 24. 2006 11:04 AM
MAR 24. 2006 10:55 AM
MAY 31. 2005 12:51 PM

LOW PRODUCT ALARM
MAR 24. 2006 10:54 AM
FEB 16. 2006 8:07 AM
FEB 2. 2006 9:42 PM

HIGH PRODUCT ALARM
MAY 31. 2005 12:48 PM
MAY 31. 2005 12:43 PM
MAY 28. 2003 3:12 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 24. 2006 11:05 AM
MAR 24. 2006 11:02 AM
MAR 24. 2006 10:53 AM

HIGH WATER WARNING
NOV 21. 2005 2:47 PM

DELIVERY NEEDED
MAR 24. 2006 10:53 AM
MAR 16. 2006 5:53 PM
MAR 7. 2006 6:51 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
MAY 28. 2003 3:16 PM
APR 1. 2003 3:14 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:UDC
DISPENSER PAN
FUEL ALARM
MAR 24. 2006 10:49 AM

FUEL ALARM
MAR 24. 2006 10:46 AM

FUEL ALARM
MAY 31. 2005 1:13 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:ANNULAR
ANNULAR SPACE
FUEL ALARM
MAR 24. 2006 10:51 AM

FUEL ALARM
MAR 24. 2006 10:44 AM

FUEL ALARM
MAY 31. 2005 1:04 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:TURBINE SUMP
STP SUMP
FUEL ALARM
MAR 24. 2006 10:48 AM

FUEL ALARM
MAR 24. 2006 10:46 AM

FUEL ALARM
MAY 31. 2005 1:13 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:
OTHER SENSORS

* * * * * END * * * * *

OFFICE USE ONLY
UPFP: 121310
2007

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 Concrete, L.P.

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 # TLS 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 # 794380-420
☐ 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): _____

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 _____ Sensor Model # _____
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 # FX1
☐ 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

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

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UPFP: 121310

WRITTEN MONITORING PROCEDURES

Leak sensor Manufacturer: Veeder Root Model #: 794380-208
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 _____% 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
John Janke	Env. Coordinator	Designated UST Operator.
Jose Torres	Shop Foreman	Alarm Reporting

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)

Western Pump, License No: 673853

J. Training

Briefly describe the employee training necessary for the operation of UST system, including piping, and the monitoring equipment:
Shop Foreman and Shop Employees receive training on Aspects such as monitoring, operation, and Leak Detection of the UST System.

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 [signature] Date 4 / 10 / 07.

Below This Line For Agency Use Only

☑ This plan has been approved
Specialist's Signature M Nam
Comments:

☐ This plan has been returned
Date 5 / 2 / 07

OFFICE USE ONLY

UPFP #: 121310

EMERGENCY RESPONSE PLAN
UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Authority cited: title 23 CCR, Sections2632 (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: Superior Ready Mix Concrete, L.P.

Site Address: 9245 Camino Santa Fe

City: San Diego 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.

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UPFP #: 121310

EMERGENCY RESPONSE PLAN
UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

The following equipment is located off-site, but is available for use if needed:

Equipment	Location	Availability
Excavator	San Diego, CA	24 hour
Wheel Loader	San Diego, CA	24 hour.

If any spill control and clean-up equipment requires periodic maintenance, identify that equipment and describe the nature of maintenance and maintenance interval(s):

N/A.

D. Responsible Persons

The following person(s) is/are responsible for authorizing any work necessary under this response plan:

Name	Title
John Janke	Environmental Coordinator

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: M Mann Date: 5/2/07

Comments/Special Conditions:

#121310

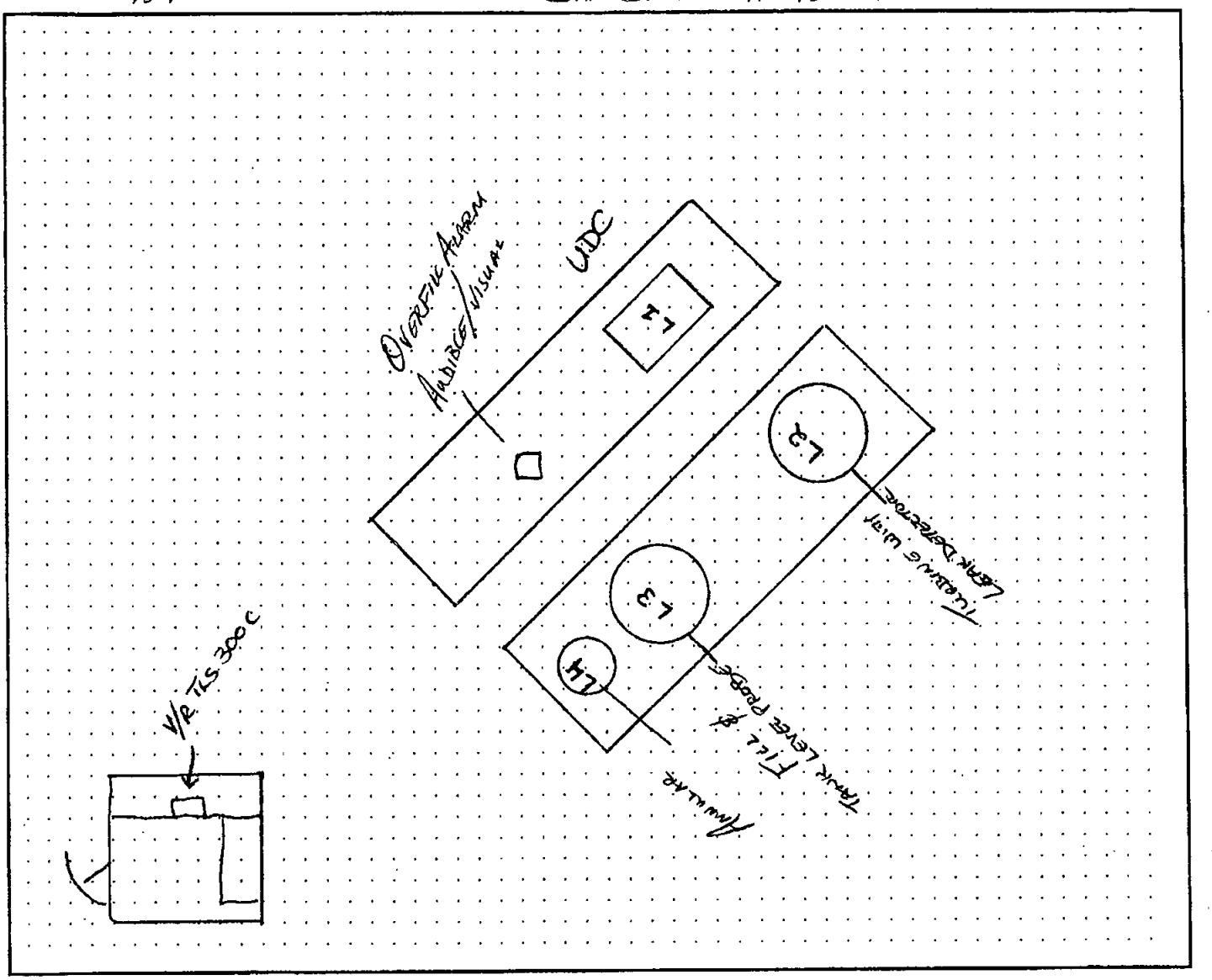
UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address: 9245 Camino Santefe San Diego CA 92121

N



Date map was drawn: 3/26/07

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.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

APR 1 2 2007
ENVIRONMENT

SUPERIOR READY MIX CONCRETE, L.P.
1508 W. MISSION ROAD
ESCONDIDO, CA 92029
(760) 745-0556 , (760) 746-1260 (fax)

4/10/2007

Mr. Michael Mann
San Diego County
Department of Environmental Health
PO Box 129261
San Diego, CA 92112-9261

Dear Mr. Mann,

In regards to your inspection of our Carroll Canyon facility on 3-26-07, Superior Ready Mix Concrete, L.P. has taken the necessary action to regain compliance at this site.

The following items have been corrected:

V0135 • Waste Disposal Manifests and receipts for the past 3 years have been sent to this site and are available for review.

V0226 • Waste Antifreeze observed in the secondary containment was removed and placed in the proper container, as noted during your inspection.

V3109 • A UST Plot Plan has been prepared for this site and is available for review. I have also included a copy for your records.

V3152 • The UST Annual Monitoring Certification documents for the past three years have been sent to the site and are available for review.

- A current copy of UST Certification of Financial Responsibility is available at the site for review.

Please note, UST Secondary Containment Testing was completed for this site on 3-24-06 and is not required for another three years.

Please do not hesitate to contact me with any further questions or comments.

Sincerely,

John R. Janke
Environmental Coordinator
Superior Ready Mix Concrete, L.P.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

ENTERED APR 25 2007

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 4 DATE 3/26/07
PERMIT # 121310
TIME START 930 END 1545
BUS. CODE K61
SPECIALIST MIKE MANN
INSPECTION CONTACT/TITLE
JOSE TORRES / SHOP FOREMAN
PHONE: (858) 695-0666

BUSINESS NAME SUPERIOR READY MIX
ADDRESS 9245 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			Permit Expires on: 30/JUN/07
☑	☐	Hazardous Materials Business Plan available	☑	☐	Contingency Plan available
☐	☐	Employee Training is adequate	☐	☐	Employee Training records available
☐	☐	Waste disposal records available for review	☑	☐	Waste containers kept closed
☐	☐	Emergency contacts current ☑ Updated today	☑	☐	Waste containers kept labeled
☐	☐	Chemical inventory current ☑ Updated today	☑	☐	Waste containers in good condition

ROUTINE INSPECTION

NOTICE TO COMPLY:

RECEIVED APR 04 2007

1. THE WASTE DISPOSAL MANIFESTS AND RECEIPTS FOR THE USED OIL, WASTE ANTIFREEZE, AND USED SAFETY-KLEEN PARTS WASHER SOLVENT FOR THE YEAR 2006 ARE NOT ONSITE AND AVAILABLE FOR REVIEW.
   - CORRECTIVE ACTION REQUIRED: KEEP COPIES OF ALL HAZARDOUS WASTE DISPOSAL MANIFESTS OR RECEIPTS ON SITE FOR A PERIOD OF AT LEAST 3 YEARS. CONTACT ASBURY OR SAFETY-KLEEN TO OBTAIN PHOTOCOPIES OF ANY MISSING HAZARDOUS WASTE DISPOSAL DOCUMENTS.
2. WASTE ANTIFREEZE HAS SPILLED INTO THE SECONDARY CONTAINMENT UNDER THE WASTE ANTIFREEZE CONTAINER.
   - CORRECTIVE ACTION REQUIRED: REMOVE THE WASTE ANTIFREEZE FROM THE SECONDARY CONTAINMENT AND PLACE IT INSIDE THE WASTE ANTIFREEZE CONTAINER.
3. THE UST OWNER HAS NOT PREPARED A UST PLOT PLAN SHOWING THE UST AND ALL ASSOCIATED PIPING AND MONITORING EQUIPMENT.
   - CORRECTIVE ACTION REQUIRED: WITHIN 30 DAYS, PREPARE AND SUBMIT A COPY OF YOUR PLOT PLAN TO THE DEH* FOR THE ATTENTION OF MIKE MANN. KEEP A COPY OF THE PLOT PLAN ON SITE AT ALL TIMES. REFER TO THE HANDOUT FOR MORE INFORMATION.

☑ **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.**

J.M.T.
Initials of Business Representative

Jose Manuel Torres
Signature of Business Representative

03/26/07
Date Signed

Shop foreman
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

HM-924 (12/06) NCR

DISTRIBUTION: WHITE- RETURN TO HMD ; YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 121310

DATE: 3-26-05

PAGE: 2 OF 4

Office Use Only

BUSINESS ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

NOTICE TO COMPLY CONTINUED:

4. THE UST ANNUAL MONITORING SYSTEM CERTIFICATION DOCUMENTS FOR 2006, 2005, AND 2004 ARE NOT ON SITE AND AVAILABLE FOR REVIEW.
   - CORRECTIVE ACTION REQUIRED: KEEP COPIES OF ALL UST MAINTENANCE, MONITORING, AND CALIBRATION RECORDS ON FILE AT YOUR BUSINESS FOR A PERIOD OF AT LEAST 3 YEARS.

REMARKS:

- CONDUCT THE UST SECONDARY CONTAINMENT TESTING PRIOR TO 6/21/07. THIS IS A REQUIREMENT EVERY 3 YEARS.
- KEEP A CURRENT COPY OF YOUR UST CERTIFICATION OF FINANCIAL RESPONSIBILITY ON SITE AT ALL TIMES.

Jose Manuel Torres — Signature of Business Representative

3-26-07 — Date Signed

Shop Foreman — Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

DEH:HM-9110 (Rev. 2/99) NCR

DISTRIBUTION: WHITE-RETURN TO HMD
YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT
Small and Large Quantity Generators of Hazardous Waste
Handlers of Hazardous Materials

PERMIT # 121310
DATE 3/26/07
PAGE 3 OF 4

BUSINESS ADDRESS: 9245 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
	☐	1001	UPF permit not obtained for hazardous materials. 68.905
	☐	1002	HMBP not established/implemented. 25503.5(a)
	☐	1004	HMBP not submitted to HMD. 25505(a)
	☐	1005	Emergency contact not provided or current. 25509(a)(7)
	☐	1007	Highly toxic gas (TLV≤10 ppm) not disclosed.68.1113(b)
	☐	1008	Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)
	☐	1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
	☐	1010	Did not report release or threatened release. 25507(a), CCR 2703
	☐	1012	Copy of HMBP not onsite for inspector's review. 25505(e)
	☐	1013	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
	☐	1014	Did not have adequate employee training program 2732 & /or 25504 (c)
	☐	1015	Failure to have an adequate emergency response plan 25504 (b); 2731
	☐	1016	Business Plan not certified annually. 25505(d) & (e)(2)
	☐	1017	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORDKEEPING

	☐	0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905
	☐	0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
	☐	0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)
	☐	0134	Failed to file Exception Report with DTSC. 66262.42
1	☒	0135	Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)
	☐	0136	Did not have records of battery disposal. 66266.81(a)(4)(B)
	☐	0137	Failed to complete manifest properly. 66262.23(a)
	☐	0138	Failed to have TSDF copy of manifest onsite. 66262.40(a)
	☐	0140	Failed to have LDR documentation onsite. 66268.7(a)(8)
	☐	0141	Failed to obtain approval for TSDF. 25201(a)
	☐	0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)
	☐	0145	ERM reporting not submitted biennially &/or available. 25143.10
	☐	0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
	☐	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)
	☐	0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
	☐	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

	☐	0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
	☐	0302	Unlawful transportation of hazardous waste (HW). 25163(a)
	☐	0303	Did not use HW manifest for disposal.66262.20(a), 25160.2(b)9
	☐	0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)
	☐	0305	Disposed of used oil illegally. 25250.5(a) and 25189.5(a)
	☐	0306	Disposed of latex paint illegally. 25217.1
	☐	0307	Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)
	☐	0308	Impermissible dilution of hazardous waste. 66268.3(a)

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V		VIOLATION DESCRIPTION
			STORAGE AND HANDLING
	☐	0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
	☐	0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	☐	0218	Failed to label &/or close drained ☐used oil filters &/or ☐ used fuel filters. 25250.22 and 66266.130(c)(3)
	☐	0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	☐	0220	Spent lead acid batteries not properly managed. 66266.81
	☐	0221	Failed to comply with satellite regulations. 66262.34(e)
	☐	0222	Failed to properly label ERM. 25143.9(a)
	☐	0223	Failed to properly manage non-empty container or inner liner removed from a container. 66261.7 (b), (d) &/or (r)
	☐	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)

	☐	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]
2	☒	0226	Did not accumulate waste in container or tank. 66262.34 (d)(2)
	☐	0227	Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
	☐	0228	Failed to keep container closed. CFR 265.173
	☐	0229	Failed to conduct weekly inspections. CFR 265.174
	☐	0230	Failed to maintain aisle space. CFR 265.35
	☐	0231	Failed to properly separate incompatible wastes. CFR 265.177
	☐	0232	Waste accumulated in a container in poor condition. CFR 265.171
	☐	0233	Failed to use a lined/compatible container. CFR 265.172.
	☐	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)

	☐	0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
	☐	0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
	☐	0409	Spill/fire control equip not available. CFR 265.32(c)
	☐	0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
	☐	0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
	☐	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)

	☐	1612	Hazardous waste improperly stored in a tank system that ☐leaks, ☐ is corroded, or ☐failing. CFR 265.201(b)(2)
	☐	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)
	☐	1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
	☐	1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
	☐	1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

Jose Manuel Torres — SIGNATURE OF BUSINESS REPRESENTATIVE
03/26/07 — DATE SIGNED
Shop Foreman — TITLE OF BUSINESS REPRESENTATIVE

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 121310

DATE: 3 / 26 / 07

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 &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158					
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104		4	All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	X
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Monitoring Cert. not submitted to CUPA w/i 30 days. 2638(d)	3161	
					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	
3	Scaled Plot plan showing tank, piping & equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109	X		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				
	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				

Jose Manuel Torres — Signature of Business Representative

03/26/07 — Date Signed

Shop Foreman — Title of Business Representative

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

#121318

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; 1-800-263-8933

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: AARON SCHOENEWEIS Contact Phone No.: (858) 695-0666 x

Make/Model of Monitoring System: VEEDER ROOT TLS-300C Date of Testing/Servicing: 26-Mar-07

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: RED JACKET FX1 ☐ 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:** ☐ 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: ☐ 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:** ☐ 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:** ☐ 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).	**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. ☐ **Copy of the report** ***(check all that apply)*** ☒ **System set-up** ☒ **Alarm history report**

Technician Name (print): JEFFREY LANE Signature: Jeff Lane

Certification No.: A26540 License No.: 673853

Testing Company Name: WESTERN PUMP, INC. Phone No.: (619) 239-9988 x

Site Address: 3235 F STREET SAN DIEGO, CA 92102 Date of Testing/Servicing: 26-Mar-07

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: 16.05

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 shutdown? *(Check all that apply)* ☒ Sump/Trench Sensors; ☒ Dispenser Containment Sensors. Did you confirm positive shutdown 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? *(Check all that apply)* ☐ 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:

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:

☐ 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? *(Check all that apply)* 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.**

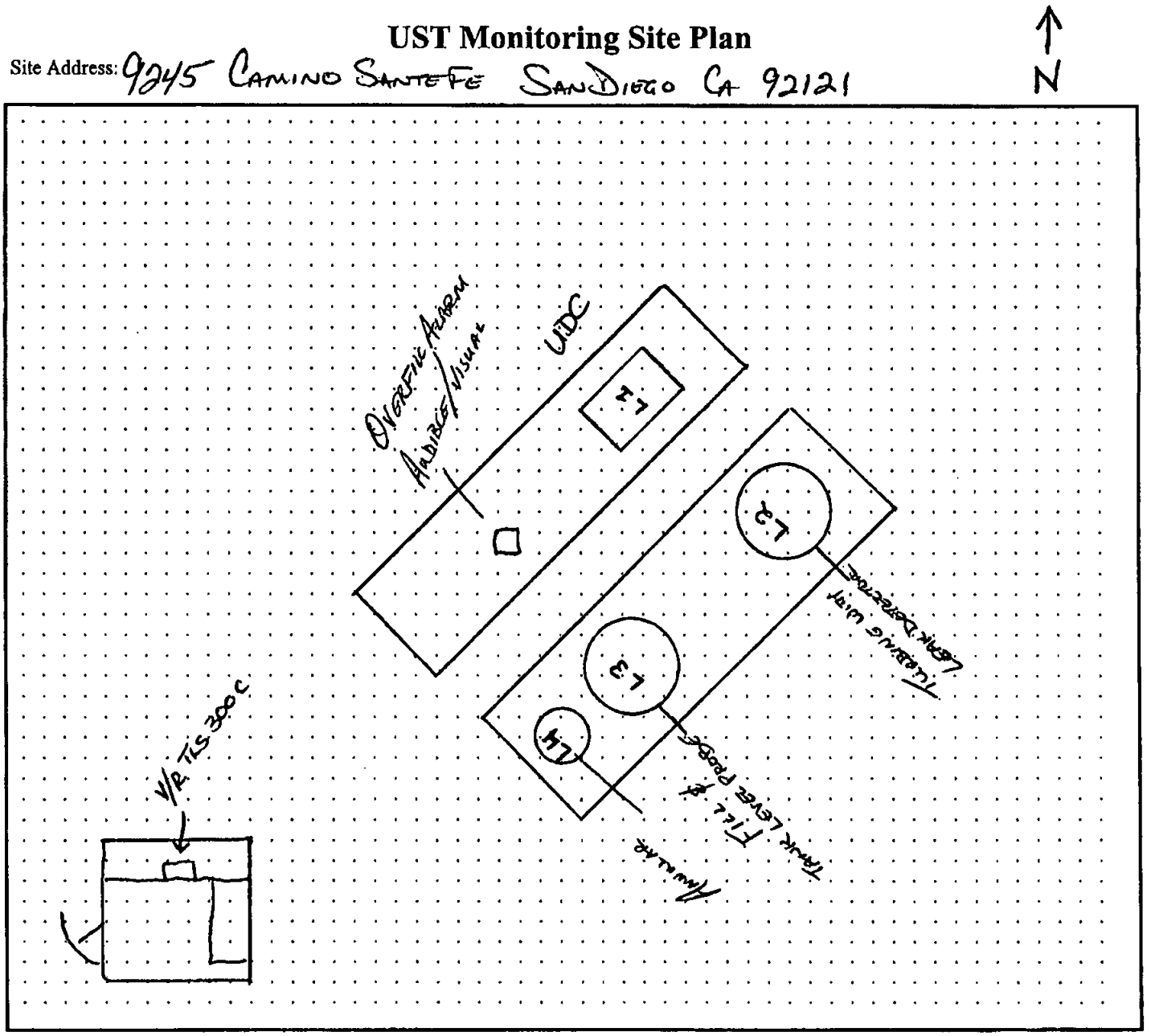
H. Comments:

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address: 9245 Camino Sante Fe San Diego CA 92121



Date map was drawn: 3/26/07

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.

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:	03/26/2007
Facility Address:	9245 CAMINO SANTA FE, SAN DIEGO, CA 92121		
Facility Contact:	JOSE	Phone:	(858) 695-0600
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:	MIKE MANN		

2. TESTING CONTRACTOR INFORMATION

Company Name:	WESTERN PUMP, INC.
Technician Conducting Test:	JEFFREY LANE
Credentials[1]:	X CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	673853

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other
Test Equipment Used: VISUAL			Equipment Resolution: +/-0.002 inches

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 DIESEL	2	3	4
Bucket Installation Type:	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	15 MINUTES			
Test Start Time (T_I):	11:15 AM			
Initial Reading (R_I):	8 1/8"			
Test End Time (T_F):	12:15 PM			
Final Reading (R_F):	8 1/8"			
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:	☑ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

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

Performed a 1 hour visual test on spill bucket(s.)

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: 3/26/07

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

V16.05

SUPERIOR

MAR 26, 2007 12:04 PM

SYSTEM STATUS REPORT
- - - - - - - - - - - - - -
SYS SECURITY WARNING

SYSTEM SETUP
- - - - - - - - - - - - - -
MAR 26, 2007 12:04 PM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

SUPERIOR

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 TC 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

SYSTEM SECURITY
CODE : 001785

COMMUNICATIONS SETUP
- - - - - - - - - - - - - -

PORT SETTINGS:

COMM BOARD : 2 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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

SUPERIOR

MAR 26, 2007 12:09 PM

SYSTEM STATUS REPORT
- - - - - - - - - - - - -
SYS SECURITY WARNING

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
FEB 13, 2007 12:53 PM
PRINTER ERROR
FEB 13, 2007 12:53 PM
BATTERY IS OFF
JAN 1, 1996 8:00 AM
SYS SECURITY WARNING
MAR 26, 2007 11:07 AM

ALARM HISTORY REPORT

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

T 1:DBL

SETUP DATA WARNING
DEC 21, 1998 10:30 AM

OVERFILL ALARM
MAR 26, 2007 11:32 AM
MAR 26, 2007 11:21 AM
DEC 21, 2006 12:29 PM

LOW PRODUCT ALARM
FEB 8, 2007 7:46 PM
DEC 15, 2006 11:46 AM
NOV 20, 2006 5:44 PM

HIGH PRODUCT ALARM
MAY 31, 2005 12:48 PM
MAY 31, 2005 12:43 PM
MAY 28, 2003 3:12 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 26, 2007 11:45 AM
MAR 26, 2007 11:22 AM
MAR 26, 2007 11:17 AM

HIGH WATER WARNING
NOV 21, 2005 2:47 PM

DELIVERY NEEDED
MAR 13, 2007 9:10 PM
FEB 8, 2007 6:09 PM
JAN 16, 2007 5:58 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
MAY 28, 2003 3:16 PM
APR 1, 2003 3:14 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:UDC
DISPENSER PAN
SENSOR OUT ALARM
MAR 26, 2007 12:07 PM

FUEL ALARM
MAR 26, 2007 10:39 AM

FUEL ALARM
MAR 24, 2006 10:49 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:TURBINE SUMP
STP SUMP
SENSOR OUT ALARM
MAR 26, 2007 12:07 PM

FUEL ALARM
MAR 26, 2007 10:40 AM

FUEL ALARM
AUG 28, 2006 9:06 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:FILL SUMP
OTHER SENSORS
SENSOR OUT ALARM
MAR 26, 2007 12:07 PM

FUEL ALARM
MAR 26, 2007 10:42 AM

FUEL ALARM
JUL 20, 2006 3:58 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:ANNULAR
ANNULAR SPACE
SENSOR OUT ALARM
MAR 26, 2007 12:07 PM

FUEL ALARM
MAR 26, 2007 10:47 AM

FUEL ALARM
MAR 26, 2007 10:46 AM

COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT #: 121310
SPECIALIST: MIKE MANN
INSPECTION DATE: 3/28/08
CONTACT: JOSE TORRES

BUSINESS NAME SUPERIOR READY MIX

ADDRESS 9245 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 3252	03/28/08	Visual Alarm light bulb has been replaced.
2 v	/ /	
3 v	/ /	
4 v	/ /	
5 v	/ /	
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: José M. Torres (Print Name) **Job Title** Shop Foreman

Signature of Responsible Party: José M. Torres **Date:** 03/28/08

< Send completed form and supporting documentation to the address listed below >

COUNTY OF SAN DIEGO USE ONLY: **Reviewed by:** M Mann **Date:** 4/18/08
(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: 7/17/08 ☐ 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

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

TO FILE: # 121310

San Diego County Dept. of Environmental Health
Hazardous Materials Management Division
1255 Imperial Ave,
P.O. Box 129261
San Diego, CA 92112-9264
Attn: Mike Mann

RECEIVED
JUN 24 2008
ENVIRONMENTAL HEALTH

Dear Mr. Mann,

Please be advised that I will no longer be performing the duties of Designated Underground Storage Tank Operator for Superior Ready Mix Concrete, Facility ID # 121310, located at 9145 Camino Santa Fe, San Diego, CA. This became effective June 13, 2008.

Please do not hesitate to contact me at 858-997-8614 with any questions.

Sincerely,

John R. Janke
ICC # 5259440

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 1-800-253-9933
http://www.sdcdeh.org

12 / 18 / 08
Date Submitted

ENTERED JUN 0 5 2009 jr

Aboveground Petroleum Storage Tank Facility Statement

I. FACILITY/BUSINESS INFORMATION

FACILITY ID # 121310 (3 7 0 0 0 1 2 1 3 1 0) 1

FACILITY NAME (Same as BUSINESS NAME or DBA-Doing Business As) 3
Superior Ready Mix Concrete, L.P.

FACILITY ADDRESS 103
9245 Camino Santa Fe

FACILITY CITY 104
San Diego,

CA

ZIP CODE 105
92121-2201,

CONTACT NAME 117
SHAWN MENDOZA

CONTACT PHONE 118
(760) 745-0556

Does the facility have an SPCC plan? ☒ Yes ☐ No 920
(see reverse for instructions)

Date of last SPCC Plan Revision/Review: 921
12 / 17 / 08

II. TOTAL FACILITY CAPACITY (in gallons)

Facility's total aboveground petroleum storage **capacity** for all tanks and containers greater than or equal to 55 gallons: 5,110 gallons
(see reverse for instructions)

Capacity of the largest tank/container that stores petroleum at your facility (in gallons): 3,000 gallons

III. TANK DETAILS for facilities with tanks 10,000 gallons in capacity or more (attach additional forms if needed)

Tank ID Number 922	Contents (Gas, Diesel, etc.) 923	Capacity (in gallons) 924	Tank Location 925	Age of Tank (in years) 926	Secondary Containment 927
			SEE SITE MAP/PLAN FOR TANK LOCATION		☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

IV. SIGNATURE

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge.

SIGNATURE OF OWNER OR TANK FACILITY OPERATOR	PRINTED NAME OF OWNER OR TANK FACILITY OPERATOR 136	DATE (MM/DD/YYYY) 134
X	Shawn E. Mendoza	12 / 18 / 08

Aboveground Petroleum Storage Tank Facility Statement

FACILITY/BUSINESS INFORMATION

1. FACILITY ID NUMBER – Enter your 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. FACILITY NAME – Enter the full legal name of the business. This is the same as the terms "Business Name" or "DBA" - Doing Business As.
103. FACILITY ADDRESS – Enter the street address where the aboveground storage tank facility is located. No post office box numbers are allowed. This information must provide a means to locate the facility geographically.
104. CITY – Enter the city or unincorporated area in which the aboveground storage tank facility is located.
105. ZIP CODE – Enter the zip code of aboveground storage tank facility. The extra 4 digit zip may also be added.
117a. CONTACT NAME – Enter the name of the person, who receives Aboveground Storage Tank correspondence.
118a. CONTACT PHONE – Enter the phone number, area code first, and any extension.
920. DOES THE FACILITY HAVE AN SPCC PLAN – Check one box only. A Spill Prevention, Control and Countermeasure (SPCC) plan is a carefully thought-out plan, prepared in accordance with the guidelines contained in U.S. Environmental Protection Agency's Web site at http://www.epa.gov/oilspill/spcc.htm. This plan discusses procedures, methods, and equipment in place at the facility to prevent discharges of petroleum from reaching navigable waters. A complete copy of the SPCC plan must be maintained on site.

TOTAL FACILITY CAPACITY

921. TOTAL FACILITY CAPACITY – Enter the facility's total petroleum aboveground storage tank capacity (in gallons). Aboveground storage tank means a tank (or container) that has the capacity to store 55 gallons or more of petroleum and that is substantially or totally above the surface of the ground. Petroleum includes waste oil.

How to Calculate Total Petroleum Capacity for your Facility: a + b + c = Total Facility Capacity

No. of tanks and containers x size = Total Capacity *in gallons* (e.g., 2 x 550 gal. AST = 1100; 6 x 55 gal. drums = 330; 1100 + 330 = 1430 gals.)		
3 x 55 gal. = 165	x 1,000 gal. =	1 x 125 gal. = 125
x 100 gal. =	x 2,000 gal. =	2 x 250 gal. = 500
x 250 gal. =	1 x 3,000 gal. = 3,000	1 x 120 gal. = 120
x 500 gal. =	1 x 1,200 gal. = 1,200	x gal. =
Subtotal (a) = 165	Subtotal (b) = 4,200	Subtotal (c) = 745

TANK DETAILS for facilities with tanks 10,000 gallons in capacity or more (attach additional forms if needed)

922. TANK ID NUMBER – Enter a unique tank identification number for each tank. You may create your own numbering system.
923. CONTENTS – Enter the contents (i.e., DIESEL, GASOLINE, OIL, etc.) of the aboveground petroleum storage tank.
924. CAPACITY – Enter the aboveground storage tank's capacity (in gallons).
925. TANK LOCATION – Tank location is not required on this form provided an owner or operator of a tank facility has submitted a hazardous materials business plan, as defined in subdivision (e) of Section 25501, to the CUPA.
926. AGE OF TANK – Enter the age of each aboveground storage tank (in years).
927. SECONDARY CONTAINMENT – Check the appropriate box if the tank has secondary containment.

SIGNATURE

APPLICANT SIGNATURE – The application form must be signed, in the space provided

136. APPLICANT NAME – Print or type the full name of the person signing the form
134. DATE – Enter the date (MM/DD/YYYY) the form was signed.

Instructions and definitions:

A **"Tank Facility"** is defined as any one, or combination of, aboveground storage tanks, including any piping that is integral to the tank, **that contains petroleum** and that is used by a single business entity at a single location or site. A "Tank Facility" is subject to the Aboveground Petroleum Storage Act (APSA) if the "Tank Facility" is subject to the oil pollution prevention regulations specified in Part 112 (commencing with Section 112.1) of subchapter D of Chapter I of Title 40 of the Code of Federal Regulations; **or** the "Tank Facility" has a storage **capacity** of 1,320 gallons or more of petroleum.

Aboveground storage tank (AST) – A tank (or container) with a capacity to store 55 gallons or more of petroleum that is substantially or totally above the surface of the ground. (This includes drums, totes, etc.).

Petroleum – Crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit and 14.7 per square inch absolute pressure (also includes waste oil & waste petroleum products). If the container or tank contains a mixture of petroleum which could cause a sheen, sludge, or emulsion in or on water, it must be disclosed. There is no exemption based on the percentage of oil. Include the shell capacity of all containers and aboveground tanks (including containers) with a capacity of 55 gallons or more.

Storage – Containment, handling, or treatment of petroleum, for any period of time including on a temporary basis.

Storage capacity – The aggregate **capacity** of all aboveground storage tanks (including containers 55 gallons and greater in capacity) at a "Tank Facility". A facility with an aggregate **storage capacity** ≥1,320 gallons of **petroleum** (**a substance containing any amount of petroleum**) is subject to the SPCC rule. For example, if a facility has two 500-gallon ASTs and one 600-gallon AST, and only keeps them half full, the storage capacity for this facility is calculated by the capacity of each tank which equals 1,600 gallons and is subject to the SPCC rule.

RECEIVED
JAN 20 2009
ENVIRONMENTAL HEALTH
File

GARY W. ERBECK
DIRECTOR

County of San Diego

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.sdcdeh.org

JACK MILLER
ASSISTANT DIRECTOR

October 22, 2008

Environmental Coordinator
SUPERIOR READY MIX
1508 W MISSION RD
ESCONDIDO, CA 92029

Permit # 121310

RE: Aboveground Petroleum Storage Facility
9245 CAMINO SANTA FE, SAN DIEGO, CA 92121-2201

The Hazardous Materials Division (HMD) of the Department of Environmental Health is the Certified Unified Program Agency (CUPA) in the County of San Diego. The HMD, as the CUPA, regulates businesses storing petroleum in aboveground containers and tanks. Recent changes in state law (the Aboveground Petroleum Storage Act) define a "Tank Facility" as a facility that stores 1,320 gallons or more of petroleum in aboveground storage tanks (including drums 55-gallons in size or greater). A review of our records indicates your facility is a "Tank Facility". You are required to submit an Annual Facility Statement (enclosed). The completed statement must be submitted to the CUPA at the address above by December 31, 2008.

To assist "Tank Facilities" in achieving compliance with the new requirements, the HMD is presenting a free informational workshop. For your convenience and to facilitate your attendance, there will be four workshop sessions for you to choose from. Two sessions will be offered on November 13 and two more on December 11, 2008. Although attendance to these workshops is not required, the information presented will be very useful for you to complete your Annual Facility Statement and to review the Aboveground Petroleum Storage Act requirements of that apply to your business. We recommend at least one representative attend. An informational flyer is enclosed.

E

Permit #: **121310**
State ID: 37-000-121310

Operating Permit Issued on 05/24/2008
Operating Permit Expires on: 05/23/2013
Reference Number: 1151

San Diego County

Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: SUPERIOR READY MIX
Tank Owner's Name: HANSON AGGREGATES
Tank Operator's Name SUPERIOR READY MIX

Site Address: 9245 CAMINO SANTA FE, SAN DIEGO, 92121-2201

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

GARY W. ERBECK
DIRECTOR

County of San Diego

JACK MILLER
ASSISTANT DIRECTOR

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.sdcdeh.org

July 11, 2008

Environmental Coordinator 121310
SUPERIOR READY MIX
1508 W MISSION RD
ESCONDIDO, CA 92029

RE: Underground Tank Facility
9245 CAMINO SANTA FE, SAN DIEGO, 92121-2201

The Hazardous Materials Division (HMD) of the Department of Environmental Health is the Certified Unified Program Agency (CUPA) in the County of San Diego. The HMD, as the CUPA, regulates the construction, installation, operation, repair and removal of underground storage tank (UST) systems. Recent changes in state regulations require owners and operators of UST systems to submit the new Unified Program Consolidated Forms developed by the State Water Resources Control Board. Completed forms must be submitted to the CUPA at the address above by August 31, 2008.

The changes to the UST regulations which went into effect on January 17, 2008, require UST owners and operators to use the new standardized forms to submit all required (current and new) registration information. All UST owners and operators must provide the CUPA with tank and facility information (including Monitoring Plan, Emergency Plan and Plot Plan*) on the new forms. The forms (listed below) are available in interactive format at www.sdcounty.ca.gov/hazmat/hmd_forms.html. Failure to submit these new forms will result in non-renewal of the UST Operating Permit. To prevent any delay to the renewal of your UST Operating Permit, submit these forms immediately. Copies of the completed forms must be maintained at the UST facility. If you manage more than one facility, a complete set of forms is required for each facility.

The new standardized forms will promote consistency in record keeping which will benefit HMD and UST owners and operators. If you have recently submitted the information on the new forms, please disregard this advisory.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

If you have any questions about the information contained in this bulletin, please contact the Hazardous Materials Division Duty Specialist at (619) 338-2231.

Sincerely,

J. M. VIZZIER, Chief
Hazardous Materials Division

JMV/lms

Enclosures: UST Facility Page (HM-9715)
UST Tank Information Page (HM-9717)
UST Monitoring Plan (HM-9222A)
UST Emergency Plan (HM-9222B)
UST Plot Plan (HM-9222C)*

(*If you already have a diagram (Plot Plan) that shows the required information, include it with this submission.)

ENTERED MAY 2 0 2008

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 2 DATE 3/28/08
PERMIT # 12310
TIME START 930 END 1412
BUS. CODE K61
SPECIALIST MIKE MANN
INSPECTION CONTACT/TITLE
JOSE TORRES / SHOP MANAGER
PHONE: (858) 695-0666

BUSINESS NAME SUPERIOR READY MIX
ADDRESS 9245 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			Permit Expires on: 30/JUN/08
☑	☐	Hazardous Materials Business Plan available	☑	☐	Contingency Plan available
☑	☐	Employee Training is adequate	☐	☐	Employee Training records available
☑	☐	Waste disposal records available for review	☑	☐	Waste containers kept closed
☑	☐	Emergency contacts current ☐ Updated today	☑	☐	Waste containers kept labeled
☐	☐	Chemical inventory current ☑ Updated today	☑	☐	Waste containers in good condition

ROUTINE INSPECTION
ON 3/28/08, AN ANNUAL UST INSPECTION (MONITORING EQUIPMENT CERTIFICATION), ~~AND~~ HAZARDOUS WASTE, AND HAZARDOUS MATERIALS INSPECTION WAS CONDUCTED WITH JOSE TORRES AND STEVE FOSTER. THE FOLLOWING VIOLATION WAS OBSERVED.

NOTICE TO COMPLY:

RECEIVED APR 2 8 2008

1. THE LIGHT (VISUAL ALARM) FOR THE OVERFILL ALARM SYSTEM FOR THE DIESEL UST IS NOT FUNCTIONING. THE LIGHT BULB FILAMENT IS BROKEN.
- CORRECTIVE ACTION REQUIRED: WITHIN 30 DAYS FROM TODAY, REPLACE THE BULB OR MAKE OTHER NECESSARY REPAIRS IN ORDER TO HAVE THE OVERFILL SYSTEM ALARM FUNCTION PROPERLY.

REMARK:
- PLEASE REFER TO THE HANDOUT FOR INFORMATION CONCERNING THE PROPER MANAGEMENT AND DISPOSAL OF UNIVERSAL WASTE.
- YOUR BUSINESS HAZARDOUS MATERIALS INVENTORY WILL BE UPDATED FOR SANDSTORM, RHEOMIX 235, EUCON X15, ACCELGUARD NCA, AND EUCON AIR 40.

☑ **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
	3/28/08	Plant Supervisor

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

COMPLIANCE INSPECTION REPORT

PERMIT#: 121310
DATE: 3 / 28 / 08
PAGE: 2 OF 2

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 &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158					
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Monitoring Cert. not submitted to CUPA w/l 30 days. 2638(d)	3161	
					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 #		001			
		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	X			
	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: 3 / 28 / 08 — Title of Business Representative

DEH:HM-928 (Revised 12/05) NCR

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

TO FILE: # 121310
5018723

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 MENDOZA Contact Phone No.: (760) 745-0556 x

Make/Model of Monitoring System: VEEDER ROOT TLS-300C Date of Testing/Servicing: 24-Mar-09

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: RJ FX-1D ☐ 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:** ☐ 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: ☐ 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:** ☐ 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:** ☐ 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).	**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): JEFF LANE

Signature: _____

Certification No.: A26540 License No.: 673853

Testing Company Name: WESTERN PUMP, INC. Phone No.: (619) 239-9988 x

Testing Company Address: 3235 F STREET SAN DIEGO, CA 92102 Date of Testing/Servicing: 03/24/09

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: 16.05

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 shutdown? *(Check all that apply)* ☒ Sump/Trench Sensors; ☒ Dispenser Containment Sensors. Did you confirm positive shutdown 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? *(Check all that apply)* ☐ 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 (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:

☐ 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? *(Check all that apply)* 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 (500 characters max, add additional sheets if needed):

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.

	Model:	System Type: ☐ Pressure; ☐ Vacuum
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space:[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J, below)*

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

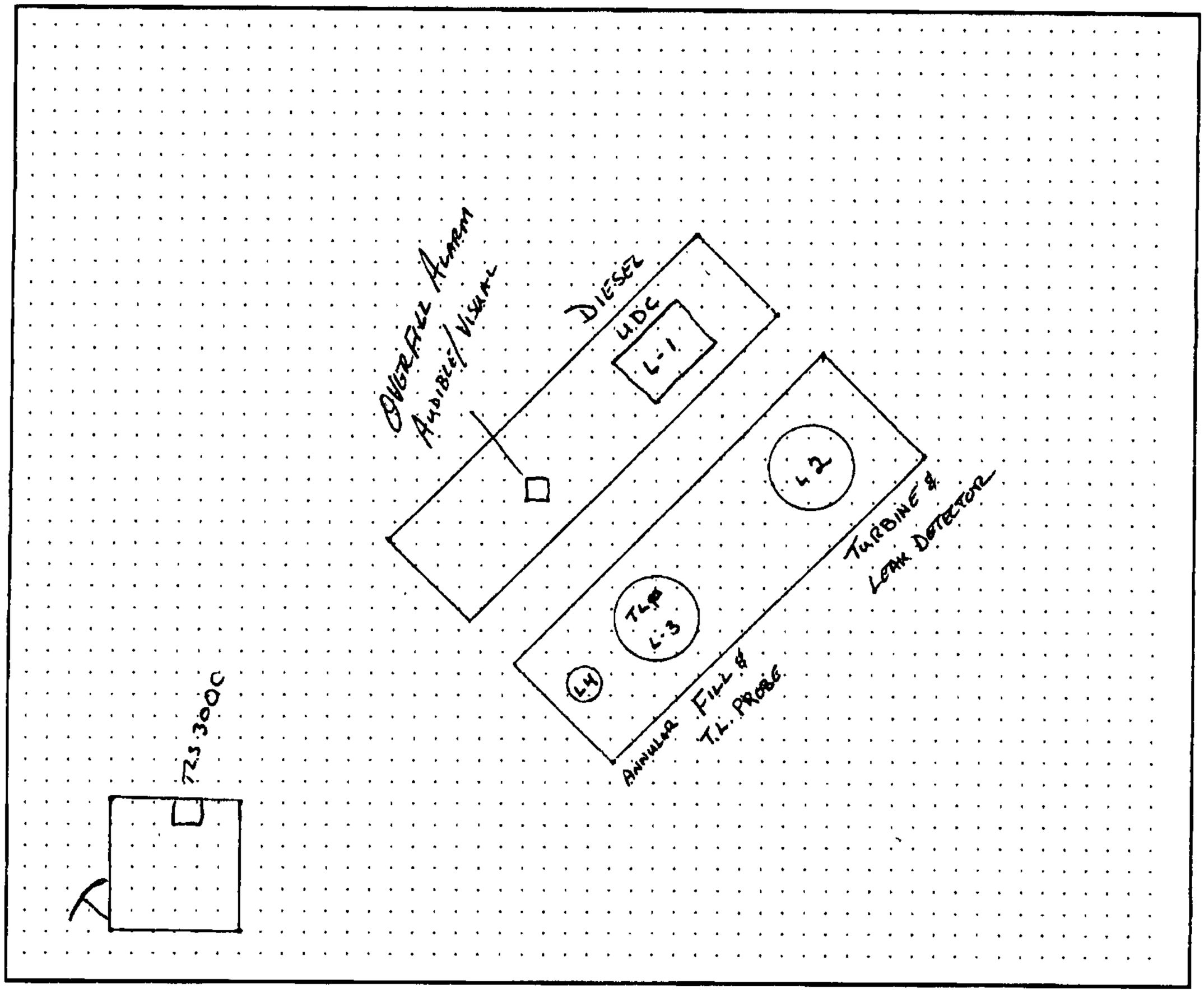
[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: _____

UST Monitoring Site Plan

Site Address: 9245 Camino Sante Fe San Diego CA



Date map was drawn: 3 / 24 / 09

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

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 SANTE FE SAN DIEGO CA	Testing Date: 3/24/09
Facility Contact: BRANDON MOUSHER	Phone: (760) 745-0556
Date Local Agency Was Notified of Testing : ___/___/___	
Name of Local Agency Inspector *(if present during testing)*: MIKE MANN	

2. TESTING CONTRACTOR INFORMATION

Company Name: WESTERN PUMP, INC.

Technician Conducting Test: JEFF LANE

Credentials[1]: ☒ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*

License Number(s): 673853,

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☒ Hydrostatic ☐ Vacuum ☐ Other

Test Equipment Used: | Equipment Resolution:

SPILL BUCKET ID	1	2	3	4
Tank #:	#1			
Product contained:	DIESEL			
Bucket Installation Type:	☐ Direct Bury ☒ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	10 MIN			
Test Start Time (T_I):	11 15A			
Initial Reading (R_I):	5 1/8"			
Test End Time (T_F):	12 15A			
Final Reading (R_F):	5 1/8"			
Test Duration ($T_F - T_I$):	1 HOUR			
Change in Reading ($R_F - R_I$):	NO CHANGE			
Pass/Fail Threshold or Criteria:	ZERO VARIATION			
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)*
PERFORMED ONE HOUR VISUAL TEST.

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:** 3/24/09

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.

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121

MAR 24. 2009 10:24 AM

SYSTEM STATUS REPORT
- - - - - - - - - - - - - -
SYS SECURITY WARNING

SYSTEM SETUP
- - - - - - - - - - - - - -
MAR 24. 2009 10:24 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS AM

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 TC 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

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 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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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

SOFTWARE REVISION LEVEL
VERSION 16.05
SOFTWARE# 346016-100-F
CREATED - 98.08.21.18.55

S-MODULE# 330161-001-s
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121

MAR 24. 2009 10:31 AM

SYSTEM STATUS REPORT
- - - - - - - - - - - - - - -
SYS SECURITY WARNING

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
JAN 19. 2009 2:05 PM
PRINTER ERROR
JAN 19. 2009 2:05 PM
BATTERY IS OFF
JAN 1. 1996 8:00 AM
SYS SECURITY WARNING
MAR 24. 2009 9:24 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

HIGH WATER ALARM
MAR 24. 2009 9:50 AM
MAR 28. 2008 11:48 AM

OVERFILL ALARM
MAR 24. 2009 9:34 AM
MAY 5. 2008 9:24 AM
MAR 28. 2008 11:33 AM

LOW PRODUCT ALARM
MAR 28. 2008 11:18 AM
OCT 29. 2007 5:18 PM
AUG 31. 2007 5:31 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 24. 2009 10:13 AM
MAR 24. 2009 9:36 AM
MAR 24. 2009 9:35 AM

HIGH WATER WARNING
MAR 24. 2009 9:50 AM
MAR 28. 2008 11:48 AM
NOV 21. 2005 2:47 PM

DELIVERY NEEDED
MAR 2. 2009 1:10 PM
DEC 8. 2008 3:34 PM
OCT 7. 2008 5:44 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 24. 2009 10:13 AM
MAY 28. 2003 3:16 PM
APR 1. 2003 3:14 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:UDC
DISPENSER PAN
SENSOR OUT ALARM
MAR 24. 2009 10:29 AM

FUEL ALARM
MAR 24. 2009 9:53 AM

FUEL ALARM
MAR 24. 2009 9:46 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:TURBINE SUMP
STP SUMP
SENSOR OUT ALARM
MAR 24. 2009 10:29 AM

FUEL ALARM
MAR 24. 2009 9:44 AM

FUEL ALARM
MAR 28. 2008 12:00 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:FILL SUMP
OTHER SENSORS
SENSOR OUT ALARM
MAR 24. 2009 10:29 AM

FUEL ALARM
MAR 24. 2009 9:48 AM

FUEL ALARM
MAR 28. 2008 11:14 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:ANNULAR
ANNULAR SPACE
SENSOR OUT ALARM
MAR 24. 2009 10:29 AM

FUEL ALARM
MAR 24. 2009 10:11 AM

FUEL ALARM
MAR 24. 2009 9:49 AM

* * * * * END * * * * *

COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT #: 121310
SPECIALIST: MIKE MANN
INSPECTION DATE: 3/24/09
CONTACT: BRANDON MOSIER

BUSINESS NAME SUPERIOR READY MIX

ADDRESS 9245 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 3114	4/20/09	(See attached Secondary Containment Test Report performed on 4/20/09
2 v	/ /	
3 v	/ /	
4 v	/ /	
5 v	/ /	
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: SHAWN MONDOZA (Print Name) **Job Title** ENV. COORDINATOR

Signature of Responsible Party: [signature] **Date:** 4/20/09

< Send completed form and supporting documentation to the address listed below >

COUNTY OF SAN DIEGO USE ONLY: **Reviewed by:** M Mann (Specialist's name and date required for processing) **Date:** 5/18/09

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: 5/18/09 ☐ 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

5018123
TO FILE: # 121310

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

Site Address: 9245 CAMINO SANTA FE City: SAN DIEGO Bldg. No.: Zip: 92121-

Facility Contact Person: SHAWN MENDOZA Contact Phone No.: (760) 745-0556 x

Make/Model of Monitoring System: VEEDER ROOT TLS-300C Date of Testing/Servicing: 24-Mar-09

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: RJ FX-1D
- ☐ 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:
- ☐ 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:
- ☐ 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:
- ☐ 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:
- ☐ 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): JEFF LANE

Signature: _____

Certification No.: A26540 License No.: 673853

Testing Company Name: WESTERN PUMP, INC. Phone No.: (619) 239-9988 x

Testing Company Address: 3235 F STREET SAN DIEGO, CA 92102 Date of Testing/Servicing: 03/24/09

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: 16.05

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 shutdown? *(Check all that apply)* ☒ Sump/Trench Sensors; ☒ Dispenser Containment Sensors. Did you confirm positive shutdown 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? *(Check all that apply)* ☐ 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 (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:

☐ 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? *(Check all that apply)* 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 (500 characters max. add additional sheets if needed):

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.

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

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

[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.

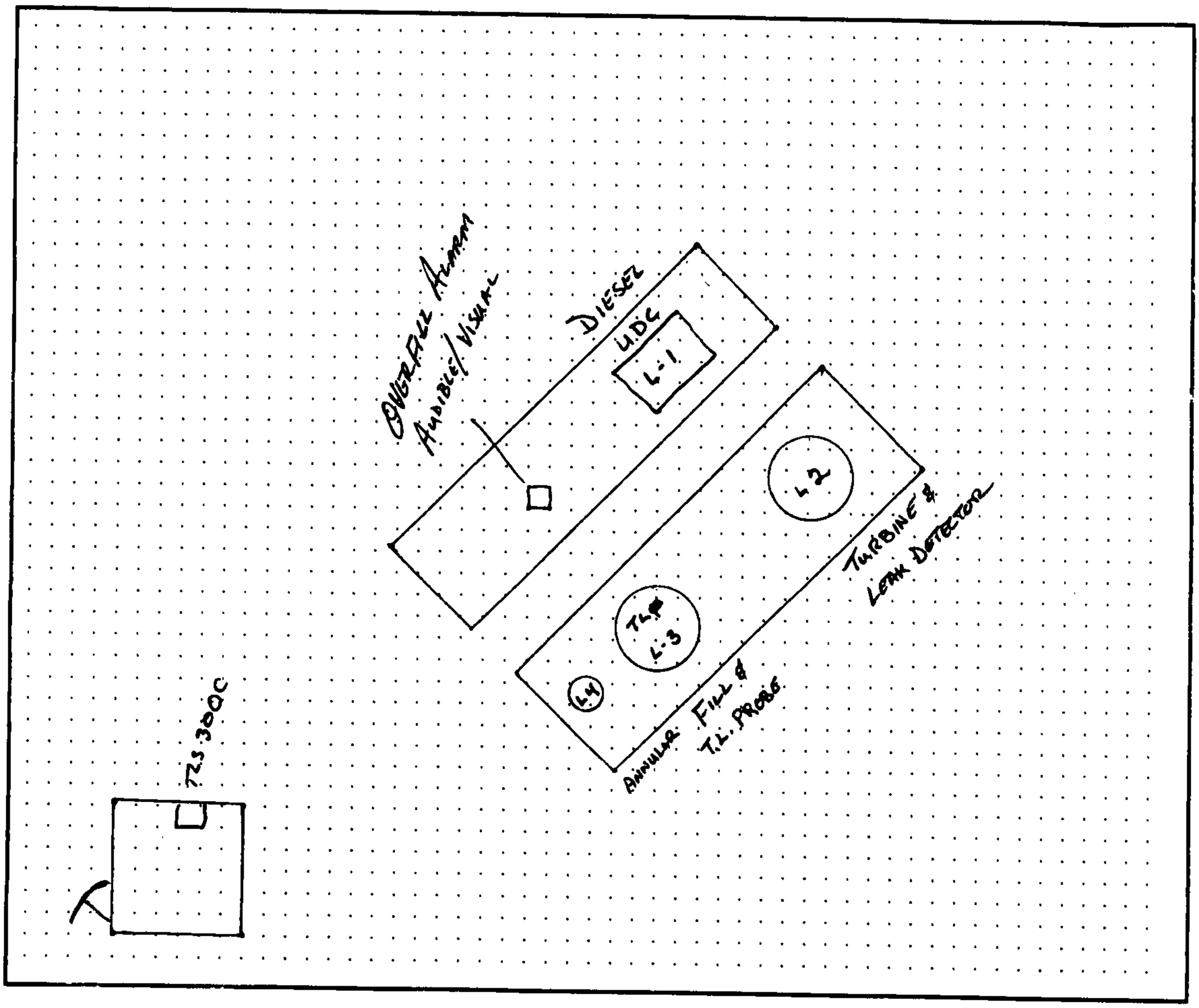
UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: _____

UST Monitoring Site Plan

Site Address: 9245 Camino Sante Fe San Diego CA

↑ N



Date map was drawn: 3 / 24 / 09

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

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

DEH

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 SANTE FE SAN DIEGO CA | Testing Date: 3 / 24 / 09

Facility Contact: BRANDON MOUSHER | Phone: (760) 745-0556

Date Local Agency Was Notified of Testing : ____ / ____ / ____

Name of Local Agency Inspector *(if present during testing)*: MIKE MANN

2. TESTING CONTRACTOR INFORMATION

Company Name: WESTERN PUMP, INC.

Technician Conducting Test: JEFF LANE

Credentials[1]: ☒ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*

License Number(s): 673853,

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☒ Hydrostatic ☐ Vacuum ☐ Other

Test Equipment Used: | Equipment Resolution:

SPILL BUCKET ID	1	2	3	4
Tank #:	#1			
Product contained:	DIESEL			
Bucket Installation Type:	☐ Direct Bury ☒ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	10 MIN			
Test Start Time (T_I):	11 15 A			
Initial Reading (R_I):	5 1/8"			
Test End Time (T_F):	1215 A			
Final Reading (R_F):	5 1/8"			
Test Duration ($T_F - T_I$):	1 HOUR			
Change in Reading ($R_F - R_I$):	NO CHANGE			
Pass/Fail Threshold or Criteria:	ZERO VARIATION			
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)*
PERFORMED ONE HOUR VISUAL TEST.

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:** 3/24/09

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.

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121

MAR 24. 2009 10:24 AM

SYSTEM STATUS REPORT
- - - - - - - - - - - - - -
SYS SECURITY WARNING

SYSTEM SETUP
- - - - - - - - - - - - - -
MAR 24. 2009 10:24 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 TC 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

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 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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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

SOFTWARE REVISION LEVEL
VERSION 16.05
SOFTWARE# 346016-100-F
CREATED - 98.08.21.18.55

S-MODULE# 330161-001-a
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121

MAR 24. 2009 10:31 AM

SYSTEM STATUS REPORT
- - - - - - - - - - - - -
SYS SECURITY WARNING

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
JAN 19. 2009 2:05 PM
PRINTER ERROR
JAN 19. 2009 2:05 PM
BATTERY IS OFF
JAN 1. 1996 8:00 AM
SYS SECURITY WARNING
MAR 24. 2009 9:24 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

HIGH WATER ALARM
MAR 24. 2009 9:50 AM
MAR 28. 2008 11:48 AM

OVERFILL ALARM
MAR 24. 2009 9:34 AM
MAY 5. 2008 9:24 AM
MAR 28. 2008 11:33 AM

LOW PRODUCT ALARM
MAR 28. 2008 11:18 AM
OCT 29. 2007 5:18 PM
AUG 31. 2007 5:31 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 24. 2009 10:13 AM
MAR 24. 2009 9:36 AM
MAR 24. 2009 9:35 AM

HIGH WATER WARNING
MAR 24. 2009 9:50 AM
MAR 28. 2008 11:48 AM
NOV 21. 2005 2:47 PM

DELIVERY NEEDED
MAR 2. 2009 1:10 PM
DEC 8. 2008 3:34 PM
OCT 7. 2008 5:44 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 24. 2009 10:13 AM
MAY 28. 2003 3:16 PM
APR 1. 2003 3:14 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:UDC
DISPENSER PAN
SENSOR OUT ALARM
MAR 24. 2009 10:29 AM

FUEL ALARM
MAR 24. 2009 9:53 AM

FUEL ALARM
MAR 24. 2009 9:46 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:TURBINE SUMP
STP SUMP
SENSOR OUT ALARM
MAR 24. 2009 10:29 AM

FUEL ALARM
MAR 24. 2009 9:44 AM

FUEL ALARM
MAR 28. 2008 12:00 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:FILL SUMP
OTHER SENSORS
SENSOR OUT ALARM
MAR 24, 2009 10:29 AM

FUEL ALARM
MAR 24, 2009 9:48 AM

FUEL ALARM
MAR 28, 2008 11:14 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:ANNULAR
ANNULAR SPACE
SENSOR OUT ALARM
MAR 24, 2009 10:29 AM

FUEL ALARM
MAR 24, 2009 10:11 AM

FUEL ALARM
MAR 24, 2009 9:49 AM

* * * * * END * * * * *

5020460

County of San Diego

To FILE: # 121310

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.sdcounty.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: SUPERIOR READY MIX	Date of Testing: 2009-04-20	
Facility Address: 9245 CAMINO SANTA FE SAN DIEGO, CA		**Test Type:**
Facility Contact: SHAWN MENDOZA	Phone: 760-745-0556	☐ Initial
Date Local Agency Was Notified of Testing:		☐ 6 months
Name of Local Agency Inspector *(if present during testing)*:		☐ 36 months

TESTING CONTRACTOR INFORMATION

Company Name: WESTERN PUMP, INC.	
Technician Conducting Test: VERN SABIN	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: A, C61/D40/HAZ	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	STS	01/15/10

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
ANNULAR	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
DSL PIPING RUN PRODUCT	☒	☐	☐	☐		☐	☐	☐	☐
DSL PIPING RUN VENT	☐	☒	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
DIESEL UDC	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
DIESEL FILL SUMP	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
DIESEL PIPING SUMP	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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

It was disposed of properly into our full service test vehicle.

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: 4/20/09

DEHHM-9169 (09/04)

1. TANK ANNULAR TESTING

Test Method Developed By:	☒ Tank Manufacturer	☒ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☒ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Vacuum Gauges		Equipment Resolution: 0-30 inches-H.G.	

	Tank # 1	Tank #	Tank #	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:	12,000			
Tank Material:	ST/FRP			
Tank Manufacturer:				
Product Stored:	DIESEL			
Wait time between applying pressure/vacuum/water and starting test:	15 MINUTES			
Test Start Time:	10:50 AM			
Initial Reading (R_I):	10 IN-HG			
Test End Time:	11:50 AM			
Final Reading (R_F):	10 IN-HG			
Test Duration:	ONE HOUR			
Change in Reading (R_F-R_I):	NONE			
Pass/Fail Threshold or Criteria:	0 VARIATION			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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

2. SECONDARY PIPE TESTING

Test Method Developed By:	☒ Piping Manufacturer	☒ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☒ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Air Gauges		Equipment Resolution: 0-15 psi	

	Piping Run # PRO	**Piping Run # VNT**	**Piping Run #**	**Piping Run #**
Piping Material:	FIBERGLASS	FIBERGLASS		
Piping Manufacturer:	AMERON	AMERON		
Piping Diameter:	3"	3"		
Length of Piping Run:	10'	10'		
Product Stored:	DIESEL	DIESEL		
Method and location of piping-run isolation:	TEST BOOTS	TEST BOOTS		
Wait time between applying pressure/vacuum/water and starting test:	15 MINUTES	15 MINUTES		
Test Start Time:	11:50 AM	12:10 PM		
Initial Reading (R_I):	5 PSI	5 PSI		
Test End Time:	12:50 PM	1:10 PM		
Final Reading (R_F):	5 PSI	3 PSI		
Test Duration:	ONE HOUR	ONE HOUR		
Change in Reading (R_F-R_I):	NONE	-2 PSI		
Pass/Fail Threshold or Criteria:	0 VARIATION			
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)*

VENT SECONDARY PIPING RUN FAILED. TEST BOOT IN SUMP IS GOOD. SUSPECT A LEAK AT VENT PIPE SECONDARY TERMINATION BOOT.

3. PIPING SUMP TESTING

Test Method Developed By:	☒ Sump Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic
Test Equipment Used: IN-CON		Equipment Resolution: + or - 0.002 in.	

	Sump # 1	Sump #	Sump #	Sump #
Sump Diameter:	42"			
Sump Depth:	50"			
Sump Material:	FIBERGLASS			
Height from Tank Top to Top of Highest Piping Penetration:	17"			
Height from Tank Top to Lowest Electrical Penetration:	13"			
Condition of sump prior to testing:	DIRT, DRY			
Portion of Sump Tested[2]	19"			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Turbine shutdown response time	N/A			
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 MINUTES			
Test Start Time:	1:49/2:09 PM			
Initial Reading (R_I):	4.9281/4.9278			
Test End Time:	2:04/2:24 PM			
Final Reading (R_F):	4.9278/4.9276			
Test Duration:	15 MINUTES			
Change in Reading (R_F-R_I):	0.0003/0.0002			
Pass/Fail Threshold or Criteria:	+ or - 0.002 in.			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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)

4. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☒ UDC Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic
Test Equipment Used: IN-CON		Equipment Resolution: + or - 0.002 in.	

	UDC # 1	UDC #	UDC #	UDC #
UDC Manufacturer:	ENVIRON			
UDC Material:	PLASTIC			
UDC Depth:	10"			
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]	9"			
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 MINUTES			
Test Start Time:	1:09/1:26 PM			
Initial Reading (R_I):	1.9414/1.9414			
Test End Time:	1:24/1:41 PM			
Final Reading (R_F):	1.9413/1.9413			
Test Duration:	15 MINUTES			
Change in Reading (R_F-R_I):	0.0001/0.0001			
Pass/Fail Threshold or Criteria:	+ or - 0.002 in.			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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)

5. 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:	☒ Sump Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used: IN-CON			Equipment Resolution: + or - 0.002 in.	
	Fill Sump # 1	**Fill Sump #**	**Fill Sump #**	**Fill Sump #**
Sump Diameter:	**42"**			
Sump Depth:	**57"**			
Height from Tank Top to Top of Highest Piping Penetration:	**17"**			
Height from Tank Top to Lowest Electrical Penetration:	**18"**			
Condition of sump prior to testing:	**DIRT, DRY**			
Portion of Sump Tested	**19"**			
Sump Material:	**FIBERGLASS**			
Wait time between applying pressure/vacuum/water and starting test:	**30 MINUTES**			
Test Start Time:	**1:09/1:26 PM**			
Initial Reading (R_I):	**5.6072/5.6067**			
Test End Time:	**1:24/1:41 PM**			
Final Reading (R_F):	**5.6067/5.6062**			
Test Duration:	**15 MINUTES**			
Change in Reading (R_F-R_I):	**0.0005/0.0005**			
Pass/Fail Threshold or Criteria:	**+ or - 0.002 in.**			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ Yes ☐ No ☐ NA

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

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.
JOB NO.5020460

04/20/2009 2:04 PM

SUMP LEAK TEST REPORT

PIPE-1

TEST STARTED	1:49 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	4.9281 IN
END TIME	2:04 PM
END DATE	04/20/2009
END LEVEL	4.9278 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.
JOB NO.5020460

04/20/2009 2:24 PM

SUMP LEAK TEST REPORT

PIPE-1

TEST STARTED	2:09 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	4.9278 IN
END TIME	2:24 PM
END DATE	04/20/2009
END LEVEL	4.9276 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.
JOB NO.5020460

04/20/2009 1:24 PM

SUMP LEAK TEST REPORT

PIPE-1

TEST STARTED	1:09 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	4.9927 IN
END TIME	1:24 PM
END DATE	04/20/2009
END LEVEL	4.9898 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

FILL-1

TEST STARTED	1:09 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	5.6072 IN
END TIME	1:24 PM
END DATE	04/20/2009
END LEVEL	5.6067 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC-1

TEST STARTED	1:09 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	VOLUME ERR
END TIME	1:09 PM
END DATE	04/20/2009
END LEVEL	0.0000 IN
LEAK THRESHOLD	0.004 IN
TEST RESULT	ERROR

UDC-1

TEST STARTED	1:09 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	1.9414 IN
END TIME	1:24 PM
END DATE	04/20/2009
END LEVEL	1.9413 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.
JOB NO.5020460

04/20/2009 1:41 PM

SUMP LEAK TEST REPORT

PIPE-1

TEST STARTED	1:26 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	4.9892 IN
END TIME	1:41 PM
END DATE	04/20/2009
END LEVEL	4.9846 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

FILL-1

TEST STARTED	1:26 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	5.6067 IN
END TIME	1:41 PM
END DATE	04/20/2009
END LEVEL	5.6062 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC-1

TEST STARTED	1:26 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	VOLUME ERR
END TIME	1:26 PM
END DATE	04/20/2009
END LEVEL	0.0000 IN
LEAK THRESHOLD	0.004 IN
TEST RESULT	ERROR

UDC-1

TEST STARTED	1:26 PM
TEST STARTED	04/20/2009
BEGIN LEVEL	1.9414 IN
END TIME	1:41 PM
END DATE	04/20/2009
END LEVEL	1.9413 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

TO FILE: #121310

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. 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)
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 Cleanup Fund P.O. Box 944212 Sacramento, CA. 94294-2120	N/A for UST Cleanup Fund	$990,000 per Occurance and annual aggregate	Continuous	Yes	Yes
Chief Financial Officer Letter	Superior Ready Mix Concrete, L.P. 1508 W. Mission Rd, Escondido, CA. 92029	N/A for this Mechanism	$10,000 per occurance and annual aggregate	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	Facility Address
Superior Ready Mix Concrete, L.P.	9245 Camino Santa Fe San Diego, Calif. 92121
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
[signature]	4-22-09	Arnold Veldkamp, Secretary
Signture of Witness or Notary	**Date**	**Name of Witness or Notary**
Richard Brauner	4-22-09	Richard Brouwer, CFO

#121310

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 W. Mission Rd, Escondido, Calif. 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 (Dollar Amount) per occurrence and $ 10,000 (Dollar Amount) annual aggregate coverage.

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.)
Superior Ready Mix Concrete, L.P., 9245 Camino Santa Fe, San Diego, CA. 92121.

1. Amount of annual aggregate coverage being assured by this letter..... $ 10,000
2. Total tangible assets..... $ _____
3. Total liabilities..... $ _____
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... $ 10,000,000

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, Calif.
(Place of Execution)

On 4-22-09
(Date)

Richard Brouwer
(Signature)

Richard Brouwer
(Printed Name)

C.F.O.
(Title)

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

TO FILE: # 121310

Superior Ready Mix Concrete, L.P.
1508 West Mission Road
Escondido, California 92029
(760) 745-0556
FAX (760) 740-1260

RECEIVED
MAY 0 4 2009
ENVIRONMENTAL HEALTH

May 1, 2009

Mr. Mike Mann
Dept of Environmental Health
Hazardous Materials Division
P.O Box 129261
San Diego, Calif. 92112-9261

Dear Mr. Mann,

Enclosed please find documentation related to your inspection of the UST at 9245 Camino Santa Fe, on 3/24/09. Thank you for the additional time to compile this.

Starting with the corrective action form listing violation 3114, attached is the updated UST secondary containment testing report performed on 4/20/09. As I mentioned in our phone conversation, there was a failure detected on the secondary piping (see included service report) I have requested Western Pump to give me a repair date for this item, and retesting when it is fixed. At this time they have not given me a firm date, but I should have this by next week.

Also included is an updated Certification of Financial Responsibility. Other included documents per your request are:

- Updated Operating Permit Application – Facility Page
- Updated Monitoring plan (2 pages)
- Updated UST Monitoring Site Plan
- Updated Response Plan (2 pages)
- Updated Tank Information page
- Annual Training record for designated Operator / facility employees.
- Most recent UST Monitoring System Certification report
- Copy of most recent monthly Dusto Inspection
- Copy of most recent monthly L.M.C and Bucket Test.
- List of Designated UST Operators

I should have a repair date next week for the secondary piping repair, and I will let you know when that that is, as well as the retesting. If you need any additional information please contact me at (760) 745-0556.

Sincerely,

Shawn Mendoza
Environmental Coordinator
Superior Ready Mix Concrete, L.P.

*PLS SCAN TO FILE

EJ

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (760) 745-0556 x
City: SAN DIEGO	Zip Code: 92121-

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: VERN SABIN Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5250326-UC	Expiration Date: 2011-01-14
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MARK BRIDGWATER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5246126-UC	Expiration Date: 2010-11-20
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: BOB WEIDENFELLER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5250279-UC	Expiration Date: 2009-10-12

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.

Superior Ready Mix Concrete, L.P. DATE: 3/24/09
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shawn Mendoza as Agent OWNER'S PHONE #: (760) 745-0556
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

HM-9174 (11/04)

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (760) 745-0556 x
City: SAN DIEGO	Zip Code: 92121-
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: ANTHONY CHINCHILLAS Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5321996-UC	Expiration Date: 2009-10-19
ALTERNATE 1 *(Optional)* Designated Operator's Name: MARK BURCHARD Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249086-UC	Expiration Date: 2009-10-10
ALTERNATE 2 *(Optional)* Designated Operator's Name: MIKE GONZALEZ Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5323059-UC	Expiration Date: 2010-01-14

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.

Superior Ready Mix Concrete, L.P. — DATE: 3 24 109
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shawn Mendoza as Owner's Agent — OWNER'S PHONE #: (760) 745-0556
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

HM-9174 (11/04)

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (760) 745-0556 x
City: SAN DIEGO	Zip Code: 92121-

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: KEVIN COOK Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5268581-UC	Expiration Date: 2010-05-13
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MIKE KARAER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249087-UC	Expiration Date: 2010-02-01
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: JEFF COOPER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248582-UC	Expiration Date: 2010-06-02

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.

Superior Ready Mix Concrete, L.P. **DATE:** 3 24 09
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shawn Mendoza as Owner's Agent **OWNER'S PHONE #:** (760) 745-0556
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

HM-9174 (11/04)

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

#121310

Superior Ready Mix Concrete, L.P.
1508 West Mission Road
Escondido, California 92029
(760) 745-0556
FAX (760) 740-1260

RECEIVED
JUN 08 2009
ENVIRONMENTAL HEALTH

June 4, 2009

Mr. Mike Mann
Dept of Environmental Health
Hazardous Materials Division
P.O. Box 129261
San Diego, Calif. 92112-9261

Dear Mr. Mann,

The repair of the secondary piping vent that I had informed you about on my previous submittal, has been repaired, retested, and passed.

Enclosed you will find the secondary containment testing report showing repair and testing results.

Please let me know if you need any additional information.

Sincerely,

Shawn Mendoza
Superior Ready Mix Concrete, L.P.
(760) 745-0556

#121310

2334-C

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.sdcounty.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: SUPERIOR READY MIX	Date of Testing: 2009-06-01	
Facility Address: 9245 CAMINO SANTA FE SAN DIEGO, CA 92121		**Test Type:**
Facility Contact: SHAWN MENDOZA	Phone:	☐ Initial
Date Local Agency Was Notified of Testing:		☐ 6 months
Name of Local Agency Inspector *(if present during testing)*:		☒ 36 months

TESTING CONTRACTOR INFORMATION

Company Name: WESTERN PUMP, INC.	
Technician Conducting Test: MARK BRIDGWATER	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: A, C61/D40/HAZ	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires

SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
SECONDAY VENT LINE	☒	☐	☐	☒		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
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	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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

It was disposed of properly into our full service test vehicle.

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: Mark Bridgwater Date: 6/1/09

DEH:HM-9169 (09/04)

#121310

2. SECONDARY PIPE TESTING

Test Method Developed By:	☒ Piping Manufacturer	☒ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☒ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Air Gauges		Equipment Resolution: 0-15 psi	

	Piping Run # VENT	**Piping Run #**	**Piping Run #**	**Piping Run #**
Piping Material:	FIBERGLASS			
Piping Manufacturer:	SMITH			
Piping Diameter:	3"			
Length of Piping Run:	10'			
Product Stored:	DIESEL			
Method and location of piping-run isolation:	TEST BOOT			
Wait time between applying pressure/vacuum/water and starting test:	15 MINUTES			
Test Start Time:	10:30 AM			
Initial Reading (R_I):	5 PSI			
Test End Time:	11:30 AM			
Final Reading (R_F):	5 PSI			
Test Duration:	ONE HOUR			
Change in Reading (R_F-R_I):	NONE			
Pass/Fail Threshold or Criteria:	0 VARIATION			
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)*

ADJUSTED CONTAINMENT TEST BOOT AND DONUT RE-TIGHTENED CLAMPS, PASSED 5 PSI TEST FOR ONE HOUR.

#121310

WESTERN PUMP, INC.

petroleum & lubrication equipment specialists
www.westernpump.com

3235 "F" Street
San Diego, California 92102-3315
(619) 239-9988 • Fax (619) 239-9925

Contractors License # 673853

DATE	SERVICE ORDER NUMBER
6/1/09	2334-C

SERVICE REPORT

JOB LOCATION	
NAME	SUPERIOR READY MIX
ADDRESS	
CITY / STATE / ZIP	
TELEPHONE	
CUSTOMER CONTACT	
CUSTOMER ORDER NUMBER / REF.	

CORE RECEIVED ☐	FX TESTER ☐	SINGLE/WHOLE SITE ☐
LAPTOP USED ☐	TRITESTER ☐	SINGLE/WHOLE SITE ☐
SOFTWARE UPGRADE / DOWNLOAD ☐	TOOL CHARGE ☐	
PUMP OUT / FLUID DISPOSAL ☐	C.O.D. ☐	
CONFINED SPACE GEAR ☐		
CONSUMABLES ☐		
SAFETY FENCE / TAPE / DELINIATORS ☐		

SERVICE REQUESTED REPAIR OF SECONDARY VENT LINE

SERVICE PERFORMED EXCAVATED VENT SECONDARY LINE to EXPOSE ALL OF SECONDARY BOOT. FOUND LEAK AT BOOT AND 3"x2" DO-NUT WHERE CONNECTION IS MADE to VENT RISER. REMOVED CLAMPS, CLEANED FITTINGS AND POINT OF CONNECTION ON VENT RISER. ADJUSTED CONTAINMENT BOOT AND DONUT ADJUSTED CLAMPS. REPRESSURIZED to 5PSI FOR 1HR PASSED 5PSI TEST FOR 1HR

JOB COMPLETE _____ RECALL _____ NEED TO RETURN _____

S	QTY	ITEM NUMBER	SERIAL #	DESCRIPTION

TECHNICIAN	ARRIVE	DEPART	LABOR	TRAVEL	TOTAL
MARK BR	8:00	12:00	4	.75	4.75
RAY	8:00	12:00	4	.75	4.75
JASON	8:00	12:00	4	.75	4.75

SPECIAL NOTES: $85.00 per hour

14.25 TOTAL HOURS

$1,211.25

SIGNATURE	PRINT NAME	DATE
BQ		6-1-09

ENTERED NOV 13 2009

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 – FACILITY PAGE

(One page per site) Page of

TYPE OF ACTION (Check one item only) 400
- ☐ 1. NEW PERMIT
- ☑ 3. RENEWAL PERMIT
- ☐ 5. CHANGE OF INFORMATION
- ☐ 6. TEMPORARY FACILITY CLOSURE
- ☐ 7. PERMANENT FACILITY CLOSURE
- ☐ 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404: 1

FACILITY ID #: 37-000121310

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: Superior Ready Mix Concrete, L.P.

BUSINESS SITE ADDRESS 103: 9245 Camino Santa Fe

CITY 104: San Diego

CA

ZIP CODE 105: 92121

FACILITY TYPE 403:
- ☒ 1. MOTOR VEHICLE FUELING
- ☐ 2. FUEL DISTRIBUTION
- ☐ 3. FARM
- ☐ 4. PROCESSOR
- ☐ 6. OTHER

Is the facility located on Indian Reservation or Trust lands? 405 ☐ Yes ☒ No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407: Hanson Aggregates

PHONE 408: (858) 577-2722

MAILING ADDRESS 409: 9229 Harris Plant Rd.

CITY 410: San Diego

STATE 411: CA

ZIP CODE 412: 92163

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1: Superior Ready Mix Concrete, L.P.

PHONE 428-2: (619) 695-0666

MAILING ADDRESS 428-3: 9245 Camino Santa Fe

CITY 428-4: San Diego

STATE 428-5: CA.

ZIP CODE 428-6: 92121

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414: Superior Ready Mix Concrete, L.P.

PHONE 415: (760) 745-0556

MAILING ADDRESS 416: 1508 W. Mission Rd.

CITY 417: Escondido

STATE 418: CA.

ZIP CODE 419: 92029

OWNER TYPE: 420
- ☐ 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- 022163

Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 423
- ☐ 1. FACILITY OWNER
- ☒ 3. TANK OWNER
- ☐ 4. TANK OPERATOR
- ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE

DATE 424: 4/20/09

PHONE 425: (760) 745-0556

APPLICANT NAME (print) 426: Shawn Mendoza

APPLICANT TITLE 427: Environmental Manager

UST Operating Permit Application – Facility Information Page 1 Instructions

(Formerly SWRCB UST Permit Application Form A)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR 2632, 2634 and 2641; and, for USTs containing petroleum, a certification of financial responsibility pursuant to 23 CCR 2807.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

- ❑ Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- ❑ Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

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

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE – Enter the zip code of business site. The zip + 4 may also be added.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.
407. PROPERTY OWNER NAME –
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –

} Complete items 407 - 412 for the property owner. Include the area code and any extension number.

428-1. TANK OPERATOR NAME –
428-2. TANK OPERATOR PHONE –
428-3. TANK OPERATOR MAILING ADDRESS –
428-4. TANK OPERATOR CITY –
428-5. TANK OPERATOR STATE –
428-6. TANK OPERATOR ZIP CODE –

} Complete items 428-1 to 428-6 for the UST operator. Include the area code and any extension number. Enter information regarding the Operator of the UST systems. Do not enter designated UST operator information here.

414. TANK OWNER NAME –
415. TANK OWNER PHONE –
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –

} Complete items 414 - 419 for the UST owner. Include the area code and any extension number.

420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent. Application for a permit to operate an underground storage tank with the CUPA shall be made by the owner or operator of the Unified Program facility on which the tank is located. Regardless of the box checked, all mailings will be sent to the BUSINESS MAILING ADDRESS (108a-108d) on the BUSINESS OWNER/OPERATOR IDENTIFICATION form HM-9702
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
   - The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
   - If the UST(s) is/are owned by a corporation, partnership, or public agency:
     1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
     2.) A general partner or proprietor; or
     3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.
424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

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
☐ 1. NEW PERMIT ☑ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: / / 430a | DATE EXISTING UST DISCOVERED: / / 430b

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3: Superior Ready Mix Concrete, L.P.
FACILITY ID #: 3 7 - 0 0 0 - 1 2 1 3 1 0 1

BUSINESS SITE ADDRESS 103: 9245 Camino Santa Fe
CITY 104: San Diego
CA
ZIP CODE 105: 92121

II. TANK DESCRIPTION

TANK ID # 432: 001 - 26971
TANK MANUFACTURER 433: Modern Welding
TANK CONFIGURATION: THIS TANK IS 434
☒ 1. A STAND-ALONE TANK ☐ 2. ONE IN A COMPARTMENTED UNIT. Complete one page for each compartment in the unit

DATE UST SYSTEM INSTALLED 435: / /
TANK CAPACITY IN GALLONS 436: 12,000
NUMBER OF COMPARTMENTS IN THE UNIT 437: 1

III. TANK USE AND CONTENTS

TANK USE 439
☒ 1a MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify). 439a

CONTENTS 440
PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☒ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

TYPE OF TANK 443: ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 95. UNKNOWN

PRIMARY CONTAINMENT 444: ☐ 1. STEEL ☐ 3. FIBERGLASS ☐ 6 INTERNAL BLADDER
☒ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT 445: ☒ 1 STEEL ☐ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☒ 99. OTHER (Specify): Plastec 445a

OVERFILL PREVENTION 452: ☒ 1 AUDIBLE & VISUAL ALARMS ☒ 2 BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460: ☐ 1 SINGLE-WALLED ☒ 2. DOUBLE-WALLED ☐ 99. OTHER

SYSTEM TYPE 458: ☒ 1. PRESSURE ☐ 2. GRAVITY ☐ 3. CONVENTIONAL SUCTION ☐ 4 SAFE SUCTION [23 CCR §2636(a)(3)]

PRIMARY CONTAINMENT 464: ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464a

SECONDARY CONTAINMENT 464b: ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8 FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

PIPING/TURBINE CONTAINMENT SUMP TYPE 464d: ☒ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90 NONE	☐ 99. OTHER (Specify)	464e 464e1
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464f 464f1
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)	464g 464g1
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)	464h 464h1
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☒ 90. NONE		464i
RISER PRIMARY CONTAINMENT	☒ 1. STEEL	☐ 4 FIBERGLASS	☐ 10 RIGID PLASTIC	☐ 90 NONE	☐ 99. OTHER (Specify)	464j 464j1
RISER SECONDARY CONTAINMENT	☐ 1 STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90 NONE	☐ 99. OTHER (Specify)	464k 464k1

FILL COMPONENTS INSTALLED 451a-c: ☒ 1 SPILL BUCKET ☒ 3. STRIKER PLATE/BOTTOM PROTECTOR ☒ 4. CONTAINMENT SUMP

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 469a: ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 3 NO DISPENSERS ☐ 90. NONE

CONSTRUCTION MATERIAL 469b-c: ☐ 1. STEEL ☐ 4 FIBERGLASS ☒ 10. RIGID PLASTIC ☐ 99. OTHER (Specify)

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 448: ☐ 2 SACRIFICIAL ANODE(S) ☐ 4 IMPRESSED CURRENT ☒ 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: [signature]
DATE 470: 4/29/09

APPLICANT NAME (print) 471: Shawn Mendoza
APPLICANT TITLE 472: Env. Coordinator

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 ☐ 1. NEW PLAN ☑ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE (Check one item only) ☑ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY 490-2
☐ 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) 3: Superior Ready Mix Concrete, L.P.

FACILITY ID # 1: 3 7 0 0 0 1 2 1 3 1 0

BUSINESS SITE ADDRESS 103: 9245 Camino Santa Fe

CITY 104: San Diego CA

ZIP CODE 105: 92121

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 ☒ 1. ANNUALLY ☐ 99. OTHER (Specify): 490-3a 490-3b

III. MONITORING LOCATIONS

☒ 1. **NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.** 490-4
☐ 2. **SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR §2632, 2634)**

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☒ 1. **CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2632, 2634)** 490-5
SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: VEEDER ROOT 490-7 MODEL #: TCS-300C 490-8

LEAK SENSOR MANUFACTURER: VEEDER ROOT 490-9 MODEL #(S): 794380-420 490-10

☐ 2. **AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S) (23 CCR §2643)** 490-11

PANEL MANUFACTURER: 490-12 MODEL #. 490-13

IN-TANK PROBE MANUFACTURER: 490-14 MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16
☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): 490-18 490-19

☐ 3 **MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1)** 490-20

☐ 4. **WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645):** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21 490-22

☐ 5. **TANK INTEGRITY TESTING (23 CCR §2643.1):** 490-23
TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24, 490-25

☐ 99. **OTHER** (Specify): 490-26, 490-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ 1. **CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2636)** 490-28
SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29

PANEL MANUFACTURER: Veeder Root 490-30 MODEL #: TCS-300C 490-31

LEAK SENSOR MANUFACTURER: Veeder Root 490-32 MODEL #(S): 794380-208 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☐ b. NO 490-34
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-35

☒ 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)** 490-36

MLLD MANUFACTURER(S): RED JACKET 490-37 MODEL #(S): FX1DV 490-38

☐ 3. **ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636)** 490-39

ELLD MANUFACTURER(S): 490-40 MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☐ b. NO 490-43
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☐ b. NO 490-44

☐ 4. **PIPE INTEGRITY TESTING:** TEST FREQUENCY ☐ a ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify): 490-46, 490-47

☐ 5. **VISUAL PIPE MONITORING:** FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN MONTHLY & EACH TIME SYSTEM OPERATED* 490-48, 490-49
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

☐ 6. **SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)]** 490-50

☐ 7. **NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ 99. **OTHER** (Specify): 490-52, 490-53

COUNTY OF SAN DIEGO CUPA
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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: 5 / 18 / 09
Specialist: M Mann
(Local Agency Signature) *conditions on back

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD: 490-54a 490-54b
☒ 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 #: TCS - 300C 490-56
LEAK SENSOR MANUFACTURER: VEEDER ROOT 490-57 | MODEL #(S): 794380 - 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: 490-64a
UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACUUM
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) 490-65
☒ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66
☒ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☒ Alarm logs 490-68a
☐ Tank integrity testing results 490-68c
☐ Tank gauging results (and supporting documentation records) 490-68e
☐ Corrosion Protection 60-day logs 490-68g
☒ Visual Inspection Records 490-68b
☐ SIR testing results (and supporting documentation records) 490-68d
☐ ATG Testing results (and supporting documentation records) 490-68f
☒ 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, 490-69i

☒ 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 490-70
- 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. 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: Brandon Musler 490-72 | TITLE: Shop Manager 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: 4 / 29 / 09 490-77
REPRESENTING: ☒ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner
APPLICANT NAME (print): Shawn Mendoza 490-78 | APPLICANT TITLE: Env. Coordinator 490-79

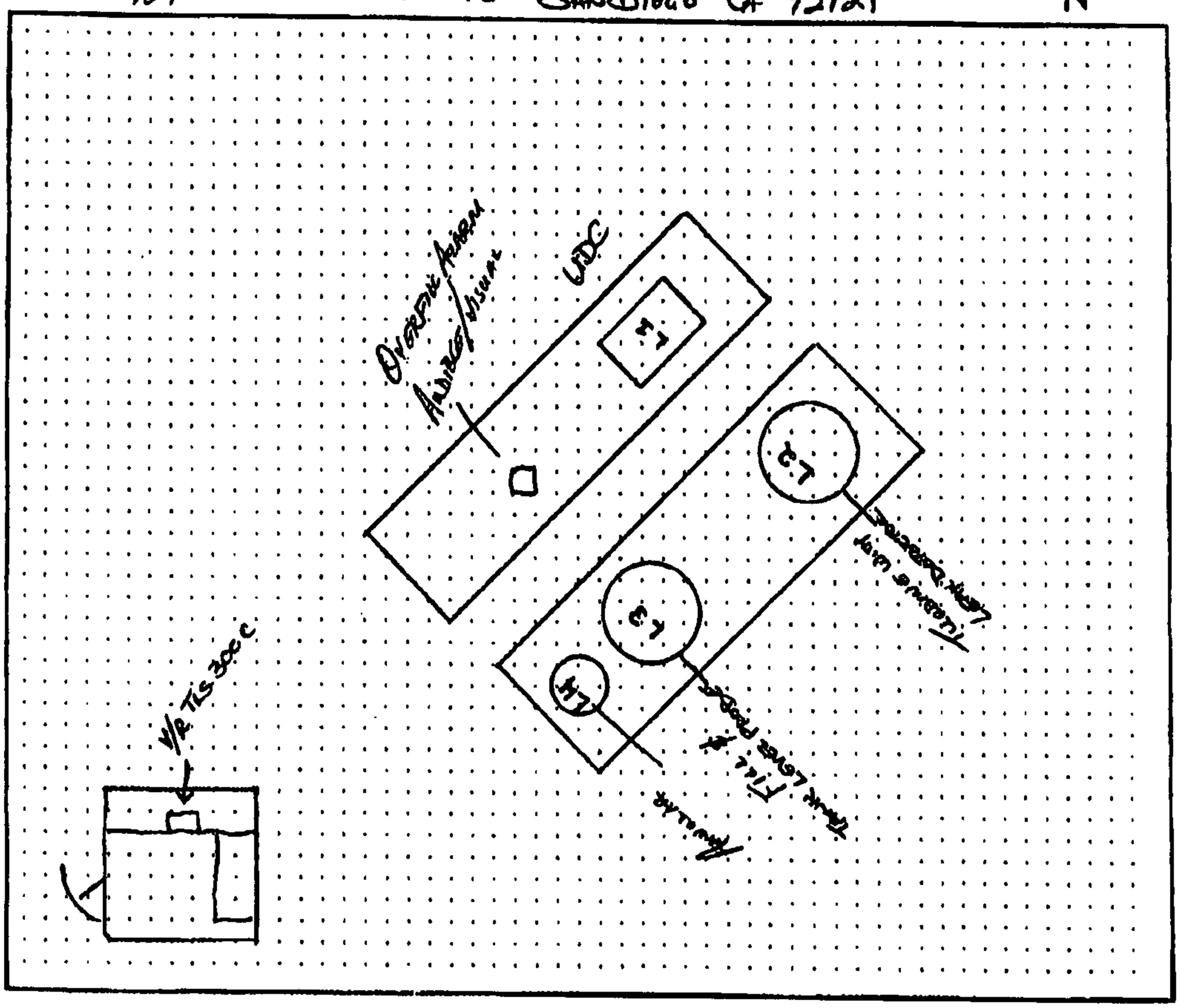
#121310

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address: 9245 Camino Santa Fe San Diego CA 92121



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.

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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 2 1 3 1 0 1

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) R02: Superior Ready Mix Concrete, L.P.

BUSINESS SITE ADDRESS R03	CITY R04		ZIP CODE R05
9245 Camino Santa Fe	San Diego	CA	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	TITLE
Garret Brouwer R40	Vice President R50
Shawn Mendoza R41	Environmental Coordinator R51
R42	R52
R43	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):

#121310

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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 R70
	4 / 20 / 09
OWNER/OPERATOR NAME (print) R71	OWNER/OPERATOR TITLE R72
SHAWN MEDOZA	Environmental Coordinator

(Agency Use Only) This plan has been reviewed and is: ☑ Approved ☐ Approved With Conditions* ☐ Disapproved

Local Agency Signature: M Nam Date: 5 / 18 / 09

**Conditions of approval (if any).*

ENTERED APR 2 1 2009

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 3 DATE 3 / 24 / 09
PERMIT# 121310 BUS. CODE K61
TIME START 900 END 1424
SPECIALIST MIKE MANN
INSPECTION CONTACT BRANDON MOSIER
TITLE SHOP MANAGER
PHONE (858) 695-2932

BUSINESS NAME SUPERIOR READY MIX
ADDRESS 9245 CAMINO SANTA FE,
CITY/ZIP SAN DIEGO 92121

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.

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			Permit Expires on: 30 / JUN / 09
☑	☐	Hazardous Materials Business Plan available	☑	☐	Contingency Plan available ☐LQG ☑SQG
☑	☐	Employee training is adequate	☑	☐	Employee training records available
☑	☐	Waste disposal records available for review	☑	☐	Universal waste managed properly
☐	☐	Emergency contacts current ☑ Updated today	☑	☐	Waste containers ☑ closed ☑ labeled
☑	☐	Chemical inventory/map current ☐ Updated today	☑	☐	Waste containers in good condition

Consent to inspect granted by: ☑ Inspection Contact ☐ Other:

ROUTINE INSPECTION

RECEIVED APR 0 1 2009

NOTICE TO COMPLY:

1. AN ANNUAL UST SYSTEM BELOW GRADE EQUIPMENT INSPECTION AND MONITORING SYSTEM CERTIFICATION WAS CONDUCTED ON THIS DAY. THE UST SYSTEM SECONDARY CONTAINMENT TESTING WAS LAST DONE ON 3/24/06. THE TESTING MUST BE DONE AT 36 MONTH INTERVALS AND IS NOW OVER DUE.
   - CORRECTIVE ACTION REQUIRED: WITHIN 30 DAYS FROM TODAY, SCHEDULE AND COMPLETE THE 36 MONTH REQUIRED UST SECONDARY CONTAINMENT TESTING. SUBMIT A COPY OF THE TEST RESULTS TO THE HAZARDOUS MATERIALS DIVISION (HMD)* FOR THE ATTENTION OF MIKE MANN. KEEP A COPY ONSITE.

REMARKS:

- AN ENGINEERING ASSESSMENT WAS CONDUCTED ON THE USED OIL ABOVE GROUND STORAGE TANK (AST) ON 7/15/03. IF YOU GENERATE MORE THAN 1000 KILOGRAMS (270 GALLONS OR 2200 POUNDS) OF HAZARDOUS WASTE IN ANY CALENDAR MONTH, THEN YOU WILL NEED TO UPDATE THIS AST ASSESSMENT EVERY 5 YEARS. BRANDON STATED THAT AT THIS TIME SUPERIOR READY MIX GENERATES LESS THAN 1000 Kg/mo.
- THE UST FINANCIAL RESPONSIBILITY DOCUMENT WAS LAST UPDATED 3/26/08. THIS DOCUMENT MUST BE UPDATED ANNUALLY. SEND AN UPDATED COPY TO THE HMD* IN 30 DAYS.

☑ **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.**

BM
Initials of Business Representative

PRINTED NAME OF BUSINESS REPRESENTATIVE: Brandon Mosier
DATE SIGNED: 3 / 24 / 09
SIGNATURE OF BUSINESS REPRESENTATIVE: X BM
TITLE OF BUSINESS REPRESENTATIVE: 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

HM-924 (11/08) NCR *(Y= Yes; N/A = Not Applicable) DISTRIBUTION: WHITE - HMD; YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 121310
DATE 3 / 24 / 09
PAGE 2 OF 3

BUSINESS ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

REMARKS CONTINUED:

- PLEASE FILL OUT THE INFORMATION ON THE FOLLOWING UST FORMS AND SUBMIT A COPY OF THE COMPLETED FORM TO THE HMD* WIHIN 30 DAYS.
  1. UST APPLICATION OWNER INFORMATION PAGE
  2. UST APPLICATION TANK PAGE
  3. UST WRITTEN MONITORING PROCEDURES
  4. UST EMERGENCY RESPONSE PLAN.

  KEEP OF COPY OF EACH COMPLETED FORM ONSITE AT YOUR FACILITY.

- ALL UST SYSTEM MONITORING COMPONENTS AND SPILL BUCKET WERE TESTED TODAY AND PASSED.

- PROPERLY DISPOSE OF ALL HAZARDOUS WASTES WITHIN 180 DAYS OF THE ACCUMULATION START DATE.

- ENSURE THAT ALL FACILITY PERSONNEL REQUIRING UST TRAINING ARE TRAINED BY THE UST DESIGNATED OPERATOR AT LEAST ONCE EACH YEAR AND THAT DOCUMENTATION OF COMPLETED TRAINING IS MAINTAINED ON SITE.

- REFER TO THE PRINTED HANDOUT FOR MORE INFORMATION REGARDING THE PROPER MANAGEMENT OF UNIVERSAL WASTE.

SIGNATURE OF BUSINESS REPRESENTATIVE	DATE SIGNED	TITLE OF BUSINESS REPRESENTATIVE
	3 / 24 / 09	Manager

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 121310

DATE: 3 / 24 / 09

PAGE: 3 OF 3

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		1	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					
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Monitoring Cert. not submitted to CUPA w/l 30 days. 2638(d)	3161	
					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			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

3 / 24 / 09
Date Signed

Manager
Title of Business Representative

DEH:HM-928 (Revised 12/05) NCR

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (760) 745-0556 x
City: SAN DIEGO	Zip Code: 92121-

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: VERN SABIN
Business Name *(If different from above)*: WESTERN PUMP, INC.
Designated Operator's Phone #: (619) 239-9988 x
International Code Council Certification #: 5250326-UC

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

Expiration Date: 2011-01-14

ALTERNATE 1 ***(Optional)***

Designated Operator's Name: MARK BRIDGWATER
Business Name *(If different from above)*: Western Pump Inc.
Designated Operator's Phone #: (619) 239-9988 x
International Code Council Certification #: 5246126-UC

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

Expiration Date: 2010-11-20

ALTERNATE 2 ***(Optional)***

Designated Operator's Name: BOB WEIDENFELLER
Business Name *(If different from above)*: Western Pump Inc.
Designated Operator's Phone #: (619) 239-9988 x
International Code Council Certification #: 5250279-UC

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

Expiration Date: 2009-10-12

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.

Superior Ready Mix Concrete, L.P. — DATE: 3/24/09
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

Shawn Mendoza as Agent — OWNER'S PHONE #: (760) 745-0556
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

HM-9174 (11/04)

#121310

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:**

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 MENDOZA Contact Phone No.: (760) 745-0556 x

Make/Model of Monitoring System: VEEDER ROOT TLS-300C Date of Testing/Servicing: 23-Mar-10

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: RJ FXIDV ☐ Electronic Line Leak Detector Model: ☒ Tank Overfill / High-Level Sensor Model: MAG - 1 ☐ 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).
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).	**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 ☒ Dispenser Containment Sensor(s). Model: 794380-208 ☐ 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).
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): JEFF COOPER

Signature: _____

Certification No.: A22278 License No.: 673853

Testing Company Name: WESTERN PUMP INC Phone No.: (619) 239-9988

Testing Company Address: 3235 F ST SAN DIEGO, CA 92102 Date of Testing/Servicing: 23-Mar-10

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: 16.05

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 shutdown? *(Check all that apply)* ☒ Sump/Trench Sensors; ☒ Dispenser Containment Sensors. Did you confirm positive shutdown 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? *(Check all that apply)* ☐ 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 (500 characters max. add additional sheets if needed): **Red Jacket FX 1DV replaced with new and retest pass.**

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment: Permit Number: 121310

☒ 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? *(Check all that apply)* 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 (500 characters max. add additional sheets if needed): Original red jacket FX-1DV mechanical leak detector failed 3.0 GPH test. Replaced with new one and retested- New leak detector passed 3.0 GPH leak test.

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.

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

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

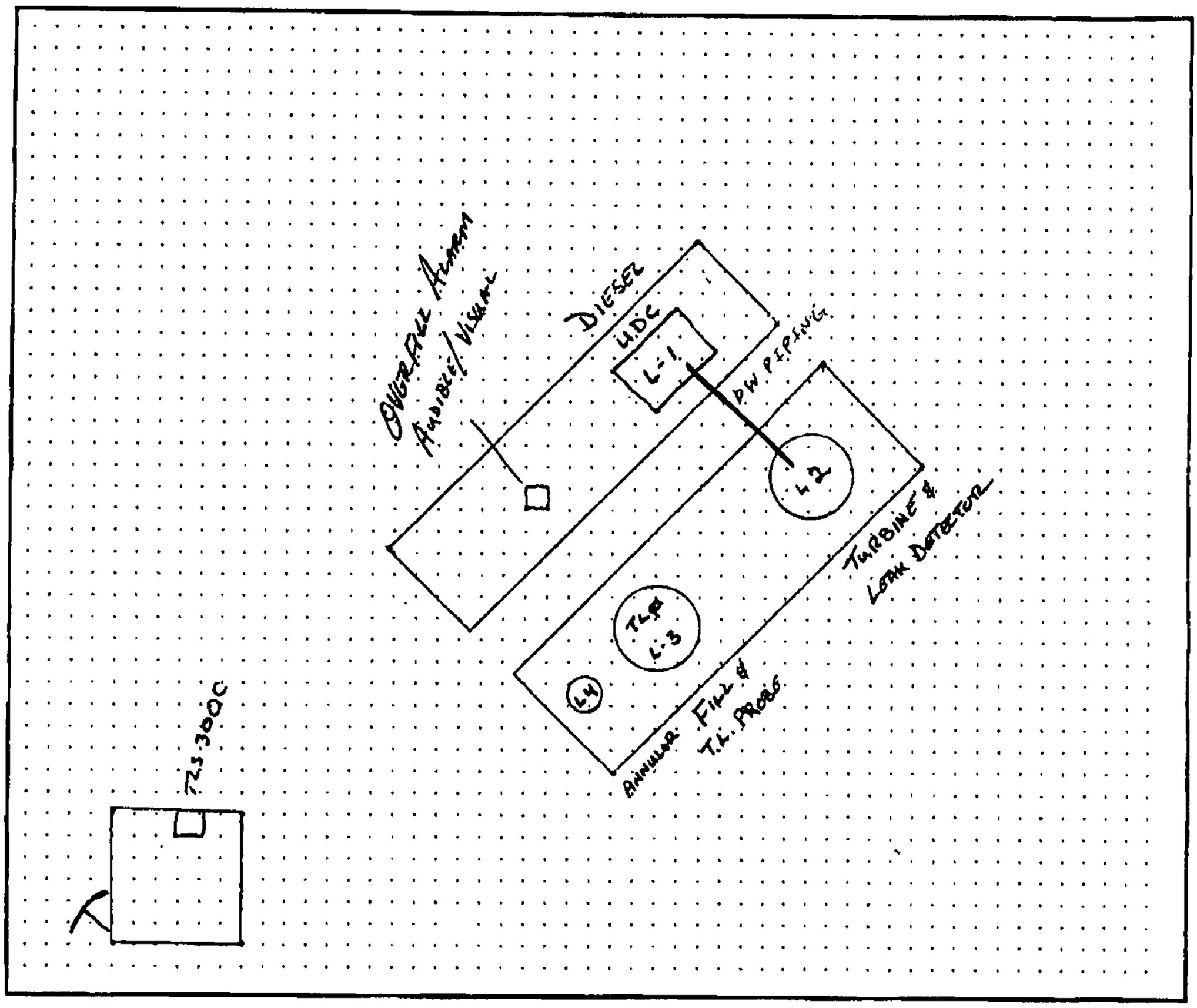
[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: 121310

UST Monitoring Site Plan

Site Address: 9245 Camino Santo Fe San Diego CA



Date map was drawn: 3 / 23 / 10

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:	3/23/10
Facility Address:	9245 CAMINO SANTA FE		
Facility Contact:	BRANDON MOUSHER	Phone:	7607450556
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(If present during testing)*:	MIKE MANN		

2. TESTING CONTRACTOR INFORMATION

Company Name:	**Western Pump, Inc.**
Technician Conducting Test:	JEFF COOPER
Credentials[1]:	☒ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	**673853**

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☒ Hydrostatic	☐ Vacuum	☐ Other
Test Equipment Used:	MEASURING TAPE		Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 **DIESEL**	2	3	4
Bucket Installation Type:	☐ Direct Bury ☒ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	10 MINUTES			
Test Start Time (T_I):	10:00 AM			
Initial Reading (R_I):	7 3/4"			
Test End Time (T_F):	11:00 AM			
Final Reading (R_F):	7 3/4"			
Test Duration ($T_F - T_I$):	1 HOUR			
Change in Reading ($R_F - R_I$):	NONE			
Pass/Fail Threshold or Criteria:	0 VARIATION			
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)*

Performed a 1 hour visual tst on spill bucket (s)

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: 4-23-10 Date:3/23/10

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

SYS

MAR 2010 9:08 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 TC 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
CODE :

COMMU

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

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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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 [illegible]
- - - - - - - - - - - -
TEST ON [illegible] LL 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 [illegible]ARM
L 1:SENS[illegible]T ALARM
L 2:SEN[illegible] ALARM
L 1:SH[illegible]
L 2:S[illegible]

ALARM [illegible] RT
---- IN [illegible] ----

T 1:DSL

SETUP DATA WARNING
DEC 21, 1998 10:30 AM

HIGH WATER ALARM
MAR 24, 2009 9:50 AM
MAR 28, 2008 11:48 AM

OVERFILL ALARM
JAN 5, 2010 7:12 AM
MAR 24, 2009 9:34 AM
MAY 5, 2008 9:24 AM

LOW PRODUCT ALARM
MAR 28, 2008 11:18 AM
OCT 29, 2007 5:18 PM
AUG 31, 2007 5:31 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 24, 2009 10:13 AM
MAR 24, 2009 9:36 AM
MAR 24, 2009 9:35 AM

HIGH WATER WARNING
MAR 24, 2009 9:50 AM
MAR 28, 2008 11:48 AM
NOV 21, 2005 2:47 PM

DELIVERY NEEDED
MAR 2, 2009 1:10 PM
DEC 8, 2008 3:34 PM
OCT 7, 2008 5:44 PM

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

LOW TEMP [illegible]NG
MAR 24 [illegible] 2:13 AM
MAY [illegible] 16 PM
APR [illegible] 4 PM

ALARM H[illegible] ORT

----- SE[illegible] 1 -----
L 1:UDC
DISPENSE[illegible]
FUEL ALARM
MAR 24, 2009 10:50 AM

SENSOR OUT ALARM
MAR 24, 2009 10:29 AM

FUEL ALARM
MAR 24, 2009 9:53 AM

* * * * * END * * * * *

ALARM HIS[illegible]T

----- SENS[illegible] -----
L 3:FILL S[illegible]
OTHER SENS[illegible]
SENSOR OUT [illegible]
MAR 24, 2009 10:29 AM

FUEL ALARM
MAR 24, 2009 9:48 AM

FUEL ALARM
MAR 28, 2008 11:14 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:TURBINE SUMP
STP SUMP
SENSOR OUT ALARM
MAR 24, 2009 10:29 AM

FUEL ALARM
MAR 24, 2009 9:44 AM

FUEL ALARM
MAR 28, 20[illegible] [illegible]M

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:ANNULAR
ANNULAR SPACE
SENSOR OUT ALARM
MAR 24, 2009 10:29 AM

FUEL ALARM
MAR 24, 2009 10:11 AM

FUEL ALARM
MAR 24, 2009 9:49 AM

* * * * * END * * * * *

ENTERED APR 0 1 2010 25

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 3 DATE 3 / 23 / 2010
PERMIT# 121310 BUS. CODE K61
TIME START 906 END 1518
SPECIALIST MIKE MANN
INSPECTION CONTACT SHAWN MENDOZA
TITLE ENV. ENGINEER
PHONE (760) 745-0556

BUSINESS NAME SUPERIOR READY MIX
ADDRESS 9245 CAMINO SANTA FE
CITY/ZIP SAN DIEGO 92121

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.

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			Permit Expires on: 30 / JUN / 10
☑	☐	Hazardous Materials Business Plan available	☑	☐	Contingency Plan available ☐LQG ☑SQG
☑	☐	Employee training is adequate	☑	☐	Employee training records available
☐	☐	Waste disposal records available for review	☑	☐	Universal waste managed properly
☐	☐	Emergency contacts current ☑ Updated today	☑	☐	Waste containers ☑ closed ☑ labeled
☑	☐	Chemical inventory/map current ☐ Updated today	☑	☐	Waste containers in good condition

Consent to inspect granted by: ☑ Inspection Contact ☐ Other: ROUTINE INSPECTION

RECEIVED MAR 2 5 2010

AN ANNUAL UST MONITORING SYSTEM CERTIFICATION AND BELOW GRADE EQUIPMENT INSPECTION WAS CONDUCTED TODAY. THIS BUSINESS HANDLES REPORTABLE QUANTITIES OF HAZARDOUS MATERIALS AND IS TYPICALLY A SMALL QUANTITY GENERATOR OF HAZAZARDOUS WASTE. THE FOLLOWING VIOLATIONS WERE OBSERVED DURING THIS INSPECTION.

NOTICE TO COMPLY:

1. THE SPILL CONTAINER/BOX WAS APPROXIMATELY HALF FULL WITH WATER AND DIESEL FUEL AND HAD DEBRIS AT THE BOTTOM OF THE CONTAINER.
   - CORRECTIVE ACTION REQUIRED: MAINTAIN THE SPILL CONTAINER FREE OF ANY DEBRIS OR LIQUIDS. THE LIQUID WAS REMOVED FROM THE SPILL CONTAINER DURING THIS INSPECTION AND IT WILL BE MANAGED AS A HAZARDOUS WASTE.
2. THE MECHANICAL LINE LEAK DETECTOR DID NOT DETECT A 3 GALLON PER HOUR LEAK RATE, AND IS NOT FUNCTIONING PROPERLY.
   - CORRECTIVE ACTION REQUIRED: THE MECHANICAL LINE LEAK DETECTOR WAS REPLACED DURING THIS INSPECTION AND THE NEW DETECTOR PASSED THE 3 GALLON PER HOUR LEAK RATE TEST. ENSURE THAT ALL UST MONITORING SYSTEM COMPONENTS FUNCTION IN ACCORDANCE WITH THE MANUFACTURER'S REQUIREMENTS.

☒ **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.**

José M.T.
Initials of Business Representative

PRINTED NAME OF BUSINESS REPRESENTATIVE José Manuel Torres
DATE SIGNED 03 / 23 / 10
SIGNATURE OF BUSINESS REPRESENTATIVE X José Manuel Torres
TITLE OF BUSINESS REPRESENTATIVE Shop Foreman

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

HM-924 (11/08) NCR *(Y= Yes; N/A = Not Applicable) DISTRIBUTION: WHITE - HMD; YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 121310
DATE 3/23/2010
PAGE 2 OF 3

BUSINESS ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

REMARKS:

- THE FOLLOWING UST PROGRAM DOCUMENTS WERE ONSITE AND REVIEWED DURING THIS INSPECTION: MONITORING PLAN, EMERGENCY RESPONSE PLAN, UST OPERATING PERMIT FACILITY AND TANK PAGES, FINANCIAL RESPONSIBILITY, ANNUAL MONITORING SYSTEM CERTIFICATION, SB989 SECONDARY CONTAINMENT TESTING RESULTS, AND UST OPERATING PERMIT.

- CORROSION IS EVIDENT ON THE EXTERIOR OF THE ANNULAR SENSOR RISER. KEEP MONITORING THIS SITUATION FOR FURTHER DETERIORATION. DEVISE A PLAN TO PREVENT CORROSION.

- FOR THE CONTAINERS USED IN OIL CHANGES, EMPTHY THE USED OIL FROM THE CONTAINERS AFTER EACH USE OR MANAGE THEM AS A HAZARDOUS WASTE CONTAINER.

- THE HAZARDOUS MATERIALS BUSINESS PLAN WAS REVIEWED DURING THIS INSPECTION.

- THE SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLAN WAS REVIEWED DURING THIS INSPECTION.

- REFER TO THE PRINTED DOCUMENT FOR MORE INFORMATION REGARDING THE PROPER MANAGEMENT OF UNIVERSAL WASTE.

José Marcel Lopez. — SIGNATURE OF BUSINESS REPRESENTATIVE
03/23/10 — DATE SIGNED
Shop foreman — TITLE OF BUSINESS REPRESENTATIVE

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 121310

DATE: 3 / 23 / 2010

PAGE: 3 OF 3

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 &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158					
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Monitoring Cert. not submitted to CUPA w/l 30 days. 2638(d)	3161	
					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 #		001			
		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				
1	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				
2	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263	X			
	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				

José Manuel Torres — Signature of Business Representative

03/23/10 — Date Signed

Shop Foreman — Title of Business Representative

To FILE

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:** 121310

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 MENDOZA Contact Phone No.: (760) 745-0556

Make/Model of Monitoring System: VEEDER ROOT TLS-300C Date of Testing/Servicing: 3/23/10

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: 794380-429 ☒ Piping Sump / Trench Sensor(s). Model: 794380-208 ☒ Fill Sump Sensor(s). Model: R/S-FX-10 ☐ 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:** ☐ 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: ☐ 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:** ☐ 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:** ☐ 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).	**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)*: ☒ System set-up ☒ Alarm history report

Technician Name (print): JEFF COOPER Signature: [signature]

Certification No.: A22278 License No.: 673853

Testing Company Name: WESTERN PUMP Phone No.: (619) 239-9988

Testing Company Address: 3235 F ST. SAN DIEGO 92102 Date of Testing/Servicing: 3/23/10

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

.D. Results of Testing/Servicing

Permit Number: 121310

Software Version Installed: 16.05

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? *(Check all that apply)* ☒ 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? *(Check all that apply)* ☐ 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:

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment: **Permit Number:** 121310

☒ 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? *(Check all that apply)* 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: ORIGINAL RED JACKET FX-1DU MECHANICAL LEAK DETECTOR FAILED 3.0 GPH TEST. REPLACED WITH NEW ONE AND RE-TESTED – NEW LEAK DETECTOR PASSED 3.0 GPH LEAK TEST.

#121310

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: 3-23-10
Facility Address: 9245 CAMINO SANTA FE	
Facility Contact: BRANDON, MOUSHER	Phone: 760-745-0556
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector *(if present during testing)*: MIKE MANN	

2. TESTING CONTRACTOR INFORMATION

Company Name:	WESTERN PUMP, INC.
Technician Conducting Test:	JEFF COOPER
Credentials[1]:	X CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	673853

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic ☐ Vacuum	☐ Other
Test Equipment Used: IN-CON		Equipment Resolution: +/-0.002 inches

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 DIESEL	2	3	4
Bucket Installation Type:	☐ Direct Bury ☒ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	10 MIN.			
Test Start Time (T_I):	10:00 A.M.			
Initial Reading (R_I):	7 3/4"			
Test End Time (T_F):	11:00 A.M.			
Final Reading (R_F):	7 3/4"			
Test Duration ($T_F - T_I$):	1 HOUR			
Change in Reading ($R_F - R_I$):	NO CHANGE			
Pass/Fail Threshold or Criteria:	ZERO VARIATION			
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)*

Performed a 1 hour visual test on spill bucket(s.)

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: 3-23-10

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

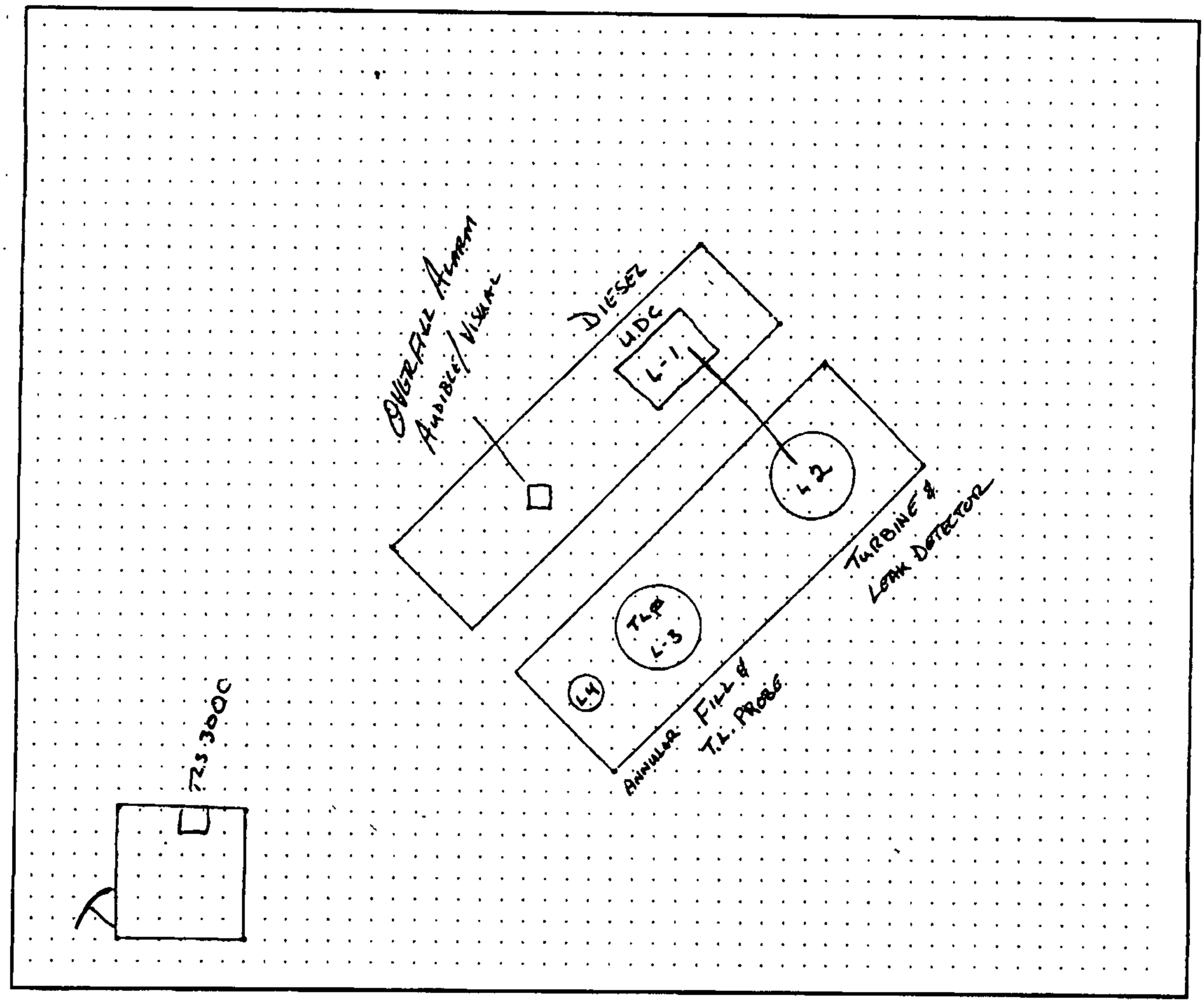
#121310

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: 121310

UST Monitoring Site Plan

Site Address: 9245 Camino Sante Fe San Diego CA



Date map was drawn: 3 / 23 / 10

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.

*PLS SCAN TO FILE

RECEIVED
APR 0 2 2010
ENVIRONMENTAL HEALTH

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: CHRIS MIZICKO Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 8012378-uc	Expiration Date: 2011-05-27
ALTERNATE 1 *(Optional)* Designated Operator's Name: PHILLIP GIVENS Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 8029367-UC	Expiration Date: 2011-07-15
ALTERNATE 2 *(Optional)* Designated Operator's Name: Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #:	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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3/26/10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: JEFF LANE Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248680-UC	Expiration Date: 2012-01-06
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MARK BURCHARD Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249086-UC	Expiration Date: 2011-11-03
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: ANTHONY CHINCHILLAS Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5321996-UC	Expiration Date: 2010-10-28

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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: KEVIN COOK Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5268581-UC	Expiration Date: 2010-05-13
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: JEFF COOPER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248582-UC	Expiration Date: 2010-06-02
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MIKE DAVIDSON Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 8002367-UC	Expiration Date: 2011-12-10

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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0856

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

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: VERN SABIN Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5250326-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-01-14
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: DANIEL MITCHELL Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8020131-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-11-24
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MARK BRIDGWATER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5248680-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2010-11-20

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.

SHAWN MENDOZA For Superior Ready Mix **DATE:** 3 26 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

September 15 – October 15, 2017 Pre-Diligence / LOI Period Package Addendum 2 October 10, 2017

ENTERED APR 1 - 2011

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 4 DATE 3 / 17 / 2011
PERMIT# 121310 BUS. CODE K61
TIME START 906 END 1518
SPECIALIST MIKE MANN
INSPECTION CONTACT SHAWN MENDOZA
TITLE ENVIRONMENTAL ENGINEER
PHONE (760) 745-0556

FACILITY NAME SUPERIOR READY MIX CONCRETE, LP
ADDRESS 9245 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.

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			Permit Expires on: 30 / JUN / 2011
☑	☐	Hazardous Materials Business Plan available	☐	☐	Contingency Plan available ☐LQG ☑SQG
☑	☐	Employee training is adequate	☑	☐	Employee training records available
☑	☐	Waste disposal records available for review	☑	☐	Universal waste managed properly
☑	☐	Emergency contacts current ☐ Updated today	☑	☐	Waste containers ☑ closed ☑ labeled
☑	☐	Chemical inventory/map current ☐ Updated today	☑	☐	Waste containers in good condition

Consent to inspect granted by: ☑ **Inspection Contact** ☐ **Other:**

ROUTINE INSPECTION

RECEIVED MAR 30 2011

ON 3/17/2011, AN ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE EQUIPMENT INSPECTION OF THE UST'S WAS CONDUCTED WITH SHAWN MENDOZA OF SUPERIOR READY MIX. WESTERN PUMP'S CALIFORNIA UST SERVICE TECHNICIAN JEFF COOPER (5300014 UT) CONDUCTED THE CERTIFICATION. ADDITIONALLY, THE HAZARDOUS MATERIALS AND HAZARDOUS WASTE MANAGEMENT PROGRAMS WERE REVIEWED. THIS BUSINESS IS A SMALL QUANTITY GENERATOR (SQG) OF HAZARDOUS WASTE.

THE FOLLOWING VIOLATION WAS OBSERVED DURING THIS INSPECTION.

NOTICE TO COMPLY:

1. THE EMPTY CONTAINER INSIDE THE SECONDARY CONTAINMENT AREA WHERE THE USED OIL ABOVEGROUND STORAGE TANK (AST) IS LOCATED IS LABELED AS EMPTY, BUT THE LABEL IS MISSING THE DATE IT BECAME EMPTY. A CONTAINER HOLDING OIL CONTAMINATED ABSORBENT LOCATED INSIDE THE VEHICLE MAINTENANCE BUILDING IS MISLABELED AS EMPTY. ~~FOR~~ FOUR EMPTY 55 GALLON CONTAINERS AT THE MIXING PLANT (STEVES AREA) WERE NOT LABELED AS EMPTY AND DID NOT HAVE A DATE WHEN THEY WERE EMPTIED.

– CORRECTIVE ACTION REQUIRED: LABEL ALL EMPTY CONTAINERS AS "EMPTY" AND

☑ **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: JJ

PRINTED NAME OF FACILITY REPRESENTATIVE: Steven A. Foster
DATE SIGNED: 3 / 18 / 11
SIGNATURE OF FACILITY REPRESENTATIVE: X Steve Foster
TITLE OF FACILITY REPRESENTATIVE: Plant 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 # 121310
DATE 3/17/2011
PAGE 2 OF 4

BUSINESS ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

NOTICE TO COMPLY CONTINUED:

INCLUDE THE DATE THE CONTAINER BECAME EMPTY. PROPERLY MANAGE (RECYCLE, REUSE, OR SCRAP) THE EMPTY CONTAINERS WITHIN ONE YEAR OF BECOMING EMPTY. THE OIL CONTAMINATED ABSORBENT WAS REMOVED AND PLACED INSIDE AN APPROPRIATE CONTAINER DURING THIS INSPECTION.

REMARKS:

- 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 UST DESIGNATED OPERATOR MONTHLY INSPECTIONS REPORTS FOR THE PAST YEAR WERE REVIEWED. THE L2 ALARM FOR JUNE 2010 WAS NOT ADDRESSED IN THE DESIGNATED OPERATORS MONTHLY REPORT. ENSURE THAT ALL ALARMS DURING THE PREVIOUS MONTH ARE PROPERLY INVESTIGATED AND DOCUMENTED. EMPLOYEE UST TRAINING IS CONDUCTED ANNUALLY AND DOCUMENTED.

- A SMALL AMOUNT OF WATER WAS OBSERVED INSIDE THE TURBINE SUMP, BUT IT WAS NOT ENOUGH TO ACTIVATE AN ALARM. RECOMMEND PROVIDING A WATER PROOF SEALANT FOR THE MANWAY LID.

- THE ANNULAR SENSOR ELECTRICAL WIRE CORD GRIP IS DAMAGED/MISSING AND NEEDS TO BE REPLACED.

- THE CONDENSATE BLOW DOWN VENT FOR THE AIR COMPRESSOR AT THE MIXING PLANT (STEVE'S AREA) IS DISCHARGING OILY WATER TO THE CONCRETE SURFACE UNDER THE COMPRESSOR. PROVIDE A DRIP PAN FOR THE COLLECTION OF THIS OILY CONDENSATE.

- THE FOLLOWING UST SUPPORTING DOCUMENTS WERE REVIEWED TODAY: WRITTEN MONITORING PROCEDURES, EMERGENCY RESPONSE PLAN, PLOT PLAN, UST FACILITY AND TANK INFORMATION FORMS, ANNUAL UST MONITORING SYSTEM CERTIFICATIONS, SECONDARY CONTAINMENT TESTING, CERTIFICATION OF FINANCIAL RESPONSIBILITY, AND UST OPERATING PERMIT.

- THE HAZARDOUS MATERIALS BUSINESS PLAN (HMBP) WAS REVIEWED WITH SHAWN. AT LEAST ANNUALLY, SUBMIT A COMPLETED HMBP CERTIFICATION FORM TO THE COUNTY DEH-HMD*.

SIGNATURE OF BUSINESS REPRESENTATIVE	DATE SIGNED	TITLE OF BUSINESS REPRESENTATIVE
[signature]	3/18/11	Plant Manager

HM-9110 (11/08) NCR White: HMD Yellow: Business retains

* DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 121310
DATE 3/17/2010
PAGE 3 OF 4

BUSINESS ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO ZIP CODE: 92121

REMARKS CONTINUED:

- THIS FACILITY STORES MORE THAN 1,320 GALLONS, BUT LESS THAN 10,000 GALLONS OF PETROLEUM PRODUCTS ON SITE. A REGISTERED ENGINEER HAS PREPARED A SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLAN FOR THIS FACILITY. THE ABOVEGROUND PETROLEUM STORAGE ACT (APSA) CHANGED THE WAY IN WHICH ABOVEGROUND STORAGE TANKS HOLDING ~~PETROLE~~ PETROLEUM ARE REGULATED. AMEND AND UPDATE YOUR SPCC PLAN BY 11/10/2011. PLEASE REFER TO THE TRI-FOLD HANDOUT FOR MORE INFORMATION. PIPING PENETRATES THE SECONDARY CONTAINMENT AROUND THE OIL TANKS. VERIFY THE SECONDARY CONTAINMENT IS SUFFICIENT FOR THE ABOVEGROUND OIL STORAGE TANKS.

Steven Jatro
SIGNATURE OF BUSINESS REPRESENTATIVE

3/18/11
DATE SIGNED

Plant Manager
TITLE OF BUSINESS REPRESENTATIVE

HM-9110 (11/08) NCR White: HMD Yellow: Business retains

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 # 121310
DATE 3 / 17 / 2011
PAGE 4 OF 4

FACILITY 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 (619) 338-2231 or your Specialist if you have any questions.**

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V		VIOLATION DESCRIPTION
	☐	1001	UPF permit not obtained for hazardous materials. SDCC 68.905
	☐	1002	Hazardous Materials Business Plan (HMBP) not established/ implemented. 25503.5(a)
	☐	1004	HMBP not submitted to the CUPA. 25505(a)
	☐	1005	Emergency contact not provided or current. 25509(a)(7)
	☐	1007	Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
	☐	1008	Did not submit annual carcinogen/reproductive toxin list. 68.1113(c)
	☐	1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
	☐	1010	Did not report release or threatened release. 25507(a), 19 CCR 2703
	☐	1012	SPCC Plan not prepared. 25270.3 & 25270.4.5(a)
	☐	1013	Copy of HMBP not onsite for inspector's review. 25505(e)
	☐	1014	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
	☐	1015	Did not have adequate employee training program 2732 &/or 25504(c)
	☐	1016	Failed to have an adequate emergency response plan 25504(b); 2731
	☐	1017	Business Plan not certified annually. 25505(d) & (e)(2)
	☐	1018	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510
	☐	1019	SPCC Plan amendment not prepared within 6 months of change. 25270.4.5(a) [ref. CFR 112.1(b) & CFR 112.5]
	☐	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

	☐	0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905
	☐	0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
	☐	0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)
	☐	0134	Failed to file Exception Report with DTSC. 66262.42
	☐	0135	Failed to keep hazardous waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3), 25185(a)(4)
	☐	0136	Did not have records of battery disposal. 66266.81(a)(4)(B)
	☐	0137	Failed to complete manifest properly. 66262.23(a)
	☐	0138	Manifest signed by the TSDF not available for inspection. 66262.40(a)
	☐	0140	Failed to have LDR documentation onsite. 66268.7(a)(8)
	☐	0141	Failed to obtain approval for TSDF. 25201(a)
	☐	0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)
	☐	0145	ERM reporting not submitted biennially &/or available. 25143.10
	☐	0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
	☐	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)
	☐	0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
	☐	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

	☐	0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
	☐	0302	Unlawful transportation of hazardous waste (HW). 25163(a)
	☐	0303	Did not use HW manifest for disposal. 66262.20(a); 25160(b)(1) or (2), 25160.2(b)(9)
	☐	0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)
	☐	0305	Disposed of used oil illegally. 25250.5(a) & 25189.5(a)
	☐	0306	Disposed of latex paint illegally. 25217.1
	☐	0307	Disposed of UW to an unauthorized point. 25189.5(a); 66273.31(a)
	☐	0308	Impermissible dilution of hazardous waste. 66268.3(a)

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V		VIOLATION DESCRIPTION

STORAGE AND HANDLING

	☐	0215	Used oil filters improperly managed. 66266.130
	☐	0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
	☐	0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	☐	0218	Failed to label &/or close drained ☐ used oil filters &/or ☐ used fuel filters. 25250.22 & 66266.130(c)(3)
	☐	0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	☐	0220	Spent lead acid batteries not properly managed. 66266.81
	☐	0221	Failed to comply with satellite regulations. 66262.34(e)
	☐	0222	Failed to properly label ERM. 25143.9(a)
	☐	0223	Failed to properly manage non-empty container or inner liner removed from a container. 66261.7(b), (d) &/or (r)
1	☒	0224	Failed to mark date on empty container larger than 5 gallons &/or manage it within one year. 66261.7(e) & (f).
	☐	0237	Failed to properly dispose of UW within one year. 66273.35(a)
	☐	0238	Failed to manage UW in a manner to prevent release(s) to the environment. 66273.33 & 66273.33.5

HAZWASTE REQUIREMENTS FOR SQGs ONLY

STORAGE AND HANDLING Pursuant to 66262.34(d)

	☐	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]
	☐	0226	Did not accumulate waste in container or tank. 66262.34(d)(2)
	☐	0227	Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
	☐	0228	Failed to keep container closed. CFR 265.173
	☐	0229	Failed to conduct weekly inspections. CFR 265.174
	☐	0230	Failed to maintain aisle space. CFR 265.35
	☐	0231	Failed to properly separate incompatible wastes. CFR 265.177
	☐	0232	Waste accumulated in a container in poor condition. CFR 265.171
	☐	0233	Failed to use a lined/compatible container. CFR 265.172.
	☐	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)

	☐	0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
	☐	0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
	☐	0409	Spill/fire control equip not available. CFR 265.32(c)
	☐	0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
	☐	0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
	☐	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)

	☐	1612	Hazardous waste improperly stored in a tank system causing ☐ leaks, ☐ corrosion, or ☐ failure. CFR 265.201(b)(2)
	☐	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)
	☐	1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
	☐	1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
	☐	1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF FACILITY REPRESENTATIVE	DATE SIGNED	TITLE OF FACILITY REPRESENTATIVE
	3 / 17 / 11	Plant Manager Carroll Canyon

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

TO FILE: #121310

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:** 121310

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 MENDOZA Contact Phone No.: 760-745-0556

Make/Model of Monitoring System: VEEDER ROOT TLS-300C Date of Testing/Servicing: 3-17-11

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

Tank ID:	Tank ID:
☒ In-Tank Gauging Probe Model: V/R 847390-109	☐ In-Tank Gauging Probe Model:
☒ Annular Space or Vault Sensor Model: V/R 794380-420	☐ Annular Space or Vault Sensor Model:
☒ Piping Sump / Trench Sensor(s) Model: V/R 794380-208	☐ Piping Sump / Trench Sensor(s) Model:
☒ Fill Sump Sensor(s) Model: V/R 794380-208	☐ Fill Sump Sensor(s) Model:
☒ Mechanical Line Leak Detector Model: RJ FX10V	☐ Mechanical Line Leak Detector Model:
☐ Electronic Line Leak Detector Model:	☐ Electronic Line Leak Detector Model:
☒ Tank Overfill / High-Level Sensor Model: V/R MAGI	☐ Tank Overfill / High-Level Sensor Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID:	**Tank ID:**
☐ In-Tank Gauging Probe Model:	☐ In-Tank Gauging Probe Model:
☐ Annular Space or Vault Sensor Model:	☐ Annular Space or Vault Sensor Model:
☐ Piping Sump / Trench Sensor(s) Model:	☐ Piping Sump / Trench Sensor(s) Model:
☐ Fill Sump Sensor(s) Model:	☐ Fill Sump Sensor(s) Model:
☐ Mechanical Line Leak Detector Model:	☐ Mechanical Line Leak Detector Model:
☐ Electronic Line Leak Detector Model:	☐ Electronic Line Leak Detector Model:
☐ Tank Overfill / High-Level Sensor Model:	☐ Tank Overfill / High-Level Sensor Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1-2 DIESEL	**Dispenser ID:**
☒ Dispenser Containment Sensor(s). Model: V/R 794380-208	☐ Dispenser Containment Sensor(s). Model:
☒ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	**Dispenser ID:**
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	**Dispenser ID:**
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(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: Jeffrey N Cooper

Certification No.: A25278 License No.: 673853

Testing Company Name: WESTERN PUMP Phone No.: 619-239-9988

Testing Company Address: 3235 F ST. SAN DIEGO, CA 92102 Date of Testing/Servicing: 3-17-11

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number: 12310

Software Version Installed: 16.05

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 shutdown? *(Check all that apply)* ☒ Sump/Trench Sensors; ☒ Dispenser Containment Sensors. Did you confirm positive shutdown 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? *(Check all that apply)* ☐ 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 (500 characters max. add additional sheets if needed):

FOUND APPROX. 2 GALLONS OF WATER IN DIESEL TURBINE SUMP – REMOVED WATER.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: 121316

☒ 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? *(Check all that apply)* 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 (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.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 # 121310
Facility Address: 9245 CAMINO SANTA FE — Testing Date: 3/17/11
Facility Contact: SHAWN MENDOZA — Phone: (760) 745-0556
Date Local Agency Was Notified of Testing: / /
Name of Local Agency Inspector *(if present during testing)*: MIKE MANN

2. TESTING CONTRACTOR INFORMATION

Company Name: WESTERN PUMP
Technician Conducting Test: JEFF COOPER
Credentials[1]: ☒ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☒ Hydrostatic ☐ Vacuum ☐ Other
Test Equipment Used: MEASURING TAPE — Equipment Resolution:

SPILL BUCKET ID	1	2	3	4
Tank #:	DIESEL			
Product contained:				
Bucket Installation Type:	☐ Direct Bury ☒ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	10 MIN.			
Test Start Time (T_I):	10:00 A.M.			
Initial Reading (R_I):	8 1/2"			
Test End Time (T_F):	11:00 A.M.			
Final Reading (R_F):	8 1/2			
Test Duration ($T_F - T_I$):	1 HOUR			
Change in Reading ($R_F - R_I$):	NONE			
Pass/Fail Threshold or Criteria:	Ø VARIATION			
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)*

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: 3/17/11

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.

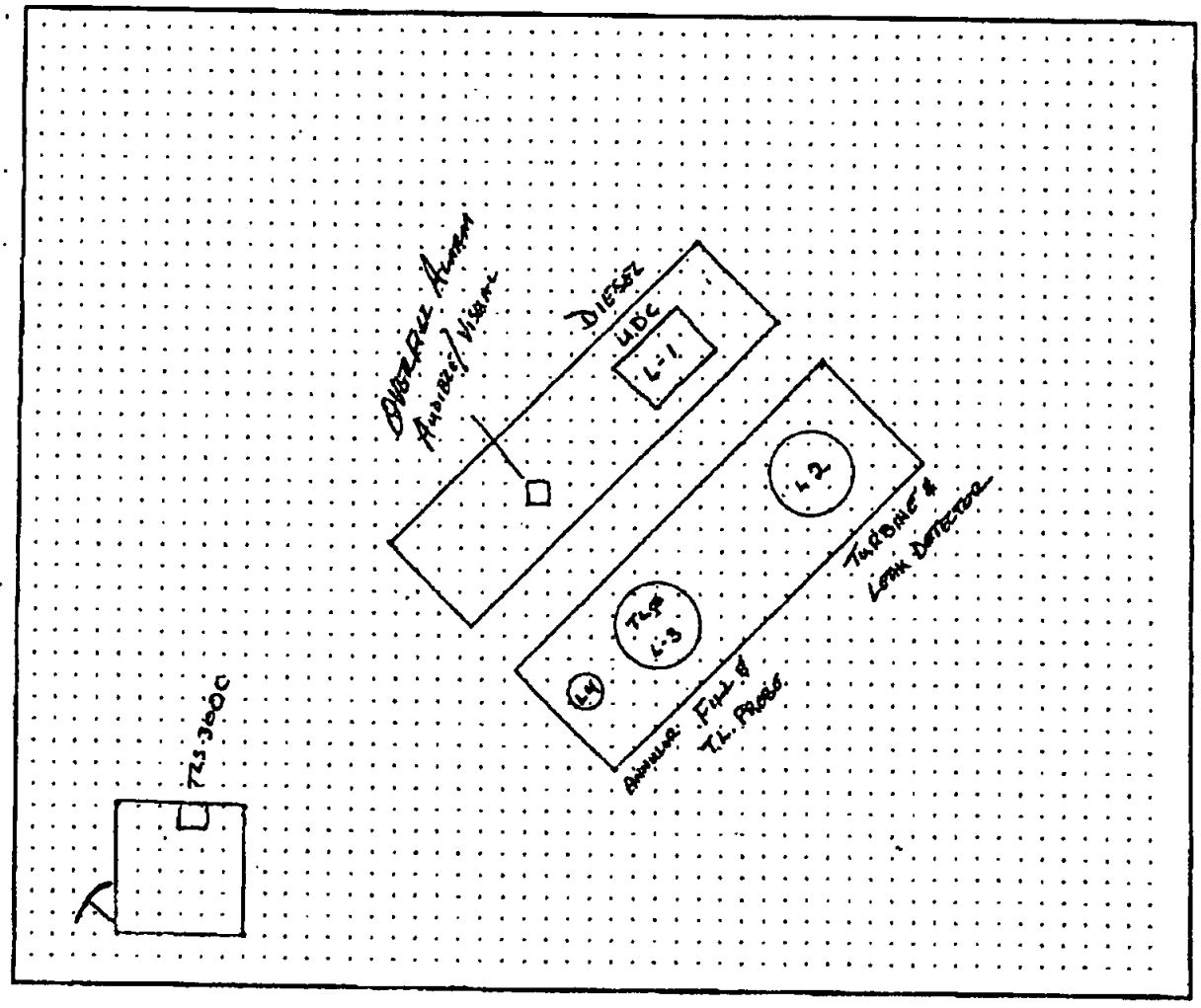
UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: 121360

Site Address: 9245 Camino Sante Fe San Diego CA

UST Monitoring Site Plan

N



Date map was drawn: 3/17/11

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.

To FILE: #121310

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 MENDOZA Contact Phone No.: (760) 745-0556 x

Make/Model of Monitoring System: VEEDER ROOT TLS 300C Date of Testing/Servicing: 14-Mar-12

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

Tank ID: T-1 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: FX1DV ☐ 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:** ☐ 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: ☐ 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:** ☐ 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:** ☐ 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).	**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): MARK BURCHARD

Signature: Mark Burchard

Certification No.: A21447 License No.: 673853

Testing Company Name: WESTERN PUMP INC Phone No.: (619) 239-9988

Testing Company Address: 3235 F ST SAN DIEGO, CA 92102 Date of Testing/Servicing:

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: 16.05

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 shutdown? *(Check all that apply)* ☒ Sump/Trench Sensors; ☒ Dispenser Containment Sensors. Did you confirm positive shutdown 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? *(Check all that apply)* ☐ 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 (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:

☒ 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? *(Check all that apply)* 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 (500 characters max. add additional sheets if needed):

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.

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

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

[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.

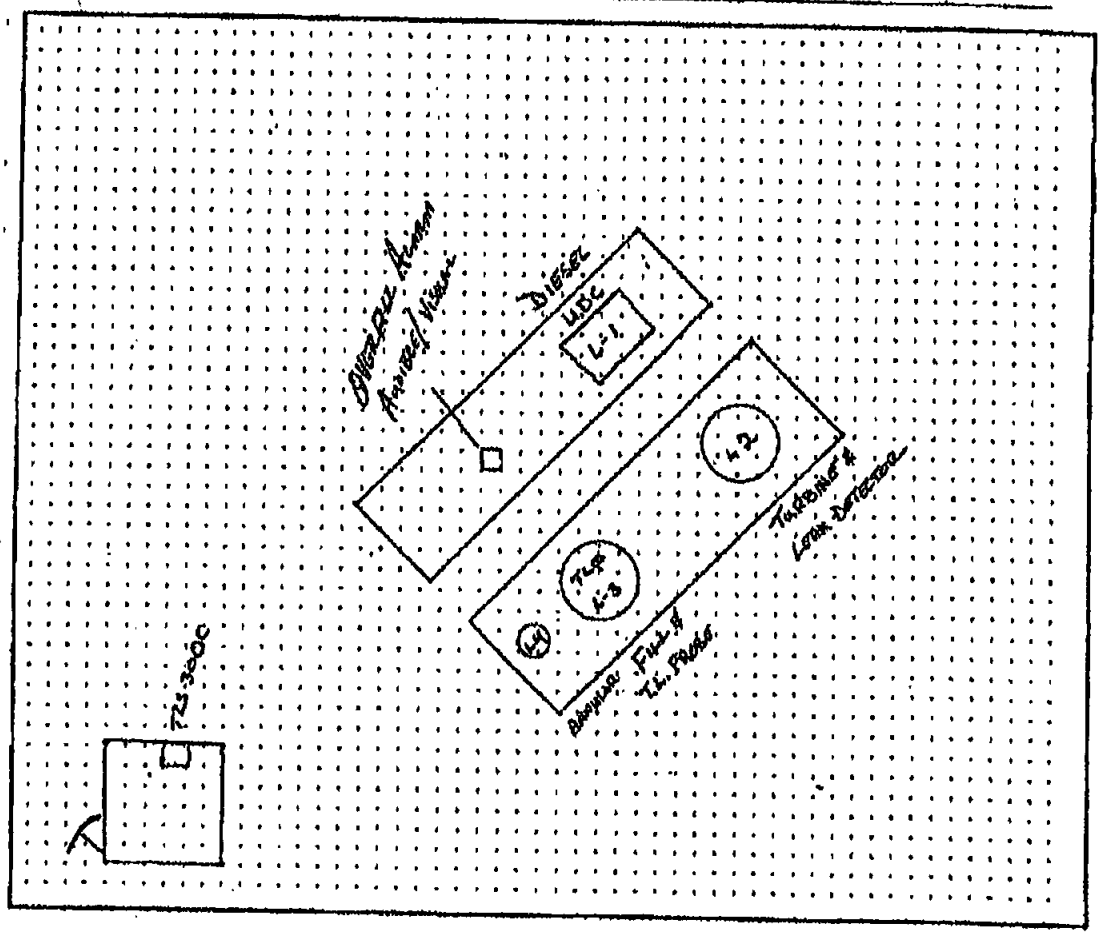
UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: 18/210

Site Address: 9245 Camino Santa Fe San Diego Ca

UST Monitoring Site Plan

N



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.

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:	03/14/2012
Facility Address:	9245 CAMINO SANTA FE SAN DIEGO, CA		
Facility Contact:	SHAWN MENDOZA	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:	**Western Pump, Inc.**
Technician Conducting Test:	MARK BURCHARD
Credentials[1]:	☒ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	**673853**

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☒ Hydrostatic	☐ Vacuum	☐ Other
Test Equipment Used:	TAPE MEASURE		Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 **T-1 DIESEL**	2	3	4
Bucket Installation Type:	☐ Direct Bury ☒ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	14"			
Wait time between applying vacuum/water and start of test:	15 MINUTES			
Test Start Time (T_I):	10:58 AM			
Initial Reading (R_I):	8"			
Test End Time (T_F):	11:58 AM			
Final Reading (R_F):	8"			
Test Duration ($T_F - T_I$):	ONE HOUR			
Change in Reading ($R_F - R_I$):	NONE			
Pass/Fail Threshold or Criteria:	0 VARIATION			
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)*

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: Mark Blond Date: 3·14·12

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

TO FILE: #121310

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: SUPERIOR READY MIX Date of Testing: 4-5-12	
Facility Address: 9245 CAMINO SANTA FE SAN DIEGO, CA. 92121	**Test Type:**
Facility Contact: SHAWN MENDOZA Phone: (858) 695-0666	☐ Initial ☐ Repair Test
Date Local Agency Was Notified of Testing:	☐ 6 month ☐ Other:
Name of Local Agency Inspector *(if present during testing)*:	☒ 36 month

2. TESTING CONTRACTOR INFORMATION

Company Name: WESTERN PUMP INC.	
Technician Conducting Test: VERN SABIN	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: A,C61,D40/HAZ	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	TS-STS	4-2-14

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
ANNULARS	☐	☑	☐	☐	FILL SUMPS	☐	☐	☐	☐
T-1 DIESEL	☒	☐	☐	☐	FILL SUMP # 1	☒	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
SECONDARY PIPING	☐	☐	☐	☐		☐	☐	☐	☐
PIPING RUN # 1	☒	☐	☐	☐		☐	☐	☐	☐
PIPING RUN # 2	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
PIPING SUMPS	☐	☐	☐	☐		☐	☐	☐	☐
PIPING SUMP # 1	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
UDC'S	☐	☐	☐	☐		☐	☐	☐	☐
UDC 1-2	☒	☐	☐	☐		☐	☐	☐	☐

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

IT WAS DISPOSED OF INTO OUR FULL SERVICE TEST VEHICLE.

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:4-5-12

HM-9169 (02/11)

4. TANK ANNULAR TESTING

Test Method Developed By:	☒ Tank Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☒ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used: VACUUM GAUGE		Equipment Resolution: 0 – 30 IN.-HG	

	Tank # 1	Tank # N/A	Tank # N/A	Tank # N/A
Is Tank Exempt From Testing?[1]	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:	12,000 GAL.			
Tank Material:	ST/FRP			
Tank Manufacturer:	MODERN			
Product Stored:	DIESEL			
Wait time between applying pressure/vacuum/water and starting test:	15 MIN.			
Test Start Time:	10:15 AM			
Initial Reading (R_I):	10 IN.-HG			
Test End Time:	11:15 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:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☒ Piping Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*			
Test Method Used:	☒ Pressure ☐ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*			
Test Equipment Used: PRESSURE GAUGES			Equipment Resolution: 0 – 15 PSI	
	Piping Run # 1	**Piping Run # 2**	**Piping Run # N/A**	**Piping Run # N/A**
Piping Material:	FIBERGLASS	FIBERGLASS		
Piping Manufacturer:	AMERON	AMERON		
Piping Diameter:	3 "	3 "		
Length of Piping Run:	13'	19'		
Product Stored:	DIESEL (prod)	DIESEL (vent)		
Method and location of piping-run isolation:	TEST BOOTS	TEST BOOTS		
Wait time between applying pressure/vacuum/water and starting test:	15 MIN.	15 MIN.		
Test Start Time:	10:40 AM	10:20 AM		
Initial Reading (R_I):	5 PSI	5 PSI		
Test End Time:	11:40 AM	11:20 AM		
Final Reading (R_F):	5 PSI	5 PSI		
Test Duration:	60 MIN.	60 MIN.		
Change in Reading (R_F-R_I):	NONE	NONE		
Pass/Fail Threshold or Criteria:	0 - VARIATION	0 - VARIATION		
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)*

6. PIPING SUMP TESTING

Test Method Developed By:	☒ Sump Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*			
Test Method Used:	☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other *(Specify)*			
Test Equipment Used: INCON TS-STS			Equipment Resolution: +/-.0001 "	
	Sump # 1	**Sump # N/A**	**Sump # N/A**	**Sump # N/A**
Sump Diameter:	**42 "**			
Sump Depth:	**50 "**			
Sump Material:	**FIBERGLASS**			
Height from Tank Top to Top of Highest Piping Penetration:	**14 "**			
Height from Tank Top to Lowest Electrical Penetration:	**9 "**			
Condition of sump prior to testing:	**CLEAN & DRY**			
Portion of Sump Tested[2]	**16 "**			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Turbine shutdown response time	**N/A**			
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:	**12:24p/12:39pm**			
Initial Reading (R_I):	**5.7285"/ 5.7285"**			
Test End Time:	**12:39p/12:54pm**			
Final Reading (R_F):	**5.7285"/ 5.7280"**			
Test Duration:	**15 MIN/ 15 MIN**			
Change in Reading (R_F-R_I):	**.0000" / -.0005"**			
Pass/Fail Threshold or Criteria:	**+/-.002" per test**			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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: INCON TS-STS		Equipment Resolution: +/-.0001 "	

	UDC # 1-2	UDC # N/A	UDC # N/A	UDC # N/A
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]	7 "			
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	N/A			
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:	1:36 PM / 1:55 PM			
Initial Reading (R_I):	1.3499" / 1.3500"			
Test End Time:	1:51 PM / 2:10 PM			
Final Reading (R_F):	1.3501" / 1.3499"			
Test Duration:	15 MIN. / 15 MIN.			
Change in Reading (R_F-R_I):	+.0002" / -.0001"			
Pass/Fail Threshold or Criteria:	+/-.002" PER TEST			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ 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 <u>any</u> 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:	☒ Sump Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used: INCON TS-STS			Equipment Resolution: +/-.0001 "	
	Fill Sump # 1	**Fill Sump # N/A**	**Fill Sump # N/A**	**Fill Sump # N/A**
Sump Diameter:	**42 "**			
Sump Depth:	**57 "**			
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:	**CLEAN & DRY**			
Portion of Sump Tested	**14 "**			
Sump Material:	**FIBERGLASS**			
Wait time between applying pressure/vacuum/water and starting test:	**30 MIN.**			
Test Start Time:	**11:34a/11:52am**			
Initial Reading (R_I):	**5.7924"/ 5.7919"**			
Test End Time:	**11:50a/12:07pm**			
Final Reading (R_F):	**5.7919"/ 5.7924"**			
Test Duration:	**15 min./ 15 min.**			
Change in Reading (R_F-R_I):	**-.0005"/ +.0005"**			
Pass/Fail Threshold or Criteria:	**+/-.002"per test**			
Test Result:	☒ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☐ 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	☐ Yes ☐ No ☐ NA

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

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.92121

04/05/2012 12:39 PM

SUMP LEAK TEST REPORT

PIPE-1

TEST STARTED	12:24 PM
TEST STARTED	04/05/2012
BEGIN LEVEL	5.7285 IN
END TIME	12:39 PM
END DATE	04/05/2012
END LEVEL	5.7285 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.92121

04/05/2012 1:51 PM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED	1:36 PM
TEST STARTED	04/05/2012
BEGIN LEVEL	1.3499 IN
END TIME	1:51 PM
END DATE	04/05/2012
END LEVEL	1.3501 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.92121

04/05/2012 11:50 AM

SUMP LEAK TEST REPORT

FILL-1

TEST STARTED	11:34 AM
TEST STARTED	04/05/2012
BEGIN LEVEL	5.7924 IN
END TIME	11:50 AM
END DATE	04/05/2012
END LEVEL	5.7919 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.92121

04/05/2012 12:54 PM

SUMP LEAK TEST REPORT

PIPE-1

TEST STARTED	12:39 PM
TEST STARTED	04/05/2012
BEGIN LEVEL	5.7285 IN
END TIME	12:54 PM
END DATE	04/05/2012
END LEVEL	5.7280 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.92121

04/05/2012 2:10 PM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED	1:55 PM
TEST STARTED	04/05/2012
BEGIN LEVEL	1.3500 IN
END TIME	2:10 PM
END DATE	04/05/2012
END LEVEL	1.3499 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA.92121

04/05/2012 12:07 PM

SUMP LEAK TEST REPORT

FILL-1

TEST STARTED	11:52 AM
TEST STARTED	04/05/2012
BEGIN LEVEL	5.7919 IN
END TIME	12:07 PM
END DATE	04/05/2012
END LEVEL	5.7924 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DEH2002-HMPFP-121310

September 15 - October 15, 2017 Pre- Diligence CUPA Period Package Addendum 2 October 16, 2017

SUBMITTED 3/13/13

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 3 DATE 3 / 13 / 2013
PERMIT# 121310 BUS. CODE K61
TIME START 848 END 1600
SPECIALIST MIKE MANN
INSPECTION CONTACT
SHAWN MENDOZA
TITLE ENVIRONMENTAL ENGINEER
PHONE (858) 695 - 0666

FACILITY NAME SUPERIOR READY MIX
ADDRESS 9245 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.

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			Permit Expires on: 30 / JUN / 2013
☑	☐	Hazardous Materials Business Plan available	☑	☐	Contingency Plan available ☐LQG ☑SQG
☑	☐	Employee training is adequate	☑	☐	Employee training records available
☑	☐	Waste disposal records available for review	☑	☐	Universal waste managed properly
☑	☐	Emergency contacts current ☐ Updated today	☐	☐	Waste containers ☐ closed ☑ labeled
☑	☐	Chemical inventory/map current ☐ Updated today	☑	☐	Waste containers in good condition

Consent to inspect granted by: ☑ **Inspection Contact** ☐ **Other:**

ROUTINE INSPECTION

ON 3/13/2013, AN ANNUAL UNDERGROUND STORAGE TANK (UST) MONITORING SYSTEM CERTIFICATION AND BELOW GRADE INSPECTION WAS CONDUCTED WITH SHAWN MENDOZA OF SUPERIOR READY MIX AND CHRIS MIZICKO A CALIFORNIA UST SERVICE TECHNICIAN (ICC 8012378) WITH WESTERN PUMP. ADDITIONALLY, THE HAZARDOUS MATERIALS, HAZARDOUS WASTE, AND ABOVEGROUND PETROLEUM STORAGE ACT PROGRAMS WERE REVIEWED. THIS BUSINESS HAS REDUCED THE VOLUME OF VEHICLE MAINTENANCE PERFORMED AT THIS SITE AND IS CURRENTLY A SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE.

THE FOLLOWING VIOLATION WAS OBSERVED DURING THIS INSPECTION.

NOTICE TO COMPLY:

1. THE CONTAINER STORING HAZARDOUS WASTE ANTIFREEZE IS MISSING THE BUNGS THAT WOULD BE USED TO PROPERLY CLOSE THE CONTAINER.
   - CORRECTIVE ACTION REQUIRED: IMMEDIATELY, OBTAIN AND INSTAL THE PROPER BUNGS IN ORDER TO KEEP THIS CONTAINER CLOSED.

REMARKS:

- FOR ALL EMPTY CONTAINERS PROVIDE A SIGN THAT HAS THE DATE THE CONTAINER WAS EMPTIED AND THEN REUSE OR RECYCLE OR PROPERLY DISPOSE WITHIN ONE YEAR.

☑ **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: Steven A Foster

DATE SIGNED: 3 / 13 / 13

SIGNATURE OF FACILITY REPRESENTATIVE: X Steven Foster

TITLE OF FACILITY REPRESENTATIVE: Plant 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

HM-924 (03/11) NCR *(Y= Yes; N/A = Not Applicable) DISTRIBUTION: WHITE-HMD COPY; YELLOW-FACILITY COPY

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 (pH ≥ 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~~ THROUGH CERS.

SIGNATURE OF BUSINESS REPRESENTATIVE	DATE SIGNED	TITLE OF BUSINESS REPRESENTATIVE
[signature]	3 / 13 / 13	Plant Supervisor

* DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

September 15 - October 15, 2017 Pre-Diligence Oil Period Package Addendum 2 October 10, 2017

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT
Small and Large Quantity Generators of Hazardous Waste
Handlers of Hazardous Materials

PERMIT # 121310
DATE 3 / 13 / 2013
PAGE 3 OF 3

FACILITY 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
	☐	1001	UPF permit not obtained for hazardous materials. SDCC 68.905
	☐	1002	Hazardous Materials Business Plan (HMBP) not established/ implemented. 25503.5(a)
	☐	1004	HMBP not submitted to the CUPA. 25505(a)
	☐	1005	Emergency contact not provided or current. 25509(a)(7)
	☐	1007	Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
	☐	1008	Did not submit annual carcinogen/reproductive toxin list. 68.1113(c)
	☐	1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
	☐	1010	Did not report release or threatened release. 25507(a), 19 CCR 2703
	☐	1012	SPCC Plan not prepared. 25270.3 & 25270.4.5(a)
	☐	1013	Copy of HMBP not onsite for inspector's review. 25505(e)
	☐	1014	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
	☐	1015	Did not have adequate employee training program 2732 &/or 25504(c)
	☐	1016	Failed to have an adequate emergency response plan 25504(b); 2731
	☐	1017	Business Plan not certified annually. 25505(d) & (e)(2)
	☐	1018	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510
	☐	1019	SPCC Plan amendment not prepared within 6 months of change. 25270.4.5(a) [ref. CFR 112.1(b) & CFR 112.5]
	☐	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

	☐	0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905
	☐	0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
	☐	0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)
	☐	0134	Failed to file Exception Report with DTSC. 66262.42
	☐	0135	Failed to keep hazardous waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3), 25185(a)(4)
	☐	0136	Did not have records of battery disposal. 66266.81(a)(4)(B)
	☐	0137	Failed to complete manifest properly. 66262.23(a)
	☐	0138	Manifest signed by the TSDF not available for inspection. 66262.40(a)
	☐	0140	Failed to have LDR documentation onsite. 66268.7(a)(8)
	☐	0141	Failed to obtain approval for TSDF. 25201(a)
	☐	0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)
	☐	0145	ERM reporting not submitted biennially &/or available. 25143.10
	☐	0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
	☐	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)
	☐	0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
	☐	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

	☐	0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(c) or (d) or 25189.2(c)
	☐	0302	Unlawful transportation of hazardous waste (HW). 25163(a)
	☐	0303	Did not use HW manifest for disposal. 66262.20(a); 25160(b)(1) or (2), 25160.2(b)(9)
	☐	0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)
	☐	0305	Disposed of used oil illegally. 25250.5(a) & 25189.5(a) or 25189(c) or (d) or 25189.2(c)
	☐	0306	Disposed of latex paint illegally. 25217.1
	☐	0307	Disposed of UW to an unauthorized point. 25189.5(a) or 25189(c) or (d) or 25189.2(c); 66273.31(a)
	☐	0308	Impermissible dilution of hazardous waste. 66268.3(a)

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

STORAGE AND HANDLING

Viol #	V		VIOLATION DESCRIPTION
	☐	0214	Used oil intentionally contaminated with HW. 25250.7(a)
	☐	0215	Used oil filters improperly managed. 66266.130
	☐	0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
	☐	0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	☐	0218	Failed to label &/or close drained ☐ used oil filters &/or ☐ used fuel filters. 25250.22 & 66266.130(c)(3)
	☐	0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	☐	0220	Spent lead acid batteries not properly managed. 66266.81
	☐	0221	Failed to comply with satellite regulations. 66262.34(e)
	☐	0222	Failed to properly label ERM. 25143.9(a)
	☐	0223	Failed to properly manage non-empty container or inner liner removed from a container. 66261.7(b), (d) &/or (r)
	☐	0224	Failed to mark date on empty container larger than 5 gallons &/or manage it within one year. 66261.7(e) & (f)
	☐	0237	Failed to properly dispose of UW within one year. 66273.35(a) &/or (b)
	☐	0238	Failed to manage UW in a manner to prevent release(s) to the environment. 66273.33 & 66273.33.5
	☐	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)

	☐	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]
	☐	0226	Did not accumulate waste in container or tank. 66262.34(d)(2)
	☐	0227	Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
1	☒	0228	Failed to keep container closed. CFR 265.173
	☐	0229	Failed to conduct weekly inspections. CFR 265.174
	☐	0230	Failed to maintain aisle space. CFR 265.35
	☐	0231	Failed to properly separate incompatible wastes. CFR 265.177
	☐	0232	Waste accumulated in a container in poor condition. CFR 265.171
	☐	0233	Failed to use a lined/compatible container. CFR 265.172
	☐	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)

	☐	0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
	☐	0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
	☐	0409	Spill/fire control equip not available. CFR 265.32(c)
	☐	0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
	☐	0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
	☐	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)

	☐	1612	Hazardous waste improperly stored in a tank system causing ☐ leaks, ☐ corrosion, or ☐ failure. CFR 265.201(b)(2)
	☐	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)
	☐	1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
	☐	1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
	☐	1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF FACILITY REPRESENTATIVE	DATE SIGNED	TITLE OF FACILITY REPRESENTATIVE
Steve Gaston	3 / 13 / 13	Plant Supervisor

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

DEH 2002 - HUPFP - 121310

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

121310

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 MENDOZA Contact Phone No.: (760) 745-0556 x

Make/Model of Monitoring System: VEEDER ROOT TLS-300 Date of Testing/Servicing: 13-Mar-13

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

Tank ID: T:1 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: FX1DV ☐ 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:** ☐ 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: ☐ 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:** ☐ 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:** ☐ 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).	**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): CHRIS MIZICKO

Signature: _____

Certification No.: ICC8012378 License No.: 673853

Testing Company Name: WESTERN PUMP, INC. Phone No.: (619) 239-9988 x

Testing Company Address: 3235 F STREET SAN DIEGO, CA 92102 Date of Testing/Servicing: 13-Mar-13

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: 16.05

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 shutdown? *(Check all that apply)* ☒ Sump/Trench Sensors; ☒ Dispenser Containment Sensors. Did you confirm positive shutdown 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? *(Check all that apply)* ☐ 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 (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:

☒ 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? *(Check all that apply)* 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.**

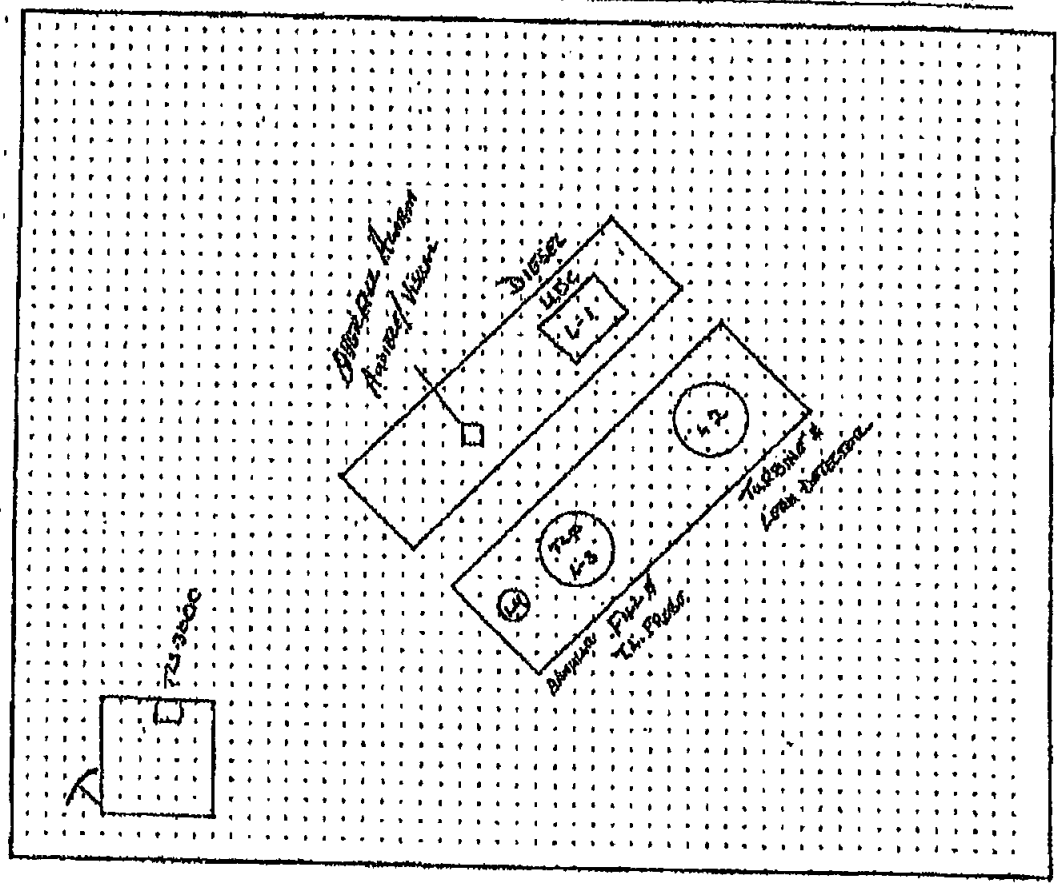
H. Comments (500 characters max. add additional sheets if needed):

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: 18/310

Site Address: 9245 Camino Santa Fe San Diego CA

UST Monitoring Site Plan



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.

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:	3-13-13
Facility Address:	9245 CAMINO SANTA FE		
Facility Contact:	SHAWN MENDOZA	Phone:	(760)7540556
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:	MIKE MUNN		

2. TESTING CONTRACTOR INFORMATION

Company Name:	**Western Pump, Inc.**
Technician Conducting Test:	CHRIS MIZICKO
Credentials[1]:	☐ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	**673853**

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☒ Hydrostatic	☐ Vacuum	☐ Other
Test Equipment Used:	TAPE MEASURE	Equipment Resolution:	0.0

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 **T:1 DIESEL**	2	3	4
Bucket Installation Type:	☐ Direct Bury ☒ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	14"			
Wait time between applying vacuum/water and start of test:	30 MIN			
Test Start Time (T_I):	10:00			
Initial Reading (R_I):	8 1/2"			
Test End Time (T_F):	11:00			
Final Reading (R_F):	8 1/2"			
Test Duration ($T_F - T_I$):	1 HOUR			
Change in Reading ($R_F - R_I$):	0.0			
Pass/Fail Threshold or Criteria:	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)*

TESTED BUCKET FOR 1 HOUR AND FOUND THE LEVEL DID NOT DROP AT ALL.

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:3/13/13

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

1006425

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO, CA. 92121

MAR 13. 2013 10:28 AM

SYSTEM STATUS REPORT
- - - - - - - - - - - - - -
ALL FUNCTIONS NORMAL

SYSTEM SETUP
- - - - - - - - - - - - - -
MAR 13. 2013 10:28 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 TC 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 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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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

60064125

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

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA. 92121

MAR 13, 2013 12:47 PM

SYSTEM STATUS REPORT
- - - - - - - - - - - - - -

ALL FUNCTIONS NORMAL

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
MAR 13, 2013 10:36 AM
PRINTER ERROR
MAR 13, 2013 10:36 AM
BATTERY IS OFF
JAN 1, 1996 8:00 AM
SYS SECURITY WARNING
JUN 19, 2012 2:20 PM
CLOCK IS INCORRECT
APR 1, 2007 3:01 AM

606425

* * * * * END * * * * *

ALARM HISTORY REPORT

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

T 1:DSL

SETUP DATA W[illegible]G
DEC 21, 1998 [illegible]0 AM

HIGH WATER ALARM
MAR 13, 2013 12:15 PM
MAR 14, 2012 11:06 AM
MAR 23, 2010 1[illegible]: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

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 13, 2013 12:26 PM
MAR 13, 2013 11:54 AM
MAR 13, 2013 11:44 AM

HIGH WATER WARNING
MAR 13, 2013 12:15 PM
MAR 14, 2012 11:06 AM
MAR 23, 2010 10:34 AM

DELIVERY NEEDED
MAR 8, 2011 6:12 PM
FEB 15, 2011 4:39 PM
JAN 31, 2011 3:19 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

----- SENSOR ALARM -----
L 2:TURBINE SUMP
STP SUMP
FUEL ALARM
MAR 13, 2013 11:12 AM

FUEL ALARM
MAR 13, 2013 11:02 AM

FUEL ALARM
MAY 12, 2012 12:27 PM

* * * * * 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 * * * * *

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: CHRIS MIZICKO Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8012378-uc	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-05-27
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: PHILLIP GIVENS Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8029367-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-07-15
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x 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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3/26/10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: JEFF LANE Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248680-UC	Expiration Date: 2012-01-06
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MARK BURCHARD Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249086-UC	Expiration Date: 2011-11-03
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: ANTHONY CHINCHILLAS Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5321996-UC	Expiration Date: 2010-10-28

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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT **OWNER'S PHONE #:** (760) 745-0556

Return this completed form to: **HMD-Designated UST Operator**
P.O. Box 129261, San Diego, CA 92112-9261

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: KEVIN COOK Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5268581-UC	Expiration Date: 2010-05-13
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: JEFF COOPER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248582-UC	Expiration Date: 2010-06-02
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MIKE DAVIDSON Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 8002367-UC	Expiration Date: 2011-12-10

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.

SHAWN MONDEZA for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: (760) 945-0556

Return this completed form to: HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: VERN SABIN Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5250326-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-01-14
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: DANIEL MITCHELL Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8020131-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-11-24
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MARK BRIDGWATER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5248680-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2010-11-20

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.

SHAWN MENDOZA For Superior Ready Mix **DATE:** 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

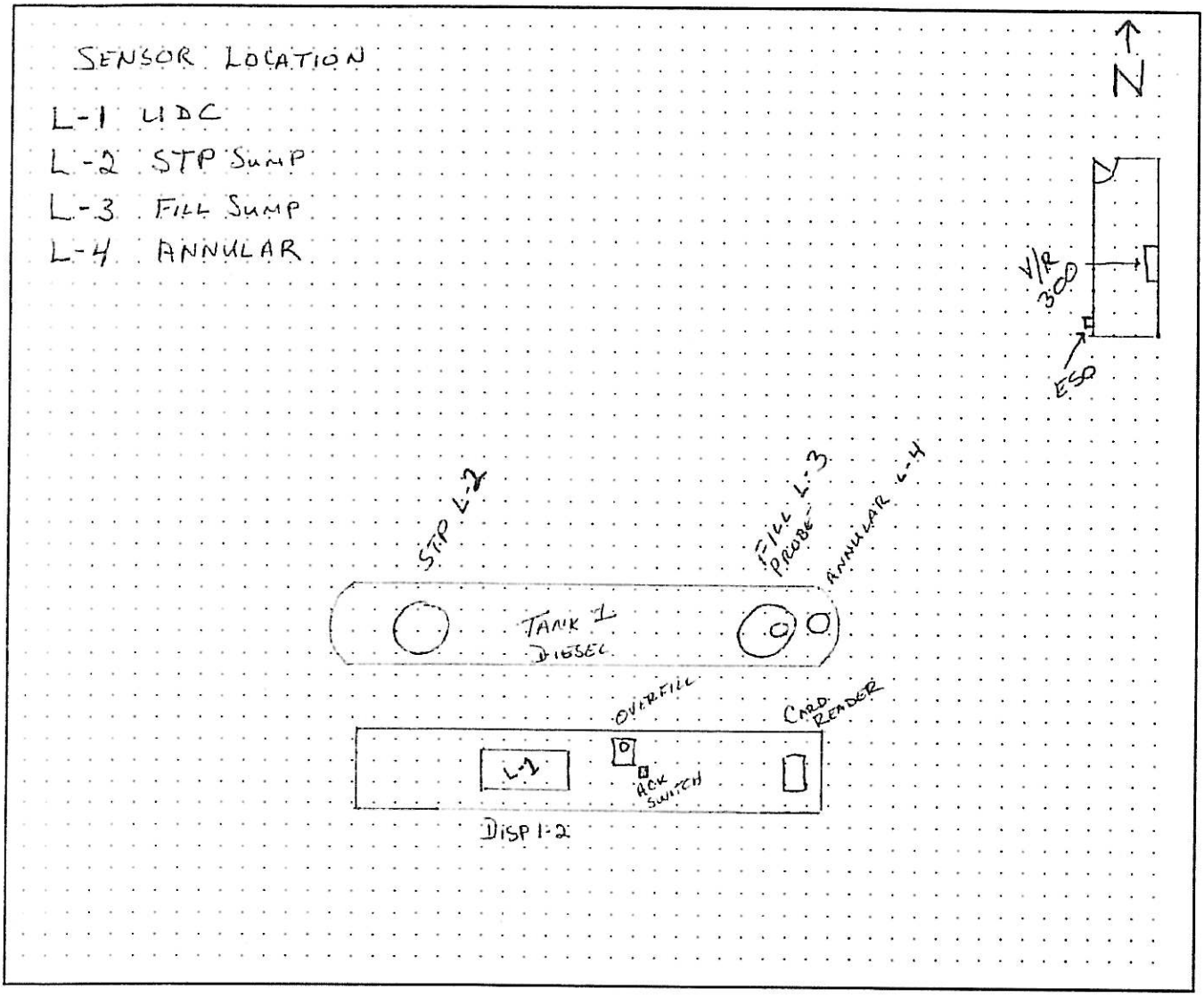
Return this completed form to: **HMD-Designated UST Operator**
P.O. Box 129261, San Diego, CA 92112-9261

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address:



Date map was drawn: 3-13-14

Instructions

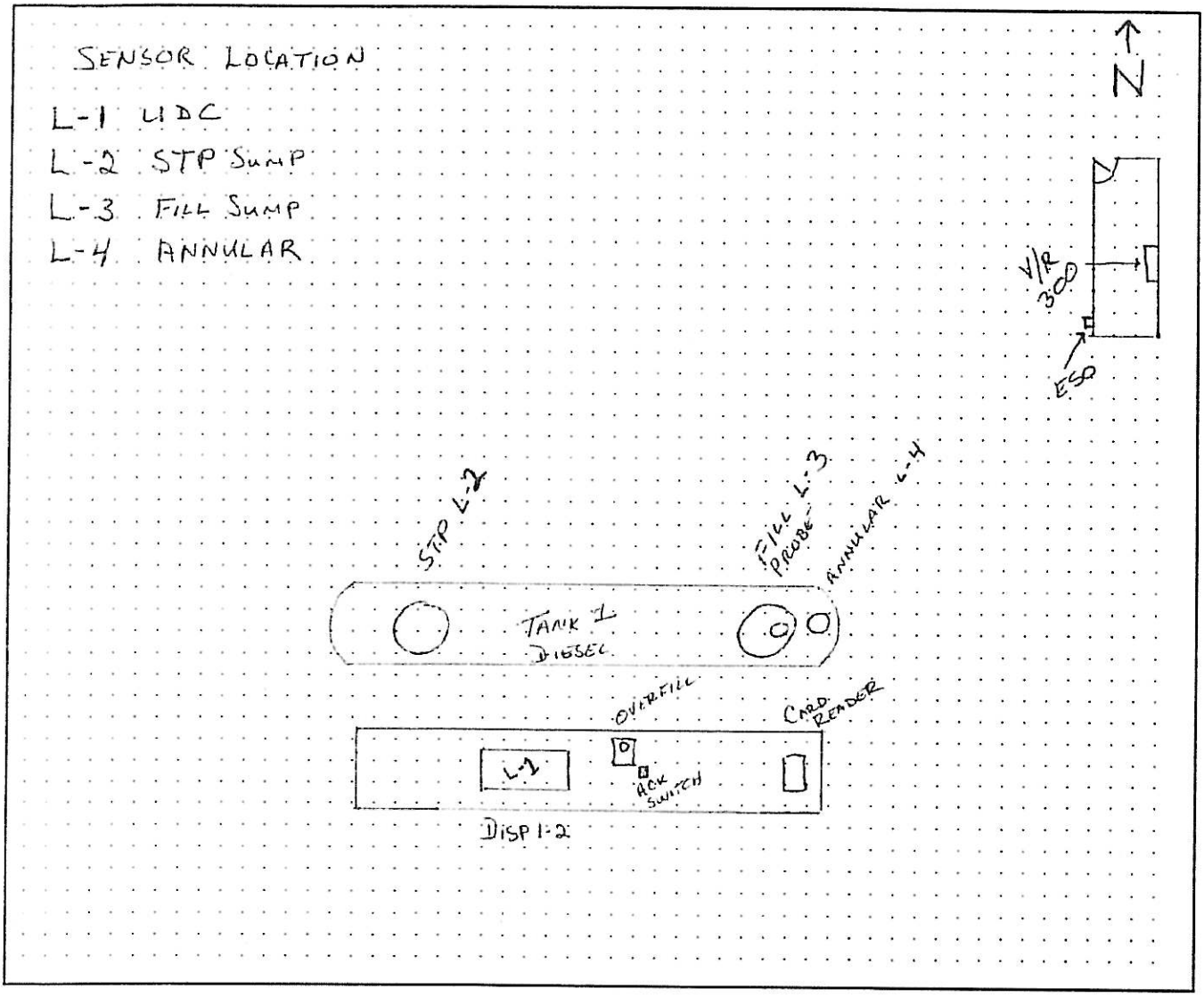
If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system 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.

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.

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
[X] 1 million dollars per occurrence

AND

[X] 1 million dollars annual aggregate
or
[ ] 2 million dollars annual aggregate

B. Superior Ready Mix Concrete (Name of Tank Owner or Operator) *hereby certifies that it is in compliance with the requirements of Section 2807, 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 Cleanup Fund P.O. Box 944212 Sacramento, CA 94244-2126	N/A For UST Fund	$990,000 per occurrance and annual aggregate	continuous	yes	yes
Chief Financial Officer Letter	Superior Ready Mix Concrete L.P. 1508 W Mission Rd. Escondido, CA 92029	N/A For this mechanism	$10,000 per occurrence and annual aggregate	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	Facility Address
Superior Ready Mix Concrete L.P.	9245 Camino Santa Fe San Diego, CA 92121
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
[signature]	3/12/15	Arnold Veldkamp, Secretary
Signture of Witness or Notary	**Date**	**Name of Witness or Notary**
Richard Brouwer	3/12/15	Richard Brouwer, CFO

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

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 2 1 3 1 0

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) R02: Superior Ready Mix Concrete, L.P.

BUSINESS SITE ADDRESS R03: 9245 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
R10 Absorbents, PADS	R20 Maintenance Shops	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	TITLE
R40 Garret Brouwer	R50 Vice President
R41 Shawn Mendoza	R51 Environmental Coordinator
R42	R52
R43	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):

#121310

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

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 R70
	4 / 20 / 09
OWNER/OPERATOR NAME (print) R71	OWNER/OPERATOR TITLE R72
SHAWN MEDOZA	Environmental Coordinator

(Agency Use Only) This plan has been reviewed and is: ☑ Approved ☐ Approved With Conditions* ☐ Disapproved

Local Agency Signature: M Nsm Date: 5 / 18 / 09

Conditions of approval (if any).

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: CHRIS MIZICKO Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8012378-uc	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-05-27
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: PHILLIP GIVENS Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8029367-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-07-15
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x 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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3/26/10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: JEFF LANE Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248680-UC	Expiration Date: 2012-01-06
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MARK BURCHARD Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249086-UC	Expiration Date: 2011-11-03
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: ANTHONY CHINCHILLAS Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5321996-UC	Expiration Date: 2010-10-28

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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT **OWNER'S PHONE #:** (760) 745-0556

Return this completed form to: **HMD-Designated UST Operator**
P.O. Box 129261, San Diego, CA 92112-9261

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: KEVIN COOK Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5268581-UC	Expiration Date: 2010-05-13
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: JEFF COOPER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248582-UC	Expiration Date: 2010-06-02
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MIKE DAVIDSON Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 8002367-UC	Expiration Date: 2011-12-10

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.

SHAWN MONDEZA for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: (760) 945-0556

Return this completed form to: HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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(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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: VERN SABIN Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5250326-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-01-14
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: DANIEL MITCHELL Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8020131-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-11-24
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MARK BRIDGWATER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5248680-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2010-11-20

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.

SHAWN MENDOZA For Superior Ready Mix **DATE:** 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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 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
http://www.sdcdeh.org

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (760) 497-6958 x
City: SAN DIEGO, CA	Zip Code: 92121-

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: MART STEVENS

Business Name *(If different from above)*: WESTERN PUMP INC.

Designated Operator's Phone #: (619) 239-9988 x

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #: 8308491-UC

Expiration Date: 2016-11-25

ALTERNATE 1 ***(Optional)***

Designated Operator's Name: PLEASE REFER TO ALTERNATE LIST

Business Name *(If different from above)*:

Designated Operator's Phone #:

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #:

Expiration Date:

ALTERNATE 2 ***(Optional)***

Designated Operator's Name: PLEASE REFER TO ALTERNATE LIST

Business Name *(If different from above)*:

Designated Operator's Phone #:

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #:

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.

Shaun Mendoza / Superior Ready Mix
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 3 / 13 / 13

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

HM-9174 (03/11)

WESTERN PUMP, INC.

petroleum & lubrication equipment specialists

MEMBER PEI

Designated Operator Alternate List

Name	ICC Cert #	Expiration Date	Phone
Mark Burchard	5249086-UC	10/15/2015	619-239-9988
Craig Courtney	8016998-UC	04/16/2016	619-239-9988
Mike Davidson	8002367-UC	12/03/2015	619-239-9988
Phil Givens	8029367-UC	07/14/2016	619-239-9988
Jeff Lane	5248680-UC	01/28/2016	619-239-9988
Chris Mizicko	8012378-UC	06/06/2015	619-239-9988
Billy Hernandez	5254963-UC	04/01/2016	619-239-9988
Mike Karaer	5249087-UC	02/17/2016	619-239-9988
Frank Santos	5256871-UC	03/03/2016	619-239-9988
Demecio Tarango	5258667-UC	05/07/2016	619-239-9988
Anthony Chinchillas	5321996-UC	12/10/2015	619-239-9988
Jarid Martin	5254093-UC	12/04/2015	619-239-9988
Lyndsey Linton	8250971-UC	03/14/2016	619-239-9988
Phillip Givens	8029367-UC	05/20/2015	619-239-9988
Mark Bridgwater	8024403-UC	05/20/2016	619-239-9988
Marty Stevens	8308491-UC	11/25/2016	619-239-9988
Ruben Pena	8293182-UC	10/03/2016	619-239-9988

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www.westernpump.com

 DEH2002-HUPFP-121310

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:** 121310

A. General Information

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

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

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

Make/Model of Monitoring System: VEEDER ROOT/ TLS 300 Date of Testing/Servicing: 2015-03-13

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

Tank ID: T1 DIESEL ☑ In-Tank Gauging Probe. Model: 837390-109 ☑ 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 116-056 ☐ Electronic Line Leak Detector. Model: N/A ☑ Tank Overfill / High-Level Sensor. Model: 837390-109 ☐ 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).
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).	**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 ☑ Dispenser Containment Sensor(s). Model: 794380-208 ☑ 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).
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)*: ☑ System set-up ☑ Alarm history report

Technician Name (print): Gabriel Pedroza Signature: [signature]

Certification No.: 8065373 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: 2015-03-13

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number: _____

Software Version Installed: 16.05

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? *(Check all that apply)* ☑ 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? *(Check all that apply)* ☐ 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: _____

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:

☐ 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? *(Check all that apply)* 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: _____

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

DEH

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: 2015-03-13
Facility Contact: SHAUN MENDOZA	Phone: (858) 695-0666
Date Local Agency Was Notified of Testing : _____	
Name of Local Agency Inspector *(if present during testing)*: MIKE MENESE	

2. TESTING CONTRACTOR INFORMATION

Company Name: Western Pump, Inc.

Technician Conducting Test: Gabriel Pedroza

Credentials[1]: ☐ CSLB Contractor ☑ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*

License Number(s): 8065373

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☑ Hydrostatic ☐ Vacuum ☐ Other

Test Equipment Used: Visual | Equipment Resolution: O TOLERANCE

SPILL BUCKET ID	1	2	3	4
Tank #:	T-1			
Product contained:	DIESEL			
Bucket Installation Type:	☐ Direct Bury ☑ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	15"			
Wait time between applying vacuum/water and start of test:	30 minutes			
Test Start Time (T_I):	0930			
Initial Reading (R_I):	14			
Test End Time (T_F):	1030			
Final Reading (R_F):	14			
Test Duration ($T_F - T_I$):	1 HR			
Change in Reading ($R_F - R_I$):	0			
Pass/Fail Threshold or Criteria:	O tolerance			
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)*

PLACED SPILL CONTAINER TESTING WATER IN PROPER CONTAINER FOR DISPOSAL BY SITE

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:** 2015-03-13

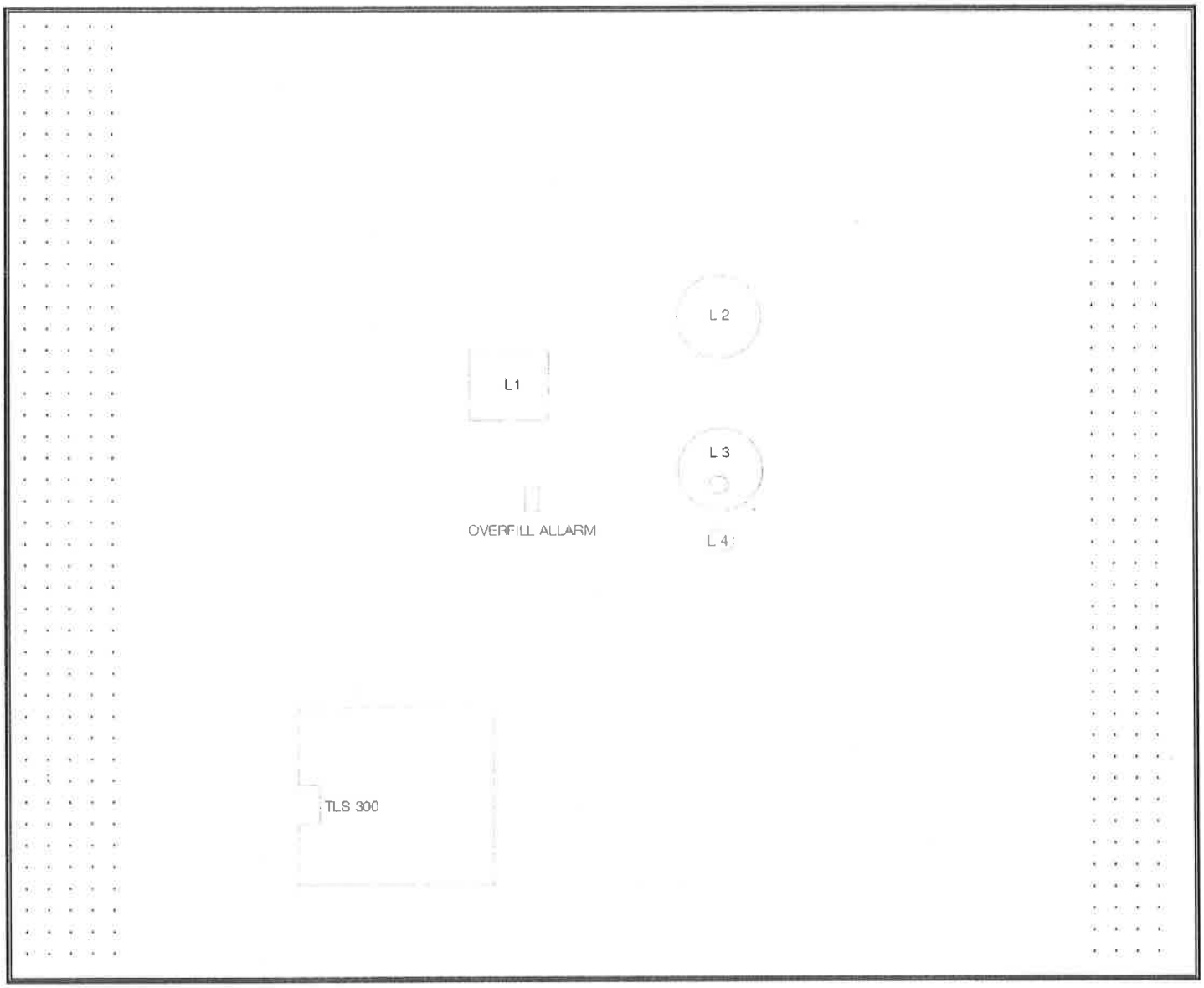
[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: _____

UST Monitoring Site Plan

Site Address: 9245 CAMINO SANTA FE , SAN DIEGO CA 92121



Date map was drawn: 2015-03-13

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.

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:TURBINE SUMP
STP SUMP
SENSOR OUT ALARM
MAR 13, 2015 10:57 AM

FUEL ALARM
MAR 13, 2015 10:34 AM

FUEL ALARM
JUN 25, 2014 5:41 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:FILL SUMP
OTHER SENSORS
SENSOR OUT ALARM
MAR 13, 2015 10:57 AM

FUEL ALARM
MAR 13, 2015 10:47 AM

SENSOR OUT ALARM
MAR 13, 2014 10:35 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:UDC
DISPENSER PAN
SENSOR OUT ALARM
MAR 13, 2015 10:57 AM

FUEL ALARM
MAR 13, 2015 10:33 AM

FUEL ALARM
MAR 13, 2014 11:12 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:ANNULAR
ANNULAR SPACE
SENSOR OUT ALARM
MAR 13, 2015 10:57 AM

FUEL ALARM
MAR 13, 2015 10:49 AM

SENSOR OUT ALARM
MAR 13, 2014 10:35 AM

* * * * * END * * * * *

SOFTWARE REVISION LEVEL
VERSION 16.05
SOFTWARE# 346016-100-F
CREATED - 98.08.21.18.55

S-MODULE# 330161-001-a
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

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 13, 2015 10:53 AM
MAR 13, 2014 10:42 AM
MAR 13, 2013 11:48 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 13, 2015 11:01 AM
MAR 13, 2015 10:51 AM
MAR 13, 2014 12:13 PM

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

DELIVERY NEEDED
MAR 13, 2014 11:00 AM
OCT 19, 2013 12:53 PM
MAR 8, 2011 6:12 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, 2015 11:02 AM
MAR 13, 2013 11:45 AM
MAR 14, 2012 11:17 AM

SYSTEM SETUP
- - - - - - - - - - - - - -
MAR 13, 2015 11:26 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 TC 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 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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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

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

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

WESTERN PUMP, INC.
petroleum & lubrication equipment specialists

County of San Diego Department of Environmental Health

5500 Overland Ave #170
San Diego, CA 92123
(858) 505-6700

SUBJECT SITE: Tiennial SB989 Test Results. Superior Ready Mix, San Diego CA 92121

Dear Michael Manese,

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: March 23rd, 2015

Test Results Overview:

SB989 ☑ Pass ☐ Fail

Western Pump was contracted by the underground storage tank system owner to insure that this facility complies with all of the rules and regulations that govern the operation of underground 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) 487-0671

Sincerely,

Compliance Coordinator
O (619) 487-0671 C (619) 446-9506

Attachments: Triennial SB989 Test Results

Cc: Shawn Mendoza, Mark Bridgewater

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: SUPERIOR READY MIX	Date of Testing: 2015-04-09
Facility Address: 9245 CAMINO SANTA FE SAN DIEGO , CA 92121	**Test Type:**
Facility Contact: Phone: (858) 695-0666	☐ Initial ☐ Repair Test
Date Local Agency Was Notified of Testing:	☐ 6 month ☐ Other:
Name of Local Agency Inspector *(if present during testing)*:	☑ 36 month

2. TESTING CONTRACTOR INFORMATION

Company Name: Western Pump Inc.	
Technician Conducting Test: Jarid Martin	Jaridm@westernpump.com
Credentials: ☑ CSLB Licensed Contractor	☑ SWRCB Licensed Tank Tester
License Type: A , C61 / D40 / HAZ	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	TS-STS	2015-08-09

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
ANNULARS:	☐	☐	☐	☐	FILL SUMPS:	☐	☐	☐	☐
T1-DIESEL	☑	☐	☐	☐	#1- DIESEL	☑	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
PIPING RUNS:	☐	☐	☐	☐		☐	☐	☐	☐
#1-DIESEL (VENT)	☑	☐	☐	☐		☐	☐	☐	☐
#2-DIESEL (PRODUCT)	☑	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
STP SUMPS:	☐	☐	☐	☐		☐	☐	☐	☐
#1- DIESEL	☑	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
UDC'S:	☐	☐	☐	☐		☐	☐	☐	☐
1/2- DIESEL	☑	☐	☐	☐		☐	☐	☐	☐

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

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: 2015-04-09

HM-9169 (02/11)

4. TANK ANNULAR TESTING

Test Method Developed By:	☑ Tank Manufacturer ☑ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*			
Test Method Used:	☐ Pressure ☑ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*			
Test Equipment Used: VACUUM GAUGES			Equipment Resolution: 0-30" H.G.	
	Tank # 1	**Tank #**	**Tank #**	**Tank #**
Is Tank Exempt From Testing?[1]	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:	12,000			
Tank Material:	PLASTEEL			
Tank Manufacturer:	MODERN WELDING			
Product Stored:	#2 CLEAR DIESEL			
Wait time between applying pressure/vacuum/water and starting test:	15 MINUTES			
Test Start Time:	9:45A.M.			
Initial Reading (R_I):	10.00 inHg	inHg	inHg	inHg
Test End Time:	10:45A.M.			
Final Reading (R_F):	10.00 inHg	inHg	inHg	inHg
Test Duration:	1 HOUR			
Change in Reading (R_F-R_I):	0			
Pass/Fail Threshold or Criteria:	0.00	0.00	0.00	0.00
Test Result:	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☐ 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	☐ 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 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☑ Piping Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☑ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: PRESSURE GAUGES		Equipment Resolution: 0-15 P.S.I.	

	Piping Run # 1	Piping Run # 2	Piping Run #	Piping Run #
Piping Material:	FIBERGLASS	FIBERGLASS		
Piping Manufacturer:	AMERON	AMERON		
Piping Diameter:	3"	3"		
Length of Piping Run:	18'	13'		
Product Stored:	#2 CLEAR DIESEL (VENT)	#2 CLEAR DIESEL (PRODUCT)		
Method and location of piping-run isolation:	TEST BOOT	TEST BOOT		
Wait time between applying pressure/vacuum/water and starting test:	15 MINUTES	15 MINUTES		
Test Start Time:	10:00A.M.	10:00A.M.		
Initial Reading (R_I):	5.00 PSI	5.00 PSI	PSI	PSI
Test End Time:	11:00A.M.	11:00A.M.		
Final Reading (R_F):	5.00 PSI	5.00 PSI	PSI	PSI
Test Duration:	1 HOUR	1 HOUR		
Change in Reading (R_F-R_I):	0	0		
Pass/Fail Threshold or Criteria:	0.00	0.00	0.00	0.00
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)*

6. PIPING SUMP TESTING

Test Method Developed By:	☑ Sump Manufacturer ☑ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☐ Vacuum ☑ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used: INCON TS-STS		Equipment Resolution: +/-0.0001	

	Sump # 1	Sump # 1	Sump #	Sump #
Sump Diameter:	42"	42"		
Sump Depth:	47"	47"		
Sump Material:	FIBERGLASS	FIBERGLASS		
Height from Tank Top to Top of Highest Piping Penetration:	17"	17"		
Height from Tank Top to Lowest Electrical Penetration:	16"	16"		
Condition of sump prior to testing:	DIRTY & DRY	DIRTY & DRY		
Portion of Sump Tested[2]	19"	19"		
Does turbine shut down when sump 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 MINUTES	30 MINUTES		
Test Start Time:	11:04	11:20		
Initial Reading (R_I):	3.26820	3.26800		
Test End Time:	11:19	11:35		
Final Reading (R_F):	3.26800	3.26720		
Test Duration:	2 X 15 MINUTES	2 X 15 MINUTES		
Change in Reading (R_F-R_I):	0.0002	0.0008		
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
Test Result:	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ 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	☐ 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: INCON TS-STS		Equipment Resolution: +/-0.0001	

	UDC # 1/2	UDC # 1/2	UDC #	UDC #
UDC Manufacturer:	ENVIRON	ENVIRON		
UDC Material:	PLASTIC	PLASTIC		
UDC Depth:	9"	9"		
Height from UDC Bottom to Top of Highest Piping Penetration:	BOTTOM PENETRATION	BOTTOM PENETRATION		
Height from UDC Bottom to Lowest Electrical Penetration:	BOTTOM PENETRATION	BOTTOM PENETRATION		
Condition of UDC prior to testing:	CLEAN & DRY	CLEAN & DRY		
Portion of UDC Tested[3]	7"	7"		
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	N/A	N/A		
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 MINUTES	30 MINUTES		
Test Start Time:	11:04	11:20		
Initial Reading (R_I):	2.04570	2.04570		
Test End Time:	11:19	11:35		
Final Reading (R_F):	2.04560	2.04430		
Test Duration:	2 X 15 MINUTES	2 X 15 MINUTES		
Change in Reading (R_F-R_I):	0.0001	0.0014		
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
Test Result:	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ 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	☐ 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 <u>any</u> 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:	☑ Sump Manufacturer ☐ Other *(Specify)*	☑ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☑ Hydrostatic	
Test Equipment Used: INCON TS-STS			Equipment Resolution: +/-0.0001	
	Fill Sump # 1	**Fill Sump # 1**	**Fill Sump #**	**Fill Sump #**
Sump Diameter:	42"	42"		
Sump Depth:	47"	47"		
Height from Tank Top to Top of Highest Piping Penetration:	18"	18"		
Height from Tank Top to Lowest Electrical Penetration:	14"	14"		
Condition of sump prior to testing:	CLEAN & DRY	CLEAN & DRY		
Portion of Sump Tested	20"	20"		
Sump Material:	FIBERGLASS	FIBERGLASS		
Wait time between applying pressure/vacuum/water and starting test:	30 MINUTES	30 MINUTES		
Test Start Time:	11:04	11:20		
Initial Reading (R_I):	5.94210	5.94180		
Test End Time:	11:19	11:35		
Final Reading (R_F):	5.94180	5.94160		
Test Duration:	2 x 15 MINUTES	2 x 15 MINUTES		
Change in Reading (R_F-R_I):	0.0003	0.0002		
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
Test Result:	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ 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	☐ Yes ☐ No ☐ NA

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

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA 92121

04/09/2015 11:20 AM

SUMP LEAK TEST REPORT

DSLFILL

TEST STARTED	11:04 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	5.9421 IN
END TIME	11:19 AM
END DATE	04/09/2015
END LEVEL	5.9418 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSL STP

TEST STARTED	11:04 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	3.2682 IN
END TIME	11:19 AM
END DATE	04/09/2015
END LEVEL	3.2680 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

1-2UDC

TEST STARTED	11:04 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	2.0457 IN
END TIME	11:19 AM
END DATE	04/09/2015
END LEVEL	2.0456 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA 92121

04/09/2015 11:35 AM

SUMP LEAK TEST REPORT

DSLFILL

TEST STARTED	11:20 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	5.9418 IN
END TIME	11:35 AM
END DATE	04/09/2015
END LEVEL	5.9416 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSL STP

TEST STARTED	11:20 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	3.2680 IN
END TIME	11:35 AM
END DATE	04/09/2015
END LEVEL	3.2672 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

1-2UDC

TEST STARTED	11:20 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	2.0457 IN
END TIME	11:35 AM
END DATE	04/09/2015
END LEVEL	2.0443 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

WESTERN PUMP, INC.
petroleum & lubrication equipment specialists

County of San Diego Department of Environmental Health

5500 Overland Ave #170
San Diego, CA 92123
(858) 505-6700

SUBJECT SITE: Tiennial SB989 Test Results. Superior Ready Mix, San Diego CA 92121

Dear Michael Manese,

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: March 23rd, 2015

Test Results Overview:

SB989 ☑ Pass ☐ Fail

Western Pump was contracted by the underground storage tank system owner to insure that this facility complies with all of the rules and regulations that govern the operation of underground 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) 487-0671

Sincerely,

Compliance Coordinator
O (619) 487-0671 C (619) 446-9506

Attachments: Triennial SB989 Test Results

Cc: Shawn Mendoza, Mark Bridgewater

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: SUPERIOR READY MIX	Date of Testing: 2015-04-09
Facility Address: 9245 CAMINO SANTA FE SAN DIEGO , CA 92121	**Test Type:**
Facility Contact: Phone: (858) 695-0666	☐ Initial ☐ Repair Test
Date Local Agency Was Notified of Testing:	☐ 6 month ☐ Other:
Name of Local Agency Inspector *(if present during testing)*:	☑ 36 month

2. TESTING CONTRACTOR INFORMATION

Company Name: Western Pump Inc.	
Technician Conducting Test: Jarid Martin	Jaridm@westernpump.com
Credentials: ☑ CSLB Licensed Contractor	☑ SWRCB Licensed Tank Tester
License Type: A , C61 / D40 / HAZ	License Number: 673853

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	TS-STS	2015-08-09

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
ANNULARS:	☐	☐	☐	☐	FILL SUMPS:	☐	☐	☐	☐
T1-DIESEL	☑	☐	☐	☐	#1- DIESEL	☑	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
PIPING RUNS:	☐	☐	☐	☐		☐	☐	☐	☐
#1-DIESEL (VENT)	☑	☐	☐	☐		☐	☐	☐	☐
#2-DIESEL (PRODUCT)	☑	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
STP SUMPS:	☐	☐	☐	☐		☐	☐	☐	☐
#1- DIESEL	☑	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
UDC'S:	☐	☐	☐	☐		☐	☐	☐	☐
1/2- DIESEL	☑	☐	☐	☐		☐	☐	☐	☐

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

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: 2015-04-09

HM-9169 (02/11)

4. TANK ANNULAR TESTING

Test Method Developed By:	☑ Tank Manufacturer ☑ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*			
Test Method Used:	☐ Pressure ☑ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*			
Test Equipment Used: VACUUM GAUGES			Equipment Resolution: 0-30" H.G.	
	Tank # 1	**Tank #**	**Tank #**	**Tank #**
Is Tank Exempt From Testing?[1]	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:	12,000			
Tank Material:	PLASTEEL			
Tank Manufacturer:	MODERN WELDING			
Product Stored:	#2 CLEAR DIESEL			
Wait time between applying pressure/vacuum/water and starting test:	15 MINUTES			
Test Start Time:	9:45A.M.			
Initial Reading (R_I):	10.00 inHg	inHg	inHg	inHg
Test End Time:	10:45A.M.			
Final Reading (R_F):	10.00 inHg	inHg	inHg	inHg
Test Duration:	1 HOUR			
Change in Reading (R_F-R_I):	0			
Pass/Fail Threshold or Criteria:	0.00	0.00	0.00	0.00
Test Result:	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☐ 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	☐ 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 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☑ Piping Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☑ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: PRESSURE GAUGES		Equipment Resolution: 0-15 P.S.I.	

	Piping Run # 1	Piping Run # 2	Piping Run #	Piping Run #
Piping Material:	FIBERGLASS	FIBERGLASS		
Piping Manufacturer:	AMERON	AMERON		
Piping Diameter:	3"	3"		
Length of Piping Run:	18'	13'		
Product Stored:	#2 CLEAR DIESEL (VENT)	#2 CLEAR DIESEL (PRODUCT)		
Method and location of piping-run isolation:	TEST BOOT	TEST BOOT		
Wait time between applying pressure/vacuum/water and starting test:	15 MINUTES	15 MINUTES		
Test Start Time:	10:00A.M.	10:00A.M.		
Initial Reading (R_I):	5.00 PSI	5.00 PSI	PSI	PSI
Test End Time:	11:00A.M.	11:00A.M.		
Final Reading (R_F):	5.00 PSI	5.00 PSI	PSI	PSI
Test Duration:	1 HOUR	1 HOUR		
Change in Reading (R_F-R_I):	0	0		
Pass/Fail Threshold or Criteria:	0.00	0.00	0.00	0.00
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)*

6. PIPING SUMP TESTING

Test Method Developed By:	☑ Sump Manufacturer ☑ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☐ Vacuum ☑ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used: INCON TS-STS		Equipment Resolution: +/-0.0001	

	Sump # 1	Sump # 1	Sump #	Sump #
Sump Diameter:	42"	42"		
Sump Depth:	47"	47"		
Sump Material:	FIBERGLASS	FIBERGLASS		
Height from Tank Top to Top of Highest Piping Penetration:	17"	17"		
Height from Tank Top to Lowest Electrical Penetration:	16"	16"		
Condition of sump prior to testing:	DIRTY & DRY	DIRTY & DRY		
Portion of Sump Tested[2]	19"	19"		
Does turbine shut down when sump 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 MINUTES	30 MINUTES		
Test Start Time:	11:04	11:20		
Initial Reading (R_I):	3.26820	3.26800		
Test End Time:	11:19	11:35		
Final Reading (R_F):	3.26800	3.26720		
Test Duration:	2 X 15 MINUTES	2 X 15 MINUTES		
Change in Reading (R_F-R_I):	0.0002	0.0008		
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
Test Result:	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ 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	☐ 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: INCON TS-STS		Equipment Resolution: +/-0.0001	

	UDC # 1/2	UDC # 1/2	UDC #	UDC #
UDC Manufacturer:	ENVIRON	ENVIRON		
UDC Material:	PLASTIC	PLASTIC		
UDC Depth:	9"	9"		
Height from UDC Bottom to Top of Highest Piping Penetration:	BOTTOM PENETRATION	BOTTOM PENETRATION		
Height from UDC Bottom to Lowest Electrical Penetration:	BOTTOM PENETRATION	BOTTOM PENETRATION		
Condition of UDC prior to testing:	CLEAN & DRY	CLEAN & DRY		
Portion of UDC Tested[3]	7"	7"		
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	N/A	N/A		
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 MINUTES	30 MINUTES		
Test Start Time:	11:04	11:20		
Initial Reading (R_I):	2.04570	2.04570		
Test End Time:	11:19	11:35		
Final Reading (R_F):	2.04560	2.04430		
Test Duration:	2 X 15 MINUTES	2 X 15 MINUTES		
Change in Reading (R_F-R_I):	0.0001	0.0014		
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
Test Result:	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ 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	☐ 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 <u>any</u> 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:	☑ Sump Manufacturer ☐ Other *(Specify)*	☑ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☑ Hydrostatic	
Test Equipment Used: INCON TS-STS			Equipment Resolution: +/-0.0001	
	Fill Sump # 1	**Fill Sump # 1**	**Fill Sump #**	**Fill Sump #**
Sump Diameter:	42"	42"		
Sump Depth:	47"	47"		
Height from Tank Top to Top of Highest Piping Penetration:	18"	18"		
Height from Tank Top to Lowest Electrical Penetration:	14"	14"		
Condition of sump prior to testing:	CLEAN & DRY	CLEAN & DRY		
Portion of Sump Tested	20"	20"		
Sump Material:	FIBERGLASS	FIBERGLASS		
Wait time between applying pressure/vacuum/water and starting test:	30 MINUTES	30 MINUTES		
Test Start Time:	11:04	11:20		
Initial Reading (R_I):	5.94210	5.94180		
Test End Time:	11:19	11:35		
Final Reading (R_F):	5.94180	5.94160		
Test Duration:	2 x 15 MINUTES	2 x 15 MINUTES		
Change in Reading (R_F-R_I):	0.0003	0.0002		
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
Test Result:	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ 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	☐ Yes ☐ No ☐ NA

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

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA 92121

04/09/2015 11:20 AM

SUMP LEAK TEST REPORT

DSLFILL

TEST STARTED	11:04 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	5.9421 IN
END TIME	11:19 AM
END DATE	04/09/2015
END LEVEL	5.9418 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSL STP

TEST STARTED	11:04 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	3.2682 IN
END TIME	11:19 AM
END DATE	04/09/2015
END LEVEL	3.2680 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

1-2UDC

TEST STARTED	11:04 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	2.0457 IN
END TIME	11:19 AM
END DATE	04/09/2015
END LEVEL	2.0456 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO CA 92121

04/09/2015 11:35 AM

SUMP LEAK TEST REPORT

DSLFILL

TEST STARTED	11:20 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	5.9418 IN
END TIME	11:35 AM
END DATE	04/09/2015
END LEVEL	5.9416 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSL STP

TEST STARTED	11:20 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	3.2680 IN
END TIME	11:35 AM
END DATE	04/09/2015
END LEVEL	3.2672 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

1-2UDC

TEST STARTED	11:20 AM
TEST STARTED	04/09/2015
BEGIN LEVEL	2.0457 IN
END TIME	11:35 AM
END DATE	04/09/2015
END LEVEL	2.0443 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

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 Superior Ready Mix Concrete, L.P.
(Business name, business address, and correspondence address of owner or operator)
1508 W. 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 (Dollar Amount) per occurrence and $10,000 (Dollar Amount) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

See Attachment
(Name and address of each facility for which financial responsibility is being demonstrated.)
Superior Ready Mix Concrete, L.P. 9245 Camino Santa Fe, San Diego, CA 92121

1. Amount of annual aggregate coverage being assured by this letter..... $ 10,000
2. Total tangible assets..... $ _____
3. Total liabilities..... $ _____
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... $ 10,000,000

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, CA
(Place of Execution)

On March 12, 2015
(Date)

Richard Brouwer
(Signature)

Richard Brouwer
(Printed Name)

C.F.O.
(Title)

UST 02FR revised 4/95

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: 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 FXIDV ☐ Electronic Line Leak Detector. Model: ____ ☑ Tank Overfill / High-Level Sensor. Model: 847390-109 ☐ 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).
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).	**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 ☑ Dispenser Containment Sensor(s). Model: 794380-208 ☑ 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).
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)*: ☑ System set-up ☑ Alarm history report

Technician Name (print): Jeff Cooper 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/Servicing

Permit Number: _____

Software Version Installed: 16.05

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? *(Check all that apply)* ☑ 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? *(Check all that apply)* ☐ 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: _____

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:

☐ 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? *(Check all that apply)* 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: _____

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:** ☐ Pressure; ☐ Vacuum

Sensor ID	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J, below)*

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]: ☑ CSLB Contractor ☑ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____

License Number(s): A22278

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☑ Hydrostatic ☐ Vacuum ☐ 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:	☐ Direct Bury ☑ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ 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:	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **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:** 2016-03-08

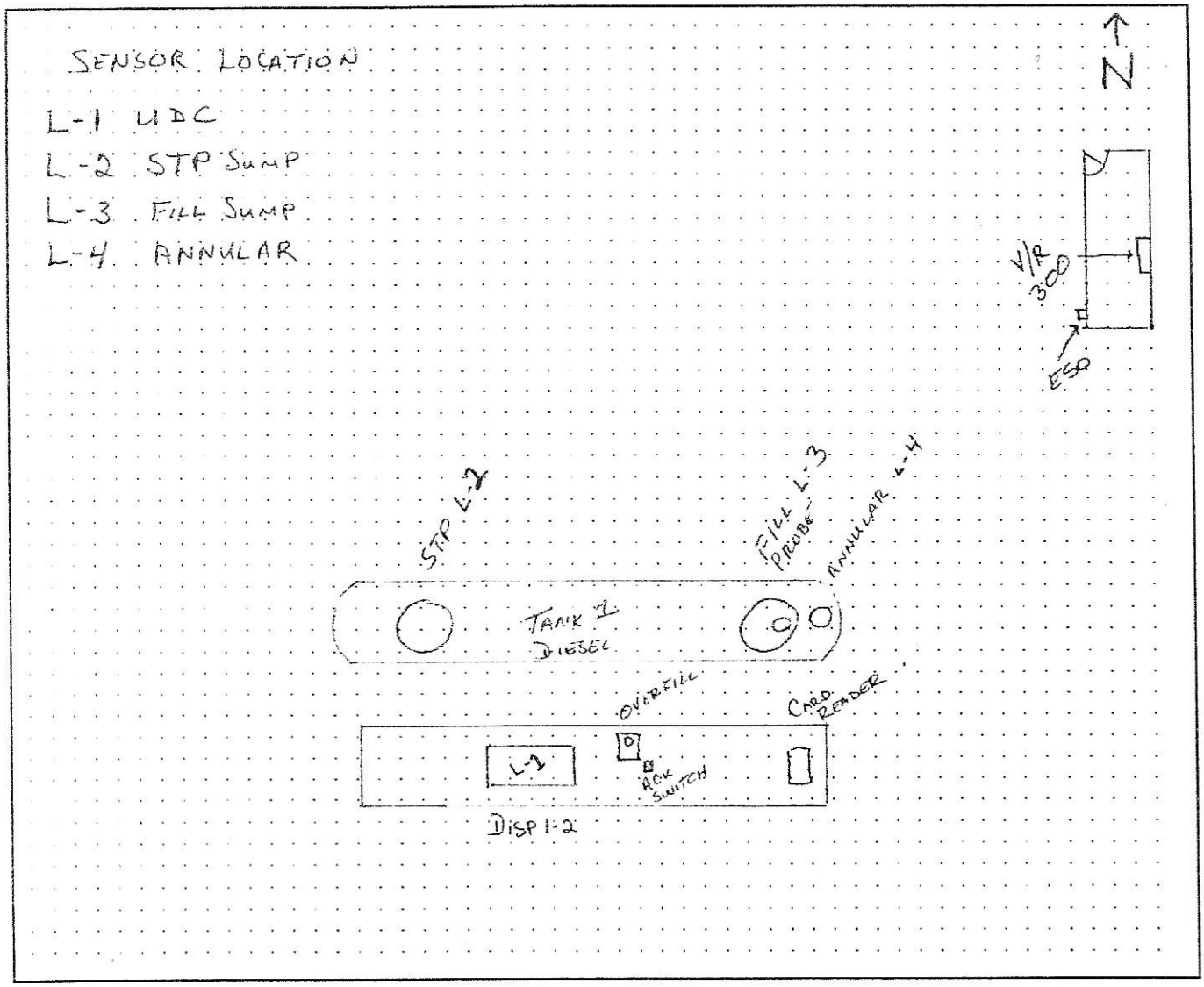
[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

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.

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 TC 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

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 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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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

* * * * * END * * * * *

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 * * * * *

September 15 - October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

COUNTY OF SAN DIEGO

UPFP INSPECTION CHECKLIST

INSPECTION DATE: **03/08/2016**
RECORD ID #: **DEH2002-HUPFP-121310**
TIME START: **12:55 PM** END: **2:30 PM**
SPECIALIST: **Anastasiya Irkhin**
INSPECTION CONTACT: **Shawn Mendoza**
TITLE: **Environmental Coordinator**
PHONE: **(760) 497-6958**
E-MAIL: **smendoza@superiorrm.com**

FACILITY NAME: **SUPERIOR READY MIX**
ADDRESS: **9245 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO** **/92121**

FACILITY REFERENCE DATA

ACCELA

RECORD STATUS: Expired
PERMIT EXPIRATION DATE: 06/30/2015
BALANCE DUE: $1,886.00
INSPECTOR: Anastasiya Irkhin
INSPECTION TYPE: Routine
INSPECTION STATUS: Complete

CERS

EPA ID NUMBER: CAL000114184
FACILITY CERS ID NUMBER: 10387912
CERS LEAD USER: shawn mendoza
LAST CERS SUBMITTAL DATE: 02/19/2016
ENVIRONMENTAL CONTACT EMAIL: smendoza@superiorrm.com
ENVIRONMENTAL CONTACT PHONE: 7607450556

FACILITY INFORMATION

	YES	NO		YES	NO
INACTIVATION INSPECTION:	☐	☒	HAZARDOUS MATERIALS:	☒	☐
CHANGE OF OWNER:	☐	☒	HAZARDOUS WASTE:	☒	☐
CHANGE IN BUSINESS TYPE:	☐	☒	ABOVEGROUND PETROLEUM STORAGE ACT:*	☒	☐
BUSINESS TYPE: UST - Non Retail - With Repair Service			TOTAL SHELL CAPACITY APSA:	5720	
ISSUE INITIAL INVOICE:	☐	☒	UNDERGROUND STORAGE TANK:	☒	☐
ASSESS NON-NOTIFICATION FEE:	☐	☒	CALARP PROGRAM (CERS):	☐	☒
ASSESS RE-INSPECTION FEE:	☐	☒	CALARP PROGRAM LEVEL: 1 2 3 **N/A**		
FACILITY SUBJECT TO BASE FEE:	☒	☐	MEDICAL WASTE:	☐	☒
FACILITY SUBJECT TO CUPA FEE:	☒	☐	MW FACILITY GENERATING OVER 200 LBS PER MONTH:	☐	☒
UPDATE FACILITY ADDRESS IN AA:	☐	☒	EPIC PARTICIPANT:	☐	☒
			NUMBER OF TLV GASES AT THE FACILITY:	0	

HW GENERATOR STATUS : LQG **SQG** CESQG RCRA LQG N/A

TIERED PERMIT LEVEL(S) : CESQT CESW CE-L CE-CL HHW PBR CA **N/A**

PRIMARY BILLING CODE	SECONDARY BILLING CODE	TERTIARY BILLING CODE
Not Applicable	Not Applicable	Not Applicable

INSPECTION SCOPE:

HAZARDOUS MATERIALS: GEN HAZMAT APSA **UST**

HAZARDOUS WASTE: SQG LQG

MEDICAL WASTE: SQG SQG - TREATS LQG LQG - ABBREVIATED LQG - 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: Shawn Mendoza TITLE: Environmental Coordinator

REMOVE BLANK CHECKLISTS FROM FINAL INSPECTION REPORT ☒ REFUSED TO SIGN ☐

INSPECTION REPORT EMAILS:
John.Misleh@sdcounty.ca.gov,Anastasiya.Irkhin@sdcounty.ca.gov

RECORD COMMENT:

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME: **SUPERIOR READY MIX**
ADDRESS: **9245 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO** /**92121**

INSPECTION DATE: **03/08/2016** PAGE **1** OF **2**
RECORD ID #: **DEH2002-HUPFP-121310**
TIME START: **12:55 PM** END: **2:30 PM**
SPECIALIST: **Anastasiya Irkhin**
INSPECTION CONTACT: **Shawn Mendoza**
TITLE: **Environmental Coordinator**
PHONE: **(760) 497-6958**
E-MAIL: **smendoza@superiorrm.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	
☒	☐	Unified Program Facility Permit Current	☒	☐	Contingency Plan Available ☐ LQG ☒ SQG
☒	☐	Hazardous Materials Business Plan Available	☒	☐	Employee Training Records Available
☒	☐	Employee Training is Adequate	☐	☒	Universal Waste Managed Properly
☒	☐	Waste Disposal Records Available for Review	☐	☒	Waste Containers ☐ Closed ☐ Labeled
☒	☐	Emergency Contacts Current ☐ Updated today	☐	☒	Waste Containers in Good Condition
☒	☐	Chemical Inventory/Map Current ☐ Updated today			Permit Expires On 06/30/2015

CONSENT TO CONDUCT INSPECTION GRANTED BY: Shawn Mendoza TITLE: Environmental Coordinator

INTRODUCTION:

An annual UST monitoring certification inspection was conducted today with Shawn Mendoza, Superior Ready Mix, and Jeff Cooper, Western Pump Technician.

Verified Jeff Cooper's certifications (ICC: 813067 exp: 8/19/2016) & (Veeder Root A22278 exp: 6/16/2016)

UST training provided by Martin Stevens on 3/7/2016 per training records reviewed on-site during inspection.

Records reviewed: Alarm history, monthly designated operator inspection records, owner/operator statement, maintenance records, annual monitoring certifications on file & financial responsibility documentation.

SB989 secondary containment testing performed 4/09/2015 and passed.

Facility has one UST on this permit location for diesel fuel and one dispenser.
A) All sensors tested and passed.
B) Overfill tested and passed.
C) Spill bucket tested and passed.
D) Mechanical line leak detector tested and passed at 3gph leak test at 10psi.
E) Fail safe and sensor out tested and passed.

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

COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

• 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 **Shawn Mendoza**	SIGNATURE		DATE SIGNED **03/08/2016**
TITLE OF FACILITY REPRESENTATIVE **Environmental Coordinator**			

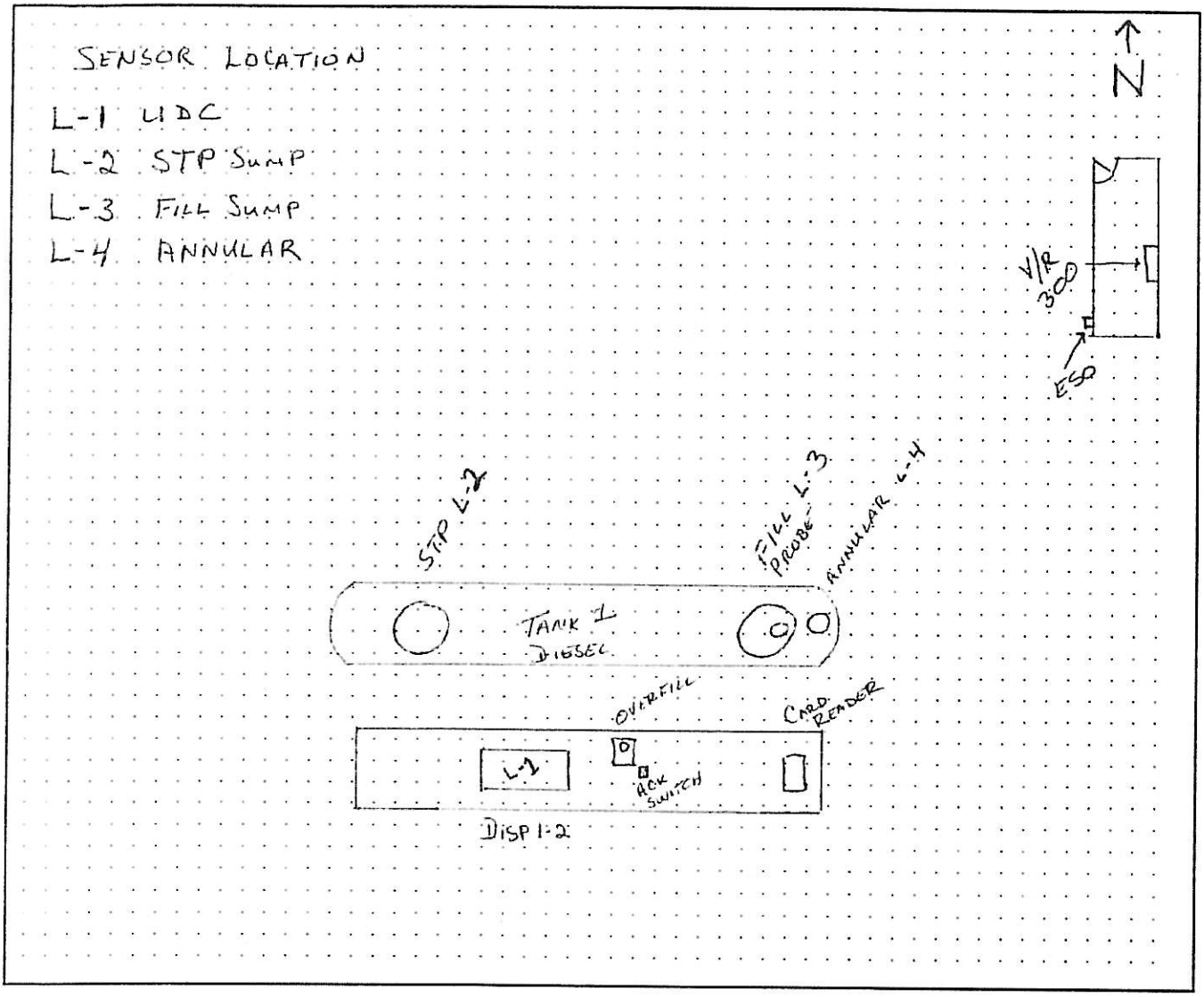
Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
Phone: (858) 505-6880 http://www.sdcdeh.org

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address:



Date map was drawn: 3-13-14

Instructions

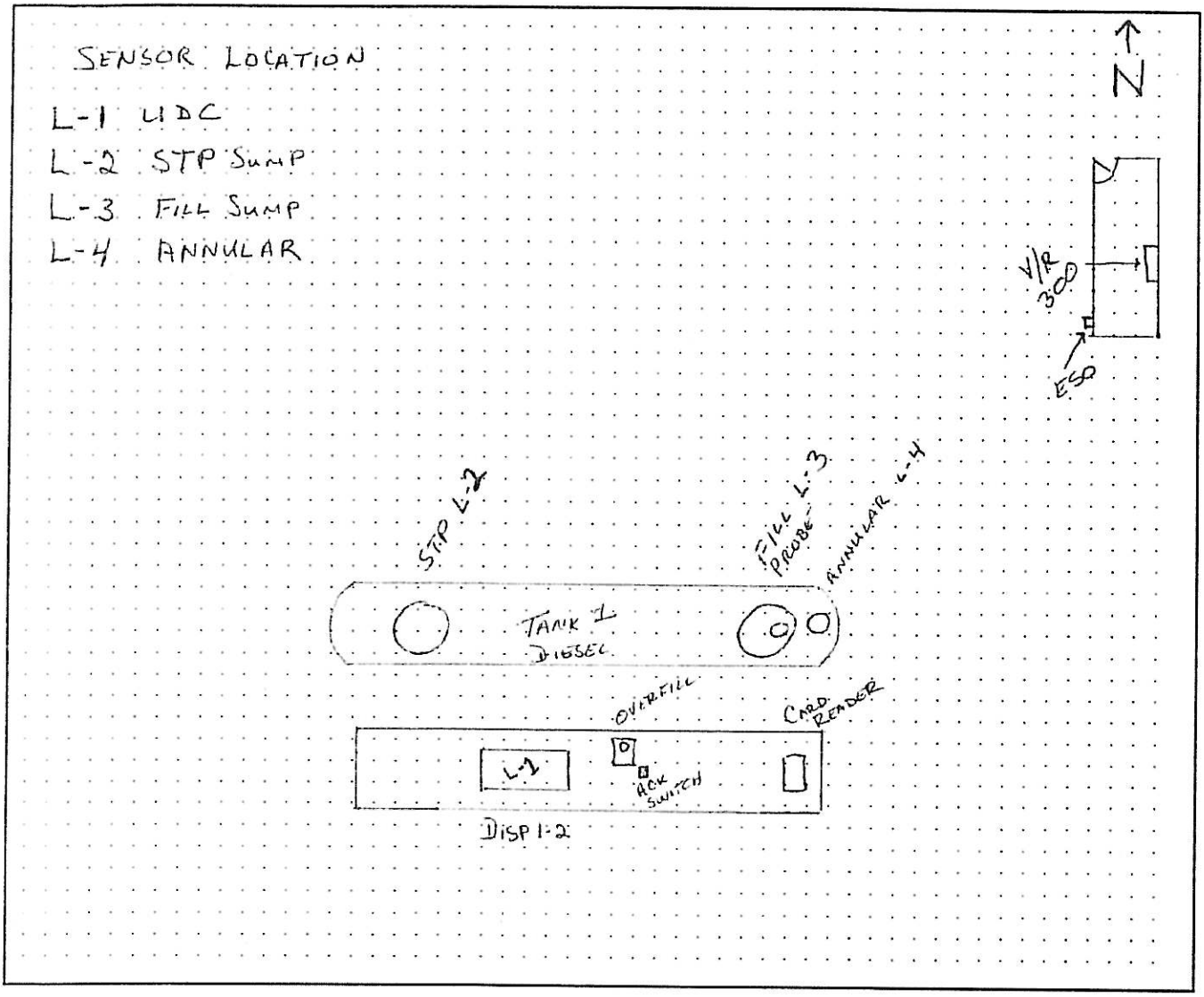
If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system 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.

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.

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
[X] 1 million dollars per occurrence

AND

[X] 1 million dollars annual aggregate
or
[ ] 2 million dollars annual aggregate

B. Superior Ready Mix Concrete (Name of Tank Owner or Operator) *hereby certifies that it is in compliance with the requirements of Section 2807, 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 Cleanup Fund P.O. Box 944212 Sacramento, CA 94244-2126	N/A For UST Fund	$990,000 per occurrance and annual aggregate	continuous	yes	yes
Chief Financial Officer Letter	Superior Ready Mix Concrete L.P. 1508 W Mission Rd. Escondido, CA 92029	N/A For this mechanism	$10,000 per occurrence and annual aggregate	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	Facility Address
Superior Ready Mix Concrete L.P.	9245 Camino Santa Fe San Diego, CA 92121
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
[signature]	3/12/15	Arnold Veldkamp, Secretary
Signture of Witness or Notary	**Date**	**Name of Witness or Notary**
Richard Brouwer	3/12/15	Richard Brouwer, CFO

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

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 2 1 3 1 0

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) R02: Superior Ready Mix Concrete, L.P.

BUSINESS SITE ADDRESS R03: 9245 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
R10 Absorbents, PADS	R20 Maintenance Shops	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	TITLE
R40 Garret Brouwer	R50 Vice President
R41 Shawn Mendoza	R51 Environmental Coordinator
R42	R52
R43	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):

#121310

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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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 R70
	4 / 20 / 09
OWNER/OPERATOR NAME (print) R71	OWNER/OPERATOR TITLE R72
SHAWN MEDOZA	Environmental Coordinator

(Agency Use Only) This plan has been reviewed and is: ☑ Approved ☐ Approved With Conditions* ☐ Disapproved

Local Agency Signature: M Nsm Date: 5 / 18 / 09

Conditions of approval (if any).

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: CHRIS MIZICKO Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8012378-uc	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-05-27
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: PHILLIP GIVENS Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8029367-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-07-15
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x 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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3/26/10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: JEFF LANE Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248680-UC	Expiration Date: 2012-01-06
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MARK BURCHARD Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249086-UC	Expiration Date: 2011-11-03
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: ANTHONY CHINCHILLAS Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5321996-UC	Expiration Date: 2010-10-28

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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT **OWNER'S PHONE #:** (760) 745-0556

Return this completed form to: **HMD-Designated UST Operator**
P.O. Box 129261, San Diego, CA 92112-9261

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: KEVIN COOK Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5268581-UC	Expiration Date: 2010-05-13
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: JEFF COOPER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248582-UC	Expiration Date: 2010-06-02
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MIKE DAVIDSON Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 8002367-UC	Expiration Date: 2011-12-10

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.

SHAWN MONDEZA for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: (760) 945-0556

Return this completed form to: HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: VERN SABIN Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5250326-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-01-14
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: DANIEL MITCHELL Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8020131-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-11-24
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MARK BRIDGWATER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5248680-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2010-11-20

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.

SHAWN MENDOZA For Superior Ready Mix **DATE:** 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

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 Superior Ready Mix Concrete, L.P.
(Business name, business address, and correspondence address of owner or operator)
1508 W. 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 (Dollar Amount) per occurrence and $10,000 (Dollar Amount) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

See Attachment
(Name and address of each facility for which financial responsibility is being demonstrated.)
Superior Ready Mix Concrete, L.P. 9245 Camino Santa Fe, San Diego, CA 92121

1. Amount of annual aggregate coverage being assured by this letter..... $ 10,000
2. Total tangible assets..... $ _____
3. Total liabilities..... $ _____
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... $ 10,000,000

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, CA
(Place of Execution)

On March 12, 2015
(Date)

Richard Brouwer
(Signature)

Richard Brouwer
(Printed Name)

C.F.O.
(Title)

UST 02FR revised 4/95

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: CHRIS MIZICKO Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8012378-uc	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-05-27
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: PHILLIP GIVENS Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8029367-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-07-15
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x 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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3/26/10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: JEFF LANE Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248680-UC	Expiration Date: 2012-01-06
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MARK BURCHARD Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249086-UC	Expiration Date: 2011-11-03
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: ANTHONY CHINCHILLAS Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5321996-UC	Expiration Date: 2010-10-28

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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT **OWNER'S PHONE #:** (760) 745-0556

Return this completed form to: **HMD-Designated UST Operator**
P.O. Box 129261, San Diego, CA 92112-9261

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: KEVIN COOK Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5268581-UC	Expiration Date: 2010-05-13
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: JEFF COOPER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248582-UC	Expiration Date: 2010-06-02
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MIKE DAVIDSON Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 8002367-UC	Expiration Date: 2011-12-10

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.

SHAWN MONDEZA for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: (760) 945-0556

Return this completed form to: HMD-Designated UST Operator
P.O. Box 129261, San Diego, CA 92112-9261

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: VERN SABIN Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5250326-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-01-14
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: DANIEL MITCHELL Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8020131-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-11-24
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MARK BRIDGWATER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5248680-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2010-11-20

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.

SHAWN MENDOZA For Superior Ready Mix **DATE:** 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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 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
http://www.sdcdeh.org

Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (760) 497-6958 x
City: SAN DIEGO, CA	Zip Code: 92121-

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: MART STEVENS

Business Name *(If different from above)*: WESTERN PUMP INC.

Designated Operator's Phone #: (619) 239-9988 x

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #: 8308491-UC

Expiration Date: 2016-11-25

ALTERNATE 1 ***(Optional)***

Designated Operator's Name: PLEASE REFER TO ALTERNATE LIST

Business Name *(If different from above)*:

Designated Operator's Phone #:

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #:

Expiration Date:

ALTERNATE 2 ***(Optional)***

Designated Operator's Name: PLEASE REFER TO ALTERNATE LIST

Business Name *(If different from above)*:

Designated Operator's Phone #:

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #:

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.

Shaun Mendoza / Superior Ready Mix
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 3 / 13 / 13

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

HM-9174 (03/11)

WESTERN PUMP, INC.

petroleum & lubrication equipment specialists

MEMBER PEI

Designated Operator Alternate List

Name	ICC Cert #	Expiration Date	Phone
Mark Burchard	5249086-UC	10/15/2015	619-239-9988
Craig Courtney	8016998-UC	04/16/2016	619-239-9988
Mike Davidson	8002367-UC	12/03/2015	619-239-9988
Phil Givens	8029367-UC	07/14/2016	619-239-9988
Jeff Lane	5248680-UC	01/28/2016	619-239-9988
Chris Mizicko	8012378-UC	06/06/2015	619-239-9988
Billy Hernandez	5254963-UC	04/01/2016	619-239-9988
Mike Karaer	5249087-UC	02/17/2016	619-239-9988
Frank Santos	5256871-UC	03/03/2016	619-239-9988
Demecio Tarango	5258667-UC	05/07/2016	619-239-9988
Anthony Chinchillas	5321996-UC	12/10/2015	619-239-9988
Jarid Martin	5254093-UC	12/04/2015	619-239-9988
Lyndsey Linton	8250971-UC	03/14/2016	619-239-9988
Phillip Givens	8029367-UC	05/20/2015	619-239-9988
Mark Bridgwater	8024403-UC	05/20/2016	619-239-9988
Marty Stevens	8308491-UC	11/25/2016	619-239-9988
Ruben Pena	8293182-UC	10/03/2016	619-239-9988

3235 "F" Street • San Diego, CA 92102-3315 • (619) 239-9988 • Fax (619) 239-9925
www.westernpump.com

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 MENDOZA Contact Phone No.: (858) 695-0666

Make/Model of Monitoring System: VEEDER ROOT TLS 300 Date of Testing/Servicing: 2017-03-08

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

Tank ID: T-1 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: FX1DV ☐ 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:** ____ ☐ 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: ____ ☐ 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:** ____ ☐ 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:** ____ ☐ 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).	**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)*: ☑ System set-up ☑ Alarm history report

Technician Name (print): John Navarro Signature: John Navarro

Certification No.: B4255967 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: 2017-03-08

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number: _____

Software Version Installed: 16.05

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? *(Check all that apply)* ☑ 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? *(Check all that apply)* ☐ 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:

REPLACED MECHANICAL LEAK DETECTOR FXIDV. WITNESSED BY INSPECTOR WITH PASSING RESULTS. WATER WAS REMOVED FROM STP SUMP AND LEFT ON SITE FOR PROPER DISPOSAL BY CUSTOMER. SENSOR WAS FOUND IN CENTER OF SUMP WHEN MANWAY WAS OPENED.SENSOR WAS PLACED AT LOW POINT OF SUMP AFTER REMOVAL OF WATER.

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:

☐ 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? *(Check all that apply)* 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: _____

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:** ☐ Pressure; ☐ Vacuum

Sensor ID	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J, below)*

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: 2017-03-08
Facility Contact: SHAWN MENDOZA	Phone: (858) 695-0666
Date Local Agency Was Notified of Testing : _____	
Name of Local Agency Inspector *(if present during testing):* DARREN THAI	

2. TESTING CONTRACTOR INFORMATION

Company Name: Western Pump, Inc.

Technician Conducting Test: John Navarro

Credentials[1]: ☑ CSLB Contractor ☑ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____

License Number(s): B4255967

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☑ Hydrostatic ☐ Vacuum ☑ Other VISUAL

Test Equipment Used: TAPE MEASURE	Equipment Resolution: +\-/16"

SPILL BUCKET ID	**1**	**2**	**3**	**4**
Tank #:	1- DIESEL			
Product contained:	DIESEL			
Bucket Installation Type:	☐ Direct Bury ☑ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ 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):	10:00			
Initial Reading (R_I):	7.25			
Test End Time (T_F):	11:0			
Final Reading (R_F):	7.25			
Test Duration ($T_F - T_I$):	1HOUR			
Change in Reading ($R_F - R_I$):	0			
Pass/Fail Threshold or Criteria:	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)*

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: John Navarro **Date:** 2017-03-08

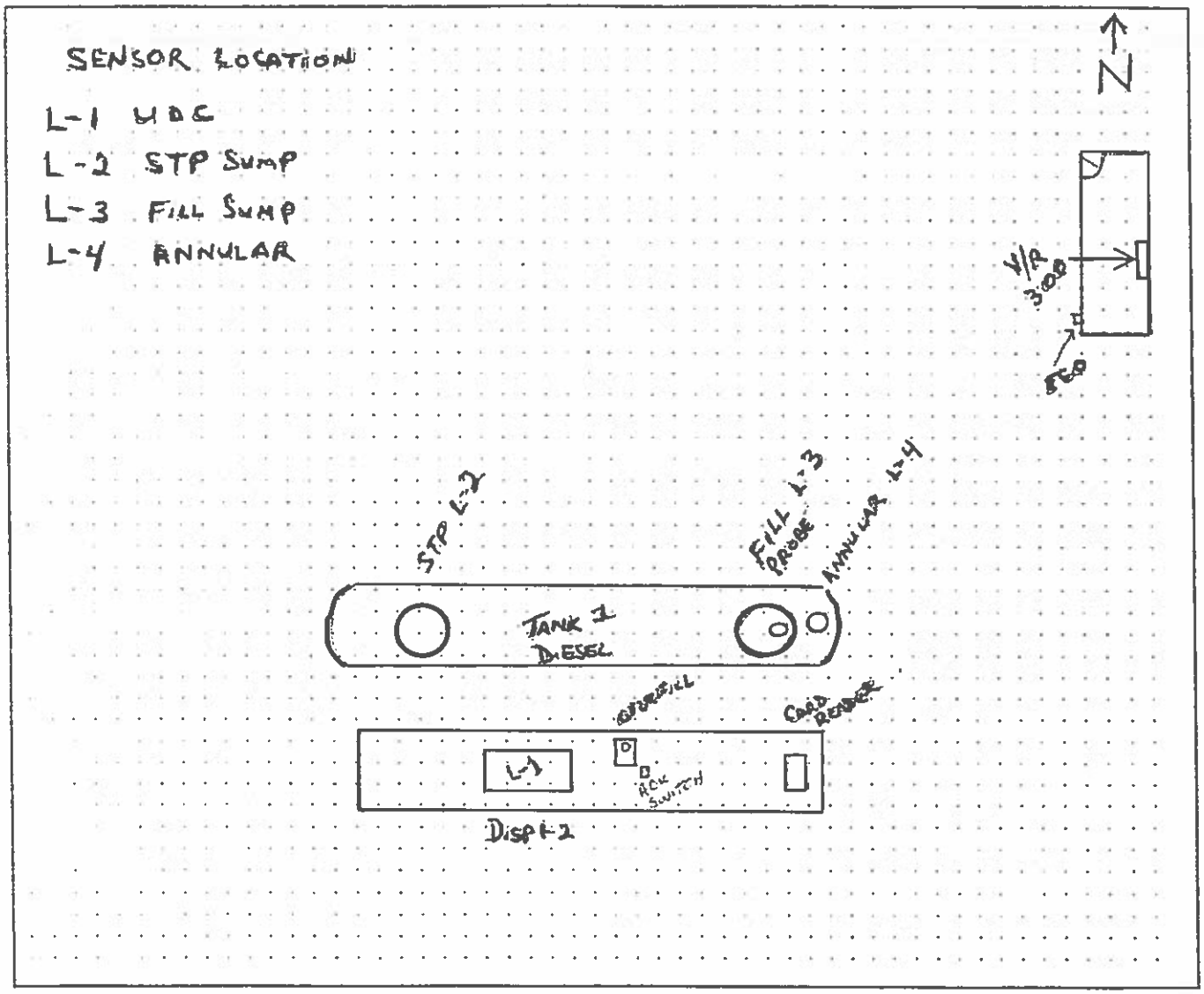
[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address



Date map was drawn: 03/08/2017

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.

SYSTEM SETUP
- - - - - - - - - - - - - -
MAR 8. 2017 9:04 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS AM

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 TC 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 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%
: 10828
HIGH PRODUCT : 95%
: 11430
DELIVERY LIMIT : 15%
: 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

----- SYSTEM ALARM -----
PAPER OUT
JUL 7. 2016 10:10 AM
PRINTER ERROR
JUL 7. 2016 10:10 AM
BATTERY IS OFF
JAN 1. 1996 8:00 AM
SYS SECURITY WARNING
DEC 23. 2016 9:14 AM
CLOCK IS INCORRECT
APR 1. 2007 3:01 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:UDC
DISPENSER PAN
SENSOR OUT ALARM
MAR 8. 2017 10:09 AM

FUEL ALARM
MAR 8. 2017 9:54 AM

SENSOR OUT ALARM
MAR 8. 2016 3:37 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:TURBINE SUMP
STP SUMP
SENSOR OUT ALARM
MAR 8. 2017 10:09 AM

FUEL ALARM
MAR 8. 2017 9:53 AM

FUEL ALARM
FEB 27. 2017 11:26 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:FILL SUMP
OTHER SENSORS
SENSOR OUT ALARM
MAR 8. 2017 10:09 AM

FUEL ALARM
MAR 8. 2017 9:45 AM

FUEL ALARM
DEC 23. 2016 9:35 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:ANNULAR
ANNULAR SPACE
SENSOR OUT ALARM
MAR 8. 2017 10:09 AM

FUEL ALARM
MAR 8. 2017 9:40 AM

SENSOR OUT ALARM
MAR 8. 2016 3:37 PM

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. 2017 9:47 AM
MAR 8. 2016 3:40 PM
APR 16. 2015 12:41 PM

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. 2017 9:48 AM
MAR 8. 2017 9:44 AM
MAR 8. 2016 3:41 PM

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

DELIVERY NEEDED
OCT 13. 2016 5:23 AM
NOV 12. 2015 11:34 AM
MAY 21. 2015 6:34 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 8. 2017 9:50 AM
MAR 13. 2015 11:02 AM
MAR 13. 2013 11:45 AM

* * * * * END * * * * *

COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

FACILITY NAME: SUPERIOR READY MIX
ADDRESS: 9245 CAMINO SANTA FE
CITY/ZIP: SAN DIEGO /92121

INSPECTION DATE: 03/08/2017
RECORD ID #: DEH2002-HUPFP-121310
SPECIALIST: Darren Thai
INSPECTION CONTACT: Shawn Mendoza
TITLE: Environmental Coordinator
PHONE: (760) 745-0556
E-MAIL: smendoza@superiorrm.com

VIOL#	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)	DUE DATE
#1 2060015	03/08/2017	Corrected during inspection	04/07/2017
#2 1010004	03/08/2017	Corrected during inspection	04/07/2017
#3 HMD1005	03/08/2017	Corrected during inspection	04/07/2017
#4 HMD0224	04/3/2017	Properly disposed of all unlabeled, empty containers NOT IN USE, and labeled remaining containers with date emptied	04/07/2017
#5 3030010	03/24/2017	All waste products picked up by Aeshany Environmental	04/07/2017

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
SHAWN MENDOZA		4/11/17
TITLE OF FACILITY REPRESENTATIVE: ENV. COORDINATOR		

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW

COUNTY OF SAN DIEGO USE ONLY

REVIEWED BY: Darren Thai DATE: 04/11/2017

SPECIALIST'S COMMENTS:

- [x] All violations noted on date listed above were corrected
- [x] Based On Information Provided By The Facility
- [ ] Based On Field Verification By Specialist
- [x] RTC entered by Specialist on: 04/11/2017
- [ ] RTC entered by Office Assistant on: _____

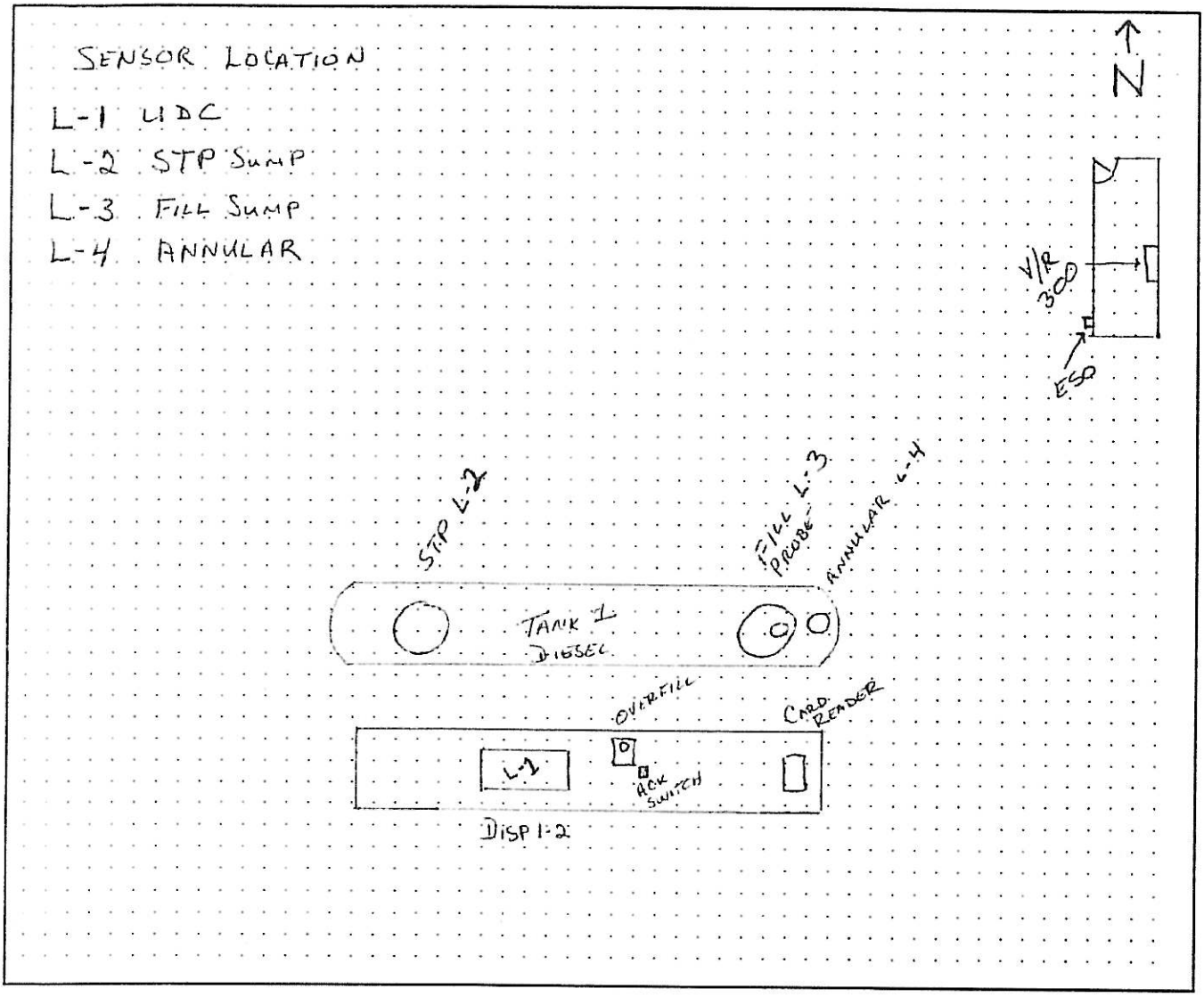
Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
http://www.sdcdeh.org 858-505-6880

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number:

UST Monitoring Site Plan

Site Address:



Date map was drawn: 3-13-14

Instructions

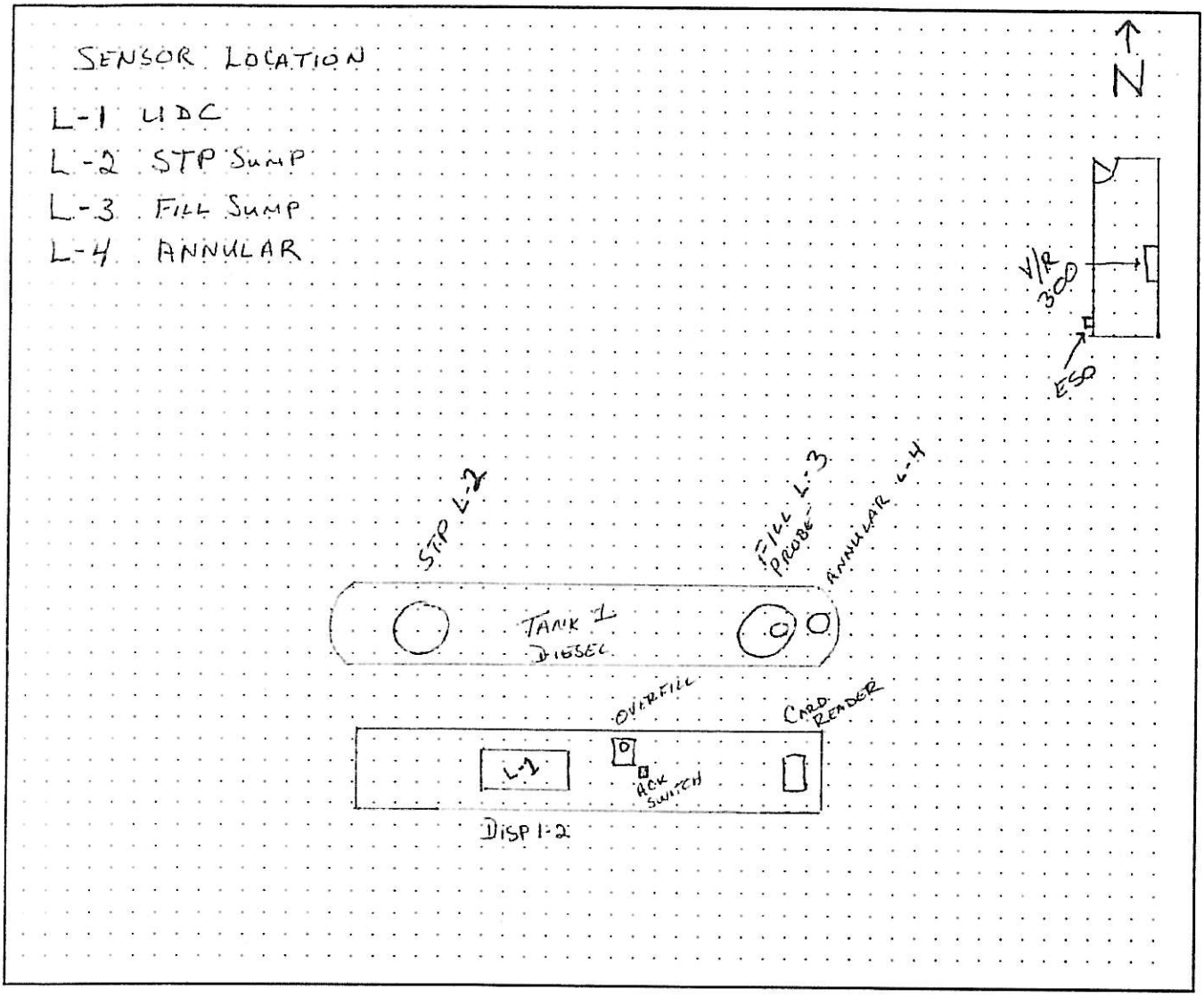
If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system 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.

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.

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. Superior Ready Mix Concrete *(Name of Tank Owner or Operator)* *hereby certifies that it is in compliance with the requirements of Section 2807, 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 Cleanup Fund P.O. Box 944212 Sacramento, CA 94244-2126	N/A For UST Fund	$990,000 per occurrance and annual aggregate	continuous	yes	yes
Chief Financial Officer Letter	Superior Ready Mix Concrete L.P. 1508 W. Mission Rd. Escondido, CA 92029	N/A For this mechanism	$10,000 per occurrence and annual aggregate	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	Facility Address
Superior Ready Mix Concrete L.P.	9245 Camino Santa Fe San Diego, CA 92121
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
[signature]	3/6/17	Arnold Veldkamp, Secretary
Signture of Witness or Notary	**Date**	**Name of Witness or Notary**
Richard Brouwer	3/6/17	Richard Brouwer, CFO

CFR (Revised 11/08) FILE: Original - Local Agency Copies - Facility/Site(s)

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 Superior Ready Mix Concrete, L.P.
(Business name, business address, and correspondence address of owner or operator)

1508 W. Mission Rd., 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 (Dollar Amount) per occurrence and $10,000 (Dollar Amount) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

See Attachment
(Name and address of each facility for which financial responsibility is being demonstrated.)

Superior Ready Mix Concrete, L.P. 9245 Camino Santa Fe, San Diego, CA 92121

1.	Amount of annual aggregate coverage being assured by this letter.....	$ 10,000
2.	Total tangible assets.....	$
3.	Total liabilities.....	$
4.	Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1).....	$ 10,000,000

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, CA
(Place of Execution)

On 3/6/17
(Date)

Richard Brouwer
(Signature)

Richard Brouwer
(Printed Name)

C.F.O.
(Title)

UST 02FR revised 4/95

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

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 2 1 3 1 0

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) R02: Superior Ready Mix Concrete, L.P.

BUSINESS SITE ADDRESS R03: 9245 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
R10 Absorbents, PADS	R20 Maintenance Shops	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	TITLE
R40 Garret Brouwer	R50 Vice President
R41 Shawn Mendoza	R51 Environmental Coordinator
R42	R52
R43	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):

#121310

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

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 R70
	4 / 20 / 09
OWNER/OPERATOR NAME (print) R71	OWNER/OPERATOR TITLE R72
SHAWN MEDOZA	Environmental Coordinator

(Agency Use Only) This plan has been reviewed and is: ☑ Approved ☐ Approved With Conditions* ☐ Disapproved

Local Agency Signature: M Nsm Date: 5 / 18 / 09

Conditions of approval (if any).

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: SUPERIOR READY MIX	Facility Permit #: 1 2 1 3 1 0
Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: CHRIS MIZICKO Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8012378-uc	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-05-27
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: PHILLIP GIVENS Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8029367-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-07-15
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x 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.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3/26/10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

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Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: JEFF LANE Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248680-UC	Expiration Date: 2012-01-06
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MARK BURCHARD Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249086-UC	Expiration Date: 2011-11-03
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: ANTHONY CHINCHILLAS Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5321996-UC	Expiration Date: 2010-10-28

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Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT **OWNER'S PHONE #:** (760) 745-0556

Return this completed form to: **HMD-Designated UST Operator**
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City: SAN DIEGO	Zip Code: 92121-

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: KEVIN COOK Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5268581-UC	Expiration Date: 2010-05-13
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: JEFF COOPER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248582-UC	Expiration Date: 2010-06-02
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MIKE DAVIDSON Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 8002367-UC	Expiration Date: 2011-12-10

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SHAWN MONDEZA for Superior Ready Mix Concrete, L.P. DATE: 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

OWNER'S PHONE #: (760) 945-0556

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Designation of Underground Storage Tank (UST) Operator

UST Owner Statement of Understanding and Compliance with UST Requirements

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Facility Address: 9245 CAMINO SANTA FE	Phone: (858) 695-0666
City: SAN DIEGO	Zip Code: 92121-

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: VERN SABIN Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5250326-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-01-14
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: DANIEL MITCHELL Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8020131-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-11-24
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MARK BRIDGWATER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5248680-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2010-11-20

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SHAWN MENDOZA For Superior Ready Mix **DATE:** 3 / 26 / 10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

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 Superior Ready Mix Concrete, L.P.
(Business name, business address, and correspondence address of owner or operator)

1508 W. Mission Rd., 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 (Dollar Amount) per occurrence and $10,000 (Dollar Amount) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

See Attachment
(Name and address of each facility for which financial responsibility is being demonstrated.)

Superior Ready Mix Concrete, L.P. 9245 Camino Santa Fe, San Diego, CA 92121

1.	Amount of annual aggregate coverage being assured by this letter.....	$ 10,000
2.	Total tangible assets.....	$
3.	Total liabilities.....	$
4.	Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1).....	$ 10,000,000

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, CA
(Place of Execution)

On 3/6/17
(Date)

Richard Brouwer
(Signature)

Richard Brouwer
(Printed Name)

C.F.O.
(Title)

UST 02FR revised 4/95

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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City: SAN DIEGO	Zip Code: 92121-

Reason for Submitting this Form *(Check One)* ☐ Initial Certification ☐ Change of Designated Operator ☒ Certificate Renewal

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ALTERNATE 1 ***(Optional)*** Designated Operator's Name: PHILLIP GIVENS Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8029367-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-07-15
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #:	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date:

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Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Shawn Mendoza for Superior Ready Mix Concrete, L.P. DATE: 3/26/10
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

OWNER'S PHONE #: (760) 745-0556

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

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Reason for Submitting this Form *(Check One)* ☐ **Initial Certification** ☐ **Change of Designated Operator** ☒ **Certificate Renewal**

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PRIMARY DESIGNATED UST OPERATOR Designated Operator's Name: JEFF LANE Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248680-UC	Expiration Date: 2012-01-06
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: MARK BURCHARD Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5249086-UC	Expiration Date: 2011-11-03
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: ANTHONY CHINCHILLAS Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5321996-UC	Expiration Date: 2010-10-28

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SIGNATURE OF TANK OWNER OR OWNER'S AGENT **OWNER'S PHONE #:** (760) 745-0556

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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: KEVIN COOK Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5268581-UC	Expiration Date: 2010-05-13
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: JEFF COOPER Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party
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International Code Council Certification #: 8002367-UC	Expiration Date: 2011-12-10

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SIGNATURE OF TANK OWNER OR OWNER'S AGENT

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Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR Designated Operator's Name: VERN SABIN Business Name *(If different from above)*: WESTERN PUMP, INC. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5250326-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-01-14
ALTERNATE 1 ***(Optional)*** Designated Operator's Name: DANIEL MITCHELL Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 8020131-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2011-11-24
ALTERNATE 2 ***(Optional)*** Designated Operator's Name: MARK BRIDGWATER Business Name *(If different from above)*: Western Pump Inc. Designated Operator's Phone #: (619) 239-9988 x International Code Council Certification #: 5248680-UC	Relation to UST Facility (Check One) ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party Expiration Date: 2010-11-20

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OWNER'S PHONE #: (760) 745-0556

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COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
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Facility Address: 9245 CAMINO SANTA FE	Phone: (760) 497-6958 x
City: SAN DIEGO, CA	Zip Code: 92121-

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: MART STEVENS

Business Name *(If different from above)*: WESTERN PUMP INC.

Designated Operator's Phone #: (619) 239-9988 x

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #: 8308491-UC

Expiration Date: 2016-11-25

ALTERNATE 1 ***(Optional)***

Designated Operator's Name: PLEASE REFER TO ALTERNATE LIST

Business Name *(If different from above)*:

Designated Operator's Phone #:

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #:

Expiration Date:

ALTERNATE 2 ***(Optional)***

Designated Operator's Name: PLEASE REFER TO ALTERNATE LIST

Business Name *(If different from above)*:

Designated Operator's Phone #:

Relation to UST Facility (Check One): ☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☒ Third-Party

International Code Council Certification #:

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.

Shaun Mendoza / Superior Ready Mix
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)

DATE: 3 / 13 / 13

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

HM-9174 (03/11)

WESTERN PUMP, INC.

petroleum & lubrication equipment specialists

MEMBER PEI

Designated Operator Alternate List

Name	ICC Cert #	Expiration Date	Phone
Mark Burchard	5249086-UC	10/15/2015	619-239-9988
Craig Courtney	8016998-UC	04/16/2016	619-239-9988
Mike Davidson	8002367-UC	12/03/2015	619-239-9988
Phil Givens	8029367-UC	07/14/2016	619-239-9988
Jeff Lane	5248680-UC	01/28/2016	619-239-9988
Chris Mizicko	8012378-UC	06/06/2015	619-239-9988
Billy Hernandez	5254963-UC	04/01/2016	619-239-9988
Mike Karaer	5249087-UC	02/17/2016	619-239-9988
Frank Santos	5256871-UC	03/03/2016	619-239-9988
Demecio Tarango	5258667-UC	05/07/2016	619-239-9988
Anthony Chinchillas	5321996-UC	12/10/2015	619-239-9988
Jarid Martin	5254093-UC	12/04/2015	619-239-9988
Lyndsey Linton	8250971-UC	03/14/2016	619-239-9988
Phillip Givens	8029367-UC	05/20/2015	619-239-9988
Mark Bridgwater	8024403-UC	05/20/2016	619-239-9988
Marty Stevens	8308491-UC	11/25/2016	619-239-9988
Ruben Pena	8293182-UC	10/03/2016	619-239-9988

3235 "F" Street • San Diego, CA 92102-3315 • (619) 239-9988 • Fax (619) 239-9925
www.westernpump.com

September 15 - October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

COUNTY OF SAN DIEGO

UPFP INSPECTION CHECKLIST

INSPECTION DATE: **03/08/2017**
RECORD ID #: **DEH2002-HUPFP-121310**
TIME START: **8:50 AM** END: **1:15 PM**
SPECIALIST: **Darren Thai**
INSPECTION CONTACT: **Shawn Mendoza**
TITLE: **Environmental Coordinator**
PHONE: **(760) 745-0556**
E-MAIL: **smendoza@superiorrm.com**

FACILITY NAME: **SUPERIOR READY MIX**
ADDRESS: **9245 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO** **/92121**

FACILITY REFERENCE DATA

ACCELA

RECORD STATUS: Permit Renewed
PERMIT EXPIRATION DATE: 06/30/2017
BALANCE DUE: $0.00
INSPECTOR: Darren Thai
INSPECTION TYPE: Routine
INSPECTION STATUS: Pending Corrective Action

CERS

EPA ID NUMBER: CAL000114184
FACILITY CERS ID NUMBER: 10387912
CERS LEAD USER: shawn mendoza
LAST CERS SUBMITTAL DATE: 04/30/2016
ENVIRONMENTAL CONTACT EMAIL: smendoza@superiorrm.com
ENVIRONMENTAL CONTACT PHONE: 7607450556

FACILITY INFORMATION

	YES	NO		YES	NO
INACTIVATION INSPECTION:	☐	☒	HAZARDOUS MATERIALS:	☒	☐
CHANGE OF OWNER:	☐	☒	HAZARDOUS WASTE:	☒	☐
CHANGE IN BUSINESS TYPE:	☐	☒	ABOVEGROUND PETROLEUM STORAGE ACT:*	☒	☐
BUSINESS TYPE: UST - Non Retail - With Repair Service			TOTAL SHELL CAPACITY APSA:	5620	
ISSUE INITIAL INVOICE:	☐	☒	UNDERGROUND STORAGE TANK:	☒	☐
ASSESS NON-NOTIFICATION FEE:	☐	☒	CALARP PROGRAM (CERS):	☐	☒
ASSESS RE-INSPECTION FEE:	☐	☒	CALARP PROGRAM LEVEL:	1 2 3	N/A
FACILITY SUBJECT TO BASE FEE:	☒	☐	MEDICAL WASTE:	☐	☒
FACILITY SUBJECT TO CUPA FEE:	☒	☐	MW FACILITY GENERATING OVER 200 LBS PER MONTH:	☐	☒
UPDATE FACILITY ADDRESS IN AA:	☐	☒	EPIC PARTICIPANT:	☐	☒
BUSINESS CLOSE DATE:			NUMBER OF TLV GASES AT THE FACILITY:	0	

HW GENERATOR STATUS : LQG | SQG | **CESQG** | RCRA LQG | N/A

TIERED PERMIT LEVEL(S) : CESQT | CESW | CE-L | CE-CL | HHW | PBR | CA | **N/A**

PRIMARY BILLING CODE	SECONDARY BILLING CODE	TERTIARY BILLING CODE
Not Applicable	Not Applicable	Not Applicable

INSPECTION SCOPE:*

HAZARDOUS MATERIALS: **GEN HAZMAT** | **APSA** | **UST**

HAZARDOUS WASTE: **SQG** | LQG

MEDICAL WASTE: SQG | SQG - TREATS | LQG | LQG - ABBREVIATED | LQG - 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: Shawn Mendoza TITLE: Environmental Coordinator

REMOVE BLANK CHECKLISTS FROM FINAL INSPECTION REPORT ☐ REFUSED TO SIGN ☐

September 15 - October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 11, 2017

COUNTY OF SAN DIEGO

UPFP INSPECTION CHECKLIST

FACILITY NAME: **SUPERIOR READY MIX**
ADDRESS: **9245 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO** **/92121**

INSPECTION DATE: **03/08/2017**
RECORD ID #: **DEH2002-HUPFP-121310**
TIME START: **8:50 AM** END: **1:15 PM**
SPECIALIST: **Darren Thai**
INSPECTION CONTACT: **Shawn Mendoza**
TITLE: **Environmental Coordinator**
PHONE: **(760) 745-0556**
E-MAIL: **smendoza@superiorrm.com**

INSPECTION REPORT EMAILS:

Darren.Thai@sdcounty.ca.gov,mscheele@superiorrm.com

RECORD COMMENT:

Annual monitoring certification and routine inspection (HMBP, HW, APSA) conducted 03/08/2017. Violations cited: Empty containers not labeled, waste accumulated too long. Violations corrected on site: Sensor not at lowest point, chemical inventory incomplete, emergency contacts not updated, HW labels

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME: **SUPERIOR READY MIX**
ADDRESS: **9245 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO** /**92121**

INSPECTION DATE: **03/08/2017** PAGE **1** OF **11**
RECORD ID #: **DEH2002-HUPFP-121310**
TIME START: **8:50 AM** END: **1:15 PM**
SPECIALIST: **Darren Thai**
INSPECTION CONTACT: **Shawn Mendoza**
TITLE: **Environmental Coordinator**
PHONE: **(760) 745-0556**
E-MAIL: **smendoza@superiorrm.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	
☒	☐	Unified Program Facility Permit Current	☒	☐	Contingency Plan Available ☐ LQG ☒ SQG
☒	☐	Hazardous Materials Business Plan Available	☒	☐	Employee Training Records Available
☒	☐	Employee Training is Adequate	☒	☐	Universal Waste Managed Properly
☒	☐	Waste Disposal Records Available for Review	☒	☐	Waste Containers ☒ Closed ☒ Labeled
☒	☐	Emergency Contacts Current ☒ Updated today	☒	☐	Waste Containers in Good Condition
☒	☐	Chemical Inventory/Map Current ☒ Updated today			Permit Expires On 06/30/2017

CONSENT TO CONDUCT INSPECTION GRANTED BY: Shawn Mendoza TITLE: Environmental Coordinator

INTRODUCTION:

An annual monitoring certification for underground storage tank (UST) requirements and a routine inspection for hazardous materials, hazardous waste, and Aboveground Petroleum Storage Act (APSA) regulations was conducted with the consent of Shawn Mendoza, Environmental Coordinator. Mike Scheele, Plant Manager, was also present for today's inspection. This business manufactures concrete. At the time of inspection, this business is subject to hazardous materials business plan (HMBP) reporting requirements, is currently a conditionally exempt small quantity generator (CESQG) of hazardous waste, and is currently subject to APSA and UST management regulations.

The following items were observed during today's inspection:

-Mudslide/sandstorm concrete cleaner (hydroxyacetic acid)
-Lubricating oil, various grades
-Concrete additives:
- Eucon NW
- Eucon X15
- Eucon SRA Floor
- Accelguard NCA
- Plastol
- Eucon DS

-Moxie water repellent
-Diesel Exhaust Fluid (DEF)
-Ethylene glycol
-Used oil
-Waste antifreeze
-Used oily absorbent

This facility also maintains large outdoor tanks for new motor oil and waste oil. Per Shawn Mendoza and Mike Scheele, these tanks are empty and no longer in use.

COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

Annual underground storage tank monitoring certification conducted by Mark Bridgwater and John Navarro of Western Pump.

VIOLATION # 1
2060015 (RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a)

Underground Storage Tanks: 26971

Classification: Class II

Observations:
Water from a recent rain event (<5 gallons) was observed in the turbine sump of the tank. Water was present on both low points of the sump. Alarms were not triggered for this water intrusion. The sump sensor was observed hanging from a pipe in the sump such that the bottom of the sensor hung above the apex of the curvature of the underground storage tank, and did not make contact with the low point of the sump. Designated Underground Storage Tank Operator (DUSTO) reports from the past year indicated that the sensor was always at the lowest point in the sump, and alarm history indicated no alarms being triggered since last year's monitoring certification.. Per Shawn Mendoza and Mike Scheele, Superior Ready Mix personnel do not ever open the tank covers.

This violation was previously cited during an inspection dated 03/13/2014.

Corrective Action Completed During Inspection:
The rainwater was removed from the sump and handled as a hazardous waste. The sump sensor was replaced at the lowest point in the sump.

VIOLATION # 2
1010004 Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)(1); 25506; 25507; and 25508(a)(1)(A)

Classification: Class II

Observations:
Prior to today's inspection, none of the concrete additives detailed in the introduction nor the Moxie water repellent were reported through this facility's hazardous materials inventory through the California Environmental Reporting System. NFPA labels affixed to the concrete additive tanks indicated health hazards of 1, and fire hazards of 1 for some items. A review of the Safety Data Sheet for Moxie water repellent revealed acute health hazards and a high pH for this material.

Corrective Action Completed During Inspection:
The above items were added to this facility's reported inventory through CERS. Concrete additives are already present on this business's site map.

VIOLATION # 3
HMD1005 Emergency contact not provided or current. HSC 25508.1(f)

Classification: Class II

Observations:
Prior to today's inspection, per Shawn Mendoza and Mike Scheele, the primary emergency contact as declared through CERS no longer works at this location as of January 2017.

Corrective Action Completed During Inspection:
This business's emergency contact information was updated through CERS to include Mike Scheele, Plant Manager, as the new primary emergency contact.

VIOLATION # 4
HMD0224 Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 22 CCR 66261.7(e),(f)

COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

Classification: Minor

Observations:
A significant number (greater than 5) of empty containers without marked dates were observed being stored throughout the facility, notably in the now-unused maintenance shop.

Corrective Action Due By:04/07/2017
Immediately label all empty containers larger than 5 gallons with the date on which that container was emptied, and manage all empty containers within 1 year of empty date. **Within 30 days**, provide certification to Hazardous Materials Division that corrective actions have been achieved by completing and submitting the Corrective Action Form to Document Return to Compliance found on the last page of this report.

VIOLATION # 5
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)

Classification: Minor

Observations:
The container for waste antifreeze was labeled with an accumulation start date of 03/12/2014. The container for oily absorbent was labeled with an accumulation start date of 05/05/2015. This facility has accumulated hazardous waste beyond allowed accumulation times for this facility's generator status.

Corrective Action Due By:04/07/2017
Immediately schedule a pickup of all hazardous waste that has been accumulated beyond allowed accumulation times with your registered hazardous waste hauler. **Within 30 days**, provide certification to Hazardous Materials Division that corrective actions have been achieved by completing and submitting the Corrective Action Form to Document Return to Compliance found on the last page of this report **along with the generator's copy manifest for this hazardous waste pickup**.

INSPECTION REMARKS:
1) The mechanical line leak detector failed during today's inspection. A new line leak detector was obtained and installed at the time of inspection, which passed. Please update your CERS submittal with the model number and information of this new leak detector, along with information on the model number on your Automatic Tank Gauge (ATG).

2) There is currently a significant amount of water (no less than 3 inches in depth) in the secondary containment area designated for the now-empty motor oil and waste oil tanks. Secondary containment for petroleum-based materials must remain free of debris, per your Spill Prevention Control and Countermeasures (SPCC) Plan and APSA requirements. **Please remove all water and debris from this area immediately.**

3) Employee training documentation reviewed up to 2016. Per Shawn Mendoza, employee training covering HMBP and SPCC spill response is conducted on an annual basis every March.

4) DUSTO records reviewed. Maintain DUSTO records on site available for review dating back 3 years.

5) Hazardous waste manifests reviewed. Maintain documentation of proper hazardous waste disposal available for review dating back 3 years.

6) EPA ID number verified active: CAL000114184

7) An updated Chief Financial Officer (CFO) letter from 2016-2017 was on site available for review. **Please upload this updated document to CERS, taking care to first remove any outdated versions.**

8) Secondary containment testing last completed 04/09/2015.

COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

9) Observed that the hazardous waste label for used oily absorbent was missing the generator's address, contents, and hazardous properties. This information was added to the label at the time of inspection - minor violation corrected on site.

10) One container of lubricating oil and one tote of Moxie were observed without labels clearly indicating the contents of the containers. Be advised that containers with new, usable materials must be labeled with the contents **within 10 days** of discovery. The containers were marked with the contents at the time of inspection.

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

PRINTED NAME OF FACILITY REPRESENTATIVE **Mike Scheele**	SIGNATURE		DATE SIGNED **03/08/2017**
TITLE OF FACILITY REPRESENTATIVE **Plant 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

Handlers of Hazardous Materials and Small and Large Quantity Generators of Hazardous Waste

INSPECTION DATE: **03/08/2017** PAGE **5** OF **11**
RECORD ID #: **DEH2002-HUPFP-121310**

FACILITY NAME: *SUPERIOR READY MIX
ADDRESS: * 9245 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
	☐	1010001 HMBP not established/ implemented. HSC 25505(a) and 25507(a)
	☐	1010002 HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC 25404(e)(4); 27 CCR 15188(a), (d)
	☐	1010003 Business Activities and/or Business Owner/Operator Identification not completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4)
2	☒	1010004 Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)(1); 25506; 25507; and 25508(a)(1)(A)
	☐	1010005 Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and 25508(a)(1)(A)
	☐	1010006 HMBP not updated to reflect inventory changes or facility information. HSC 25508.1(a-e)
	☐	1010007 HMBP not updated to reflect substantial change to the handler's operations. HSC 25508.1(f)
	☐	1010008 HMBP not certified annually as complete and accurate in CERS. HSC 25508.2
	☐	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)
	☐	1010011 Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1
	☐	1010012 Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1
	☐	1010014 Failure to submit emergency response plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A)
	☐	1010015 Failure to submit employee training plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A)
	☐	1010016 HMBP not established or submitted in CERS, when not meeting the remote site exemption. HSC 25507.2 and 25508(a)(1)(A)
	☐	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)
	☐	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)
	☐	1040001 Hazardous materials release or threatened release not reported to the CUPA and OES immediately upon discovery. HSC 25510(a)
	☐	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)
	☐	HMD 1001 Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905
3	☒	HMD 1005 Emergency contact not provided or current. HSC 25508.1(f)
	☐	HMD 1007 Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b)
	☐	HMD 1008 Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c)
	☐	HMD 1013 HMBP not readily available for review. HSC 25505(c)

Hazardous Waste Requirements for SQGs ONLY

	☐	HMD 0226 Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2).) 22 CCR 66262.34(d)(2)
	☐	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)

HM-923 (03-15)

Hazardous Waste Requirements for SQGs ONLY (continued)

#		VIOLATION DESCRIPTION
	☐	3030007 Failed to properly label/date hazardous waste container and/or tank. 22 CCR 66262.34(f)
5	☒	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)
	☐	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)
	☐	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)
	☐	3030017 Failed to properly close hazardous waste container(s). (40 CFR 262.34(d)(2); 265.173.) 22 CCR 66262.34(d)(2)
	☐	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)
	☐	3030022 Failed to properly separate incompatible waste. (40 CFR 262.34(d)(2); 265.177.) 22 CCR 66262.34(d)(2)
	☐	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)
	☐	3030036 Failed to maintain adequate aisle space. (40 CFR 262.34(d)(4); 265.35.) 22 CCR 66262.34(d)(2)
	☐	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)
	☐	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)
	☐	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)
	☐	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

	☐	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)
	☐	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)
	☐	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)
	☐	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)
	☐	3050007 Failed to properly decontaminate and document closure of a hazardous waste tank system. (40 CFR 265.201(f).) 22 CCR 67383.3
	☐	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)
	☐	HMD 1614 Failed to pre-notify the CUPA in writing prior to closing a hazardous waste tank system. 22 CCR 67383.3(a)(1)
	☐	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)

Hazardous Waste Requirements for SQGs and LQGs
RECORD KEEPING/OPERATIONAL REQUIREMENTS

#		VIOLATION DESCRIPTION
	☐	3010001 Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905
	☐	3010029 The facility has not submitted complete and accurate facility information in CERS. HSC 25404(e)(4); 27 CCR 15188(b)
	☐	3010002 Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12
	☐	3010008 Failed to properly complete a uniform hazardous waste manifest. 22 CCR 66262.23(a)
	☐	3010009 Failed to complete the hazardous waste manifest Exception Requirement. 22 CCR 66262.42
	☐	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)
	☐	3010011 Failed to send hazardous waste manifest copies to the Department of Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4)
	☐	3010013 Failed to meet the consolidated manifesting requirements for waste shipment. HSC 25160.2; 22 CCR 66262.40(a)
	☐	3010014 Failed to retain disposal records of spent lead batteries for 3 years. 22 CCR 66266.81(a)(4)(B)
	☐	3030006 Failed to determine if a hazardous waste is restricted or prohibited from land disposal. 22 CCR 66268.7(a)
	☐	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)
	☐	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
	☐	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)
	☐	HMD 0140 Failed to have Land Disposal Restriction documentation onsite for 3 years. 22 CCR 66268.7(a)(8)
	☐	3250005 Failed to obtain a Treatment, Storage and Disposal Facility (TSDF) permit or authorization to store/treat/dispose of hazardous waste. HSC 25201(a)
	☐	3050005 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g)
	☐	3210001 Failed to notify the CUPA in CERS for onsite hazardous waste treatment/tiered permitting. HSC 25201(a)
	☐	HMD 0138 Manifest signed by the TSDF not available for inspection. 22 CCR 66262.40(a)

Hazardous Waste Requirements for SQGs and LQGs
DISPOSAL AND TRANSPORTATION

	☐	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)
	☐	3030005 Failed to make a proper waste determination. 22 CCR 66262.11, 66262.40(c)
	☐	3050001 Failed to use a California registered hazardous waste transporter to transport hazardous waste. HSC 25163(a); 22 CCR 66263.41
	☐	3050002 Failed to properly dispose of hazardous waste at an authorized facility. HSC 25189.5(a); 25189(c),(d); 25189.2(c)
	☐	3130002 Impermissible dilution of hazardous waste. 22 CCR 66268.3(a)
	☐	HMD 0305 Disposed of used oil illegally. HSC 25250.5(a); 25189.5(a); 25189(c),(d); 25189.2(c)
	☐	HMD 0306 Disposed of hazardous waste latex paint improperly. HSC 25217.1

Hazardous Waste Requirements for SQGs and LQGs
STORAGE AND HANDLING

#		VIOLATION DESCRIPTION
	☐	3030001 Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1)
	☐	3030003 Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b)
	☐	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
	☐	3050004 Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c)
	☐	HMD 0222 Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a).
	☐	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)
	☐	HMD 0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f)
	☐	HMD 0219 Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6)
	☐	HMD 0221 Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e)
	☐	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)
4	☒	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

	☐	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)
	☐	3020002 Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c),(d)
	☐	3020003 Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a),(b)
	☐	3030008 Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34
	☐	3030011 Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b)
	☐	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)
	☐	3030051 Failed to meet the accumulation standards for universal waste aerosol containers and waste handling. HSC 25201.16(f)
	☐	3040004 Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5
	☐	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: **03/08/2017** PAGE **7** OF **11**
RECORD ID #: **DEH2002-HUPFP-121310**

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
☐ 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)
☐ 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)
☐ 4010032	Failed to submit a tank facility statement or update/certify business plan annually. HSC 25270.6(a)(1) or (a)(2)
☐ 4010033	Failed to pay the APSA program fee or obtain Unified Program Facility Permit. HSC 25270.6(b), SDCC 68.905
☐ 4040001	Failed to immediately, upon discovery, report a one-barrel (42 gallons) or greater release of petroleum. HSC 25270.8
☐ 4010038	Failed to report required program data electronically. HSC 25404(e)(4), HSC 25270.6(b), SDCC 68.905
☐ 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

☐ 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)
☐ 4010003	Failed to have a professional engineer certify and review the SPCC Plan. (40 CFR 112.3(d).) HSC 25270.4.5(a)
☐ 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)
☐ 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)
☐ 4010009	Failed to perform a 5-year review of the SPCC Plan. (40 CFR 112.5(b).) HSC 25270.4.5(a)
☐ 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

☐ 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)
☐ 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)
☐ 4010014	Failed to discuss alternative environmental protection to SPCC requirements within SPCC Plan. (40 CFR 112.7(a)(2).) HSC 25270.4.5(a)
☐ 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)
☐ 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
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)

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).) HSC25270.4.5(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)

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: **03/08/2017** PAGE **9** OF **11**
RECORD ID #: **DEH2002-HUPFP-121310**

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: **03/08/2017** PAGE **10** OF **11**
RECORD ID #: **DEH2002-HUPFP-121310**

UST Tank (DW/SW) Requirements

#		VIOLATION DESCRIPTION
	☐	2030001 (RD) Failure to maintain leak detection alarm logs and/or maintain records of appropriate follow-up actions. 23 CCR 2632, 2634
	☐	2030059 Failure to maintain UST system in accordance with exclusion/ exemption status. HSC 25281.6, 25283.5
	☐	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)
	☐	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)
	☐	2060006 Failure of secondary containment piping to slope back to the collection sump. 23 CCR 2636
	☐	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)
	☐	2060010 (RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291
	☐	2060019 Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665
	☐	2030007 Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j)
	☐	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
	☐	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
	☐	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
1	☒	2060015 (RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a)
	☐	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)
	☐	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)
	☐	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)
	☐	2030022 Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648
	☐	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
	☐	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
	☐	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
	☐	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
	☐	2030060 Failure to maintain entry fitting such that it properly seals to the containment. 23 CCR 2630, 2635(d), 2636(c), 2666
	☐	2030055 Failure to test the spill bucket annually. HSC 25284.2
	☐	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)
	☐	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)
	☐	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

☐	2030005 (RD) Option 1: Failure to conduct the 0.2 gallon per hour continuous in tank leak detection test. 23 CCR 2643(b)(5)
☐	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)
☐	2030056 Option 2: Failure to submit the annual statistical inventory reconciliation (SIR) Report to the CUPA. 23 CCR 2646.1(j)
☐	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)
☐	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
☐	2030030 (RD) Option 3: Weekly gauging not being performed in according to the required specifications. 23 CCR 2645
☐	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)

UST Pressurized Piping (DW) Requirements

#	VIOLATION DESCRIPTION
☐ 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)
☐ 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)
☐ 2030026	Failure of line leak detector to detect a leak and/or failure of audible and visual alarm. 23 CCR 2636(f)(2)
☐ 2060014	Failure to install leak detection equipment correct for the type of system. HSC 25290.1; 23 CCR 2638
☐ 2060012	(RD) Failure to install line leak detector on pressurized piping system. HSC 25290.1(h), 25290.2(g), 25291(f), 2529
☐ 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)
☐ 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

☐ 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)
☐ 2030027	(RD) Failure of pump shut down when a leak is detected or when line leak detector is disconnected. 23 CCR 2666(c)
☐ 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)
☐ 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
☐ 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

☐ 2030050	(RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d)
☐ 2030049	Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d)

UST Piping (SW) Requirements – Gravity

☐ 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
☐ 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
☐ 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

☐ 2030063	(RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671
☐ 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

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

INSPECTION DATE: **03/08/2017**
RECORD ID #: **DEH2002-HUPFP-121310**
SPECIALIST: **Darren Thai**
INSPECTION CONTACT: **Shawn Mendoza**
TITLE: **Environmental Coordinator**
PHONE: **(760) 745-0556**
E-MAIL: **smendoza@superiorrm.com**

FACILITY NAME: **SUPERIOR READY MIX**
ADDRESS: **9245 CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO** / **92121**

VIOL#	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)	DUE DATE
#**1** 2060015	03/08/2017	Corrected during inspection	04/07/2017
#**2** 1010004	03/08/2017	Corrected during inspection	04/07/2017
#**3** HMD1005	03/08/2017	Corrected during inspection	04/07/2017
#**4** HMD0224			04/07/2017
#**5** 3030010			04/07/2017

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

WORK SHEET

H21310/NT0244

DATE	COMMENTS	INITIA
8/16/85	Plans and apps. reviewed and approved, permit issued.	
8-27-85	Holiday test and setting of tank (12,000 G) witnessed + approved. by C. Pryatel 8-27-85	SM
9/6/85	Pressure test on tank for 10 minutes, pressure test on product lines for 30 minutes, and installation of ball float valves was approved by Arnie Wing. It was noted that a 30 psi gauge was used for the tank pressure test @ 4 psi.	CAS
3/17/87	EDP FOR OPERATING PERMIT PROCESSED	
9/6/94	Plans w/ file.	

September 15 – October 15, 2017 Due Diligence / UST Period Package Addendum October 16, 2017

9:30 AM (9/6) Presented to dept/fing

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

FOR AMMD USE:
Plan Check # NT0244
Date Received 8/2/85
Fee Paid 250.00
Plan Approval
Estab # H27316
Hydro Unit
Benef. Use

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

PERMIT APPLICATION

9:30 Amc

PART I

GENERAL PROJECT INFORMATION

A. SITE ADDRESS: 9245 Camino Santa Fe (Street) San Diego (City) 92126 (Zip Code)

B. PROPERTY OWNER:
Company H.G. Fenton Material Co., Inc. Contact
Mailing Address P.O. Box 64 City San Diego Zip 92112
Phone (619) 298-8824
24 Hr. Emergency Contact Phone ( )

C. TANK OPERATOR:
Company San Diego Ready Mix Concrete Contact Jack or Fred Brouwer
Mailing Address 1508 Mission Road City Escondido Zip 92025
Phone (619) 745-0556
24 Hr. Emergency Contact Jack Brouwer 746-5025 Fred Brouwer 745-2577 Phone ( )

D. CONTRACTOR:
Primary Contractor Owner Contact Jack or Fred Brouwer
Mailing Address City Zip
Phone ( )
State Contractor License No. N/A
Worker's Compensation Insurance Company State Fund Phone (619) 560-1600

Check Here if Owner/Builder: [✓]

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 Unit, Room 311, 1700 Pacific Highway, San Diego, CA 92101. Checks should be made payable to the County of San Diego.

A permit will be issued by the Department of Health Services (DHS) 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 this 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 has been issued.

Once the permit has been issued, it is the permittee's responsibility to notify the DHS 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 and IV).

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

County of San Diego
Department of Health Services

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

PART II

APPLICATION FOR A PERMIT TO CONSTRUCT

A. Total number of tanks to be installed 1

B. Type of primary containers:

Tank #	Manufacturer	Composition	Capacity	Double or Single Wall	Material to be Stored
1	MODERN WELDING	CARB STEEL	12000	DBL	DIESEL
2					
3					
4					

Attach additional sheets as needed for primary containers.

C. Type of secondary containment:

- [x] Double Wall Tanks
- [ ] Vault
- [ ] Flexible Liner (liner thickness) _____
- [ ] Other _____

Manufacturer MODERN WELDING

If other than Double Wall Tanks, will all tanks be in the same secondary containment enclosure? Explain _____

Will a system be installed to de-water the containment area? Explain N/A

D. Tank leak detection/monitoring system:

- [ ] Continuous monitoring device within the secondary containment, connected to an audible/visual alarm system.

  Manufacturer _____

- [x] Daily manual monitoring of the space between the primary and secondary containers using "dip stick" readings or visual determination.

  Please specify: _____

- [ ] Daily Inventory Control/Records reconciliation (for motor vehicle fuels only)

  NOTE: If daily gauging and records reconciliation is to be used as the monitoring system, a letter from the property owner must be provided to this Department outlining the frequency and method of monitoring the space between the primary and secondary containers, as well as a statement that the tanks will be tested using an approved testing method every year.

- [ ] Other. Explain _____

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

E. Piping Materials and Construction:

Primary Containment STEEL - SCHED. 40 Manufacturer/Model N/A

Secondary Containment (if applicable) N/A Manufacturer/Model _____

F. Type of product delivery system (i.e., pressurized, suction) PRESSURIZED

G. Piping leak detection/monitoring system:

- [x] Leak detector on pressurized line (for motor vehicle fuels only)
  Manufacturer RED JACKET
- [ ] Continuous monitoring device within the secondary containment, connected to an audible/visual alarm system.
  Manufacturer _____
- [ ] Daily manual monitoring of the space between the primary and secondary containers using "dip stick" readings or visual determinations.
  Please specify _____
- [ ] Other _____

H. Describe the tank overfill protection system you plan to use. Check all that apply.

- [ ] Product level sensing device equipped with high level alarm and/or automatic shut off device. Specify type: _____
- [x] Ball float valve on vent and vapor lines
- [ ] Other. Explain _____

I. Indicate type/manufacturer of vapor recovery system to be used:

N/A

NOTE: Those systems with product flow thru the vapor lines during normal operation require secondary containment of these lines.

J. What is the approximate depth to ground water? 30'

Basis of determination KNOWN FILL AREA ON PROPERTY - (30' DEEP)

K. 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.

L. Attach three copies of Plans showing:

1. Location of all existing and proposed structures
2. Location of all existing underground tanks and piping (indicate if tanks are to be removed or abandoned)
3. Location of all proposed tanks and piping and their secondary containment
4. Cross section of tank and piping system including secondary containment, overfill protection equipment, monitor ports and equipment, extension of all pipes and ports to finish grade

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

5. Location and detail[illegible]onitoring/leak detection syst[illegible]s
6. Location of underground utility lines and vaults
7. Site address, property lines, scale, north arrow
8. Surface elevation and location of 100 year flood plain, if applicable
9. Equipment summary

M. Required Inspections - New Tank Installations

Each new tank installation must be inspected by the DHS at each of the following stages:

1. installation of secondary containment (liner) system, where applicable
2. delivery and test of tank on site; excavation complete; placement of tank in excavation
3. product line and associated piping - pressure test on lines and tank; overfill protection devices installed
4. monitoring system installed; monitor ports brought to surface

Projects involving repiping only will normally require just one inspection (at the line pressure-test stage).

Please refer to "Underground Tank Inspection Record - New Tank Installation" (DHS:HW-914) for additional details, or call 236-2222.

N. 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 a permit from the Department of Health Services (DHS) 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 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) 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: [illegible] MANAGER

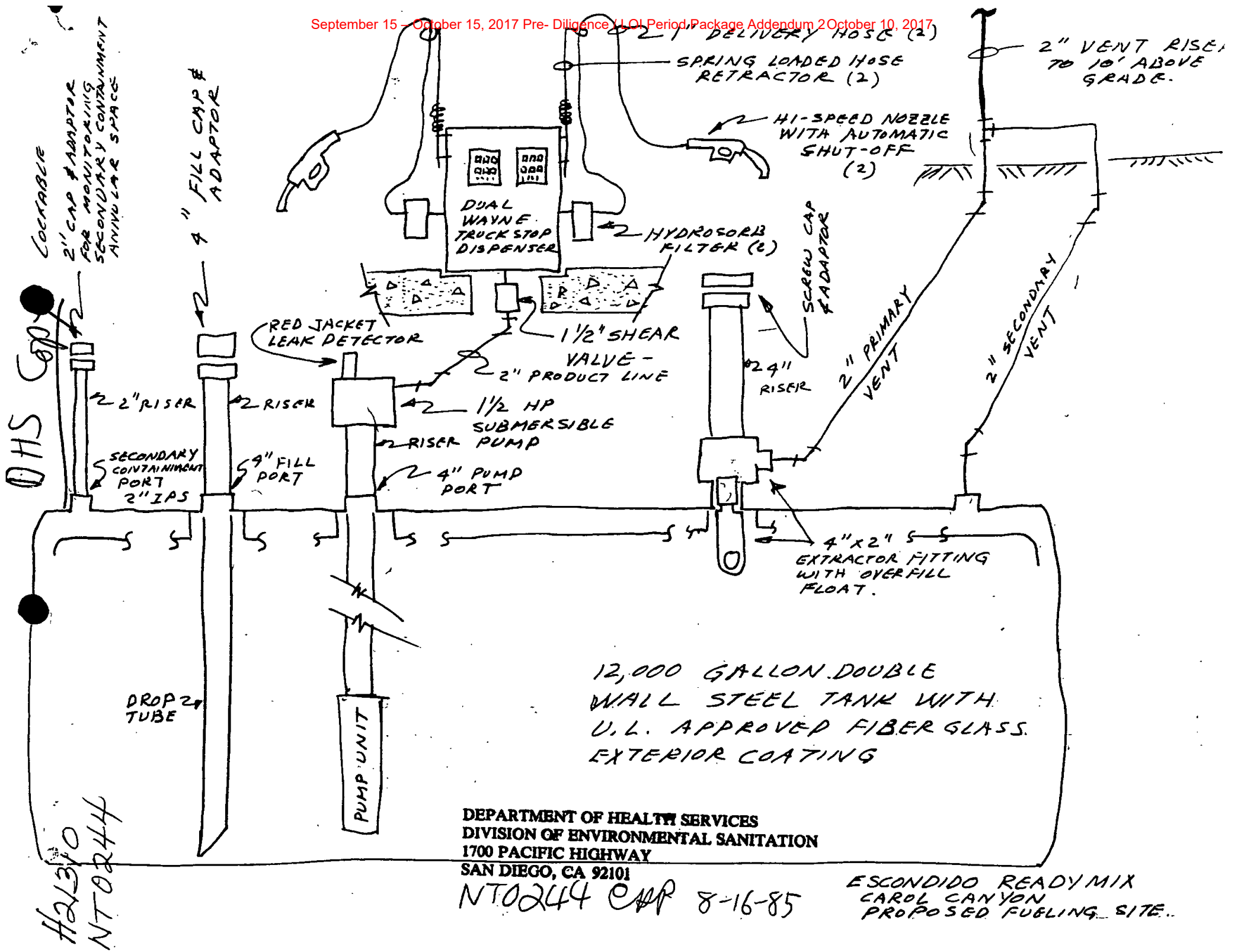
Print Name FRED BROWER

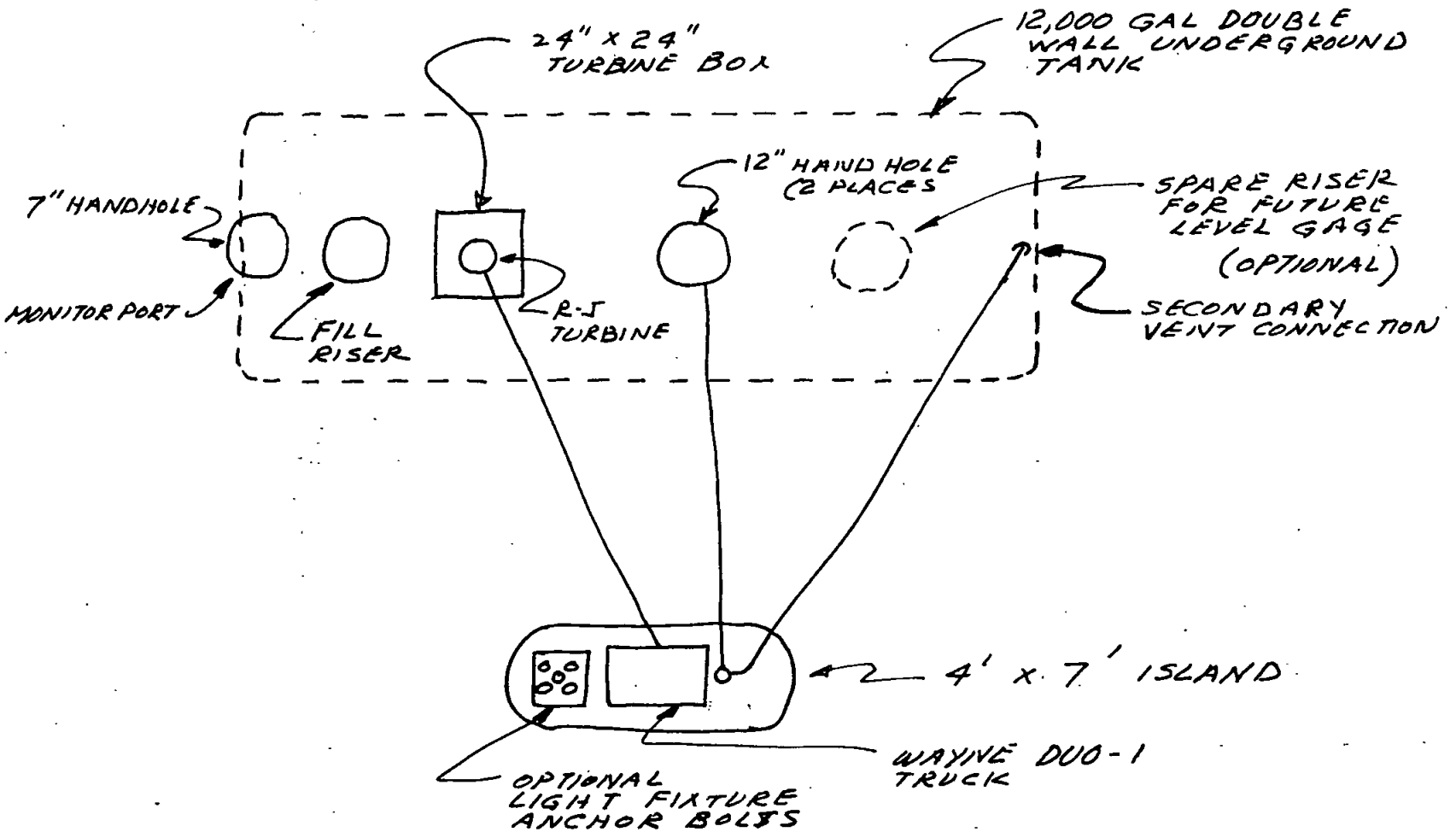
Telephone (619) 745-0556

Date 8-12-'85

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES AT 236-2222 AT LEAST TWO WORKING DAYS BEFORE STARTING CONSTRUCTION TO SCHEDULE THE FIRST REQUIRED FIELD INSPECTION.

September 15 – October 15, 2017 Pre- Diligence LOI Period Package Addendum 2 October 10, 2017





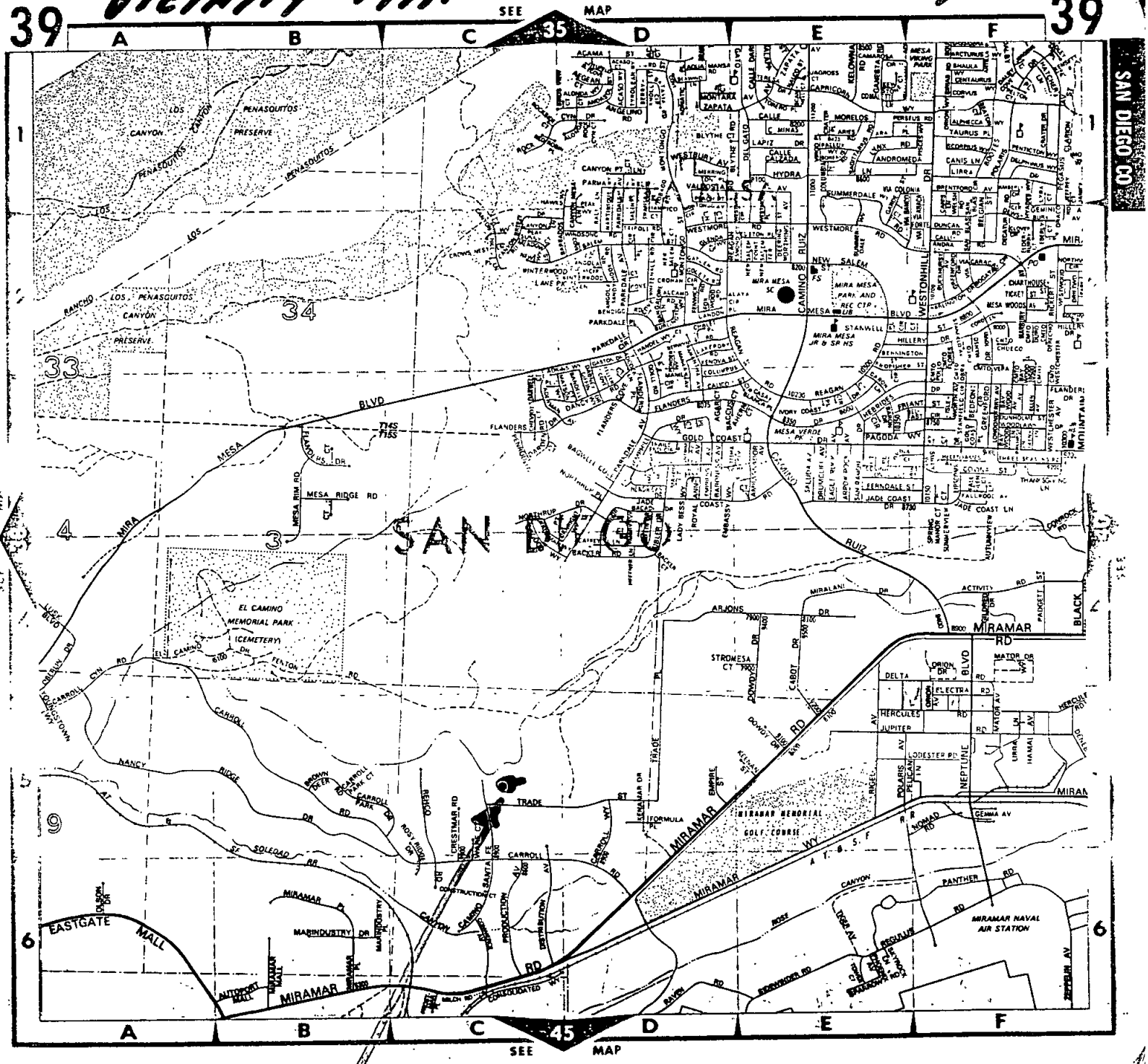
DEPARTMENT OF HEALTH SERVICES
DIVISION OF ENVIRONMENTAL SANITATION
1700 PACIFIC HIGHWAY
SAN DIEGO, CA 92101

NT0244 CNP 8-16-85

ESCONDIDO READYMIX
CAROL CANYON
PROPOSED FUELING SITE.

September 13 - October 13, 2017 Pre-Tabulation - 2017 Proof Package Addendum - October 10, 2017

VICINITY MAP SAN DIEGO READY MIX



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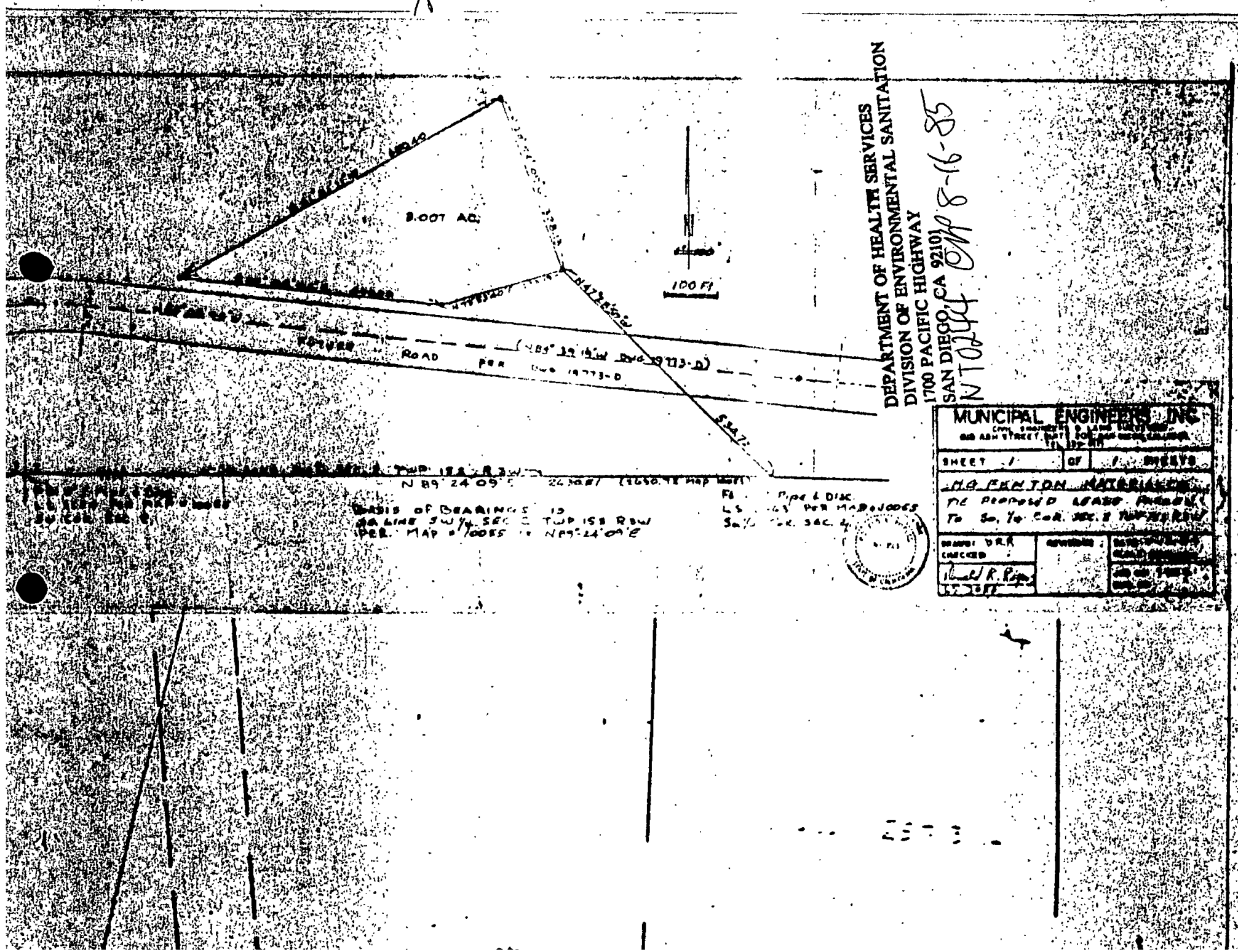
SAN DIEGO READY MIX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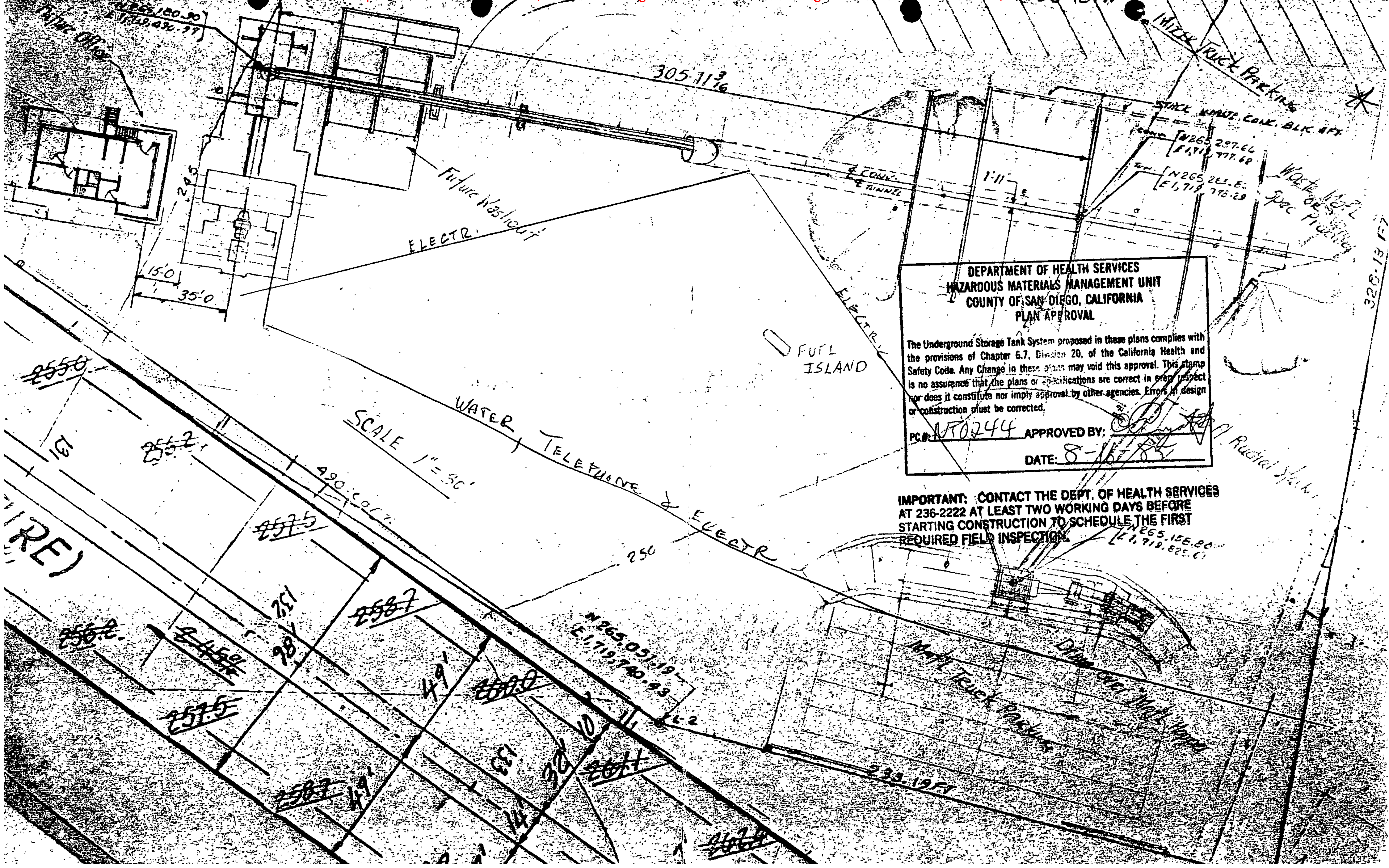
100 Ft
N
FUTURE ROAD PER DWG 19773-D
N 89° 24' 09" E
BASIS OF BEARINGS IS
Pipe & DISC.
DEPARTMENT OF HEALTH SERVICES
DIVISION OF ENVIRONMENTAL SANITATION
1700 PACIFIC HIGHWAY
SAN DIEGO, CA 92101
NT0244 8-16-85
MUNICIPAL ENGINEERS INC
SHEET 1 OF 1 SHEETS
M.G. FENTON MATERIALS
THE PROPOSED LEASE PARCEL
DRAWN: D.R.R.
CHECKED


Future Office
N265,180.90
E1,719,490.99
Future Washout
ELECTR.
15'0
35'0
245
305.11 3/16
℄ CONV.
℄ TUNNEL
1'11
180.40 FT.
Milk Truck Parking
STACK WHITE CONC. BLK 8FT
N265,297.66
E1,719,777.68
N265,285.E:
E1,719,775.29
Waste Mat'l or Spec Piping
326.13 FT
ELECTR.
FUEL ISLAND
WATER, TELEPHONE & ELECTR
SCALE 1" = 30'
490 CORR.
250
N265,031.19
E1,719,740.43
233.19 FT
N265,156.80
E1,719,825.61
Mat'l Truck Parking
DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNIT
COUNTY OF SAN DIEGO, CALIFORNIA
PLAN APPROVAL
The Underground Storage Tank System proposed in these plans complies with the provisions of Chapter 6.7, Division 20, of the California Health and Safety Code. Any Change in these plans may void this approval. This stamp is no assurance that the plans or specifications are correct in every respect nor does it constitute nor imply approval by other agencies. Errors in design or construction must be corrected.
PC #: UT0244 APPROVED BY:
DATE: 8-16-84
IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES AT 236-2222 AT LEAST TWO WORKING DAYS BEFORE STARTING CONSTRUCTION TO SCHEDULE THE FIRST REQUIRED FIELD INSPECTION.

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 FORDEM SECOND DISTRICT
ROGER HEDGECOCK THIRD DISTRICT
LEON BATES FOURTH DISTRICT
PAUL ECKERT FIFTH DISTRICT

H21310
NT0244

OFFICIAL NOTICE

9/19

San Diego

SITE: 9245 Camino Santa Fe ST.

OWNER: H. G. Fenton Material Co. Inc.

Contractor ~~PERMITTEE~~: B & P Maint & Const. Inc.

You are hereby notified that an inspection of your pressure test on 1 – 12,000 gal tank & product lines

was made on 9 – 6 – 85 (Date)

by A. J. Wing

☒ Installation Approved Permit # NT 0244

Reinspection Permit # .....

☐ Please Correct the Following Items:

(1) Pressure test on 1 – 12,000 gal double walled modern steel tank inner tank @ 5 psi – outer @ 4 psi for ~~[illegible]~~ 10 minutes

(2) Pressure test on product lines at 75 psi for 30 minutes

(3) 30 psi gauge used on tank

San Diego County code requires the payment of a fee before a reinspection can be made. For additional information please call ~~236-2242~~ or call: A. J. Wing (Sanitarian)

236 – 2222 (Phone)

(4) Ball – float valve installed

(Hours)

SAN193 6-81

(Sanitarian)

COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES
1700 Pacific Highway, San Diego, CA 92101
JAMES A. FORDE, Director

BOARD OF SUPERVISORS
TOM [illegible]ILTON
FIFTH DISTRICT
PAUL [illegible]RDEM
SECOND DISTRICT
ROGER HEDGECOCK
THIRD DISTRICT
JIM BATES
FOURTH DISTRICT
PAUL ECKERT
FIFTH DISTRICT

H21310
NT0244

OFFICIAL NOTICE

SITE: 9245 Camino Santa Fe, San Diego

OWNER: San Diego Ready Mix Concrete

PERMITTEE: Same

You are hereby notified that an inspection of your Tank holiday Test/set

was made on 8-27-85 (Date)

by Chuck Pryatel

☐ Installation Approved Permit # NT0244

Reinspection Permit #

☐ Please Correct the Following Items:

Modern D/W 12000 gal
UL # J393056
Tank set & approved
Holiday test OK.

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: (Sanitarian)

236-2222 (Phone)

(Hours)

C Pryatel (Sanitarian)

SAN193 6-81

September 15 – October 15, 2017 Pre-Diligence / LOI Period Package Addendum 2 October 10, 2017

48 HRS NOTICE TO WITNESS INSPECTION

CITY OF SAN DIEGO
FIRE DEPARTMENT
1222 FIRST AVENUE, SAN DIEGO, CA 92101
Phone 236-6495

TERRY BAIRD

PERMIT/APPL. NO. H21310 NT0244

FIRE SURVEY / APPLICATION / PERMIT

INSTRUCTIONS: PLEASE PRINT OR TYPE REQUESTED INFORMATION. MAKE REMITTANCE PAYABLE TO CITY TREASURER, MAIL OR BRING IN PERSON TO SAN DIEGO FIRE DEPARTMENT.

OWNER

NAME (OR NAME OF BUSINESS): SAN DIEGO READY MIX CONCRETE

MAILING ADDRESS (NUMBER) (STREET): 1508 MISSION RD.

CITY: [illegible] | ZIP: [illegible] | TELEPHONE NO.: 715-1556

JOB ADDRESS

NAME (IF NOT OWNER):

ADDRESS (NUMBER) (STREET): [illegible]

CITY: SAN DIEGO | ZIP: | TELEPHONE NO.:

STATEMENT: I hereby acknowledge that I have read this application; that the information given is correct; and that I am the owner, or the duly authorized agent of the owner. This application does not constitute a permit until all fees have been paid and it has been approved by the Chief or his Deputy. All permits or certificates issued shall be presumed to contain the proviso that the applicant, his agents and employees shall carry out the proposed activity in compliance with all laws and regulations applicable thereto, whether specified or not, and in complete accordance with approved plans and specifications. Any permit or certificate which purports to sanction a violation of any applicable law or regulation shall be void and any approval of plans and specifications in the issuance of such permit shall likewise be void. THE FEE IS NON-REFUNDABLE.

Ref: Ord. No. 11083 and 11084

SIGNATURE (OWNER OR AGENT): [illegible] | DATE SIGNED: [illegible]

PRINT NAME: [illegible] | CITY BUSINESS #:

CODE	TYPE OF PERMIT REQUIRED	NO.	AMOUNT
	[illegible]		

NOTE: THIS APPLICATION IS NOT A VALID PERMIT UNTIL SIGNED BY AUTHORIZED AGENT.

BATTALION:

FIRE CO.:

TOTAL FEE DUE NON-REFUNDABLE: N/C

FUND	REV. ACCT.	AMOUNT
100	73551	
100	73552	
100		
100	73713	

FIRE PERMIT: Approved ☐ Denied ☐

BOND REQUIRED ☐ REC. NO.

SIGNATURE OF INSPECTING DEPUTY:

TITLE:

DATE OF INSPECTION: | EXPIRATION DATE: | UNIT NO.:

DISTRIBUTION:
1 - WHITE: OFFICE FILE
2 - BLUE: SUSPENSE FILE
3 - YELLOW: INSPECTOR
4 - GREEN: PERMITTEE
5 - PINK: AUDITORS

FPB-213 (REV. 3-81)

H21310
NT0244

ENVIRONMENTAL-TANK

SECONDARY CONTAINMENT OF TOXIC AND HAZARDOUS MATERIALS

modern welding company, inc.

METAL PRODUCTS SINCE 1932

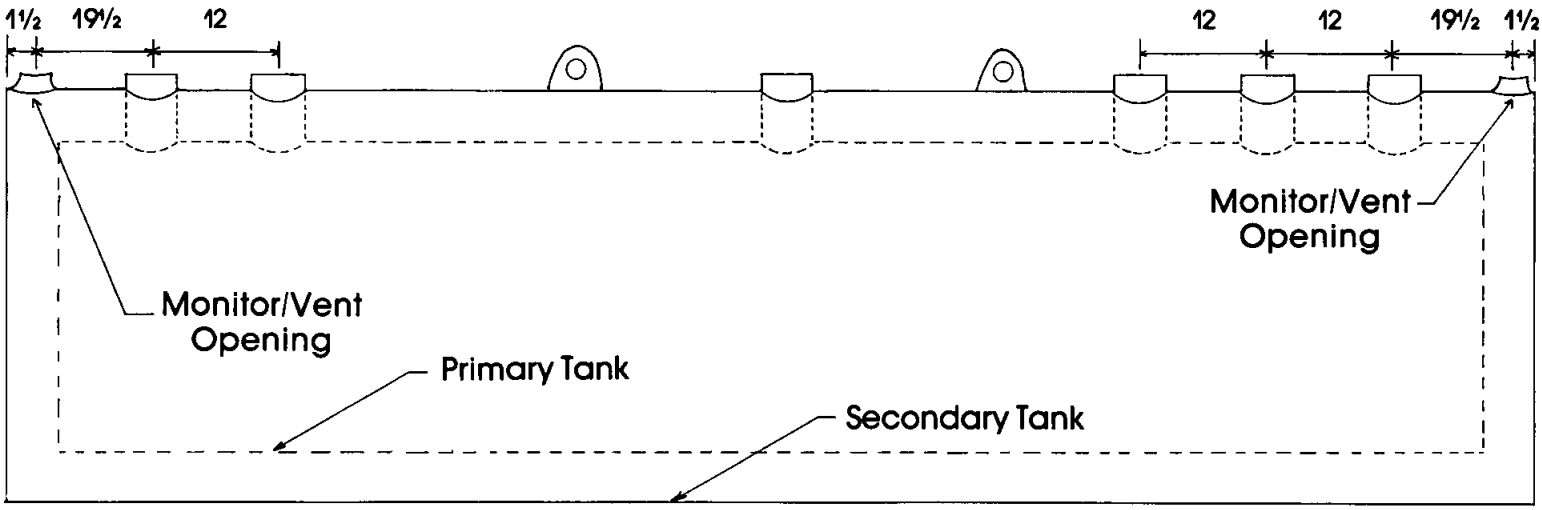
modern

(209) 275-9353
4141 North Brawley Avenue, Fresno, CA 93711

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

ENVIRONMENTAL-TANK

GLASTEEL™ or STI-P3™ Double Wall Tank for underground storage.



ALL OPENINGS 4" NPT EXCEPT 2" MONITOR OPENING

Note: 520 and 1,000 Gallon have 4 Openings in Primary Tank

ENVIRONMENTAL-TANK Sizes and Capacities

CAPACITY	PRIMARY TANK DIAMETER	LENGTH	WEIGHT
520	46"	6'	1,400 lb.
1,000	64"	6'	2,325 lb.
2,000	64"	12'	5,050 lb.
4,000	96"	11'	9,525 lb.
5,000	96"	14'	11,150 lb.
6,000	96"	17'	12,950 lb.
8,000	96"	22'	15,925 lb.
10,000	96"	27'	19,100 lb.
12,000	96"	32'	21,900 lb.
20,000	114"	38'	38,550 lb.
OTHER SIZES AVAILABLE ON REQUEST			

ENVIRONMENTAL-TANK Special Features

Monitoring openings located at each end of tank eliminates requirements for monitoring wells in tank holes.

Normal underground tank installation.

Available either with GLASTEEL™ or STI-P3™ exterior coating systems.

Optional Manhole Available.

MODERN WELDING COMPANY, INC.
4141 N. BRAWLEY AVE.
FRESNO, CA 93711
209-275-9353

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

PLAN CHECK #NT0244
H21310
8-16-85

COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNIT

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME: San Diego Ready Mix Concrete

SITE ADDRESS: 9245 Camino Santa Fe, San Diego

DESCRIPTION OF PROPOSED ACTION: Install one Tank

Plans and application reviewed and approved. Permit issued.

(619) 236-2222

FILE WORK SHEET

H 21310- ---
RT0167

DATE	COMMENTS	INITIALS
08/20/92	Soil Sampling completed by Mark on 08-04-92.	EH ✓
09/02/92	Appt. scheduled w/ Robert on 09-08-92 at 9:00 A.M. – Pressure Test.	EH ✓
09/03/92	Appt. cancelled 09-03-92 before inspector went to site.	EH ✓
9/11/92	Appt. scheduled for the "Pressure Test" with Robert on Tuesday, 9/15/92 at 9am.	EH
09/15/92	Pressure Test approved by Robert on 09-15-92.	EH
11/02/92	Lab results rec'd 9/14/92 indicate contamination – please see SA/M File T2430.	EH

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

FILE WORK SHEET

H 21310- ---
RT0167

Repipe 1 UST

DATE	COMMENTS	INITIALS
06/25/92	EY called Matt Trainor that application had been submitted by Western Pump.	EY
06/25/92	Rec'd $600.00 (check #10645 dated 06/25/92 pd by Western Pump) for repipe of 1 UST. Plans submitted by apps & S.	EY
06/25/92	Fire Dept Permit provided for file.	EY
06/25/92	B.O.E. # needed for application.	EY
6/26/92	Plans approved	MP
06/29/92	Called Art Rocco for B.O.E. # - SR FH 2585097B. Permit w/be picked up.	EY
07/01/92	Gordon w/Western Pump picked up receipt, permit, cc plan check and 2 cc's application w/plans attached.	EY
7/31/92	After Conversing with Mike Vernetti, Superior Ready Mix was allowed to take over the contracting of this job as the site owner. A $80.00 1 hr. consulting fee was paid (C.H.# 38045 dtd 7/30/92) and the first appt for a "Soil Sampling" was scheduled with Mark on Tuesday, August 4, 1992 at 9:00 am. The computer and log in book has been updated and a new permit was issued to Superior.	EY
07/31/92	Appt. scheduled w/ Mark on 08-04-92 - Soil Sampling.	EY ✓

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#: H2310
PLAN CH#: RT0167
DATE RECEIVED: 06/25/92
FEE PAID: $605.00
PLAN APPROVAL: 6/26/92
HYDRO UNIT: 6/1
BENEF. USE: gw

A. SITE ADDRESS: 9245 CAMINO SANTA FE City SAN DIEGO Zip 92121

B. PROPERTY OWNER:
Assessors Parcel No. 341-050-11
Company SUPERIOR READY MIX Contact ROGER DESTIGTER
Mailing Address 9245 CAMINO SANTA FE City SAN DIEGO Zip 92121
Phone ( ) 286-7371
24 Hr. Emergency Contact ROGER DESTIGTER Phone ( ) 286-7371

C. TANK OPERATOR:
Company SAME Contact
Mailing Address City Zip
Phone ( )
24 Hr. Emergency Contact Phone ( )

D. CONTRACTOR: Superior Ready Mix Roger DeStigter
Primary Contractor ~~WESTERN PUMP~~ Contact ~~ART ROCCO~~
Mailing Address ~~2235 F ST~~ 1508 West Mission City ~~SAN DIEGO~~ Escondido Zip ~~92102~~ 92025
Phone ( ) ~~696-5777~~ 745-0556 969-7111
State Contractor License 477199
Worker's Compensation Insurance Company TRANSAMERICA

JUN 25 1992

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).

F. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G.
☐ Installation/Construction of new tank(s) only (without closing any existing tanks)	I & II	1
☐ Closure of existing tank(s) with installation of new tanks (tank replacement)	I, II & III	1 & 2
☐ Closure of existing tank(s) with no new tank installation	I & III	2
☐ Interior coating/repair of an existing underground storage tank	I & IV	3
☑ Repipe/pipe-repair of an existing underground storage tank facility	I & V	4
☐ 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: $
	Closure fee for each additional tank No.____x $50.00	Fee: $
	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: $ 600.00
	Plan Re-Review $200.00	Fee: $
5	Consultation fee (e.g. vaulted tank: minimum 2 hours) ____ Hours x $80.00	Fee: $
		TOTAL FEE: $ 600.00

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 V

APPLICATION FOR REPIPE OR PIPE REPAIR OF AN EXISTING TANK FACILITY

BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER- Call (916)739-2582 for information

TY (TK) HQ | 4 | 4 | — | | | | | | |

NOTE: Application will be disapproved without this information

A. TOTAL NUMBER OF TANKS TO BE REPIPED/REPAIRED 1

B. DESCRIPTION OF TANKS TO BE REPIPED/REPAIRED:

TANK NO.	TANK CAPACITY	PRODUCT TYPE
	12,000	DIESEL

CHECK BELOW WHAT PIPING IS TO BE REPLACED OR REPAIRED

	PRODUCT	VAPOR	VENT	FILL LINES
TANK NO. 1	✓			
TANK NO. 2				
TANK NO. 3				
TANK NO. 4				
TANK NO. 5				

C. REASON FOR TANKS TO BE REPIPED/REPAIRED:

- [✓] Upgrade to meet current state/federal requirements
- [ ] Piping system failure
- [ ] Other, briefly describe _____

D. PIPING MATERIALS AND CONSTRUCTION:

Primary containment 2" Fiberglass Manufacturer/model AMERON

Secondary containment 3" Fiberglass Manufacturer/model AMERON

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 (existing)

[✓] Continuous monitoring device within the secondary containment

Manufacturer VEEDER-ROOT – MEETS REQUIREMENTS OF SEC. 2635 Title 23

[ ] Other, briefly describe _____

G. TANK OVERFILL PREVENTION:

☐ Product level sensing device with high level alarm and/or automatic shut off device

Manufacturer _____

☑ Ball float valve on vent or vapor lines

☑ Catchment basin surrounding fill pipe

NOTE: A MINIMUM OF BALL FLOAT VALVES AND CATCHMENT BASINS ARE REQUIRED FOR ALL TANK FACILITY REPIPES.

H. 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 HMMD 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 and/or hydrostatic testing.

I. 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.

J. REQUIRED INSPECTIONS-PIPING REPAIR/REPLACEMENT:

EACH PIPING REPAIR AND/OR REPLACEMENT MUST BE INSPECTED BY THE HMMD. TWO INSPECTIONS ARE 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 HMMD inspector.
-piping to be closed in place. Piping shall be capped and drained and per alternate approved plan, samples collected and/or hydrostatic testing witnessed by the HMMD inspector.

2. SECOND INSPECTION:
-pressure test of all piping repaired and/or replaced.
-verification of leak detection devices/secondary containment.
-verification of overfill prevention.

K. 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.

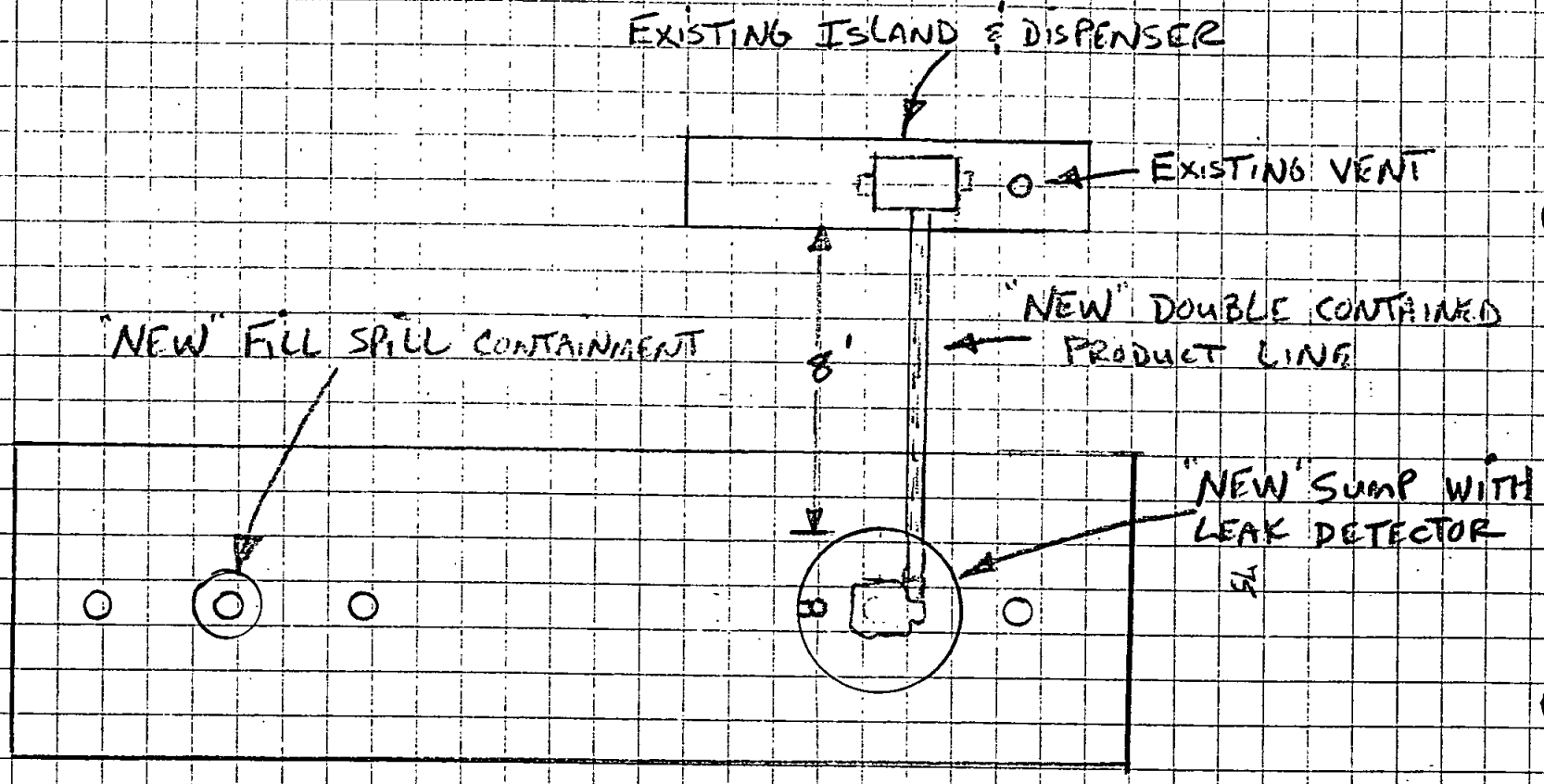
I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Hazardous Materials Management Division.

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 the responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE ~~Gordon Beckett~~ Roger De Stigter

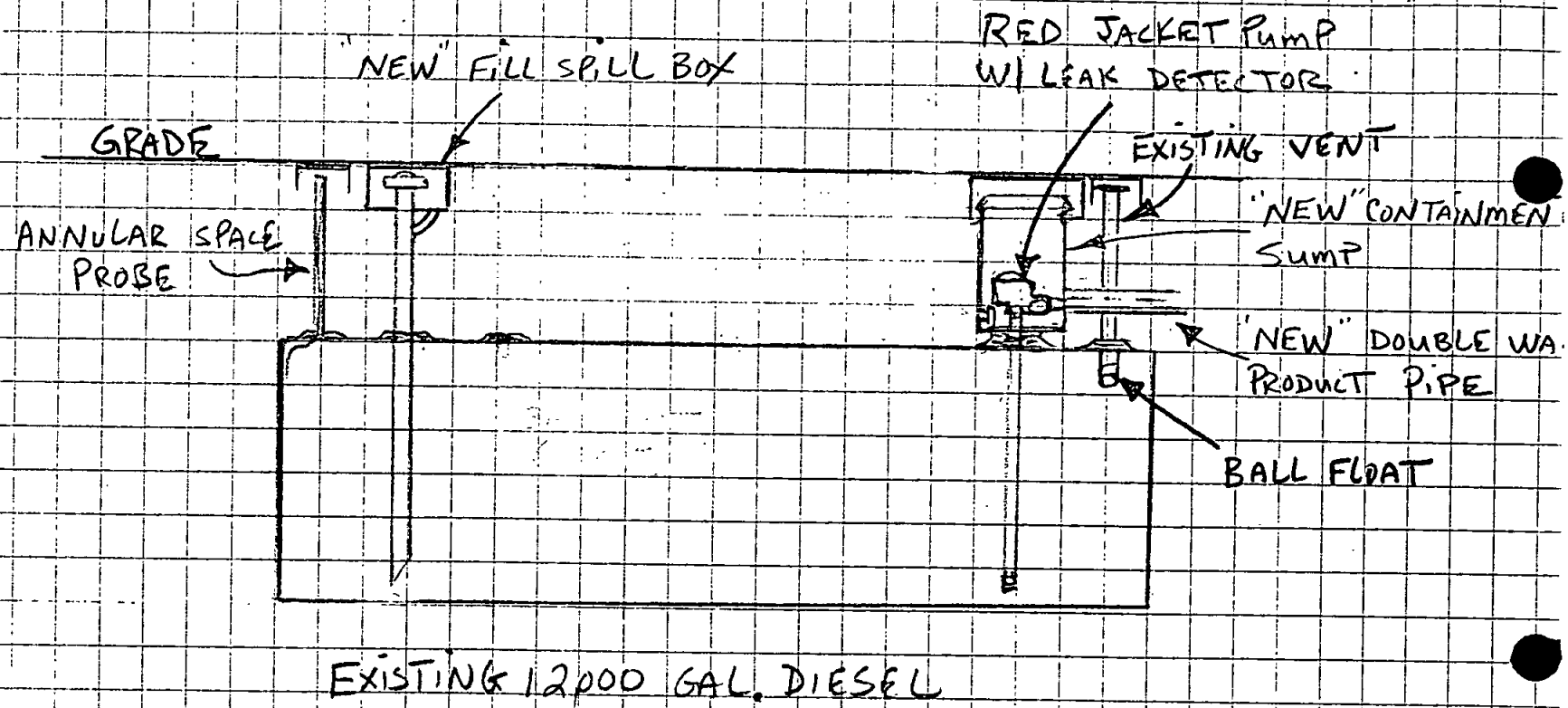
PRINT NAME ~~Gordon Beckett~~ Roger De Stigter

TELEPHONE ( ) 696-5777 DATE 6/25/92

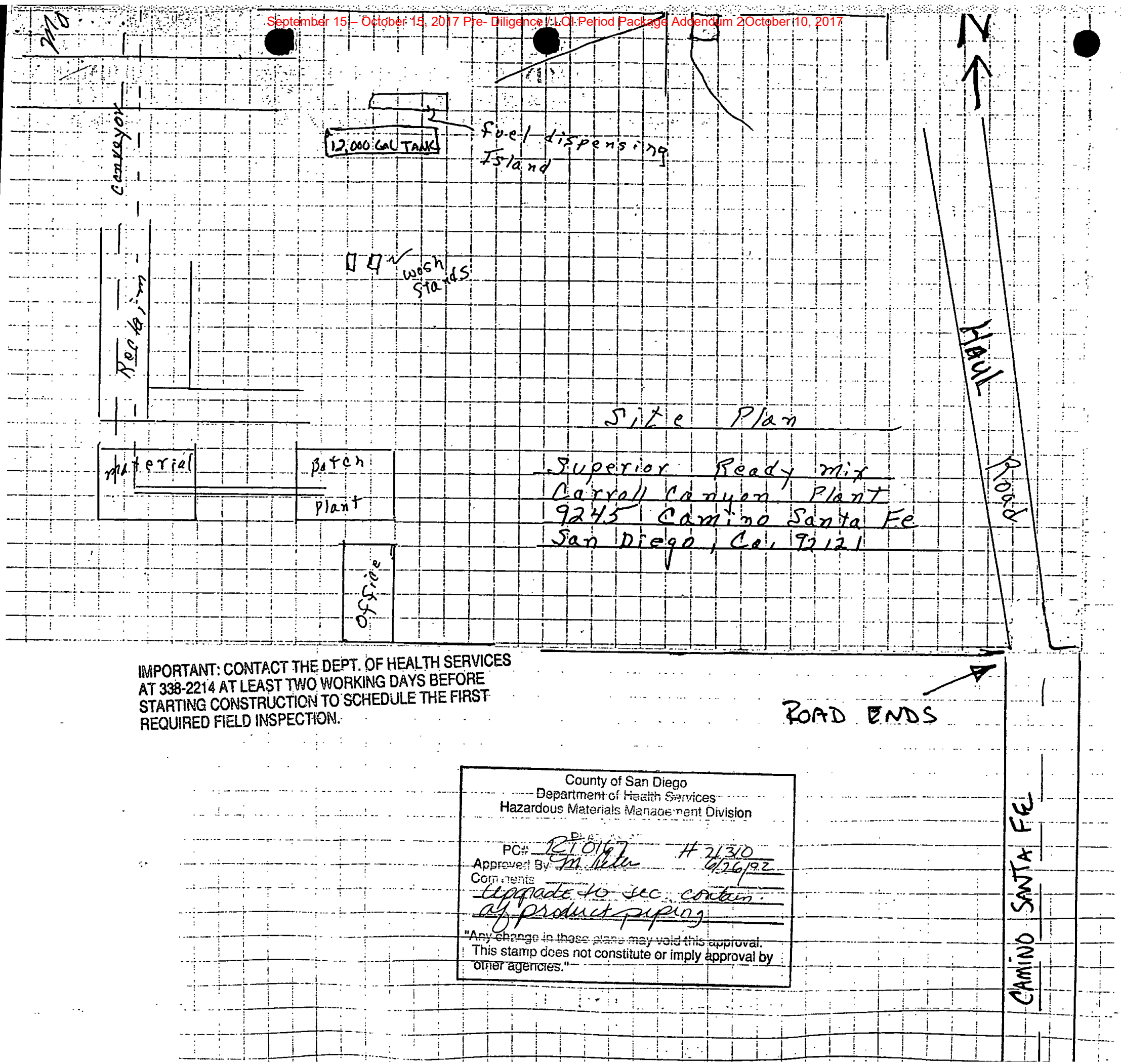


EXISTING 12,000 GAL DIESEL TANK
(MODERN)

TOP VIEW


"NEW" FILL SPILL BOX
RED JACKET PUMP
W/ LEAK DETECTOR
GRADE
EXISTING VENT
"NEW" CONTAINMEN
SUMP
ANNULAR SPACE
PROBE
"NEW" DOUBLE WA
PRODUCT PIPE
BALL FLOAT
EXISTING 12000 GAL. DIESEL

SIDE VIEW



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.

County of San Diego
Department of Health Services
Hazardous Materials Management Division

PC# RT0167 # 21310
Approved By M. Peter 6/26/92
Comments upgrade to sec. contain. of product piping

"Any change in these plans may void this approval. This stamp does not constitute or imply approval by other agencies."

September 15 – October 15, 2017 Pre-Diligence / LOI Period Package Addendum 2 October 16, 2017

UNDERGROUND STORAGE TANK
CERTIFICATION OF MONITORING EQUIPMENT INSTALLATION

RECEIVED
SEP 14 1 41 PM '92
ENVIRONMENTAL HEALTH SERVICES

EST # 421310 PC# RT 9167 DATE OF INSTALLATION 8/24/92

SITE ADDRESS 9245 Camino Santa Fe CITY San Diego ZIP 92121

MONITORING EQUIPMENT INSTALLER Superior Ready mix

MONITORING EQUIPMENT SYSTEM TYPE Veeder-Root TLS-250

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	Veeder Root	TLS-250
Product Level Sensing Device	N/A	
Product Line Leak Detectors	N/A	
Secondary Containment Tank Monitors		
Tank Interstitial Sensors	Veeder-Root	TLS-250
Manway/Sump/Fitting Sensors	Veeder-Root	TLS 250
Secondary Containment Pipe Sensors		

INSTALLATION COMPLETION LIST

Monitoring Equipment Certification Steps	Initial	Date
1- The equipment meets the manufacturer's written specifications for installation.	RDS	8/24/92
2- The Sensors have been preset or calibrated per written manufacturer's specifications.	RDS	8/24/92
3- The correct number of sensors have been installed according to approved plans.	RDS	8/24/92

I certify that the control panel and the sensors are installed and operational to the manufacturer's specifications

Roger DeStigter — Installer's signature

Roger De Stigter — Print name

9/15/92 — Date

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85621
SAN DIEGO, CA. 92138-5261 (619) 338-2222

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85261 SAN DIEGO 92186-5261
(619) 338-2222

UST PRESSURE TEST INSPECTION REPORT

EST# H21310 PLAN CHECK# RT0167

SITE ADDRESS 9425 CAMINO SANTA FE CITY SAN DIEGO ZIP 92121

ESTABLISHMENT NAME SUPERIOR READY MIX

CONTRACTOR NAME _____ PHONE# _____

PROJECT TYPE: ☐ New Tank Installation ☒ Repipe/Repair ☐ Other _____

	YES	NO
ENTIRE PRIMARY SYSTEM AT 5 PSI		X
TANK MANUFACTURERS CHECKLIST OF INSTALLATION RECEIVED	N/A	
HMMD'S APPROVED PLANS ON SITE	X	

PRESSURE TEST **BY:** ROBERT RAPISTA **DATE:** 9/15/92

Product type	12K DIESEL				
Tank/Vent/Vapor Time: N/A	N/A psig	/ psig	/ psig	/ psig	/ psig
Product line Time: 9:15 – 9:45	80 / 80 psig	/ psig	/ psig	/ psig	/ psig

SECONDARY CONTAINMENT	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Tank	X									
Manway/Fittings	X									
Product/Remote Fill Lines	X									
Automatic Line Leak Detectors Installed	X									

REMARKS: VEEDER-ROOT MONITORING EQUIPMENT ALSO INSTALLED, + IS OPERATIONAL. AUTOMATIC PUMP SHUT OFF REQUIRED BY 1998. SUBMIT CERT. OF MONITORING EQUIPMENT

	YES	NO
PRESSURE TEST AND TANK SET APPROVED	X	
REINSPECTION AND REINSPECTION FEE REQUIRED		X

Received by: Roger De Stigter Print Name: Roger De Stigter Date: 9/15/92

DHS:HM-9168 (Rev 7/92)

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

UNDERGROUND STORAGE TANK INSPECTION SCHEDULE

90; 20
9QB

IST SCHEDULE ☐ RESCHEDULED ☐ FEE PAID ☐

DATE: 9/11/92 EST.# H21310 P.C.# RT0167

SPECIALIST: ROBERTS FROM: EDWARD

INSPECTION DAY/DATE: TUESDAY, SEPTEMBER 15, 1992

INSPECTION TIME: 9AM

SITE ADDRESS: Superior Ready Mix 9425 Camino Santa Fe, San Diego, 92121

CONTRACTOR: Superior Ready Mix

CONTACT PERSON: Roger Des Tiger PHONE # (619) 745-0556

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: "Pressure Test"

FAX # 740-9557

ATTN: ROGER

969-7111

SPECIALISTS REMARKS:

REINSPECTION FEE DUE ☐

UPDATED PLANS REQUIRED ☐

COMMENTS:

(10/90)

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 INSPECTION SCHEDULE

IST SCHEDULE ☐ RESCHEDULED ☐ FEE PAID ☐

DATE: 09-02-92 EST.# H21310 P.C.# RT0167

SPECIALIST: Robert Lapista FROM: Eller

INSPECTION DAY/DATE: Tuesday – 09-08-92

INSPECTION TIME: 9:00 A.M.

SITE ADDRESS: Superior Ready Mix 9425 Cafrino Santa Fe, San Diego 92121

CONTRACTOR: Superior Ready Mix

CONTACT PERSON: Roger Pestiger PHONE # (619) 745-0556

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: Pressure Test

Cancel 9/8/92

SPECIALISTS REMARKS:

REINSPECTION FEE DUE ☐

UPDATED PLANS REQUIRED ☐

COMMENTS: Before Inspector went to site

(10/90)

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

HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND TANK REMOVAL/CLOSURE REPORT

FIRE AGENCY PRESENT?
☐ YES ☐ NO
PERMIT NO. _____
DEPT. _____
% L.E.L. _____

ESTABLISHMENT # H21310 PLAN CHECK # RT 0167
SITE NAME Superior Ready Mix PHONE _____

SITE ADDRESS 9245 Camino Santa Fe, San Diego CITY/ ZIP CODE 92121
CONTRACTOR Superior Ready Mix PHONE 745-0556
NUMBER OF TANKS Soil Sampling for Repipe ☐ REMOVAL ☐ CLOSURE IN PLACE

					REMARKS:
TANK EDP NUMBER					
U/L TAG NUMBER					
CAPACITY (GALS)					
MATERIAL STORED	Soil Sampling				
DECONTAMINATION?					
MANIFEST AVAILABLE?					
% LEL (CGI READING)	only				
DRY ICE/OTHER (AMT)					
TANK CONDITION					
BACKFILL SOIL TYPE	N/A				
BACKFILL CONDITION					
NATIVE SOIL TYPE	med-grained silty sand				
NATIVE CONDITION	Slight staining and odor				
EXCAVATION ODORS?	yes, slight				
STOCKPILE ODORS?	None				
PONDED PRODUCT?	NO				
PIPELINE LEAK?	None observed				
REINSPECTION REQUIRED?*	yes for pressure test				

NOTICE: You are hereby notified that on 8/14/17, a Hazardous Materials Specialist conducted an inspection for the ~~removal of~~ Sampling of 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 Mark McPherson (print) of the (HMMD) see address below:

☐ 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 __/__/__ and indicate the following:
☐ NO FURTHER ACTION IS REQUIRED.
☐ **BEGIN SITE ASSESSMENT PHASE** (See attached information).
Phone Contact _____ Date Form was Mailed __/__/__

Received By Roger De Stigter

Printed Name Roger De Stigter

Phone Number (619) 745-0556

(HMMD COPY)

Mark McPherson
Hazardous Materials Specialist
County of San Diego
Department of Health Services
HMMD - P. O. Box 85261
San Diego, CA 92138-5261
(619) 338-2222

DHS:HM-916 (10/87)

UNDERGROUND STORAGE TANK INSPECTION SCHEDULE

IST SCHEDULE ☐ RESCHEDULED ☐ FEE PAID ☐

DATE: 7/31/92 EST.# H21310 P.C.# RT0167

SPECIALIST: MARK FROM: EDWARD

INSPECTION DAY/DATE: TUESDAY, AUGUST 4, 1992

INSPECTION TIME: 9:00AM

SITE ADDRESS: Superior Ready Mix 9245 Camino Santa Fe, San Diego, 92121

CONTRACTOR: Superior Ready Mix

CONTACT PERSON: Roger Destefter PHONE # (619) 745-0556

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: "SOIL SAMPLING"

SPECIALISTS REMARKS:

REINSPECTION FEE DUE ☐

UPDATED PLANS REQUIRED ☐

COMMENTS:

(10/90)

514
47

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

851956

The City of San Diego Fire Department
525 B Street, Suite 805 • San Diego, California 92101

Application for Single Event Permit

H21310
RT0167

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 | SEQ | PERMIT NBR
MANAGER | TYPE | Inspector
Last Visit

Application Date: 6/25/92 | Permit Type | Received Date | Time | Issue Date

APPLICANT Name: SUPERIOR READY MIX
Business Name: SAME
Address: 9245 CAMINO SANTA FE
Address (cont.)
City and State: SAN DIEGO CA 92121
Zip Code | Business Phone

CONTRACTOR Name: WESTERN PUMP INC.
Business Name: SAME
Address: 3235 "F" ST
Address (cont.)
City and State: SAN DIEGO CA 92102
Zip Code | Business Phone

JOBSITE Street Number / Fraction / Pre-Dir / Street Name / Post-Dir / Suffix / Unit
SUPERIOR READY MIX
Zip Code | Sub Occupancy | Parcel Number | Max Occupancy
9245 CAMINO SANTA FE
Location | Jobsite Phone

— OFFICE USE ONLY —

District: | Thomas Brothers: | FD Map:

EVENT From Date | Time | Bond Required (Y/N) | Consecutive Days (Y/N)

EVENT To Date | Time | Weekend / Holiday (Y/N) | After Business (Y/N) | Standbys

COMPENSATION / LIABILITY INSURANCE ON FILE WITH CITY

6/25/92 | TRANSAMERICA | Amount | Policy Number
Dated | Insurance Agency

— OFFICE USE ONLY —

INSPECTION | Due Date: | Next Inspection Date: ___/___/___

ACTIVITY ___/___/___ | Date | Activity Code | Time | District | Shift | Inspector

FD-1030 (4-90)

WHITE — OWNER/OCCUPANT COPY
CANARY — INSPECTOR COPY
WHITE — FILE COPY

The City of San Diego Fire Department
525 B Street, Suite 805 • San Diego, California 92101

Application for Single Event Permit *(Continued)*

FOR OFFICE USE ONLY

FILE ID | SEQ | PERMIT NBR
MANAGER | TYPE | Inspector

JOBSITE 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	Distance to Building	Distance to Property Line
	I	12000	DIESEL	UG	PRESSURE	+50	+100
			REPIPE				

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 REPIPE PRODUCT LINE FOR DIESEL TANK

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.

Gordon Beckett — Applicant Signature

6/25/92 — 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

HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND TANK REMOVAL/CLOSURE REPORT

FIRE AGENCY PRESENT? ☐ YES ☐ NO
PERMIT NO. _____
DEPT. _____
% L.E.L. _____

ESTABLISHMENT # H21310 PLAN CHECK # RT 0167 T2430
SITE NAME Superior Ready mix PHONE _____

SITE ADDRESS 9245 Camino Santa fe, San Diego CITY/ ZIP CODE 92121
CONTRACTOR Superior Ready mix PHONE 745-0556
NUMBER OF TANKS Soil Sampling for Repipe ☐ REMOVAL ☐ CLOSURE IN PLACE

					REMARKS:
TANK EDP NUMBER					
U/L TAG NUMBER					
CAPACITY (GALS)					
MATERIAL STORED	Soil Sampling				
DECONTAMINATION?					
MANIFEST AVAILABLE?					
% LEL (CGI READING)	only				
DRY ICE/OTHER (AMT)					
TANK CONDITION					
BACKFILL SOIL TYPE	N/A				
BACKFILL CONDITION					
NATIVE SOIL TYPE	med-grained silty sand				
NATIVE CONDITION	Slight staining and odor				
EXCAVATION ODORS?	yes, slight				
STOCKPILE ODORS?	None				
PONDED PRODUCT?	NO				
PIPELINE LEAK?	None observed				
REINSPECTION REQUIRED?*	yes for pressure test				

NOTICE: You are hereby notified that on 9/14/92 a Hazardous Materials Specialist conducted an inspection for the ~~closure of~~ Sampling of 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 Mark McPherson (print) of the (HMMD) see address below:

☐ 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 Mark McPherson (of the HMMD) on 9/14/92 and indicate the following:
☐ NO FURTHER ACTION IS REQUIRED.
☒ **BEGIN SITE ASSESSMENT PHASE** (See attached information).
Phone Contact _____ Date Form was Mailed / /

Received By Roger D. Stigter

Printed Name Roger De Stigter

Phone Number (619) 745-0556

(HMMD COPY)

Mark McPherson
Hazardous Materials Specialist
County of San Diego
Department of Health Services
HMMD - P. O. Box 85261
San Diego, CA 92138-5261
(619) 338-2222

DHS:HM-916 (10/92)

Type(s) of hazardous substance(s) released: _____

Is hazardous material ponded? _____ What is estimated amount? _____

Is amount of hazardous substance release known? _____ Estimated amount? _____

What is estimated depth to ground water below the site? _____ feet

Is site located in a beneficial use area? _____

SOIL CONDITIONS:

Is backfill discolored? _____ Estimated amount _____

Is backfill saturated? _____ Estimated amount _____

Is native soil stained? _____ Estimated amount _____

Is native soil saturated? _____ Estimated amount _____

Describe native soil type(s) _____

Condition of tank(s) (holes, corrosion, wrapping, seams) _____

_____

Piping leak location _____

Nearby water wells or surface waters? _____

Any known underground vaults, utilities or basements nearby? _____

FURTHER COMMENTS: _____

_____

_____

N
O
R
T
H

(HMMD) **PLOT PLAN** EST. # H _____

FIELD NOTES

H 21310

~~AT/NT~~ RT 0167

Date: 8-4-92

Tank(s) last used: _____

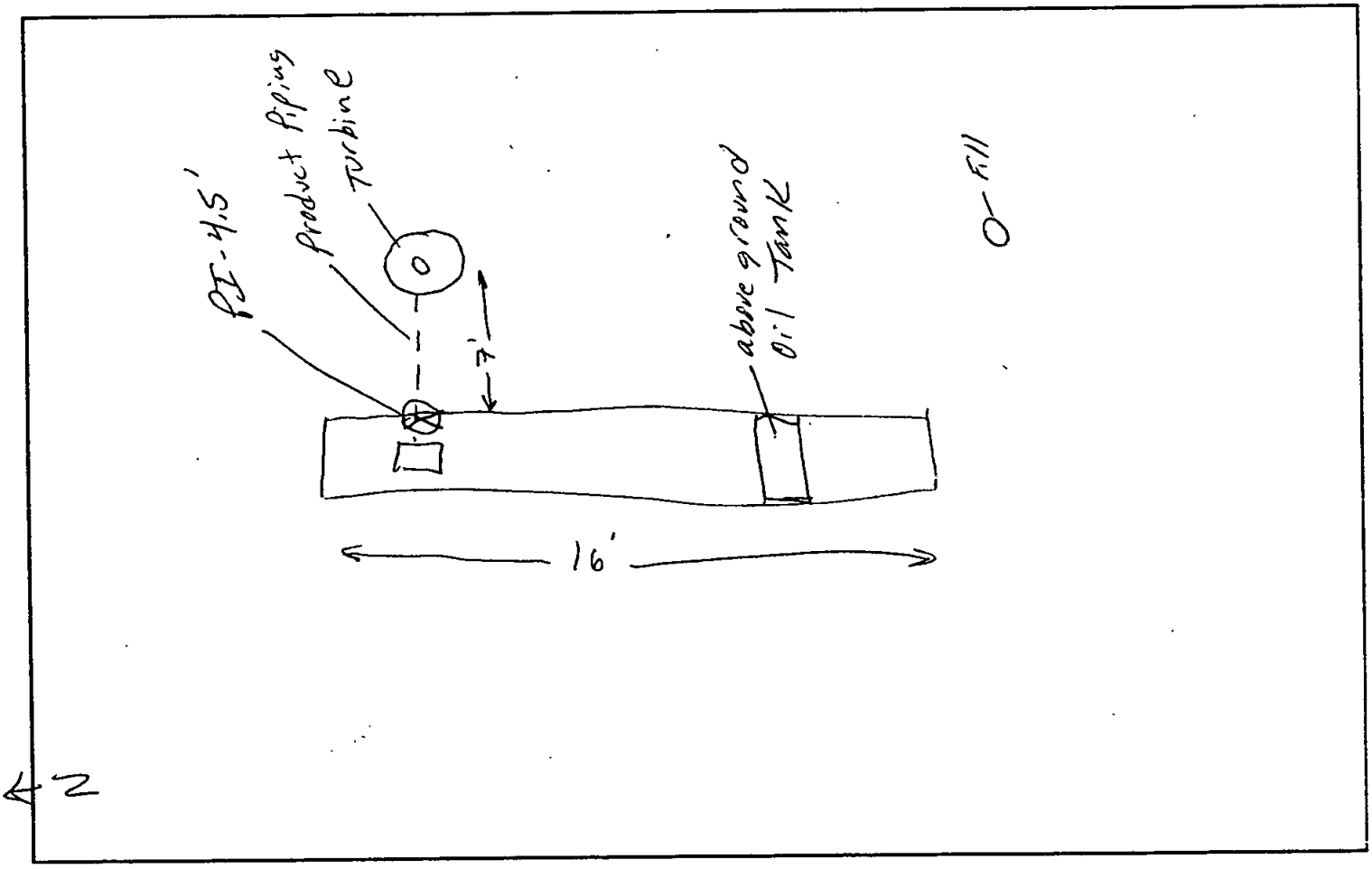
Approx. age of tank(s): _____

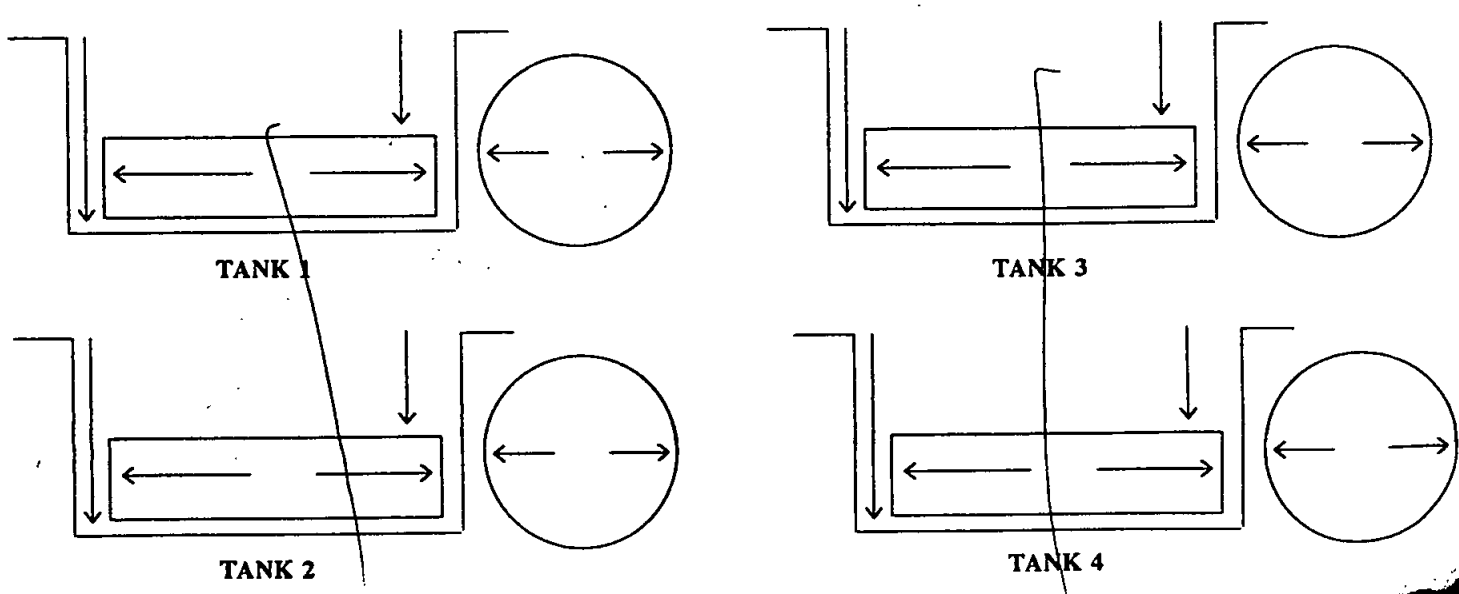
Tank(s) destination: _____

Soil Sampling for Repipe

Manifest #: _____ Gallons: _____ to: _____

Decontamination by: _____ Ilbs. dry ice: (1) _____ (2) _____ (3) _____ (4) _____





H21310
RT0167

VENDOR NO. VENDOR NAME NO. 010645

INVOICE DATE	INVOICE NO.	INVOICE AMT.	DISCOUNT	AMOUNT PAID	COMMENTS
					JOB #4268
				$600.00	
				Ck dated 06/25/92	
				Repipe of 1 UST	
DETACH AND RETAIN THIS STATEMENT THE ATTACHED CHECK IS IN PAYMENT FOR ITEMS DESCRIBED ABOVE	TOTALS				

WESTERN PUMP Inc. SAN DIEGO, CA

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

PLAN CHECK # RT0167

EST # H21310

DATE: 6/26/92

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME: SUPERIOR READY MIX/WESTERN PUMP

SITE ADDRESS: 9245 CAMINO SANTA FE, SAN DIEGO 92121

DESCRIPTION OF PROPOSED ACTION: **UPGRADE TO SECONDARY CONTAINMENT OF PRODUCT PIPING WITH CONTINUOUS MONITORING.**

In file 06/25/92 SRFH25850978 – Rec'd 06/29/92

~~SUPPLY FIRE DEPT PERMIT AND~~ BOE NUMBER. CONTACT ELLEN AT 338-2214 TO SCHEDULE SOIL SAMPLING INSPECTION.

NOTE:
PLEASE BE ADVISED THAT IN ADDITION TO THE CONTINUOUS MONITORING DEVICE WITHIN THE SECONDARY CONTAINMENT, MONITORING OF THE PRIMARY PRODUCT PIPING SHALL BE CONDUCTED AT LEAST ANNUALLY. THIS ANNUAL TEST MUST BE CONDUCTED BY A LICENSED TESTER USING AN APPROVED METHOD (TITLE 23, SECTION 2643(d)(3). AFTER DECEMBER 22, 1998 THE LEAK DETECTION DEVICE SHALL SHUT OFF THE PUMP WHEN A RELEASE OCCURS.

PLANS REVIEWED AND APPROVED
SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL
MARY PETERS AT (619) 338-2207

UST--NEW

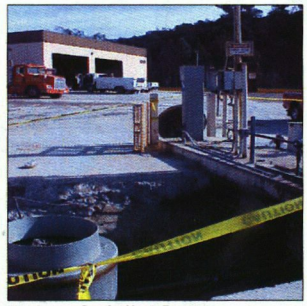
New Underground Tank

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

A re-pipe and secondary containment upgrade conducted under permit RT2067. Photo one viewed looking south.	New containment sump for fill pipe inspected during pressure test this day. Photo two viewed looking west.

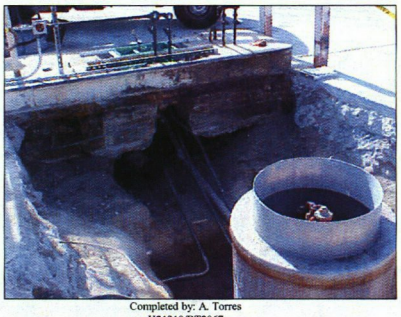
New containment sump for turbine sump inspected during 1/16/03 pressure test and confirmed as double wall Glassteel tank. Photo three viewed looking west

Soil sample/Pressure Test Inspection
SUPERIOR READY MIX
9245 Camino Santa Fe
San Diego, Ca 92121



1/16/03 Completed by: A. Torres H21310/RT2067 1

The 12 foot of piping section that was replaced with double wall Ameron pipe. Photo two viewed looking west.

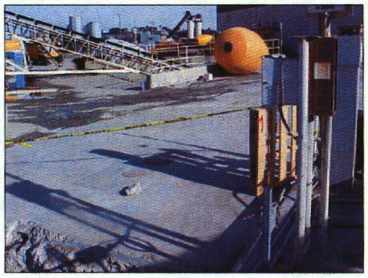


1/16/03 Completed by: A. Torres H21310/RT2067 2

New dispenser containment installed under plan check RT2067. Photo three viewed looking east.

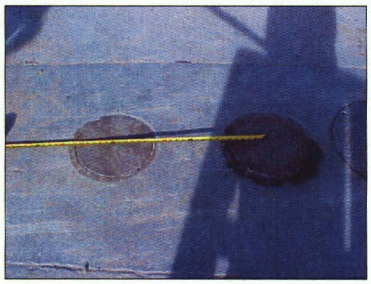
1/16/03 Completed by: A. Torres H21310/RT2067 3

Fill pipe, annular riser and automatic tank gauge required a containment sump under plan check RT2067 and not completed this day. Vent pipe also not installed the day. Photo four viewed looking southeast.

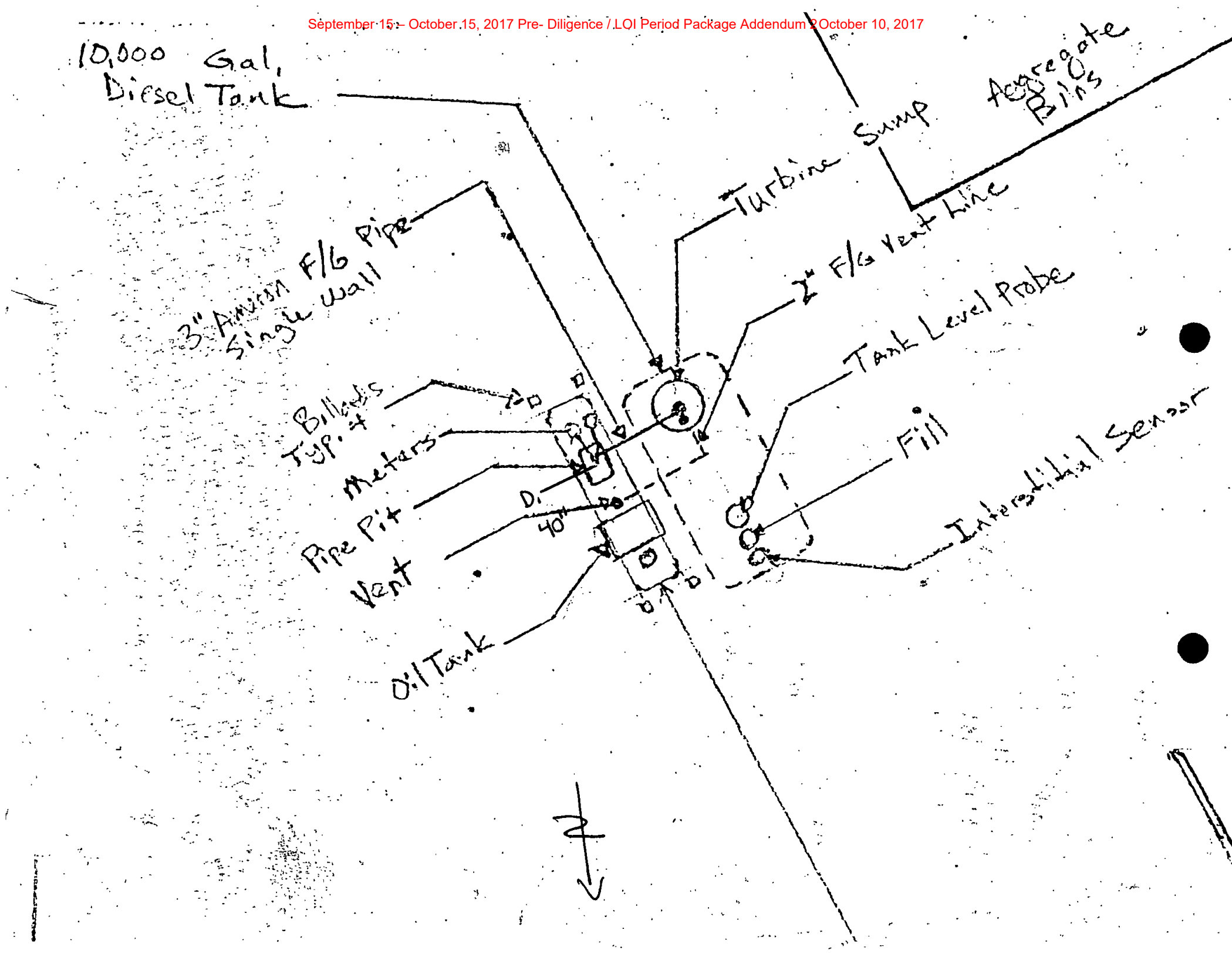


1/16/03 Completed by: A. Torres H21310/RT2067 4

The ATG and fill riser and annular riser were outside the distance to install a single sump. Photo five viewed looking east.



1/16/03 Completed by: A. Torres H21310/RT2067 5


10,000 Gal, Diesel Tank
Turbine Sump
Aggregate Bins
3" Amuron F/G Pipe Single Wall
2" F/G Vent Line
Tank Level Probe
Billards Typ. 4
Meters
Pipe Pit
Vent
Oil Tank
D1
40"
Fill
Interstitial Sensor
N

County of San Diego

SAM Chain-of-Custody Record

Date 1-16-03 Page 1 of 1

Project Name Repipe
Reference Superior Ready Mix
Address 9245 Camino Santa Fe
San Diego CA 92121
Samplers Signature [illegible]
Lab To Be Used HP LABS 92075

COPY OF LAB RESULTS MUST BE SENT TO:
Dept. of Environmental Health
Land and Water Quality Division
P.O. Box 129261
San Diego, CA 92112-9261

SAMPLE NO.	DATE	TIME	LOCATION	TPH METHOD	TRPH EPA 418.1	BTXE (8021/8260)	HALOGENATED (8010/601)	MTBE		SOLID	LIQUID	GRAB	COMPOSITE	NO OF CONTAINERS	COMMENTS
D-1	1-16-02	13:40	Under dispenser	1		—		—		1		1		1	Run full range on all samples (C_{16} – C_{30}) Run BTXE and MTBE on highest sample. Include other oxygenates.
						— See Comments		— See Comments							

① RELINQUISHED BY	Date	② RELINQUISHED BY	Date	③ RELINQUISHED BY	Date
Signature		Signature		Signature	
Printed Name	Time	Printed Name	Time	Printed Name	Time
Company		Company		Company	
RECEIVED BY	Date	RECEIVED BY	Date	RECEIVED BY	Date
Signature		Signature		Signature	
Printed Name	Time	Printed Name	Time	Printed Name	Time
Company		Company		Company	

TOTAL NO. OF CONTAINERS

Sample Conditions
Received On Ice Yes/No
Tape Seal Intact Yes/No

Special Shipment/Handling Or Storage Requirements:

Split Sample Location

Site Identification
H# 21310
AT#
SAM

Distribution: White - Laboratory
Yellow - Contractor/Responsible Party
Pink - SAM

DEH:SAM-999 (Rev. 2/99) NCR

County of San Diego
Department of Environmental Health

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 428T24

Permit # RT2067
Establishment # H21310
Date: January 10, 2003
Expiration Date: January 10, 2004

Permit for Underground Storage Tank Construction/Closure

SITE NAME: Superior Ready Mix
SITE ADDRESS: 9245 Camino Santa Fe, San Diego, CA 92121
OWNER NAME: Superior Ready Mix
OWNER ADDRESS: 1508 Mission Road, Escondido, CA 92029

DESCRIPTION OF PROPOSED WORK: Repipe one UST system

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

A. **Existing UST Tank is double walled glassteel (DEH inspector to verify)**

1) Existing Veeder-Root Tank TLS 300 monitoring system

PLEASE NOTE : *NEW* manway lids and risers are subject to pressure testing

---

B. Existing product piping is double wall FRP piping (DEH Inspector to verify)

1) **Remove and replace all product vent piping.** Soil sampling is required for all product piping removed. (can be performed concurrently with the primary pressure test)
2) Install New double wall FRP product line
3) Install New single wall FRP vent line
4) Install New UDCs with continuous electronic monitoring that must be programmed for positive turbine shut down upon leak detection.
5) A **Certified Line Integrity Test** is required prior to the final inspection.

Tank Sumps

C. Tank sumps*

1) Install new water tight sumps with liquid sensors and sealed manway lids at the fill and turbine ends of tanks.

Tank sumps 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) **Soil Sampling of product piping and Pressure Test (can be performed concurrently)**
2) **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) **CUPA Form 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 $200.00 plan re-review fee and $300.00 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 $300.00 REINSPECTION FEE.

Plans Reviewed and Approved By: **Robert Rapista** Date: 1/10/03
Notified _____

OFFICE USE ONLY

ACTIVITY CODE 428T24

County of San Diego
Department of Environmental Health
Hazardous Materials Division
1255 Imperial Avenue
P.O. Box 129261
San Diego, CA 92112-9261

Permit # RT2067
Establishment # H21310
Date: November 25, 2002

Permit for Underground Storage Tank Construction/Closure

SITE NAME: Superior Ready Mix
SITE ADDRESS: 9245 Camino Santa Fe, San Diego, CA 92121
OWNER NAME: Superior Ready Mix
OWNER ADDRESS: 1508 Mission Road, Escondido, CA 92029

DESCRIPTION OF PROPOSED WORK: Repipe one UST system

The Permit Application has been disapproved for the following reasons:

1. **No cross section of tank and piping systems. This drawing must show secondary containment of tank and piping, spill/overfill prevention devices, leak detection equipment with correct number of sensing probes and extension of all piping and ancillary equipment to finish grade. Must submit a drawing that identifies all the items listed and address the following:**

   a. **A cross section diagram for the piping into containment sump. Drawing needs to show primary and secondary piping with intrusion into the containment sump and the sensor probe to monitor the piping and/or sump.**

   b. **A drawing that show where containment sumps are to be attached to the UST. Tank sumps must be installed in accordance with the tank manufacturers recommendations. Installation must not void the Tank Manufacturers Listing. Please provide documentation from the installer that they are certified to install collars on the specific underground storage tank(s) and installation will be done in accordance with the manufacturers recommendations.**

   c. **A cross section diagram for the under dispenser containment (UDC) proposed to be installed. Drawing needs to show primary and secondary piping with intrusion into the UDC and the sensor probe to monitor the sump. Must provide manufacturer make and model of proposed UDC to be installed**

2. **Incorrect permit fee. Soil sampling is required for this proposed scope of work. The permit fee shall be $755.00. A difference of $220.00 is due.**

A $200.00 Permit re-review fee is required. Please re-submit the above information with fees.

Plans **Disapproved** By: Robert Rapista Date: 11/25/02

Notified _____

RECEIVED
2002 OCT 22 PM 1 00
D. E. H.
MAILROOM

PERMIT APPLICATION
PART I
GENERAL PROJECT INFORMATION

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

OFFICE USE ONLY
EST#: H21310
PLAN CK#: RT2067
DATE RECEIVED: 10-22-2002
FEE PAID: $535.00
PLAN APPROVAL: 11/10/02 (R)
HYDRO UNIT:
BENEF. USE:

ORIGINAL

A. SITE NAME: Superior Ready Mix
SITE ADDRESS: 9245 Camino Santa Fe City San Diego Zip 92121

B. PROPERTY OWNER:
Assessors Parcel No. 341-050-4200
Company Hanson Aggregates Contact Ron Hawkins
Mailing Address 9229 Harris Place City San Diego State CA Zip 92029
Phone (858) 277-5481
24-Hour Emergency Contact Ron Hawkins Phone (858) 277-5481

C. TANK OPERATOR:
Company Superior Ready Mix Contact Roger Destigter
Mailing Address 1508 Mission Rd City Escondido Zip 92029
Phone (760) 745-0556
24-Hour Emergency Contact Roger Destigter Phone (760) 801-6208

D. CONTRACTOR PERFORMING WORK:
Primary Contractor Western Pump Contract Matthew Bodde
Mailing Address 3235 F Street City San Diego Zip 92102
Phone (619) 239-9988 ext 223
State Contractor License 673853
Hazardous Substances Certificate 661/D40/Haz
Worker's Compensation Insurance Company State Compensation 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), Land and Water Quality 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
☐ Installation/Construction of new tank(s) systems only (without closing any existing tanks)	I & II	1
☐ Closure of existing tank(s) systems with installation of new tanks (tank replacement)	I, II & III	1 & 2
☐ Closure of existing tank(s) systems with no new tank installation	I & III	2
☐ Interior coating/repair of an existing underground storage tank	I & IV	1
☒ Repipe/pipe-repair piping upgrade of an existing underground storage tank facility	I & V	3
☐ 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 $890.00 (fee will apply to all tank installations, tank repairs, interior lining and bladder installations)	Fee: $
1	Installation fee for each additional tank No. _____ X $90.00	Fee: $
	Establishment Base Fee $180.00 (Applies to establishments not currently under permit with DEH)	Fee: $
	Operating Permit Fee per tank No. _____ X $270.00 (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 $535.00	Fee: $
	Closure fee for each additional tank No. _____ X $90.00	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) $755.00	Fee: $
	Upgrade /Repair – 1 inspection and no soil sampling $535.00	Fee: $ 535.00
4	Consultation fee (e.g. vaulted tank: minimum 2 hours) _____ Hours X $90.00	Fee: $
5	Re-inspection fee $300.00	Fee: $
	Plan Re-Review $200.00	Fee: $
		TOTAL FEE: $ 535.00

H. PERMITS REQUIRED BY OTHER AGENCIES:

FIRE DEPARTMENT Yes APCD — BUILDING DEPARTMENT — OTHER —

Provide copies of approved applications from these departments and others if needed.

September 15 - October 15, 2017 Rev. Diligence / CC Period Package Addendum 2 October 10, 2017

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 | 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 1

B. DESCRIPTION OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED

TANK NO.	TANK CAPACITY	PRODUCT TYPE	COMPOSITION
1	10,000	Diesel	unknown

CHECK BELOW WHAT PIPING IS TO BE REPLACED, REPAIRED OR UPGRADED.

	PRODUCT	VAPOR	VENT	FILL LINES
TANK NO. 1	Diesel		✓	
TANK NO. 2				
TANK NO. 3				
TANK NO. 4				

C. REASON FOR TANKS TO BE REPIPED/REPAIRED/UPGRADED:

- [x] Upgrade to meet current state/federal requirements
- [ ] Piping system failure
- [ ] Other, briefly describe _____

D. PIPING MATERIALS AND CONSTRUCTION:

Primary Containment ameron Manufacturer/model _____
Secondary Containment _____ Manufacturer/model _____
Dispenser Containment _____ Manufacturer/model _____

E. TYPE OF PRODUCT DELIVERY/FILL SYSTEM:
- [ ] Pressurized
- [ ] Suction
- [ ] Gravity
- [x] Direct Fill
- [ ] Manifolded System

F. PIPING LEAK DETECTION/MONITORING SYSTEM:
- [ ] Leak detector on pressurized line: Manufacturer _____
- [x] 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)
- [x] Mechanical monitoring
- [ ] Electronic monitoring _____ Model

County of
Department of Environme

DEH:SAM-915 (Rev. 5/99)

Sept. 1 to October 15, 2017 Pre-Diligence / LOI Period Package Addendum 2 October 10, 2017

H. TANK OVERFILL PREVENTION:

Catchment Basin surrounding the product fill pipe:
Manufacturer Porkeco

-AND-

☐ Product Level Sensing Device with High Level Alarm and Ball Float Valves
Manufacturer Veeder Root 300C

-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 Hi
Level Alarm
Manufacturer Veeder Root 300C

I. PIPING UPGRADE REQUIREMENT:

☐ Cathodic protection for all product piping in direct contact with backfill material, including turbine, flex connectors and all ot appurtenances containing product

☒ Secondary containment of all product piping including turbines, dispenser piping, and all other appurtenances containing pro

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.

September 15 - October 10, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

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 suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Department 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 schedule the required inspection. I understand that site and worker safety are solely the responsibility of the property owner or agent and that the responsibility is not shared or assumed by the County of San Diego.

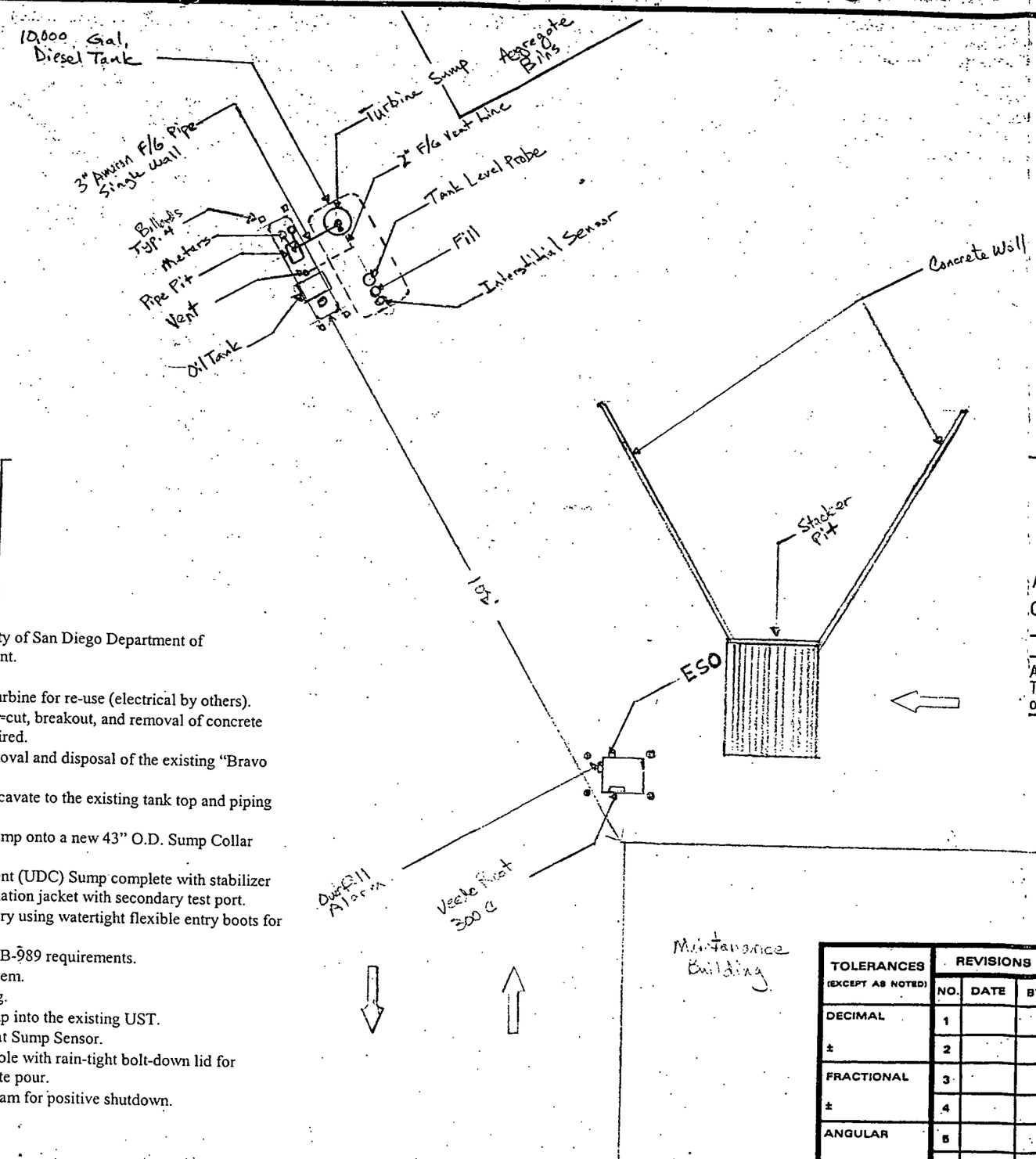
SIGNATURE & TITLE Matthew Bodde Project Manager

PRINT NAME Matthew J. Bodde

TELEPHONE (619) 237-9988 DATE 10/21/02

County of San Diego
- Department of Environmental Health -
Site Assessment & Mitigation Division
PLAN APPROVAL
PC# RT2067 H# 21310
Approved by [signature] Date: 1/10/03
Comments: REPIPE ONE UST SYSTEM

Any change in these plans may void this approval. This stamp does not constitute or imply approval by other agencies.



County of San Diego
- Department of Environmental Health -
Site Assessment & Mitigation Division
PLAN APPROVAL
Approved by
Comments:
Any change in these plans may void this approval. This stamp does not constitute or imply approval by other agencies.

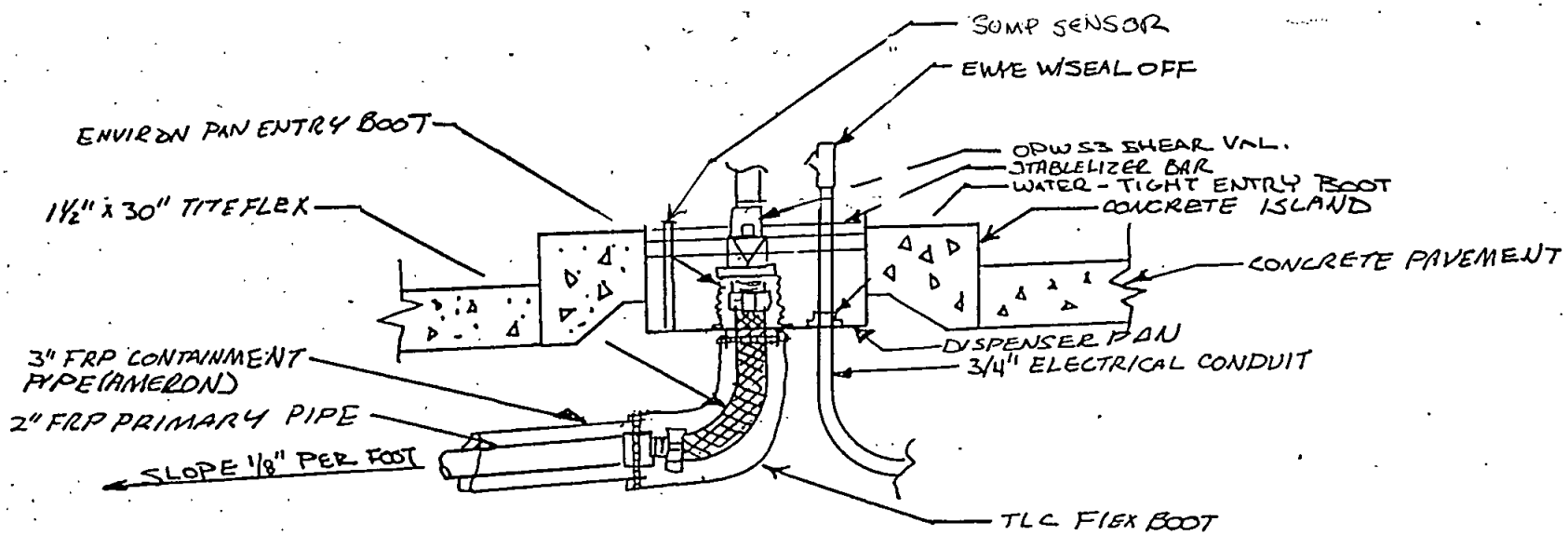
Scope of Work:

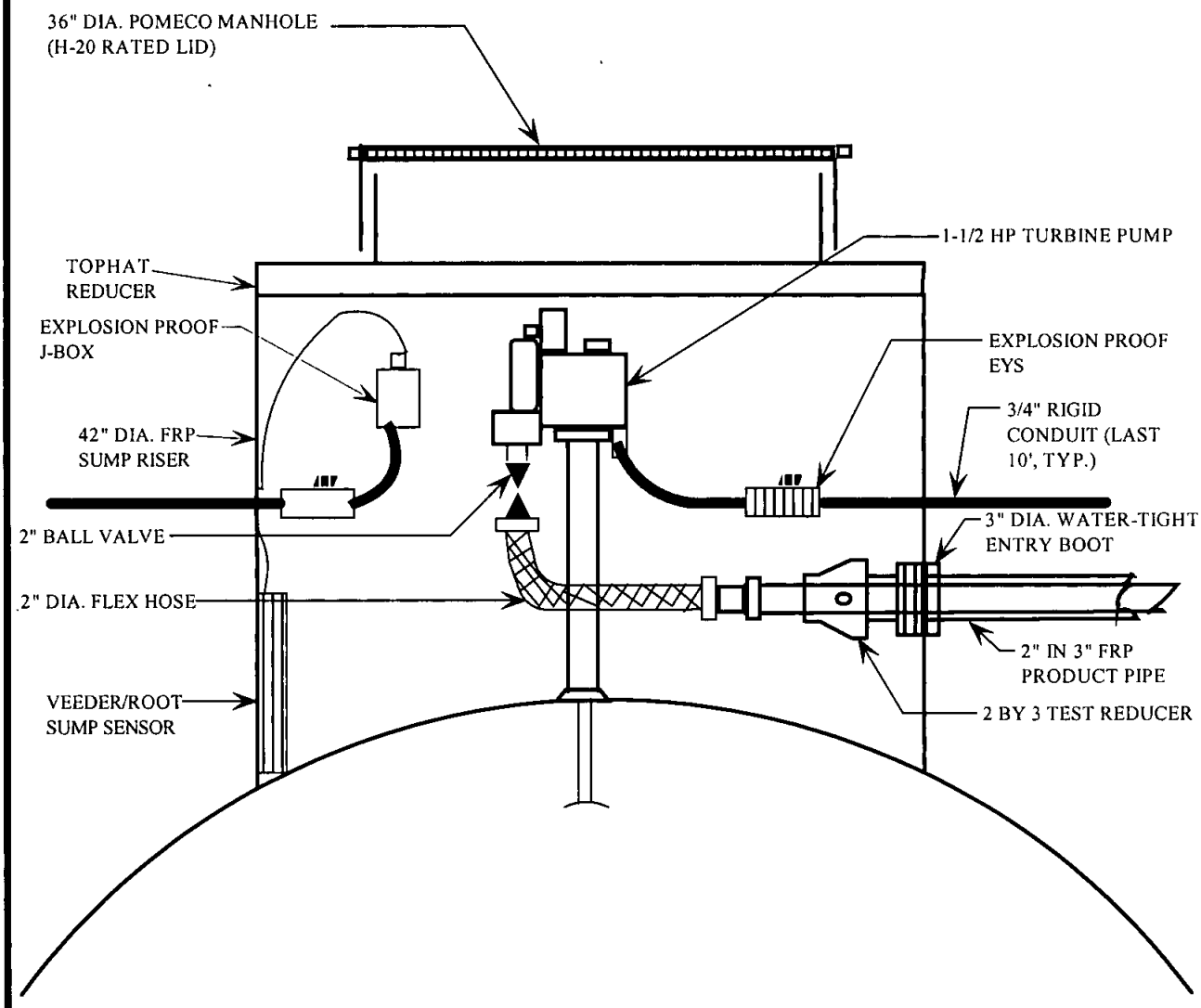
- Submit plans and fees to obtain permits from the County of San Diego Department of Environmental Health (DEH), and local Fire Department.
- Schedule appropriate inspections.
- Disconnect product piping, drain, remove, and store Turbine for re-use (electrical by others).
- Assist/direct Superior Ready Mix Personnel on the saw-cut, breakout, and removal of concrete around the turbine manhole and product piping as required.
- Assist/direct Superior Ready Mix Personnel on the removal and disposal of the existing "Bravo Turbine Sump".
- Assist/direct Superior Ready Mix Personnel to hand excavate to the existing tank top and piping system
- Provide and install one (1) new 42" Fiberglass Tank Sump onto a new 43" O.D. Sump Collar (provided by others) onto the existing UST.
- Provide and install one (1) Under Dispenser Containment (UDC) Sump complete with stabilizer bar, double-poppet shear valve, flex connector, and isolation jacket with secondary test port.
- Re-pipe product lines and electrical conduits as necessary using watertight flexible entry boots for all sump penetrations.
- Complete a Hydrostatic Sump Test and document per SB-989 requirements.
- Complete all required SB-989 Testing for the UST System.
- Test and obtain 3rd Party Certification on product piping.
- Re-install one (1) Red Jacket Submersible Turbine Pump into the existing UST.
- Provide and install one (1) new Veeder-Root single-float Sump Sensor.
- Provide one (1) new 36" diameter Turbine/Sump Manhole with rain-tight bolt-down lid for Superior Ready Mix Personnel to install prior to concrete pour.
- Re-certify the existing Veeder-Root TLS-300 and program for positive shutdown.
- Provide copies of permits to owner.

TOLERANCES (EXCEPT AS NOTED)	REVISIONS NO.	DATE	BY	Superior Ready Mix Fuel Island
DECIMAL ±	1			9245 Camino Santa Fe San Diego, CA. 92121
	2			
FRACTIONAL ±	3			DRAWN BY SWB / SCALE 2"=10' / MATERIAL
	4			
ANGULAR ±	5			CHK'D / DATE 9.6.02 / DRAWING NUMBER
	6			TRACED / APP'D

11 X 17 PRINTED ON NO. 1000H CLEARPRINT

TYPICAL DISPENSER PAN DETAIL





UNDERGROUND STORAGE TANK

TURBINE SUMP DETAIL		
CONTRACTOR. *CET/WESTERN PUMP* *3235 "F" STREET, SAN DIEGO CA*		
DATE: 12/18/02	SCALE: NTS	DRAWING NO: 1

September 15 – October 15, 2017 Pre-Diligence / LOI Period Package Addendum 2 October 10, 2017

CITY OF SAN DIEGO
FIRE & LIFE SAFETY SERVICES

1010 SECOND AVENUE, SUITE #300
SAN DIEGO, CA 92101
PHONE: (619) 533-4477 / (619) 533-4449

FIMS FILE #: _____ SQ #: _____
PERMIT# TA 030194
RECEIPT #: _____
DATE RECEIVED 10/22/02
CK #: _____ $: _____

Hazardous Material Permit Application (Fire Dept.)

SITE ADDRESS

NAME (OR NAME OF BUSINESS): Superior Ready Mix
ADDRESS (NUMBER) (STREET): 9245 Camino Santa Fe
CITY: San Diego | ZIP: 92121 | TELEPHONE NO.: (858) 277-5181

OWNER

NAME (IF NOT OWNER): Stanson Aggregates
MAILING ADDRESS (NUMBER) (STREET): 9239 Harris Plant Road
CITY: San Diego | ZIP: 92163 | TELEPHONE NO.: 339-5481

CONTRACTOR INFORMATION

NAME (IF NOT OWNER): Western Pump
MAILING ADDRESS (NUMBER) (STREET): 3235 F Street
CITY: San Diego | ZIP: 92102 | TELEPHONE NO.: 239-9988
PROVIDE CONTRACTOR LICENSE:
SIGNATURE (OWNER OR AGENT) REQUIRED: [signature] | DATE SIGNED:
PRINT NAME: Matthew Bodde
PHONE NUMBER: (619) 239-9988 | FAX NUMBER: (619) 239-9125

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
1	repipe	10,000 gal	diesel	below	Pressure	100 ft	913 ft

OTHER HAZARDOUS MATERIALS:
SOIL REMEDIATION:

REPIPE: Repipe product lines & electrical conduits for watertight flexible entry boots for sump penetrations

MEDICAL GAS / COMPRESSED GAS SYSTEM:
COMMENTS:

FIRE DEPARTMENT USE ONLY

DATE	INSPECTOR'S NAME	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 _____

FPB-365 (Rev 11-01) *This information is available in alternative formats upon request.*

FILE WORK SHEET

121310
RT2067

DATE	COMMENTS	INITIALS
4-1-03	Final Inspection by A. Segal. All Pass. Waiting for Sample results.	[illegible]
9-28-05	SAM review pending	SC
9-30-05	Release observed open case in SAM #121310-002	[illegible]
9-30-05	Clearance checklist printed & verified, Close to main file	SC

FILE WORK SHEET

H21310-
RT2067

DATE	COMMENTS	INITIALS
10-22-00	Received application with payment	
	($535.00) ck #36357 from Western	
	Pump for upgrade/repair/repipe.	CND
11/25/02	PERMIT DISAPPROVED	Re
11-25-02	Left VM - permit is ready for pick-up	
	at front counter. Disapproved.	CND
1-8-03	Received $220.00 ck #36796 from Western	
	Pump to fulfill payment of $755.00	
	for two (2) inspections as required by	
	permit. converted to T24.	CAB
1/10/03	PERMIT APPROVED	Re
1-13-03	Soil Sampling / Pressure Test Inspection	
	on Thursday, 16 JANUARY 2003 at 1:00 PM	
	for Tony Torres.	CND
1/16/03	Soil sample and pressure test complete.	
	Reinspection fee for pressure test not	
	completed for vent line installed per RT2067	
02-05-03	Per Tony Torres a $300.00 reinspection	
	fee is required.	CND
2-14-03	Pressure Test Reinspection on Tuesday,	
	18 FEB 2003 at 1:00 PM for Tony Torres.	CND.
2-18-03	Pressure test completed	
2-18-03	Received $300.00 reinspection fee	
	ck # 37178 from Western Pump.	CAB
3-26-03	Final Tank Inspection on Friday, 3-28-2003	
	at 1 PM for Richard Hansen. CANCELLED	CND
3-27-03	Final Tank Inspection on Tuesday, 1 APR 03	
	at 3:00PM for Amy Seigel.	CND

September 15 – October 15, 2017 Pre-Diligence Permit Package Addendum 2 October 10, 2017

GENERAL PERMIT - CLEARANCE CHECKLIST

Application | Address | Owner | Applicant | Profess | **Checklist** | Scope | Fee Calc | Fee Pmt | Comments

Permit Type: HURT **#:** 2067 **Project:** **Date:** 22-OCT-2002

APN: 341-050-37-00 9245 CAMINO SANTA FE SDC

X	Activity	Description	Assgd To	Target End Date	Decision	By	Decision Date	Nodes Beg	Nodes End	Cmt
☐	6HURECEIVE	PERMIT APPLICATION RECEIV	CDELACRU	27-MAR-2003	6HCOMPLETE	CDELACRU	22-OCT-2002	1	2	☑
☐	6HUFILE	FILE NOTES FOR UST PLAN C	CDELACRU	27-MAR-2003	6HCOMPLETE	CDELACRU	25-NOV-2002	2	3	☑
☐	6HUFILE	FILE NOTES FOR UST PLAN C	CDELACRU	27-MAR-2003	6HCOMPLETE	CDELACRU	09-JAN-2003	3	4	☑
☐	6HUAPPROV	PLAN CHECK PERMIT APPROV	RRAPISTA	27-MAR-2003	6HCOMPLETE	RRAPISTA	10-JAN-2003	4	5	☑
☐	6HUTEST	PRESSURE TEST INSPECTION	TTORRES	27-MAR-2003	6HCOMPLETE	TTORRES	16-JAN-2003	5	6	☑
☐	6HUFILE	FILE NOTES FOR UST PLAN C	CDELACRU	27-MAR-2003	6HCOMPLETE	CDELACRU	05-FEB-2003	6	7	☑
☐	6HUFILE	FILE NOTES FOR UST PLAN C	CDELACRU	27-MAR-2003	6HCOMPLETE	CDELACRU	18-FEB-2003	7	8	☑
☐	6HUTESTX	REINSPECTION FOR PRESSUI	TTORRES	27-MAR-2003	6HCOMPLETE	TTORRES	18-FEB-2003	7	8	☑
☐	6HU_FINAL	FINAL TANK INSPECTION - US	ASEIGEL	29-MAR-2003	6HCOMPLETE	ASEIGEL	01-APR-2003	8	9	☑
☐	6HU_SOIL	SOIL SAMPLE INSPECTION - U	TTORRES	30-MAR-2003	6HCOMPLETE	TTORRES	16-JAN-2003	9	10	☐
☐	6LSAM	SAM REVIEW	TTORRES	31-MAR-2003	6LCOMPLETE	MVERNEEH	30-SEP-2005	10	11	☑
☐	6HUCLOSED	UST PLAN CHECK PERMIT CLI	SCAMBA	01-APR-2003	6HCOMPLETE	SCAMBA	03-OCT-2005	11	12	☑
☐										☐
☐										☐

Dept: 6DEH **Dur:** 1 **Comment:** TO MAIN FILE.

Stat: DONE **Dur Type:** C

◉ All Activities
○ Only Available

Notes | Permit Signoff | Activity Point | Add Activity | Assign Activities

SL

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

HP LABS

RECEIVED
2003 FEB 6 AM 10 33
D. E. H.
MAILROOM

January 30, 2003

H21310-001
FILE

Mr. Matt Bodde
CET Western Pump
3235 F Street
San Diego, CA 92102

SUBJECT: DATA REPORT – REPIPE – SUPERIOR READY MIX – 9245 CAMINO SANTA FE – SAN DIEGO, CA – CET WESTERN PUMP PROJECT #21310

HP Labs Project # CET011603-12

Mr. Bodde:

Please find enclosed a data report for the above referenced location. Soil samples were analyzed in DOHS certified mobile laboratory (CERT #1839).

Project Summary

The following analyses were conducted:

- 1 soil for total petroleum hydrocarbons (TPH) by DHS LUFT/8015M Method

The samples were received chilled in appropriate containers with appropriate labels, seals, and chain-of-custody documentation.

Project Narrative

The results for all analyses and required QA/QC analyses are summarized in the enclosed tables. All calibrations, blanks, surrogates, and spike recoveries fulfill quality control criteria. No data qualifiers (flags) apply to any of the reported data.

HP Labs appreciates the opportunity to provide analytical services to CET Western Pump on this project. If you have any questions relating to this data or report, please do not hesitate to contact us.

Sincerely,

Dwayne Hoffman, for
Ms. Tamara Davis
Lab Director

148 S. Vinewood Street • Escondido, CA 92029 • Phone (760) 735-3208 • Fax (760) 735-2469
432 N. Cedros Avenue • Solana Beach, CA 92075 • Phone (858) 793-0401 • Fax (858) 793-0404
2373 208th Street Suite F-1 • Torrance, CA 90501 • Phone (310) 782-2929 • Fax (310) 782-2798

CET WESTERN PUMP PROJECT #21310
REPIPE - SUPERIOR READY MIX
9245 CAMINO SANTA FE
SAN DIEGO , CA

HPL Project #CET011603-12

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	1/23/2003	ND	ND	ND
D-1	1/23/2003	ND	25,000	ND
DETECTION LIMITS		10	10	10

ND INDICATES NOT DETECTED AT LISTED DETECTION LIMITS

ANALYSES PERFORMED IN CA DOHS CERTIFIED MOBILE LABORATORY (CERT #1839)
ANALYSES PERFORMED BY: JODY GRINDEL
DATA REVIEWED BY: MS. TAMARA DAVIS

QA/QC REPORT - CALIBRATION DATA

HPL Project #CET011603-12
DAILY CALIBRATION DATE : 01/23/03

	CALIBRATION RANGE		INITIAL	INITIAL		OPENING			CLOSING / LCS		
COMPOUND	SOIL (ppm)	WATER (ppb)	CALIB DATE	RF	%RSD	AREA	RF	%DIFF	AREA	RF	%DIFF
TPH GASOLINE - FID2	10 - 20000	440 - 880000	10/24/2002	0.250	5.2%	834	0.240	4.1%	867	0.231	7.8%
TPH DIESEL - FID2	10-50000	440 - 220000	10/25/2002	0.271	8.6%	2,099	0.238	12.2%	1,950	0.256	5.5%

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: JODY GRINDEL
DATA REVIEWED BY: MS. TAMARA DAVIS

QA/QC REPORT - MS/MSD DATA

MATRIX SPIKE (MS)/MATRIX SPIKE DUPLICATE (MSD) FOR SOILS

ANALYSIS DATE : 01/23/03
HPL Project #CET011603-12

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	256	128.0%	230	115.0%	10.7%	15%	75% - 135%
TPH DIESEL	500	485	97.0%	441	88.2%	9.5%	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: JODY GRINDEL
DATA REVIEWED BY: MS. TAMARA DAVIS

County of San Diego CET011603-12

SAM Chain-of-Custody Record TAT: Std

Date 1-16-03 Page 1 of 1

Project Name Depipe
Reference Superior Ready Mix
Address 9245 Camino Sante Fe
San Diego CA 92121
Samplers Signature Mark Bridgwater
Lab To Be Used HP LABS 92075

SAMPLE NO.	DATE	TIME	LOCATION	TPH METHOD	TRPH EPA 418.1	BTXE (8021/8260)	HALOGENATED (8010/601)	MTBE		SOLID	LIQUID	GRAB	COMPOSITE	NO OF CONTAINERS	COMMENTS
B-1	1-16-02	13:40	Under dispenser	1		1		1		1		1		1	Run full range on all samples (C_6 - C_{30}) Run BTXE and MTBE on highest sample. Include other oxygenates.
						See Comments		See Comments							

COPY OF LAB RESULTS MUST BE SENT TO:
Dept. of Environmental Health
Land and Water Quality Division
P.O. Box 129261
San Diego, CA 92112-9261

① RELINQUISHED BY	Date	② RELINQUISHED BY	Date	③ RELINQUISHED BY	Date
Signature: Mark Bridgwater	1-16-03	Signature		Signature	
Printed Name: MARK BRIDGWATER	Time: 3:30 p.m	Printed Name	Time	Printed Name	Time
Company: CET Western Pump		Company		Company	
RECEIVED BY: Jody Cordell	Date	RECEIVED BY	Date	RECEIVED BY	Date
Signature: Jody Cordell	1-16-03	Signature		Signature	
Printed Name: Hp labs	Time: 15:30	Printed Name	Time	Printed Name	Time
Company		Company		Company	

TOTAL NO. OF CONTAINERS

Sample Conditions
Received On Ice (Yes/No)
Tape Seal Intact (Yes/No)

Special Shipment/Handling Or Storage Requirements:

Split Sample Location

Site Identification
H# 21310
AT#
SAM

CET WESTERN PUMP
619-239-9988 ATT MATT BARNES
FAX 239-9925

Distribution: White - Laboratory
Yellow - Contractor/Responsible Party
Pink - SAM

DEH:SAM-999 (Rev. 2/99) NCR

County of San Diego
Department of Environmental Health

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

Form A, B, WMP, ERP set to main file

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: RT2067 **UPF Permit Number:** 121310

Site Address: 9245 Camino Santa Fe City San Diego Zip 92121

Facility Name: Superior Ready Mix

Contractor's Name: Western Pump Larry PHONE#: (619) 239.9988

REQUIRED DOCUMENTATION:	YES	NO
Integrity Test Report Received ☐ Tank N/A ☑ Piping ☑ Secondary	✓	
Certification of Tank System Installation Forms for **each** tank:		
☑ Facility (Form A) ☒ Tanks (Form B) ☒ Installation Certification (Form C)	✓	
Tank Manufacturer's Checklist for New Tank Systems Installed	N/A	
Received: ☐ Certification of Monitoring Equipment Installation N/A same ☐ UST Monitoring System Cert.		
Complete Monitoring and Response Plans Received: ☐ Initial ☑ Revised ☑ Plot Plan	✓	
MONITORING SYSTEM TYPE: Veeder Root TLS 300 **VERIFIED BY:** Siegel **DATE:** 4/1/03		
Number of monitoring probes installed 1 Number of monitoring sensors installed 4	YES	NO
Monitoring devices/piping/tanks installed as shown on HMD approved plans.	✓	
Tank (interstitial space) ☐ Wet annular ☑ Dry annular (1)	✓	
Manway sumps ☑ Turbines (1) ☑ Fills (1) ☑ ATG	✓	
1ry & 2ndary Containment piping ☐ Flexible ☑ FRP ☐ Other	✓	
Dispenser Containment sumps ☐ Mechanical ☑ Electronic (1) ☐ Other	✓	
Shut down device with alarm ☑ Turbine and UDC ☐ Turbine only	✓	
Monitoring devices on turbine ☐ PLLD ☑ Restrictive/Mechanical tested 4/1/03 ☐ Other ☐ None	✓	
Fail Safe enabled	✓	
As builts received	✓	
SPILL/OVERFILL PREVENTION CHECK:	YES	NO
Catchment Basin on fill pipe installed	✓	
Ball Float Valves on vent and vapor lines installed 90 %	✓	
Product Level Sensing Device (ATG) 90 %	✓	
Positive shutoff on fill pipe (Flapper Valve) ___ % no-N/A	—	
Vapor/Vent secondarily contained		✓
Tanks and piping secondary containment under constant pressure/vacuum		✓
MONITORING EQUIPMENT VERIFICATION APPROVED	✓	
REINSPECTION AND REINSPECTION FEE REQUIRED		✓
FINAL OPERATING PERMIT ISSUED	✓	

REMARKS: System not Certified today – existing – will need to be certified annual (once a year). Retest new install secondary containment in 6 months.

Received by: Larry Johnson **Print Name:** Larry Johnson **DATE:** 4/1/03

COUNTY OF SAN DIEGO-CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH, HAZARDOUS MATERIALS DIVISION
Distribution: White-HMD; Yellow-UST Owner/Operator

DEH:HM-9167 (12-02) NCR

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. __/__/__ Tested on file y/n

TANK LOCATION	ADDRESS	9245 CAMINO SANTA FE	
	CITY	SAN DIEGO CA	ZIP 92121
TANK OPERATOR	NAME	SUPERIOR READY MIX	PHONE (858) 695-0666
TANK OWNER	NAME	SUPERIOR READY MIX	PHONE (858) 695-0666
	ADDRESS	9245 CAMINO SANTA FE	
	CITY	SAN DIEGO CA	ZIP 92121

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 INFLUENCE IN LINE TESTING

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	DIESEL	+.0020	PASSED	N/A	N/A	N/A	N/A	4/1/03

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 PETROTITE LINE TESTER

Name of Licensed Tester ANTONIO F. VERDUGO License No. 94-1411

Signature of Tester Antonio Fernando Verdugo Date 4/1/2003

VERDUGO TESTING CO.

• Complete Service
• Online Maintenance
• Certified Tank Testing
• Vapor Testing

FERNANDO VERDUGO
LIC # 91-1411

700 Sundance Ct.
Chula Vista, CA 91911
(619) 410-0370
Fax (619) 421-2317

Date: April 1 2003

Owner: SUPERIOR READY MIX

Address: 9245 CAMINO SANTA FE

City: SAN DIEGO State: CA Zip: 92121-2201

Test Method: Petrotite Hydrostatic Station #: ONE HOUR PRE TEST 10' 2" PIPE

DIESEL #2

Military Time:	Procedure:	Pressure Before	Pressure After	Volume Before	Volume After	Volume Net	Results
1213	Charge Line To:	50	0	.038	.046	+.008	Line Test Tol +/- .010
1313	Recharge To:	50	50	.038	.038	+.0000	Bleed Back Tol + .050
1328	Start Test	50	54	.038	.039	+.0010	Leak Detector OK? ✓
1343	Test Continued	50	54	.039	.040	+.0010	Serial #: 116-058-3367 RJ
1358	Test Continued	50	51	.040	.040	+.0000	
1413	Test Continued	50	51	.040	.040	+.0000	+.0020 GPH
1413	Bleed Back	50	0	.040	.048	+.008	BLEED BACK

Unleaded:

Military Time:	Procedure:	Pressure Before	Pressure After	Volume Before	Volume After	Volume Net	Results
	Charge Line To:	50	0				Line Test Tol +/- .010
	Recharge To:	50	50				Bleed Back Tol + .050
	Start Test	50					Leak Detector OK?
	Test Continued	50					Serial #:
	Test Continued	50					
	Test Continued	50					GPH
	Bleed Back						

Regular:

Military Time:	Procedure:	Pressure Before	Pressure After	Volume Before	Volume After	Volume Net	Results
	Charge Line To:	50	0				Line Test Tol +/- .010
	Recharge To:	50	50				Bleed Back Tol + .050
	Start Test	50					Leak Detector OK?
	Test Continued	50					Serial #:
	Test Continued	50					
	Test Continued	50					GPH
	Bleed Back						

Diesel:

Military Time:	Procedure:	Pressure Before	Pressure After	Volume Before	Volume After	Volume Net	Results
	Charge Line To:	50	0				Line Test Tol +/- .010
	Recharge To:	50	50				Bleed Back Tol + .050
	Start Test	50					Leak Detector OK?
	Test Continued	50					Serial #:
	Test Continued	50					
	Test Continued	50					GPH
	Bleed Back						

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 – INSTALLATION CERTIFICATE OF COMPLIANCE

(one page per tank)

Page __ of __

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Superior Ready Mix

ADDRESS (For local use only) 476
9245 Camino Santa Fe, San Diego, CA 92121

FACILITY ID# 3 7 0 0 0 H 2 1 3 1 0 1 TANK ID# 44-040263 477

II. INSTALLATION

(Check all that apply)

- [x] 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
- [x] The installation has been inspected and approved by the Unified Program Agency. 480
- [x] All work listed on the manufacturer's installation checklist has been completed. 481
- [x] The installer has been certified or licensed by the Contractors' State License Board. 482
- [x] 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:

Installation of new fill & turbine sumps, secondary piping, fuel dispenser & UDC.

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
Matt Bodde	4-1-03
NAME OF TANK OWNER/AGENT (print) 485	TITLE OF TANK OWNER/AGENT 486
Matthew Bodde, agent	Project Manager

UST Installation - Certificate of Compliance

Formerly SWRCB Form C

Complete this certification upon installation of an UST and piping. One certification is required for each tank system. This page may be completed by either the UST owner or representative.

Refer to 23 CCR 2635 for UST installation and testing 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.

476. ADDRESS - Enter the street address where the tank is located. This is to assist the tank inspector in locating the tank.

477. TANK ID NUMBER - Enter the tank ID number assigned by the owner. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA. This is the same as item 432 as found on the UST Tank Page 1.

478. TRAINED AND CERTIFIED BY TANK AND PIPING MANUFACTURER - Check if the tank installer provided evidence of being trained and certified by the tank and piping manufacturer.

479. REGISTERED ENGINEER INSPECTION - Check if the installation has been inspected and certified by a registered professional engineer, if necessary.

480. UNIFIED PROGRAM AGENCY APPROVAL - Check if the installation has been inspected and approved by the Unified Program agency.

481. COMPLETION OF MANUFACTURER'S CHECKLIST - Check if all work listed on the manufacturer's installation checklist was completed.

482. CONTRACTORS STATE LICENSE BOARD CERTIFICATION OR LICENSE - Check if the installer has provided proof of CSLB certification or licensing.

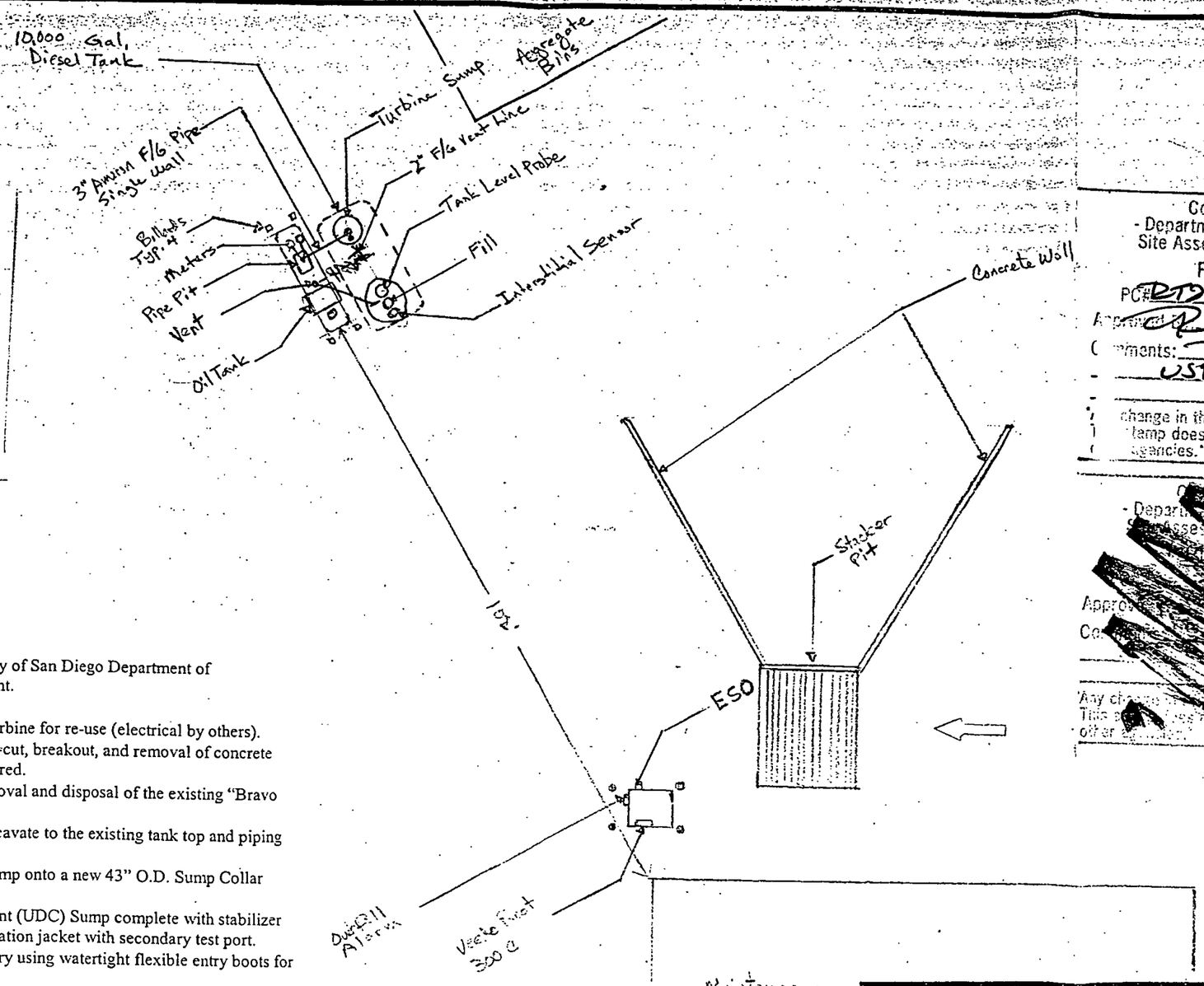
483. INSTALLATION DESCRIPTION - Check if the UST system was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions. Describe the installation in the space provided. Clarify the type and the extent of work completed at the facility, such as installation of dispenser containment, replacement of piping, or installation of turbine sumps.

SIGNATURE OF TANK OWNER/AGENT - The tank 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.

484. DATE CERTIFIED - Enter the date that the page was signed.

485. TANK OWNER/AGENT NAME - Enter the full printed name of the person signing the page.

486. TANK OWNER/AGENT TITLE - Enter the title of the person signing the page.



County of San Diego
- Department of Environmental Health -
Site Assessment & Mitigation Division
PLAN APPROVAL
PC# RT2067 HS# 21310
Approved: [illegible] Date: 1/10/03
Comments: REPIPE ONE UST SYSTEM
Any change in these plans may void this approval. This stamp does not constitute or imply approval by other agencies.

County of San Diego
- Department of Environmental Health -
Site Assessment & Mitigation Division
PLAN APPROVAL
Approved: [illegible]
Comments:
Any change in these plans may void this approval. This stamp does not constitute or imply approval by other agencies.

Scope of Work:

- Submit plans and fees to obtain permits from the County of San Diego Department of Environmental Health (DEH), and local Fire Department.
- Schedule appropriate inspections.
- Disconnect product piping, drain, remove, and store Turbine for re-use (electrical by others).
- Assist/direct Superior Ready Mix Personnel on the saw-cut, breakout, and removal of concrete around the turbine manhole and product piping as required.
- Assist/direct Superior Ready Mix Personnel on the removal and disposal of the existing "Bravo Turbine Sump".
- Assist/direct Superior Ready Mix Personnel to hand excavate to the existing tank top and piping system
- Provide and install one (1) new 42" Fiberglass Tank Sump onto a new 43" O.D. Sump Collar (provided by others) onto the existing UST.
- Provide and install one (1) Under Dispenser Containment (UDC) Sump complete with stabilizer bar, double-poppet shear valve, flex connector, and isolation jacket with secondary test port.
- Re-pipe product lines and electrical conduits as necessary using watertight flexible entry boots for all sump penetrations.
- Complete a Hydrostatic Sump Test and document per SB-989 requirements.
- Complete all required SB-989 Testing for the UST System.
- Test and obtain 3rd Party Certification on product piping.
- Re-install one (1) Red Jacket Submersible Turbine Pump into the existing UST.
- Provide and install one (1) new Veeder-Root single-float Sump Sensor.
- Provide one (1) new 36" diameter Turbine/Sump Manhole with rain-tight bolt-down lid for Superior Ready Mix Personnel to install prior to concrete pour.
- Re-certify the existing Veeder-Root TLS-300 and program for positive shutdown.
- Provide copies of permits to owner.

TOLERANCES (EXCEPT AS NOTED)	REVISIONS NO.	DATE	BY
DECIMAL ±	1		
	2		
FRACTIONAL ±	3		
	4		
ANGULAR ±	5		
	6		

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

DRAWN BY	SCALE	MATERIAL
SWB	2"=10'	
CHK'D	DATE 9.6.02	DRAWING NUMBER
TRACED	APP'D	

11 X 17 PRINTED ON NO. 1000H CLEARPRINT

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 2067 **Permit Number:** H21310

Facility Name: Superior Ready Mix Bldg. No.:

Site Address: 9245 Camino Santa Fe City: San Diego Zip: 92121

Contractor: Western Pump Contractor's Phone No.: (619) 239-9988

☐ New Tank Installation ☐ Repipe/Repair ☐ Secondary Containment Repair ☐ Other:

I. PRESSURE TEST

	Tank ID:	001			
	Product Type:	DSL			
Product Line					
Primary	Start time: 1:40	76 psi	psi	psi	psi
	End time: 2:30	76 psi P/F	psi P/F	psi P/F	psi P/F
Secondary	Start time:	psi	psi	psi	psi
	End time:	psi P/F	psi P/F	psi P/F	psi P/F
Vapor/Tank & Vent					
Primary	Start time:	psi	psi	psi	psi
	End time:	psi P/F	psi P/F	psi P/F	psi P/F
Secondary	Start time:	psi	psi	psi	psi
	End time:	psi P/F	psi P/F	psi P/F	psi P/F

II. HYDROSTATIC TEST

Sump/ dispenser/ spill bucket:					
	Start time:	inches	inches	inches	inches
	End time:	in. P/F	in. P/F	in. P/F	in. P/F
	Start time:	inches	inches	inches	inches
	End time:	in. P/F	in. P/F	in. P/F	in. P/F
	Start time:	inches	inches	inches	inches
	End time:	in. P/F	in. P/F	in. P/F	in. P/F

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: The 12 ft primary pipe was approved this day. No vent pipe or fill sump installed per approved permit. A reinspection fee is required and due prior to pressure test inspection for vent line. In addition the secondary test was not completed in 2002 due to upgrades. Ensure annular test is submitted with as-builts if different from plan check drawings.

Received by: Mark Bridgewater Print name: MARK BRIDGWATER Date: 1/16/03

HMD Inspector: Date: / /

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 2067 **Permit Number:** H 21310

Facility Name: Superior Ready Mix Bldg. No.:

Site Address: 9245 Camino Santa Fe City: San Diego Zip: 92121

Contractor: Western Pump Contractor's Phone No.: (619) 239-9988

☐ New Tank Installation ☑ Repipe/Repair ☐ Secondary Containment Repair ☐ Other:

I. PRESSURE TEST

	Tank ID:	001			
	Product Type:	DSL			
Product Line					
Primary	Start time:	~~4.0~~ psi	psi	psi	psi
	End time:	psi P/F	psi P/F	psi P/F	psi P/F
Secondary	Start time:	psi	psi	psi	psi
	End time:	psi P/F	psi P/F	psi P/F	psi P/F
Vapor/Tank & Vent					
Primary	Start time: 13:21	5.0 psi	psi	psi	psi
	End time: 13:51	5.0 psi P/F	psi P/F	psi P/F	psi P/F
Secondary	Start time:	psi	psi	psi	psi
	End time:	psi P/F	psi P/F	psi P/F	psi P/F

II. HYDROSTATIC TEST

Sump/ dispenser/ spill bucket:					
	Start time:	inches	inches	inches	inches
	End time:	in. P/F	in. P/F	in. P/F	in. P/F
	Start time:	inches	inches	inches	inches
	End time:	in. P/F	in. P/F	in. P/F	in. P/F
	Start time:	inches	inches	inches	inches
	End time:	in. P/F	in. P/F	in. P/F	in. P/F

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: Be advised: In addition to required documents identified on permit, also include tank manufacture documentation for the installation of tank collars, and form A & B. The annular space was not tested by 1/1/03, and plans to test would be performed. Ensure annular is tested and available at final inspection. Submit as-built at final for vent line change.

Received by: Larry Johnson **Print name:** Larry Johnson **Date:** 2/18/03

HMD Inspector: **Date:** / /

Also include testing for spill buckets per AB 2481. Retest new install at 6-months. (SB 989). (annually)

LAND AND WATER QUALITY DIVISION

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT

ESTABLISHMENT NO. H21310 PLAN CHECK NO. RT 2067
SITE NAME Superior Ready Mix PHONE
SITE ADDRESS 9245 Camino Santa Fe CITY San Diego ZIP 92121
CONTRACTOR Western Pump PHONE (619) 239-9988

Number of tanks to be removed 1 2 3 4 5 6 7 8 _____
Decontamination by N/A
Manifest No.
Tank rinsate/(amount & destination)

FIRE AGENCY PRESENT YES (NO)
Dept.
Permit No.
Inspector

Tank ID No.					REMARKS
Capacity		DW Ameron Pipe			
Tank Construction		replaced w/ UPC			D1 = 40" (13:40) within
Materials stored		and DW Ameron			native and 60" below
% L.E.L.		pipe.			grade. Decomposed
Dry ice/other (amt.)					granite soil to
Tank condition	OK				unknown depth.
Backfill soil type	DG				Possible - hydrolic
Backfill condition	OK				fill below tank
Native soil type	DG				hole
Native condition	OK				
Excavation odors?	NO				Per Roger Destigter, of
Stockpile odors?	NO				Superior Ready Mix
Water present?	NO				Pipe was disposed and
Ponded product?	NO				Ameron DW Pipe.
Piping removed?	Yes				Inspector could not
					verify. Pipe located
					and verified this day

REINSPECTION REQUIRED YES (NO) If yes, explain

NOTICE: You are hereby notified that on 1/16/03, an Environmental Health Specialist conducted an inspection for the closure of ~~hazardous substance underground storage~~ Repipe tank(s). A summary of the conditions follows: as DW Ameron.

☐ 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 Anthony Torres at the address provided below. Fax (619) 338-2335

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: TONY TORRES **Date Reviewed:** 9/13/05 **Supervisor (initial):** MDV/SW

RECEIVED BY Mark Bridgwater
PRINTED NAME MARK BRIDGWATER
PHONE NUMBER 619-239-9988

Anthony
Environmental Health Specialist
SAM - P.O. Box 129261
San Diego, CA 92112-9261 (619) 338-2222

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: 40+ feet Beneficial use? ☐ Yes ☒ No

SOIL CONDITIONS (Odors, Staining, Volume):

Describe backfill and its condition: _____

Describe native soil and its condition: _____

How was hazardous substance released? _____

Tank condition (holes, corrosion, wrapping, seams, evidence or overfill) _____

Estimated length of piping removed? 12 feet Date tanks last used? _____

Nearby water wells or surface waters? ☒ Yes* ☐ None noted

*Describe: Creek to North of facility 200 yds

Any known sensitive receptors, i.e., underground vaults, utilities or basements nearby? ☐ Yes* ☐ None noted

*Describe: _____

COMMENTS: _____

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 35651
DATE 8 / 7 / 95
PAGE 1 OF 2
BUS CODE K70
SPECIALIST J. Gomes
CONTACT Joe Lundstrom
TITLE Site MGR.
PHONE 550-0280

BUSINESS NAME CANYON RECYCLING
ADDRESS 9255 H 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.

AUG 1 0 1995

Office Use Only

Processed 9/6/95 JC file

Initial Inspection:

1. OBTAIN A VALID HEALTH PERMIT FROM this Dept. Post PERMIT ON SITE.
2. PROPERLY LABEL WASTE oil Drums with "HAZARDOUS WASTE" LABELS. Fill out the LABELS with the required INFORMATION FOR "Storage".
3. KEEP Receipts FOR WASTE oil & oil FILTER pick ups ON SITE, EASILY AVAILABLE FOR review FOR a MINIMUM OF 3 yrs.
4. KEEP WASTE oil Drums tightly CLOSED EXCEPT when ADDING OR REMOVING WASTE.
5. OBTAIN Spill control MATERIAL & STORE close to Drums to contain an accidential Spill. Clean up spills immediately.
6. Submit A completed HAZ Mat BUSINESS Plan to this Dept. to my attention within 30 DAYS.
7. Conduct Employee training within 30 DAYS FOR NEW Employees & annually FOR existing Employees covering the HANDLING, STORAGE, & DISPOSAL OF Haz WASTE & EMERGENCY PREPARDNESS - FIRE & SPILLS.
8. Document All training, Dates, signatures, TOPICS.

Signature of Business Representative

Site Mgr.
Title

Department of Health Services, Environmental Health Services, Hazardous Materials Management Division, PO Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DHS:HM-924 (3/94) NCR

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

Department of Health Services
Environmental Health Services

COUNTY OF SAN DIEGO

ES NUMBER H 35651

COMPLIANCE INSPECTION REPORT

DATE 8 / 7 / 95

PAGE 2 OF 2

BUSINESS ADDRESS: 9255 H CAMINO Santa Fe S.D. 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

- [X] Health Permit not obtained SDCC 68.905 — V0108 W____
- [ ] No EPA Identification Number 66262.12 — V0105 W____
- [ ] Waste Manifests/Receipts not on-site for 3 years 66262.40 — V0118 W____
- [ ] Manifest not properly completed 66262.23 — V0120 W____
- [ ] Manifest copy not sent to CAL-EPA 66262.23 — V0115 W____
- [ ] TSDF signed-manifest not on-site 66262.40 — V0121 W____
- [ ] Biennial report not sent to CAL-EPA 66262.41 — V0122 W____
- [ ] LDR Documentation not available 66268.7 — V0123 W____
- [ ] Exception Rpt. not filed with CAL-EPA 66262.42 — V0116 W____
- [ ] Operating TSDF without authorization 25201 — V0124 W____

STORAGE AND HANDLING

- [ ] Waste stored longer than 90 days 66262.34 — V0221 W____
- [X] Waste container missing/improperly labeled 66262.34 — V0222 W 22
- [ ] Haz Materials not properly labeled 25124 — V0223 W____
- [X] Waste container not kept closed 66265.173 — V0202 W 22
- [ ] Waste container in poor condition 66265.171 — V0205 W____
- [ ] Waste container(s) not properly managed 66265.173 — V0210 W____
- [ ] Damaged container not repackaged 66265.171 — V0226 W____
- [ ] Container incompatible with waste 66265.172 — V0207 W____
- [ ] Incompatibles in the same container 66265.177 — V0224 W____
- [ ] Incompatibles not stored separately 66265.177 — V0213 W____
- [ ] Ignitible Wastes less than 50 feet 66265.176 — V0214 W____
- [ ] Ignitible Wastes not grounded 66265.31 — V0215 W____
- [ ] Storage area not inspected weekly 66265.174 — V0216 W____

DISPOSAL AND TRANSPORTATION

- [ ] Unauth. disposal of waste to _____ 25189.5 — V0313 W____
- [ ] Waste determination not made 66262.11 — V0319 W____
- [ ] Unlawful transport of haz. waste 25163 — V0315 W____
- [ ] Waste transported without manifest 66262.20 — V0316 W____
- [ ] No Extremely Haz. Waste Permit 67430.1 — V0317 W____

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- [ ] Training records unavailable 66265.16 — V0405 W____
- [ ] Training program not adequate 66265.16 — V0406 W____
- [ ] Facility not designed to minimize release 66265.31 — V0501 W____
- [ ] Spill control equip not available 66265.32 — V0508 W____
- [ ] Aisle space is obstructed 66265.35 — V0509 W____
- [ ] Contingency plan not prepared and/or on file 66265.51, 66265.53 — V0609 W____

MISCELLANEOUS

- [ ] Waste oil contaminated 25250.7 — V0225 W____
- [ ] Used oil filters improperly managed 66266.130 — V0701 W____
- [ ] Damaged batteries improperly managed 66266.81 — V0702 W____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- [ ] Health Permit not obtained 68.1005, 25284 — V3002 T____
- [ ] Repair/modify/close permit not obtained 68.1005 — V3007 T____
- [ ] UST Permit Application not submitted 25286(a) — V3010 T____
- [ ] Operating permit conditions violated 2712 — V3011 T____
- [ ] Failed to notify HMMD of changes 25284 — V3012 T____
- [ ] No owner/operator agreement 25293 — V3005 T____
- [ ] No records of financial coverage 25292.2 — V3013 T____
- [ ] No maint/monit/calib records available 2712(b), 2641i — V3001 T____

MONITORING REQUIREMENTS (SINGLE WALL)

- [ ] Leak Detection Method does not meet performance standards 2643 — V3014 T____
- [ ] Annual Integrity test not conducted 25292 — V3015 T____
- [ ] Copy of tank test not submitted to HMMD within 30 days 2643 — V3016 T____
- [ ] Manual tank gauging (<2000 gal) 2645 not done properly — V3017 T____
- [ ] Reconciliation not done properly 2646 — V3018 T____
- [ ] Reconciliation not approved for facility 2646 — V3019 T____
- [ ] Dispenser meter(s) not calib annually 2646 — V3020 T____
- [ ] Improper liquid measurements 2646 — V3021 T____
- [ ] Stick in poor condition 2646 — V3022 T____
- [ ] Improper monthly reconciliation 2646 — V3023 T____
- [ ] Failed to report excessive variation 2646 — V3024 T____
- [ ] Pressurized Product Piping Leak Device not tested annually 25292 — V3025 T____

MONITORING REQUIREMENTS (DOUBLE WALL)

- [ ] Monitoring system not functional 2632 — V3026 T____
- [ ] No written monitoring procedure 2632 — V3027 T____
- [ ] Written response plan not available 2632 — V3028 T____
- [ ] Spill/Overfill equip. not maintained or installed 2635 — V3029 T____

RELEASE REPORTING

- [ ] Failure to report an unauthorized release 25295 — V3009 T____
- [ ] Release record log not available 2651, 2650 — V3030 T____
- [ ] No leak report/investigation/action 2652 — V3031 T____

CLOSURE

- [ ] Temporary closure req. not completed 2671 — V3006 T____
- [ ] Abandoned tank not properly closed 25298 — V3032 T____
- [ ] Permanent closure req. not completed 2672 — V3033 T____

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- [ ] Health Permit not obtained SDCC 68.1105 — V2001 W____
- [X] Business Plan not established/implemented 25503.5 — V2002 W____
- [ ] Business Plan not submitted to HMMD 25505 — V2007 W____
- [ ] Business Plan not amended 25505 — V2003 W____
- [ ] Personnel Training Records not available 2732 — V2302 W____

RELEASE REPORTING

- [ ] Failure to report a release/threatened release 25507 — V2008 W____

BUSINESS PLAN ELEMENTS

- [ ] Emergency Response Plan inadequate 25504 — V2201 W____
- [ ] Emergency Contacts not provided/current 25509 — V2203 W____
- [ ] Personnel Training Program inadequate 25504 — V2301 W____
- [ ] Inventory is incomplete 25504 — V2005 W____
- [ ] Site Map is not sufficient 25509 — V2202 W____
- [ ] Acutely Haz. Mat. not registered 25533 — 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

Site Mgr
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

DEH:HM-923 (Rev. 1/95) NCR

—FOR OFFICE USE ONLY—

P.O. BOX 85261, SAN DIEGO, CA 92138-5261 PHONE: (619) 338-2222

ESTAB NUMBER	CENSUS TR/INC CODE	BUS CODE	UNITS	ANNUAL FEE	EXPIR DATE(MO-DAY)
H 356511					
2	21	28	31	35	41

SIC-1	SIC-2	FIRE	WATER	SEWER	ZONING	MAP ON FILE	STATUS	ASSESSOR'S PARCEL NO.
45	49	53	55	57	59	61	62	64

—PLEASE COMPLETE THE FOLLOWING SECTION—

ESTABLISHMENT OWNER NAME: CANYON RECYCLING (74)

(AREA) OWNER PHONE: (104)

ESTABLISHMENT ADDRESS:

STREET NUMBER: 9255 (114) DIRECTION: (125) STREET NAME: CAMINO SANTA FE (127) BLDG/SUITE: (147)

CITY: SAN DIEGO (151) STATE: CA (166) ZIP CODE: 92121 (168) - (AREA) BUSINESS PHONE: 619 - 550 0280 (177)

SECOND NAME OR NAME OF MANAGEMENT COMPANY: (187)

MAILING ADDRESS (IF DIFFERENT FROM ESTABLISHMENT ADDRESS):

STREET NUMBER: (217) DIRECTION: (228) STREET NAME: (230) BLDG/SUITE: (250)

CITY: (254) STATE: (269) ZIP CODE: (271) -

ESTABLISHMENT NAME: CANYON RECYCLING (284)

GAS STATION: YES = 1, OTHER = 2: 2 (314)

REASON FOR APPLICATION: 1 - NEW, 2 - RE-OPEN, 3 - OWNER CHANGE: 1 (315)

NUMBER OF EMPLOYEES: 4

IF OTHER, LIST TYPE OF BUSINESS:

NAME OF PREVIOUS OWNER: (316)

DATE BUS ASSUMED: (346)

CONTACT PERSON: JOHN BEERMAN (352)

***** 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 _____ DATE _____

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 _____ Title Site Mgr.

Date 8-7-95 Phone 550-0280

Type of Business RECYLING

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.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

Inspection Report and OK to File

COUNTY OF SAN DIEGO

EST # H 35651
PAGE 1 OF 3
SPECIALIST: S Weldon

NOTICE OF VIOLATION
*******HEALTH PERMIT NOT OBTAINED*******

BUSINESS NAME Canyon Recycling Inc PHONE 550-0280
BUSINESS ADDRESS 9255 Camino Santa Fe CITY San Diego ZIP 92121
OWNERS NAME Canyon Recycling Inc. PHONE 550-0280

An inspection of this establishment/site was conducted by the County of San Diego, Hazardous Materials Management Division (HMMD) under authority of Sections 25185, 25289, and 25508 of the California Health and Safety Code. In accordance with State law and local ordinances, business establishments or property owners in San Diego County that handle; store; or dispose of hazardous substances, or own an underground storage tank(s) must obtain a COUNTY OF SAN DIEGO HEALTH PERMIT on an annual basis. You are currently in violation of the law for not obtaining a health permit and may be subject to further legal action.

Pro. 6/26/97 MSW

The following statements specify the violation. (Check applicable Section #'s referenced below.)

I. X *Sections 68.905-907; San Diego County Code of Regulatory Ordinances. Establishment that generates, handles, or stores a hazardous waste without a health permit.* used oil

MAY 21 1997

II. X *Sections 68.1105-1108; San Diego County Code of Regulatory Ordinances. Establishment that handles or stores a reportable hazardous material without a health permit.* Diesel Fuel

III. ____ *Sections 68.1005-1008; San Diego County Code of Regulatory Ordinances. Ownership of an underground hazardous substance storage tank without a health permit.*

INSPECTOR OBSERVATIONS: 1. This site generates hazardous waste and use hazardous material. Therefore a current Health Permit is required. Site is operating without a Health Permit at this time
- obtain a current Health Permit within 10 days. Post it at the site.
2. Business Plan couldn't be located at the site and hasn't been submitted to HMMD
- fill out the plan and mail it to the address below. Keep a copy at the site.
3. Employee training on emergency procedures and managing hazardous materials & wastes is undocumented

CORRECTIVE ACTIONS: Within ten (10) calendar days from receipt of this Notice of Violation, the establishment owner must complete and sign a health permit application and pay all applicable fees and penalties to the County of San Diego, Hazardous Materials Management Division. Contact the Permit Clerk at (619) 338-2251 to confirm the amount of permit fees and penalties to be paid. A HEALTH PERMIT will only be issued to an establishment under the following conditions: 1. The establishment owner completes and signs a health permit application; and, 2. The establishment owner pays all applicable HEALTH PERMIT fees to the County of San Diego, Hazardous Materials Management Division within ten (10) calendar days.

**** *BE ADVISED THAT FAILURE TO OBTAIN A HEALTH PERMIT MAY RESULT IN FURTHER LEGAL ACTION.* Any person who violates the health permit requirement specified above is guilty of a misdemeanor. Every day this violation occurs constitutes a separate offense.

Print Name: Hank Moyley Job Title: ____

Signature of Business Representative: [signature] Date: 5-8-97

Signature of Hazardous Materials Specialist: [signature] Date: 5-8-97

DISTRIBUTION: WHITE - File Copy
YELLOW - Business Copy
PINK - Inspector Copy

DEH:HM-9215 (1/95) (NCR)

County of San Diego
Department of Environmental Health

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 35651
DATE 5/8/97
PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

3 (cont)
- train employees on these topics and document the training. Keep documentation at site. Update training annually
- mail a copy of documented training to the address below within 10 days

4. Receipts documenting proper disposal of used oil couldn't be located.
- locate receipts. Mail copies to the address below within 10 days. Keep receipts on file at site

5. Label the used oil filter drum as "Drained Used Oil Filters."

Remark:

1. Recommend that you keep all required records in one file at the 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

DEH:HM-9110 (3/96) NCR

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 35651

DATE 5/8/97

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

1 [X] Health Permit not obtained SDCC 68.905 — V0108 W ✓
[ ] No EPA Identification Number 66262.12 — V0105 W____
2 [X] Waste Manifests/Receipts not on-site for 3 years 66262.40 Used Oil — V0118 W ✓
[ ] Manifest not properly completed 66262.23 — V0120 W____
[ ] Manifest copy not sent to CAL-EPA 66262.23 — V0115 W____
[ ] TSDF signed-manifest not on-site 66262.40 — V0121 W____
[ ] Biennial report not sent to CAL-EPA 66262.41 — V0122 W____
[ ] LDR Documentation not available 66268.7 — V0123 W____
[ ] Exception Rpt. not filed with CAL-EPA 66262.42 — V0116 W____
[ ] Operating TSDF without authorization 25201 — V0124 W____

STORAGE AND HANDLING

[ ] Waste stored longer than 90 days 66262.34 — V0221 W ✓
3 [X] Waste container missing/improperly labeled 66262.34 — V0222 W ✓
[ ] Haz Materials not properly labeled 25124 — V0223 W____
[ ] Waste container not kept closed 66265.173 — V0202 W____
[ ] Waste container in poor condition 66265.171 — V0205 W____
[ ] Waste container(s) not properly managed 66265.173 — V0210 W____
[ ] Damaged container not repackaged 66265.171 — V0226 W____
[ ] Container incompatible with waste 66265.172 — V0207 W____
[ ] Incompatibles in the same container 66265.177 — V0224 W____
[ ] Incompatibles not stored separately 66265.177 — V0213 W____
[ ] Ignitible Wastes less than 50 feet 66265.176 — V0214 W____
[ ] Ignitible Wastes not grounded 66265.31 — V0215 W____
[ ] Storage area not inspected weekly 66265.174 — V0216 W____

DISPOSAL AND TRANSPORTATION

[ ] Unauth. disposal of waste to _____ 25189.5 — V0313 W____
[ ] Waste determination not made 66262.11 — V0319 W____
[ ] Unlawful transport of haz. waste 25163 — V0315 W____
[ ] Waste transported without manifest 66262.20 — V0316 W____
[ ] No Extremely Haz. Waste Permit 67430.1 — V0317 W____

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

[ ] Training records unavailable 66265.16 — V0405 W____
[ ] Training program not adequate 66265.16 — V0406 W____
[ ] Facility not designed to minimize release 66265.31 — V0501 W____
[ ] Spill control equip not available 66265.32 — V0508 W____
[ ] Aisle space is obstructed 66265.35 — V0509 W____
[ ] Contingency plan not prepared and/or on file 66265.51, 66265.53 — V0609 W____

MISCELLANEOUS

[ ] Waste oil contaminated 25250.7 — V0225 W____
[ ] Used oil filters improperly managed 66266.130 — V0701 W____
[ ] Damaged batteries improperly managed 66266.81 — V0702 W____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

[ ] Health Permit not obtained 68.1005, 25284 — V3002 T____
[ ] Repair/modify/close permit not obtained 68.1005 — V3007 T____
[ ] UST Permit Application not submitted 25286(a) — V3010 T____
[ ] Operating permit conditions violated 2712 — V3011 T____
[ ] Failed to notify HMMD of changes 25284 — V3012 T____
[ ] No owner/operator agreement 25293 — V3005 T____
[ ] No records of financial coverage 25292.2 — V3013 T____
[ ] No maint/monit/calib records available 2712(b), 2641i — V3001 T____

MONITORING REQUIREMENTS (SINGLE WALL)

[ ] Leak Detection Method does not meet performance standards 2643 — V3014 T____
[ ] Annual Integrity test not conducted 25292 — V3015 T____
[ ] Copy of tank test not submitted to HMMD within 30 days 2643 — V3016 T____
[ ] Manual tank gauging (<2000 gal) 2645 not done properly — V3017 T____
[ ] Reconciliation not done properly 2646 — V3018 T____
[ ] Reconciliation not approved for facility 2646 — V3019 T____
[ ] Dispenser meter(s) not calib annually 2646 — V3020 T____
[ ] Improper liquid measurements 2646 — V3021 T____
[ ] Stick in poor condition 2646 — V3022 T____
[ ] Improper monthly reconciliation 2646 — V3023 T____
[ ] Failed to report excessive variation 2646 — V3024 T____
[ ] Pressurized Product Piping Leak Device not tested annually 25292 — V3025 T____

MONITORING REQUIREMENTS (DOUBLE WALL)

[ ] Monitoring system not functional 2632 — V3026 T____
[ ] No written monitoring procedure 2632 — V3027 T____
[ ] Written response plan not available 2632 — V3028 T____
[ ] Spill/Overfill equip. not maintained or installed 2635 — V3029 T____

RELEASE REPORTING

[ ] Failure to report an unauthorized release 25295 — V3009 T____
[ ] Release record log not available 2651, 2650 — V3030 T____
[ ] No leak report/investigation/action 2652 — V3031 T____

CLOSURE

[ ] Temporary closure req. not completed 2671 — V3006 T____
[ ] Abandoned tank not properly closed 25298 — V3032 T____
[ ] Permanent closure req. not completed 2672 — V3033 T____

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

[ ] Health Permit not obtained SDCC 68.1105 — V2001 W ✓
4 [X] Business Plan not established/implemented 25503.5 — V2002 W ✓
5 [X] Business Plan not submitted to HMMD 25505 — V2007 W ✓
[ ] Business Plan not amended 25505 — V2003 W____
[ ] Personnel Training Records not available 2732 — V2302 W____

6/26/97 MSW

RELEASE REPORTING

[ ] Failure to report a release/threatened release 25507 — V2008 W____

BUSINESS PLAN ELEMENTS

[ ] Emergency Response Plan inadequate 25504 — V2201 W____
[ ] Emergency Contacts not provided/current 25509 — V2203 W____
[ ] Personnel Training Program inadequate 25504 — V2301 W____
[ ] Inventory is incomplete 25504 — V2005 W____
[ ] Site Map is not sufficient 25509 — V2202 W____
[ ] Acutely Haz. Mat. not registered 25533 — 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 _____ 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

DEH:HM-923 (Rev. 3/96) NCR

1/24 1/27/10

COUNTY OF SAN DIEGO

EST. NO. H 35651
DATE 1-21-97
TIME START 1:45 END 3:00
BUS. CODE K70
SPECIALIST Scott Weldon
CONTACT John Bierman
TITLE President
PHONE 550-0280

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Canyon Recycling
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

2/4/97

Routine Inspection

Violations and Corrective Actions:

1. There are several full unlabelled 5 gallon containers and 15 & 55 gallon drums of used oil at the site, some of which are open. These have been stored in excess of allowable time.
   - have all the used oil disposed of within 30 days using a licensed hazardous waste hauler. Mail a copy of the receipt to the address below within 30 days. Keep original receipt on file at site. Locate your old receipts also.
   - put lids and bungs in or on all the used oil containers and drums. Always keep them tightly closed.
2. Business Plan isn't implemented at the site
   - fill out the plan. Mail it to the address below within 30 days. Keep a copy at the site
3. Employee training on emergency procedures and managing hazardous waste isn't adequate or documented
   - train employees on the above. Document the training

Remark:

1. There is a 500 and a 1000 gallon unleaded and diesel fuel tank, both of which are resting precariously

Signature of Business Representative — Date Signed 1/21/97 — Title DIR

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DEH:HM-924 (Rev. 1/96) NCR

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

County of San Diego
Department of Environmental Health

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 35651
DATE 1/21/97
PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

Remarks (cont)

on pallets. This poses an immediate safety hazard.

- within 5 days, either have the tanks picked up, as I was told was going to happen, or drain your containment area of water and place the tanks in this area.
- also devise a method so that tanks won't float if containment area fills with water, ie. chain them down.

Signature of Business Representative | Date Signed 1/21/97 | Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DEH:HM-9110 (3/96) NCR

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 35651

DATE 1/21/97

PAGE 3 OF 3

BUSINESS ADDRESS: 9255 Camino Santa Fe #H

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 — V0108 W____
- [ ] No EPA Identification Number 66262.12 — V0105 W____
- [ ] Waste Manifests/Receipts not on-site for 3 years 66262.40 — V0118 W____
- [ ] Manifest not properly completed 66262.23 — V0120 W____
- [ ] Manifest copy not sent to DTSC 66262.23 — V0115 W____
- [ ] TSDF signed-manifest not on-site 66262.40 — V0121 W____
- [ ] Biennial report not sent to DTSC 66262.41 — V0122 W____
- [ ] LDR Documentation not available 66268.7 — V0123 W____
- [ ] Exception Rpt. not filed with DTSC 66262.42 — V0116 W____
- [ ] Operating TSDF without authorization 25201 — V0124 W____

STORAGE AND HANDLING

- 1 [X] Waste stored longer than 90, 180, or 270 days 66262.34 — V0221 W____
- [ ] Failure to clean up hazwaste off of floor surface 66262.10b — V0313 W____
- 2 [X] Waste container missing/improperly labeled 66262.34 — V0222 W____
- [ ] Haz Materials not properly labeled 25124 — V0223 W____
- 3 [X] Waste container not kept closed 66265.173 — V0202 W____
- [ ] Waste container in poor condition 66265.171 — V0205 W____
- [ ] Waste container(s) not properly managed 66265.173 — V0210 W____
- [ ] Damaged container not repackaged 66265.171 — V0226 W____
- [ ] Container incompatible with waste 66265.172 — V0207 W____
- [ ] Incompatibles in the same container 66265.177 — V0224 W____
- [ ] Incompatibles not stored separately 66265.177 — V0213 W____
- [ ] Ignitible Waste less than 50 feet 66265.176 — V0214 W____
- [ ] Ignitible Waste not grounded 66265.31 — V0215 W____
- 4 [X] Storage area not inspected weekly 66265.174 — V0216 W____

DISPOSAL AND TRANSPORTATION

- [ ] Unauth. disposal of waste to _____ 25189.5 — V0313 W____
- [ ] Waste determination not made 66262.11 — V0319 W____
- [ ] Unlawful transport of haz. waste 25163 — V0315 W____
- [ ] Waste transported without manifest 66262.20 — V0316 W____
- [ ] Extremely Haz Waste Permit not obtained 25205.7 — V0317 W____

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- 5 [X] Training records unavailable 66265.16 — V0405 W____
- 6 [X] Training program not adequate 66265.16 — V0406 W____
- [ ] Facility not designed to minimize release 66265.31 — V0501 W____
- [ ] Spill control equip not available 66265.32 — V0508 W____
- [ ] Aisle space is obstructed 66265.35 — V0509 W____
- [ ] Contingency plan not prepared and/or on file 66265.51, 66265.53 — V0609 W____

MISCELLANEOUS

- [ ] Waste oil contaminated 25250.7 — V0225 W____
- [ ] Used oil filters improperly managed 66266.130 — V0701 W____
- [ ] Damaged batteries improperly managed 66266.81 — V0702 W____
- [ ] Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered pemitting) — V0125 W____
- [ ] Onsite treatment of waste without authorization 25201 — V0125 W____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- [ ] Health Permit not obtained 68.1005, 25284 — V3002 T____
- [ ] Repair/modify/close permit not obtained 68.1005 — V3007 T____
- [ ] UST Permit Application not submitted 25286(a) — V3010 T____
- [ ] Operating permit conditions violated 2712 — V3011 T____
- [ ] Failed to notify HMMD of changes 25284 — V3012 T____
- [ ] No owner/operator agreement 25284 — V3005 T____
- [ ] No records of financial coverage 25292.2 — V3013 T____
- [ ] No maint/monit/calib records available 2712(b), 2641(j) — V3001 T____
- [ ] Monitoring Equip. not tested annually 2630, 2641 — V3003 T____

MONITORING REQUIREMENTS (SINGLE WALL)

- [ ] Leak Detection Method does not meet performance standards 2643 — V3014 T____
- [ ] Integrity test not conducted 25292 — V3015 T____
- [ ] Copy of tank test not submitted to HMMD within 30 days 2643 — V3016 T____
- [ ] Manual tank gauging (<2000 gal) 2645 not done properly — V3017 T____
- [ ] Reconciliation not done properly 2646 — V3018 T____
- [ ] Reconciliation not approved for facility 2646 — V3019 T____
- [ ] Dispenser meter(s) not calib annually 2646 — V3020 T____
- [ ] Improper liquid measurements 2646 — V3021 T____
- [ ] Stick in poor condition 2646 — V3022 T____
- [ ] Improper monthly reconciliation 2646 — V3023 T____
- [ ] Failed to report excessive variation 2646 — V3024 T____
- [ ] Pressurized Product Piping Leak Device not tested annually 25292 — V3025 T____
- [ ] No written monitoring procedure 2641 — V3027 T____
- [ ] No written emergency response plan 2641 — V3027 T____
- [ ] SIR reporting incorrectly done 2646.1 — V3004 T____

MONITORING REQUIREMENTS (DOUBLE WALL)

- [ ] Monitoring system not functional 2632 — V3026 T____
- [ ] No written monitoring procedure 2632 — V3027 T____
- [ ] Written emergency response plan not available 2632 — V3028 T____
- [ ] Spill/Overfill equip. not maintained or installed 2635 — V3029 T____

RELEASE REPORTING

- [ ] Failure to report an unauthorized release 25295 — V3009 T____
- [ ] Release record log not available 2651, 2650 — V3030 T____
- [ ] No leak report/investigation/action 2652 — V3031 T____

CLOSURE

- [ ] Temporary closure req. not completed 2671 — V3006 T____
- [ ] Unused tank not properly closed 25298 — V3032 T____
- [ ] Permanent closure req. not completed 2672 — V3033 T____
- [ ] Failed to apply for temporary closure 25298 — V3008 T____

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- [ ] Health Permit not obtained SDCC 68.1105 — V2001 W____
- 7 [X] Business Plan not established/implemented 25503.5 — V2002 W____
- [ ] Business Plan not submitted to HMMD 25505 — V2007 W____
- [ ] Business Plan not amended 25505 — V2003 W____
- 8 [X] Personnel Training Records not available 19 CCR 2732 — V2302 W____

RELEASE REPORTING

- [ ] Failure to report a release/threatened release 25507 — V2008 W____

BUSINESS PLAN ELEMENTS

- [ ] Emergency Response Plan inadequate 25504 — V2201 W____
- [ ] Emergency Contacts not provided/current 25509 — V2203 W____
- [ ] Personnel Training Program inadequate 25504 — V2301 W____
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- [ ] Site Map is not sufficient 25509 — V2202 W____
- [ ] Acutely Haz. Mat. not registered 25533 — V2009 W____

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE — DATE SIGNED 1/21/97 — 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

DEH:HM-923 (Rev. 10/96) NCR

COUNTY OF SAN DIEGO

Page 1 of

EST. NO. H 35651
DATE 9-24-98
TIME START 11:18 END 12:
BUS. CODE K70
SPECIALIST Scott Weldon
CONTACT John Beerman
TITLE Owner
PHONE 550-0280

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Canyon Recycling
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

Status Verification Inspection

Canyon Recycling has gone out of business The aboveground gas tank and all hazardous waste has been removed from site. The aboveground 300 gallon Diesel tank is empty, and is going to be removed.

There is an independent contractor at the site cleaning up all the compost piles. He expects to be done within a month. He has a 400 gallon portable Diesel tank that he stated will be removed within a month.

De-activate this site from HE-58.

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

DEH:HM-924 (Rev. 2/98) NCR

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

County of San Diego
Department of Environmental Health

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 6/13/02
PERMIT # ~~135657~~ (201054) - new # @ rec'd 11/25/02
TIME START 10AM END 12
BUS. CODE K70
SPECIALIST Hahn
INSPECTION CONTACT/TITLE Carl DuCommun Mgr
PHONE: (858) 536-3172

BUSINESS NAME PETROCHEM MARKETING INC.
ADDRESS 9255 Camino Santa Fe #H
CITY/ZIP SD 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.

Y	N/A		Y	N/A	
☒	☒	Unified Facility Permit current and available			(new business) Permit Expires on: / / .
☒	☐	Hazardous Materials Business Plan available	☒	☐	Contingency Plan available
☒	☐	Employee Training is adequate	☒	☐	Employee Training records available
☐	☒	Waste disposal records available for review	☐	☒	Waste containers kept closed
☒	☐	Emergency contacts current ☐ Updated today	☐	☒	Waste containers kept labeled
☒	☐	Chemical inventory current ☐ Updated today	☐	☒	Waste containers in good condition

NEW / (~~REACTIVATED~~) BUSINESS INSPECTION

Business Plan reviewed and accepted on this day - it had been sent in to HMD.

Business only handles Hazardous Materials and generates no Hazardous Waste.

There are 39 - 250 gal totes on property containing various kinds of emulsifiers. (~~these have been here for yr~~) At the present there is no use. Within 1yr. find use or properly discard as waste / Hazardous waste.

~~RBT~~ ~~Business~~ Business hours 6am - 2pm

☐ 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

Carl DuCommun — Signature of Business Representative
06-13-02 — Date Signed
Plant Manager — Title

3/10 3/11

COUNTY OF SAN DIEGO

EST. NO. H 37701
DATE 3-10-98
TIME START 9:00 END 10:12
BUS. CODE K26
SPECIALIST Scott Weldon
CONTACT Andrew Loiacono
TITLE Service Manager
PHONE 653-3684

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Pressley Peterbilt
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

MAR 17 1998

4/7/98

New Site Inspection

1. Site generates hazardous waste and is operating without a current Health Permit.
   - a permit application was filled out on this date. You'll receive a bill for your Health Permit in 6-8 weeks. Post the permit at the site when you receive it.
2. Business Plan, or emergency response plan, isn't at site
   - I've given you a copy of the old HG Fenton Plan, use this plan as a guideline and fill out your own B.P. Mail a copy to address below within 30 days. Keep original at site and accessible.
3. Employee training on emergency procedures and proper management of hazardous materials & wastes is inadequate and undocumented.
   - train employees on above within 30 days and document training. Mail a copy of documented training to address below. keep original on file at site.
   - update training annually.
4. Hazardous waste disposal/recycling manifests/receipts aren't on file at site.
   - Mail copies of disposal receipts for used oil, solvent disposal, antifreeze recycling, used oil filters, and used absorbant for the last 12

Signature of Business Representative — Date Signed 3/10/98 — Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DEH:HM-924 (Rev. 1/96) NCR

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

County of San Diego
Department of Environmental Health

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 37701
DATE 3/10/98
PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

4 (cont) Months to the address below within 10 days.
- keep original waste disposal receipts on file at site and accessible per state law.

5. This site needs to obtain it's own EPA ID # if it hasn't already, to dispose of solvent waste. Do not use HG Fenton's I.D. #.
- obtain a new EPA ID #.

6. Used oil drain pan and used antifreeze buckets (3) are full and open.
- don't store hazardous waste in open buckets when you drain fluids, transfer them to waste drums or tanks.

Remarks

1. I observed several unrestrained cylinders, one without the safety cap.
- properly restrain cylinders using a chain or restraining strap.

2. Recommend that you keep all records in one file at site

Signature of Business Representative — Date Signed 3-10-98 — Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DEH:HM-9110 (3/96) NCR

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 37701

DATE 3/10/98

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

1 [X] Health Permit not obtained SDCC 68.905 V0108 W____
2 [X] No EPA Identification Number 66262.12 V0105 W____
3 [X] Waste Manifests/Receipts not on-site for 3 years 66262.40 V0118 W____
[ ] Manifest not properly completed 66262.23 V0120 W____
[ ] Manifest copy not sent to DTSC 66262.23 V0115 W____
[ ] TSDF signed-manifest not on-site 66262.40 V0121 W____
[ ] Biennial report not sent to DTSC 66262.41 V0122 W____
[ ] LDR Documentation not available 66268.7 V0123 W____
[ ] Exception Rpt. not filed with DTSC 66262.42 V0116 W____
[ ] Operating TSDF without authorization 25201 V0124 W____

STORAGE AND HANDLING

[ ] Waste stored longer than 90, 180, or 270 days 66262.34 V0221 W____
[ ] Failure to clean up hazwaste off of floor surface 66262.10b V0313 W____
[ ] Waste container missing/improperly labeled 66262.34 V0222 W____
[ ] Haz Materials not properly labeled 25124 V0223 W____
4 [X] Waste container not kept closed 66265.173 V0202 W____
[ ] Waste container in poor condition 66265.171 V0205 W____
[ ] Waste container(s) not properly managed 66265.173 V0210 W____
[ ] Damaged container not repackaged 66265.171 V0226 W____
[ ] Container incompatible with waste 66265.172 V0207 W____
[ ] Incompatibles in the same container 66265.177 V0224 W____
[ ] Incompatibles not stored separately 66265.177 V0213 W____
[ ] Ignitible Waste less than 50 feet 66265.176 V0214 W____
[ ] Ignitible Waste not grounded 66265.31 V0215 W____
[ ] Storage area not inspected weekly 66265.174 V0216 W____

DISPOSAL AND TRANSPORTATION

[ ] Unauth. disposal of waste to _____ 25189.5 V0313 W____
[ ] Waste determination not made 66262.11 V0319 W____
[ ] Unlawful transport of haz. waste 25163 V0315 W____
[ ] Waste transported without manifest 66262.20 V0316 W____
[ ] Extremely Haz Waste Permit not obtained 25205.7 V0317 W____

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

5 [X] Training records unavailable 66265.16 V0405 W____
6 [X] Training program not adequate 66265.16 V0406 W____
[ ] Facility not designed to minimize release 66265.31 V0501 W____
[ ] Spill control equip not available 66265.32 V0508 W____
[ ] Aisle space is obstructed 66265.35 V0509 W____
[ ] Contingency plan not prepared and/or on file 66265.51, 66265.53 V0609 W____

MISCELLANEOUS

[ ] Waste oil contaminated 25250.7 V0225 W____
[ ] Used oil filters improperly managed 66266.130 V0701 W____
[ ] Damaged batteries improperly managed 66266.81 V0702 W____
[ ] Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting) V0125 W____
[ ] Onsite treatment of waste without authorization 25201 V0125 W____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

[ ] Health Permit not obtained 68.1005, 25284 V3002 T____
[ ] Repair/modify/close permit not obtained 68.1005 V3007 T____
[ ] UST Permit Application not submitted 25286(a) V3010 T____
[ ] Operating permit conditions violated 2712 V3011 T____
[ ] Failed to notify HMMD of changes 25284 V3012 T____
[ ] No owner/operator agreement 25284 V3005 T____
[ ] No records of financial coverage 25292.2 V3013 T____
[ ] No maint/monit/calib records available 2712(b), 2641(j) V3001 T____
[ ] Monitoring Equip. not tested annually 2630, 2641 V3003 T____

MONITORING REQUIREMENTS (SINGLE WALL)

[ ] Leak Detection Method does not meet performance standards 2643 V3014 T____
[ ] Integrity test not conducted 25292 V3015 T____
[ ] Copy of tank test not submitted to HMMD within 30 days 2643 V3016 T____
[ ] Manual tank gauging (<2000 gal) 2645 not done properly V3017 T____
[ ] Reconciliation not done properly 2646 V3018 T____
[ ] Reconciliation not approved for facility 2646 V3019 T____
[ ] Dispenser meter(s) not calib annually 2646 V3020 T____
[ ] Improper liquid measurements 2646 V3021 T____
[ ] Stick in poor condition 2646 V3022 T____
[ ] Improper monthly reconciliation 2646 V3023 T____
[ ] Failed to report excessive variation 2646 V3024 T____
[ ] Pressurized Product Piping Leak Device not tested annually 25292 V3025 T____
[ ] No written monitoring procedure 2641 V3027 T____
[ ] No written emergency response plan 2641 V3027 T____
[ ] SIR reporting incorrectly done 2646.1 V3004 T____

MONITORING REQUIREMENTS (DOUBLE WALL)

[ ] Monitoring system not functional 2632 V3026 T____
[ ] No written monitoring procedure 2632 V3027 T____
[ ] Written emergency response plan not available 2632 V3028 T____
[ ] Spill/Overfill equip. not maintained or installed 2635 V3029 T____

RELEASE REPORTING

[ ] Failure to report an unauthorized release 25295 V3009 T____
[ ] Release record log not available 2651, 2650 V3030 T____
[ ] No leak report/investigation/action 2652 V3031 T____

CLOSURE

[ ] Temporary closure req. not completed 2671 V3006 T____
[ ] Unused tank not properly closed 25298 V3032 T____
[ ] Permanent closure req. not completed 2672 V3033 T____
[ ] Failed to apply for temporary closure 25298 V3008 T____

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

[ ] Health Permit not obtained SDCC 68.1105 V2001 W____
7 [X] Business Plan not established/implemented 25503.5 V2002 W____
8 [X] Business Plan not submitted to HMMD 25505 V2007 W____
[ ] Business Plan not amended 25505 V2003 W____
9 [X] Personnel Training Records not available 19 CCR 2732 V2302 W____

RELEASE REPORTING

[ ] Failure to report a release/threatened release 25507 V2008 W____

BUSINESS PLAN ELEMENTS

[ ] Emergency Response Plan inadequate 25504 V2201 W____
[ ] Emergency Contacts not provided/current 25509 V2203 W____
[ ] Personnel Training Program inadequate 25504 V2301 W____
[ ] Inventory is incomplete 25504 V2005 W____
[ ] Site Map is not sufficient 25509 V2202 W____
[ ] Acutely Haz. Mat. not registered 25533 V2009 W____

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE | DATE SIGNED 3-10-98 | 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

DEH:HM-923 (Rev. 10/96) NCR

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 _____ Title Service Manager

Date _____ Phone _____

Type of Business _____

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.

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

—FOR OFFICE USE ONLY— P.O. BOX 85261, SAN DIEGO, CA 92138-5261 PHONE: (619) 338-2222

ESTAB NUMBER	CENSUS TR/INC CODE	BUS CODE	UNITS	ANNUAL FEE	EXPIR DATE (MO-DAY
H 37701					
2	21	28	31	35	41

SIC-1	SIC-2	FIRE	WATER	SEWER	ZONING	MAP ON FILE	STATUS	ASSESSOR'S PARCEL NO.
								- - -
45	49	53	55	57	59	61	62	64

—PLEASE COMPLETE THE FOLLOWING SECTION—

ESTABLISHMENT OWNER NAME: Pressley Peterbilt (74)

(AREA) OWNER PHONE: 619-5662665 (104)

ESTABLISHMENT ADDRESS:

STREET NUMBER: 9255 (114) DIRECTION: (125) STREET NAME: Camino Santa Fe (127) BLDG/SUITE: (147)

CITY: San Diego (151) STATE: CA (166) ZIP CODE: 92121 - (168) (AREA) BUSINESS PHONE: - (177)

SECOND NAME OR NAME OF MANAGEMENT COMPANY: (187)

MAILING ADDRESS (IF DIFFERENT FROM ESTABLISHMENT ADDRESS):

STREET NUMBER: 8464 (217) DIRECTION: (228) STREET NAME: Miramar Road (230) BLDG/SUITE: (250)

CITY: San Diego (254) STATE: CA (269) ZIP CODE: 92121 - (271)

ESTABLISHMENT NAME: Pressley Peterbilt (284)

GAS STATION: 2 (314) YES = 1 OTHER = 2

REASON FOR APPLICATION: 1 (315) 1 - NEW 2 - RE-OPEN 3 - OWNER CHANGE

NUMBER OF EMPLOYEES: 5

IF OTHER, LIST TYPE OF BUSINESS: truck repair

NAME OF PREVIOUS OWNER: HG Fenton (316)

DATE BUS ASSUMED: (346)

CONTACT PERSON: Andrew Loiacono (352)

***** 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 _____ DATE 1-10-98

DEH:HM-927 (1/95)

County of San Diego
Department of Environmental Health

COUNTY OF SAN DIEGO

EST. NO. H 37701
DATE July 8, 1999
TIME START 9:30 END 10:15
BUS. CODE K26
SPECIALIST P. Neusauer
CONTACT Mike Gardner
TITLE Shop Foreman.
PHONE 653-3684

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Pressley Peterbilt
ADDRESS 9255 Camino Sante 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

FILE 9-21-99

Routine inspection

1. Observation: Two, 55-gallon drums storing used engine coolant missing hazardous waste labels. Next to both full drums is an unlabeled, open 5-gallon bucket storing used engine coolant.
Corrective action: Affix hazardous waste labels and state the required information during storage. Keep all containers storing a hazardous waste closed unless adding or removing.

2. Observation: The Uniform Hazardous Waste Manifests for waste disposal lists "Premix" as the generator. Pressley Peterbilt has been in operation at this location for over one year.
Corrective action: Immediately discontinue listing the generator as Premix and begin using Pressley Peterbilt. Contact Cal EPA at 800-618-6942 for the name change and EPA identification number.

3. Observation: No employee training documentation available.
Corrective action: Conduct training as outlined in the

Signature of Business Representative — Date Signed 7/8/99 — Title SHOP FOREMAN

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, CA, 92112-9261

(619) 338-2222

DEH:HM-924 (Rev. 2/98) NCR

DISTRIBUTION: WHITE-RETURN TO HMMD
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County of San Diego
Department of Environmental Health

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 37701
DATE 7 / 8 99
PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

3. cont.—
Hazardous Material Business Plan. Conduct refresher training at least annually and immediately for new hires. Document training. Suggest using the form provided.

4. Observation: No Hazardous Material Business Plan.
Corrective action: Within ten days, mail a completed Business Plan attn: Peter Neubauer at the address below.

Signature of Business Representative — Date Signed 7/8/99 — Title SHOP FORMAN

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261
(619) 338-2222

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DEH:HM-9110 (3/96) NCR

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 37701

DATE 7 / 8 / 99

PAGE 3 OF 3

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 — V0108 W____
- [ ] No EPA Identification Number 66262.12 — V0105 W____
- [ ] Waste Manifests/Receipts not on-site for 3 years 66262.40 — V0118 W____
- 1 [X] Manifest not properly completed 66262.23 — V0120 W____
- [ ] Manifest copy not sent to DTSC 66262.23 — V0115 W____
- [ ] TSDF signed-manifest not on-site 66262.40 — V0121 W____
- [ ] Biennial report not sent to DTSC 66262.41 — V0122 W____
- [ ] LDR Documentation not available 66268.7 — V0123 W____
- [ ] Exception Rpt. not filed with DTSC 66262.42 — V0116 W____
- [ ] Operating TSDF without authorization 25201 — V0124 W____

STORAGE AND HANDLING

- [ ] Waste stored longer than 90, 180, or 270 days 66262.34 — V0221 W____
- [ ] Failure to clean up hazwaste off of floor surface 66262.10b — V0313 W____
- 2 [X] Waste container missing/improperly labeled 66262.34 — V0222 W____
- [ ] Haz Materials not properly labeled 25124 — V0223 W____
- [ ] Waste container not kept closed 66265.173 — V0202 W____
- [ ] Waste container in poor condition 66265.171 — V0205 W____
- [ ] Waste container(s) not properly managed 66265.173 — V0210 W____
- [ ] Damaged container not repackaged 66265.171 — V0226 W____
- [ ] Container incompatible with waste 66265.172 — V0207 W____
- [ ] Incompatibles in the same container 66265.177 — V0224 W____
- [ ] Incompatibles not stored separately 66265.177 — V0213 W____
- [ ] Ignitible Waste less than 50 feet 66265.176 — V0214 W____
- [ ] Ignitible Waste not grounded 66265.31 — V0215 W____
- [ ] Storage area not inspected weekly 66265.174 — V0216 W____

DISPOSAL AND TRANSPORTATION

- [ ] Unauth. disposal of waste to _____ 25189.5 — V0313 W____
- [ ] Waste determination not made 66262.11 — V0319 W____
- [ ] Unlawful transport of haz. waste 25163 — V0315 W____
- [ ] Waste transported without manifest 66262.20 — V0316 W____
- [ ] Extremely Haz Waste Permit not obtained 25205.7 — V0317 W____

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- 3 [X] Training records unavailable 66265.16 — V0405 W____
- [ ] Training program not adequate 66265.16 — V0406 W____
- [ ] Facility not designed to minimize release 66265.31 — V0501 W____
- [ ] Spill control equip not available 66265.32 — V0508 W____
- [ ] Aisle space is obstructed 66265.35 — V0509 W____
- [ ] Contingency plan not prepared and/or on file 66265.51, 66265.53 — V0609 W____

MISCELLANEOUS

- [ ] Waste oil contaminated 25250.7 — V0225 W____
- [ ] Used oil filters improperly managed 66266.130 — V0701 W____
- [ ] Damaged batteries improperly managed 66266.81 — V0702 W____
- [ ] Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered pemitting) — V0125 W____
- [ ] Onsite treatment of waste without authorization 25201 — V0125 W____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- [ ] Health Permit not obtained 68.1005, 25284 — V3002 T____
- [ ] Repair/modify/close permit not obtained 68.1005 — V3007 T____
- [ ] UST Permit Application not submitted 25286(a) — V3010 T____
- [ ] Operating permit conditions violated 2712 — V3011 T____
- [ ] Failed to notify HMMD of changes 25284 — V3012 T____
- [ ] No owner/operator agreement 25284 — V3005 T____
- [ ] No records of financial coverage 25292.2 — V3013 T____
- [ ] No maint/monit/calib records available 2712(b), 2641(j) — V3001 T____
- [ ] Monitoring Equip. not tested annually 2630, 2641 — V3003 T____

MONITORING REQUIREMENTS (SINGLE WALL)

- [ ] Leak Detection Method does not meet performance standards 2643 — V3014 T____
- [ ] Integrity test not conducted 25292 — V3015 T____
- [ ] Copy of tank test not submitted to HMMD within 30 days 2643 — V3016 T____
- [ ] Manual tank gauging (<2000 gal) 2645 not done properly — V3017 T____
- [ ] Reconciliation not done properly 2646 — V3018 T____
- [ ] Reconciliation not approved for facility 2646 — V3019 T____
- [ ] Dispenser meter(s) not calib annually 2646 — V3020 T____
- [ ] Improper liquid measurements 2646 — V3021 T____
- [ ] Stick in poor condition 2646 — V3022 T____
- [ ] Improper monthly reconciliation 2646 — V3023 T____
- [ ] Failed to report excessive variation 2646 — V3024 T____
- [ ] Pressurized Product Piping Leak Device not tested annually 25292 — V3025 T____
- [ ] No written monitoring procedure 2641 — V3027 T____
- [ ] No written emergency response plan 2641 — V3027 T____
- [ ] SIR reporting incorrectly done 2646.1 — V3004 T____

MONITORING REQUIREMENTS (DOUBLE WALL)

- [ ] Monitoring system not functional 2632 — V3026 T____
- [ ] No written monitoring procedure 2632 — V3027 T____
- [ ] Written emergency response plan not available 2632 — V3028 T____
- [ ] Spill/Overfill equip. not maintained or installed 2635 — V3029 T____

RELEASE REPORTING

- [ ] Failure to report an unauthorized release 25295 — V3009 T____
- [ ] Release record log not available 2651, 2650 — V3030 T____
- [ ] No leak report/investigation/action 2652 — V3031 T____

CLOSURE

- [ ] Temporary closure req. not completed 2671 — V3006 T____
- [ ] Unused tank not properly closed 25298 — V3032 T____
- [ ] Permanent closure req. not completed 2672 — V3033 T____
- [ ] Failed to apply for temporary closure 25298 — V3008 T____

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- [ ] Health Permit not obtained SDCC 68.1105 — V2001 W____
- 4 [X] Business Plan not established/implemented 25503.5 — V2002 W____
- [ ] Business Plan not submitted to HMMD 25505 — V2007 W____
- [ ] Business Plan not amended 25505 — V2003 W____
- [ ] Personnel Training Records not available 19 CCR 2732 — V2302 W____

RELEASE REPORTING

- [ ] Failure to report a release/threatened release 25507 — V2008 W____

BUSINESS PLAN ELEMENTS

- [ ] Emergency Response Plan inadequate 25504 — V2201 W____
- [ ] Emergency Contacts not provided/current 25509 — V2203 W____
- [ ] Personnel Training Program inadequate 25504 — V2301 W____
- [ ] Inventory is incomplete 25504 — V2005 W____
- [ ] Site Map is not sufficient 25509 — V2202 W____
- [ ] Acutely Haz. Mat. not registered 25533 — 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
[signature]	7/8/99	Shop Foreman

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

DEH:HM-923 (Rev. 1/98) NCR

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 3
EST. NO. H 37701
DATE 7-10-00
TIME START 12:50 END 12:00
BUS. CODE K26
SPECIALIST P. Neubauer
CONTACT Mike Gardner
TITLE Shop Foreman
PHONE 653-3669

BUSINESS NAME Rush Truck Center
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

Change of ownership inspection. c/o

JUL 19 2000

1. This Pressley Peterbilt truck repair shop has changed ownership the new owner is Rush Truck Center.
A new health with the correct owners name will be mailed along with a bill.

2. This site has an above ground storage tank used for storage of used motor oil. Above ground storage tanks must have secondary containment or an integrity test certified by a Professional Engineer.
See handout provided and mail a response as to the status within 30 days after Peter Neubauer at the address below (*)

3. Compressor oil has leaked onto the ground around the air compressor. Hydraulic oil has also leaked on the ground in front of the hydraulic oil tanks.
Within 5 days remove all spilled oil and

Signature of Business Representative — Date Signed 7/10/00 — Title Shop Foreman

(*) Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

DEH:HM-924 (Rev. 2/99) NCR

DISTRIBUTION: WHITE- RETURN TO HMD
YELLOW-BUSINESS RETAINS

County of San Diego
Department of Environmental Health

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 37701

DATE: 7.10.00

PAGE: 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

3. - cont.
Conduct all necessary repairs so that oil no longer leaks onto the ground. All spilled hazardous waste must be cleaned immediately.

4. The blue copy of Uniform Hazardous Waste manifests - #99471174 hauled on 12.1.99, #99470828 hauled on 1.19.00 and #99891192 hauled on 4.19.00 onsite.
These blue copies must be mailed to the State Dept. of Toxic Substance Control within 30 days from the haul off date.
Immediately mail these copies.

5. The Treatment Storage Disposal Facility (TSDF) copy of Uniform Hazardous Waste Manifest 99891192 hauled on 4.19.00 not onsite.
Within 10 days obtain the missing TSDF copy and keep onsite for 3 years.

6. Within 30 days mail an updated Hazardous Material Business Plan Attention Peter Neubauer at the address below.

7. Conduct employee training as outlined in the Business Plan and keep documentation available for review during inspections.

Signature of Business Representative — Date Signed 7/10/00 — Title SHOP Foreman

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

DEH:HM-9110 (Rev. 2/99) NCR

DISTRIBUTION: WHITE-RETURN TO HMD
YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 37701

DATE 7 / 10 / 00

PAGE 3 OF 3

BUSINESS ADDRESS: 9255 Camino Sante 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 — V0108 W____
- [ ] No EPA Identification Number 66262.12 — V0105 W____
- [ ] Waste Manifests/Receipts not on-site for 3 years 66262.40 — V0118 W____
- [ ] Manifest not properly completed 66262.23 — V0120 W____
- 1 [X] Manifest copy not sent to DTSC 66262.23 — V0115 W____
- 2 [X] TSDF signed-manifest not on-site 66262.40 — V0121 W____
- [ ] Biennial report not sent to DTSC 66262.41 — V0122 W____
- [ ] LDR Documentation not available 66268.7 — V0123 W____
- [ ] Exception Rpt. not filed with DTSC 66262.42 — V0116 W____
- [ ] Operating TSDF without authorization 25201 — V0124 W____

STORAGE AND HANDLING

- [ ] Waste stored longer than 90, 180, or 270 days 66262.34 — V0221 W____
- 3 [X] Failure to clean up hazwaste off of floor surface 66262.10b — V0313 W____
- [ ] Waste container missing/improperly labeled 66262.34 — V0222 W____
- [ ] Haz Materials not properly labeled 25124 — V0223 W____
- [ ] Waste container not kept closed 66265.173 — V0202 W____
- [ ] Waste container in poor condition 66265.171 — V0205 W____
- [ ] Waste container(s) not properly managed 66265.173 — V0210 W____
- [ ] Damaged container not repackaged 66265.171 — V0226 W____
- [ ] Container incompatible with waste 66265.172 — V0207 W____
- [ ] Incompatibles in the same container 66265.177 — V0224 W____
- [ ] Incompatibles not stored separately 66265.177 — V0213 W____
- [ ] Ignitible Waste less than 50 feet 66265.176 — V0214 W____
- [ ] Ignitible Waste not grounded 66265.31 — V0215 W____
- [ ] Storage area not inspected weekly 66265.174 — V0216 W____

DISPOSAL AND TRANSPORTATION

- [ ] Unauth. disposal of waste to _____ 25189.5 — V0313 W____
- [ ] Waste determination not made 66262.11 — V0319 W____
- [ ] Unlawful transport of haz. waste 25163 — V0315 W____
- [ ] Waste transported without manifest 66262.20 — V0316 W____
- [ ] Extremely Haz Waste Permit not obtained 25205.7 — V0317 W____

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- [ ] Training records unavailable 66265.16 — V0405 W____
- [ ] Training program not adequate 66265.16 — V0406 W____
- [ ] Facility not designed to minimize release 66265.31 — V0501 W____
- [ ] Spill control equip not available 66265.32 — V0508 W____
- [ ] Aisle space is obstructed 66265.35 — V0509 W____
- [ ] Contingency plan not prepared and/or on file 66265.51, 66265.53 — V0609 W____

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- [ ] Waste oil contaminated 25250.7 — V0225 W____
- [ ] Used oil filters improperly managed 66266.130 — V0701 W____
- [ ] Damaged batteries improperly managed 66266.81 — V0702 W____
- [ ] Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered pemitting) — V0125 W____
- [ ] Onsite treatment of waste without authorization 25201 — V0125 W____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- [ ] Health Permit not obtained 68.1005, 25284 — V3002 T____
- [ ] Repair/modify/close permit not obtained 68.1005 — V3007 T____
- [ ] UST Permit Application not submitted 25286(a) — V3010 T____
- [ ] Operating permit conditions violated 2712 — V3011 T____
- [ ] Failed to notify HMMD of changes 25284 — V3012 T____
- [ ] No owner/operator agreement 25284 — V3005 T____
- [ ] No records of financial coverage 25292.2 — V3013 T____
- [ ] No maint/monit/calib records available 2712(b), 2641(j) — V3001 T____
- [ ] Monitoring Equip. not tested annually 2630, 2641 — V3003 T____

MONITORING REQUIREMENTS (SINGLE WALL)

- [ ] Leak Detection Method does not meet performance standards 2643 — V3014 T____
- [ ] Integrity test not conducted 25292 — V3015 T____
- [ ] Copy of tank test not submitted to HMMD within 30 days 2643 — V3016 T____
- [ ] Manual tank gauging (<2000 gal) 2645 not done properly — V3017 T____
- [ ] Reconciliation not done properly 2646 — V3018 T____
- [ ] Reconciliation not approved for facility 2646 — V3019 T____
- [ ] Dispenser meter(s) not calib annually 2646 — V3020 T____
- [ ] Improper liquid measurements 2646 — V3021 T____
- [ ] Stick in poor condition 2646 — V3022 T____
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- [ ] No written emergency response plan 2641 — V3027 T____
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- [ ] Unused tank not properly closed 25298 — V3032 T____
- [ ] Permanent closure req. not completed 2672 — V3033 T____
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RECORD KEEPING

- [ ] Health Permit not obtained SDCC 68.1105 — V2001 W____
- [ ] Business Plan not established/implemented 25503.5 — V2002 W____
- [ ] Business Plan not submitted to HMMD 25505 — V2007 W____
- [ ] Business Plan not amended 25505 — V2003 W____
- [ ] Personnel Training Records not available 19 CCR 2732 — V2302 W____

RELEASE REPORTING

- [ ] Failure to report a release/threatened release 25507 — V2008 W____

BUSINESS PLAN ELEMENTS

- [ ] Emergency Response Plan inadequate 25504 — V2201 W____
- [ ] Emergency Contacts not provided/current 25509 — V2203 W____
- [ ] Personnel Training Program inadequate 25504 — V2301 W____
- [ ] Inventory is incomplete 25504 — V2005 W____
- [ ] Site Map is not sufficient 25509 — V2202 W____
- [ ] Acutely Haz. Mat. not registered 25533 — 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
[signature]	7/10/00	S/HMD Foreman

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

DEH:HM-923 (Rev. 1/98) NCR

Rush Truck Center San Diego 8464 Miramar Road, San Diego, CA 92126 (858)566-2605

TO:COUNTY OF SAN DIEGO/HAZARDOUS MATERIAL

ATTENTION: JANICE

FROM: Pamela Boston

SUBJECT:HEALTH PERMIT FOR 9255 CAMINO SANTA FE SAN DIEGO, CA.92121

DATE:6/12/00

RUSH TRUCK CENTERS PURCHASED PRESSLEY PETERBILT ON 12/6/99. WE WOULD LIKE TO HAVE THE HEALTH PERMIT TRANSFERRED INTO OUR NAME.

THANK YOU,

PAMELA S. BOSTON
BUSINESS MANAGER

update only

Same 0531

8/1/00

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

--FOR OFFICE USE ONLY--

ESTAB NUMBER	CENSUS TR/INC CODE	BUS CODE	UNITS	ANNUAL FEE	EXPIR DATE (MO-DAY)
H 37701					
2	21	28	31	35	41

SIC-1	SIC-2	FIRE	WATER	SEWER	ZONING	MAP ON FILE	STATUS	ASSESSOR'S PARCEL NO.
45	49	53	55	57	59	61	62	64

- PLEASE COMPLETE THE FOLLOWING SECTION -

ESTABLISHMENT OWNER NAME: RUSH TRUCK center San. Diego X
74

(AREA): 858 - OWNER PHONE: 653 3684 X
104

ESTABLISHMENT ADDRESS:

STREET NUMBER	DIRECTION	STREET NAME	BLDG/SUITE
9255		CAMINO SANTA FE	
114	125	127	147

CITY	STATE	ZIP CODE	(AREA)	BUSINESS PHONE
San Diego	CA	92126	858	653 3684 X
151	166	168	177	

SECOND NAME OR NAME OF MANAGEMENT COMPANY:

187

MAILING ADDRESS (IF DIFFERENT FROM ESTABLISHMENT ADDRESS):

STREET NUMBER	DIRECTION	STREET NAME	BLDG/SUITE
8464		MIRAMAR RD	
217	228	230	250

CITY	STATE	ZIP CODE
San Diego	CA	92126 X
254	269	271

8/9/00

ESTABLISHMENT NAME: Rush Truck Center of SD X
284

YES = 1
OTHER = 2

GAS STATION: 2
314

REASON FOR APPLICATION: 3
1 - NEW
2 - RE-OPEN
3 - OWNER CHANGE
315

NUMBER OF EMPLOYEES: 8

IF OTHER, LIST TYPE OF BUSINESS:

NAME OF PREVIOUS OWNER: Pressley Peter Bilt
316

DATE BUS ASSUMED: 01 Dec 99
346

CONTACT PERSON: Pam Boston X
352

***** 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 [signature] DATE 7/10/00

DEH:HM-927 (Rev. 10/97)

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 3
EST. NO. H 37701
DATE 10/3/01
TIME START 1:30 END 3:00
BUS. CODE K26
SPECIALIST Hart
CONTACT Mike Gardner
TITLE Shop Foreman
PHONE (858) 653-3684

Prod 10/26/01 cm File

BUSINESS NAME Rush Truck Center of San Diego
ADDRESS 9255 Camino Santa R
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

— Routine Inspection

OCT 24 2001

Violations and Corrective Actions:

1) Blue copies of the Uniform Hazardous Waste Manifests have not been sent to the DTSC within 30 days.

• Corrective Action: Within 30 days of a waste pickup mail off the blue copy of the uniform hazardous waste manifest to the state DTSC. Ensure the blue copies onsite are mailed offsite.

2) TSDF copies of the uniform hazardous waste manifests for the following are not onsite: 20524859 9/28/00; 20570891 11/22/00; 20613033 3/12/01; 20643121 5/8/01 for the Safety Kleen parts washer. TSDF copies are missing for the following antifreeze manifests: 99899865 6/00; 99381686 3/00. TSDF copies are also missing for the following: SK992217 8/9/00; S00211797 4/17/00; SK9903385 12/1/99; SK990195 3/3/99.

• Corrective Action: Obtain the above listed signed TSDF manifest copies. Within 30 days of a waste pick-up, ensure you have received the signed TSDF copy of the manifest.

3) Hazardous waste containers of used oil, used antifreeze, used oily absorbent, and used oil filters are missing or improperly labeled.

• Corrective Action: Ensure all hazardous waste containers are properly labeled with the following: 'Hazardous Waste'; Company

Signature of Business Representative — Date Signed 10/3/01 — Title Shop Foreman

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

924 (Rev. 2/99) NCR

DISTRIBUTION: WHITE- RETURN TO HMD
YELLOW-BUSINESS RETAINS

County of San Diego
Department of Environmental Health

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 37701
DATE 10 / 3 / 01
PAGE 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe ZIP CODE: 92121

name, address and phone number; contents of the container; physical state and hazard characteristic; and start date of accumulation. 'Drained used oil filters' and the start date of accumulation should be on the used oil filter drums.

4) A Hazardous Materials Business Plan has not been submitted for Rush Truck Center.

• Corrective Action: Within 30 days, submit a complete Hazardous Materials Business Plan for Rush Truck Center.

5) Annual employee safety training has not been conducted or documented.

• Corrective Action: Employee safety training as described in the Hazardous Materials Business Plan is an annual requirement. Conduct and document this training.

6) Hazardous waste used absorbent/used pads/oil has not been disposed of within allowable storage time limits.

• Corrective Action: Based on the amount of hazardous waste you generate (>27 gallons/mth), you have a waste storage time of 180 days from the start date of accumulation. Have this waste properly disposed of within 30 days and fax me a copy of the manifest.

Remarks:

1) Mark empty drums as 'empty'
2) Ensure all spills are cleaned up off the floor as soon as possible.
3) Ensure compressed gas cylinders are properly restrained.
4) Safety-Kleen is using the wrong EPA ID number on their manifests. Call and correct this.
5) Health permit current, expires 5/31/02.

Signature of Business Representative — Date Signed 10/3/01 — Title Shop Foreman

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

DEH:HM-9110 (3/96) NCR

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 37701

DATE 10/3/19

PAGE 3 OF 3

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 — V0108 W____
- [ ] No EPA Identification Number 66262.12 — V0105 W____
- [ ] Waste Manifests/Receipts not on-site for 3 years 66262.40 — V0118 W____
- [ ] Manifest not properly completed 66262.23 — V0120 W____
- 1 [X] Manifest copy not sent to DTSC 66262.23 — V0115 W✓
- 2 [X] TSDF signed-manifest not on-site 66262.40 — V0121 W✓
- [ ] Biennial report not sent to DTSC 66262.41 — V0122 W____
- [ ] LDR Documentation not available 66268.7 — V0123 W____
- [ ] Exception Rpt. not filed with DTSC 66262.42 — V0116 W____
- [ ] Operating TSDF without authorization 25201 — V0124 W____

STORAGE AND HANDLING

- 3 [X] Waste stored longer than 90, 180, or 270 days 66262.34 — V0221 W✓
- [ ] Failure to clean up hazwaste off of floor surface 66262.10b — V0313 W____
- 4 [X] Waste container missing/improperly labeled 66262.34 — V0222 W✓
- [ ] Haz Materials not properly labeled 25124 — V0223 W____
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- [ ] Waste determination not made 66262.11 — V0319 W____
- [ ] Unlawful transport of haz. waste 25163 — V0315 W____
- [ ] Waste transported without manifest 66262.20 — V0316 W____
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- [ ] Training records unavailable 66265.16 — V0405 W____
- 5 [X] Training program not adequate 66265.16 — V0406 W✓
- [ ] Facility not designed to minimize release 66265.31 — V0501 W____
- [ ] Spill control equip not available 66265.32 — V0508 W____
- [ ] Aisle space is obstructed 66265.35 — V0509 W____
- [ ] Contingency plan not prepared and/or on file 66265.51, 66265.53 — V0609 W____

MISCELLANEOUS

- [ ] Waste oil contaminated 25250.7 — V0225 W____
- 6 [X] Used oil filters improperly managed 66266.130 — V0701 W✓
- [ ] Damaged batteries improperly managed 66266.81 — V0702 W____
- [ ] Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered pemitting) — V0125 W____
- [ ] Onsite treatment of waste without authorization 25201 — V0125 W____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- [ ] Health Permit not obtained 68.1005, 25284 — V3002 T____
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- [ ] Operating permit conditions violated 2712 — V3011 T____
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- [ ] Copy of tank test not submitted to HMMD within 30 days 2643 — V3016 T____
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- [ ] No written monitoring procedure 2632 — V3027 T____
- [ ] Written emergency response plan not available 2632 — V3028 T____
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- [ ] Failure to report an unauthorized release 25295 — V3009 T____
- [ ] Release record log not available 2651, 2650 — V3030 T____
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- [ ] Unused tank not properly closed 25298 — V3032 T____
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RECORD KEEPING

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- [ ] Business Plan not submitted to HMMD 25505 — V2007 W____
- [ ] Business Plan not amended 25505 — V2003 W____
- [ ] Personnel Training Records not available 19 CCR 2732 — V2302 W____

RELEASE REPORTING

- [ ] Failure to report a release/threatened release 25507 — V2008 W____

BUSINESS PLAN ELEMENTS

- [ ] Emergency Response Plan inadequate 25504 — V2201 W____
- [ ] Emergency Contacts not provided/current 25509 — V2203 W____
- 7 [X] Personnel Training Program inadequate 25504 — V2301 W✓
- [ ] Inventory is incomplete 25504 — V2005 W____
- [ ] Site Map is not sufficient 25509 — V2202 W____
- [ ] Acutely Haz. Mat. not registered 25533 — V2009 W____

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE — DATE SIGNED 10/3/01 — TITLE Foreman

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

DEH:HM-923 (Rev. 1/98) NCR

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 2 DATE 1/6/03
PERMIT # 137701
TIME START 10:00 END 12:00
BUS. CODE K26
SPECIALIST HAHN
INSPECTION CONTACT/TITLE Mike Gardner
PHONE: (858) 653-3684
Passed 3/07/03 [illegible]

BUSINESS NAME Rush Truck Center of SD
ADDRESS 9255 Camino Santa Fe
CITY/ZIP SD 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.

Y	N/A		Y	N/A	
☑	☐	Unified Program Facility Permit current and available			Permit Expires on: 5/31/03.
☑	☐	Hazardous Materials Business Plan available	☑	☐	Contingency Plan available
☑	☐	Employee Training is adequate	☐	☐	Employee Training records available
☑	☐	Waste disposal records available for review	☑	☐	Waste containers kept closed
☑	☐	Emergency contacts current ☐ Updated today	☑	☐	Waste containers kept labeled
☑	☐	Chemical inventory current ☐ Updated today	☑	☐	Waste containers in good condition

NOTICE TO COMPLY
Observations, Violations + Corrective Action

FEB 04 2003

① Employee training has not occurred this past ~~month~~ SH year
Employees MUST BE TRAINED 6 months within hire and annually thereafter – refer to BUISNESS Plan
Within 30 days conduct training, document + fax roster
ATTN: SUSAN A. HAHN @ 858.694.3705

② Accumulation start date is not on USED OIL FILTER labels. The date when an oil filter is first disposed into drum (after pick-up) must be written on label.

Remarks:
Use absorbant to clean up spilled oil from area where oil is drained from trucks. There is a small amount there from recent drainage.

☒ 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 [illegible]

[signature] 1/13/03
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; sdcdeh.org

DEH:HM-924 (Rev. 05/02) NCR DISTRIBUTION: WHITE- RETURN TO HMD YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 137701
DATE 1/13/03
PAGE 2 OF 2

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 R egulations (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
	☐	V0131	UPF Permit not obtained SDCC. 68.905
	☐	V0132	No EPA Identification Number. 66262.12
	☐	V0133	Manifest copy not sent to DTSC. 66262.23
	☐	V0134	Exception Rpt. not filed with DTSC. 66262.42
	☐	V0135	Waste Manifests/Receipts not on-site for 3 years. 66262.40
	☐	V0136	No records of battery disposal. 66262.81
	☐	V0137	Manifest not properly completed. 66262.23
	☐	V0138	TSDF signed-manifest not on-site. 66262.40
	☐	V0139	Biennial report not sent to DTSC. 66262.41
	☐	V0140	LDR Documentation not available. 66268.7
	☐	V0141	Operating TSDF without authorization. 25201
	☐	V0142	Failed to notify local CUPA of onsite treatment of hazardous waste. 25201
	☐	V0143	Tiered Permitting notification has incomplete or incorrect information. 25201
	☐	V0144	SB14 compliance doc. not available. 25244.19
	☐	V0145	Excluded recyclable materials report not submitted to HMD. 25143.10

STORAGE AND HANDLING

	☐	V0201	Waste container not kept closed. 66265.173
2	☒	V0202	Waste container missing/improperly labeled. 66262.34, 25143.9
	☐	V0203	Damaged container not repackaged. 66265.171
	☐	V0204	Waste container not properly managed. 66265.173
	☐	V0205	Waste container in poor condition. 66265.171
	☐	V0206	Ignitable Waste < 50 feet of property line. 66265.176
	☐	V0207	Ignitable Waste not grounded. 66265.31
	☐	V0208	Storage area not inspected weekly. 66265.174
	☐	V0209	Waste stored > 90, 180, or 270 days. 66262.34
	☐	V0210	Hazwaste not cleaned up off floor surface. 66262.10b
	☐	V0211	Incompatibles in the same container. 66265.177
	☐	V0212	Incompatibles not stored separately. 66265.177
	☐	V0213	Container incompatible with waste. 66265.172
	☐	V0214	Waste oil contaminated. 25250.7
	☐	V0215	Used oil filters improperly managed. 66266.130
	☐	V0216	Hazardous materials not properly labeled. 25124

DISPOSAL AND TRANSPORTATION

	☐	V0301	Unauth. disposal of waste to:_____. 25189.5
	☐	V0302	Unlawful transportation of hazardous waste. 25163
	☐	V0303	Waste transported without a manifest. 66262.20
	☐	V0304	Waste determination not made. 66262.11

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Viol #		VIOL	VIOLATION DESCRIPTION
1	☒	V0401	Training records unavailable. 66265.16
	☐	V0402	Training program not adequate. 66265.16
	☐	V0403	Facility not designed to minimize release. 66265.31
	☐	V0404	Spill control equip not available. 66265.32
	☐	V0405	Aisle space is obstructed. 66265.35
	☐	V0406	Contingency plan not prepared and/or on file. 66265.51, 66265.53

HAZARDOUS WASTE TANK SYSTEMS

	☐	V1601	Hazwaste tanks w/o P.E. assessment. 66265.191a, 66265.192a
	☐	V1602	P.E. Assessment report not complete. 66265.191g, 66265.192k
	☐	V1603	Hazwste tank system: no secondary containment. 66265.193a
	☐	V1604	Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
	☐	V1605	No daily tank inspection/inspect. log 66265.195 (b&c)
	☐	V1606	Improper or absent spill/overfill protection. 66265.194b
	☐	V1607	Improper corrosion protection. 66265.191, 66265.192
	☐	V1608	Integrity assessment not done for tanks without secondary containment system. 66265.191
	☐	V1609	Improper use of hazardous waste tank system. 66265.196
	☐	V1610	No PE assessment report for repairs/changes. 66265.196g
	☐	V1611	Improper closure of haz waste tank unit. 67383.3, 66265.197

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

	☐	V1001	UPF permit not obtained for Haz. Materials. 68.905
	☐	V1002	Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
	☐	V1003	HMBP not amended to reflect changes25505
	☐	V1004	HMBP not submitted to HMD. 25505
	☐	V1005	Emergency Contacts not provided/current. 25509
	☐	V1006	Inventory is incomplete. 25504
	☐	V1007	Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
	☐	V1008	Annual carcinogen & reproductive toxin list not submitted to HMD 68.1113
	☐	V1009	Site map is not sufficient. 25509
	☐	V1010	Failure to report a release/threatened release. 25507
	☐	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
	☐	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

1/13/03
DATE SIGNED

Shop Foreman
TITLE OF BUSINESS REPRESENTATIVE

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1
EST. NO. H 137701
DATE 7/16/04
TIME START 3 END 330
BUS. CODE K26
SPECIALIST Maschve
CONTACT
TITLE
PHONE

BUSINESS NAME Rush Truck Center of San Diego
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

Status Verification -
A routine inspection was attempted this date, however Rush Truck Center was just replaced by Hanson Aggregates very own mechanics this July 5th approximately.

Rush trucking no longer needs a permit at this address and Hanson is contiguous to their already permitted batch plant in this very canyon. Please submit any new or updated inventory forms with August 16 2004 to this department at address below.
* Inactivate #137701. *

Add inventory

no Rush Rep. on site to sign 7/16/04 M. Maschve

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

DEH:HM-924 (Rev. 2/99) NCR

DISTRIBUTION: WHITE- RETURN TO HMD
YELLOW-BUSINESS RETAINS

County of San Diego
Department of Environmental Health

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 6/13/02
PERM 200409 1
TIME START 10AM END 12
BUS. CODE K70
SPECIALIST Hahn
INSPECTION CONTACT/TITLE Carl DuCommun Mgr
PHONE: (858) 536-3172
PRSD 8/1/02 MC

BUSINESS NAME PETROCHEM MARKETING INC.
ADDRESS 9255 Camino Santa Fe #H
CITY/ZIP SD 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.

Y	N/A		Y	N/A	(new business)
SH ☒	☒	Unified Facility Permit current and available			Permit Expires on: / / .
☒	☐	Hazardous Materials Business Plan available	☒	☐	Contingency Plan available
☒	☐	Employee Training is adequate	☒	☐	Employee Training records available
☐	☒	Waste disposal records available for review	☐	☒	Waste containers kept closed
☒	☐	Emergency contacts current ☐ Updated today	☐	☒	Waste containers kept labeled
☒	☐	Chemical inventory current ☐ Updated today	☐	☒	Waste containers in good condition

NEW / (~~REACTIVATED~~) SH BUSINESS INSPECTION

Business Plan reviewed and accepted on this day - it had been sent in to HMD.

Business only handles Hazardous Materials and generates no Hazardous Waste.

There are 39 - 250 gal totes on property containing various kinds of emulsifiers. (~~these have been here for yr~~) At the present there is no use. Within 1yr. find use or properly discard as waste / Hazardous waste.

RB: ~~Bus~~ Business hours 6am - 2pm

☐ 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 _____

Carl DuCommun — Signature of Business Representative
6-13-02 — Date Signed
Plant Manager — Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdeh.org

DEH-HM-924 (Rev. 04/02) NCR DISTRIBUTION: WHITE- RETURN TO HMD YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF ___ DATE 12/16/03
PERMIT # 200409
TIME START 9:30 END 11:00
BUS. CODE K 60
SPECIALIST HAHN
INSPECTION CONTACT/TITLE Carl DuCommun
PHONE: (858) 536-3172
prod 2-6-04 cm file

BUSINESS NAME Petrochem Marketing Inc
ADDRESS 9255 Camino Santa Fe #H
CITY/ZIP SD 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.

Y	N/A		Y	N/A	
☒	☐	Unified Program Facility Permit current and available			Permit Expires on: 31 OCT 04.
☒	☐	Hazardous Materials Business Plan available	☐	☐	Contingency Plan available
☒	☐	Employee Training is adequate	☐	☐	Employee Training records available
☐	☒	Waste disposal records available for review	☒	☒	Waste containers kept closed
☒	☐	Emergency contacts current ☐ Updated today	☐	☒	Waste containers kept labeled
☒	☐	Chemical inventory current ☒ Updated today	☐	☒	Waste containers in good condition

ROUTINE INSPECTION

REMARKS:
Site has various types of hazardous materials stored in discloseable quantities - to be added to inventory: ① NaOH Part A Soap
② Flex Thin - fax MSDS ATTN: SUSAN A. HAHN @ 858.694.3705.

JAN 20 2003

* Insure all drums are labeled appropriately w/ type of material + physical properties - etc. NAME OF MATERIAL, NON-HAZ or HAZ - FLAMMABLE, etc.

☒ 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 CHD

Carl H DuCommun TR — Signature of Business Representative
12-16-03 — Date Signed
Plant Manager — Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdeh.org

DEH:HM-924 (Rev. 05/02) NCR DISTRIBUTION: WHITE- RETURN TO HMD YELLOW-BUSINESS RETAINS

September 15, 2017 Pre- Diligence / LOI Petrochem Chem / Market / October 10, 2017

file only.

COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT # 200409
SPECIALIST Maschoe
INSPECTION DATE: 7/8/05
CONTACT Jeronimo Huizar

BUSINESS NAME Petrochem Marketing
ADDRESS 9255 Camino Santa Fe #H CITY San Diego ZIP 92121

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
1 0216	7/13/05	Blue drum is Formaldehyde. Labeledit,
2		and I will Fax MSDS. We will also add it to our
		hazardous material inventory.
3		I am also identifying and labeling
		the 34 Totes and the other 72/55 Gallon Drums
4		and we will soon sell all drums and totes
		including blue Drum (Formaldehyde).
		Thank you. very much.
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.

X Responsible Party (Print Name): Jeronimo Huizar Job Title Plant Manager

X Signature of Responsible Party: [signature] Date: 7/14/05

< Mail completed form and supporting documentation to the address listed below >

FAX (858) 694-3705 - Manon

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: M. Maschoe Date: 7/14/05

Specialist's comments: Noted in KIVA

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261, (619) 338-2222; 1-800-253-9933

DEH:HM-926 (Revised 05/02) NCR DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 3 DATE 7/8/05
PERMIT # 200409
TIME START 9- END 11-
BUS. CODE K60
SPECIALIST Maschwe
INSPECTION CONTACT/TITLE Jeronimo Huizar / Plant Mgr.
PHONE: (858) 536-3172
Rec'd 8/23/05 JJ File

BUSINESS NAME Petrochem Marketing, Inc.
ADDRESS 9255 Camino Santa Fe #H
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			Permit Expires on: 31/Oct/05
☐	☐	Hazardous Materials Business Plan available	☐	☐	Contingency Plan available
☒	☐	Employee Training is adequate	☐	☒	Employee Training records available
☐	☒	Waste disposal records available for review	☐	☒	Waste containers kept closed
☐	☐	Emergency contacts current ☒ Updated today	☐	☒	Waste containers kept labeled
☐	☐	Chemical inventory current ☒ Updated today	☐	☒	Waste containers in good condition

☐ All violations noted on this compliance inspection report were corrected during this inspection.

Routine Hazardous Materials inspection conducted this date with permission from plant manager, Jeronimo Huizar. Business mixes rubber (recycled from used tires) clay and other chemicals in 6000 gallon vats to make an ad mixture for asphalt. Will ~~[illegible]~~ add the following materials to your hazardous materials inventory. This will be done today. Carbon black 2 x 2500 #s.
Amine "Long chain alphatic amines" - Bexm - 2 14 drums x 55 gallons
Val Aro 130 A - 3 x 55 gallons.
Rhoplex P 15J - emulsion - 4 x 55 gallons.

AUG 04 2005

Observations/Violations - Notice to Comply.
(1) One blue 55 gallon plastic drum outside of tool shed has contents that are currently unknown. SAFELY determine the contents and label the drum. Within 10 days unknows become hazardous waste!
Corrective action: By ~~8/8/05~~ (m) 7/14/05 determine the contents and label it.

☒ 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.

H
Initials of Business Representative

Jeronimo Huizar
Signature of Business Representative

7/8/05
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

HM-924 (05/05) NCR DISTRIBUTION: WHITE- RETURN TO HMD YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 200409

DATE: 7/8/05

PAGE: 2 OF 3

Office Use Only

BUSINESS ADDRESS: 9255 Camino Santa Fe #H ZIP CODE: 92121

con't

There are at least 34 - 250 gallon totes and another 72 - 55 gallon drums of "petroleum soap" - part A" in the back fence area of this lot. Many of these drums are rusty this poses a potential storm water violation and this will be referred to the City Stormwater program. Also many of these containers totes are not properly labelled OSHA requires proper labeling with the original label. This issue will be referred to OSHA for investigation.

Signature of Business Representative

7-8-05
Date Signed

Plant Manager
Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

DEH:HM-9110 (Rev. 2/99) NCR

DISTRIBUTION: WHITE-RETURN TO HMD
YELLOW-BUSINESS RETAINS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 200409
DATE 7/8/05
PAGE 3 OF 3

BUSINESS ADDRESS: 9255 Camino Santa Fe #H 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

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STORAGE AND HANDLING

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	☐	V0206	Ignitable Waste < 50 feet of property line. 66265.176
	☐	V0207	Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31
	☐	V0208	Storage area not inspected weekly. 66265.174
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TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Viol #		VIOL	VIOLATION DESCRIPTION
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HAZARDOUS WASTE TANK SYSTEMS

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	☐	V1604	Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
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	☐	V1607	Improper corrosion protection. 66265.191, 66265.192
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	☐	V1609	Improper use of hazwaste tank system. 66265.196
	☐	V1610	No PE assessment report-repairs/changes. 66265.196g
	☐	V1611	Improper closure of haz waste tank unit. 67383.3, 66265.197

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

	☐	V1001	UPF permit not obtained for Haz. Materials. 68.905
	☐	V1002	Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
	☐	V1003	HMBP not amended to reflect changes. 25505
	☐	V1004	HMBP not submitted to HMD. 25505
	☐	V1005	Emergency contacts not provided/current. 25509
	☐	V1006	Inventory is incomplete. 25504
	☐	V1007	Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
	☐	V1008	Annual carcinogen & reproductive toxin list not submitted to HMD. 68.1113
	☐	V1009	Site map is not sufficient. 25509
	☐	V1010	Failure to report a release/threatened release. 25507
	☐	V1011	Personnel training records not available. 19 CCR 2732
	☐	V1012	SPCC plan required but not prepared. 25270.5 (c)
	☐	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
	☐	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: 7-8-05 — TITLE OF BUSINESS REPRESENTATIVE: Plant Manager

DEHHM-923 (04/04) NCR

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

#200409

Petrochem Marketing, Inc.
5205 Avenida Encinas, Suite K
Carlsbad, CA 92008-4366
Phone: (760) 603-0961 Fax: (760) 603-0962

September 13, 2007

County Of San Diego
Department of Environmental Health
P.O. Box 129261
San Diego, CA 92112-9261

RE: Permit Number HK07 - 200409

To Whom It May Concern:

This letter is to notify the Department of Environmental Health that Petrochem Marketing, Inc. has vacated 9255 Camino Santa Fe, San Diego 92121, effective immediately. We moved the plant site to South Gate, CA 90280 on March 1, 2007.

Thank you, in advance for your prompt attention to this matter.

If you have any questions you can contact me at (760) 603-0961.

Sincerely,

Deanna S. Williams

Deanna S. Williams

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 11/7/03
PERMIT # 202700
TIME START 1:00 END 2:00
BUS. CODE K70
SPECIALIST HAHN
INSPECTION CONTACT/TITLE MARTY KEANE
PHONE: (858) Passed [illegible]

BUSINESS NAME Coffman Specialties, Inc.
ADDRESS 10201 Camino Santa Fe
CITY / ZIP SD 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			Permit Expires on: ___/___/___
☐	☐	Employee Training is adequate	☐	☐	Employee Training records available
☐	☐	Waste disposal records available for review	☐	☐	Waste containers kept closed
☐	☐	Emergency contacts current o Updated today	☐	☐	Waste containers kept labeled
☐	☐	Chemical inventory current o Updated today	☐	☐	Waste containers in good condition

☐ All violations noted on this compliance inspection report were corrected during this inspection.

New Site Inspection

DEC 12 2003

Business stores waste oil on site
stores >55 gal of EPOXY, ~165 gals Hydraulic Oil & 110 g Sealer. Plus acetylene + O_2 compressed gas cylinders – these should be secured to wall/stations
- Observed 10 gal pail full of PROMOTER – hazardous material (Health & Flammable) – the lid of pail had concaved in. Recommend disposing of properly.
- Most drums observed empty, all totes empty. – Label these MT.
- Within 7 days complete permit application fax ATTN: SUSAN A. HAHN @ 858.694.3705
- Within 30 days complete Hazardous Materials Business Plan and send to P.O. Box 129261 SD 92112 ATTN SUSAN HAHN

☐ 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 — 11/7/03 Date Signed — Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdeh.org

HM-924 (09/03) NCR DISTRIBUTION: WHITE- RETURN TO HMD YELLOW-BUSINESS RETAINS

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

I. FACILITY IDENTIFICATION

FACILITY ID # 3 7 0 0 0 2 0 2 7 0 0

EPA ID # (Hazardous Waste Only) CAC002367647 2

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3
COFFMAN SPECIALTIES, INC.

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?	☒ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) ▪ Own or operate underground storage tanks?	☐ YES ☒ NO 5	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
▪ Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
▪ Need to report closing a UST?	☐ YES ☒ NO 7	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?	☐ YES ☒ NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE ▪ Generate hazardous waste?	☒ YES ☐ NO 9	EPA ID NUMBER – provide at the top of this page
▪ Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☒ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
▪ Treat hazardous waste on site?	☐ YES ☒ NO 11	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)
▪ Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
▪ Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
▪ Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS 15

▪ MEDICAL WASTE

Generate <200 lbs/month of Medical/Biohazardous Waste?	☐ YES	☒ NO
Generate ≥200 lbs/month of Medical/Biohazardous Waste?	☐ YES	☒ NO
Generate ≥200 lbs/month of Medical/Biohazardous Waste and treat any amount of medical waste	☐ YES	☒ NO
▪ Handle Toxic gases with threshold limit concentration (TLV) # 10 ppm in any quantity?	☐ YES	☒ NO

UPF Permit#: 202700

DATE INSPECTED: 11 / 07/03

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

[X] This business or service is required to obtain a Unified Program Facility 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.
Date assumed business ownership at this location: 07 / 10 / 95

[ ] I have determined that this business or service does not require a Unified Program Facility 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: Colleen Coffman

Title: PRESIDENT

Printed Name: COLLEEN COFFMAN

Date: 11/13/03

Type of Business: CONSTRUCTION

Phone #: (858) 272-9080
Area Code

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 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

I. IDENTIFICATION

FACILITY ID#	3 7 0 0 0 2 0 2 7 0 0
BEGINNING DATE 100	
ENDING DATE 101	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3	COFFMAN SPECIALITES, INC.
BUSINESS PHONE 102	(858) 272-9080
BUSINESS SITE ADDRESS 103	10201 CAMINO SANTA FE
CITY 104	SAN DIEGO
	CA
ZIP CODE 105	92121
DUN & BRADSTREET 106	79-738-0771
SIC CODE (4 digit #) 107	
COUNTY 108	SAN DIEGO
BUSINESS OPERATOR NAME 109	COLLEEN COFFMAN
BUSINESS OPERATOR PHONE 110	(858) 272-9080

II. BUSINESS OWNER

OWNER NAME 111	COLLEEN COFFMAN
OWNER PHONE 112	(858) 272-9080
OWNER MAILING ADDRESS 113	4375 JUTLAND DRIVE, SUITE 260
CITY 114	SAN DIEGO
STATE 115	CA
ZIP CODE 116	92117

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117	MARTY KEANE
CONTACT PHONE 118	([redacted]
CONTACT MAILING ADDRESS 119	4375 JUTLAND DRIVE, SUITE 260
CITY 120	SAN DIEGO
STATE 121	CA
ZIP CODE 122	92117

IV. EMERGENCY CONTACTS

–PRIMARY–	–SECONDARY–
NAME 123	MARTY KEANE
NAME 128	BLAINE PUGSLEY
TITLE 124	PROJECT MANAGER
TITLE 129	DIRECTOR OF LOSS CONTROL & SAFETY
BUSINESS PHONE 125	(858) 272-9080
BUSINESS PHONE 130	(858) 272-9080
24-HOUR PHONE 126	([redacted]
24-HOUR PHONE 131	([redacted]
PAGER # 127	( )
PAGER # 132	( )

ADDITIONAL LOCALLY COLLECTED INFORMATION:

E-MAIL: *	
E-MAIL: *	

*This information is optional and will remain confidential. Complete if you want to receive periodic program updates from HMD.

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 134	NAME OF DOCUMENT PREPARER 135
Colleen Coffman	11-13-03	MARTY KEANE
NAME OF SIGNER (print) 136	TITLE OF SIGNER 137	
COLLEEN COFFMAN	PRESIDENT	

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

ENTERED APR 0 2 2009 JS

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 2/10/09
PERMIT# 210049 BUS. CODE K5/21
TIME START 930 END 1015
SPECIALIST MIKE MANN
INSPECTION CONTACT KEVIN DICKISON
TITLE ENVIRONMENTAL SPECIALIST
PHONE (858) 541-5009

BUSINESS NAME SDG&E - FENTON SUBSTATION
ADDRESS ON DIRT ROAD PAST END OF CAMINO SANTA FE
CITY/ZIP SAN DIEGO 92121

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*		Y*	N/A*	
☐	☐	Unified Program Facility Permit current			Permit Expires on: ___/___/___
☐	☐	Hazardous Materials Business Plan available	☐	☐	Contingency Plan available ☐LQG ☐SQG
☐	☐	Employee training is adequate	☐	☐	Employee training records available
☐	☐	Waste disposal records available for review	☐	☐	Universal waste managed properly
☐	☐	Emergency contacts current ☐ Updated today	☐	☐	Waste containers ☐ closed ☐ labeled
☐	☐	Chemical inventory/map current ☐ Updated today	☐	☐	Waste containers in good condition

Consent to inspect granted by: ☑ Inspection Contact ☐ Other:

NEW BUSINESS PERMIT INSPECTION

RECEIVED FEB 2 4 2009

THIS FACILITY STORES REPORTABLE QUANTITIES OF DIELECTRIC OIL ONSITE AND HAS ONE "T" TYPE CYLINDER OF NITROGEN GAS WITH A WHITE LABEL INDICATING THE CYLINDER HOLDS 198 CUBIC FEET OF NITROGEN. THE QUANTITY OF BATTERY ELECTROLYTE IS LESS THAN THE REGULATORY REPORTABLE QUANTITY.

A HAZARDOUS MATERIALS BUSINESS PLAN FOR THIS FACILITY WAS REVIEWED WITH KEVIN DICKISON. AN UPDATED COPY OF THE PLAN WAS PROVIDED FOR THE HMD DURING THIS INSPECTION.

A UNIFIED PROGRAM FACILITY PERMIT WILL BE REQUIRED BY SDGE FOR THIS FACILITY.

☐ **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: KEVIN DICKISON
DATE SIGNED: 2/10/09
SIGNATURE OF BUSINESS REPRESENTATIVE: X Kevin Dickison
TITLE OF BUSINESS REPRESENTATIVE:

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

HM-924 (11/08) NCR *(Y= Yes; N/A = Not Applicable) DISTRIBUTION: WHITE - HMD; YELLOW-BUSINESS RETAINS

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

2 / 10 / 09
Date Submitted

BUSINESS ACTIVITIES

Page of

I. FACILITY IDENTIFICATION

FACILITY ID #	3 7 0 0 0 2 1 0 0 4 9	EPA ID # (Hazardous Waste Only)	2

BUSINESS NAME (Same as FACILITY NAME of DBA-Doing Business As) 3
San Diego Gas & Electric - Fenton Substation

BUSINESS SITE ADDRESS 103
ON DIRT RD PAST END OF CAMINO SANTA FE

BUSINESS SITE CITY 104	CA	ZIP CODE 105
San Diego		**92121**

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

Does your facility…	If Yes, please complete these pages of the 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?	☒ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	☐ YES ☒ NO 4a	Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	☐ YES ☒ NO 5	UST FACILITY (Formerly SWRCB Form A) HM-9715 UST TANK (one page per tank-Formerly Form B) HM-9717
D. ABOVE GROUND PETROLEUM STORAGE Store greater than 1,320 gallons of petroleum products (new or used) in above ground tanks or containers?	☐ YES ☒ NO 8	NO FORM REQUIRED TO CUPAs
E. HAZARDOUS WASTE		
▪ Generate hazardous waste?	☐ YES ☒ NO 9	EPA ID NUMBER – provide at the top of page
▪ Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☒ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
▪ Treat hazardous waste on site?	☐ YES ☒ NO 11	ONSITE HAZARDOUS WASTE TREATMENT – FACILITY ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
▪ Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
▪ Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
▪ Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
▪ Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste?	☐ YES ☒ NO 14a	Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.
▪ Household Hazardous Waste (HHW) Collection site?	☐ YES ☒ NO 14b	See CUPA for required forms.

F. LOCAL REQUIREMENTS 15

▪ MEDICAL WASTE

Generate <200 lbs/month of Medical/Biohazardous Waste?	☐ YES	☒ NO
Generate ≥200 lbs/month of Medical/Biohazardous Waste?	☐ YES	☒ NO
Generate ≥200 lbs/month of Medical/Biohazardous Waste and treat any amount of medical waste?	☐ YES	☒ NO
▪ Handle Toxic gases with threshold limit concentration (TLV) # 10 ppm in any quantity?	☐ YES	☒ NO

Business Activities

Submit the Business Activities page and the Business Owner/Operator Identification page 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 Division 3, Electronic Submittal of Information and 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 the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility 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.

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.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. Zip +4 may also be added.

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 (DEH:HM-9702) and the Hazardous Materials Inventory - Chemical Description page (DEH:HM-9703), as well as a complete Hazardous Materials Business Plan (DEH:HM-952) and Hazardous Materials Business Plan Certification Statement (DEH:HM-953).

4a. REGULATED SUBSTANCES – Refer to www.oes.ca.gov, hazardous materials, CalARP guidance documents for regulated substances required by 19 CCR 2770.5. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.

5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate (or plan to install or upgrade) 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:HM-9222). If you are installing USTs, 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. If you are closing an UST, complete the closure portion of the UST Tank pages for each tank. Submit a DEH closure application. Contact the HMD at (800) 253-9933.

8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANKS OR CONTAINERS- Check the appropriate box to indicate whether there is petroleum stored onsite which exceed the regulatory thresholds. 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)).The facility must have a cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT Subject to the Act (exemptions):
   An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC 25270.2 (k)) is not subject to this act and is exempt:
   - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
   - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
   - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
   - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.

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
   –Testing of the tank
   –The mixture rule
   –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.

14a. RCRA LQG - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.

14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION - Check the appropriate box to indicate whether your facility is a HHW Collection site.

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.

UPF Permit#: 210049

DATE INSPECTED: 2 / 10 / 09

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

☒ This business or service is required to obtain a Unified Program Facility 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.

Date assumed business ownership at this location: _____

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 its right to enforce any violation of law.

☐ I have determined that this business or service does not require a Unified Program Facility 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: Kevin Dickison

Title: Environmental Specialist

Printed Name: Kevin Dickison

Date: 2-10-09

Type of Business: Public utility company

Phone #: (858) 541-5009 x

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 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.

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

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ____ of ____

I. IDENTIFICATION

FACILITY ID # 37 0000 210049	BEGINNING DATE 100: 3/1/2008	ENDING DATE 101: 3/1/2009	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: San Diego Gas & Electric - Fenton Substation	BUSINESS PHONE 102: (		
BUSINESS SITE ADDRESS 103: ON DIRT RD PAST END OF CAMINO SANTA FE	BUSINESS FAX 102a:		
BUSINESS SITE CITY 104: San Diego	CA	ZIP CODE 105: 92121-	COUNTY 108: SD
DUN & BRADSTREET 106: 6911457	PRIMARY SIC 107: 4939	PRIMARY NAICS 107a:	
BUSINESS MAILING ADDRESS 108a: 8315 Century Park, CP21J			
BUSINESS MAILING CITY 108b: San Diego	STATE 108c: CA	ZIP CODE 108d: 92123-	
BUSINESS OPERATOR NAME 109: San Diego Gas & Electric	BUSINESS OPERATOR PHONE 110: (858) 650-6171 x		

II. BUSINESS OWNER

OWNER NAME 111: San Diego Gas & Electric	OWNER PHONE 112: (858) 650-6171 x	
OWNER MAILING ADDRESS 113: 8315 Century Park, CP21J		
CITY 114: San Diego	STATE 115: CA	ZIP CODE 116: 92123-

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117: Kevin Dickison	CONTACT PHONE 118: (858) 541-5009 x	
CONTACT MAILING ADDRESS 119: 5488 Overland Ave	CONTACT EMAIL* 119a:	
CITY 120: San Diego	STATE 121: CA	ZIP CODE 122: 92123-

IV. EMERGENCY CONTACTS

–PRIMARY–	–SECONDARY–
NAME 123: Frank Johnson	NAME 128: Kevin Dickison
TITLE 124: Manager, Substation Const.& Maint.	TITLE 129: Environmental Specialist
BUSINESS PHONE 125: (858) 541-5904 x	BUSINESS PHONE 130: (858) 541-5009 x
24-HOUR PHONE* 126:	24-HOUR PHONE* 131:
PAGER # 127:	PAGER # 132:

App

ADDITIONAL LOCALLY COLLECTED INFORMATION:

E-MAIL: *	E-MAIL: *

*This information will remain confidential.

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: Kevin Dickison	DATE 134: 2-10-09	NAME OF DOCUMENT PREPARER 135: Kevin Dickison
NAME OF SIGNER (print) 136: Kevin Dickison	TITLE OF SIGNER 137: Environmental Specialist	

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages 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 Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information.) 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 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility 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.
102a. BUSINESS FAX – Enter the business fax number, area code first.
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 #108a- #108d.
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 zip + 4 may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. If you do not have one, leave this field blank.
107. PRIMARY SIC NUMBER - Enter the primary Standard Industrial Classification system number for primary business activity. Required for EPCRA. NOTE: If code is more than 4 digits, report only the first four.
107a. PRIMARY NAICS NUMBER - Enter the primary North American Industrial Classification System number.
108. COUNTY - Enter the county in which the business site is located.
108a. BUSINESS MAILING ADDRESS – Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
108c. STATE - Enter the two character abbreviation of the state for the business mailing address.
108d. ZIP CODE - Enter the zip code for the business mailing address. The zip + 4 may also be added.
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. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address. The zip + 4 may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person who receives all environmental correspondence.
118. CONTACT PHONE - Enter the phone number at which the environmental contact area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
119a. CONTACT EMAIL – Enter the email address of the environmental contact in 117, if the contact has one.
120. CONTACT MAILING 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 zip + 4 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 extension.
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.

County of San Diego CUPA
Department of Environmental Health-Hazardous Materials Division

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

ENTERED SEP 30 2010

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 9 / 13 / 2010
PERMIT# 210049 BUS. CODE K52
TIME START 1015 END 1050
SPECIALIST MIKE MANN
INSPECTION CONTACT KEVIN DICKISON
TITLE ENVIRONMENTAL SPECIALIST
PHONE (858) 541-5009

FACILITY NAME SDG&E FENTON SUBSTATION
ADDRESS ON DIRT RD. PAST END OF 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.

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			Permit Expires on: 30 / JUN / 2011
☑	☐	Hazardous Materials Business Plan available	☐	☑	Contingency Plan available ☐LQG ☐SQG
☑	☐	Employee training is adequate	☑	☐	Employee training records available
☐	☑	Waste disposal records available for review	☑	☐	Universal waste managed properly
☑	☐	Emergency contacts current ☐ Updated today	☐	☑	Waste containers ☐ closed ☐ labeled
☐	☐	Chemical inventory/map current ☑ Updated today	☐	☑	Waste containers in good condition

Consent to inspect granted by: ☑ **Inspection Contact** ☐ **Other:**

ROUTINE INSPECTION

RECEIVED SEP 21 2010

NO VIOLATIONS WERE OBSERVED DURING THIS INSPECTION.

THE HAZARDOUS MATERIALS BUSINESS PLAN WAS REVIEWED WITH KEVIN DICKISON AND AN UPDATED COPY OF THE SITE MAP AND HAZARDOUS MATERIALS INVENTORY WAS OBTAINED 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: KEVIN DICKISON
DATE SIGNED: 9/13/10
SIGNATURE OF FACILITY REPRESENTATIVE: X K Dickison
TITLE OF FACILITY REPRESENTATIVE: ENV. SPECIALIST

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

HM-924 (11/08) NCR *(Y= Yes; N/A = Not Applicable) DISTRIBUTION: WHITE-HMD COPY; YELLOW-FACILITY COPY

SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH-CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
1-800-253-9933 (619) 338-2222 FAX (619) 338-2377

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION

The California Health & Safety Code (H&SC), Division 20, Chapter 6.95, Section 25505 provides for the following:
The San Diego County, Department of Environmental Health, Hazardous Materials Division (HMD), as the administering agency, requires a business that handles hazardous materials to submit the hazardous materials inventory, a list of emergency contacts, and a site plan, **in lieu of a complete Hazardous Materials Business Plan (HMBP),** only after the initial submittal of a complete HMBP. The business must certify that a complete HMBP has been prepared and is maintained at the site where the hazardous materials are stored. A complete HMBP includes the items to be submitted to the HMD and an Emergency Response Plan and Employee Training Plan, as established in H&SC Section 25504. The business must also annually certify that the HMBP is current and maintained on site. See Back for instructions and further clarification.

I. IDENTIFICATION

FACILITY ID# 3 7 0 0 0 2 1 0 0 4 9

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
SAN DIEGO GAS & ELECTRIC - Fenton sub

BUSINESS SITE ADDRESS 103
dirt road past end of Camino Santa Fe

CITY 104: San Diego | CA | ZIP CODE 105: 92121

II. CERTIFICATION STATEMENT

☒ **CARCINOGEN/REPRODUCTIVE TOXIN ANNUAL RENEWAL WITHOUT CHANGES: This is an annual renewal to certify that the list of carcinogens and/or reproductive toxins last provided is a current list as specified in the San Diego County Code of Regulatory Ordinances Section 68.1113.**

Check only one of the following boxes:

☐ **INITIAL CERTIFICATION: This is to certify (H&SC Section 25505(e)(1)) that a complete HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, has been prepared and is maintained at the site where the hazardous materials are stored.**

☒ **ANNUAL CERTIFICATION WITHOUT CHANGES: This is an annual certification (H&SC Section 25505(d)&(e)(2)) that the HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, is current and includes all the information required in H&SC Section 25504, and 25509, and is maintained at the site where the hazardous materials are stored.**

☐ **CERTIFICATION OF CHANGES/REVISIONS: This is to certify that the HMBP has been reviewed (H&SC Section 25505(c) & 25510) and all necessary changes/revisions have been made. The HMBP is current and is maintained at the site where the hazardous materials are stored. Attached are changes to the hazardous materials inventory and/or list of emergency contacts. For site map revisions, submit only the pages that have a change or revision and attach to this certification. This submittal satisfies annual certification requirements specified in H&SC Section 25505(d)&(e)(2).**

As an Authorized Representative, I certify under the penalty of law, that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. By checking any of the boxes above I also certify that : a)The information contained in the hazardous materials inventory most recently submitted to the CUPA or Administrative Agency is complete, accurate, and up to date; b) There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory; and c) All hazardous materials subject to inventory requirements are listed on the most recently submitted inventory.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE
K Dickison	3-1-10
NAME OF SIGNER (print) Kevin Dickison	TITLE OF SIGNER Environmental Specialist

OFFICE USE

INSTRUCTIONS TO CLERICAL STAFF FOR HMBP ACCEPTANCE

☐ **Site Map** ____/____/____
☐ ***Emergency Contacts** ____/____/____
☐ ***Chemical Inventory** ____/____/____

***Note**: Indicate the date that the inventory and/or ER contact information in the KIVA database was reviewed and changes were submitted for processing. If the inventory and ER contact information are exactly the same as it is recorded in KIVA, no changes need to be submitted.

Hazardous Materials Business Plan acceptance date will be changed to the acceptance date on new site map.
A letter will be mailed to business after processing of site map updates.

HIRT SITE ☐**
FIRE DIST._____

Specialist's Signature: (only required for new plans or for changes to site maps, chemical inventory and/or emergency contacts)

REMARKS:_____

** If HIRT box is checked, follow HIRT policy to indicate on the inventory forms which hazardous materials make this a HIRT site.

DEH:HM-953 (05/06) NCR Distribution: White – HMD; Yellow - Business Retains

ATTENTION: HAZARDOUS MATERIALS HANDLER

Chapter 6.95 of the California Health & Safety Code (H&SC) establishes minimum standards for Hazardous Materials Business Plans (HMBP). Each business shall prepare a HMBP if that business uses, handles, or stores a hazardous material/waste in quantities greater than or equal to the following:

- 55 gallons of a liquid.
- 500 pounds of a solid substance.
- 200 cubic feet of compressed gas.
- A toxic compressed gas (TLV ≤ 10 ppm) in any amount.
- Extremely hazardous substances in quantities equal to or greater than the Threshold Planning Quantities.

A complete HMBP consists of the following elements as established in H&SC Section 25504:

- Hazardous Materials Inventory
- Site Plan
- List of Emergency Contacts
- Emergency Response Plan
- Employee Training Plan

The San Diego County, Department of Environmental Health, Hazardous Materials Division (HMD), as the administering agency and with the concurrence of all the local fire jurisdictions, requires a business that handles hazardous materials to submit the hazardous materials inventory, a list of emergency contacts, and a site plan, in lieu of a complete HMBP, only after the initial submittal of a complete HMBP.

The business must certify that a complete HMBP has been prepared and is maintained at the site where the hazardous materials are stored and must also annually certify that the HMBP is current and maintained on site.

Substantial changes as listed below must be submitted to the HMD within 30 days of the change along with a certification that the HMBP is current and maintained on site:

- **A 100% or greater increase or decrease in the quantity of any hazardous material on the inventory**
- **Addition or deletion of a hazardous material to the inventory**
- **Changes in the storage, location, or use of hazardous materials**
- **Any change in business name, ownership, or address**
- **Any change in Emergency Coordinator/Contact information**

Instructions for Completing the Hazardous Materials Business Plan Certification

Note: The numbering of the instructions follows the data element numbers that are on statewide reporting forms. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C.

1. FACILITY ID NUMBER - Enter the 6 character Permit Number from your Permit. If you do not have a 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.

103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed.

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.

CARCINOGEN/REPRODUCTIVE TOXIN ANNUAL RENEWAL WITHOUT CHANGES - Any business which is required to submit a HMBP and handles a material which is a carcinogen or reproductive toxin, is required to submit a list of each such material handled during the previous year to the Director of the Department of Environmental Health. The list must include all carcinogens and reproductive toxins handled in quantities less than 55 gallons or 500 pounds. The list of such materials handled shall be renewed each year. Check this box to certify that the information previously submitted is still correct and no changes, additions or deletions are necessary. See http://www.sdcounty.ca.gov/deh/hmd/forms_hmd.html and review HM-9243 (Disclosure of Hazardous Materials Information Bulletin) to find out if you are required to submit this list.

INITIAL CERTIFICATION: Check this box if you are submitting a new HMBP.

ANNUAL CERTIFICATION WITHOUT CHANGES: Check this box if you are submitting an annual certification on an existing plan.

CERTIFICATION OF CHANGES/REVISIONS: Check this box if you are submitting changes to the hazardous materials inventory, list of emergency contacts, or the site plan. All pages should include the new submittal date. For multi-page site maps, include all pages with new submittal date.

SD-DEH-HMD Permit # 210049 Date: 3-1-11

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

Business Name: San Diego Gas & Electric Fenton substation

Business Address: dirt road past end of Carroll Canyon Rd, San Diego, CA 92121 (Cross street: Camino Santa Fe)

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			

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH-CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
1-800-253-9933 (619) 338-2222 FAX (619) 338-2377

RECEIVED MAR 01 2011 ENVIRONMENTAL HEALTH

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION

The California Health & Safety Code (H&SC), Division 20, Chapter 6.95, Section 25505 provides for the following:
The County of San Diego, Department of Environmental Health, Hazardous Materials Division (HMD), as the administering agency, requires a business that handles hazardous materials to submit the hazardous materials inventory, a list of emergency contacts, and a site plan, **in lieu of a complete Hazardous Materials Business Plan (HMBP),** only after the initial submittal of a complete HMBP. A complete HMBP includes the items to be submitted to the HMD and an Emergency Response Plan and Employee Training Plan, as established in H&SC Section 25504. The business must annually certify that a complete HMBP has been prepared, is current and is maintained at the site where the hazardous materials are stored. See *Back* for instructions and further clarification

I. IDENTIFICATION

FACILITY ID#	3 7 0 0 0 2 1 0 0 4 9
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3	San Diego Gas & Electric - Fenton Substation
BUSINESS SITE ADDRESS 103	On dirt road past end of Camino Santa Fe
CITY 104	San Diego
CA	
ZIP CODE 105	92121

II. CERTIFICATION STATEMENT

☒ **CARCINOGEN/REPRODUCTIVE TOXIN ANNUAL RENEWAL WITHOUT CHANGES: This is an annual renewal to certify that the list of carcinogens and/or reproductive toxins last provided is a current list as specified in the San Diego County Code of Regulatory Ordinances Section 68.1113.**

Check only ONE of the following boxes:

☐ **INITIAL CERTIFICATION: This is to certify (H&SC Section 25505(e)(1)) that a complete HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, has been prepared and is maintained at the site where the hazardous materials are stored.**

☐ **ANNUAL CERTIFICATION WITHOUT CHANGES: This is an annual certification (H&SC Section 25505(d) & (e)(2)) that the HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, is current and includes all the information required in H&SC Section 25504, and 25509, and is maintained at the site where the hazardous materials are stored.**

☒ **CERTIFICATION OF CHANGES/REVISIONS: This is to certify that the HMBP has been reviewed (H&SC Section 25505(c) & 25510) and all necessary changes/revisions have been made. The HMBP is current and is maintained at the site where the hazardous materials are stored. Attached are changes to the hazardous materials inventory and/or list of emergency contacts. For site map revisions, submit only the pages that have a change or revision and attach to this certification. This submittal satisfies annual certification requirements specified in H&SC Section 25505(d) & (e)(2).**

As an Authorized Representative, I certify, under the penalty of law, that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. By checking any of the boxes above I also certify that: a) The information contained in the hazardous materials inventory most recently submitted to the CUPA or Administering Agency is complete, accurate, and up to date; b) There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory; and c) All hazardous materials subject to inventory requirements are listed on the most recently submitted inventory.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 3/1/2011
NAME OF SIGNER (print) Jayme Caddick	TITLE OF SIGNER Environmental Specialist

OFFICE USE

INSTRUCTIONS TO CLERICAL STAFF FOR HMBP ACCEPTANCE

☐ Site Map	/ /
☑ *Emergency Contacts	3 / 16 / 2011
☑ *Chemical Inventory	3 / 16 / 2011

*Note: Indicate the date that the inventory and/or ER contact information in the KIVA database was reviewed and changes were submitted for processing. If the inventory and ER contact information are exactly the same as it is recorded in KIVA, no changes need to be submitted.

Hazardous Materials Business Plan acceptance date will be changed to the acceptance date on new site map.

HIRT SITE ☐**

FIRE DIST._____

Specialist's Signature: (only required for new plans or for changes to site maps, chemical inventory and/or emergency contacts)

REMARKS:

** If HIRT box is checked, follow HIRT policy to indicate on the inventory forms which hazardous materials make this a HIRT site.

ATTENTION: HAZARDOUS MATERIALS HANDLER

Chapter 6.95 of the California Health & Safety Code (H&SC) establishes minimum standards for Hazardous Materials Business Plans (HMBP). Each business shall prepare a HMBP if that business uses, handles, or stores a hazardous material/waste in quantities greater than or equal to the following:

- 55 gallons of a liquid.
- 500 pounds of a solid substance.
- 200 cubic feet of compressed gas.
- A toxic compressed gas (TLV ≤10 ppm) in any amount.
- Extremely hazardous substances in quantities equal to or greater than the Threshold Planning Quantities..

A complete HMBP consists of the following elements as established in H&SC Section 25504:

- Hazardous Materials Inventory
- Site Plan (Site Map)
- List of Emergency Contacts
- Emergency Response Plan
- Employee Training Description

The County of San Diego, Department of Environmental Health, Hazardous Materials Division (HMD), as the administering agency and with the concurrence of all the local fire jurisdictions, requires a business that handles hazardous materials in reportable quantities to submit changes to the hazardous materials inventory, list of emergency contacts, and site plan, in lieu of a complete HMBP, only after the initial submittal of a complete HMBP.

The business must initially certify that a complete HMBP has been prepared and is maintained at the site where the hazardous materials are stored and must also **annually** re-certify that the HMBP is current and maintained on site. If there are no significant changes after the HMBP has been submitted and certified, then follow the instructions below for "Annual Certification without Changes".

Substantial changes as listed below must be submitted to the HMD within 30 days of the change along with a certification that the HMBP is current and maintained on site:

- **A 100% or greater increase or decrease in the quantity of any hazardous material on the inventory**
- **Addition or deletion of a hazardous material to the inventory**
- **Changes in the storage, location, or use of hazardous materials**
- **Any change in business name, ownership, or address**
- **Any change in Emergency Coordinator/Contact information**

Instructions for Completing the Hazardous Materials Business Plan Certification

Note: The numbering of the instructions follows the data element numbers that are on statewide reporting forms. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C.

1. FACILITY ID NUMBER - Enter the 6 character Permit Number from your Permit. If you do not have a 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.

103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed.

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.

CARCINOGEN/REPRODUCTIVE TOXIN ANNUAL RENEWAL WITHOUT CHANGES: Any business which is required to submit a HMBP and handles a material which is a carcinogen or reproductive toxin, is required to submit a list of each such material handled during the previous year to the Director of the Department of Environmental Health. The list must include all carcinogens and reproductive toxins handled in quantities less than 55 gallons or 500 pounds. The list of such materials handled shall be renewed each year. Check this box to certify that the information previously submitted is still correct and no changes, additions or deletions are necessary. See http://www.sdcounty.ca.gov/deh/hazmat/hmd_forms.html and review HM-9243 (Disclosure of Hazardous Materials Information Bulletin) to find out if you are required to submit this list.

INITIAL CERTIFICATION: Check this box if you are submitting a new HMBP.

ANNUAL CERTIFICATION WITHOUT CHANGES: Check this box if you are submitting an annual certification on an existing plan.

CERTIFICATION OF CHANGES/REVISIONS: Check this box if you are submitting changes to the hazardous materials inventory, list of emergency contacts, or the site plan. All pages should include the new submittal date. For multi-page site maps, include all pages with new submittal date.

COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-926
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

ENTERED MAR 3 0 2011

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ____ of ____

I. IDENTIFICATION

FACILITY ID # 3 7 0 0 0 2 1 0 0 4 9		BEGINNING DATE 100: 2011-03-01	ENDING DATE 101: 2012-03-01
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: San Diego Gas & Electric - Fenton Substation		BUSINESS PHONE 102: unmanned	
BUSINESS SITE ADDRESS 103: On dirt road past end of Camino Santa Fe		BUSINESS FAX 102a:	
BUSINESS SITE CITY 104: San Diego	CA	ZIP CODE 105: 92121-	COUNTY 108: SD
DUN & BRADSTREET 106: 6911457		PRIMARY SIC 107: 4939	PRIMARY NAICS 107a:
BUSINESS MAILING ADDRESS 108a: 8315 Century Park, CP21L			
BUSINESS MAILING CITY 108b: San Diego	STATE 108c: CA	ZIP CODE 108d: 92123-	
BUSINESS OPERATOR NAME 109: San Diego Gas & Electric		BUSINESS OPERATOR PHONE 110: (858) 650-6171	

II. BUSINESS OWNER

OWNER NAME 111: San Diego Gas & Electric		OWNER PHONE 112: (858) 650-6171
OWNER MAILING ADDRESS 113: 8315 Century Park, CP21L		
CITY 114: San Diego	STATE 115: CA	ZIP CODE 116: 92123-

III. ENVIRONMENTAL CONTACT

ADD

CONTACT NAME 117: Jayme Caddick		CONTACT PHONE 118: (858) 541-5009
CONTACT MAILING ADDRESS 119: 5488 Overland Ave		CONTACT EMAIL* 119a:
CITY 120: San Diego	STATE 121: CA	ZIP CODE 122: 92123-

IV. EMERGENCY CONTACTS

–PRIMARY–	–SECONDARY–
NAME 123: Frank Johnson	NAME 128: Jayme Caddick
TITLE 124: Manager, Substation Const.& Maint.	TITLE 129: Environmental Specialist
BUSINESS PHONE 125: (858) 541-5904 x	BUSINESS PHONE 130: (858) 541-5009
24-HOUR PHONE* 126:	24-HOUR PHONE* 131:
PAGER # 127:	PAGER # 132:

ADD

ADDITIONAL LOCALLY COLLECTED INFORMATION:

E-MAIL: *	E-MAIL: *

*This information will remain confidential.

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 134: 2011-03-01	NAME OF DOCUMENT PREPARER 135:
NAME OF SIGNER (print) 136: Jayme Caddick	TITLE OF SIGNER 137: Environmental Specialist	

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages 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 Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information.) 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 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility 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.
102a. BUSINESS FAX – Enter the business fax number, area code first.
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 #108a- #108d.
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 zip + 4 may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. If you do not have one, leave this field blank.
107. PRIMARY SIC NUMBER - Enter the primary Standard Industrial Classification system number for primary business activity. Required for EPCRA. NOTE: If code is more than 4 digits, report only the first four.
107a. PRIMARY NAICS NUMBER - Enter the primary North American Industrial Classification System number.
108. COUNTY - Enter the county in which the business site is located.
108a. BUSINESS MAILING ADDRESS – Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
108c. STATE - Enter the two character abbreviation of the state for the business mailing address.
108d. ZIP CODE - Enter the zip code for the business mailing address. The zip + 4 may also be added.
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. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address. The zip + 4 may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person who receives all environmental correspondence.
118. CONTACT PHONE - Enter the phone number at which the environmental contact area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
119a. CONTACT EMAIL – Enter the email address of the environmental contact in 117, if the contact has one.
120. CONTACT MAILING 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 zip + 4 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 extension.
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.

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH-CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
1-800-253-9933 (619) 338-2222 FAX (619) 338-2377

RECEIVED
MAR 01 2012
ENVIRONMENTAL HEALTH

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION

The California Health & Safety Code (H&SC), Division 20, Chapter 6.95, Section 25505 provides for the following: The County of San Diego, Department of Environmental Health, Hazardous Materials Division (HMD), as the administering agency, requires a business that handles hazardous materials to submit the hazardous materials inventory, a list of emergency contacts, and a site plan, **in lieu of a complete Hazardous Materials Business Plan (HMBP),** only after the initial submittal of a complete HMBP. A complete HMBP includes the items to be submitted to the HMD and an Emergency Response Plan and Employee Training Plan, as established in H&SC Section 25504. The business must annually certify that a complete HMBP has been prepared, is current and is maintained at the site where the hazardous materials are stored. See *Back* for instructions and further clarification

I. IDENTIFICATION

FACILITY ID#	3 7 0 0 0 2 1 0 0 4 9
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3	San Diego Gas & Electric - Fenton Substation
BUSINESS SITE ADDRESS 103	On dirt road past end of Camino Santa Fe
CITY 104	San Diego
CA	
ZIP CODE 105	92121

II. CERTIFICATION STATEMENT

☒ **CARCINOGEN/REPRODUCTIVE TOXIN ANNUAL RENEWAL WITHOUT CHANGES: This is an annual renewal to certify that the list of carcinogens and/or reproductive toxins last provided is a current list as specified in the San Diego County Code of Regulatory Ordinances Section 68.1113.**

Check only ONE of the following boxes:

☐ **INITIAL CERTIFICATION: This is to certify (H&SC Section 25505(e)(1)) that a complete HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, has been prepared and is maintained at the site where the hazardous materials are stored.**

☒ **ANNUAL CERTIFICATION WITHOUT CHANGES: This is an annual certification (H&SC Section 25505(d) & (e)(2)) that the HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, is current and includes all the information required in H&SC Section 25504, and 25509, and is maintained at the site where the hazardous materials are stored.**

☐ **CERTIFICATION OF CHANGES/REVISIONS: This is to certify that the HMBP has been reviewed (H&SC Section 25505(c) & 25510) and all necessary changes/revisions have been made. The HMBP is current and is maintained at the site where the hazardous materials are stored. Attached are changes to the hazardous materials inventory and/or list of emergency contacts. For site map revisions, submit only the pages that have a change or revision and attach to this certification. This submittal satisfies annual certification requirements specified in H&SC Section 25505(d) & (e)(2).**

As an Authorized Representative, I certify, under the penalty of law, that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. By checking any of the boxes above I also certify that: a) The information contained in the hazardous materials inventory most recently submitted to the CUPA or Administering Agency is complete, accurate, and up to date; b) There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory; and c) All hazardous materials subject to inventory requirements are listed on the most recently submitted inventory.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 3/1/2012
NAME OF SIGNER (print) Jayme Caddick	TITLE OF SIGNER Environmental Specialist

OFFICE USE

INSTRUCTIONS TO CLERICAL STAFF FOR HMBP ACCEPTANCE

☐ **Site Map** ____/____/____
☐ ***Emergency Contacts** ____/____/____
☐ ***Chemical Inventory** ____/____/____

***Note**: Indicate the date that the inventory and/or ER contact information in the KIVA database was reviewed and changes were submitted for processing. If the inventory and ER contact information are exactly the same as it is recorded in KIVA, no changes need to be submitted.

Hazardous Materials Business Plan acceptance date will be changed to the acceptance date on new site map.

HIRT SITE ☐**

FIRE DIST._____

Specialist's Signature: (only required for new plans or for changes to site maps, chemical inventory and/or emergency contacts)

REMARKS:

** If HIRT box is checked, follow HIRT policy to indicate on the inventory forms which hazardous materials make this a HIRT site.

ATTENTION: HAZARDOUS MATERIALS HANDLER

Chapter 6.95 of the California Health & Safety Code (H&SC) establishes minimum standards for Hazardous Materials Business Plans (HMBP). Each business shall prepare a HMBP if that business uses, handles, or stores a hazardous material/waste in quantities greater than or equal to the following:

- 55 gallons of a liquid.
- 500 pounds of a solid substance.
- 200 cubic feet of compressed gas.
- A toxic compressed gas (TLV ≤10 ppm) in any amount.
- Extremely hazardous substances in quantities equal to or greater than the Threshold Planning Quantities.

A complete HMBP consists of the following elements as established in H&SC Section 25504:

- Hazardous Materials Inventory
- Site Plan (Site Map)
- List of Emergency Contacts
- Emergency Response Plan
- Employee Training Description

The County of San Diego, Department of Environmental Health, Hazardous Materials Division (HMD), as the administering agency and with the concurrence of all the local fire jurisdictions, requires a business that handles hazardous materials in reportable quantities to submit changes to the hazardous materials inventory, list of emergency contacts, and site plan, in lieu of a complete HMBP, only after the initial submittal of a complete HMBP.

The business must initially certify that a complete HMBP has been prepared and is maintained at the site where the hazardous materials are stored and must also **annually** re-certify that the HMBP is current and maintained on site. If there are no significant changes after the HMBP has been submitted and certified, then follow the instructions below for "Annual Certification without Changes".

Substantial changes as listed below must be submitted to the HMD within 30 days of the change along with a certification that the HMBP is current and maintained on site:

- **A 100% or greater increase or decrease in the quantity of any hazardous material on the inventory**
- **Addition or deletion of a hazardous material to the inventory**
- **Changes in the storage, location, or use of hazardous materials**
- **Any change in business name, ownership, or address**
- **Any change in Emergency Coordinator/Contact information**

Instructions for Completing the Hazardous Materials Business Plan Certification

Note: The numbering of the instructions follows the data element numbers that are on statewide reporting forms. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C.

1. FACILITY ID NUMBER - Enter the 6 character Permit Number from your Permit. If you do not have a 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.

103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed.

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.

CARCINOGEN/REPRODUCTIVE TOXIN ANNUAL RENEWAL WITHOUT CHANGES: Any business which is required to submit a HMBP and handles a material which is a carcinogen or reproductive toxin, is required to submit a list of each such material handled during the previous year to the Director of the Department of Environmental Health. The list must include all carcinogens and reproductive toxins handled in quantities less than 55 gallons or 500 pounds. The list of such materials handled shall be renewed each year. Check this box to certify that the information previously submitted is still correct and no changes, additions or deletions are necessary. See http://www.sdcounty.ca.gov/deh/hazmat/hmd_forms.html and review HM-9243 (Disclosure of Hazardous Materials Information Bulletin) to find out if you are required to submit this list.

INITIAL CERTIFICATION: Check this box if you are submitting a new HMBP.

ANNUAL CERTIFICATION WITHOUT CHANGES: Check this box if you are submitting an annual certification on an existing plan.

CERTIFICATION OF CHANGES/REVISIONS: Check this box if you are submitting changes to the hazardous materials inventory, list of emergency contacts, or the site plan. All pages should include the new submittal date. For multi-page site maps, include all pages with new submittal date.

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 8 / 14 / 2013
PERMIT# 210049 BUS. CODE K52 K18
TIME START 930 END 955
SPECIALIST MIKE MANN
INSPECTION CONTACT JAYME CADDICK
TITLE ENVIRONMENTAL SPECIALIST
PHONE (858) 541-5009

FACILITY NAME SDG&E FENTON SUBSTATION
ADDRESS DIRT ROAD OFF CAMINO SANTA FE BY HANSON
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.

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			Permit Expires on: 30 / JUN / 2014
☑	☐	Hazardous Materials Business Plan available	☐	☑	Contingency Plan available ☐LQG ☐SQG
☑	☐	Employee training is adequate	☑	☐	Employee training records available
☐	☑	Waste disposal records available for review	☐	☑	Universal waste managed properly
☑	☐	Emergency contacts current ☐ Updated today	☐	☑	Waste containers ☐ closed ☐ labeled
☑	☐	Chemical inventory/map current ☐ Updated today	☐	☑	Waste containers in good condition

Consent to inspect granted by: ☑ **Inspection Contact** ☐ **Other:**

ROUTINE INSPECTION

THIS FACILITY STORES REPORTABLE AMOUNTS OF HAZARDOUS MATERIALS. THE HAZARDOUS MATERIALS BUSINESS PLAN WAS REVIEWED WITH JAYME.

AT LEAST ANNUALLY, CERTIFY YOUR HAZARDOUS MATERIALS BUSINESS PLAN USING THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS). UPDATE CHANGES IN CERS WITHIN 30 DAYS OF THE CHANGES.

NO VIOLATIONS WERE OBSERVED 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: Jayme Caddick
DATE SIGNED: 8 / 14 / 13
SIGNATURE OF FACILITY REPRESENTATIVE: X
TITLE OF FACILITY REPRESENTATIVE: Environmental Specialist

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
Phone: (858) 505-6880 http://www.sdcdeh.org

HM-924 (03/11) NCR *(Y= Yes; N/A = Not Applicable) DISTRIBUTION: WHITE-HMD COPY; YELLOW-FACILITY COPY

County of San Diego, CA. Annual Carcinogen and Reproductive Toxin Reporting List

Sempra Energy, SDG&E & SCG Co. - SDG&E > Substations - SDGE SUD and all sub-locations

PRODUCT NAME		MANUFACTURER NAME		PHYSICAL STATE	TOTAL AMOUNT	CATEGORY
	CAS#	Chemical Name	CAS%			
SDG&E > SUBSTATIONS - SDGE SUD						
HE200 Vacuum Pump Fluid		Kurt J. Lesker Company		Liquid		< 1 Gallon
	000108-88-3	TOLUENE	0.00% Wt			
Imbiber Beads Absorbant Product		Imbibitive Technolgies America		Solid		< 1 Pound
	014808-60-7	SILICA, CRYSTALLINE (AIRBORNE PARTICLES OF RESPIRABLE SIZE)	100.00**% Wt			
Lead Acid Battery Wet, Filled with Acid		East Penn Manufacturing Company, Inc.				< 500 Pounds
	007440-38-2	ARSENIC (INORGANIC ARSENIC COMPOUNDS)	0.01% Wt			
	007440-38-2	ARSENIC (INORGANIC ARSENIC COMPOUNDS)	0.01% Wt			
	007439-92-1	LEAD	70.00% Wt			
	007439-92-1	LEAD	70.00% Wt			
	007439-92-1	LEAD AND LEAD COMPOUNDS	70.00% Wt			
	007439-92-1	LEAD AND LEAD COMPOUNDS	70.00% Wt			
	007664-93-9	STRONG INORGANIC ACID MISTS CONTAINING SULFURIC ACID	44.00% Wt			
LPS NoFlashNU Electro Contact Cleaner		LPS Laboratories		Liquid		< 1 Gallon
	000106-94-5	1-BROMOPROPANE (1-BP)	75.00% Wt			
Silica Sands and Gravel		Quikrete		Solid		< 1 Pound
	014808-60-7	SILICA, CRYSTALLINE (AIRBORNE PARTICLES OF RESPIRABLE SIZE)	100.00**% Wt			

Total (Count) of Products for SDG&E > Substations - SDGE SUD: 5

Total (Count) of CAS Numbers for SDG&E > Substations - SDGE SUD: 6

Total (Count) of Products for Report: 5

Total (Count) of CAS Numbers for Report: 6

This report only includes active inventory items that have been matched to a (M)SDS or equivalent.
Regulated chemicals that do not have a specific CAS RN associated with them, such as chemical families or groupings, are not included in the results shown on this report.
The results of this report are based on a CAS RN match between the regulatory list and the ingredients listed on the (M)SDS.
** Indicates neither density nor SpecificGravity is available, standard conversion is used.*
*** Default CAS percentage applied.*

Prepared on 2/26/2013 by 3E Company Copyright © 2013

County of San Diego, CA. Annual Carcinogen and Reproductive Toxin Reporting List

Sempra Energy, SDG&E & SCG Co. - SDG&E > Substations - SDGE SUD and all sub-locations

PRODUCT NAME		MANUFACTURER NAME		PHYSICAL STATE	TOTAL AMOUNT	CATEGORY
	CAS#	Chemical Name	CAS%			
SDG&E > SUBSTATIONS - SDGE SUD						
HE200 Vacuum Pump Fluid		Kurt J. Lesker Company		Liquid		< 1 Gallon
	000108-88-3	TOLUENE	0.00% Wt			
Imbiber Beads Absorbant Product		Imbibitive Technolgies America		Solid		< 1 Pound
	014808-60-7	SILICA, CRYSTALLINE (AIRBORNE PARTICLES OF RESPIRABLE SIZE)	100.00**% Wt			
Lead Acid Battery Wet, Filled with Acid		East Penn Manufacturing Company, Inc.				< 500 Pounds
	007440-38-2	ARSENIC (INORGANIC ARSENIC COMPOUNDS)	0.01% Wt			
	007440-38-2	ARSENIC (INORGANIC ARSENIC COMPOUNDS)	0.01% Wt			
	007439-92-1	LEAD	70.00% Wt			
	007439-92-1	LEAD	70.00% Wt			
	007439-92-1	LEAD AND LEAD COMPOUNDS	70.00% Wt			
	007439-92-1	LEAD AND LEAD COMPOUNDS	70.00% Wt			
	007664-93-9	STRONG INORGANIC ACID MISTS CONTAINING SULFURIC ACID	44.00% Wt			
LPS NoFlashNU Electro Contact Cleaner		LPS Laboratories		Liquid		< 1 Gallon
	000106-94-5	1-BROMOPROPANE (1-BP)	75.00% Wt			
Silica Sands and Gravel		Quikrete		Solid		< 1 Pound
	014808-60-7	SILICA, CRYSTALLINE (AIRBORNE PARTICLES OF RESPIRABLE SIZE)	100.00**% Wt			

Total (Count) of Products for SDG&E > Substations - SDGE SUD: 5

Total (Count) of CAS Numbers for SDG&E > Substations - SDGE SUD: 6

Total (Count) of Products for Report: 5

Total (Count) of CAS Numbers for Report: 6

This report only includes active inventory items that have been matched to a (M)SDS or equivalent.
Regulated chemicals that do not have a specific CAS RN associated with them, such as chemical families or groupings, are not included in the results shown on this report.
The results of this report are based on a CAS RN match between the regulatory list and the ingredients listed on the (M)SDS.
** Indicates neither density nor SpecificGravity is available, standard conversion is used.*
*** Default CAS percentage applied.*

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COUNTY OF SAN DIEGO

UPFP INSPECTION CHECKLIST

FACILITY NAME: SDG&E - FENTON SUBSTATION
ADDRESS: ON DIRT RD PAST END OF CAMINO SANTA FE
CITY/ZIP: SAN DIEGO /92121

INSPECTION DATE: 10/02/2015
RECORD ID #: DEH2008-HUPFP-210049
TIME START: 10:30 AM END: 11:00 AM
SPECIALIST: Kaelyn Malone, Anna Irkhin
INSPECTION CONTACT: Tina Carter
TITLE: Sr. Environmental Specialist
PHONE: (858) 654-3548
E-MAIL: TMCARTER@SEMPRAUTILITIES.COM

FACILITY REFERENCE DATA

ACCELA

RECORD STATUS: Permit Renewed
PERMIT EXPIRATION DATE: 06/30/2016
BALANCE DUE: $0.00
INSPECTOR: Kaelyn Malone, Anna Irkhin
INSPECTION TYPE: Routine
INSPECTION STATUS: Complete

CERS

EPA ID NUMBER:
FACILITY CERS ID NUMBER: 10389037
CERS LEAD USER: Tina Carter
LAST CERS SUBMITTAL DATE: 02/28/2015
ENVIRONMENTAL CONTACT EMAIL: TMCARTER@SEMPRAUTILITIES.COM
ENVIRONMENTAL CONTACT PHONE: 760-405-1840

FACILITY INFORMATION

	YES	NO		YES	NO
INACTIVATION INSPECTION:	☐	☒	HAZARDOUS MATERIALS:	☒	☐
CHANGE OF OWNER:	☐	☒	HAZARDOUS WASTE:	☐	☒
CHANGE IN BUSINESS TYPE:	☐	☒	ABOVEGROUND PETROLEUM STORAGE ACT:*	☐	☒
BUSINESS TYPE: One (1) Waste Item or One (1) Inventory			TOTAL SHELL CAPACITY APSA:		0
ISSUE INITIAL INVOICE:	☐	☒	UNDERGROUND STORAGE TANK:	☐	☒
ASSESS NON-NOTIFICATION FEE:	☐	☒	CALARP PROGRAM LEVEL: 1 2 3 N/A		
ASSESS RE-INSPECTION FEE:	☐	☒	MEDICAL WASTE:	☐	☒
FACILITY SUBJECT TO BASE FEE:	☐	☒	MW FACILITY GENERATING OVER 200 LBS PER MONTH:	☐	☒
FACILITY SUBJECT TO CUPA FEE:	☒	☐	EPIC PARTICIPANT:	☐	☒
UPDATE FACILITY ADDRESS IN AA:	☐	☒	NUMBER OF TLV GASES AT THE FACILITY:		0

GENERATOR STATUS : LQG | SQG | CESQG | RCRA LQG | N/A

TIERED PERMIT LEVEL(S) : CESQT | CESW | CE-L | CE-CL | HHW | PBR | CA | N/A

PRIMARY BILLING CODE	SECONDARY BILLING CODE	TERTIARY BILLING CODE
One (Billable) Waste Item or One Reportable Material Per Business	Not Applicable	Not Applicable

INSPECTION SCOPE:

HAZARDOUS MATERIALS: GEN HAZMAT
HAZARDOUS WASTE: SQG | LQG
APSA: YES
UST: YES
CALARP: 1 | 2 | 3
MEDICAL WASTE: SQG | SQG - TREATS | LQG | LQG - ABREVIATED | LQG - TREATS
TIERED PERMITTING: CESQT | CESW | CE-L | CE-CL | CA | PBR | HHW

CONSENT TO CONDUCT INSPECTION GRANTED BY: INSPECTION CONTACT ☒ NAME: Tina Carter TITLE: Sr. Environmental Specialist

REFUSED TO SIGN ☐

INSPECTION REPORT EMAILS:
john.misleh@sdcounty.ca.gov,kaelyn.malone@sdcounty.ca.gove,anastasiya.irkhin@sdcounty.ca.gov

RECORD COMMENT:
Routine inspection conducted on 10-2-2015.

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME: **SDG&E - FENTON SUBSTATION**
ADDRESS: **ON DIRT RD PAST END OF CAMINO SANTA FE**
CITY/ZIP: **SAN DIEGO** **/92121**

INSPECTION DATE: **10/02/2015** PAGE **1** OF **4**
RECORD ID #: **DEH2008-HUPFP-210049**
TIME START: **10:30 AM** END: **11:00 AM**
SPECIALIST: **Kaelyn Malone, Anna Irkhin**
INSPECTION CONTACT: **Tina Carter**
TITLE: **Sr. Environmental Specialist**
PHONE: **(858) 654-3548**
E-MAIL: **TMCARTER@SEMPRAUTILITIES.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	
☒	☐	Unified Program Facility Permit Current	☐	☒	Contingency Plan Available ☐ LQG ☐ SQG
☒	☐	Hazardous Materials Business Plan Available	☒	☐	Employee Training Records Available
☒	☐	Employee Training is Adequate	☐	☒	Universal Waste Managed Properly
☐	☒	Waste Disposal Records Available for Review	☐	☒	Waste Containers ☐ Closed ☐ Labeled
☒	☐	Emergency Contacts Current ☐ Updated today	☐	☒	Waste Containers in Good Condition
☒	☐	Chemical Inventory/Map Current ☐ Updated today			Permit Expires On 06/30/2016

CONSENT TO CONDUCT INSPECTION GRANTED BY: Tina Carter TITLE: Sr. Environmental Specialist

INTRODUCTION:
Today we conducted a routine inspection to determine compliance in the handling, storing, and disposal of hazardous substances. Consent for today's inspection was granted by Tina Carter, Sr. Environmental Specialist.

This facility is a SDG&E substation and at the time of this inspection the facility has hazardous materials in reportable threshold quantities onsite. The facility is subject to hazardous materials business plan (HMBP) requirements.

INSPECTION REMARKS:
-The Hazardous Materials Business Plan submitted in the California Environmental Reporting System (CERS) is current and up to date.
-At least once every 12 months certify the HMBP for this facility in CERS.

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 Kaelyn Malone, Anna Irkhin, 619-884-5441, Kaelyn.Malone@sdcounty.ca.gov

INSPECTION PHOTOS

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

PRINTED NAME OF FACILITY REPRESENTATIVE **Tina Carter**	SIGNATURE		DATE SIGNED **10/02/2015**
TITLE OF FACILITY REPRESENTATIVE **Sr. Environmental Specialist**			

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: **10/02/2015** PAGE **3** OF **4**
RECORD ID #: **DEH2008-HUPFP-210049**

FACILITY NAME: ***SDG&E - FENTON SUBSTATION**

ADDRESS: * **ON DIRT RD PAST END OF 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
☐ 1010001	HMBP not established/ implemented. HSC 25505(a) and 25507(a)
☐ 1010002	HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC 25404(e)(4); 27 CCR 15188(a), (d)
☐ 1010003	Business Activities and/or Business Owner/Operator Identification not completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4)
☐ 1010004	Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)(1); 25506; 25507; and 25508(a)(1)(A)
☐ 1010005	Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and 25508(a)(1)(A)
☐ 1010006	HMBP not updated to reflect inventory changes or facility information. HSC 25508.1(a-e)
☐ 1010007	HMBP not updated to reflect substantial change to the handler's operations. HSC 25508.1(f)
☐ 1010008	HMBP not certified annually as complete and accurate in CERS. HSC 25508.2
☐ 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)
☐ 1010011	Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1
☐ 1010012	Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1
☐ 1010014	Failure to submit emergency response plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A)
☐ 1010015	Failure to submit employee training plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A)
☐ 1010016	HMBP not established or submitted in CERS, when not meeting the remote site exemption. HSC 25507.2 and 25508(a)(1)(A)
☐ 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)
☐ 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)
☐ 1040001	Hazardous materials release or threatened release not reported to the CUPA and OES immediately upon discovery. HSC 25510(a)
☐ 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)
☐ HMD 1001	Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905
☐ HMD 1005	Emergency contact not provided or current. HSC 25508.1(f)
☐ HMD 1007	Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b)
☐ HMD 1008	Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c)
☐ HMD 1013	HMBP not readily available for review. HSC 25505(c)

Hazardous Waste Requirements for SQGs ONLY

☐ HMD 0219	Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6)
☐ HMD 0226	Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2).) 22 CCR 66262.34(d)(2)
☐ 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)

Hazardous Waste Requirements for SQGs ONLY (continued)

#	VIOLATION DESCRIPTION
☐ 3030007	Failed to properly label/date hazardous waste container and/or tank. 22 CCR 66262.34(f)
☐ 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)
☐ 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)
☐ 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)
☐ 3030017	Failed to properly close hazardous waste container(s). (40 CFR 262.34(d)(2); 265.173.) 22 CCR 66262.34(d)(2)
☐ 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)
☐ 3030022	Failed to properly separate incompatible waste. (40 CFR 262.34(d)(2); 265.177.) 22 CCR 66262.34(d)(2)
☐ 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)
☐ 3030036	Failed to maintain adequate aisle space. (40 CFR 262.34(d)(4); 265.35.) 22 CCR 66262.34(d)(2)
☐ 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)
☐ 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)
☐ 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)
☐ 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

☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 3050007	Failed to properly decontaminate and document closure of a hazardous waste tank system. (40 CFR 265.201(f).) 22 CCR 67383.3
☐ 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)
☐ HMD 1614	Failed to pre-notify the CUPA in writing prior to closing a hazardous waste tank system. 22 CCR 67383.3(a)(1)
☐ 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)

Hazardous Waste Requirements for SQGs and LQGs
RECORD KEEPING/OPERATIONAL REQUIREMENTS

#	VIOLATION DESCRIPTION
☐ 3010001	Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905
☐ 3010029	The facility has not submitted complete and accurate facility information in CERS. HSC 25404(e)(4); 27 CCR 15188(b)
☐ 3010002	Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12
☐ 3010008	Failed to properly complete a uniform hazardous waste manifest. 22 CCR 66262.23(a)
☐ 3010009	Failed to complete the hazardous waste manifest Exception Requirement. 22 CCR 66262.42
☐ 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)
☐ 3010011	Failed to send hazardous waste manifest copies to the Department of Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4)
☐ 3010013	Failed to meet the consolidated manifesting requirements for waste shipment. HSC 25160.2; 22 CCR 66262.40(a)
☐ 3010014	Failed to retain disposal records of spent lead batteries for 3 years. 22 CCR 66266.81(a)(4)(B)
☐ 3030006	Failed to determine if a hazardous waste is restricted or prohibited from land disposal. 22 CCR 66268.7(a)
☐ 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)
☐ 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
☐ 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)
☐ HMD 0140	Failed to have Land Disposal Restriction documentation onsite for 3 years. 22 CCR 66268.7(a)(8)
☐ 3250005	Failed to obtain a Treatment, Storage and Disposal Facility (TSDF) permit or authorization to store/treat/dispose of hazardous waste. HSC 25201(a)
☐ 3050005	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g)
☐ 3210001	Failed to notify the CUPA in CERS for onsite hazardous waste treatment/tiered permitting. HSC 25201(a)
☐ HMD 0138	Manifest signed by the TSDF not available for inspection. 22 CCR 66262.40(a)

Hazardous Waste Requirements for SQGs and LQGs
DISPOSAL AND TRANSPORTATION

☐ 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)
☐ 3030005	Failed to make a proper waste determination. 22 CCR 66262.11, 66262.40(c)
☐ 3050001	Failed to use a California registered hazardous waste transporter to transport hazardous waste. HSC 25163(a); 22 CCR 66263.41
☐ 3050002	Failed to properly dispose of hazardous waste at an authorized facility. HSC 25189.5(a); 25189(c),(d); 25189.2(c)
☐ 3130002	Impermissible dilution of hazardous waste. 22 CCR 66268.3(a)
☐ HMD 0305	Disposed of used oil illegally. HSC 25250.5(a); 25189.5(a); 25189(c),(d); 25189.2(c)
☐ HMD 0306	Disposed of hazardous waste latex paint improperly. HSC 25217.1

Hazardous Waste Requirements for SQGs and LQGs
STORAGE AND HANDLING

#	VIOLATION DESCRIPTION
☐ 3030001	Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1)
☐ 3030003	Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b)
☐ 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
☐ 3050004	Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c)
☐ HMD 0222	Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a).
☐ 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)
☐ HMD 0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f)
☐ HMD 0221	Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e)
☐ 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)
☐ 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

☐ 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)
☐ 3020002	Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c),(d)
☐ 3020003	Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a),(b)
☐ 3030008	Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34
☐ 3030011	Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b)
☐ 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)
☐ 3030051	Failed to meet the accumulation standards for universal waste aerosol containers and waste handling. HSC 25201.16(f)
☐ 3040004	Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5
☐ 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, CA. Annual Carcinogen and Reproductive Toxin Reporting List

Sempra Energy, SDG&E & SCG Co. - SDG&E > Substations - SDGE SUD and all sub-locations

PRODUCT NAME		MANUFACTURER NAME		PHYSICAL STATE	TOTAL AMOUNT	CATEGORY
	CAS#	Chemical Name	CAS%			
SDG&E > SUBSTATIONS - SDGE SUD						
HE200 Vacuum Pump Fluid		Kurt J. Lesker Company		Liquid		< 1 Gallon
	000108-88-3	TOLUENE	0.00% Wt			
Imbiber Beads Absorbant Product		Imbibitive Technolgies America		Solid		< 1 Pound
	014808-60-7	SILICA, CRYSTALLINE (AIRBORNE PARTICLES OF RESPIRABLE SIZE)	100.00**% Wt			
Lead Acid Battery Wet, Filled with Acid		East Penn Manufacturing Company, Inc.				< 500 Pounds
	007440-38-2	ARSENIC (INORGANIC ARSENIC COMPOUNDS)	0.01% Wt			
	007440-38-2	ARSENIC (INORGANIC ARSENIC COMPOUNDS)	0.01% Wt			
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	007439-92-1	LEAD	70.00% Wt			
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*** Default CAS percentage applied.*

Prepared on 2/26/2013 by 3E Company Copyright © 2013

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 sulfric acid					XX		
Arsenic				XX			

HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND TANK REMOVAL/CLOSURE REPORT

FIRE AGENCY PRESENT?
☒ YES ☐ NO
PERMIT NO. TA920145
DEPT. S. Diego
% L.E.L. 5%
Pam Kelly

ESTABLISHMENT # 17076 PLAN CHECK # AT2490 T2182

SITE NAME Fanton Western Properties PHONE 566-2000
Paul Smith

SITE ADDRESS 9255 Camino Santa Fe San Diego CITY/ ZIP CODE CA 92121

CONTRACTOR Jenal Engineering PHONE 588-2500

NUMBER OF TANKS Two (2) ☒ REMOVAL ☐ CLOSURE IN PLACE

	#1	#2			REMARKS:
TANK EDP NUMBER					Tank were installed in 61-62
U/L TAG NUMBER					& Diesel were stored in them
CAPACITY (GALS)	10000	10000 GALLON			Backfill soil w/ strong odor
MATERIAL STORED	Diesel	Diesel			& highly stained.
DECONTAMINATION?	Yes	500 GALLON-to Kerdoon			#(1) Moderately Corroded. No
MANIFEST AVAILABLE?	Yes	#9076 0358			hole was observed.
% LEL (CGI READING)	5%	5%			Water was previously was
DRY ICE/OTHER (AMT)	Yes	400 LBS in both Tanks			observed between 86-90' BG
TANK CONDITION	(1)				This site was put into
BACKFILL SOIL TYPE	Sandy w/	Cobbles			Site Assessment because
BACKFILL CONDITION	[redacted] odor	[redacted]/Staining were observed			the Excavation area was
NATIVE SOIL TYPE	Conglomarate	(Cobbly Sandy Clay)			highly Contaminated
NATIVE CONDITION	highly	stained	w/ strong	odor	w/ Petroleum hydrocarbons
EXCAVATION ODORS?	Yes	highly	stained w/ strong	odor	
STOCKPILE ODORS?	No				
PONDED PRODUCT?	N/A	Pumps were directly on top of tank			
PIPELINE LEAK?	Water	was ponded at the bottom			of Excavation A hard pan was
REINSPECTION REQUIRED?					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 (print) of the (HMMD) see address below:

☒ 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 ___/___/___ and indicate the following:
☐ NO FURTHER ACTION IS REQUIRED.
☐ **BEGIN SITE ASSESSMENT PHASE** (See attached information).
Phone Contact _____ Date Form was Mailed ___/___/___

Received By Jim Portlock

Printed Name Jim Portlock

Phone 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

DHS:HM-916 (10/89)

Type(s) of hazardous substance(s) 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 feet

Is site located in a beneficial use area? Yes

SOIL CONDITIONS:

Is backfill discolored? Yes Estimated amount highly

Is backfill saturated? Not observed Estimated amount _____

Is native soil stained? Yes Estimated amount highly

Is native soil saturated? Not observed 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 erroded

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. H_2O or simply water from nearby water line → ponding on top of hard pan?

See attached sheet for more detail.

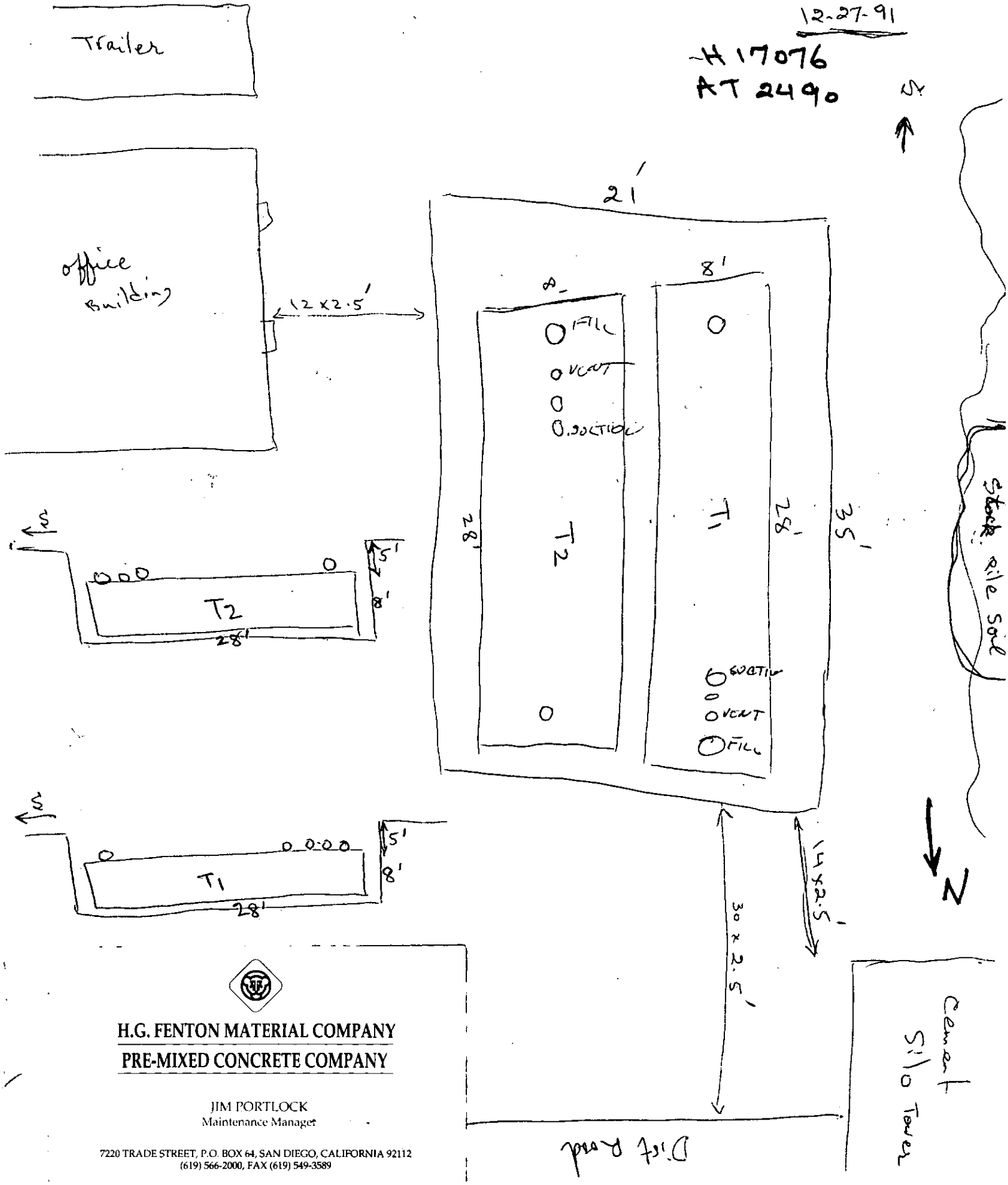
NORTH

(HMMD) **PLOT PLAN** EST. # H17076

DHS:HM-916 (10/89)

12-27-91

H 17076
AT 2490



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

H17076-001 Mo. Lahsaie
9255 Camino Santa Fe S.D.
12-27-91

H17076-001, Mo. Lahsaie
9255 Camino Santa Fe S.D.
12-27-91

H17076-001 Mo. Lahsaie
9255 Camino Santa Fe S.D.
Ponded water & highly stained soil
12-27-91

H17076-001 Mo. Lahsaie
9255 Camino Santa Fe S.D.
Ponded water & stained area
12-27-91

original

COUNTY OF SAN DIEGO

HAZARDOUS MATERIALS MANAGEMENT DIVISION

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

FOR HMMD USE
EST#: H19096
PLAN CH#: AT2490
DATE RECEIVED: 12-18-91
FEE PAID: $420.00
PLAN APPROVAL: 12/20/91
HYDRO UNIT: 6.2
BENEF. USE: yes

PERMIT APPLICATION

PART I

GENERAL PROJECT INFORMATION

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 WESTERMEYER
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

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).

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

County of San Diego

ROBERT K. ROSS, M. D.
DIRECTOR

DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

OFFICE OF THE DEPUTY DIRECTOR
P. O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2222
Fax #: 338-2377

SITE ASSESSMENT AND MITIGATION DIVISION
P.O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2222

August 1, 1994

Mr. Paul Smith
Fenton Western Properties
7220 Trade Street
P.O. Box 64
San Diego, CA 92112

Dear Mr. Smith:

RE: UNAUTHORIZED RELEASE OF PETROLEUM PRODUCT FROM UNDERGROUND STORAGE TANKS AT H.G. FENTON MATERIALS, 9255 CAMINO SANTA FE, SAN DIEGO, CA 92121 H17076-001

This letter confirms the completion of site investigation and remedial action for the underground storage tank(s) at the above site. Thank you for your cooperation throughout this investigation. With the provision that the information provided to this agency was accurate and representative of site conditions, no further action related to the underground tank release is required based on the available information as set forth in California Code of Regulations, Title 23, Division 3, Chapter 16, Article 11, Section 2721(e) (Underground Storage Tank Corrective Action Regulations).

If the present or proposed use of the site changes, it is the property owner's responsibility to promptly notify this agency.

Please contact this office if you have any questions in this matter.

Sincerely,

CHUCK PRYATEL, Division Manager
Site Assessment and Mitigation Division

CP:gl

cc: Donna Schimeck, State Water Resources Control Board
Rosalind Dimenstein, Regional Water Quality Control Board

WP\H17076-1

"Prevention Comes First"

Case Closure Summary

Lea. ndergroundFuelStorageTank gram

I. AGENCY INFORMATION

Date:

Agency Name: County of San Diego, Environmental Health, SAM	Address: PO Box 85261
City/State/ZIP: San Diego, CA 92186-5261	Phone: (619) 338-2222 Fax: (619) 338-2377
Responsible Staff Person: Mo. Lahsaie	Title: Hazardous Materials Specialist

II. CASE INFORMATION

Site Facility Name: H. G. Fenton Materials		
Site Facility Address: 9255 Camino Santa Fe, San Diego, CA 92121		
RB LUSTIS Case No: N/A	Local Case No: H17076-001	LOP Case No: N/A
URF Filing Date: 8/17/93	SWEEPS No: N/A	
Responsible Parties	Addresses	Phone Number
Fenton Western Properties, Paul Smith	7220 Trade Street, P.O.Box 64, San Diego, CA 92112	(619)566-2000

Tank No.	Size in Gal.	Contents	Closed in Place/Removed?	Date
1	10,000	Diesel	Removed	12/27/91
2	10,000	Diesel	Removed	12/27/91
3				

III. RELEASE AND SITE CHARACTERIZATION INFORMATION

Cause and Type of Release: (Leaky) Diesel USTs			
Site Characterization complete? Yes	Date Approved By Oversight Agency: July 18, 1994		
Monitoring Wells Installed? No	Number:	Proper Screened Interval? Yes No	
Highest GW Depth Below Ground Surface: Approx. 100 feet	Lowest Depth: approx. 50	Flow Direction: N/A	
Most Sensitive Current Use: Asphalt and concrete mixing facility			
Are Drinking Water Wells Affected? No	Aquifer Name:		
Is Surface Water Affected? No	Nearest/affected SW name:		
Off-Site Beneficial Use Impacts (addresses/locations): N/A			
Report(s) on file? Yes	Where is Report(s) Filed? County of San Diego, Environmental Health		

TREATMENT AND DISPOSAL OF AFFECTED MATERIAL

Material	Amount (Include Units)	Action (Treatment or Disposal w/Destination)	Date
Tank	Two	Scrap yard	12/27/1991
Piping			
Free Product			
Soil	Approximately 400 cubic yards	Used on site as road base materials (w/ ND results)	
Groundwater			
Barrels			

Case Closure Summary

Leaking Underground Fuel Storage Tank .n

III. RELEASE AND SITE CHARACTERIZATION INFORMATION (Continued)

MAXIMUM DOCUMENTED CONTAMINANT CONCENTRATIONS -- BEFORE AND AFTER CLEANUP

Contaminant	Soil(ppm)		Water (ppm)		Contaminant	Soil (ppm)		Water (ppm)	
	Before	After	Before	After		Before	After	Before	After
TPH (Gas)					Xylene	101 µg/kg	<15 µg/kg		
TPH (Diesel)	5570	<10			Ethylbenzene	<0.5	<0.5		
Benzene	<0.5	<0.5			Oil & Grease				
Toluene	<0.5	<0.5			Heavy Metals				
Other: Organic Lead	<0.5	<0.5			Other				

Comments (Depth of Remediation, etc.):

Two 10,000 gallon diesel UST were removed on 12/27/91. Contaminated soils were excavated and confirmatory soil samples were collected at the bottom and the side walls of the former tank excavation area. TPH concentrations of all confirmatory soil samples were below laboratory detection limits (<10 mg/kg). Maximum depth of the excavation was 21.5 feet below grade and approximately 400 cubic yards of stockpile soil was generated from the former tank excavation. Stockpile soil was characterized and TPH concentrations were below laboratory detection limits. The stockpile soil was used as a road base material at this site. The depth of ground water was reported at approximately 50 feet below ground. Based on the reported information there is no apparent threat to public and environmental health at this site.

IV. CLOSURE

Does completed corrective action protect existing beneficial uses per the Regional Board Basin Plan? Yes

Does completed corrective action protect potential beneficial uses per the Regional Board Basin Plan? Yes

Does corrective action protect public health for current land use? Yes

Site Management Requirements: N/A

Should corrective action be reviewed if land use changes? Yes

Monitoring Wells Decommissioned: N/A | Number Decommissioned: | Number Retained:

List Enforcement Actions Taken: Notice of Corrective Action and Reimbursement Responsibility

List Enforcement Actions Rescinded:

V. LOCAL AGENCY REPRESENTATIVE DATA

Name: Chuck Pryatel | Title: Division Manager Site Assessment and Mitigation

Signature: | Date: 8-4-94

VI. RWQCB NOTIFICATION

Date Submitted to RB: 7/18/94 | RB Response: concurred

RWQCB Staff Name: Rosalind Dimenstein | Title: Engineer | Date: 7-18-94

VII. ADDITIONAL COMMENTS, DATA, ETC.

This document and the related CASE CLOSURE LETTER, shall be retained by the lead agency as part of the official site file.

WP/CASESUM (12/93)

TFile

County of San Diego

J. WILLIAM COX, M.D., Ph.D
DIRECTOR
STEVEN A. ESCOBOZA
ASSISTANT DIRECTOR

DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

OFFICE OF THE DEPUTY DIRECTOR
P.O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2211
Fax #: 338-2174

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P. O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2222

NOTICE OF REIMBURSEMENT AND REPORTING REQUIREMENTS

December 31, 1991

Paul Smith
Fenton Western Properties
7220 Trade Street
P.O. Box 64
San Diego, CA 92112

Dear Mr. Smith:

RE: UNAUTHORIZED RELEASE #T2182/H17076-001
H.G. FENTON MATERIALS, 9255 CAMINO SANTA FE, SAN DIEGO, CA 92121

Information provided to this Department indicates that the underground hazardous substance storage facility at the location referenced above has had an Unauthorized Release (leak), and identifies you as the party, or one of the parties, responsible for investigation and cleanup of the Unauthorized Release.

As described in the paragraph below, federal and state law require the responsible party(ies) to reimburse the State Water Resources Control Board for local and state agency costs associated with oversight of the investigation and cleanup of the Unauthorized Release. Please take note of the following:

> Whereas the Federal Petroleum Leaking Underground Storage Tank Trust Fund provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks; and Whereas the Legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks; and Whereas the direct and indirect costs of overseeing removal or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund; and Whereas the above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site; YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the Health and Safety Code the above Responsible Party or Parties shall reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties shall make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Mr. Paul Smith December 31, 1991

The following individual(s) and/or entity(ies) are being notified as responsible parties for the Unauthorized Release at the above referenced site:

Paul Smith
Fenton Western Properties
7220 Trade Street
P.O. Box 64
San Diego, CA 92112

In accordance with the California Health and Safety Code, Chapter 6.5 and 6.7, and the California Code of Regulations, Title 22 and 23, the tank owner/operator must report and correct the conditions created by the Unauthorized Release. It is the tank owner's/operator's responsibility to:

1. Take immediate action to prevent further unauthorized release.
2. Determine the extent and impact of the unauthorized release.
3. Submit a written Unauthorized Release Report within five workdays of receiving this Official Notice. This requirement is satisfied by submitting the enclosed State Water Resources Control Board form entitled "UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/CONTAMINATION SITE REPORT". The completed form, with attached comments if necessary, must address the Unauthorized Release Report items described on the final page of this Notice. Submit the completed form to this office for distribution.
4. Submit supplemental reports as required to update the initial report.
5. Complete any site mitigation (cleanup) required.
6. Reimburse the State Water Resources Control Board for local and state agency costs associated with oversight of the investigation and cleanup.

The Unauthorized Release Report must address all six items listed on the final page of this Notice, to the extent of the best information known at this time. Additional information and responsibilities are also listed. Subsequent site characterization and mitigation actions will be determined upon evaluation of the written report and consultation with the Regional Water Quality Control Board and other appropriate regulatory agencies.

If you have any questions concerning this Notice, please contact the undersigned at (619) 338-2256, or the Division of Clean Water Programs, State Water Resources Control Board, P.O. Box 944212, Sacramento, CA 94224-2120.

Sincerely,

M.A. Lahsaizadeh

MO LAHSAIE, Hazardous Materials Specialist
Hazardous Materials Management Division

ML:cmc

Enclosure

cc: Donna Shimeck, State Water Resources Control Board
James Munch, San Diego Regional Water Quality Control Board

WP\T2182.1

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

County of San Diego

J. WILLIAM COX, M.D., Ph.D
DIRECTOR
(619) 236-2237

STEVEN A. ESCOBOZA
ASSISTANT DIRECTOR
(619) 236-7633

DEPARTMENT OF HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT DIVISION
P.O. BOX 85261
SAN DIEGO, CA 92138-5261
(619) 338-2222

DATE: 12-30-91

MEMORANDUM FOR: California Regional Water Quality Control Board, San Diego Region

FROM: Hazardous Materials Management Division (HMMD)

SUBJECT: **UNAUTHORIZED RELEASE OF HAZARDOUS MATERIAL FROM AN UNDERGROUND STORAGE TANK T#** 2182/H07076-001

Evidence of an unauthorized release of a hazardous material has been noted by HMMD staff at the site described below:

Site Address: 9255 Camino Santa Fe (Street) — San Diego (City) — 92121 (Zip Code)

Property Owner: H.G. Fenton Western Properties (Name)
7220 Trade St. P.O. Box 64 (Street) — San Diego (City) — 92112 (Zip Code)
Telephone (619) 566-2000

Tank Operator: H.G. Fenton Western Properties (Name) Mr. Paul Smith — 566-2000 (Telephone)

The following information is provided for your consideration and action in accordance with the authority and responsibilities of the Regional Board.

Suspected Source(s) Diesel

Amount Released unknown (Gallons) Not known (Time Period)

Release Detected By:

- ____ Routine Tank Testing
- ____ Test of Piping
- ____ Inventory Audit
- ____ Monitoring Device/Well
- ✓ Evidence of Soil Contamination Detected During Tank Removal
- ✓ Evidence of Leaky Tank Detected During Tank Removal
- ____ Other

Description of underground tank systems on property (number, type, age, capacity, material stored, evidence of leakage). 2 UST 10000 Gallon Steel Diesel tank; Tanks were apparently installed sometime in 61-62, No holes were observed on any of the tanks.

Date Release Reported to or Detected by HMMD 12-27-91

Contact With Other Agencies No

Additional Comments: Ponded water was observed at the bottom of Excavation and a hard Pan layer was encountered at about 14-15' BG.

Please call the HMMD at 338-2222 if you have questions or comments regarding the above.

HMMD Staff Mo Lahsaie

DHS:HM-9010 (10/89)

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

TCPell

County of San Diego

J. WILLIAM COX, M.D., Ph.D
DIRECTOR
STEVEN A. ESCOBOZA
ASSISTANT DIRECTOR

DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

OFFICE OF THE DEPUTY DIRECTOR
P.O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2211
Fax #: 338-2174

HAZARDOUS MATERIALS MANAGEMENT DIVISION
P. O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2222

July 13, 1992

Mr. Paul Smith
Fenton Western Properties
7220 Trade Street
P.O. Box 64
San Diego, CA 92112

Dear Mr. Smith:

RE: UNAUTHORIZED RELEASE #T2182/H17076-001
H.G. FENTON MATERIALS, 9255 CAMINO SANTA FE, SAN DIEGO, CA 92121

A review of the Hazardous Materials Management Division's (HMMD) files indicates that the unauthorized release issue associated with an underground storage tank at this site has not been resolved. The last activity on this site appears to be greater than three (3) months ago.

The California Code of Regulations, Title 23, Chapter 3, Subchapter 16, Section 2652 (d) states that until cleanup is complete, reports shall be submitted to the local agency and the Regional Water Quality Control Board (RWQCB) every three months or at a more frequent interval if specified.

Within thirty (30) days of receipt of this letter, submit a written update report to the HMMD and the RWQCB summarizing the site activities and the proposal for any further work. Submit the updates at the frequency previously specified by the HMMD, not to exceed the minimum of every three months (October 15th, January 15th, April 15th, July 15th). Updates must be submitted until which time the unauthorized release is resolved.

Please be reminded that the State Water Resources Control Board (SWRCB) will bill the responsible party for all local agency time expended on the unauthorized release investigation. Site assessments and remediation activities completed in a comprehensive and timely manner may minimize the amounts billed by the SWRCB.

Please contact me at (619) 338-2256, if you have questions regarding this matter.

Sincerely,

M. A. Lahsaizadeh

MO LAHSAIE, Hazardous Materials Specialist
Hazardous Materials Management Division

ML:cmb

cc: James Munch-RWQCB
Carl Bonura-EnecoTech Environmental Consultants

WP\FENTON

MEETING/PHONE/PEER REVIEW

RECORD

H 17076 - 001
DATE: 3 / 11 / 92
TIME: 8 : 30 AM
PAGE 1 OF 1
SPEC: Mo. Lahsaie

(Check One)

[ ] Meeting Minutes — Meeting Location: _____ (Attach Sign-up Sheet HM-9048)

[x] Telephone Conversation — Phone: (___) 299 - 0033 Name: Carl Bonura

[ ] Peer Review — Name: Enecotech

TOPIC: SA/M report dated 2-24-92

SUMMARY: Carl said that the hole was backfilled w/ clean soil & 900 y^3 soil is stockpiled at this site. They took 2 soil samples and ran the highest for Fish Bioassay (160 RPM) and would like to declare it as Non hazardous for the purposes of asphalt mixture usage! I told him that I need to contact RWQCB to see if 2 soil sample is enough for Non hazardous characterization. I mentioned that I believe he need to do full analysis for st. pile characterization to have better understanding of contamination distribution in the pile.

I called RWQCB at 9:AM, Jim said that Fenton must have permit from SDHS for asphalt mixing of cont. Diesel soil and even if he can use it as mix he still need to characterize the pile for contamination distribution

AT 2PM I discussed this issue w/ D. Fowler. He said that they must follow SW846 sampling protocol & take the highest sample for Fish toxicity. If is classified as non-hazardous material then they can incorporate it into Asphalt Mix However for HMMD tracking purposes since this is going to be considered as a treatment option they need to send work plan describing how is going to be mixed & where & how is going to be used

At 2:30 PM I called Eric Hong from SDHS permitting office Region I and he concurred w/ D. Fowler & Myself.

** Schedule of Events must be submitted.

3-12-92 Carl called & I explained the above infos to him.

3-16-92 Carl called & we dis remediation options and st pile soil characterization

SAN DIEGO REGIONAL BOARD BASIN INFORMATION

Regional Board Staff: JM / LC

HMMD Staff : Mo Lahsaiezadeh

H number: 17076-001

Date: 1/29/92

T number: 2182

Site Address: 9255 Camino Santa Fe
San Diego 92121

Beneficial Use: Yes: ✓ No: ____ Basin No.: 6.40

Beneficial Uses

Municipal : ____

Agricultural: ____

Industrial : ____

Industrial Process Sply: ✓

Groundwater Recharge : ____

MEETING/PHONE/PEER REVIEW

RECORD

H17076-001	
DATE: 1/8/92	
TIME: 1:12	PM
PAGE 1 OF 1	
SPEC: Mo. Lahsaie	

(Check One)

[] Meeting Minutes — Meeting Location: _____ (Attach Sign-up Sheet HM-9048)

[X] Telephone Conversation — Phone: (___) 299-0033 Name: Carl Bonura

[] Peer Review — Name: Enecotech

TOPIC: stock pile usage in Asphalt Mix

SUMMARY: Carl called to discuss about the possibility of Mixing contaminated soil in Asphalt Mix. I told him that 1st they need to do self certification of stpile soil & follow Article 11 requirement (including Fish Toxicity Test) If comes out Non-hazardous then they need to provide HMMD with the following infos.

1) Their mixing process.
2) How is it going to be stored
3) How is it going to be used & where is it going to end up.
4) Full status report must be submitted to HMMD & RWQCB untill it is all being used.

I also told him to call Cal EPA Permitting Division & find out what is required to get permit for this kind of recycling. I gave him ph # for Eric Hong (916) 855-7726

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

M.L.

[redacted]

County of San Diego

DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

OFFICE OF THE DEPUTY DIRECTOR
P. O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2222
Fax #: 338-2174

SITE ASSESSMENT AND MITIGATION DIVISION
P.O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2222

August 24, 1993

Mr. Paul Smith
Fenton Western Properties
7220 Trade Street
P.O. Box 64
San Diego, CA 92112

Dear Mr. Smith:

RE: UNAUTHORIZED RELEASE OF PETROLEUM PRODUCT FROM UNDERGROUND STORAGE TANKS AT H.G. FENTON MATERIALS, 9255 CAMINO SANTA FE SAN DIEGO, CA 92121 - CASE #T02182/H17076-001

The Site Assessment and Mitigation Division (SAM) of San Diego County Environmental Health Services (EHS) and the San Diego Regional Water Quality Control Board (RWQCB) have reviewed the Unauthorized Release Report (Form No. HSC-05) submitted by Mr. Arturo Hoyos of EnecoTech and dated August 17, 1993. This report conforms to the initial reporting requirements outlined in Chapter 6.7 of the California Health and Safety Code and Title 23, Division 3, Chapter 16 of the California Code of Regulations (CCR).

California law states that contamination resulting from an unauthorized release (leak) of a petroleum product may pose a threat to public health and the environment. The law requires responsible parties (persons responsible) to take corrective actions, including investigation and remediation (cleanup) of soil and groundwater contamination caused by an unauthorized release. California regulations require that workplans for any site investigation or remediation activities be submitted to and approved by EHS prior to implementation. All work should be performed in accordance with the guidelines presented in the most recent copy of EHS's Site Assessment and Mitigation Manual. **Please submit a workplan, describing your proposed activities to investigate the above-referenced unauthorized release, by September 30, 1993.**

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

The investigation and the remediation of an unauthorized release are usually performed in separate phases. Much of the work must be performed under the direction of a registered professional civil engineer or geologist and, therefore, responsible parties generally obtain the services of a qualified environmental consultant. Ultimately, you are required to submit a written report, signed by a registered professional, which addresses all the items on the enclosed "Site Assessment Report Checklist."

We remind you that if you intend to seek reimbursement for your investigation and remediation costs from the State Water Resources Control Board's (SWRCB) Underground Storage Tank Cleanup Fund, you must obtain a minimum of three bids for the proposed work. Additionally, failure to comply with EHS or RWQCB directives may jeopardize your eligibility for the reimbursement from the Underground Storage Tank Cleanup Fund.

Please be advised that the California Health and Safety Code authorizes EHS to issue notices to ensure the timely investigation and remediation of unauthorized release sites. These notices are called corrective action orders, and put responsible parties at risk of further legal action and monetary fines.

Copies of the workplan requested above, and all future submittals, should be sent to both EHS and to the RWQCB. Send correspondence to my attention at the address appearing on the letterhead above and to Ms. Rosalind Dimenstein at the RWQCB, 9771 Clairemont Mesa Blvd., Suite B, San Diego, CA 92124.

EHS and RWQCB staff are available to meet with you and/or your environmental consultant to discuss agency guidelines and requirements. Please call me at (619) 338-2256 if you have any questions.

Sincerely,

M. A. Lahsaizadeh

MO LAHSAIE, Hazardous Materials Specialist
Site Assessment and Mitigation Division

ML:gl

Enclosure: Site Assessment Report Check List

cc: Rosalind Dimenstein, RWQCB
Carl Bonura, EnecoTech Environmental Consultants

WP\FENTON

County of San Diego

J. WILLIAM COX, M.D., Ph.D
DIRECTOR

DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

OFFICE OF THE DEPUTY DIRECTOR
P. O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2211
Fax #: 338-2174

SITE ASSESSMENT AND MITIGATION
P.O. BOX 85261
SAN DIEGO, CA 92138-5261
(619) 338-2222

March 19, 1993

OFFICIAL NOTICE

Mr. Paul Smith
Fenton Western Properties
7220 Trade Street
P.O. Box 64
San Diego, CA 92112

Dear Mr. Smith:

RE: UNAUTHORIZED RELEASE #T2182/H17076-001
H.G. FENTON MATERIALS, 9255 CAMINO SANTA FE
SAN DIEGO, CA 92121

The Underground Storage Tank (UST) Unauthorized Release Report for the site referenced above is **PAST DUE.** In accordance with the provisions of the California Administrative Code, Title 23, Chapter 3, Subchapter 16, Article 5, Section 2652, you were required to submit this report within five (5) working days after the receipt of the San Diego County Environmental Health Services, Site Assessment and Mitigation (SA/M) letter dated July 24, 1991.

Please complete and submit the enclosed (UST) Unauthorized Release Report (Form No. HSC-05) to SA/M within five (5) working days.

If you have any questions on this matter, please contact me at (619) 338-2256.

Sincerely,

M.A. Lahsaizadeh

MO LAHSAIE, Hazardous Materials Specialist
Site Assessment and Mitigation

ML:gl

Enclosure

cc: Rosalind Dimenstein, RWQCB

WP\FENTO-PD

MEETING/PHONE/PEER REVIEW

RECORD

H	17076-001
DATE:	1/28/93
TIME:	10:30 AM
PAGE	1 OF 1
SPEC:	Mo. L

10:30 – 10:48

(Check One)

[] Meeting Minutes — Meeting Location: _____ (Attach Sign-up Sheet HM-9048)

[X] Telephone Conversation — Phone: (___) 299-0033 Name: Carl Bonura

[] Peer Review — Name: Enecco Tech S.W.

TOPIC: Report dated 12/22/92

SUMMARY: I told Carl about the following issues

1) His client must provide / inform to HMMD when & where the stock pile will be used before he does any soil transportation & include the map of the proposed area (where / location of disposal)

2) HMMD will review & will call or write to his client about the Approval / or disapproval of Plan

3) His client will provide the trucking info (Bill of Lading) (How much will be transported?) to the HMMD (in writing)

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

STATE OF CALIFORNIA - CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

PETE WILSON, *Governor*

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF CLEAN WATER PROGRAMS
2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CALIFORNIA 94244-2120
(916) 227-4307
(916) 227-4530 FAX

RECEIVED
MAY 24 12 11 PM '94
ENVIRONMENTAL HEALTH SERVICES

MAY 1 0 1994

H17076-001
ML

H. G. Fenton Materials Co.
Attn: Paul Smith
7220 Trade Street, Ste. 300
San Diego, CA 92121

UNDERGROUND STORAGE TANK CLEANUP FUND CLAIM NUMBER 003401 FOR SITE ADDRESS: 9255 CAMINO SANTA FE, SAN DIEGO

The State Water Resources Control Board (SWRCB) takes pleasure in issuing the attached Letter of Commitment in an amount not to exceed **$20,000**. This Letter of Commitment is based upon our review of the corrective action costs incurred to date and your application received on January 17, 1992 and may be modified by the SWRCB in writing by an amended Letter of Commitment.

The SWRCB will take steps to withdraw this Letter of Commitment after 90 calendar days from the date of this transmittal letter unless you proceed with due diligence with your cleanup effort. This means that you must take positive, concrete steps to ensure that corrective action is proceeding with all due speed. For example, if you have not started your cleanup effort, you must obtain three bids and sign a contract with one of these bidders within 90 calendar days. If your cleanup effort has already started and was delayed, you must resume the expenditure of funds to ensure that your cleanup is proceeding in an expeditious manner. You are reminded that you must comply with all regulatory agency time schedules and requirements. We constantly review the status of all active claims, and failure to proceed with due diligence will be grounds for withdrawal of this Letter of Commitment.

You should read the terms and conditions listed in the Letter of Commitment. Also attached you will find:

- A "Reimbursement Request Instructions" package. **You should retain this package for future reimbursement requests.** Among other information, the package includes instructions for completion of the "Reimbursement Request" form and the "Spreadsheet". These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in these instructions are samples of Reimbursement Request forms and completed Spreadsheets. Within the package also included are:
  - A "Bid Summary Sheet" to document data on bids received.
  - Recommended Minimum Invoice Cost Breakdown.
  - A "Certification of Non-Recovery From Other Sources" which must be returned before any reimbursements can be made.
- "Reimbursement Request" forms which you must use to request reimbursement of costs incurred.
- "Spreadsheet" forms which you must use in conjunction with your Reimbursement Request.
- "Vendor Data Record" (Std. Form 204) which must be completed and returned with your first Reimbursement Request.

If you have any questions regarding the Letter of Commitment or the Reimbursement Request package, please contact Nancy Camacho at (916) 227-4387.

Sincerely,

Dave Deaner, Manager
Underground Storage Tank
Cleanup Fund Program

Enclosures

cc: San Diego County EHD
Attn: Chuck Pryatel
1255 Imperial Avenue
San Diego, CA 92101-5261

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

MEETING/PHONE/PEER REVIEW

RECORD

H17076-001
DATE: 5/23/94
TIME: 11:12 AM
PAGE 1 OF 1
SPEC: Mo.L

(Check One)

[] Meeting Minutes — Meeting Location: _____ (Attach Sign-up Sheet HM-9048)

[X] Telephone Conversation — Phone: (___) 584-5440 Name: Charlie Shewey 285-5841 (Plant

[] Peer Review — Name: _____

TOPIC: stockpile soil characterization dated 5-3-94

SUMMARY: I told charlie that the above document ~~the~~ lacks the following information:

1) The report doesnot have his signiture

2) what was the thickness of the pile and what were the sample depth in each pile

3) How did he /or what statistical Method did he used to design the sample collection procedure
Did he Randomized sample location or did he take a fixed area w/in each section of the pile (see Fig 1)

He will revised the above report i will reSubmit the report

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

ML.

ROBERT K. ROSS, M.D.
DIRECTOR

County of San Diego

OFFICE OF THE DEPUTY DIRECTOR
P. O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2222
Fax #: 338-2174

DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

SITE ASSESSMENT AND MITIGATION DIVISION
P.O. BOX 85261
SAN DIEGO, CA 92186-5261
(619) 338-2222

OFFICIAL NOTICE

February 25, 1994

Mr. Paul Smith
Fenton Western Properties
7220 Trade Street
P.O. Box 64
San Diego, CA 92112

Dear Mr. Smith:

RE: PAST DUE NOTICE
UNAUTHORIZED RELEASE #T02182/H17076-001
H.G. FENTON MATERIALS
9255 CAMINO SANTA FE, SAN DIEGO, CA 92121

A review of the Site Assessment and Mitigation Division (SAM) files indicate that the written update report associated with the site assessment investigation at this site is **PAST DUE.**

The California Code of Regulations, Title 23, Chapter 3, Subchapter 16, Section 2652 (d) states that until clean-up is complete, reports shall be submitted to the local agency and the Regional Water Quality Control Board (RWQCB) every three months or at a more frequent interval if specified.

Within thirty (30) days of receipt of this letter, submit a written update report to SAM and the RWQCB, summarizing all site activities and any proposals for further work. Update reports must be submitted until such time as the unauthorized release is resolved.

As a reminder, your lack of response to this notice can jeopardize your eligibility to receive State Underground Storage Tank Clean-Up Fund reimbursement funds.

Please contact Mo. Lahsaie, Hazardous Material Specialist, at (619) 338-2256, if you have any questions regarding this matter.

Sincerely,

M. A. Lahsaizadeh

MO LAHSAIE, Hazardous Materials Specialist
Site Assessment and Mitigation Division

ML:cl

cc: Nancy Camacho, State Water Resources Control Board
Rosalind Dimenstein, RWQCB

WP\FENTON.PAS

From: VICKIE CHURCH (VCHURC)
To: dfowle
Date: Tuesday, February 15, 1994 12:04 pm
Subject: H17076 HG Fenton

Could you or Mo call Nancy Camacho 916-227-4387, re: current status at this site. Thanks. Claim # 3401 (3211?), possible last activity was in Aug 1993.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

STATE OF CALIFORNIA - CALIFORNIA ENVIRO. PROTECTION AGENCY

PETE WILSON, *Governor*

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF CLEAN WATER PROGRAMS
2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CALIFORNIA 94244-2120
(916) 227-4360
(916) 227-4530 (FAX)

H 17076 - 001

ML

May 25, 1995

Mr. Paul Smith
H. G. Fenton Materials Co.
7220 Trade Street, Ste. 300
San Diego, CA 92121

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, NOTICE OF WITHDRAWAL OF LETTER OF COMMITMENT: CLAIM NUMBER 003401; FOR SITE ADDRESS: 9255 Camino Santa Fe, San Diego, CA 92126

On April 25, 1995, a "Notice of Proposed Withdrawal of Letter of Commitment" was sent to you. The notice informed you that your Letter of Commitment (LOC) was to be withdrawn and the reason(s) for that determination. The notice also informed you that if you did not agree with the determination, you could request a review within thirty (30) calendar days of the date of the Notice.

Since you did not request a review within the time specified, I have determined that your claim is not eligible for participation in the Underground Storage Tank Cleanup Fund and your LOC is hereby withdrawn.

If you have any questions, please contact Diana Romero at (916) 227-4419.

Sincerely,

Dave Deaner, Manager
Underground Storage Tank Cleanup Fund

cc: Mr. Chuck Pryatel
San Diego County EHD
1255 Imperial Avenue
San Diego, CA 92101-5261

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

EnecoTech Southwest Inc.
2831 Camino Del Rio S. • Suite 206
San Diego, California 92108
(619) 299-0033 • Fax (619) 299-0087

EnecoTech®
ENVIRONMENTAL CONSULTANTS

RECEIVED
JAN 5 9 55 AM '93
ENVIRONMENTAL HEALTH SERVICES

December 22, 1992

Project 540-001-01

Mr. Mo Lahsaie
County of San Diego, HMMD
P.O. Box 85261
San Diego, California

Reviewed by Mo.L
1-11-93

Subject: **Update - Stockpile Sampling/Soil Treatment Plan**
Fenton Carroll Canyon Site
9255 Camino Santa Fe, San Diego, California 92121
T2182/H17076-001

Mr. Lahsaie:

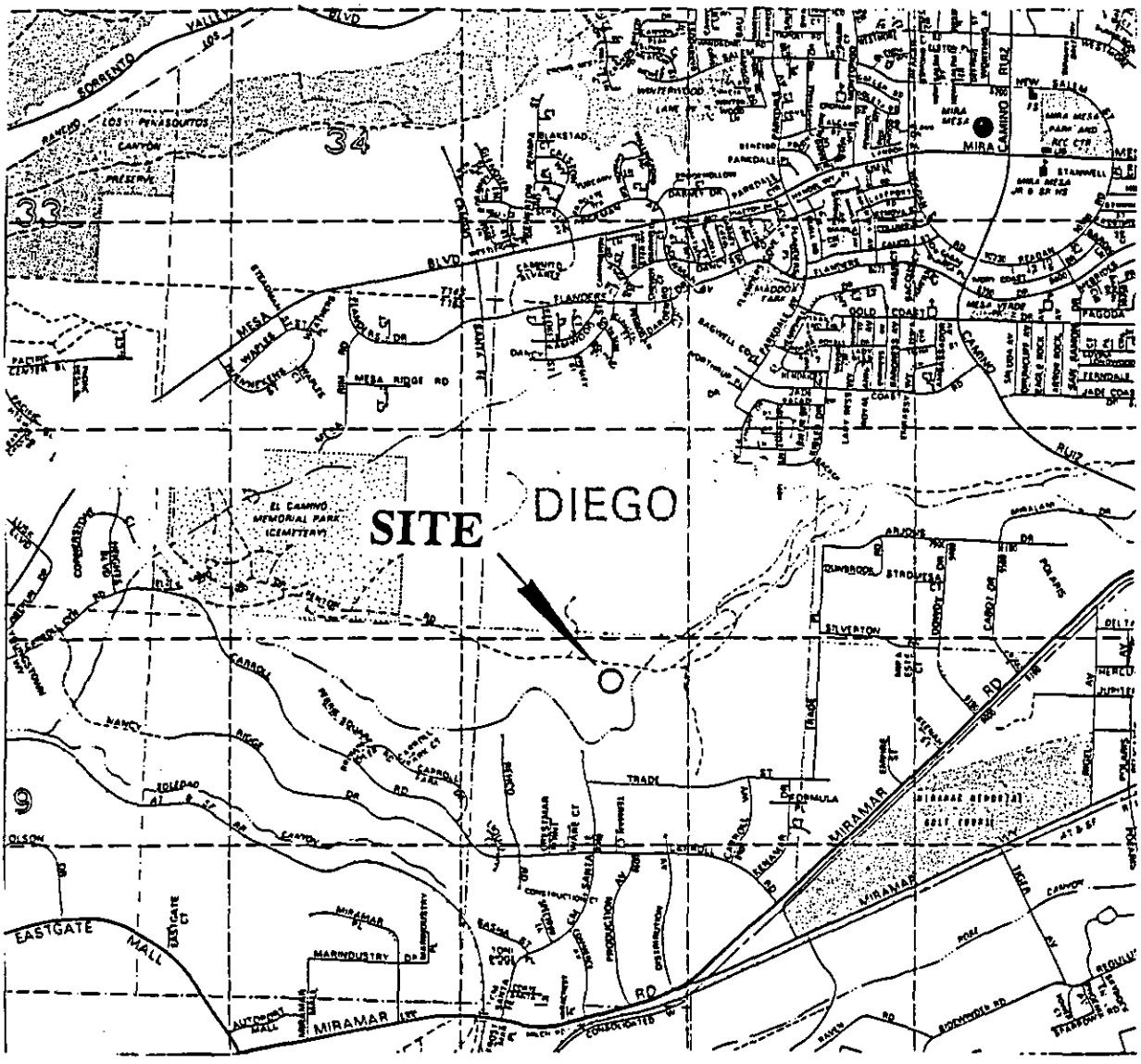
EnecoTech Southwest, Inc. (EnecoTech) directed the remedial excavation of diesel impacted soil at the subject site (Figure 1) in January 1992. During remedial excavation activities, approximately 900 cubic yards of soil was stockpiled on site. Approval for separation of the high amount of coarse fragments from the diesel impacted soil was obtained from the Air Pollution Control District (APCD) San Diego Region (Appendix A). Once the coarse fragments were separated, three stockpiles comprising approximately 650 cubic yards of soil remained. The remaining 650 cubic yards of stockpiled soils were sampled as one stockpile unit according to the procedures outlined in Appendix B.

Upon separation, the coarse fragments were stockpiled adjacent to the soil stockpiles (Figure 2). Because the rock fragments would not have readily absorbed released petroleum hydrocarbons, samples of the stockpiled coarse rock fragments were not collected or analyzed for impact from petroleum hydrocarbons.

On December 4, 1992, based upon the volume of stockpiled soil remaining on site, twenty-six soil samples were collected utilizing a hand auger with extensions. The derivation of random soil sample locations and the soil sampling procedures are outlined in Appendix B. All twenty-six soil samples were analyzed for total petroleum hydrocarbons (TPH) by the DHS LUFT method. Since no detectable levels of TPH were indicated in any soil samples, analyses of benzene, toluene, ethylbenzene, xylenes (BTEX), and organic lead were not conducted. The laboratory results are summarized in Table 1 and the laboratory report is included as Appendix C. A *Stockpile Statistics Worksheet* was not completed for the characterization as all samples indicated no detectable levels of TPH.

The Responsible Party, Fenton Materials, plans on using the stockpiled soil as road base material. The County of San Diego Hazardous Materials Management Division (HMMD) was contacted by telephone on March 16, 1992 to propose recycling of the stockpiled soil as road base. To allow the recycling of the diesel impacted soil as road base, the HMMD would require full characterization of the stockpile, permission from the APCD to separate coarse fragments from the stockpiled soils, and submission of a plan for tracking the movement and use of the stockpiled soil. During the aforementioned March 16, 1992 phone conversation, the HMMD mentioned that the use of the stockpiled soil as road base material would be less restricted with the verification of reduced levels of diesel impact.

144921



San Diego Thomas Guide Page 39, C5

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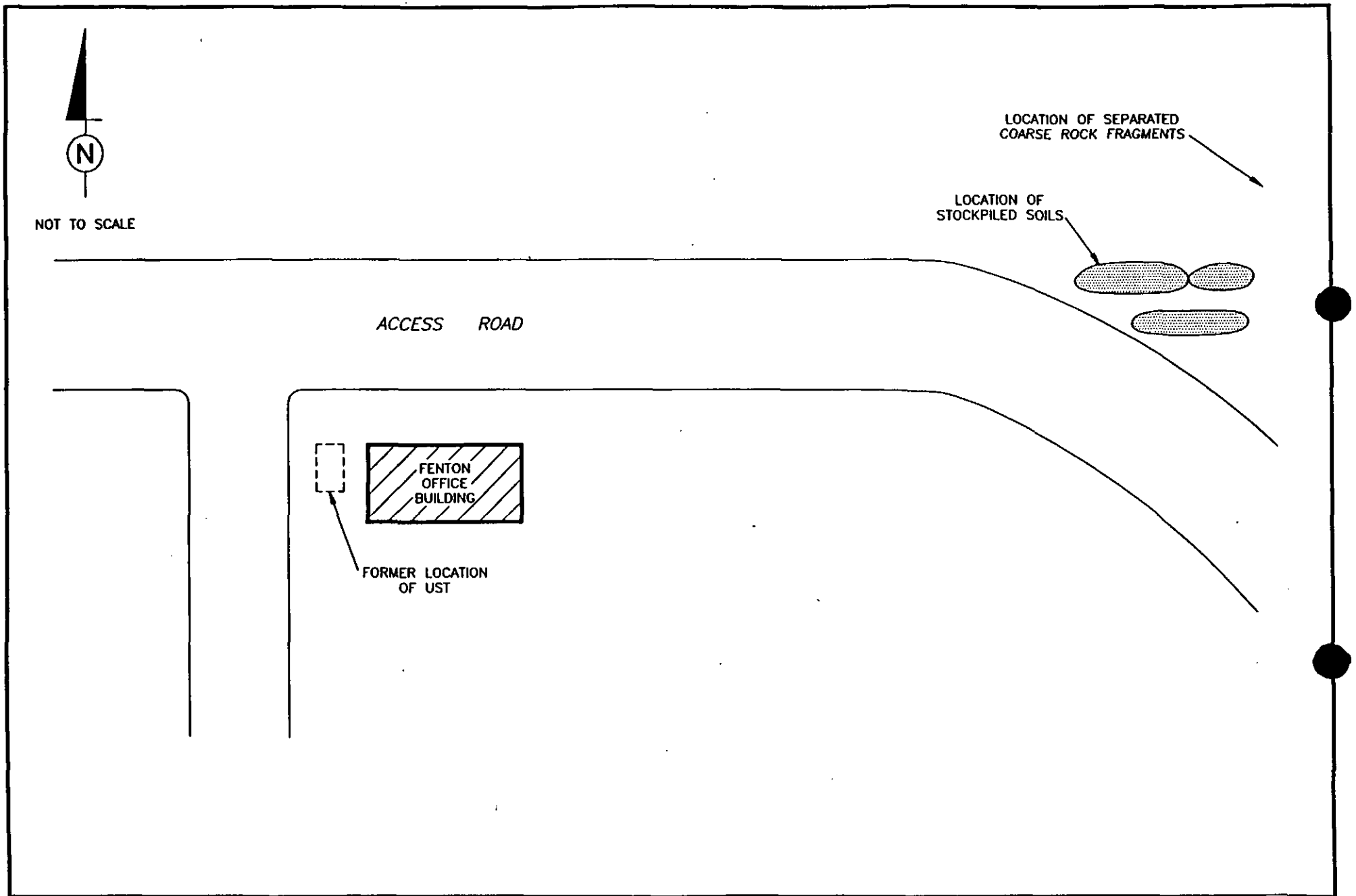
SACLE: 1"=2900'

EnecoTech
ENVIRONMENTAL CONSULTANTS

Project: 9255 Camino Santa Fe, San Diego, CA

SITE LOCATION MAP

File No.: 540-001-01 Date: DECEMBER 1992 Figure No.: 1



EnecoTech
ENVIRONMENTAL CONSULTANTS

Project Address: FENTON CARROL CANYON
9255 CAMINO SANTA FE,
SAN DIEGO, CALIFORNIA

Title: STOCKPILE LOCATION MAP

File No.	Date:	Acad Dwg.#:	Figure No.
540-001-01	DECEMBER 1992	012	2

TABLE 1: Laboratory Results

Sample ID	Date Sampled	DHS TPH (mg/kg)	Sample ID	Date Sampled	DHS TPH (mg/kg)
SP1	12/4/92	ND	SP14	12/4/92	ND
SP2	12/4/92	ND	SP15	12/4/92	ND
SP3	12/4/92	ND	SP16	12/4/92	ND
SP4	12/4/92	ND	SP17	12/4/92	ND
SP5	12/4/92	ND	SP18	12/4/92	ND
SP6	12/4/92	ND	SP19	12/4/92	ND
SP7	12/4/92	ND	SP20	12/4/92	ND
SP8	12/4/92	ND	SP21	12/4/92	ND
SP9	12/4/92	ND	SP22	12/4/92	ND
SP10	12/4/92	ND	SP23	12/4/92	ND
SP11	12/4/92	ND	SP24	12/4/92	ND
SP12	12/4/92	ND	SP25	12/4/92	ND
SP13	12/4/92	ND	SP26	12/4/92	ND

ND denotes Not Detected at laboratory detection limit of 10 mg/kg TPH in soil.

The plan for tracking the use of the stockpiled soil would involve the pre-approval of the HMMD and the San Diego Regional Water Quality Control Board (RWQCB). For example, when the Responsible Party identifies a site where the use of the stockpiled soil may be appropriate, they would notify EnecoTech. EnecoTech would then notify the HMMD and the RWQCB of the desired location to use the soil as road base. The HMMD indicated during the aforementioned March 16, 1992 phone conversation that only a two day processing period would be required for them to determine if the soil could be used as requested. Upon approval of the HMMD and the RWQCB, the soil could be used for road base at the desired site. Copies of transportation and loading receipts would be collected by EnecoTech and would be submitted to the HMMD and the RWQCB with a cover letter stating how much soil was removed and utilized as road base at each specified site. ?

Based on the analytical TPH results for the twenty-six soil samples collected from the stockpiled soils, EnecoTech requests that a less stringent tracking plan be utilized. EnecoTech suggests that, upon complete removal and usage of the stockpiled soils as road base, a letter stating where and when the soil was used, accompanying site plans and weight tickets, be submitted to the HMMD and the RWQCB. If removal takes longer than a three month period, update reports accounting for the removal and use of the stockpiled soils as road base, together with all appropriate figures and receipts, will be submitted every three month period until all soil is accounted for.

before removal?

The coarse rock fragments that were separated from the stockpiled soils remain stockpiled on site. EnecoTech suggests that the Responsible Party be given permission to use the stockpiled coarse rock fragments as seen fit. If required, the Responsible Party can account for the destination of the crushed rock in a manner similar to that suggested for the stockpiled soil, by supplying the HMMD and the RWQCB with appropriate site plans and weight tickets.

submit a work plan before transporting the Pile indicate where & How it will be used in the Process?

Please indicate by written response the procedure for tracking the stockpiled soil as road base that will be required of the responsible party. If you have any questions, do not hesitate to call the undersigned at (619) 299-0033.

Sincerely,
ENECOTECH SOUTHWEST, INC.

Tom Messier
Thomas S. Messier
Staff Scientist

Carl J. Bonura
Carl J. Bonura, RG #4847
Project Geologist

REGISTERED GEOLOGIST
CARL J. BONURA
6/94
No. RG 4847
STATE OF CALIFORNIA

cc: Mr. Paul Smith - Fenton Western Properties
Mr. Alan Westermeyer - Jenal Engineering Corporation

Attachments

Clarify Legend I.D. ?

APPENDIX A

APCD Authorization Letter for the Separation of Coarse Fragments from Stockpiled Soil

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

AIR POLLUTION CONTROL DISTRICT
COUNTY OF SAN DIEGO

540-001-01

Air Pollution Control Board
Brian P. Bilbray District 1
George F. Bailey District 2
Susan Golding District 3
Leon L. Williams District 4
John MacDonald District 5

Air Pollution Control Officer
R. J. Sommerville

November 5, 1992

Mr. Paul Smith
H.G. Fenton Material Company
PO Box 64
San Diego, CA 92112

Equipment Address: 9255 Camino Sante Fe, San Diego, CA 92121

PERMIT FOR SEPARATION OF DIESEL CONTAMINATED SOIL

The San Diego Air Pollution Control District (APCD) has reviewed the enclosed letter from EnecoTech, dated September 2, 1992, Messier/Bonura to Yager requesting the screening of 900 tons of diesel fuel impacted soil with an APCD permitted screening equipment (Kolman Model 101 Conveyor-Screen Plant). Based on additional data submitted by EnecoTech and the APCD evaluation of the process, it was determined that the emissions associated with this screening operation are not expected to produce significant hydrocarbons or particulate dust emissions.

The H.G. Fenton Rock Plant is a major source of particulate emissions, however, in the last five (5) years there has been no increase in particulate emissions at this site. Therefore, the small increase in particulate emissions from the proposed screening operation will not exceed any of the New Source Review threshold limits for Air Quality Analysis and Major Source requirements.

The APCD, hereby, approves the use of portable equipment, APCD Permit to Operate No. 923, for this screening operation to be done at the H.G. Fenton Rock Plant Facility located in Carroll Canyon, San Diego, CA. All the conditions of the APCD Permit to Operate No. 923 shall be met. In addition, please inform the APCD when the portable equipment is going to be moved on and off the Carroll Canyon site for this screening operation.

It should be noted that the above letter from EnecoTech referenced the APCD Permit to Operate for your rock plant in Carroll Canyon, which equipment will

9150 Chesapeake Drive • San Diego • California 92123-1096 • (619) 694-3307
FAX (619) 694-2730 • Smoking Vehicle Hotline 1-800-28-SMOKE

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

not be used in this operation as indicated in our telephone conversation on October 13, 1992.

If there are any questions, please call me at (619) 694-3315.

Sincerely

ANDREW SEGAL
Associate Air Pollution Control Engineer

AS:db

cc: Thomas S. Messier, EnecoTech
Joseph Yager, APCD Engineering - Chemical Section
APCD Enforcement

APPENDIX B

Procedures for the Derivation of Random Soil Sample Locations and Stockpile Soil Sampling Procedures

PROCEDURES FOR GENERATING RANDOM LOCATIONS FOR STOCKPILE SAMPLING

The soil stockpiled at the subject site has been sampled in accordance with the County of San Diego, Hazardous Materials Management Division (HMMD) Site Assessment and Mitigation Manual (SA/M Manual). The SA/M manual specifies the number of samples to be collected from a stockpile according to its volume, and that the sample locations must be selected from a three dimensional grid.

Initially, the volume of a stockpile is estimated, and the number of samples to be analyzed is calculated. The stockpiled soils are then divided into equal subunits, one subunit for each soil sample to be collected. One sample is collected from each half of stockpiles less than 10 cubic yards, each third of stockpiles between 10 and 20 cubic yards, and each quarter of stockpiles between 20 and 100 cubic yards. For stockpiles greater than 100 cubic yards, one sample is collected from each 25 cubic yard subunit. After the stockpiled soils are divided into subunits, a 10 X 10 X 10 three dimensional grid is developed for each subunit.

The three dimensional grid is developed in two steps. Both the X-axis (length) and the Y-axis (width) of each stockpile subunit are divided into 10 increments. The height of the Z-axis is equal to the height of the stockpile at the point designated by the soil sampling location in the X-Y plane. The Z-axis is then also divided into 10 increments. All axes are divided into 10 increments because only single random digits (0-9) are used.

The Random Digit Table (Table B1) is used to select random digits. Starting with the digit in the first row and the first column, and moving from left to right, digits are collected in sets of three. Each set of three digits is applied to the coordinate grid to determine the soil sample location for each subunit of stockpiled soil. For each set of three random digits, the first digit corresponds to the number of increments along the X-axis, the second digit corresponds to the number of increments along the Y-axis, and the third digit corresponds to the number of increments along the Z-axis.

For example, a stockpile subunit has an X-axis 15 feet long, a Y-axis 10 feet wide, and a Z-axis between 0 and 6 feet high. Therefore, each increment of the X-axis is 1.5 feet and each increment of the Y-axis is 1.0 feet. Before the height of the Z-axis can be finalized, the soil sample location within the X-Y plane must be determined. Once the soil sample location within the X-Y plane is determined, the height of the Z-axis at that point can be measured. In the example, the height of the stockpile at the sampling location is 5 feet, so, each increment of the Z-axis will be 0.5 feet. To determine the soil sample location, the increment length of each axis is multiplied by the random digit for the corresponding axis. If the random digit set for the stockpile subunit is (7,6,3), the soil sample location is to be collected at a point 10.5 feet (7x1.5') along the X-axis, 6 feet (6x1') along the Y-axis, and 1.5 feet (3x0.5') along the Z-axis.

For simplifying the measurement of soil sampling locations in the field, coordinates are rounded-up to the whole number. After rounding, the sample coordinates for the example stockpile would shift from (10.5', 6.0', 1.5') to (11', 6',2'). Transformation of random digit sets into coordinate locations for soil sample collection is indicated in Table B2.

Soil samples are collected utilizing a hand auger. Regardless of sample coordinates, soil samples are always collected at least one foot below the stockpile surface. The auger is washed in an Alkanox solution and rinsed in tap water between the collection of samples. The soil samples are placed into laboratory-provided, 250 ml capacity, glass jars and are sealed with teflon-lined, screw-on caps. The samples are then immediately placed in an ice chest, and delivered to a state-certified laboratory for analyses. Standard chain of custody procedures are followed.

TABLE B1: Random Digits

10000	11164	36318	75061	37674	26320	75100	10431	20418	19228	91792
10001	21215	91791	76831	58678	87054	31687	93205	43685	19732	08468
10002	10438	44482	66558	37649	08882	90870	12462	41810	01806	02977
10003	36792	26236	33266	66583	60881	97395	20461	36742	02852	50564
10004	73944	04773	12032	51414	82384	38370	00249	80709	72605	67497
10005	49563	12872	14063	93104	78483	72717	68714	18048	25005	04151
10006	64208	48237	41701	73117	33242	42314	83049	21933	92813	04763
10007	51486	72875	38605	29341	80749	80151	33835	52602	79147	08868
10008	99756	26360	64516	17971	48478	09610	04638	17141	09227	10606
10009	71325	55217	13015	72907	00431	45117	33827	92873	02953	85474
10010	65285	97198	12138	53010	94601	15838	16805	61004	43516	17020
10011	17264	57327	38224	29301	31381	38109	34976	65692	98566	29550
10012	95639	99754	31199	92558	68368	04985	51092	37780	40261	14479
10013	61555	76404	86210	11808	12841	45147	97438	60022	12645	62000
10014	78137	98768	04689	87130	79225	08153	84967	64539	79493	74917
10015	62490	99215	84987	28759	19177	14733	24550	28067	68894	38490
10016	24216	63444	21283	07044	92729	37284	13211	37485	10415	36457
10017	16975	95428	33226	55903	31605	43817	22250	03918	46999	98501
10018	59138	39542	71168	57609	91510	77904	74244	50940	31553	62562
10019	29478	59652	50414	31966	87912	87154	12944	49862	96566	48825
10020	96155	95009	27429	72818	08457	78134	48407	26061	58754	05326
10021	29621	66583	62966	12468	20245	14015	04014	35713	03980	03024
10022	12639	75291	71020	17265	41598	64074	64629	63293	53307	48766
10023	14544	37134	54714	02401	63228	26831	19386	15457	17999	18306
10024	83403	88827	09834	11333	68431	31706	26652	04711	34593	22561
10025	67642	05204	30697	44806	96989	68403	85621	45556	35434	09532
10026	64041	99011	14610	40273	09482	62864	01573	82274	81446	32477
10027	17048	94523	97444	59904	16936	39384	97551	09620	63932	03091
10028	93029	89416	52795	10631	09728	68202	20963	02477	55494	39563
10029	82244	34392	96607	17220	51984	10753	76272	50985	97593	34320
10030	96990	55244	70693	25255	40029	23289	48819	07159	60172	81697
10031	09119	74803	97303	88701	51380	73143	98251	78635	27556	20712
10032	57666	41204	47589	78364	38266	94393	70713	53388	79865	92069
10033	46492	61594	26729	58272	81754	14648	77210	12923	53712	87771
10034	08433	19172	08320	20839	13715	10597	17234	39355	74816	03363
10035	10011	75004	86054	41190	10061	19660	03500	68412	57812	57929
10036	92420	65431	16530	05547	10683	88102	30176	84750	10115	69220
10037	35542	55865	07304	47010	43233	57022	52161	82976	47981	46588
10038	86595	26247	18552	29491	33712	32285	64844	69395	41387	87195
10039	72115	34985	58036	99137	47482	06204	24138	24272	16196	04393
10040	07428	58863	96023	88936	51343	70958	96768	74317	27176	29600
10041	35379	27922	28906	55013	26937	48174	04197	36074	65315	12537
10042	10982	22807	10920	26299	23593	64629	57801	10437	43965	15344
10043	90127	33341	77806	12446	15444	49244	47277	11346	15884	28131
10044	63002	12990	23510	68774	48983	20481	59815	67248	17076	76910
10045	40779	86382	48454	65269	91239	45989	45389	54847	77919	41105
10046	43216	12608	18167	84631	94058	82458	15139	76856	86019	47928
10047	96167	64375	74108	93643	09204	98855	59051	56492	11933	64958
10048	70975	62693	35684	72607	23026	37004	32989	24843	01128	74658
10049	85812	61875	23570	75754	29090	40264	80399	47254	40135	69911

Source: Koch, G.C. and Link, R.E., 1980.
Statistical Analysis of Geological Data.
General Publishing Company, Ltd.
Toronto, Canada.

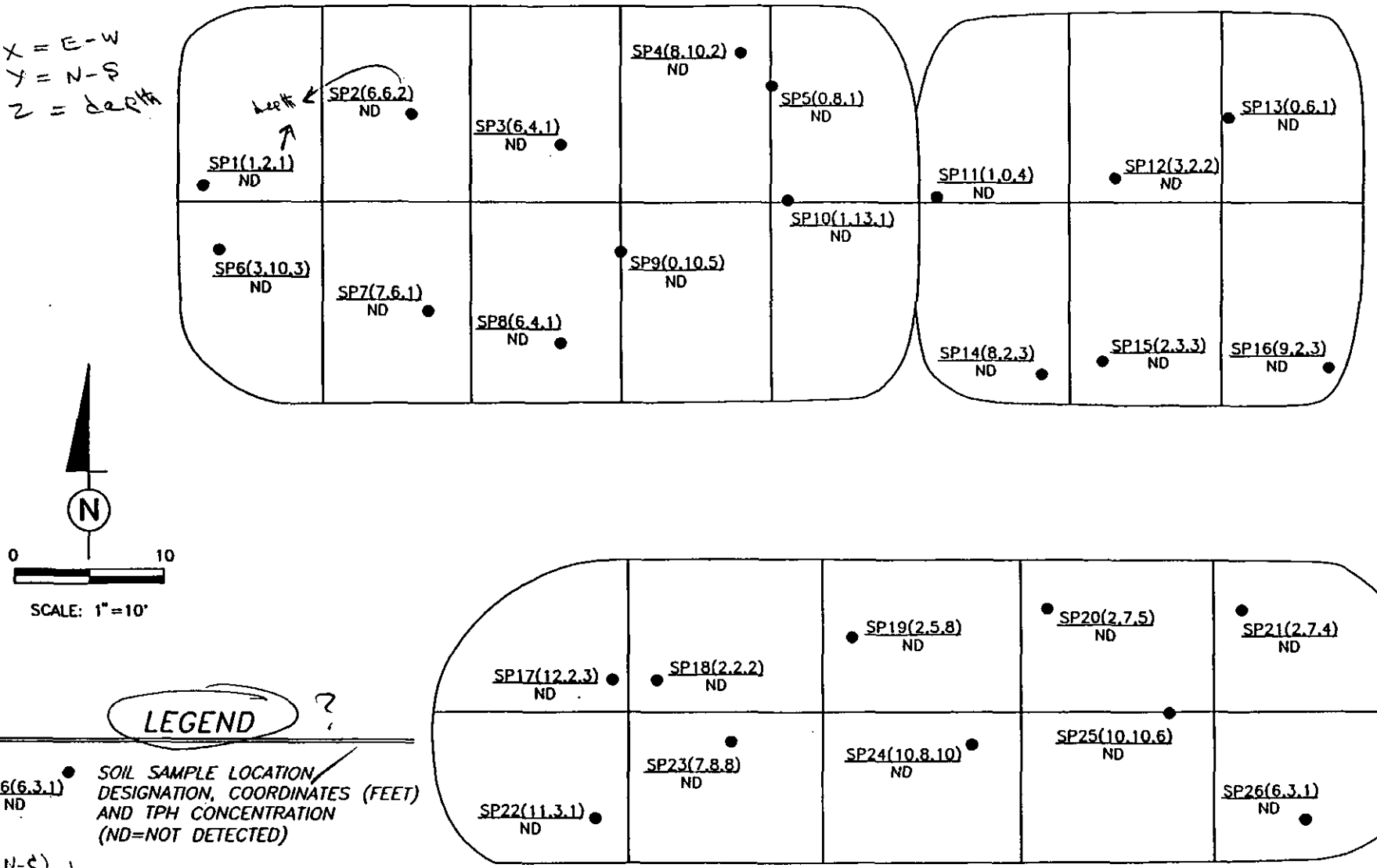
TABLE B2: Soil Sampling Location Determination

Sample ID	Random Number	Axis Length (feet) X	Axis Length (feet) Y	Axis Length (feet) Z	Random Coordinate X	Random Coordinate Y	Random Coordinate Z	Sample Coordinate X	Sample Coordinate Y	Sample Coordinate Z
SP1	111	10	13	8	1.0	1.3	0.8	1,	2,	1
SP2	643	10	13	5	6.0	5.2	1.5	6,	6,	2
SP3	631	10	13	7	6.0	3.9	0.7	6,	4,	1
SP4	875	10	13	3	8.0	9.1	1.5	8,	10,	2
SP5	061	10	13	4	0.0	7.8	0.4	0,	8,	1
SP6	376	10	13	4	3.0	9.1	2.4	3,	10,	3
SP7	742	10	13	4	7.0	5.2	0.8	7,	6,	1
SP8	632	10	13	3	6.0	3.9	0.6	6,	4,	1
SP9	075	10	13	10	0.0	9.1	5.0	0,	10,	5
SP10	100	10	13	10	1.0	13.0	0.0	1,	0,	1
SP11	104	10	13	8	1.0	0.0	3.2	1,	0,	4
SP12	312	10	13	10	3.0	1.3	2.0	3,	2,	2
SP13	041	10	13	8	0.0	5.2	0.8	0,	6,	1
SP14	819	10	13	4	8.0	1.3	3.6	8,	2,	3
SP15	228	10	13	4	2.0	2.6	3.2	2,	3,	3
SP16	917	10	13	4	9.0	1.3	2.8	9,	2,	3
SP17	922	13	10	12	11.7	2.0	2.4	12,	2,	3
SP18	121	13	10	12	1.3	2.0	1.2	2,	2,	2
SP19	159	13	10	9	1.3	5.0	8.1	2,	5,	8
SP20	179	13	10	6	1.3	7.0	5.4	2,	7,	5
SP21	176	13	10	6	1.3	7.0	3.6	2,	7,	4
SP22	831	13	10	5	10.4	3.0	0.5	11,	3,	1
SP23	586	13	10	12	6.5	8.0	7.2	7,	8,	8
SP24	788	13	10	12	9.1	8.0	9.6	10,	8,	10
SP25	705	13	10	12	9.1	10.0	6.0	10,	10,	6
SP26	431	13	10	5	5.2	3.0	0.5	6,	3,	1

[1]Random Coordinate = (Random Number) X (Unit Length); unit length is determined by dividing the length of each axis by 10 units.

[2]Sample Coordinates are "Random Coordinates" rounded-up to the nearest whole number.

X = E-W
Y = N-S
Z = depth



LEGEND ?

SP26(6,3,1) ND — SOIL SAMPLE LOCATION DESIGNATION, COORDINATES (FEET) AND TPH CONCENTRATION (ND=NOT DETECTED)

(N-S) Y
depth ← Z
X (E-W)

EnecoTech ENVIRONMENTAL CONSULTANTS	Project Address: FENTON CARROL CANYON 9255 CAMINO SANTA FE, SAN DIEGO, CALIFORNIA			Title: SOIL SAMPLE LOCATIONS MAP
File No. 540-001-01	Date: DECEMBER 1992	Acad Dwg.#: 01B1	Figure No. B1	

APPENDIX C

Laboratory Report

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

teg

TRANSGLOBAL
ENVIRONMENTAL
GEOCHEMISTRY, INC.

December 10, 1992

Mr. Carl Bonura
EnecoTech
2831 Camino Del Rio South
Suite 206
San Diego, CA 92108

SUBJECT: DATA REPORT - PROJECT: FENTON - ENECOTECH PROJECT #540-001-02

TEG JOB #921204-2

Mr. Bonura:

Please find enclosed the data report for soil samples from the Fenton site for EnecoTech. All samples were analyzed in TEG's California DOHS certified mobile laboratory (CERT #1746). TEG conducted the following analyses:

- 26 soils for total petroleum hydrocarbons (TPH) by DOHS Modified EPA Method 8015 for gasoline and diesel.

The results of the analyses are summarized in the attached tables. Applicable detection limits and QA/QC data are included on the tables.

TEG appreciates the opportunity to provide analytical services to EnecoTech for this project. If you have any questions relating to this data or report, please do not hesitate to contact us.

Sincerely,

Sheri W Hartman

Ms. Sheri Hartman
President

cc: Mr. Al Westermeyer
Janel Engineering

Mobile and Laboratory Analytical Services Environmental Subconsulting Geochemical R & D Soil Vapor Surveys Air Monitoring

432 N. Cedros Ave., Solana Beach CA 92075 Ph: (619) 793-0401 Fax: (619) 793-0404

TRANSGLOBAL
ENVIRONMENTAL
GEOCHEMISTRY, INC.

ENECOTECH
#540-001-02
FENTON

TEG Project #921204-2

TPH (DOHS Mod. EPA Method 8015) ANALYSES OF SOILS

SAMPLE NUMBER	DATE ANALYZED	TPH-GAS (mg/kg)	TPH-DIESEL (mg/kg)
METHOD BLANK	12/04/92	ND	ND
SP-1	12/04/92	ND	ND
SP-2	12/04/92	ND	ND
SP-3	12/04/92	ND	ND
SP-4	12/04/92	ND	ND
SP-5	12/04/92	ND	ND
SP-6	12/04/92	ND	ND
SP-7	12/04/92	ND	ND
SP-8	12/04/92	ND	ND
SP-10	12/04/92	ND	ND
SP-11	12/04/92	ND	ND
SP-12	12/04/92	ND	ND
SP-13	12/04/92	ND	ND
SP-14	12/04/92	ND	ND
SP-15	12/04/92	ND	ND
SP-16	12/04/92	ND	ND
SP-17	12/04/92	ND	ND
SP-18	12/04/92	ND	ND
SP-19	12/04/92	ND	ND
SP-19 DUP	12/04/92	ND	ND
SP-20	12/04/92	ND	ND
SP-21	12/04/92	ND	ND
SP-22	12/04/92	ND	ND
SP-23	12/04/92	ND	ND
SP-24	12/04/92	ND	ND
SP-24 DUP	12/04/92	ND	ND
SP-25	12/04/92	ND	ND
SP-26	12/04/92	ND	ND
DETECTION LIMITS (mg/kg)		10	10

ND INDICATES NOT DETECTED AT LISTED DETECTION LIMITS

Date Sampled 12-04-92

432 North Cedros, Solana Beach, CA 92075
Phone (619) 793-0401 Fax (619) 793-0404

TRANSGLOBAL
ENVIRONMENTAL
GEOCHEMISTRY, INC.

ENECOTECH
#540-001-02
FENTON

TEG Project #921204-2

TPH (DOHS Mod. EPA Method 8015) ANALYSES OF SOILS

	DATE ANALYZED	TPH-GAS (mg/kg)	TPH-DIESEL (mg/kg)
QA/QC DATA - MATRIX SPIKE ANALYSIS - SOILS			
Spiked Conc.		200	500
Measured Conc.		224	490
% Recovery		112.0%	98.0%
Spiked Conc.		200	500
Measured Conc.		236	497
% Recovery		118.0%	99.4%
RPD		5.2%	1.4%
Spiked Conc.		200	500
Measured Conc.		191	402
% Recovery		95.5%	80.4%
Spiked Conc.		200	500
Measured Conc.		190	402
% Recovery		95.0%	80.4%
RPD		0.5%	0.0%

ACCEPTABLE RECOVERY LIMITS: 65% TO 135%

ANALYSES PERFORMED IN TEG'S DOHS CERTIFIED MOBILE LAB (CERT #1746)

ANALYSES PERFORMED BY: MR. GREG SHERMAN

DATA REVIEWED BY: MS. SHERI HARTMAN Sheri W Hartman 12/10/92

432 North Cedros, Solana Beach, CA 92075
Phone (619) 793-0401 Fax (619) 793-0404

teg

ANALYTICAL PROCEDURES

SAMPLE PREPARATION

Waters

Separate water aliquots are extracted for TPH analysis (gasoline and diesel) by liquid-liquid extraction with freon 113 using a modified EPA Method 3510. For volatile aromatics and chlorinated hydrocarbons (EPA 601 & 602), water samples are purged of volatiles in a Tekmar LSC-2000 purge & trap following EPA Method 5030.

Soils

Soil samples are extracted with methanol for volatile chlorinated hydrocarbon compounds (EPA 8010) and with freon 113 for volatile aromatic hydrocarbon compounds (EPA 8020) and fuel compounds (DOHS approved EPA 8015m) by hand-shaking for 2 minutes and sonification for 10 minutes.

GAS CHROMATOGRAPHY

Volatile Chlorinated Hydrocarbons

Water samples and soil extracts are purged in a Tekmar LSC-2000 purge & trap, and backflushed into a Shimadzu 14A gas chromatograph equipped with megabore capillary columns and photoionization detector (PID) and Hall electrolytic detectors following EPA Methods 601/8010 and 602/8020.

Volatile Aromatic Hydrocarbons (BTEX) & Total Fuel Hydrocarbons (TPH)

An aliquot of the soil extract is injected on-column into a Shimadzu gas chromatograph equipped with megabore capillary columns, photoionization (PID) and flame ionization detectors (FID).

TOTAL RECOVERABLE HYDROCARBONS

Extracts are scrubbed with silica gel and measured on a BUCK 404 Infrared Analyzer following EPA 418.1 protocols.

DATA ACQUISITION & PROCESSING

Data from the gas chromatographs are integrated and plotted by Hewlett-Packard 3393A computing integrators. Separate chromatograms are printed for each detector. The resulting chromatograms are inspected at the end of each run and the data entered into an IBM-compatible computer for on-site processing and evaluation.

432 N. Cedros Ave., Solana Beach CA 92075 . Ph: (619) 793-0401 Fax: (619) 793-0404

Transglobal Environmental Geochemistry

921204-2

TEG 1 1 01C

EnecoTech
ENVIRONMENTAL CONSULTANTS Southwest Inc.

CHAIN OF CUSTODY RECORD

2831 Camino del Rio South, Ste. 206, San Diego, CA 92108 (619) 299-0033

PROJ. NO. 540-001-02

PROJECT NAME: FENTON

COC SD # 1773

Ship To: ENECOTECH

SAMPLERS: (Signature) Tom Messier

EnecoTech contact: Carl Bonura

STAT. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	TPH-Diesel/Gas	Remarks/Bottle No.
SP1	12-4-92	8:00		X	Soil	1		laboratory provided 4oz glass jar
SP2		8:10		X		1		
SP3		8:20		X		1	BTEX on 3 highest TPH of 26	
SP4		8:30		X		1		
SP5		8:40		X		1		
SP6		8:50		X		1		
SP7		9:00		X		1	Org lead on 1 highest TPH of 26	
SP8		9:10		X		1		
SP9		9:20		X		1		
SP10		9:30		X		1		
SP11		9:40		X		1		
SP12		9:50		X		1		
SP13		10:00		X		1		
SP14		10:10		X		1		
SP15		10:20		X		1		

PER CARL 12-16-92 please return samples to client

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Tom Messier	12-4-92				
Vicki Ryan	12-4-92 1250	M. Myers			
Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks SAMPLE CONDITION: Cold	

Distribution: Original Accompanies Shipment, First Copy to Coordinator Field Files, Second Copy to Representative of Inspected Facility

Split Samples: ☐ Accepted ☐ Declined Signature

BILL TO: JANEL 1075

92 1204-2 TEG r. Cat C

EnecoTech ENVIRONMENTAL CONSULTANTS Southwest Inc.

CHAIN OF CUSTODY RECORD

2831 Camino del Rio South, Ste. 206, San Diego, CA 92108 (619) 299-0033

PROJ. NO. 540-001-02 ~~539-001-02~~

PROJECT NAME: FENTON

SAMPLERS: (Signature) Tom Messier

COC SD # 1774

Ship To: ENECOTECH

EnecoTech contact: Carl Bonura

STAT. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	TPH - Diesel/Gas							Remarks/Bottle No.
SP16	12-4-92	10:30		X	Soil	1								laboratory provided 4oz glass jar
SP17		10:40		X		1								
SP18		10:50		X		1								
SP19		11:00		X		1								
SP20		11:10		X		1								
SP21		11:20		X		1								
SP22		11:30		X		1								
SP23		11:40		X		1								
SP24		11:50		X		1								
SP25		12:00		X		1								
SP26		12:10		X		1								

per Carl 12-10-92 please return samples to client

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Tom Messier	12-4-92				
Vicki Ryan	12-4-92 1250	M. Myers			
Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks SAMPLE CONDITION: @ COLD	

Distribution: Original Accompanies Shipment; First Copy to Coordinator Field Files, Second Copy to Representative of Inspected Facility

Split Samples: ☐ Accepted ☐ Declined Signature

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

EnecoTech Southwest Inc.
2831 Camino Del Rio S. • Suite 206
San Diego, California 92108
(619) 299-0033 • Fax (619) 299-0087

EnecoTech
ENVIRONMENTAL CONSULTANTS

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ENVIRONMENTAL
HEALTH SERVICES

September 2, 1992

Project 540-001-01

Reviewed by
Mo. Lahsaie
9-10-92
H17076-001
T82

Mr. Joe Jaeger
San Diego Air Pollution Control District
9150 Chesapeake Drive
San Diego, California 92123-1095

Subject: **Authorization for Separation of Diesel Contaminated Soil**
Fenton Carroll Canyon Site
9255 Camino Santa Fe, San Diego, California 92121

Mr. Jaeger:

Approximately 900 tons of soil was stockpiled at the subject site during the remedial excavation of diesel impacted soil. Conducted under the supervision of EnecoTech Southwest, Inc. (EnecoTech), soil samples collected during the remedial excavation contained concentrations of total petroleum hydrocarbons (TPH) that ranged from < 10 mg/kg to 5,570 mg/kg (Appendix A). Approval is currently being sought from the County of San Diego Hazardous Materials Management Division (HMMD) to dispose of the stockpiled soil by recycling as road base material. The HMMD has indicated that the stockpiled soil will be suitable as road base material providing that 1) upon complete characterization, the petroleum hydrocarbon average concentration in the soil is found to be less than 1,000 mg/kg TPH, and that 2) the process used to separate the coarse stone fragments from the finer material is acceptable to the San Diego Air Pollution Control District (APCD).

It is because of the second requirement above that we originally contacted Mr. Andy Segal, the original permit evaluator. Because he is presently on vacation, we appealed to Mr. Don Speer, his supervisor, who referred the request to you. In a telephone conversation on August 27, 1992, you asked for an outline of exactly what process is proposed. The client, Fenton Western Properties, is proposing to separate coarse fragments from the 900 tons of stockpiled soil using a Kolman Model 101 separator already permitted with the APCD (permit #013510, Exp 8/18/93). The separation of the coarse fragments from the soil is expected to continue for a 1-2 day period.

The laboratory results and field observations made by EnecoTech personnel indicate that only a small portion of the stockpiled soil contains significant levels of TPH. Two of the twenty two soil samples collected during the excavation contained detectable levels of petroleum hydrocarbons. The carbon range of detected TPH is from C10 to C23, which indicates that a significant amount of benzene, toluene, ethylbenzene, and xylene (BTEX) constituents are not present. Therefore, EnecoTech does not consider that agitation of the diesel impacted soil, as would occur with the use of the Kolman Model 101 separator, would volatilize significant levels of BTEX constituents. EnecoTech requests that the APCD waive a requirement for a special permit for the one-time separation of coarse fragments from the stockpiled soils.

If your conclusion is that a formal permit process is necessary, EnecoTech would appreciate an explanation of the possible requirement for a permit to separate coarse fragments from diesel contaminated soils when it appears that there is no apparent APCD regulation of vapor return lines on diesel fuel dispensers. An explanation of the above would help EnecoTech in future work to be regulated by the APCD.

Please call the undersigned at (619) 299-0033 if you have any questions.

Sincerely,
ENECOTECH SOUTHWEST, INC.

Thomas S. Messier
Staff Scientist

Carl J. Bonura, R.G. 4847
Project Geologist

Enclosure

cc: Paul Smith - Fenton Western Properties
Alan Westermeyer - Jenal Engineering
Mr. Mo Lahsaie - HMMD

c:\540\001-01.l-2
September 2, 1992

Recycled Paper

EnecoTech Southwest Inc.
2831 Camino Del Rio S. • Suite 206
San Diego, California 92108
(619) 299-0033 • Fax (619) 299-0087

EnecoTech®
ENVIRONMENTAL CONSULTANTS

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ENVIRONMENTAL HEALTH SERVICES

August 21, 1992

Project 540-001-01

Reviewed by MO.L
8-27-92
H17076-001

Mr. Andy Segal
San Diego Air Pollution Control District
9150 Chesapeake Drive
San Diego, California 92123-1095

Sup Engineer
w/Mechanical Division

Subject: **Permit for Separation of Diesel Contaminated Soil**
9255 Camino Santa Fe, San Diego, California 92121

Mr. Segal:

Approximately 900 cubic yards of soil was stockpiled at the subject site during the remedial excavation of diesel impacted soil. Conducted under the supervision of EnecoTech Southwest, Inc. (EnecoTech), soil samples collected during the remedial excavation contained concentrations of total petroleum hydrocarbons (TPH) that ranged from < 10 mg/kg to 5,570 mg/kg. Approval is currently being sought from the County of San Diego Hazardous Materials Management Division (HMMD) to dispose of the stockpiled soil by recycling as road base material. The HMMD has indicated that the stockpiled soil will be suitable as road base material providing that (1) upon complete characterization, the petroleum hydrocarbon average concentration in the soil is found to be less than 1,000 mg/kg TPH, and that (2) the process used to separate the coarse stone fragments from the finer material is acceptable to the San Diego Air Pollution Control District (APCD).

Correspondence with the APCD regarding the separation procedure was initiated in April 1992. In a telephone conversation on April 21, 1992, you agreed to informally review the acceptability of the Kolman Model 101 for separation of coarse fragments from the stockpiled soils once provided with an equipment diagram and an APCD permit number. Enclosed is a diagram of a Kolman Model 101 that is registered with the APCD under permit number 013510 (Exp.9/1/92). EnecoTech asks that you consider the request for a one time use of the Kolman Model 101 for the separation of coarse fragments from an estimated 900 cubic yards of stockpiled soils at the subject site.

Please call the undersigned at (619) 299-0033 if you have any questions.

Sincerely,
ENECOTECH SOUTHWEST, INC.

Tom Messier
Thomas S. Messier
Staff Scientist

Carl J. Bonura
Carl J. Bonura, R.G. 4847
Project Geologist

Enclosure

cc: Paul Smith - Fenton Western Properties
Alan Westermeyer - Jenal Engineering
Mr. Mo Lahsaie - HMMD ✓

c:\540\001-01.1-1
August 21, 1992

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

Bulletin S-101-ML

KOLMAN

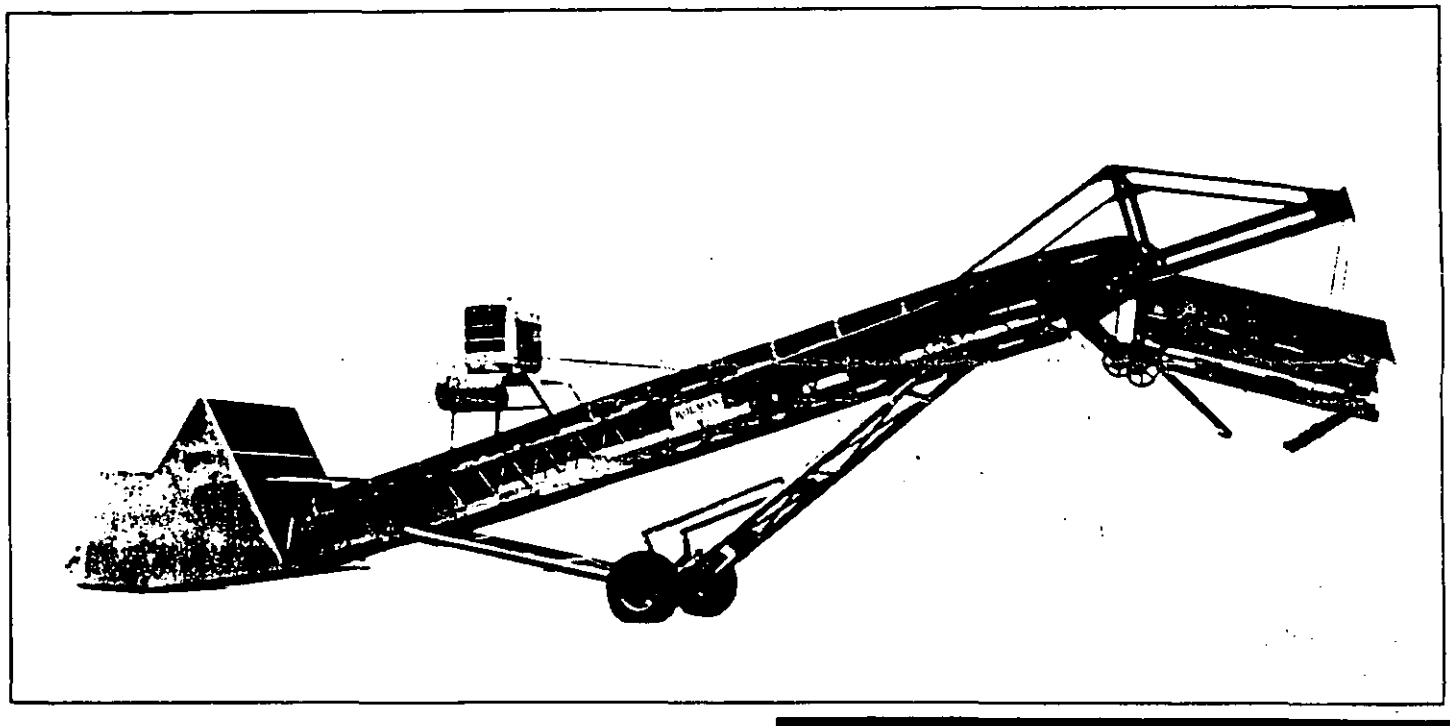
DIVISION Athey PRODUCTS CORP.

MODEL 101
CONVEYOR-SCREEN PLANT

MAINTENANCE LUBRICATION

OPERATION ASSEMBLY

MANUAL



Due to the Kolman/Athey program of constant product improvement, specifications are subject to change without notice or obligation.

Printed in U.S.A.

KOLMAN
DIVISION Athey PRODUCTS CORP.
P. O. BOX 806, SIOUX FALLS, S. D. 57101

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

EnecoTech Southwest Inc.
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AUG 25 12 13 PM '92
ENVIRONMENTAL
HEALTH SERVICES

August 21, 1992

Project 540-001-01

reviewed by MoL
8-27-92

Mr. Paul Smith
Fenton Western Properties
7220 Trade Street
P.O. Box 64
San Diego, California 92112

Subject: **Update Letter**
9255 Camino Santa Fe
San Diego, California 92121
H17076-001

Mr. Smith:

EnecoTech Southwest, Inc. (EnecoTech) prepared a Limited Site Assessment and Remedial Excavation report dated February 24, 1992 that was submitted to the County of San Diego Hazardous Materials Management Division (HMMD). The HMMD subject site specialist responded by telephone on March 11, 1992 indicating that the remedial excavation had completely delineated the pit area with respect to petroleum hydrocarbon impact to soil. Shortly after Fenton was informed that the HMMD had given pit closure by telephone, the pit was filled with clean imported soil. According to the HMMD, the disposition of the stockpile is the only remaining issue for the site.

Planning for the disposal of the stockpiled soils as road base is currently underway. As directed by the HMMD on March 11, 1992, 30 soil samples should be collected from the stockpile. According to the HMMD SA/M manual, 36 soil samples would be required to characterize the stockpile which is approximately 900 cubic yards in volume. However, the HMMD indicated that 30 soil samples would be an adequate number to characterize the stockpile. The stockpile is scheduled to be sampled within the month of August 1992.

To dispose of the stockpiled soil by recycling it as road base material, a large proportion of cobbles and gravel have to be removed. The HMMD has asked that the Air Pollution Control District (APCD) be consulted for the operation of a Kolman separator to remove the coarse fragments from the stockpile. The petroleum hydrocarbon impact to the soil is of diesel origin, therefore, significant volatilization of petroleum hydrocarbons during separation is not expected to occur. If the APCD agrees that the proposed separation process produces no risk of significant emissions, the separation ? → will be permitted under existing permits. Otherwise, a new permit will be sought. EnecoTech is currently working with the APCD to determine if the Kolman separator is acceptable.

permit for operation were approved by APCD

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

If you have any questions, please call the undersigned at (619) 299-0033.

Sincerely,
ENECOTECH SOUTHWEST, INC.

Tom Messier

Thomas S. Messier
Staff Scientist

Carl J. Bonura, RG 4847
Project Geologist

cc: Mr. Alan Westermeyer - Jenal Engineering
Mr. Mo Lahsaie - County of San Diego, HMMD
Mr. James Munch -RWQCB

c:\540\001-01ud.ltr
August 21, 1992

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

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HEALTH SERVICES

H17076-001

T82

LIMITED SITE ASSESSMENT AND REMEDIAL EXCAVATION

Prepared by:

ENECOTECH SOUTHWEST, INC.
2831 Camino Del Rio South, Suite 206
San Diego, California 92108

Prepared for:

Mr. Alan Westermeyer
Jenal Engineering Contractor
P. O. Box 12161
El Cajon, California 92022

February 24, 1992

Project Number 540-001-01

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September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

EnecoTech Southwest Inc.
2831 Camino Del Rio S. • Suite 206
San Diego, California 92108
(619) 299-0033 • Fax (619) 299-0087

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February 24, 1992

Project Number 540-001-01

Mr. Alan Westermeyer
Jenal Engineering Contractor
P.O. Box 12161
El Cajon, California 92022

Subject: **Limited Site Assessment and Remedial Excavation**
Fenton Materials
9255 Camino Santa Fe
San Diego, California
H17076 – 001

Dear Mr. Westermeyer:

Enclosed please find the Limited Site Assessment and Remedial Excavation report prepared by EnecoTech Southwest, Inc. (EnecoTech) dated February 24, 1992 for the subject site. We will submit copies of this report to the Hazardous Materials Management Division (HMMD) and to the Regional Water Quality Control Board (RWQCB) upon your approval.

If you have any questions, please contact the undersigned at your convenience.

Sincerely,
EnecoTech Southwest, Inc.

Arturo M. Hoyos
Staff Geologist

Carl J. Bonura, RG 4847
Project Geologist

REGISTERED GEOLOGIST
CARL J. BONURA
6/92
No. RG 4847
STATE OF CALIFORNIA

cc: Mr. Mo Lahsaie, HMMD
Mr. Jim Munch, RWQCB

c:\540\001-01ls.re
February 24, 1992

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

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1.0 INTRODUCTION

1.1 Scope

Subsequent to removal of two underground fuel tanks, it was requested by the San Diego County Department of Health, Hazardous Materials Management Division (HMMD) that a site assessment be performed on the subject site. Jenal Engineering Contractor (Jenal), the firm that removed the tanks, contacted EnecoTech Southwest, Inc. (EnecoTech) to subcontract its site assessment services. Jenal requested EnecoTech to supervise the site assessment/remedial excavation activities by retrieving appropriate samples and evaluating mobile laboratory analytical results from these samples. Jenal performed the excavation services during those activities. Site assessment/remedial excavation activities were performed on January 6, 1992.

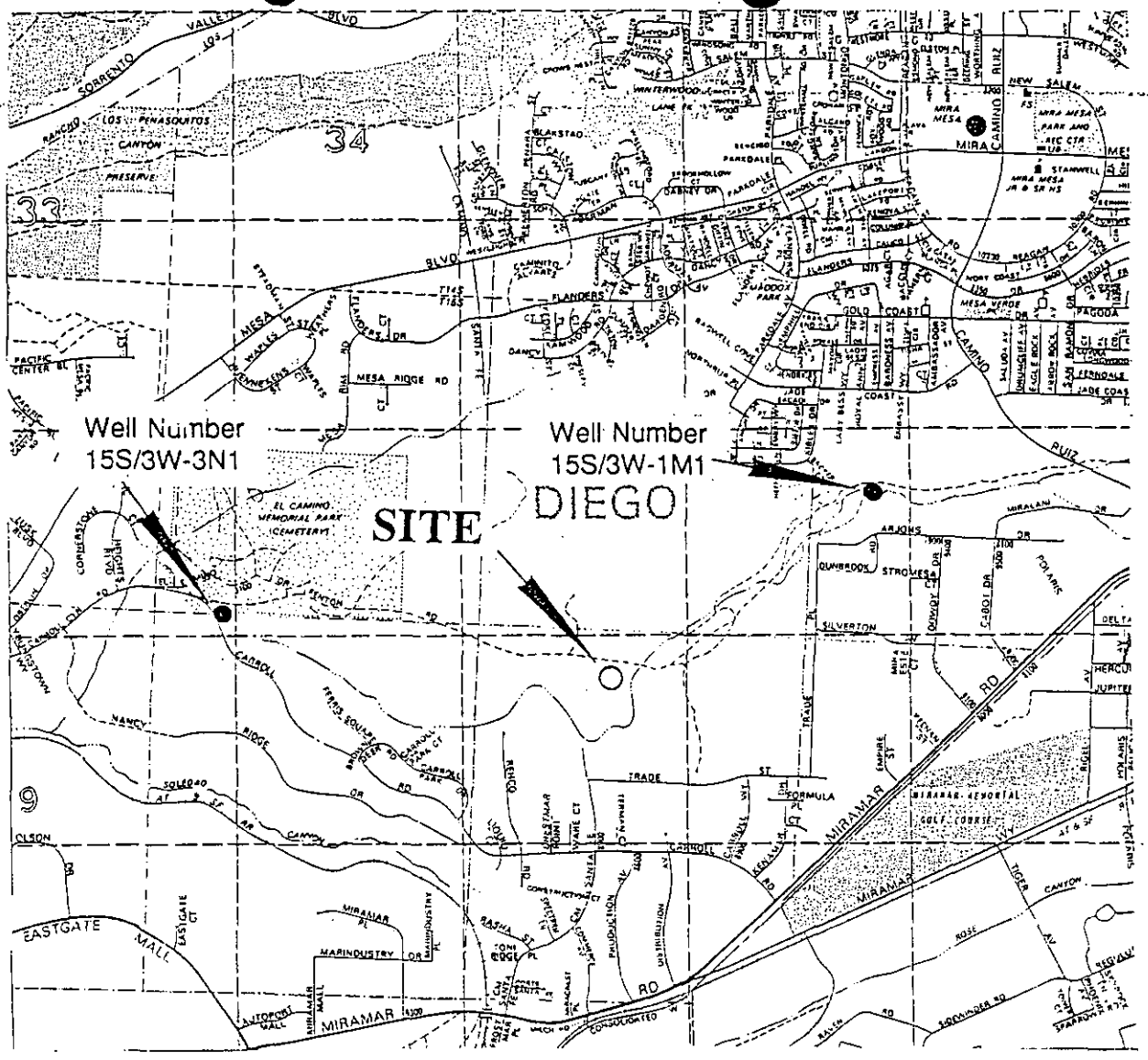
1.2 Site Description

The following information applies to the subject site:

HMMD Numbers:	AT2490/H17076
APN:	341-015-011
Property Owner:	Fenton Western Properties
Contact:	Paul Smith
Mailing Address:	7220 Trade Street San Diego, California 92121
Telephone Number:	(619) 566-2000

The site is located within Carroll Canyon at the north end of Camino Santa Fe, west of the community of Mira Mesa in the city of San Diego, California (Figure 1). The area of the tank removal is part of a large sand and gravel mining operation which also includes concrete and asphalt production plants. Future use of the area will continue to be sand and gravel mining operations.

Topographically, the property lies on a generally flat river bed area at an elevation of approximately 215 feet above mean sea level (msl). An intermittent westerly trending creek is located approximately 300 feet south of the tank removal pit, at the south edge of the canyon. Three large separation ponds lie approximately 200 feet north of the tank excavation, at the north edge of the canyon. Additional structures, the location of the former underground storage tanks and the approximate limits of the remedial excavation, are depicted on the site plan (Figure 2).



San Diego Thomas Guide Page 39, C5

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"Reproduced with permission granted by THOMAS BROS. MAPS. This map is copyrighted by THOMAS BROS. MAPS. It is unlawful to copy or reproduce all or any part thereof, whether for personal use or resale, without permission."

SACLE: 1"=2900'

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Project: 9255 Camino Santa Fe, San Diego, CA

SITE LOCATION MAP

File No.: 540-001-01 Date: February 1992 Figure No.: 1

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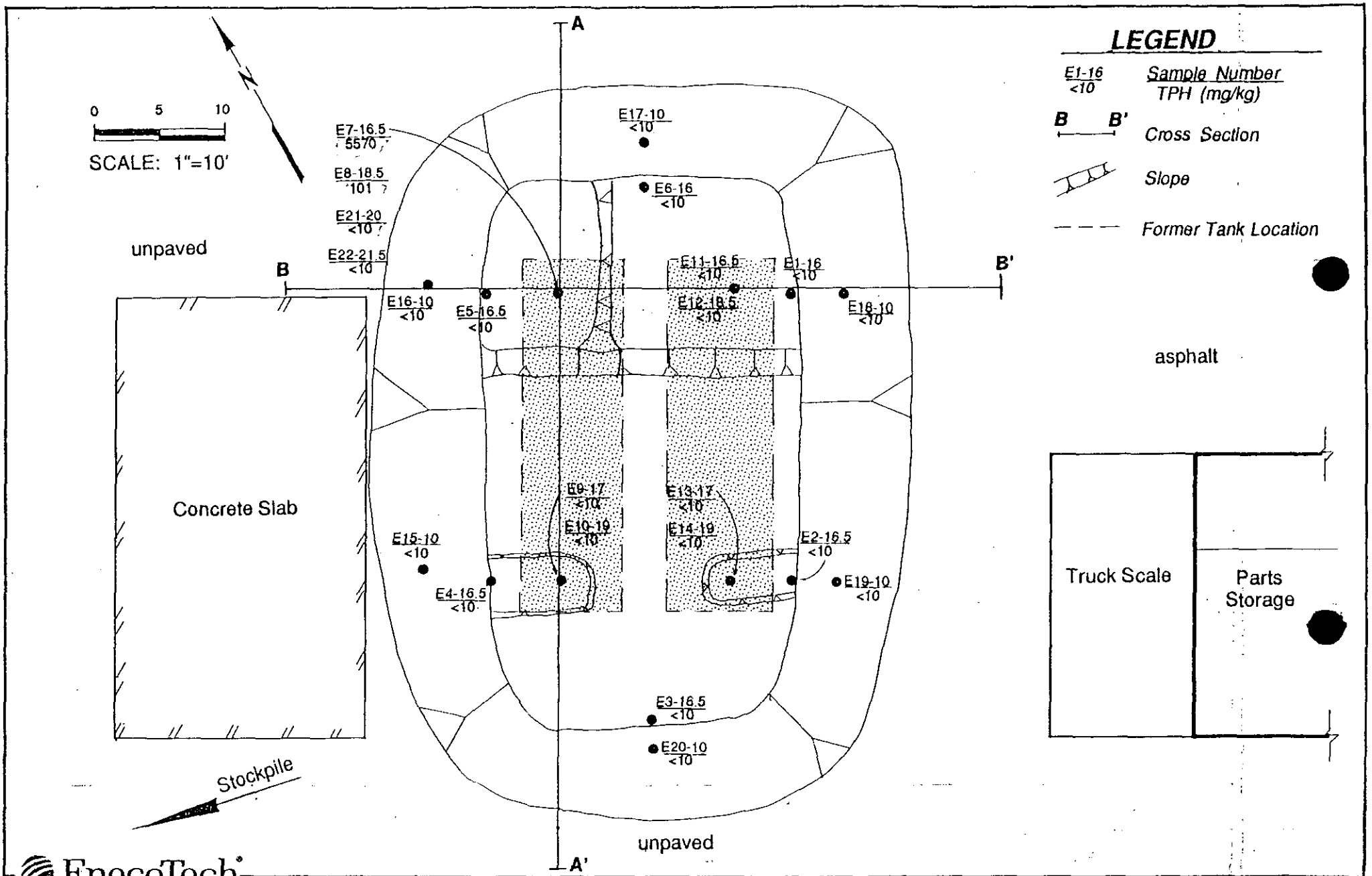

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Project: 9255 Camino Santa Fe, San Diego, CA

SITE PLAN

File No: 540-001-01 | Date: February 1992 | Figure No: 2

2.0 BACKGROUND

2.1 Site History

Prior to the tank removal, the facility was used for diesel fuel dispensing operations for internal company consumption. No previous site assessment activities are known to date and no action levels have been set for the site.

2.2 Tank Removal

On December 27, 1991, two underground diesel storage tanks and associated fuel lines were excavated and removed from the subject property. Tank removal activities were conducted by Jenal. On site was Mr. Mo Lahsaie, Hazardous Materials Specialist with the HMMD. EnecoTech personnel were not present during the removal operations. Field notes made by Mr. Lahsaie described highly stained soils with strong petroleum hydrocarbon odor. Following these preliminary results, the HMMD recommended that a site assessment be performed to determine the extent of soil contamination.

3.0 REMEDIAL EXCAVATION

3.1 Site Safety

Level D safety procedures for hazardous waste sites were followed throughout the operation. A photoionization detector (PID), equipped with a 10.6 electron volt lamp, was utilized to monitor exposure to hydrocarbon vapors and to screen soil samples.

3.2 Excavation Procedures

On January 6, 1992 EnecoTech performed confirmatory sampling and supervised additional remedial excavation. Initial overexcavation had been performed on January 3 & 4, 1992 by Jenal to clean out slough and remove visually apparent contaminated soil. This lowered the pit bottom to 16-16.5 feet, greater than 4 feet below the bottom of the tanks (approximately 12 feet deep). Approximately 550 cubic yards of soil were removed from the pit sidewalls and bottom, according to Jenal volume estimates. The excavation was performed by means of a Caterpillar EL200 trackhoe excavator equipped with a 36 inch wide bucket.

When the EnecoTech representative arrived on January 6, 1992, Jenal began pumping water from the bottom of the pit, discharging it to the surface. Approximately 400 gallons (based on average thickness and area covered) of water had accumulated in the southern quarter of the pit bottom since January 4, 1992, apparently due to intermittent rain and resultant runoff into the pit the day after. Slight seepage was observed at various locations on the side walls of the excavation, probably due to local pit sidewall surface wetting by rain water. Once the accumulated rain water was removed from the pit, no more water accumulated. Throughout the site assessment/remedial excavation procedure, the pit floor remained dry, regardless of the depth reached due to excavation.

After pumping was completed, fourteen initial soil samples were secured at different locations from the bottom of the excavation (E1-E14). At this time, the pit was already 16 to 16.5 feet deep and approximately 56 feet long and 42 feet wide (Figure 2). Generally, soil was retrieved from the pit bottom using the excavator bucket and samples were collected from the retrieved soil. Double initial samples were taken from the pit floor below the former locations of the ends of the tanks (Figure 2). The double samples were taken 2 feet below the initial 16.5 feet depth.

Quality Assurance Laboratory (QAL) provided a mobile laboratory for soil sample analyses on site. The laboratory results from the initial sampling detected soil contamination in samples E7-16.5 and E8-18.5 at depths of 16.5 and 18.5 feet, respectively. Further excavation was performed to remove the detected contamination.

Excavation continued in the contaminated area (north end of pit) until non-detectable levels were confirmed. All other initial results were below detection limits. In general, the impacted area was further excavated until two vertically consecutive samples indicated non-detectable levels of Total Petroleum Hydrocarbons (<10 ppm TPH). This conservative approach was utilized to insure that all material with detectable TPH values was excavated from the pit, a necessity because a site action level was not available.

The excavation activities resulted in the deepening of the pit area to 18.5 to 21.5 feet at the north portion. The area indicating contamination at the time of initial sampling, E7-16.5 and E8-18.5, was excavated to a total depth of 21.5 feet. Confirmatory samples E21-20 and E22-21.5 indicated that all contamination had been removed (Figure 3). Excavation was discontinued when the confirmatory results were known.

A total of twenty two soil samples were collected during the remedial excavation. All samples were placed in clean, 250 ml capacity glass jars with plastic screw-on lids containing teflon seals and given to a representative of QAL following standard chain of custody procedures. All twenty two soil samples were analyzed for TPH in accordance with the Department of Health Services (DHS) method. Two samples were further analyzed for benzene, toluene, ethylbenzene, and xylene (BTEX) and total organic lead. The laboratory results are summarized in Table 1. The laboratory report and chain of custody forms are included in Appendix A.

Following the completion of excavation, the excavated area was backfilled with clean fill taken from elsewhere on the property. Approximately 900 cubic yards of excavated material was stockpiled on site. The excavated material was stockpiled west of the former tank location and was covered with visqueen.

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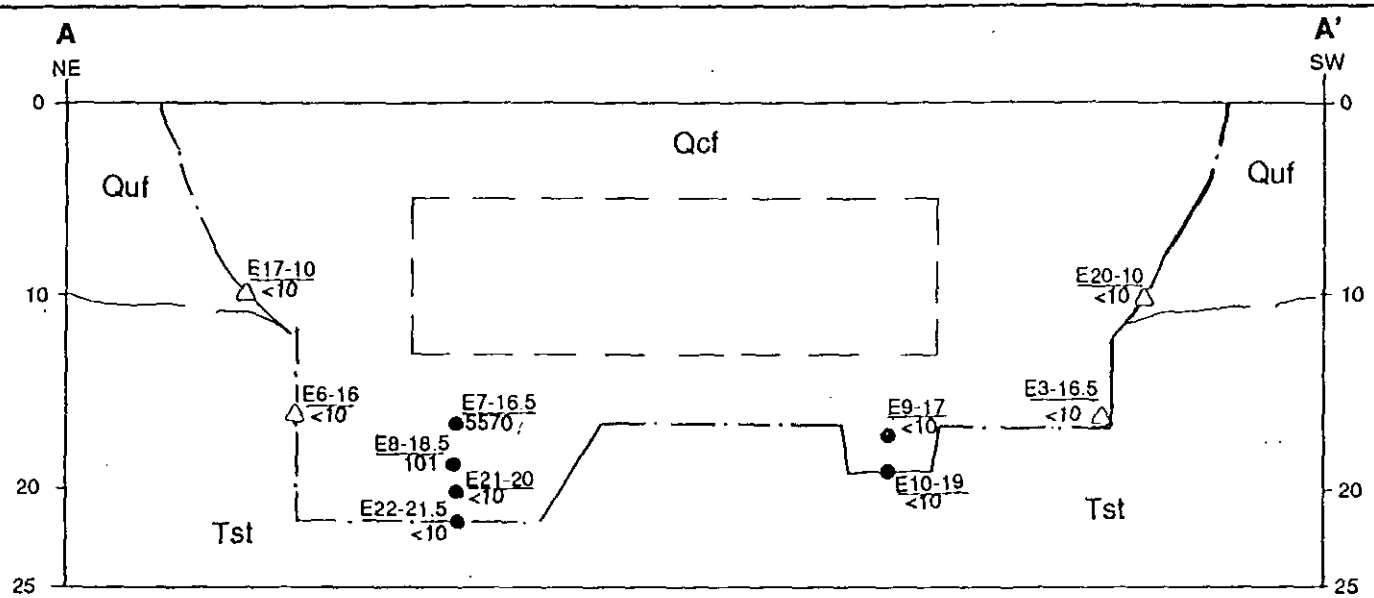

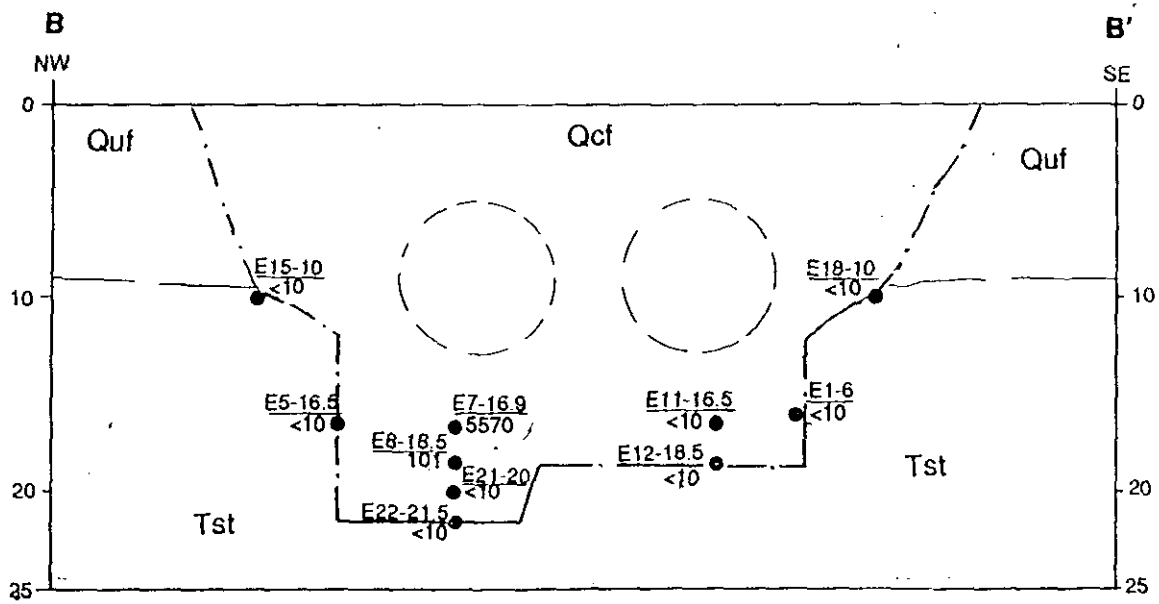

LEGEND

Qcf	Compacted Fill
Quf	Undocumented Fill
Tst	Stadium Conglomerate
	Geologic Contact
	Limits of Excavation
E9-17 / <10	Sample Number / TPH (mg/kg)
△	Sample Projected
	Former Tank Location

SCALE: 1"=10'
(HORIZ=VERT)

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Project: 9255 Camino Santa Fe, San Diego, CA

File No: 540-001-01 | Date: February 1992 | Figure No: 3

CROSS SECTION ALONG LINES A-A' AND B-B'

TABLE 1
Laboratory Results

Sample Number	DHS TPH (mg/kg)	EPA 8020 (µg/kg) Benzene	Toluene	Ethyl-Benzene	Xylene	Organic Lead (mg/kg)
E1-16	<10					
E2-16.5	<10					
E3-16.5	<10					
E4-16.5	<10					
E5-16.5	<10					
E6-16.5	<10					
E7-16.5	5,570	<0.5	<0.5	<0.5	<15.0	<0.5
E8-18.5	101	<0.5	<0.5	<0.5	101	<0.5
E9-17	<10					
E10-19	<10					
E11-16.5	<10					
E12-18.5	<10					
E13-17	<10					
E14-19	<10					
E15-10	<10					
E16-10	<10					
E17-10	<10					
E18-10	<10					
E19-10	<10					
E20-10	<10					
E21-20	<10					
E22-21.5	<10					

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4.0 SUMMARY OF FINDINGS

4.1 Site Geology

Undocumented fill (Quf) material consisting of loose, dry to damp, brown, silty fine to medium sands with alternating layers of gravelly clayey fine sands, was encountered to a depth of approximately 9 to 10 feet. Underlying the fill material are the formational soils of Stadium Conglomerate (Tst). This unit typically consists of dense, moist, dark yellow orange, silty fine to coarse sandy conglomerate with cobbles to 12 inches long. Some areas within this formation were observed to be well cemented.

4.2 Hydrogeology

Research regarding the depth to groundwater in the area revealed that its depth at the pit site is probably at least 50 feet below ground surface (bgs). Water wells in the canyon bottom approximately 1 mile down and up stream, had recorded depths of 25 feet and greater than 100 feet, respectively, bgs to groundwater in 1962 (DWR groundwater data Appendix B). The 50 foot depth is a result of conservatively projecting between the two wells and accounting for elevation differences between them and the pit site. Recent observations of apparent groundwater standing at 80 feet bgs in an open sand and gravel pit 1,000 feet up stream confirm the minimal value of 50 feet and are suggestive of an even greater depth to groundwater at the pit site.

The observed seepage from the pit sidewalls during the excavation process is probably attributable to the recent rains. Furthermore, the samples taken at the maximum depth excavated, specifically samples E12-18.5, E14-19, E20-19 and E22-21.5, showed no evidence of ground water in the pit. No water from any source accumulated in the pit during the excavation.

Based on the San Diego Hydrologic Basin Plan (RWQCB, 1986), the subject site is within the Miramar Reservoir Hydrographic Area, 6.10. According to the Updated Staff Report (RWQCB, 1991), the subject site has no designated beneficial water uses because its location corresponds to the description in footnote "e" (page 2).

4.3 Soil Contamination

Only two of a total of twenty two samples retrieved during excavation activities contained detectable levels of TPH. Soil samples E7-16.5 and E8-18.5 contained 5,570 and 101 mg/kg, respectively. Due to the carbon range detected in the analyses, the contamination is characterized as diesel fuel.

As a result of soil contamination evident in the two samples, further material was excavated in the vicinity and two confirmatory soil samples were collected at depths of 20 and 21.5 feet below the contaminated samples (samples E21-20 and E22-21.5). In general, excavation was conducted until double confirmation samples retrieved indicated non-detectable TPH values (<10 ppm).

5.0 CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the work performed to date, EnecoTech concludes the following:

1. The horizontal and vertical extent of impacted soil has been delineated (Figures 2 and 3). Soil contamination was found to be of limited extent both vertically and horizontally. Based on the continual monitoring of excavated soil with a PID, visual inspection, laboratory analysis, and the methodology employed, all soil contamination with detectable TPH values was removed and stockpiled.

2. There is direct evidence that no groundwater exists at the pit to the maximum excavated depth of 21.5 feet. Extrapolated data suggests a minimum depth to ground water on the order of 50 feet, based on the reported ground water depth for this area and historical data from nearby wells. The deepest extent of soil contamination on site existed at a depth of 18.5 feet (Sample E8-18.5). The existence of double confirmed, non-contaminated soil below this depth supports the conclusion that no connection occurred between groundwater and soil contamination.

3. Based on the above information, it is EnecoTech's opinion that the probability of impact to the groundwater below the site is low. No future potential for groundwater impact exists because soil contamination has been completely removed to non-detectable levels rather than a probable action level of 1,000 ppm.

Based on the above conclusions, EnecoTech recommends the following:

1. Regulatory closure of the site with regard to subsurface soil contamination and groundwater.

2. Treatment and/or disposal of the contaminated soil stockpile. EnecoTech is currently preparing a plan of action for the stockpiled soil.

6.0 QUALIFICATIONS AND LIMITATIONS

EnecoTech is pleased to have performed environmental assessment services for Jenal Engineering Company in connection with the property located at 9255 Camino Santa Fe, San Diego, California. These services have been performed in accordance with and are limited by the scope of work of our cost estimate for limited site assessment. EnecoTech assumes no responsibility for detection or assessment of any conditions affecting the property which were outside the scope of work requested.

EnecoTech has conducted the tasks outlined in the proposal consistent with that level of care ordinarily exercised by members of the profession currently practicing under similar conditions. In performing these tasks, EnecoTech has relied on documents, oral statements, and other information from public officials and third parties outside of EnecoTech's control. EnecoTech cannot and does not warrant the accuracy of this information.

No environmental assessment is infallible. Some uncertainty will always exist concerning the presence or absence of potentially adverse conditions at any particular property, irrespective of the rigor of the investigation. Accordingly, EnecoTech offers no warranty that adverse environmental conditions, other than those identified in this report, do not exist at 9255 Camino Santa Fe, San Diego, California, or may not exist there in the future.

7.0 REFERENCES

San Diego Hydrologic Basin Planning Area Map, August 1986, California Regional Water Quality Control Board, San Diego Region.

1990 Update of the Beneficial Uses and Water Quality Objectives of the Comprehensive Water Quality Control Plan for the San Diego Region, September 1991, California Regional Water Quality Control Board (addendum), San Diego Region.

Department of Water Resources, Bulletin No. 106-2, June 1967, Ground Water Occurrence and Quality: San Diego Region.

Kennedy, M.P., 1975, Geology of the Del Mar Quadrangle, San Diego County, California.

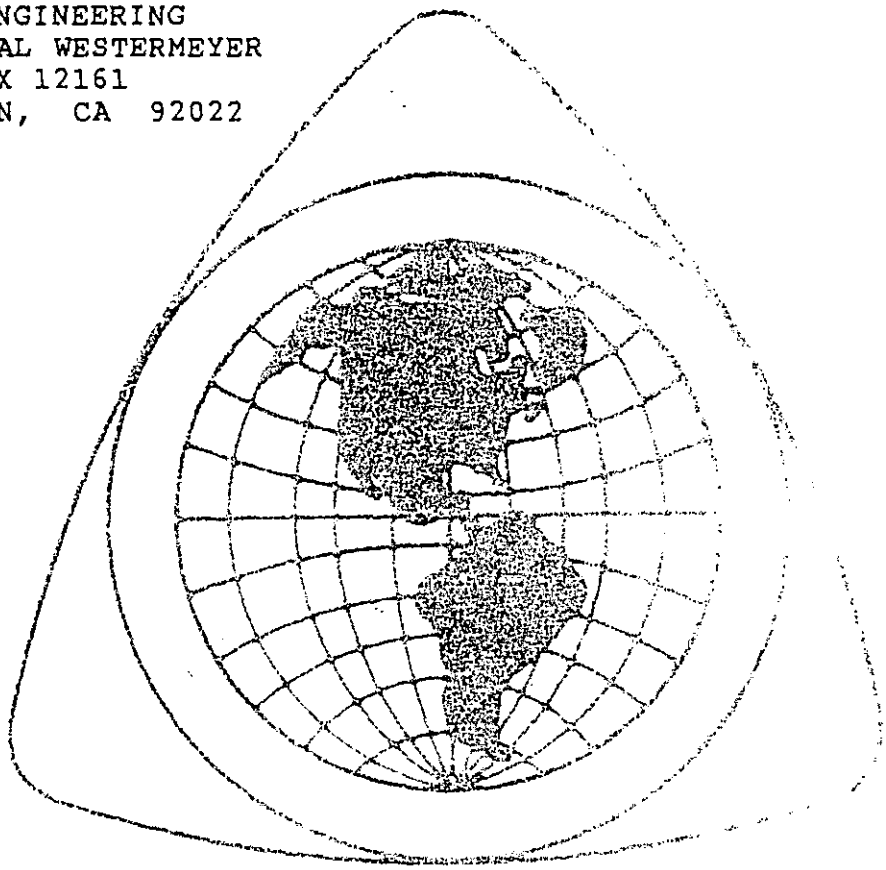
APPENDIX A

Laboratory Reports

QUALITY ASSURANCE LABORATORY
6605 NANCY RIDGE DRIVE
SAN DIEGO, CALIFORNIA 92121
(619) 552-3636

RECEIVED
JAN 9 1991

JENAL ENGINEERING
ATTN: AL WESTERMEYER
P.O. BOX 12161
EL CAJON, CA 92022



September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

QUALITY ASSURANCE MOBILE LABORATORY
CHAIN OF CUSTODY

COMPANY: Jenal Engineering | SITE CONTACT: Al Westermeyer

PROJECT NAME/NUMBER: Fenton #1075 | SAMPLER: (same)

Q.A.LAB LOG #	SAMPLE ID	SAMPLE DATE	SAMPLE LOCATION	CONT TYPE	SAMPLE TYPE	ANALYSIS REQUIRED
M1150-92	E1-16	1/6/92		so. 1	glass	TPH
M1151-92	E2-16.5	"		"	"	"
M1152-92	E3-16.5	"		"	"	"
M1153-92	E4-16.5	"		"	"	"
M1154-92	E5-16.5	"		"	"	"
M1155-92	E6-16.5	"		"	"	"
* M1156-92	E7-16.5	"		"	"	"
* M1157-92	E8-18.5	"		"	"	"
M1158-92	E9-17	"		"	"	"
M1159-92	E10-19	"		"	"	"
M1160-92	E11-16.5	"		"	"	"
M1161-92	E12-18.5	"		"	"	"
M1162-92	E13-17	"		"	"	"
M1163-92	E14-19	"		"	"	"
M1164-92	E21-20	"		"	"	"
M1165-92	E22-21.5	"		"	"	"
M1166-92	E15-10	"		"	"	"
M1167-92	E16-10	"		"	"	"
M1168-92	E17-10	"		"	"	"
M1169-92	E18-10	"		"	"	"

Lab Departure Time: 0850 | Site Arrival: 0902

Site Departure: 1440 | Estimated Lab Arrival: 1510

MAIL RESULTS TO
COMPANY: Jenal Engineering
ADDRESS: P.O. Box #13101, El Cajon
STATE: CA. ZIP: 92022
ATTN: Al Westermeyer PHONE: 588-2500

RELINQUISHED BY	DATE/TIME	RECEIVED BY
[illegible]	1/6/92	[illegible]
RELINQUISHED BY	DATE/TIME	RECEIVED BY
[illegible]	1/6/92	[illegible]

* = retained by QA Lab

CHAIN OF CUSTODY

COMPANY: Jenal Eng.	SITE CONTACT: Al Westermeyer
PROJECT NAME/NUMBER: #1075	SAMPLER: (Same)

Q.A.LAB LOG #	SAMPLE ID	SAMPLE DATE	SAMPLE LOCATION	CONT TYPE	SAMPLE TYPE	ANALYSIS REQUIRED
M1170-92	E19-10	1/6/92		glass	SOIL	TPH
M1171-92	E20-10	"		"	"	"

Lab Departure Time: — Site Arrival: —

Site Departure: — Estimated Lab Arrival: —

MAIL RESULTS TO COMPANY: Jenal Eng. ADDRESS: STATE: ZIP: ATTN: PHONE: 588-2500	RELINQUISHED BY [signature]	DATE/TIME 1/6/92	RECEIVED BY [signature]
	RELINQUISHED BY [signature]	DATE/TIME 1/6/92	RECEIVED BY [signature]

QUALITY ASSURANCE LABORATORY
MOBILE LAB

(619) 552-3636
6605 Nancy Ridge Drive,
San Diego, CA 92121

Analytical Results Summary

Client Name : Jenal Engineering
Date of Report : January 7, 1992
Sample Date : January 6, 1992
Analysis Date : January 6, 1992
Project Name : Fenton
Sample Type(s) : Soil

Client Mailing Address:
P.O. Box #12161,
El Cajon, CA. 92022
1 (619) 588-2500

Method: DHS Total Petroleum Hydrocarbons
Units: mg/Kg

Log #	Sample I.D.	Hydrocarbon Range - (C10 - C23)
M1150-92	# E1 - 16	< 10.0
M1151-92	# E2 - 16.5	< 10.0
M1152-92	# E3 - 16.5	< 10.0
M1153-92	# E4 - 16.5	< 10.0
M1154-92	# E5 - 16.5	< 10.0
M1155-92	# E6 - 16.5	< 10.0
M1156-92	# E7 - 16.5	5,570
M1157-92	# E8 - 18.5	101
M1158-92	# E9 - 17	< 10.0
M1159-92	# E10 - 19	< 10.0
M1160-92	# E11 - 16.5	< 10.0
M1161-92	# E12 - 18.5	< 10.0
M1162-92	# E13 - 17	< 10.0
M1163-92	# E14 - 19	< 10.0
M1164-92	# E21 - 20	< 10.0
M1165-92	# E22 - 21.5	< 10.0
M1166-92	# E15 - 10	< 10.0
M1167-92	# E16 - 10	< 10.0
M1168-92	# E17 - 10	< 10.0
M1169-92	# E18 - 10	< 10.0
M1170-92	# E19 - 10	< 10.0
M1171-92	# E20 - 10	< 10.0

Quality Control Data:

Diesel	LCS #1 500 ppm	491	98%
MS	M1150-92 750 ppm	681	91%
MSD	M1150-92 750 ppm	709/681	RPD=4.1%
GASOLINE	LCS #2 200 ppm	173	87%
MS	M1151-92 500 ppm	487	97%
MSD	M1151-92 500 ppm	491/487	RPD=0.8%
Diesel	LCS #3 500 ppm	502	100%

PETER SHEN
LABORATORY DIRECTOR

PS/ft

QUALITY ASSURANCE LABORATORY
QUALITY CONTROL DATA REPORT

JANUARY 7, 1992

JENAL ENGINEERING
MOBILE LABORATORY
LOG #M1150-92 THROUGH M1171-92

METHOD: DHS--TOTAL PETROLEUM HYDROCARBONS

ACCURACY & PRECISION DATA

DIESEL LABORATORY CONTROL STANDARD #1
CONCENTRATION: 500 ppm
ANALYSES RESULT: 491 ppm
%RECOVERY: 98%

MATRIX SPIKE DATA
(Log #M1150 was spiked in duplicate.)

SPIKE CONCENTRATION: 750 ppm
%RECOVERY: 91%
SPIKE DUPLICATE CONCENTRATION: 750 ppm
RELATIVE % DIFFERENCE: 4%

(Log #M1151 was spiked in duplicate.)
SPIKE CONCENTRATION: 500 ppm
%RECOVERY: 97%
SPIKE DUPLICATE CONCENTRATION: 500 ppM
%RECOVERY: 1%

GASOLINE LABORATORY CONTROL STANDARD #2
CONCENTRATION: 200 ppm
ANALYSES RESULT: 173 ppm
%RECOVERY: 87%

LISA MACCLELLAN
QA/QC DIRECTOR

QUALITY CONTROL TERMINOLOGY

•LCS - LABORATORY CONTROL STANDARD. REPORTED AS % RECOVERY OF AN INDEPENDENT STANDARD CARRIED THROUGH ALL SAMPLE PREPARATION PROCEDURES TO VERIFY METHOD PERFORMANCE. ACCEPTABLE RANGE IS 80%-120% RECOVERY.
•SPIKE - ENVIRONMENTAL SAMPLE IS MATRIX SPIKED WITH METHOD COMPOUNDS AND % RECOVERY OF CONCENTRATION SPIKED INTO SAMPLE IS CALCULATED. REPORTED AS % RECOVERY. ACCEPTABLE RANGE FOR "NORMAL MATRIX SAMPLE" IS 75%-125% RECOVERY.
•SURROGATES - COMPOUNDS REPRESENTATIVE OF A GROUP OF COMPOUNDS. SURROGATES ARE SPIKED INTO ENVIRONMENTAL SAMPLES AND % RECOVERY OF CONCENTRATION SPIKED IS CALCULATED AND REPORTED. ACCEPTABLE RANGE VARIES DEPENDING ON SAMPLE MATRIX AND ANALYSIS METHOD.

RECEIVED
JAN 9 1991

QUALITY ASSURANCE LABORATORY
6605 NANCY RIDGE DRIVE
SAN DIEGO, CALIFORNIA 92121
(619) 552-3636

JENAL ENGINEERING CORP.
ATTN: ALAN P. WESTERMEYER
P.O. BOX 12161
EL CAJON, CA 92022

DATE OF REPORT	JANUARY 8, 1992
DATE RECEIVED	JANUARY 6, 1992
SAMPLING DATE	JANUARY 6, 1992
DATE OF FINAL REVIEW	JANUARY 8, 1992
ANALYZED BY	TR
SAMPLE TYPE	2 SOIL
PROJECT NUMBER	#1075

ANALYSES RESULTS

ANALYSIS	METHOD	UNITS	LOG NUMBER: / SAMPLE ID:	80-92A E7-16.5	DF	81-92A E8-18.5	DF
BENZENE	EPA 8020	UG/KG		<5.0	5*	<5.0	5*
TOLUENE	EPA 8020	UG/KG		<5.0	5*	<5.0	5*
ETHYLBENZENE	EPA 8020	UG/KG		<5.0	5*	<5.0	5*
XYLENE	EPA 8020	UG/KG		<15.0	5*	101	5

DF = DILUTION FACTOR. THE DETECTION LIMITS AND ANALYSIS RESULTS WERE CORRECTED ACCORDINGLY.

* OTHER HEAVIER MOLECULAR WEIGHT HYDROCARBONS DETECTED, NOT QUANTIFIABLE BY METHOD.

PETER SHEN
LABORATORY DIRECTOR

PS/ft

QUALITY ASSURANCE LABORATORY
QUALITY CONTROL DATA REPORT

JANUARY 8, 1992

JENAL ENGINEERING CORP.
SAMPLE LOG #80-92A THROUGH 81-92A
DATE ANALYZED: JANUARY 7, 1992

EPA METHOD 8020
Concentrations were calculated using a 4 point curve of concentrations 2.5, 5, 10 and 20 ppb.

LABORATORY CONTROL STANDARD
A 15 ppb standard verification was run in the sample set up.

METHOD BLANK
NO TARGET ANALYTES WERE DETECTED IN METHOD BLANK.

COMPOUND	%RECOVERY
Benzene	89%
Toluene	89%
Ethylbenzene	91%
Xylenes	91%

SPIKE DATA
Log# 19555-91 was spiked in duplicate with 15 ppb 8020 standard.

COMPOUND	SPIKE % RECOVERY	RELATIVE % DIFFERENCE
Benzene	81%	4%
Toluene	159%*	9%
Ethylbenzene	41%	5%
Xylenes	56%*	16%

* SPIKE RECOVERIES OUT OF RANGE DUE TO SAMPLE MATRIX EFFECT.

LISA MACCLELLAN
QA/QC DIRECTOR

QUALITY CONTROL TERMINOLOGY

•**LCS** - LABORATORY CONTROL STANDARD. REPORTED AS % RECOVERY OF AN INDEPENDENT STANDARD CARRIED THROUGH ALL SAMPLE PREPARATION PROCEDURES TO VERIFY METHOD PERFORMANCE. ACCEPTALBE RANGE IS 80%-120% RECOVERY.
•**SPIKE** - ENVIRONMENTAL SAMPLE IS MATRIX SPIKED WITH METHOD COMPOUNDS AND % RECOVERY OF CONCENTRATION SPIKED INTO SAMPLE IS CALCULATED. REPORTED AS % RECOVERY. ACCEPTABLE RANGE FOR "NORMAL MATRIX SAMPLE" IS 75%-125% RECOVERY.
•**SURROGATES** - COMPOUNDS REPRESENTATIVE OF A GROUP OF COMPOUNDS. SURROGATES ARE SPIKED INTO ENVIRONMENTAL SAMPLES AND % RECOVERY OF CONCENTRATION SPIKED IS CALCULATED AND REPORTED. ACCEPTABLE RANGE VARIES DEPENDING ON SAMPLE MATRIX AND ANALYSIS METHOD.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

JAN 13 1992

QUALITY ASSURANCE LABORATORY
6605 NANCY RIDGE DRIVE
SAN DIEGO, CALIFORNIA 92121
(619) 552-3636

JENAL ENGINEERING CORP.
ATTN: ALAN P. WESTERMEYER
P.O. BOX 12161
EL CAJON, CA 92022

DATE OF REPORT	JANUARY 10, 1992
ADDITIONAL REQUEST	JANUARY 7, 1992
DATE RECEIVED	JANUARY 6, 1992
SAMPLING DATE	JANUARY 6, 1992
DATE OF FINAL REVIEW	JANUARY 10, 1992
ANALYZED BY	MC
SAMPLE TYPE	2 SOIL
PROJECT NUMBER	#1075

ANALYSES RESULTS

		ANALYSIS:	ORG. LEAD	
		PREP/ANALYSIS	DHS	
		METHOD:	DHS	
LOG NUMBER	SAMPLE ID	UNITS:	MG/KG	DF
80-92A	E7 @ 16.5'		<0.5	2
81-92A	E8 @ 18.5'		<0.5	2

DHS - RECOMMENDED PROCEDURE FROM LEAKING UNDERGROUND FUEL TANK FIELD MANUAL, MAY 1988

DF = DILUTION FACTOR. THE DETECTION LIMITS AND ANALYSIS RESULTS WERE CORRECTED ACCORDINGLY.

PETER SHEN
LABORATORY DIRECTOR

PS/ft

QUALITY ASSURANCE LABORATORY
QUALITY CONTROL DATA REPORT

JANUARY 9, 1992

JENAL ENGINEERING CORP.
LOG #80-92A THROUGH 81-92A
DATE ANALYZED: JANUARY 8, 1991
DATE ANALYZED: JANUARY 9, 1991

ANALYSES	PREP/ANALYSIS	LCS % RECOVERY	SPIKE %RECOVERY	DUPLICATE RPD
ORGANIC LEAD	DHS	106%	106%	0%

LISA MACCLELLAN
QA/QC DIRECTOR

QUALITY CONTROL TERMINOLOGY

•LCS - LABORATORY CONTROL STANDARD. REPORTED AS % RECOVERY OF AN INDEPENDENT STANDARD TO VERIFY LINEARITY OF THE OPERATING STANDARD CURVE. ACCEPTABLE RANGE IS 80%-120% RECOVERY.
•SPIKE - ENVIRONMENTAL SAMPLE IS MATRIX SPIKED WITH METHOD COMPOUNDS AND % RECOVERY OF CONCENTRATION SPIKED INTO SAMPLE IS CALCULATED. REPORTED AS % RECOVERY. ACCEPTABLE RANGE FOR "NORMAL MATRIX SAMPLE" IS 75%-125% RECOVERY.
•SURROGATES - COMPOUNDS REPRESENTATIVE OF A GROUP OF COMPOUNDS. SURROGATES ARE SPIKED INTO ENVIRONMENTAL SAMPLES AND % RECOVERY OF CONCENTRATION SPIKED IS CALCULATED AND REPORTED. ACCEPTABLE RANGE VARIES DEPENDING ON SAMPLE MATRIX AND ANALYSIS METHOD.

Quality Assurance Laboratory
6605 Nancy Ridge Drive
San Diego, CA 92121 (619) 552-3636

CHAIN OF CUSTODY

Date: 1/7/92 Page 1 of 1

CUSTOMER INFORMATION	PROJECT INFORMATION
COMPANY: Jenal Engineering	PROJECT NAME/NUMBER: AIDS Hawk(Q)
PROJECT MANAGER: Al Westerman	**BILLING INFORMATION**
ADDRESS:	BILL TO:
	ADDRESS:
PHONE: 619-585-2500	PHONE: PO #:

QA LOG #	SAMPLE ID	SAMPLE DATE	SAMPLE TIME	SAMPLE MATRIX	CONTAINER TYPE	NUMBER OF CONTAINERS	ANALYSIS REQUEST: OPB
8092A	E7 @ 16.5'	1/6/92		Soil	Jar	1	X
81	E8 @ 18.5'	1/6				1	X

SAMPLE INTEGRITY

HOLDING TIME

CORRECT CONTAINER Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N

1. RELINQUISHED BY:	DATE:	2. RELINQUISHED BY:	DATE:	3. RELINQUISHED BY:	DATE:
SIGNATURE: [illegible]	1/7/92	SIGNATURE:		SIGNATURE:	
PRINTED NAME: Al Westerman	TIME: 10:45	PRINTED NAME:	TIME:	PRINTED NAME:	TIME:
COMPANY: Jenal Eng.		COMPANY:		COMPANY:	
1. RECEIVED BY:	DATE: 1/7/92	**2. RECEIVED BY:**	DATE:	**3. RECEIVED BY:**	DATE:
SIGNATURE: [illegible]		SIGNATURE:		SIGNATURE:	
PRINTED NAME: Bob Fuerstein	TIME:	PRINTED NAME:	TIME:	PRINTED NAME:	TIME:
COMPANY: QA Lab	10:45	COMPANY:		COMPANY:	

SAMPLE RECEIPT

RECEIVED ON ICE (YES) NO

TAPE SEAL INTACT YES / NO / NA

PRESERVATIVE YES / NO

PRECAUTIONS:

FAX: 272-0087

SPECIAL INSTRUCTIONS

Copy of FAX to Cal Loruya Encotech 2831 Camino del Rio S. #206, S.D., CA 92108

TAT REQUESTED: Normal

— ALL SAMPLES ARE SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE —

APPENDIX B

DWR Ground Water Data

September 15 – October 15, 2017 Pre- Diligence / LSI Period Package Addendum 2 October 10, 2017

Region 2
Investigation
County San Diego. N

Ground Water Analyses

Basin Soledad ~~Group~~ 2-C.10
DWR No. 15S/3W-1 M1 ; B&M
Other Nos.

15S/03W- [illegible]

Description and Location 800' E/O & 2100' N/O SW Corner of Section 1-
In Carrell Canyon

Owner Fenton Materials Address San Diego.
Use Plant Depth 1400' Date Completed 1955 Capacity (gpm) SWL
Drawdown Perforations thru rock. Size Casing and Depth 12" to 324'- then 8" uncased thru rock to 1346
Gravel Packed Seal At What Depth Log Water Level Record
Surface Elev. 250' Datum Source of Information Driller: B & R Diamond Drilling Co.

Lab./Field No.		3381	6020									
Sampled By		Jim Ping										
Date Collected		8/30/62										
Date Analyzed		9-26-62										
Temperature/pH		69°F	7.5									
EC x 10^6 @ 25° C		1545										
Constituents in		epm	% RV	ppm	epm	% RV	ppm	epm	% RV	ppm	epm	% RV	ppm
Cations:	Ca	5.95		110									
	Mg	3.97		48									
	Na	6.75		155									
	K	0.10		3.8									
Total Cations		16.77											
Anions:	CO_3	0		0									
	HCO_3	4.96		303									
	SO_4	7.72		373									
	CL	4.32		154									
	NO_3	0		0									
	F	0.03		0.6									
Total Anions		17.03											
Balance													
Boron				0.45									
Silica				25									
Total Solids/Sum		1166											
Per Cent Sodium			40										
Hardness: Total/NC		492		244									
Laboratory/Chemist		5788		DLE									
Copied: Date/By													

REMARKS: 1. PC disch line, pumping on arrival, depth to water, 89±', disch. 400gpm, clear, no odor.
2.
3.
4.

KEY PUNCHED

48044 9-61 5M ① EPC

September 15 – October 15, 2017 Pre-Diligence / LDI Period Package Addendum 2 October 10, 2017

Region 7 Basin COASTAL AREA
Investigation SEA WATER INTR. DWR No. 155/3W-3N1; B&M
County SAN DIEGO Other Nos.

Ground Water Analyses

Description and Location 1000' N/O SORRENTO RD. IN THE MOUTH OF CARROL CANYON

Owner Address
Use STOCK Depth 105' Date Completed Capacity (gpm) SWL
Drawdown Perforations Size Casing and Depth 8"
Gravel Packed Seal At What Depth Log Water Level Record
Surface Elev. Datum Source of Information

Lab./Field No.		L-307 | 8884			L-1761 | 825			2550 | 4242			|		
Sampled By		VON BERG			de Bruin			Rodriguez					
Date Collected		9-6-60			7-27-61			4-12-62					
Date Analyzed		10-29-60			9/25/61			4-18-62					
Temperature/pH		72° | 8.2			72 | 6.9			62 | 6.2			|		
EC x 10^6 @ 25° C		676			760			267					
Constituents in		epm	% RV	ppm	epm	% RV	ppm	epm	% RV	ppm	epm	% RV	ppm
Cations:	Ca	1.74		35	2.27		45	0.46		9			
	Mg	1.40		17	1.84		22	0.42		5			
	Na	2.50		58	3.25		75	1.25		29			
	K	0.13		5.2	0.06		2.5	0.05		1.8			
Total Cations		5.77			7.42			2.18					
Anions:	CO_3	0		0	0		0	0		0			
	HCO_3	2.10		128	2.49		151	0.42		25			
	SO_4	0.36		17	1.03		49	0.49		23			
	CL	3.25		116	3.91		138	1.17		42			
	NO_3	~~0.03~~ 0.05		~~1.4~~ 3.1	0		0	0.01		0.8			
	F	0.03		0.6	0.03		0.5	0.02		0.4			
Total Anions		5.75			7.46			2.11					
Balance													
Boron				0.21			0.16			0.14			
Silica				4.7			25			19			
Total Solids/Sum		428	|		536	|		188	|			|	
Per Cent Sodium		43			44				57				
Hardness: Total/NC		157	|	52	206	|	81	44	|	23		|	
Laboratory/Chemist		Lein	|	DLE	USAG	|	DLE	USAG	|	DLE		|	
Copied: Date/By			|			|		4-30-62	|	CM		|	

REMARKS: 1. CLEAR, ODORLESS, PPG, P.C. DISCH LINE 235' TOMS
2. " " " " " "
3. Slightly turbid, odorless, windmill VPG P.C. disch line
4.

KEY PUNCHED KEY PUNCHED KEY PUNCHED

17526 4-60 5M ① SP

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

TRANSMITTAL SHEET

RECEIVED
AUG 19 12 08 PM '93
ENVIRONMENTAL HEALTH SERVICES

DATE: 8-17-93 **PROJECT NUMBER:** 540-001-02

TO: County of San Diego
SA/M Division

FROM: ENECOTECH SOUTHWEST, INC.
7425 Mission Valley Road
Suite 201
San Diego, CA 92108
Phone No. (619) 299-0033
FAX No. (619) 299-0087

ATTN: Mr. Mo Lahsaie

SUBJECT: unauthorized release report

MESSAGE:

Dear Mo:

As you requested, we have prepared the UST unauthorized release report and is included herein. If you have any questions please call me at your convenience.

Sincerely,
ENECOTECH SOUTHWEST, INC.

Arturo M. Hoyos

c:\forms\transfrm.sd
April 19, 1993

Recycled Paper

EnecoTech®
ENVIRONMENTAL CONSULTANTS

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY ☐ YES ☒ NO

HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED ? ☐ YES ☒ NO

FOR LOCAL AGENCY USE ONLY
I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFTY CODE.

SIGNED _____ DATE _____

REPORT DATE 08 17 93

CASE # H17076-001 T2182

REPORTED BY

NAME OF INDIVIDUAL FILING REPORT: Arturo M. Hoyos (agent for Fenton Western Properties)

PHONE: (619) 299-0033

SIGNATURE: [signature]

REPRESENTING: ☒ OWNER/OPERATOR ☐ REGIONAL BOARD ☐ LOCAL AGENCY ☐ OTHER

COMPANY OR AGENCY NAME: EnecoTech Southwest, Inc.

ADDRESS: 7425 Mission Valley Road, Suite 201 San Diego Ca 92108 (STREET / CITY / STATE / ZIP)

RESPONSIBLE PARTY

NAME: Fenton Western Properties ☐ UNKNOWN

CONTACT PERSON: Paul Smith

PHONE: (619) 566-2000

ADDRESS: 9255 Camino Santa Fe, San Diego, California 92121 (STREET / CITY / STATE / ZIP)

SITE LOCATION

FACILITY NAME (IF APPLICABLE): as above

OPERATOR:

PHONE: ( )

ADDRESS: (STREET / CITY / COUNTY / ZIP)

CROSS STREET:

IMPLEMENTING AGENCIES

LOCAL AGENCY: County of San Diego, AGENCY NAME: SA/M Division

CONTACT PERSON: Mo Lahsaie

PHONE: (619) 338-2256

REGIONAL BOARD: San Diego Region WQCB

Rosalind Dimenstein ~~James Munch~~

PHONE: (619) 467-29~~68~~77

SUBSTANCES INVOLVED

(1) NAME: Diesel

QUANTITY LOST (GALLONS): ☒ UNKNOWN

(2) ☐ UNKNOWN

DISCOVERY/ABATEMENT

DATE DISCOVERED: 12 27 91

HOW DISCOVERED: ☐ INVENTORY CONTROL ☐ SUBSURFACE MONITORING ☐ NUISANCE CONDITIONS ☐ TANK TEST ☒ TANK REMOVAL ☐ OTHER

DATE DISCHARGE BEGAN: M M D D Y Y ☒ UNKNOWN

HAS DISCHARGE BEEN STOPPED ? ☒ YES ☐ NO IF YES, DATE M M D D Y Y

METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): ☒ REMOVE CONTENTS ☐ REPLACE TANK ☒ CLOSE TANK ☐ REPAIR TANK ☐ REPAIR PIPING ☐ CHANGE PROCEDURE ☒ OTHER tank removal and disposal

SOURCE/CAUSE

SOURCE OF DISCHARGE: ☒ TANK LEAK ☐ UNKNOWN ☐ PIPING LEAK ☐ OTHER

CAUSE(S): ☐ OVERFILL ☐ RUPTURE/FAILURE ☐ SPILL ☒ CORROSION ☐ UNKNOWN ☐ OTHER

CASE TYPE

CHECK ONE ONLY: ☐ UNDETERMINED ☒ SOIL ONLY ☐ GROUNDWATER ☐ DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS

CHECK ONE ONLY: ☐ NO ACTION TAKEN ☐ PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED ☐ POLLUTION CHARACTERIZATION ☐ LEAK BEING CONFIRMED ☐ PRELIMINARY SITE ASSESSMENT UNDERWAY ☐ POST CLEANUP MONITORING IN PROGRESS ☐ REMEDIATION PLAN ☐ CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) ☒ CLEANUP UNDERWAY

REMEDIAL ACTION

CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS): ☐ CAP SITE (CD) ☐ CONTAINMENT BARRIER (CB) ☐ VACUUM EXTRACT (VE) ☒ EXCAVATE & DISPOSE (ED) ☐ EXCAVATE & TREAT (ET) ☐ NO ACTION REQUIRED (NA) ☐ OTHER (OT) ☐ REMOVE FREE PRODUCT (FP) ☐ PUMP & TREAT GROUNDWATER (GT) ☐ TREATMENT AT HOOKUP (HU) ☐ ENHANCED BIO DEGRADATION (IT) ☐ REPLACE SUPPLY (RS) ☐ VENT SOIL (VS)

COMMENTS

HSC 05 (11/89)

INSTRUCTIONS

EMERGENCY
Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY ONLY
To avoid duplicate notification pursuant to Health and Safety code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY
Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

RESPONSIBLE PARTY
Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

SITE LOCATION
Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

IMPLEMENTING AGENCIES
Enter names of the local agency and Regional Water Quality Control Board involved.

SUBSTANCES INVOLVED
Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT
Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE
Indicate source(s) of leak. Check box(es) indicating cause of leak.

CASE TYPE
Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

CURRENT STATUS
Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

- No Action Taken - No action has been taken by responsible party beyond initial report of leak.
- Leak Being Confirmed - Leak suspected at site, but has not been confirmed.
- Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.
- Preliminary Site Assessment Underway - implementation of workplan.
- Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.
- Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
- Cleanup Underway - implementation of remediation plan.
- Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.
- Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

REMEDIAL ACTION
Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

- Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
- Containment Barrier - install vertical dike to block horizontal movement of contaminant.
- Excavate and Dispose - remove contaminated soil and dispose in approved site.
- Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).
- Remove Free Product - remove floating product from water table.
- Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
- Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
- Replace Supply - provide alternative water supply to affected parties.
- Treatment at Hookup - install water treatment devices at each dwelling or other place of use.
- Vacuum Extract - use pumps or blowers to draw air through soil.
- Vent Soil - bore holes in soil to allow volatilization of contaminants.
- No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION
If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Loans and Grants, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

SHEWEY ENVIRONMENTAL MANAGEMENT CO., INC.
2365 Northside Drive · Suite 204 · Box #10 · San Diego, California 92108 · Lic. # 637062
(619) 584-5440 · FAX (619) 584-5442

County of San Diego
Site Assessment and Mitigation Division
P.O. Box 85261
San Diego, CA 92186-5261

3 May 1994

Reviewed by Mo L
6-9-94
H17076-001

Attn. Mr. Mo Lahsaie, Hazardous Materials Specialist

Re. Unauthorized Release #T02182/H17076-001
H. G. Fenton Materials
9255 Camino Santa Fe, San Diego, CA 92121

Dear Mr. Lahsaie,

In accordance with CCR Title 23, Chapter 3, Subchapter 16, Section 2652 (d), Shewey Environmental Management Co., Inc. (Shewey) has prepared the following progress submittal with respect to the subject unauthorized release.

Subject site development activities previously conducted by EnecoTech in 1992 are summarized as follows:

- EnecoTech Southwest, Inc. completed a Limited Site Assessment (LSA) and Remedial Excavation report dated February 24, 1992 which was submitted to the County of San Diego Hazardous Materials Management Division (HMMD).

  According to records maintained by H. G. Fenton, HMMD authorized the closure of the former underground storage tank pit based upon the content of the LSA and was shortly thereafter restored to surface grade with clean, imported soil.

  According to HMMD, the disposition of the stockpiled soil is the only remaining issue for the site.

Shewey performed the characterization of approximately 400 cubic yards of stockpiled soil April 6, 1994. As previously reported, the petroleum hydrocarbon impact to the soil was of diesel fuel origin.

In following the guidelines established in the County of San Diego, EHS, HMMD, Site Assessment & Mitigation Manual, Section 4, Page 4, Soil Sampling, Shewey personnel collected a total of 16 samples from the stockpiled soil. Sample locations are illustrated in Figure 1 in the attachments.

These 16 samples represent one, random, unbiased sample for each 25 cubic yards of soil currently located at the subject site. Further, all samples were evaluated for the presence of total petroleum hydrocarbons via California DOHS LUFT method.

The samples were analyzed by Mobile One Laboratories in accordance with the California DHS procedure for Total Petroleum Hydrocarbons (TPH). The results are summarized in the following table:

Sample I. D.	Analyses Method	Amount Found	Detection Limit
SP-1 #1	8015 Mod. Diesel	nd	10 mg/kg
SP-2 #1	8015 Mod. Diesel	nd	10 mg/kg
SP-3 #1	8015 Mod. Diesel	nd	10 mg/kg
SP-4 #1	8015 Mod. Diesel	nd	10 mg/kg
SP-5 #1	8015 Mod. Diesel	nd	10 mg/kg
SP-6 #1	8015 Mod. Diesel	nd	10 mg/kg
SP-7 #1	8015 Mod. Diesel	nd	10 mg/kg
SP-8 #1	8015 Mod. Diesel	nd	10 mg/kg
SP-1 #2	8015 Mod. Diesel	nd	10 mg/kg
SP-2 #2	8015 Mod. Diesel	nd	10 mg/kg
SP-3 #2	8015 Mod. Diesel	nd	10 mg/kg
SP-4 #2	8015 Mod. Diesel	nd	10 mg/kg
SP-5 #2	8015 Mod. Diesel	nd	10 mg/kg
SP-6 #2	8015 Mod. Diesel	nd	10 mg/kg
SP-7 #2	8015 Mod. Diesel	nd	10 mg/kg
SP-8 #2	8015 Mod. Diesel	nd	10 mg/kg

nd = not found above the detection limit

Neither gasoline nor diesel was identified in the samples. No other fuel hydrocarbons were indicated. All quality control results were within acceptable limits.

All analytical data can be viewed in Appendix A in the attachments.

Discussions with H. G. Fenton Material indicate that the entire volume of soil stockpiled during site delineation activities (approximately 900 cubic yards) was screened to remove rock and cobbles. This material was then crushed and integrated with ongoing base manufacturing operations.

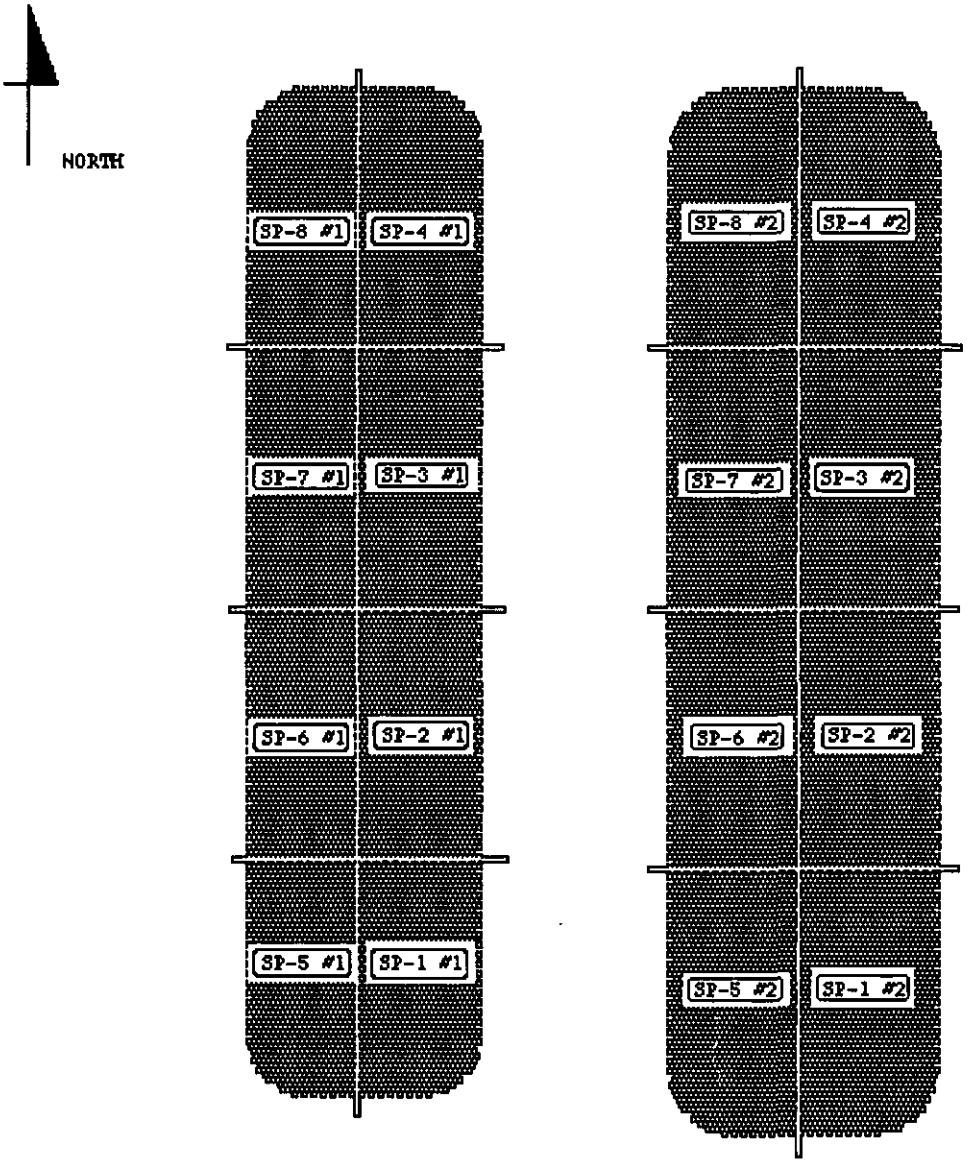
The balance of soil remaining at the subject site (approximately 400 cubic yards) is requested to be reclassified for no further action based upon the results of the characterization.

Should you have any questions or require additional information regarding the characterization of soil or the request for reclassification, please contact me at your convenience.

Respectfully,

REGISTERED ENVIRONMENTAL ASSESSOR
JAMES C. SHEWEY
No. REA 01957
Expires: 6-30-94
STATE OF CALIFORNIA

J. Charlie Shewey
President, Shewey Environmental Management Co., Inc.
REA 01957
G.E.C. #637062 "A" Haz



"Stockpile #1" "Stockpile #2"

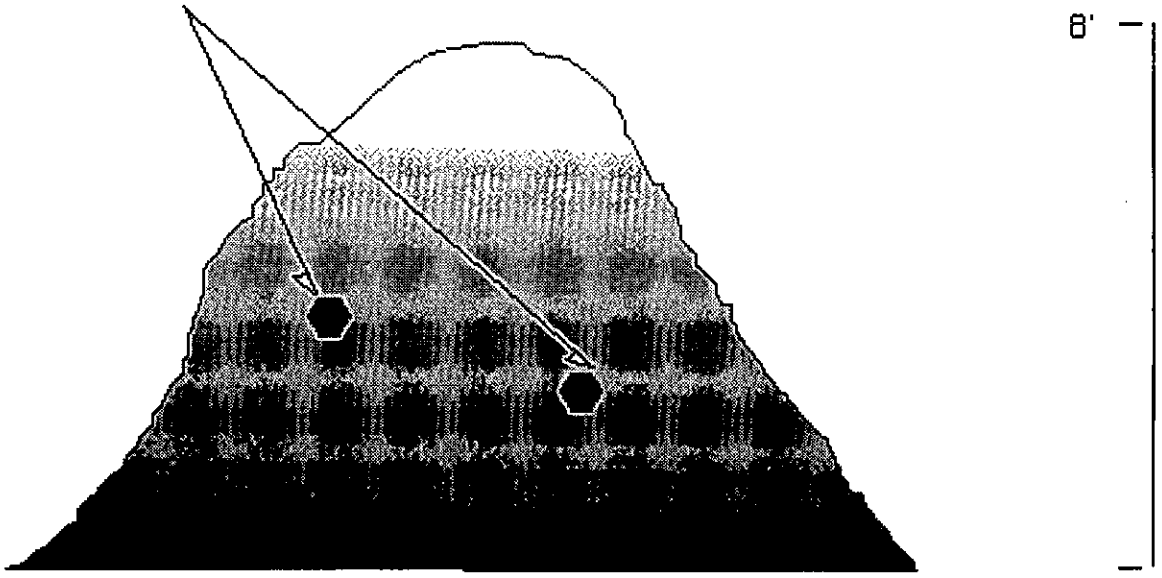
H. G. Fenton Materials
9255 Camino Santa Fe
San Diego, CA 92121

Figure 1

Soil Sample Locations

Scale: 1" = 10'

Soil was sampled between 4 and 6 vertical feet below the top of the stockpile. The samples were collected utilizing EPA SW 846 protocol and handled to insure test data integrity.



End view of typical stockpile. Soil samples obtained within the grid as indicated in Figure 1, attempting to gather soil representative of pile interior although not random and unbiased per SAM guidelines. Soil VOC diffusion characteristics recently evaluated cooperatively with the San Diego APCD were utilized to effectively sample in areas less likely to have been influenced by surficial temperature variation and naturally occuring volitilization.

H. G. Fenton Materials
9255 Camino Santa Fe
San Diego, CA 92121

Figure 2

Soil Sample Locations

MOBILE ONE LABORATORIES INC.

Apndx. A

REPORT SUMMARY

To: Shewey Environmental Management, Eric Shewey

Project: Fenton (Carrol Canyon)

TOTAL PETROLEUM HYDROCARBONS ANALYSIS
(CA DOHS LUFT Method)

Date Received: April 7, 1994
Date Extracted/Analyzed: April 8, 1994
Analyst: J. Halsey

Sample Matrix: soil

FIELD NUMBER	AMOUNT FOUND (mg/kg)	DETECTION LIMIT (mg/kg)	CARBON RANGE
SP-1 #1	nd	10	
SP-2 #1	nd	10	
SP-3 #1	nd	10	
SP-4 #1	nd	10	
SP-5 #1	nd	10	
SP-6 #1	nd	10	
SP-7 #1	nd	10	
SP-8 #1	nd	10	

nd = not found above the detection limit

SH31RPT

19964 ELFIN FOREST LN. • ESCONDIDO, CA 92029 Phone (619) 591-3666 Mobile (619) 980-9233

MOBILE ONE LABORATORIES INC.

To Shewey Environmental Management, Eric Shewey
Project: Fenton (Carrol Canyon)

TOTAL PETROLEUM HYDROCARBONS ANALYSIS
(CA DOHS LUFT Method)
continued

FIELD NUMBER	AMOUNT FOUND (mg/kg)	DETECTION LIMIT (mg/kg)	CARBON RANGE
SP-1 #2	nd	10	
SP-2 #2	nd	10	
SP-3 #2	nd	10	
SP-4 #2	nd	10	
SP-5 #2	nd	10	
SP-6 #2	nd	10	
SP-7 #2	nd	10	
SP-8 #2	nd	10	

nd = not found above the detection limit

R Johnson 4-19-94
Reviewed by R. Johnson/ date
SH31RPT

19964 ELFIN FOREST LN. • ESCONDIDO, CA 92029 Phone (619) 591-3666 Mobile (619) 980-9233

MOBILE ONE LABORATORIES INC.

To Shewey Environmental Management, Eric Shewey
Project: Fenton (Carrol Canyon)

TPH ANALYSIS - QC Summary

SPIKED RECOVERIES

Date Analyzed: 04/08/94 Sample size: 10 g F.V.: 10 ml
Sample Matrix: soil

Filename -> Compound	M6T0408 Found (ppm)	D6T0408 Found (ppm)	Spike Level (ppm)	Avg. Pct. Rec.	QC limits	Pct. Diff.	QC limits
gasoline	153	161	149	105	(60-130)	5.1	<20

Calibration verification was within acceptable limits.

No contamination was found in method blanks at detectable levels.

SH31RPT

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5431

MOBILE ONE LABORATORIES INC.

CHAIN-OF-CUSTODY RECORD

Date 4/6/94 page 1 of 2

Client: Shewey Env.
Address: 9301 Friars Rd.

Project: Fenton (Carrol, Canyon)
Sampler (signature): Eric N Shewey

Sample No.	Date	Time	Location	8015 Diesel						No. of containers	Comments
Sp 1 # 1	4/6			X						1	#s 1,2, Indicates different stack piles
Sp 2 # 1	"			X						1	
Sp 3 # 1	"			X						1	
Sp 4 # 1	"			X						1	
Sp 5 # 1	"			X						1	
Sp 6 # 1	"			X						1	
Sp 7 # 1	"			X						1	
Sp 8 # 1	"			X						1	
Sp 1 # 2	"			X						1	
Sp 2 # 2	"			X						1	

Storage/Shipping Info.: 10 ← Total No. of containers

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: Eric N Shewey	Signature: Jason Hotsey	Signature	Signature	Signature	Signature
Printed Name: Eric N Shewey	Printed Name: Mobile One Labs	Printed Name	Printed Name	Printed Name	Printed Name
Company: Shewey ENV.	Company: 4/7/94 0810	Company	Company	Company	Company
Date 4/7 Time 8:10	Date Time	Date Time	Date Time	Date Time	Date Time

19964 ELFIN FOREST LANE, ESCONDIDO, CA 92029 PHONE (619) 591-3666

MOBILE/ONE LABORATORIES INC.

CHAIN-OF-CUSTODY RECORD

Date 4/6/94 page 2 of 2

Client: Shewey ENV.
Address: 9301 Fraser Rd.

Project: Fenton (Carroll Canyon)
Sampler (signature): Eric N Shewey

Sample No.	Date	Time	Location	8015 Fresh						No. of containers	Comments
Sp3 #2	4/6			X						1	
Sp4 #2	"			X						1	
Sp5 #2	"			X						1	
Sp6 #2	"			X						1	
Sp7 #2	"			X						1	
Sp8 #2	"			X						1	

Storage/Shipping Info.: 6 ← Total No. of containers

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: Eric N Shewey	Signature: Jason Holsey	Signature	Signature	Signature	Signature
Printed Name: Eric N Shewey	Printed Name: Mobile One Labs	Printed Name	Printed Name	Printed Name	Printed Name
Company: SHEWEY ENV	Company: 4/7/94 0810	Company	Company	Company	Company
Date: 4/7 Time: 8:10	Date Time	Date Time	Date Time	Date Time	Date Time

19964 ELFIN FOREST LANE, ESCONDIDO, CA 92029 PHONE (619) 591-3666

P.O. BOX 129261
SAN DIEGO, CA 92112-9261
(619) 338-2258
(619) 338-2315 (FAX)
WEB SITE: www.co.san-diego.ca.us/deh/lwq/sam

FOR OFFICE USE:
Date Received 12-4-00
Submittal Fee Paid $160.00
Establishment # H17076-002

W/1 RPD
MS 11-27
MV 12-5

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH

VOLUNTARY ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE

(PLEASE READ BOTH PAGES OF THIS APPLICATION PRIOR TO COMPLETION)

A. Site Name Hanson Aggregates Carroll Canyon Facility Assessors Parcel Number 341-050-4200

Site Address ~~9229 Harris Plant Road,~~ 9255 CAMINO SANTA FE San Diego, California ~~92145~~ 92121
Street City State Zip Code

B. Property Owner Hanson Aggregates Pacific Southwest Region

Mailing Address P.O. Box 639069, San Diego, California 92163-9069
Street City State Zip Code

Contact Person Marvin Howell Telephone (619)277-5481

C. Application Submitted By:

Contact Person Allen Jones, Vice President Telephone (619)400-0134

Company Name H.G. Fenton Company

Mailing Address 7588 Metropolitan Drive, San Diego, California 92108
Street City State Zip Code

Invoices will be sent to the applicant at this address unless other arrangements are made.

D. Brief Project Description An area of diesel-impacted soil was discovered during quarrying operations. The source of the diesel may be from an historical AST. Test trenches were excavated and soil samples were analyzed for TPH and BTEX. TPH at 5,540 ppm and xylenes at 0.256 ppm were detected. The extent of the TPH-impacted soils appears limited, both horizontally and vetically.

Type of Assistance Requested Provide oversight and regulatory concurrence for in-place closure.

I accept the application requirements and project review conditions listed on Page 2 of 2 and I agree to pay all costs associated with DEH staff time and services within 30 days of receiving an invoice.

Original Signature of Applicant | Allen M. Jones, Printed Name | 11-16-00, Date

September 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 19, 2017

P.O. BOX 129261
SAN DIEGO, CA 92112-9261
(619) 338-2258
(619) 338-2315 (FAX)
WEB SITE: www.co.san-diego.ca.us/deh/lwq/sam

FOR OFFICE USE:
Date Received 12-4-00
Submittal Fee Paid $ 160.00
Establishment # H17076-002

w/ 1 Rpt
MS 11-27
MV 12-5

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH

VOLUNTARY ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE

(PLEASE READ BOTH PAGES OF THIS APPLICATION PRIOR TO COMPLETION)

copy

A. Site Name Hanson Aggregates Carroll Canyon Facility Assessors Parcel Number 341-050-4200

Site Address ~~9229 Harris Plant Road~~ 9255 CAMINO SANTA FE, San Diego, California ~~92145~~ 92121
Street / City / State / Zip Code

B. Property Owner Hanson Aggregates Pacific Southwest Region

Mailing Address P.O. Box 639069, San Diego, California 92163-9069
Street / City / State / Zip Code

Contact Person Marvin Howell Telephone (619)277-5481

C. Application Submitted By:

Contact Person Allen Jones, Vice President Telephone (619)400-0134

Company Name H.G. Fenton Company

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I accept the application requirements and project review conditions listed on Page 2 of 2 and I agree to pay all costs associated with DEH staff time and services within 30 days of receiving an invoice.

Original Signature of Applicant	Allen M. Jones Printed Name	11-16-00 Date

P.O. BOX 129261
SAN DIEGO, CA 92112-9261
(619) 338-2258
(619) 338-2315 (FAX)
WEB SITE: www.co.san-diego.ca.us/deh/lwq/sam

w/ 1 cpy

RECEIVED
Nov 27 12 55 PM '00
ENVIRONMENTAL HEALTH SERVICES

FOR OFFICE USE:
Date Received 11-27-00
Submittal Fee Paid $160.-
Establishment # 17076-002

REG 11-27-00 16:42 EFREN 218604
CHK $160.00

No signature ?

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH

VOLUNTARY ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE
(PLEASE READ BOTH PAGES OF THIS APPLICATION PRIOR TO COMPLETION)

A. Site Name HANSON AGGREGATES FACILITY (CARROLL CANYON) Assessors Parcel Number 341-050-4200
Site Address 9255 CAMINO SANTA FE, SAN DIEGO, CA 92121
Street / City / State / Zip Code

B. Property Owner HANSON AGGREGATES
Mailing Address 9229 HARRIS PLANT ROAD, SAN DIEGO, CA 92145
Street / City / State / Zip Code
Contact Person MR. MARVIN HOWELL Telephone (619) 277 5481

C. Application Submitted By:
Contact Person MR. ALLEN JONES Telephone (619) 400 0134
Company Name H.G. FENTON COMPANY
Mailing Address 7588 METROPOLITAN DR., SAN DIEGO, CA 92108
Street / City / State / Zip Code

Invoices will be sent to the applicant at this address unless other arrangements are made.

D. Brief Project Description
PLEASE SEE ATTACHED

Type of Assistance Requested PROVIDE OVERSIGHT & REGULATORY CONCURRENCE FOR IN-PLACE CLOSURE

I accept the application requirements and project review conditions listed on Page 2 of 2 and I agree to pay all costs associated with DEH staff time and services within 30 days of receiving an invoice.

?

Original Signature of Applicant ? Printed Name Date

PER MR. SIONIT, THIS UNSIGNED APPLICATION CAN BE SUBMITTED TO INITIATE PROCESS. A SIGNED APPLICATION WILL BE SUBMITTED SHORTLY - MARK ALLEN, URS

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH

VOLUNTARY ASSISTANCE PROGRAM

The Voluntary Assistance Program is designed to provide the applicant with staff consultation, project review, and public health assessment pertaining to properties suspected or known to be contaminated with hazardous substances. California Health and Safety Code Sections 101480-101490 authorize the County Department of Environmental Health (DEH) to enter into voluntary agreements for the oversight of remedial action at sites contaminated by wastes.

The DEH staff will review and manage all projects in accordance with applicable regulatory requirements, industry practices, and the current version of the DEH Site Assessment and Mitigation Manual. Our goal throughout project review is the protection of human health, water resources and the environment. Upon completion of a project, DEH will issue a letter addressing the applicant's specific project goals. Open lines of communication between DEH and the applicant provide the best opportunities for expedient review and successful project resolution.

Application Requirements

- Sections A, B, C, and D must be completed on the "Application for Assistance" form (Page 1 of 2), along with the applicant's original signature.
- Fully describe your project and your specific request(s) for DEH review and written response (Section D). As necessary, include a cover letter to clarify your project needs.
- Submit all relevant documentation/reports with the application. All documents containing geologic and/or contaminant migration interpretations must be signed by an experienced professional with the appropriate California registration or certification.
- An **initial fee of $160, payable to the County of San Diego,** is required at the time of application submittal. This fee covers two (2) hours of staff review time. Staff time in excess of two hours will be invoiced to applicant and must be paid within 30 days of receipt of the invoice. The staff billing rate is currently $80/hour. **Staff assistance will not be provided on delinquent accounts.**

Project Review Conditions

- Within five (5) workdays of DEH receipt of your complete application, the project is identified by a DEH Case No. and assigned to a DEH project manager.
- The DEH will notify the Department of Toxic Substances Control (DTSC) and the Regional Water Quality Control Board (RWQCB) that the project has been submitted for DEH review.
- A copy of all written DEH correspondence will be sent to the applicant and forwarded to the legal property owner. Project files will be available for public review.
- DEH has the option of referring the project to the DTSC or RWQCB at any time during the project review process. If the applicant ceases work, or requests DEH to cease work, on a project prior to resolving site contamination issues, then DEH would refer the project to the appropriate agency and/or identify the project as unresolved in the DEH database.

JN

County of San Diego

GARY W. ERBECK
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
LAND AND WATER QUALITY DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

RICHARD HAAS
ASSISTANT DIRECTOR

February 1, 2001

Mr. Marvin Howell
Hanson Aggregates
Pacific Southwest Region
PO Box 639069
San Diego, CA 92163-9069

Mr. Allen Jones, Vice President
H.G. Fenton Co.
7588 Metropolitan Drive
San Diego, CA 92018

Dear Messrs. Howell and Jones:

VOLUNTARY ASSISTANCE PROGRAM CASE H17076-002
HANSON AGGREGATES-CARROLL CANYON FACILITY
9255 CAMINO SANTA FE, SAN DIEGO, CA 92121

The site remediation information submitted to this agency by URS Corporation consultants, summarizing the site characterization and mitigation activities at the above-referenced location, has been reviewed following guidance from the Regional Water Quality Control Board. With the provision that the information provided to this agency was accurate and representative of existing conditions, it is the position of this office that **no further action is required at this time**.

Please be advised that this letter does not relieve you of any liability under the California Health and Safety Code or the Porter Cologne Water Quality Control Act. If previously unidentified contamination is discovered which may affect public health, safety and/or water quality, additional site assessment and cleanup may be necessary.

Changes in the proposed use of the above site may require reevaluation to determine if the change will pose a risk to public health.

Thank you for your efforts in resolving this matter. Please contact Joy R. Newman of the Site Assessment and Mitigation Program (SAM), at (619) 338-2243, if you require additional assistance.

Sincerely,

GEORGE McCANDLESS, Program Manager
Supervising Environmental Health Specialist
Site Assessment and Mitigation Program

GM:JRN:kf

Enclosure

cc: Regional Water Quality Control Board Consultant
Mark Allen, URS Corp.

WP/H17076-002CLO

Case Closure Summary
Non-LOP or Voluntary Assistance Program

I. AGENCY INFORMATION

DATE: 2-1-01

Agency Name: County of San Diego, Environmental Health, SAM	Address: P.O. Box 129261
City/State/ZIP: San Diego, CA 92112-9261	Phone: (619) 338-2222 FAX: (619) 338-2377
DEH Staff Person: Joy R. Newman	Title: Project Manager

II. CASE INFORMATION

Case No. H17076-002		
Site Name: Hanson Aggregates-Carroll Cyn Fac.		
Site Address: 9255 Camino Santa Fe, San Diego, CA 92121		
Property Owner: Hanson Aggregates Pacific Southwest Region	Address: PO Box 639069 San Diego, CA 92163-9069	Phone: (619)277-5481
Responsible/Requesting Party : Allen Jones, Vice President HG Fenton Company	Address: 7588 Metropolitan Drive San Diego, CA 92108	Phone: (619) 400-0134
Type of Case: ☒ Non-Tank Case		
RWQCB/DTSC notification of DEH Oversight: 12/26/00		

III. SITE CHARACTERIZATION AND/OR INFORMATION

Cause and Type of Contamination (if any): Diesel Impacted soil discovered during quarrying activities				
Site Characterization complete? Yes				
Monitoring Wells Installed? No	Total Number: NA	Proper Screened Interval? N/A	Number of decommissioned wells: N/A	
Range of groundwater levels on the site: N/A			Groundwater Flow Direction:Unknown	
Most Sensitive Current Use: Groundwater having designated or potential beneficial uses for: Municipal Agricultural Industrial Surface Waters having designated or potential beneficial uses for: Agricultural Industrial Recreational 2 Warm Freshwater Habitat Cold Freshwater Habitat Wildlife Habitat				
Are Drinking Water Wells Affected? No	RWQCB Basin Number: Penasquitos Hydrologic Unit (906.10)			
Is Surface Water Affected? No	Nearest Surface Water name: NA			
Off-Site Beneficial Use Impacts (addresses/locations): N/A				

Non-LOP - Underground Storage Tank Oversight handled outside the LOP
Non-Tank – Voluntary Assistance Program

Case Closure Summary
Non-LOP or Voluntary Assistance Program

III. SITE CHARACTERIZATION AND/OR INFORMATION (Continued)

H17076-002

MAXIMUM DOCUMENTED CONTAMINANT CONCENTRATIONS - - BEFORE AND AFTER CLEANUP

Contaminant	Soil (ppm)		Water (ppm)		Contaminant	Soil (ppm)		Water (ppm)	
	Before	After	Before	After		Before	After	Before	After
TPH (Diesel)	5540	5540	NA	NA					
Benzene	<.001	<.001	NA	NA					
Toluene	<.001	<.001	NA	NA					
Ethylbenzene	<.001	<001	NA	NA					
Xylene	.256	.256	NA	NA					

Comments: An area of diesel impacted soil was found during quarrying opertions. The diesel release is believed from an old AST. Trenches were dug to determine the extent of impacted soil. The trenches were dug in three areas and extended from four feet to thirteen feet below grade based on visual and odors. The samples at the bottom of the trenches were below detection limits. The excavated soils were put back in the trenches. The consultant estimates the impacted soil of >100 mg/kg to be less than 20 cubic yards.

IV. CLOSURE

Does completed corrective action protect existing beneficial uses per the Regional Board Basin Plan? Yes

Does completed corrective action protect potential beneficial uses per the Regional Board Basin Plan? Yes

Does corrective action protect public health for current land use? Yes

Case review based on current/proposed use as an sand/gravel quarrying facility.

Are there other issues DEH needs to follow up on: NA

Site Management Requirements: NA

Should corrective action be reviewed if land use changes? Yes

List Enforcement Actions Taken: NA

List Enforcement Actions Rescinded: NA

Is this account up to date and current?: Yes

V. LOCAL AGENCY REPRESENTATIVE DATA

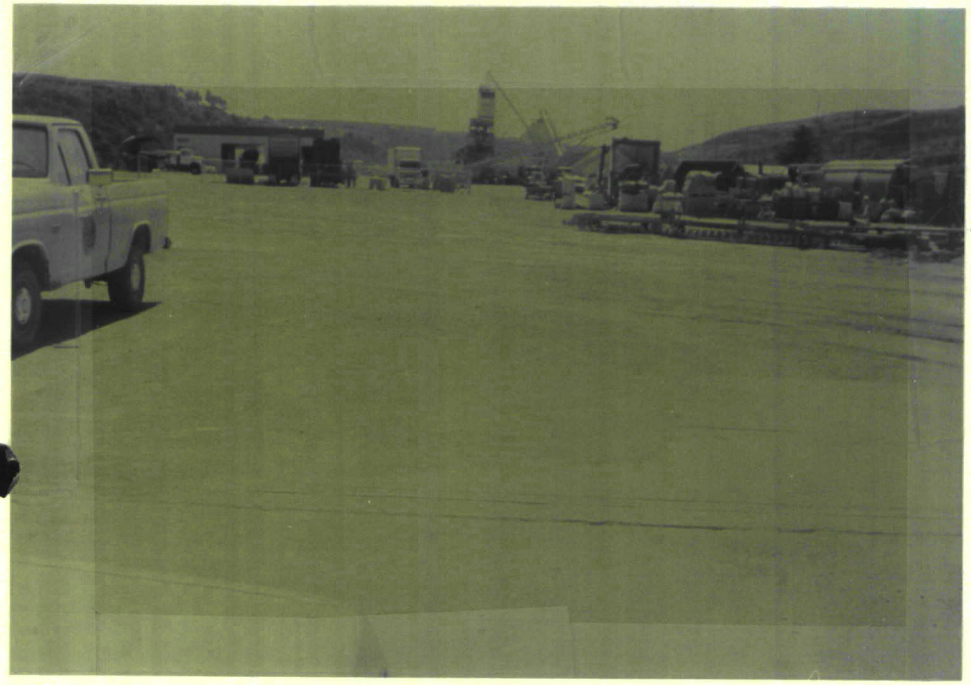
Name: Tony Sawyer	Title: Hydrogeologist Land and Water Quality Division
Signature: Tony V. Sawyer	Date: 2-7-01

VI. RWQCB NOTIFICATION

Date Submitted to RWQCB: Soils only case	RWQCB Response:	
RWQCB Staff Name:	Title:	Date:

VII. ADDITIONAL COMMENTS, DATA, ETC.

This document and the related CASE CLOSURE LETTER, shall be retained by the lead agency as part of the official site file.



H17076-001

Final site Assessment closure / Fenton Materials @ MiraMar / site visit by Mo. Lahsaie

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

URS

RECEIVED
Nov 27 12 55 PM '00
ENVIRONMENTAL
HEALTH SERVICES

November 9, 2000

H. G. Fenton Company
7588 Metropolitan Drive
San Diego, CA 92108

Attention: Mr. Allen Jones, Vice President

Re: Assessment of Diesel Fuels in Soil
Hanson Aggregates Facility, Carroll Canyon, San Diego, California
For H. G. Fenton Company
URS Project No. 40092-008-035

Dear Mr. Jones:

URS Corporation (URS) is pleased to provide this letter report to H. G. Fenton Company (Fenton) describing our assessment of diesel-impacted soil that occurred at the above-referenced site. This assessment was performed at the request of Fenton, who previously conducted sand and gravel quarrying operations at the property. Hanson Aggregates (Hanson) now owns the property and conducts quarrying operations at the site. The diesel-impacted soil was discovered in June 2000 during other earthmoving activities. The source of the diesel is not known, but is presumed to be from an aboveground diesel tank that could have previously been used in the area.

SCOPE OF WORK

URS's scope of work for this project was conducted in general accordance with the scope of services and terms and conditions described in our September 5, 2000 proposal to Fenton and consisted of the following tasks:

- Excavating three test trenches using a backhoe to assess the lateral and vertical limits of the diesel-impacted soil;
- Collecting and analyzing 13 soil samples from the test trenches for total petroleum hydrocarbons (TPH) diesel-range by EPA Method 8015B and five samples for benzene, toluene, ethylbenzene, and total xylenes (BTEX) by EPA Method 8021B; and
- Preparing this letter report summarizing the work performed, analytical test results, and our conclusions.

The work was performed in general accordance with applicable procedures outlined in the County of San Diego, Site Assessment and Mitigation Manual. Additionally, the field operations were conducted by an

URS Corporation
1615 Murray Canyon Road, Suite 1000
San Diego, CA 92108
Tel: 619.294.9400
Fax: 619.293.7920

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

URS

experienced URS field geologist under URS's site-specific Health and Safety Plan that provided health and safety procedures for our field personnel.

SITE LOCATION AND ENVIRONMENTAL SETTING

The site is located within Carroll Canyon about 6,000 feet east of the main entrance gate of the Hanson Facility in the northeast ¼ of the southeast ¼ of Section 2, Township 15 South, Range 3 West, San Bernardino Base and Meridian in the County of San Diego (Figure 1). The site is situated in the southern portion of the canyon near the toe of a north-facing slope. A dirt haul road is located directly to the west and north, and piles of soil are positioned to the east (Figure 2). The site elevation is about 280 feet above mean sea level and the topographic gradient in the area is toward the west-southwest (USGS, 1975). An intermittent, west-flowing creek within Carroll Canyon is located about two to three hundred feet to the north.

The site has been mapped as being underlain by Quaternary-age undifferentiated alluvial and slopewash deposits within Carroll Canyon (CDMG, 1975). The adjacent canyon walls are composed of Eocene-age Scripps Formation and Stadium Conglomerate, that consist of yellowish-brown, sandstone and massive conglomerate (CDMG, 1975).

The site is located within the Miramar Reservoir Hydrologic Area of the Penasquitos Hydrologic Unit and has been designated as having municipal, agricultural, and industrial beneficial uses (CRWQCB, 1994). Specific information regarding the depth to groundwater at the site was not available. However, the depth to groundwater in the hydrologic area is reported to range from approximately 25 to 50 feet below ground surface (bgs) within the drainage areas (CDWR, 1967). Additionally, within the drainages of Carroll and Rattlesnake Canyons, groundwater is anticipated to be about 20 to 30 feet bgs. Based on the topography of the overlying ground surface, local groundwater gradient within the site vicinity is inferred to generally flow to the west.

EXCAVATION AND SOIL SAMPLING ACTIVITIES

Three test trenches (Trench 1 through 3) were excavated on September 12, 2000 in the area of impacted soil (Figure 2) using a backhoe operated by Ace Excavating (a URS subcontractor). Each trench was excavated in a general north-south orientation within accessible areas. The location of the trenches was somewhat restricted due to stockpiled soils and the dirt road located directly north and west of the

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URS

impacted area, respectively. The trench depths ranged from about 4½ to 13 feet bgs. The trenches were excavated in the area of the suspected source, based on information provided by Mr. Tom Ferrell, Hanson Regulatory Affairs and observations of slightly discolored (darkish) soil on the surface.

During the excavation activities, the soils were geologically logged. Visual and olfactory observations were also made to screen for possible contamination. Thirteen selected soil samples from among the three test trenches were collected for laboratory analysis of diesel-range TPH by EPA Method 8015B. Most sample locations were generally biased toward soils that exhibited possible signs of contamination such as odors or staining. Samples were also collected at the bottom of each trench in apparently uncontaminated soils to evaluate the depth of contamination, if present. Each sample was retained in a two-inch-diameter, stainless steel sleeve capped with Teflon liners and plastic-end caps. Samples were stored in an ice chest with ice until delivery to the laboratory. Upon completion of the excavation and sampling activities, the test pits were immediately backfilled with the excavated soil due to safety concerns relating to truck traffic on the adjacent road.

The excavated soils generally consisted of reddish- and yellowish-brown sandy clay and clayey sand that contained numerous well-rounded cobbles. The soils were concluded to be fill dirt based on wood debris observed in one of the trenches and the current topographic expression of the terrain. Additionally, Mr. Ferrell later indicated that the soils were probably fill dirt based on his knowledge of previous operations in the area. Indications of contamination consisted of moderate diesel-like odors and a dark discoloration that was easily distinguished from native soils. Trenches 1 and 3 were extended down to the base of the visually discolored soil. Groundwater was not encountered in any of the test trenches.

LABORATORY TEST RESULTS

The 18 soil samples collected were submitted to Pacific Treatment Analytical Services, Inc. in San Diego, California under strict chain-of-custody procedures. Ten samples were initially analyzed for TPH diesel-range (C10 through C30) by EPA Method 8015B. The remaining samples were archived with the laboratory, pending results of the shallow samples. After receiving the TPH results, three additional samples were analyzed for TPH and five for BTEX by EPA Method 8021B. The sample results are summarized in Table 1. Sample locations and TPH and BTEX detections are shown in Figure 2. The laboratory reports and chain of custody forms are attached.

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TPH was detected in three of the thirteen samples at concentrations of 22, 435, and 5,540 mg/kg. The 5,540 and 435 mg/kg TPH concentrations were both found in Trench 1 at 2 feet bgs. The 5,540 mg/kg detection was collected near the reported source area. The 22 mg/kg of TPH was found at the bottom of Trench 3 at 11 feet bgs. The other samples analyzed for TPH, including those collected at the bottom of the trenches (Figure 2), did not contain TPH above the reporting limit of 10 mg/kg.

Of the five samples analyzed for BTEX compounds, only xylene was detected in the highest TPH sample at 0.256 mg/kg. No other BTEX compounds were detected in the other soil samples analyzed.

No significant quality control problems were indicated by the corresponding laboratory method blanks or other quality control tests, although the BTEX sample analyses exceeded their 14-day holding time until extraction by two days. This is not expected to significantly affect the sample results or the reliability of the data.

CONCLUSIONS AND RECOMMENDATIONS

Based on our field observations and soil sample results, it appears that the extent of the TPH-impacted soils has largely been delineated to the south and east. The exact northern and western limits of the impacted soil were not clearly delineated, but based on decreasing TPH concentrations with distance from the source, it appears likely that the impacted area does not extend to an appreciable distance. A possible depiction of the limits of impacted soil is presented in Figure 2. The depth of the impacted soil appears to have also been delineated. This is supported by decreasing TPH concentrations with depth in the presumed source area, the lack of product-saturated soil, the absence of discolored soil at lower depths, and the absence or very low concentrations of TPH in the lowermost samples.

TPH in soil has no specific regulatory action level. However, preliminary remediation goal values, or PRGs, are commonly used to evaluate if further investigation is warranted based on the potential risks that may be posed by individual site compounds. The PRGs for *m*-xylene (the most precautionary of the three separate xylene compounds) is 210 mg/kg for both industrial and residential scenarios. Additionally, the soil screening level (SSL) for *m*-xylene is 10 mg/kg. This particular SSL assumes that no dilution or attenuation between the source and a hypothesized receptor well will occur, and is therefore, quite protective of groundwater. Even at twice it's reported concentration (to account for possibly low data caused by exceeding the recommended laboratory holding time), *m*-xylene is still about two orders of magnitude below it's PRG.

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Based on our field assessment activities that indicate the impacted area has been sufficiently delineated and that no unacceptable risks were identified, it is URS's opinion that the diesel-impacted soil does not present a threat or potential threat to human health or groundwater in its current condition and may be left in place without the need for further assessment or corrective action.

REFERENCES

California Department of Water Resources, 1967, Groundwater Occurrence and Quality: San Diego Region, Bulletin No. 106-2.

California Division of Mines and Geology, 1975, Geology of the San Diego Metropolitan Area, California, Bulletin 200.

California Regional Water Quality Control Board, 1994,. Water Quality Control Plan for the San Diego Basin (9), September 8.

U.S. Geology Survey, 1975, La Jolla, California, Quadrangle, 7.5 Minute Series Topographic Map, scale 1:24,000.

LIMITATIONS AND CLOSING

URS has performed this assessment within the limits prescribed by our proposal using the usual degree of care and thoroughness normally employed by the environmental consulting profession at the time and locality in which the study was completed. The conclusions presented in this report are professional opinions based solely upon the visual observations of the site and soil sample results. They are intended exclusively for the purpose outlined herein and the site location and project indicated. This report is intended for the use of H. G. Fenton Company and its designated agents.

It should be recognized that this study was not intended to be a definitive investigation of all potential problems, defects, or contamination at the site, and the results obtained are not necessarily inclusive of all possible conditions. Given that the scope of services for this evaluation was limited, it is possible that currently unidentified subsurface contamination may exist at the site.

Opinions and recommendations presented herein apply to the conditions that existed at the time of our assessment and cannot necessarily apply to site changes of which URS is unaware and has not had the

URS

opportunity to evaluate. Site conditions may be affected by natural processes or by the works of man. Changes in applicable standards and regulation may also occur as a result of legislation or the broadening of knowledge. Consequently, the findings of this report may be invalidated, wholly, or in part, by changes that are unforeseen and beyond our control.

-oOo-

If you have any questions or require additional assistance, do not hesitate to call. Thank you for providing us the opportunity to be of assistance.

Very truly yours,

URS CORPORATION

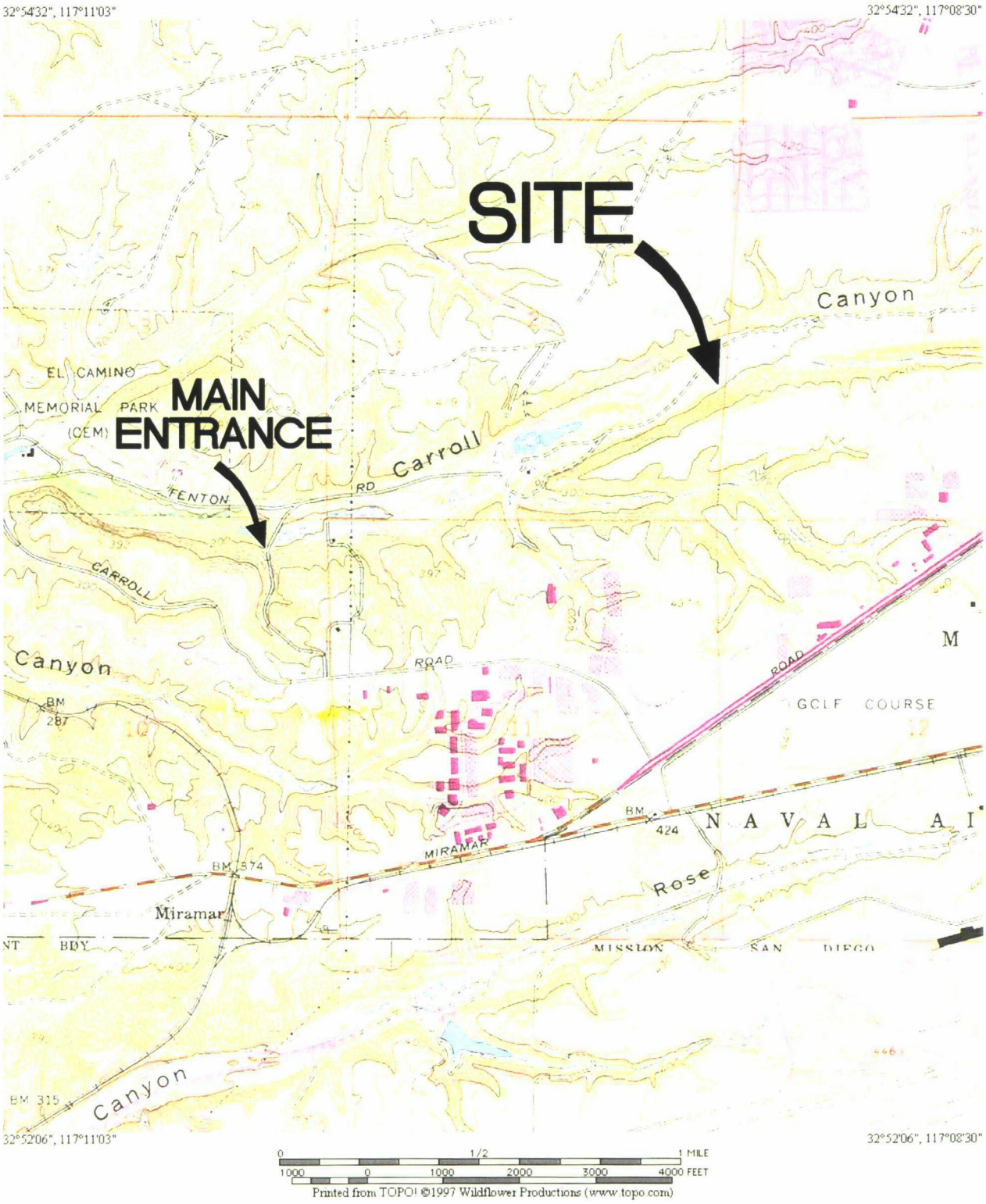
Mark H. Allen, C.E.G.
Senior Project Geologist

Norbert J. Schulz, P.G.
Site Assessment and Remediation
Division Manager

Attachments: Figure 1 – Site Map
Figure 2 – Trench Location Plan
Table 1 – Summary of
Laboratory Reports and Chain of Custody Forms

REGISTERED GEOLOGIST
MARK H. ALLEN
No. 1887
CERTIFIED
ENGINEERING
GEOLOGIST
Exp. 7/01
STATE OF CALIFORNIA

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017



SITE LOCATION MAP
HANSON AGGREGATES FACILITY–CARROLL CANYON
FOR H.G. FENTON COMPANY

URS	CHECKED BY:	DATE: 11–9–00	FIG. NO:
	PM: MA	PROJ. NO: 40092–008–035	1

x:\other_offices\d_\400092\000fig01

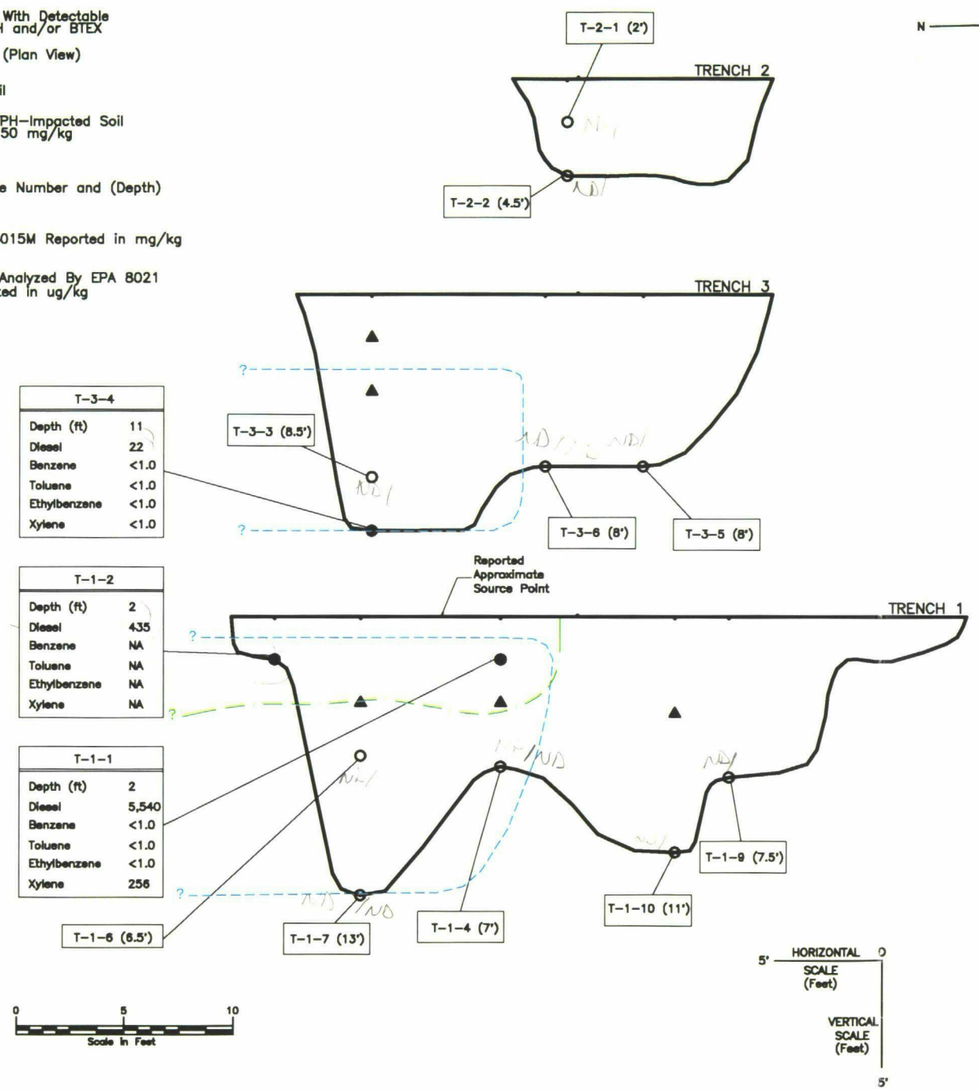
EXPLANATION

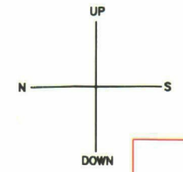
- ▲ Soil Sample Location Not Analyzed
- ○ Soil Sample Location With No Detectable Concentrations of TPH or BTEX
- ● Soil Sample Location With Detectable Concentrations of TPH and/or BTEX
- ◻ Soil Sample Location (Plan View)
- Approximate Limit of Visually Discolored Soil
- Estimated Limits of TPH-Impacted Soil at Concentrations of 50 mg/kg

T-1-1 (2)	
Depth (ft)	2
Diesel	5,540
Benzene	<1.0
Toluene	<1.0
Ethylbenzene	<1.0
Xylene	256

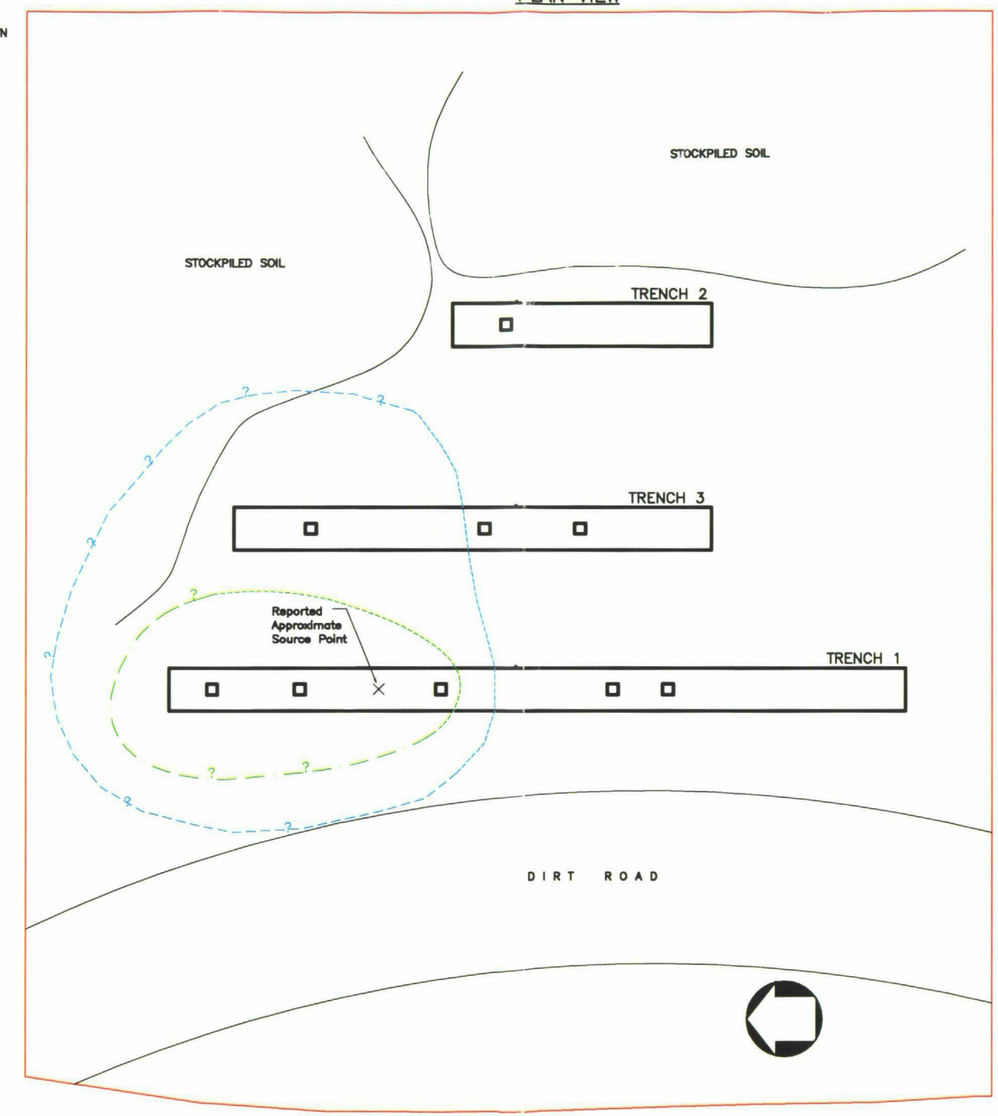
— Sample Number and (Depth)
— EPA 8015M Reported in mg/kg
— BTEX Analyzed By EPA 8021 Reported in ug/kg

SECTION VIEW





PLAN VIEW



SKETCH PLAN SHOWING SAMPLE RESULTS
HANSON AGGREGATES FACILITY–CARROLL CANYON
FOR H.G. FENTON COMPANY

URS	CHECKED BY:	DATE: 11-9-00	FIG. NO:
	PM: MA	PROJ. NO: 40092-008-035	2

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Table 1
Summary of TPH and BTEX Concentrations in Selected Soil Samples
Hanson Aggregates Carroll Canyon Facility, San Diego, California

Trench Number	Sample Number	Sample Depth	Date Analyzed	Analytical Results (mg/kg)				
				TPH	Benzene	Toluene	Ethylbenzene	Xylenes
T-1	T-1-1	2		**5,540**	--	--	--	**0.256**
	T-1-2	2		**435**				
	T-1-3							
	T-1-4	7		--	--	--	--	--
	T-1-5							
	T-1-6	6.5		--				
	T-1-7	13		--	--	--	--	--
	T-1-8							
	T-1-9	7.5		--				
	T-1-10	11		--				
T-2	T-2-1	2		--				
	T-2-2	4.5		--				
T-3	T-3-1							
	T-3-2							
	T-3-3	8.5		--				
	T-3-4	11		**22**	--	--	--	--
	T-3-5	8		--				
	T-3-6	8		--	--	--	--	--

Notes:

All samples depths are in feet below existing ground surface

TPH is total petroleum hydrocarbons by EPA Method 8015B

Benzene, Toluene, Ethylbenzene, and Xylenes analyzed by EPA Method 8021

"--" is not detected above reporting limits, which vary - see laboratory reports

blank cell indicates not analyzed

Pacific Treatment
Analytical Services, Inc.
4340 Viewridge Avenue, Suite A • San Diego, CA 92123
(858) 560-7717 • Fax (858) 560-7763
Analytical Chemistry Laboratory

RECEIVED-SDO
OCT 06 2000

October 5, 2000

URS Corp. (Dames & Moore)
Attn.: Lowell Woodbury
9665 Chesapeake Drive, Suite 201
San Diego, California 92123

Project Name/No.: None
Laboratory Log No.: 2037-00 (Addition)
Date Received: 09/12/00
Sample Matrix: Seven soil samples
PO No.: SDO-R-0900-0256

Please find the following enclosures for the above referenced project identified:

1) Analytical Report
2) QA/QC Report
3) Chain of Custody Form

.....*Certificate of Analysis*.....

Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. Date of extraction, date of analysis, detection limits and dilution factor are reported for each compound analyzed.

Data for each analytical method was evaluated by assessing the following QA/QC functions, as applicable to the methodology:

- Quality Control Standard
- Surrogate Percent Recovery
- Laboratory Control Sample (LCS) percent recoveries for all analyses
- Matrix Spike Recovery/Matrix Spike Duplicate Recovery (MSR & MSDR) and/or
- Relative Percent Difference (RPD from MSR & MSDR)

I certify that this data report is in compliance both technically and for completeness. Release of the data contained in this hardcopy data report has been authorized by the following signature.

Janis Columbo
Vice President/Laboratory Director

ANALYSIS RESULTS - EPA 8021 B
BTEX COMPOUNDS ONLY

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE	DATE SAMPLED: N/A
PTAS LOG #: METHOD BLANK	DATE RECEIVED: N/A
SAMPLE ID: N/A	DATE ANALYZED: 09/28/00
DILUTION FACTOR: 1	MATRIX: WATER
	SAMPLE VOL./WT.: 5 G

ANALYTE	REPORTING LIMITS PPB (UG/KG)	RESULTS PPB (UG/KG)
BENZENE	1.0	ND
TOLUENE	1.0	ND
ETHYLBENZENE	2.0	ND
XYLENES(TOTAL)	2.0	ND

MASS SPECTROMETRY CONFIRMATION OR SECOND COLUMN CONFIRMATION PERFORMED ON ALL DETECTED ANALYTES.
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
FLUOROBENZENE	60-128	86
4-BROMOFLUOROBENZENE	60-128	85

PTAS DCN 300-113 (Rev 2/00)

ANALYSIS RESULTS - EPA 8021 B
BTEX COMPOUNDS ONLY

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-4
SAMPLE ID: T-1-4 7'
DILUTION FACTOR: 1

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE ANALYZED: 09/28/00
MATRIX: SOIL
SAMPLE VOL./WT.: 5 G

ANALYTE	REPORTING LIMITS PPB (UG/KG)	RESULTS PPB (UG/KG)
BENZENE	1.0	ND
TOLUENE	1.0	ND
ETHYLBENZENE	2.0	ND
XYLENES(TOTAL)	2.0	ND

MASS SPECTROMETRY CONFIRMATION OR SECOND COLUMN CONFIRMATION PERFORMED ON ALL DETECTED ANALYTES.
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
FLUOROBENZENE	60-128	79
4-BROMOFLUOROBENZENE	60-128	53 *

* NOTE: POOR SURROGATE RECOVERY ATTRIBUTABLE TO SAMPLE MATRIX EFFECTS.

PTAS DCN 300-113 (Rev 2/00)

ANALYSIS RESULTS - EPA 8021 B
BTEX COMPOUNDS ONLY

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-7
SAMPLE ID: T-1-7 13'
DILUTION FACTOR: 1

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE ANALYZED: 09/28/00
MATRIX: SOIL
SAMPLE VOL./WT.: 5 G

ANALYTE	REPORTING LIMITS PPB (UG/KG)	RESULTS PPB (UG/KG)
BENZENE	1.0	ND
TOLUENE	1.0	ND
ETHYLBENZENE	2.0	ND
XYLENES(TOTAL)	2.0	ND

MASS SPECTROMETRY CONFIRMATION OR SECOND COLUMN CONFIRMATION PERFORMED ON ALL DETECTED ANALYTES.
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
FLUOROBENZENE	60-128	93
4-BROMOFLUOROBENZENE	60-128	88

PTAS DCN 300-113 (Rev 2/00)

ANALYSIS RESULTS - EPA 8021 B
BTEX COMPOUNDS ONLY

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00 16
SAMPLE ID: T-3-4 11'
DILUTION FACTOR: 1

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE ANALYZED: 09/28/00
MATRIX: SOIL
SAMPLE VOL./WT.: 5 G

ANALYTE	REPORTING LIMITS PPB (UG/KG)	RESULTS PPB (UG/KG)
BENZENE	1.0	ND
TOLUENE	1.0	ND
ETHYLBENZENE	2.0	ND
XYLENES(TOTAL)	2.0	ND

MASS SPECTROMETRY CONFIRMATION OR SECOND COLUMN CONFIRMATION PERFORMED ON ALL DETECTED ANALYTES.
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
FLUOROBENZENE	60-128	91
4-BROMOFLUOROBENZENE	60-128	87

PTAS DCN 300-113 (Rev 2/00)

ANALYSIS RESULTS - EPA 8021 B
BTEX COMPOUNDS ONLY

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-18
SAMPLE ID: T-3-6 8'
DILUTION FACTOR: 1

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE ANALYZED: 09/28/00
MATRIX: SOIL
SAMPLE VOL./WT.: 5 G

ANALYTE	REPORTING LIMITS PPB (UG/KG)	RESULTS PPB (UG/KG)
BENZENE	1.0	ND
TOLUENE	1.0	ND
ETHYLBENZENE	2.0	ND
XYLENES(TOTAL)	2.0	ND

MASS SPECTROMETRY CONFIRMATION OR SECOND COLUMN CONFIRMATION PERFORMED ON ALL DETECTED ANALYTES.
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
FLUOROBENZENE	60-128	85
4-BROMOFLUOROBENZENE	60-128	75

PTAS DCN 300-113 (Rev 2/00)

QA/QC REPORT

METHOD:	EPA 8021 B-SOLID				ACCEPTABLE LCS/LCSD CRITERIA	ACCEPTABLE MS/MSD CRITERIA	ACCEPTABLE RPD CRITERIA
DATE ANALYZED:	09/28/00						
QA/QC SAMPLE:	PTAS 2067-00-1						
SPIKED ANALYTE	LCS % R	MS % R	MSD % R	RPD	%	%	%
BENZENE	91	86	86	0	70-122	39-150	<30
CHLOROBENZENE	91	86	85	1	51-132	53-137	<30
CHLOROFORM	112	110	112	2	65-135	60-152	<30
ETHYLBENZENE	89	86	87	1	69-122	32-160	<30
1,1-DICHLOROETHENE	89	86	92	7	53-138	52-154	<30
TOLUENE	93	87	87	0	68-121	46-148	<30
1,1,1-TRICHLOROETHANE	107	110	112	2	71-131	61-151	<30
TRICHLOROETHENE	121	126	129	2	65-133	61-148	<30
XYLENES	92	85	86	1	69-122	58-124	<30

LCS % R = LABORATORY CONTROL SAMPLE PERCENT RECOVERY
MS % R = MATRIX SPIKE PERCENT RECOVERY
MSD % R = MATRIX SPIKE DUPLICATE PERCENT RECOVERY
RPD = RELATIVE PERCENT DIFFERENCE

PTAS DCN 300-113 (Rev 2/00)

ANALYSIS RESULTS - EPA 8021 B
BTEX COMPOUNDS ONLY

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: METHOD BLANK
SAMPLE ID: N/A
DILUTION FACTOR: 1

DATE SAMPLED: N/A
DATE RECEIVED: N/A
DATE ANALYZED: 09/29/00
MATRIX: WATER
SAMPLE VOL./WT.: 5 ML

ANALYTE	REPORTING LIMITS PPB (UG/L)	RESULTS PPB (UG/L)
BENZENE	0.5	ND
TOLUENE	0.5	ND
ETHYLBENZENE	0.5	ND
XYLENES(TOTAL)	1.0	ND

MASS SPECTROMETRY CONFIRMATION OR SECOND COLUMN CONFIRMATION PERFORMED ON ALL DETECTED ANALYTES.
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
FLUOROBENZENE	60-128	83
4-BROMOFLUOROBENZENE	60-128	84

PTAS DCN 300-112 (Rev 2/00)

ANALYSIS RESULTS - EPA 8021 B
BTEX COMPOUNDS ONLY

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-1
SAMPLE ID: T-1-1 2'
DILUTION FACTOR: 250

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/27/00
DATE ANALYZED: 09/29/00
MATRIX: SOIL EXTRACT *
SAMPLE VOL./WT.: 5 ML

ANALYTE	REPORTING LIMITS PPB (UG/KG)	RESULTS PPB (UG/KG)
BENZENE	125	ND
TOLUENE	125	ND
ETHYLBENZENE	125	ND
XYLENES(TOTAL)	250	256

MASS SPECTROMETRY CONFIRMATION OR SECOND COLUMN CONFIRMATION PERFORMED ON ALL DETECTED ANALYTES.
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
FLUOROBENZENE	60-128	83
4-BROMOFLUOROBENZENE	60-128	84

PTAS DCN 300-112 (Rev 2/00)

QA/QC REPORT

METHOD:	EPA 8021 B-SOIL EXTRACT				ACCEPTABLE LCS/LCSD CRITERIA	ACCEPTABLE MS/MSD CRITERIA	ACCEPTABLE RPD CRITERIA
DATE ANALYZED:	09/29/00						
QA/QC SAMPLE:	PTAS 2170-00-2						
SPIKED ANALYTE	LCS % R	MS % R	MSD % R	RPD	%	%	%
BENZENE	91	88	87	1	70-122	61-126	<30
CHLOROBENZENE	91	87	88	1	60-115	53-127	<30
CHLOROFORM	109	85	81	5	72-123	65-136	<30
ETHYLBENZENE	90	87	88	1	60-129	45-146	<30
1,1-DICHLOROETHENE	72	85	88	3	69-122	61-124	<30
TOLUENE	92	87	87	0	68-121	57-126	<30
1,1,1-TRICHLOROETHANE	106	83	80	4	72-126	63-138	<30
TRICHLOROETHENE	114	78	75	4	73-120	51-153	<30
XYLENES	91	87	88	1	69-122	58-124	<30

LCS % R = LABORATORY CONTROL SAMPLE PERCENT RECOVERY
MS % R = MATRIX SPIKE PERCENT RECOVERY
MSD % R = MATRIX SPIKE DUPLICATE PERCENT RECOVERY
RPD = RELATIVE PERCENT DIFFERENCE

Pacific Treatment Analytical Services, Inc. 4340 Viewridge Ave., Suite A • San Diego, CA 92123 (858) 560-7717 FAX (858) 560-7763

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: METHOD BLANK
SAMPLE ID: N/A

DATE SAMPLED: N/A
DATE RECEIVED: N/A
DATE EXTRACTED: 09/25/00
DATE ANALYZED: 09/26/00
MATRIX: SOLID

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	96

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-1
SAMPLE ID: T-1-1 2'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/25/00
DATE ANALYZED: 09/26/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	100	10	5,540

DF = DILUTION FACTOR
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	85

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-6
SAMPLE ID: T-1-6 6 1/2

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/25/00
DATE ANALYZED: 09/26/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	96

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: URS CORP. (DAMES & MOORE)

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-15
SAMPLE ID: T-3-3 8 1/2

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/25/00
DATE ANALYZED: 09/26/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	96

PTAS DCN 300-065 (Rev 3/00)

QA/QC REPORT						
METHOD:	TPH-EPA 8015 D-SOIL				ACCEPTABLE LCS,MS/MSD CRITERIA	ACCEPTABLE RPD CRITERIA
DATE ANALYZED:	09/26/00					
QA/QC SAMPLE:	PTAS 2142-00-3					
SPIKED ANALYTE	LCS % R	MS % R	MSD % R	RPD	%	%
DIESEL	77	80	76	5	75-125	<30

LCS % R = LABORATORY CONTROL SAMPLE PERCENT RECOVERY
MS % R = MATRIX SPIKE PERCENT RECOVERY
MSD % R = MATRIX SPIKE DUPLICATE PERCENT RECOVERY
RPD = RELATIVE PERCENT DIFFERENCE

Pacific Treatment Analytical Services, Inc. 4340 Viewridge Ave., Suite A • San Diego, CA 92123 (858) 560-7717 FAX (858) 560-7763

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Pacific Treatment Analytical Services, Inc.

CHAIN-OF-CUSTODY RECORD

4340 Viewridge Avenue, Suite A San Diego, CA 92123 Phone (858) 560-7717 Fax (858) 560-7763

SEP 12 '00 17:03

Addition faxed 9/22/00

PTAS LOG #: 2037-00A

Client: URS / DAMES + MOORE

Address: 9665 CHESAPEAKE DR #201
SAN DIEGO

Attn: LOWELL WOODBY Phone: 858

Sampled by: Fax:

Billing Address:

Project: PO #:

PTAS DATE/TIME STAMP

REQUESTED ANALYSIS

PTAS ID #	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container(s) #	Container(s) Type*	418.1 (TRPH)	Oil & Grease 413.1 413.2	TPH (8015B) Gas Diesel	TPH-Extended 8015B ASTM D2887	602 / 8020 BTXE MTBE	601 / 8010 (Purgeable Halocarbons)	608 / 8081 (Pesticides)	608 / 8082 (PCB's)	624 / 8260 (Volatile Organics)	625 / 8270 (Semi Volatile Organics)	TTLC Metals (CAC Title 22)	STLC Metals (CAC Title 22)	TCLP (RCRA) Metals Organics	Cd Cr Cu Pb Ni Ag Zn	pH EC TSS	8015B - DIESEL	BTEX 8021	PAH 8310	~~HOLD~~ Taken off Hold 9/13	TPH Diesel	BTXE 8021
1	T-1-1 2'	12 SEPT 00	–	Soil	1	ST																X	X		X	X	X
2	T-1-2 2'		–																			X			X		
3	T-1-3 4'		1055																			X			X		X
4	T-1-4 7'		1110																						X		
5	T-1-5 4'		1115																						X	X	
6	T-1-6 6½'		1128																			X			X		X
7	T-1-7 13'		1200																						X		
8	~~T-1-8 4½'~~		1230																			X			X		
9	T-1-9 7½'		1235																			X			X		
10	T-1-10 11'		1255																								

*Container Type: B=Brass Tube; V=VOA; G=Glass; P=Plastic; O=Other (list)

Tamper-Proof Seals Intact: Yes No N/A

Correct Containers: Yes No

Sample(s): Cold Ambient Warm

VOAs w/ZHS: Yes No N/A

All Samples Properly Preserved: Yes No N/A

Disposal: N/C (aqueous) *PTAS (@$5.00/sample) Return Hold

Turnaround Time: 24 hr 48 hr 3 day 4 day 5 day Normal

Comments:

RELINQUISHED BY	DATE/TIME	RECEIVED BY
Signature [signature]	12 SEPT 00 1702	Signature [signature]
Print Lowell Woodby		Print Shawn Sullivan
Company: URS / DAMES + MOORE		Company: PTAS
Signature		Signature
Print		Print
Company:		Company:
Signature		Signature
Print		Print
Company:		Company:

White - PTAS Canary - Accounting Pink - Client (w/Report) Goldenrod - Client (Relinq... amples)

Pacific Treatment Analytical Services, Inc.

CHAIN-OF-CUSTODY RECORD

4340 Viewridge Avenue, Suite A San Diego, CA 92123 Phone (858) 560-7717 Fax (858) 560-7763

B - Page 2 of 2

PTAS LOG #: 2037-00A

PTAS DATE/TIME STAMP

Client: URS

Address:

Attn: Phone:

Sampled by: Fax:

Billing Address:

Project: PO #:

REQUESTED ANALYSIS

PTAS ID #	Client Sample ID	TIME ~~Sample Date~~	DATE ~~Sample Time~~	Sample Matrix	Container(s) #	Container(s) Type*	418.1 (TRPH)	Oil & Grease 413.1 ___ 413.2 ___	TPH (8015B) Gas ___ Diesel X	TPH-Extended 8015B ___ ASTM D2887 ___	602 / 8020 BTXE ___ MTBE ___	601 / 8010 (Purgeable Halocarbons)	608 / 8081 (Pesticides)	608 / 8082 (PCB's)	624 / 8260 (Volatile Organics)	625 / 8270 (Semi Volatile Organics)	TTLC Metals (CAC Title 22)	STLC Metals (CAC Title 22)	TCLP (RCRA) Metals ___ Organics ___	Cd Cr Cu Pb Ni Ag Zn	pH EC TSS	TPH Diesel	BTXE by 8021	Taken off hold 9/13 3 mos
1	T-2-1 2' 1400	~~12SEPT00~~	12SEPT00	SOIL	1				X															X
2	T-2-2 4½'	1415							X															X
3	T-3-1 2'	1435																						X
4	T-3-2 4½'	1444																						X
5	T-3-3 8½'	1458																				X		X
6	T-3-4 11'	1520							X														X	X
7	T-3-5 8'	1537							X															X
8	T-3-6 8'	1649							X														X	X
9																								
10																								

*Container Types: B=Brass Tube; V=VOA; G=Glass; P=Plastic; O=Other (list)

Tamper-Proof Seals Intact: Yes No N/A

Correct Containers: Yes No

Sample(s): Cold Ambient Warm

VOAs w/ZHS: Yes No N/A

All Samples Properly Preserved: Yes No N/A

Disposal: N/C (aqueous) *PTAS (@$5.00/sample) Return Hold

Turnaround Time: 24 hr 48 hr 3 day 4 day 5 day Normal

Comments:

RELINQUISHED BY	DATE/TIME	RECEIVED BY
Signature [signature]	12SEPT00	Signature [signature]
Print Lowell Woodney	1702	Print Shawn Sull
Company: URS / Dames + Moore		Company: PTAS
Signature		Signature
Print		Print
Company:		Company:
Signature		Signature
Print		Print
Company:		Company:

* PTAS ...es the right to return samples that do not match our waste profile.

White - PTAS Canary - Accounting Pink - Client (w/Report) Goldenrod - Client (Relin... Samples)

Pacific Treatment
Analytical Services, Inc.
4340 Viewridge Avenue, Suite A ∘ San Diego, CA 92123
(858) 560-7717 ∘ Fax (858) 560-7763
Analytical Chemistry Laboratory

September 21, 2000

URS Corp. (Dames & Moore)
Attn.: Lowell Woodbury
9665 Chesapeake Drive, Suite 201
San Diego, California 92123

Project Name/No.: None
Laboratory Log No.: 2037-00
Date Received: 09/12/00
Sample Matrix: Eighteen soil samples
PO No.: SDO-R-0900-0256

Please find the following enclosures for the above referenced project identified:

1) Analytical Report
2) QA/QC Report
3) Chain of Custody Form

Certificate of Analysis

Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. Date of extraction, date of analysis, detection limits and dilution factor are reported for each compound analyzed. All samples were analyzed within the method required holding time from sample collection.

Data for each analytical method was evaluated by assessing the following QA/QC functions, as applicable to the methodology:

- Quality Control Standard
- Surrogate Percent Recovery
- Laboratory Control Sample (LCS) percent recoveries for all analyses
- Matrix Spike Recovery/Matrix Spike Duplicate Recovery (MSR & MSDR) and/or
- Relative Percent Difference (RPD from MSR & MSDR)

I certify that this data report is in compliance both technically and for completeness. Release of the data contained in this hardcopy data report has been authorized by the following signature.

Janis Columbo
Vice President/Laboratory Director

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: METHOD BLANK
SAMPLE ID: N/A

DATE SAMPLED: N/A
DATE RECEIVED: N/A
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/14/00
MATRIX: SOLID

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	109

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-2
SAMPLE ID: T-1-2 2'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/14/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	435 *

DF = DILUTION FACTOR
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	113

* NOTE: WASTE OIL PRESENT

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-4
SAMPLE ID: T-1-4-7'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/14/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	109

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-7
SAMPLE ID: T-1-7-13'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/14/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	114

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-9
SAMPLE ID: T-1-9 7 1/2'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/14/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	116

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-10
SAMPLE ID: T-1-10 11'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/14/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	113

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-11
SAMPLE ID: T-2-1 2'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/14/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	118

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-12
SAMPLE ID: T-2-2 4 1/2'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/14/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	112

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-16
SAMPLE ID: T-3-4 11'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/15/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	22

DF = DILUTION FACTOR
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	118

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-17
SAMPLE ID: T-3-5 8'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/15/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	116

PTAS DCN 300-065 (Rev 3/00)

ANALYSIS RESULTS - TPH BY EPA 8015 B
TOTAL PETROLEUM HYDROCARBONS

CLIENT: DAMES & MOORE

PROJECT NAME/No.: NONE
PTAS LOG #: 2037-00-18
SAMPLE ID: T-3-6 8'

DATE SAMPLED: 09/12/00
DATE RECEIVED: 09/12/00
DATE EXTRACTED: 09/14/00
DATE ANALYZED: 09/15/00
MATRIX: SOIL

ANALYTE	CARBON RANGES	REPORTING LIMITS PPM (MG/KG)	DF	RESULTS PPM (MG/KG)
DIESEL	C10 - C30	10	1	ND

DF = DILUTION FACTOR
ND = ANALYTE NOT DETECTED AT OR ABOVE THE INDICATED REPORTING LIMIT
REPORTING LIMITS AND RESULTS HAVE BEEN ADJUSTED ACCORDINGLY TO ACCOUNT FOR DILUTION FACTOR.

SURROGATE SPIKE DATA	ACCEPTANCE CRITERIA	% RECOVERY
1-BROMO-4-FLUOROBENZENE	75-129	116

PTAS DCN 300-065 (Rev 3/00)

QA/QC REPORT						
METHOD:	TPH-EPA 8015 B-SOIL				ACCEPTABLE LCS,MS/MSD CRITERIA	ACCEPTABLE RPD CRITERIA
DATE ANALYZED:	09/15/00					
QA/QC SAMPLE:	PTAS 2037-00-7					
SPIKED ANALYTE	LCS % R	MS % R	MSD % R	RPD	%	%
DIESEL	82	84	87	3	75-125	<30

LCS % R = LABORATORY CONTROL SAMPLE PERCENT RECOVERY

MS % R = MATRIX SPIKE PERCENT RECOVERY

MSD % R = MATRIX SPIKE DUPLICATE PERCENT RECOVERY

RPD = RELATIVE PERCENT DIFFERENCE

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Page 1 of 2

Pacific Treatment Analytical Services, Inc.

CHAIN-OF-CUSTODY RECORD

4340 Viewridge Avenue, Suite A San Diego, CA 92123 Phone (858) 560-7717 Fax (858) 560-7763

SEP 12 '09 17:03

PTAS LOG #: 2037-00

Client: URS/DAMES + MOORE

Address: 9665 CHESAPEAKE DR #201
SAN DIEGO

Attn: Lorraine Woodley Phone: 858

Sampled by: Fax:

Billing Address:

Project: PO #:

PTAS DATE/TIME STAMP

REQUESTED ANALYSIS

PTAS ID #	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container(s) #	Container(s) Type*	418.1 (TRPH)	Oil & Grease 413.1___ 413.2___	TPH (8015B) Gas___ Diesel___	TPH-Extended 8015B___ ASTM D2887___	602 / 8020 BTXE___ MTBE___	601 / 8010 (Purgeable Halocarbons)	608 / 8081 (Pesticides)	608 / 8082 (PCB's)	624 / 8260 (Volatile Organics)	625 / 8270 (Semi Volatile Organics)	TTLC Metals (CAC Title 22)	STLC Metals (CAC Title 22)	TCLP (RCRA) Metals___ Organics___	Cd Cr Cu Pb Ni Ag Zn	pH EC TSS	8015B - DIESEL	BTEX 8021	PAH 8310	Taken off Hold 9/18
1	T-1-1 2'	12 SEPT 09	–	Soil	1	ST																			
2	T-1-2 2'		–																			X			X
3	T-1-3 4'		1055																						X
4	T-1-4 7'		1110																			X			X
5	T-1-5 4'		1115																						X
6	T-1-6 6½'		1129																						X
7	T-1-7 13'		1200																			X			X
8	T-1-8 4½'		1230																						X
9	T-1-9 7½'		1235																			X			X
10	T-1-10 11'		1255																			X			X

*Container Types: B=Brass Tube; V=VOA; G=Glass; P=Plastic; O=Other (list)

Tamper-Proof Seals Intact: Yes No N/A

Correct Containers: Yes No

Sample(s): Cold Ambient Warm

VOAs w/ZHS: Yes No N/A

All Samples Properly Preserved: Yes No N/A

Disposal: N/C (aqueous) *PTAS (@$5.00/sample) Return Hold

Turnaround Time: 24 hr 48 hr 3 day 4 day 5 day Normal

Comments:

RELINQUISHED BY	DATE/TIME	RECEIVED BY
Signature [signature]	12 SEPT 09 1702	Signature [signature]
Print Lorraine Woodley		Print [signature]
Company: URS/DAMES + MOORE		Company: PTAS
Signature		Signature
Print		Print
Company:		Company:
Signature		Signature
Print		Print
Company:		Company:

* PTAS reserves the right to return samples that do not match our waste profile.

White - PTAS Canary - Accounting Pink - Client (w/Report) Goldenrod - Client (Relinquish Samples)

Page 2 of 2

Pacific Treatment Analytical Services, Inc.

CHAIN-OF-CUSTODY RECORD

4340 Viewridge Avenue, Suite A San Diego, CA 92123 Phone (858) 560-7717 Fax (858) 560-7763

PTAS LOG #: 2037-00

PTAS DATE/TIME STAMP

Client: URS

Address:

Attn: Phone:

Sampled by: Fax:

Billing Address:

Project: PO #:

REQUESTED ANALYSIS

PTAS ID #	Client Sample ID	~~Sample Date~~ Date	~~Sample Time~~ Sample Time	Sample Matrix	Container(s) #	Container(s) Type*	418.1 (TRPH)	Oil & Grease 413.1 ___ 413.2 ___	TPH (8015B) Gas ___ Diesel X	TPH-Extended 8015B ___ ASTM D2887 ___	602 / 8020 BTXE ___ MTBE ___	601 / 8010 (Purgeable Halocarbons)	608 / 8081 (Pesticides)	608 / 8082 (PCB's)	624 / 8260 (Volatile Organics)	625 / 8270 (Semi Volatile Organics)	TTLC Metals (CAC Title 22)	STLC Metals (CAC Title 22)	TCLP (RCRA) Metals ___ Organics ___	Cd Cr Cu Pb Ni Ag Zn	pH EC TSS			Tamper Seals broken					
01	T-2-1 2'		1250TW	Soil	1				X															X					
02	T-2-2 4½'	1415							X															X					
03	T-3-1 2'	1435																						X					
04	T-3-2 4½'	1444																						X					
05	T-3-3 6½'	1450																						X					
06	T-3-4 11'	1520							X															X					
07	T-3-5 8'	1537							X															X					
08	T-3-6 8'	1549							X															X					
09																													
10																													

*Container Types: B=Brass Tube; V=VOA; G=Glass; P=Plastic; O=Other (list)

Tamper-Proof Seals Intact: Yes No N/A Correct Containers: Yes No

Sample(s): Cold Ambient Warm VOAs w/ZHS: Yes No N/A

All Samples Properly Preserved: Yes No N/A

Disposal: N/C (aqueous) *PTAS (@$5.00/sample) Return Hold

Turnaround Time. 24 hr 48 hr 3 day 4 day 5 day Normal

Comments:

RELINQUISHED BY	DATE/TIME	RECEIVED BY
Signature	12 50TW	Signature
Print Lonnie Wilson	1702	Print
Company: URS / Dana Brown		Company: PTAC
Signature		Signature
Print		Print
Company:		Company:
Signature		Signature
Print		Print
Company:		Company:

* PTAS reserves the right to return samples that do not match our waste profile. White - PTAS Canary - Accounting Pink - Client (w/Report) Goldenrod - Client (Relinquish Samples)

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

URS

RECEIVED
JAN 10 12 53 PM '01
ENVIRONMENTAL
HEALTH SERVICES

January 8, 2001

County of San Diego
Department of Environmental Health, Land and Water Quality Division
P.O. Box 129261
San Diego, CA 92163-9069

Attention: Ms. Joy Newman, Fax (619) 338-2243

Re: Estimate of Diesel-impacted Soil
Hanson Aggregates Facility, Carroll Canyon, San Diego, California
DEH File Number H17076-002
For H. G. Fenton Company, URS Project No. 40092-008-035

Dear Ms. Newman:

At your request, URS Corporation (URS) is pleased to provide the enclosed information regarding our estimated volume of diesel-impacted soil at the above-referenced site. Upon receipt of this information, we understand you are likely to recommend in-place closure of the impacted soils and not require further action in this matter.

Based on our field observations and soil sample results as documented in our November 9, 2000 letter report, it appears that the extent of the TPH-impacted soils extends about 5 feet to the south and east from the reported point source. The exact northern and western limits of the impacted soil were not clearly delineated, but based on decreasing TPH concentrations with distance from the source, probably do not extend beyond about 10 feet. Soil sampling indicates the depth of the impacted soil does not extend below 5 feet at the reported source area. Based on these observations, sample results, and assumptions, the total amount of TPH-impacted soil over 100 mg/kg is estimated to be less than 20 cubic yards.

If you have any questions or require additional assistance, do not hesitate to call.

Respectfully submitted,
URS CORPORATION

REGISTERED GEOLOGIST
MARK H. ALLEN
No. 1887
CERTIFIED ENGINEERING GEOLOGIST
Exp. 7/01
STATE OF CALIFORNIA

Mark H. Allen, C.E.G.
Senior Project Geologist

for Norbert J. Schulz, P.G.
Site Assessment and Remediation
Division Manager

cc: Mr. Allen Jones, H. G. Fenton Company, 7588 Metropolitan Drive, San Diego, CA 92108
Mr. Marvin Howell, Hanson Aggregates, P.O. Box 639069, San Diego, CA 92163-9069

URS Corporation
1615 Murray Canyon Road, Suite 1000
San Diego, CA 92108
Tel: 619.294.9400
Fax: 619.293.7920

Appendix C

Notice of receipt of Freedom of Information ACT
from the United States Environmental Protection Agency – Region IX

From: r9foia@epa.gov
Sent: Thursday, June 22, 2017 4:18 PM
To: shannon@environmentalsupportservices.com
Subject: FOIA Request EPA-R9-2017-008754 Submitted

This message is to confirm your request submission to the FOIAonline application: View Request. Request information is as follows:

- Tracking Number: EPA-R9-2017-008754
- Requester Name: Shannon Castagno
- Date Submitted: 06/22/2017
- Request Status: Submitted
- Description: Site: 9255 Camino Santa Fe San Diego, CA 92121 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 (see attached map) ESS requests the following information concerning the subject address which your agency may have on file: 1. utilization, manufacture, storage, or discharge of hazardous materials/waste. 2. previous or on-going site investigations/remediations pertaining to hazardous materials/waste. 3. hazardous materials disclosures concerning the site. 4. information regarding underground and aboveground storage tank present or previously found at the site.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
75 Hawthorne Street
San Francisco, CA 94105

JUL 24 2017

Ms. Shannon Castagno
Environmental Support Services
30251 Golden Lantern, #E305
Laguna Niguel, CA 92677

Re: Freedom of Information Act Request EPA-R9-2017-008754

Dear Ms. Castagno:

This is in response to your Freedom of Information Act request regarding:

9255 Camino Santa Fe, San Diego, CA

I wish to advise you that Region 9 has no records responsive to your request.

All FOIA related documents, including this letter (invoice if applicable), have been uploaded to EPA's FOIAOnline system found at https://foiaonline.regulations.gov/foia/action/public/home. Please be sure to reference your FOIA request as EPA-R9-2017-008754 to access this record.

This letter concludes our response to your request. You may appeal this response by email at hq.foia@epa.gov, or by mail to the National Freedom of Information Office, U.S. EPA, 1200 Pennsylvania Avenue, N.W. (2822T), Washington, DC 20460 (U.S. Postal Service Only). Only items mailed through the United States Postal Service may be delivered to 1200 Pennsylvania Avenue, N.W. If you are submitting your appeal via hand delivery, courier service, or overnight delivery, you must address your correspondence to 1301 Constitution Avenue, N.W., Room 6416J, Washington, DC 20001. Your appeal must be made in writing, and it must be received no later than 90 calendar days from the date of this letter. The Agency will not consider appeals received after the 90 calendar day limit. Appeals received after 5:00 pm EST will be considered received the next business day. The appeal letter should include the FOIA tracking number listed above. For quickest possible handling, the subject line of your email, the appeal letter, and its envelope, if applicable, should be marked "Freedom of Information Act Appeal." Additionally, you may seek assistance from EPA's FOIA Public Liaison at hq.foia@epa.gov or (202)566-1667, or from the Office of Government Information Services (OGIS).

You may contact OGIS in any of the following ways: by mail, Office of Government Information Services, National Archives and Records Administration, Room 2510, 8610 Adelphi Road, College Park, MD 20740-6001; e-mail, ogis@nara.gov; telephone, (301) 837-1996 or (877) 684-6448 or fax, (301) 837-0348.

If you have any questions, please contact Stephen Southern of this office at 415-972-3215.

Sincerely,

Enrique Manzanilla
Division Director

Appendix D

Request for Records Search to the
Department of Toxic Substances Control – Cypress Office and
Response Obtained from that Agency

Environmental Support Services

Environmental Research & Due Diligence Compliance
30251 Golden Lantern, #E-305, Laguna Niguel, CA 92677
Tel) 949-429-3564 • Fax) 949-429-3563
www.EnvironmentalSupportServices.com • Info@EnvironmentalSupportServices.com

June 22, 2017

Dept of Toxic Substances Control
Cypress Office
5796 Corporate Avenue
Cypress, CA 90630

Attention: Julie Johnson/Jone Barrio

Dear Julie/Jone,

Please check for any files/information on the following site:

Site 9255 Camino Santa Fe
San Diego, CA 92121
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
(see attached map)

Sincerely,
Environmental Support Services

Shannon Castagno

Shannon Castagno
Project Manager
Shannon@EnvironmentalSupportServices.com

Department of Toxic Substances Control

Matthew Rodriquez
Secretary for
Environmental Protection

Barbara A. Lee, Director
5796 Corporate Avenue
Cypress, California 90630

Edmund G. Brown Jr.
Governor

June 28, 2017

Shannon Castagno
ENVIRONMENTAL SUPPORT SERVICES
30251 Golden Lantern, #E-305
Laguna Niguel, CA 92677

SEE ATTACHED SHEET
PR4-062217-2

Dear Ms. Castagno:

The Department of Toxic Substances Control has received your letter to review records under the Public Records Act.

After a thorough review of our files we have found that no such records exist at this office pertaining to the site/facility referenced above.

We would like to inform you about EnviroStor, a database that provides information and documents on over 5,000 DTSC cleanup sites. EnviroStor can be accesses at: http://www.envirostor.dtsc.ca.gov/public. Also, a computer is available at each DTSC Regional File Room Office for use by community members to view EnviroStor.

If you have any questions or would like further information regarding your request, please contact me at (714) 484-5337.

Sincerely,

Julie Johnson

Julie Johnson
Regional Records Coordinator

Printed on Recycled Paper

PR4-062217-2

Johnson, Julie@DTSC

From: Shannon Castagno <Shannon@EnvironmentalSupportServices.com>
Sent: Thursday, June 22, 2017 3:23 PM
To: Barrio, Jone@DTSC; Barrio, Jone@DTSC; Johnson, Julie@DTSC; Johnson, Julie@DTSC
Subject: Public Records Request
Attachments: Site Map.pdf

Environmental Support Services

Environmental Research & Due Diligence Compliance
30251 Golden Lantern, #E-305, Laguna Niguel, CA 92677
Tel) 949-429-3564 • Fax) 949-429-3563
www.EnvironmentalSupportServices.com • Info@EnvironmentalSupportServices.com

June 22, 2017

Dept of Toxic Substances Control
Cypress Office
5796 Corporate Avenue
Cypress, CA 90630

Attention: Julie Johnson/Jone Barrio

Dear Julie/Jone,

Please check for any files/information on the following site:

Site 9255 Camino Santa Fe
San Diego, CA 92121
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
(see attached map)

Sincerely,
Environmental Support Services

Shannon Castagno

Shannon Castagno
Project Manager
Shannon@EnvironmentalSupportServices.com

Appendix E

Request for Records Search to the
Department of Toxic Substances Control – Chatsworth Office and
Response Obtained from that Agency

Environmental Support Services

Environmental Research & Due Diligence Compliance
30251 Golden Lantern, #E-305, Laguna Niguel, CA 92677
Tel) 949-429-3564 • Fax) 949-429-3563
www.EnvironmentalSupportServices.com • Info@EnvironmentalSupportServices.com

June 22, 2017

Dept of Toxic Substances Control
Chatsworth Office
9211 Oakdale Avenue
Chatsworth, CA

Attention: Glenn Castillo/Robert Hardison

Dear Glenn/Robert,

Please check for any files/information on the following site:

Site 9255 Camino Santa Fe
San Diego, CA 92121
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
(see attached map)

Sincerely,
Environmental Support Services

Shannon Castagno

Shannon Castagno
Project Manager
Shannon@EnvironmentalSupportServices.com

Department of Toxic Substances Control

Matthew Rodriquez
Secretary for
Environmental Protection

Barbara A. Lee, Director
9211 Oakdale Avenue
Chatsworth, California 91311

Edmund G. Brown Jr.
Governor

June 29, 2017

Ms. Shannon Castagno
Environmental Support Services
30251 Golden Lantern, #E-305
Laguna Niguel, CA 92677

VARIOUS SITES
PR3-062217-09

Dear Ms. Castagno:

We have received your Public Records Act Request for records from the Department of Toxic Substances Control.

After a thorough review of our files we have found that no such records exist at this office pertaining to the sites/facilities referenced below.

- 9255 Camino Santa Fe, San Diego, CA 92121
- APNs: 341-050-38-00 through 341-050-42-00
- APNs: 341-051-17-00 through 341-051-19-00
- APNs: 341-060-82-00

However, your request has been forwarded to our Cypress office as they may have records for the San Diego facility. We would also like to inform you about EnviroStor, a database that provides information and documents on over 5,000 DTSC cleanup sites. EnviroStor can be accessed at: http://www.envirostor.dtsc.ca.gov/public. Also, a computer is available in the Central Files of each DTSC Regional Office for use by community members to view EnviroStor. If you have any questions or would like further information regarding your request, please contact me at (818) 717-6521.

Sincerely,

Robert Hardison

Robert Hardison/bh
Regional Records Coordinator

Appendix F

Request for Records Search to the
Department of Toxic Substances Control – San Diego Office

Environmental Support Services
Environmental Research & Due Diligence Compliance
30251 Golden Lantern, #E-305, Laguna Niguel, CA 92677
Tel) 949-429-3564 • Fax) 949-429-3563
www.EnvironmentalSupportServices.com • Info@EnvironmentalSupportServices.com

June 22, 2017

Dept of Toxic Substances Control
San Diego Office
2375 Northside Drive, Suite 100
San Diego, CA 92108

Attention: Beatriz Davila/Records/File Room

Dear Beatriz Davila,

Please check for any files/information on the following site:

Site 9255 Camino Santa Fe
San Diego, CA 92121
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
(see attached map)

Sincerely,
Environmental Support Services

Shannon Castagno

Shannon Castagno
Project Manager
Shannon@EnvironmentalSupportServices.com

Department of Toxic Substances Control

Matthew Rodriquez
Secretary for
Environmental Protection

Barbara A. Lee, Director
2375 Northside Drive, Suite 100
San Diego, California 92108

Edmund G. Brown Jr.
Governor

July 11, 2017

Shannon Castagno
30251 Golden Lantern, #E-305
Laguna Niguel, California 92677

Re: 9255 Camino Sante Fe, San Diego, California 92121

Dear Ms. Shannon Castagno:

We have received your Public Records Act Request for records from Department of Toxic Substances Control.

After a thorough review of our files we have found that, **no such records** exist at this office pertaining to the site/facility referenced above.

We would like to inform you about Envirostor, a database that provides information and documents on over 5,000 DTSC cleanup sites. Envirostor can be accessed at: http://www.envirostor.dtsc.ca.gov/public. Also, a computer is available in the Central Files of each DTSC Regional Office for use by community members to view Envirostor.

If you have any questions, or would like further information regarding your request, please contact our Regional Records Coordinator at (619) 516-1982.

Sincerely,

Beatriz Davila
Office Technician

Appendix G

Request for Records Search to the
City of San Diego Fire Department

The City of
SAN DIEGO

Fire-Rescue Department
Community Risk Reduction Division

July 14, 2017

Shannon Castagno
Environmental Support Services
30251 Golden Lantern, #305
Laguna Niguel, CA 92677

Dear Ms. Castagno,

I am responding to your records research request.

Fire inspection reports and related documents were found on the address below:

- **9255 Camino Santa Fe, San Diego, CA 92121**

For information regarding current chemical inventories, please contact:

County of San Diego
Department of Environmental Health
5500 Overland Avenue, San Diego, CA 92123
858-505-6700 or 800-253-993

If you have any questions, please contact me at cnichols@sandiego.gov

Sincerely,

Catherine Nichols

Catherine Nichols
Clerical Assistant II

Enclosures

THE CITY OF SAN DIEGO

REQUEST FOR TECHNICAL SERVICES PERMIT INFORMATION

Permit information requests cost **$5.00 per address**. Checks must be made payable to the "**CITY TREASURER**."

BUSINESS NAME: Environmental Support Services 6/22/17

YOUR NAME: Shannon Castagno

STREET: 30251 Golden Lantern, #E305

CITY: Laguna Niguel STATE: CA ZIP CODE: 92677

TELEPHONE: 949-429-3564 FAX: 949-429-3563

E-MAIL: Shannon@EnvironmentalSupportServices.com

Site Address: 9255 Camino Santa Fe, San Diego, CA 92121

Site Address:

Site Address:

Site Address:

Site Address:

Report(s) to be: *Mailed: _____ Picked-up: _____ E-Mailed: X

Please return this form along with your payment to:

FIRE AND HAZARD PREVENTION SERVICES
1010 SECOND AVENUE, SUITE 300
SAN DIEGO, CA 92101

ATTN: TECHNICAL SERVICES CLERK

*** Documents can be mailed if a stamped self-addressed envelope is mailed to us.**

FIRE DEPARTMENT USE

Amount Received: 5.00

Receipt #: 07147151

Check #: 3526

Initials: CN

Date: 7/14/17

RECEIVED
JUL 13 2017
By

ENVIRONMENTAL SUPPORT SERVICES 07147151

PH 949-429-3564
30251 GOLDEN LANTERN # E305
LAGUNA NIGUEL, CA 92677-5993

3526
11-35/1210 CA
91051

June 22, 2017
Date

Pay To The Order Of City Treasurer $ 5.00

Five and xx/100 Dollars

Photo Safe Deposit® Details on back

Bank of America

ACH R/T 121000358

For Geosyntec (San Diego) Shanna Castagno MP

⑆121000358⑆ 0010229446671⑈3526

Harland Clarke

CITY OF SAN DIEGO
CALIFORNIA

OFFICIAL RECEIPT

07 147151

DEPARTMENT/DIVISION NAME: SDFD / CRRD

DATE: 7.13.17

AMOUNT: Five DOLLARS 00/100 CENTS $ 5.00

RECEIVED FROM: Environmental Support Services

ADDRESS:

IN PAYMENT OF: record search @ 9255 Camino Santa Fe

☒ CHECK 3526 ☐ CASH

RECEIVED BY:

FOR ABOVE NAMED DEPARTMENT

FUND	DEPARTMENT	ORGANIZATION	ACCOUNT	JOB ORDER	FACILITY	AMOUNT
100000	1912160011		423011			5.00

DISTRIBUTION:
WHITE - CUSTOMER
PINK - TREASURER
YELLOW - RETAIN
GREEN - AUDITOR

THE CITY OF SAN DIEGO

REQUEST FOR TECHNICAL SERVICES PERMIT INFORMATION

Permit information requests cost **$5.00 per address**. Checks must be made payable to the "**CITY TREASURER**."

BUSINESS NAME: Environmental Support Services 6/22/17

YOUR NAME: Shannon Castagno

STREET: 30251 Golden Lantern, #E305

CITY: Laguna Niguel STATE: CA ZIP CODE: 92677

TELEPHONE: 949-429-3564 FAX: 949-429-3563

E-MAIL: Shannon@EnvironmentalSupportServices.com

Site Address: 9255 Camino Santa Fe, San Diego, CA 92121

Site Address:

Site Address:

Site Address:

Site Address:

Report(s) to be: *Mailed: _____ Picked-up: _____ E-Mailed: X

Please return this form along with your payment to:

FIRE AND HAZARD PREVENTION SERVICES
1010 SECOND AVENUE, SUITE 300
SAN DIEGO, CA 92101

ATTN: TECHNICAL SERVICES CLERK

FIRE DEPARTMENT USE

Amount Received: 5.00

Receipt #: 07147151

Check #: 3526

Initials: CN

Date: 7/14/17

RECEIVED
JUL 13 2017
By

* **Documents can be mailed if a stamped self-addressed envelope is mailed to us.**

CITY OF SAN DIEGO

FIRE & LIFE SAFETY SERVICES

1010 SECOND AVENUE, SUITE #300
SAN DIEGO, CA 92101
PHONE: 533-4477 / 533-4449

FIMS FILE #: 9200114
PERMIT/APPL. NO.: TA010
RECEIPT # 1146788
DATE RECEIVED 9/5/00

Hazardous Material Permit Application (Fire Dept.) $703.00 708

SITE ADDRESS

NAME (OR NAME OF BUSINESS): PETROLEUM MARKETING, INC
ADDRESS (NUMBER) (STREET): 9255 CAMINO SANTA FE
CITY: SAN DIEGO CA | ZIP: 92121 | TELEPHONE NO.: (858) 536-3172

CONTRACTOR

NAME (IF NOT OWNER): HANSON AGGREGATE PACIFIC SO. WE
MAILING ADDRESS (NUMBER) (STREET): PO BOX 639069
CITY: SAN DIEGO CA | ZIP: 92163 | TELEPHONE NO.: (858) 277-3181

OWNER

NAME (IF NOT OWNER): HANSON AGGREGATE PACIFIC SO. WEST
MAILING ADDRESS (NUMBER) (STREET): PO BOX 639069
CITY: SAN DIEGO CA | ZIP: 92163 | TELEPHONE NO.: (858) 277-3181

PRINT NAME: BRYAN B BURRIS | PHONE NUMBER: (760) 603-0961
SIGNATURE (OWNER OR AGENT) REQUIRED: | DATE SIGNED: 8/28/00
CELLULAR PHONE NUMBER: | FAX NUMBER: (760) 603-0962

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
7	new	6603	3B slurry	AG	pump	60+ ft.	10 ft.

OTHER HAZARDOUS MATERIALS:
SOIL REMEDIATION:

REPIPE:

MEDICAL GAS / COMPRESSED GAS SYSTEM:
COMMENTS:

FIRE DEPARTMENT USE ONLY

DATE	INSPECTOR'S NAME	ACTIVITY CODE	INSPECTION TIME	COMMENTS
				APPROVED SITE AND TANKS
10/5/00	Ky	11 I		III-B Slurry Tanks (7) Final

1. White Copy – Permit
2. Canary Copy – Office File (HMM)
3. Pink Copy – Records
4. Goldenrod Copy – Permittee's/Receipt

APPLICATION APPROVED: Kenneth R. Ky
DEPUTY FIRE MARSHAL
DATE 10-5-00

FPB-365 (Rev. 12-99) *This information is available in alternative formats upon request.*

SQ-7 2

CITY OF SAN DIEGO

FIRE & LIFE SAFETY SERVICES

1010 SECOND AVENUE, SUITE #300
SAN DIEGO, CA 92101
PHONE: 533-4477 / 533-4449

FIMS FILE #: 92001145
PERMIT/APPL. NO.: TA010179
RECEIPT # 1125242
DATE RECEIVED 10/13/00

Hazardous Material Permit Application (Fire Dept.)

158729 363.00

SITE ADDRESS

NAME (OR NAME OF BUSINESS): HANSON Aggregates

ADDRESS (NUMBER) (STREET): 9255 Camino Santa Fe

CITY: San Diego | ZIP: 92121 | TELEPHONE NO.: 8585772773

CONTRACTOR

NAME (IF NOT OWNER): Hanson Aggregates

MAILING ADDRESS (NUMBER) (STREET): 9255 Camino Santa Fe

CITY: San Diego Ca | ZIP: 92121 | TELEPHONE NO.: 858 577-2773

OWNER

NAME (IF NOT OWNER): Same As Above

MAILING ADDRESS (NUMBER) (STREET):

CITY: | ZIP: | TELEPHONE NO.:

PRINT NAME: Terry L. Hanson | PHONE NUMBER: 8585772773

SIGNATURE (OWNER OR AGENT) REQUIRED: Terry L. Hanson | DATE SIGNED: 10/3/00

CELLULAR PHONE NUMBER: 8585772779 | FAX NUMBER:

COMPENSATION/LIABILITY INSURANCE:
(OF CONTRACTOR OR OWNER) PROOF **REQUIRED** FOR EACH APPLICATION American home Assurance

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	500 gal.	Waste Oil	Above Ground	Pump	Inside	700'
2	New	390	Motor Oil/Lube	Above Ground	Pump	30'	700'

OTHER HAZARDOUS MATERIALS:
SOIL REMEDIATION:

REPIPE:

MEDICAL GAS / COMPRESSED GAS SYSTEM:

COMMENTS:

FIRE DEPARTMENT USE ONLY

DATE	INSPECTOR'S NAME	ACTIVITY CODE	INSPECTION TIME	COMMENTS
9/7/00				[illegible]
11/14/01	Shea			MAINTAIN HOUSEKEEPING AT WASTE OIL TANK
				PROVIDE VEHICULAR PROTECTION AT FRESH OIL

1. White Copy – Permit
2. Canary Copy – Office File (HMM)
3. Pink Copy – Records
4. Goldenrod Copy – Permittee's/Receipt

APPLICATION APPROVED: M A SHEA DFM
DEPUTY FIRE MARSHAL

DATE 11/14/01

FPB-365 (Rev. 12-99) *This information is available in alternative formats upon request.*

3

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.: IA [redacted] 05
RECEIPT # 121 0303
DATE RECEIVED 7/14/03

Hazardous Material Permit Application (Fire Dept.)

2855/$158.-

SITE ADDRESS

NAME (OR NAME OF BUSINESS): HANSON AGGREGATE
ADDRESS (NUMBER) (STREET): 9255 CAMINO SANTA FE
CITY: SAN DIEGO | ZIP: 92121 | TELEPHONE NO.: 858 577-2772

CONTRACTOR

NAME (IF NOT OWNER): JAUREGUI & CULVER, INC
MAILING ADDRESS (NUMBER) (STREET): 959 W. MISSION AVE.
CITY: ESCONDIDO | ZIP: 92025 | TELEPHONE NO.: 760 743-0518

OWNER

NAME (IF NOT OWNER): HANSON AGGREGATES PACIFIC SOUTHWEST INC
MAILING ADDRESS (NUMBER) (STREET): P.O. BOX 639069
CITY: SAN DIEGO | ZIP: 92163 | TELEPHONE NO.:

NAME OF SUBCONTRACTOR (IF APPLICABLE): N/A | PHONE NUMBER:
SIGNATURE (OWNER OR AGENT) REQUIRED: [signature] | DATE SIGNED: 7/11/03
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 _____

FPB-365 (Rev. 6-96) *This information is available in alternative formats upon request.*

11P 4

CITY OF SAN DIEGO
FIRE & LIFE SAFETY SERVICES
1010 SECOND AVENUE, SUITE #300
SAN DIEGO, CA 92101
PHONE: 533-4477 / 533-4449

FIMS FILE #: 92001145-015
PERMIT/APPL. NO. JA 100013
RECEIPT # 07007056 3
DATE RECEIVED 7-8-09

Hazardous Material Permit Application (Fire Dept.) CK #3229 $1130.—

SITE ADDRESS				CONTRACTOR			
NAME (OR NAME OF BUSINESS) Hanson Aggregates				NAME (IF NOT OWNER) LeMesnager Engineering, Inc.			
ADDRESS (NUMBER) 9255 Camino Santa Fe		(STREET)		MAILING ADDRESS (NUMBER) 9450 Mira Mesa Blvd. Ste. C		(STREET)	
CITY San Diego	ZIP 92131	TELEPHONE NO. 760-801-7753		CITY San Diego, CA	ZIP 92126	TELEPHONE NO. 619-980-9070	

OWNER				
NAME (IF NOT OWNER) SAME AS ABOVE			PROVIDE CONTRACTOR LICENSE 203029	
MAILING ADDRESS (NUMBER)		(STREET)	SIGNATURE (OWNER OR AGENT) REQUIRED	DATE SIGNED 6-29-09
CITY	ZIP	TELEPHONE NO.	CELLULAR PHONE NUMBER 619-980-9070 GREG MCLUCAS	FAX NUMBER

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
1	~~Permitting~~ EXIST	500	Waste Oil	Above	Suction	500'	1000'

OTHER HAZARDOUS MATERIALS:
SOIL REMEDIATION:

REPIPE:

MEDICAL GAS / COMPRESSED GAS SYSTEM:

COMMENTS: Above ground Waste oil tank has not been permitted thru San Diego Fire Department.

FIRE DEPARTMENT USE ONLY

DATE	INSPECTION'S NAME	COMMENTS
		Review - 7-8-09 - 6603
07-21-09	WILLIAMSON	FINAL ON USED OIL AST, AREA CHECKED - ALL AST'S &
	LeMesnager Engineering	BARRELS - UNDER METAL CANOPY - 8" BERM
	SAME AS ABOVE	OUTLINING HOLDING AREA

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: Dan Williamson
DEPUTY FIRE MARSHAL
DATE 7-21-09

FPB-365 (Rev. 11-00) *This information is available in alternative formats upon request.*

Aquel sim 5

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 # 92055
DATE RECEIVED 6·18·11

Hazardous Material Permit Application (Fire Dept.) $1130 — CK#4055

SITE ADDRESS
NAME (OR NAME OF BUSINESS): Hanson Aggregates, Carroll Canyon
ADDRESS (NUMBER) (STREET): 9255 Camino Sante Fe
CITY: San Diego | ZIP: 92121 | TELEPHONE NO.: (858) 577-27

CONTRACTOR
NAME (IF NOT OWNER): LeMesnager Engineering Inc.
MAILING ADDRESS (NUMBER) (STREET): 9450 Mira Mesa Blvd. #C-229
CITY: San Diego | ZIP: 92126 | TELEPHONE NO.: 858-603-0970

OWNER
NAME (IF NOT OWNER): Same as above
MAILING ADDRESS (NUMBER) (STREET):
CITY: | ZIP: | TELEPHONE NO.:

PROVIDE CONTRACTOR LICENSE #203029
SIGNATURE (OWNER OR AGENT) REQUIRED: [signature]
DATE SIGNED: 4/10/11
CELLULAR PHONE NUMBER: 619-980-9070
FAX NUMBER:

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~~ "	240	30wt drive train	AST	Pressure	500 yds	.25 mi
3	~~new~~ "	240	50wt drive train	AST	Pressure	500 yds	.25 mi
4	~~NEW~~ "	240	Hydraulic	AST	Pressure	500 yds	.25 mi

OTHER HAZARDOUS MATERIALS:
SOIL REMEDIATION:
5 EXISTING 240 15W-40 AST PRESSURE 500yds .25 mi

REPIPE:

MEDICAL GAS / COMPRESSED GAS SYSTEM:
COMMENTS:

FIRE DEPARTMENT USE ONLY

DATE	INSPECTIOR'S NAME	COMMENTS
~~4/10/11~~ 8/8/11	White	Final 5/240 gal. D/W AST's secondary contained. No smoking,
	LeMesnager Engineering	704 placards 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: [signature]
DEPUTY FIRE MARSHAL
DATE 8/8/11

FPB-365 (Rev. 11-00) *This information is available in alternative formats upon request.*

6

CITY OF SAN DIEGO
FIRE DEPARTMENT
525 B STREET, SAN DIEGO, CA 92101
Phone 533-4477

PERMIT/APPL. NO.: TA 920145
File 92001145

APPLICATION FOR PERMIT TO INSTALL, REMOVE OR ABANDON HAZARDOUS MATERIAL STORAGE TANKS

OWNER

NAME (OR NAME OF BUSINESS): FENTON WESTERN PROPERTIES
MAILING ADDRESS (NUMBER) (STREET): 7220 TRADE STREET
CITY: SAN DIEGO | ZIP: 92121 | TELEPHONE NO.: 566-2000

CONTRACTOR

NAME (IF NOT OWNER): JENAL ENGINEERING CORP
MAILING ADDRESS (NUMBER) (STREET): PO BOX 12161
CITY: EL CAJON | ZIP: 92022 | TELEPHONE NO.: 588-2500

SITE ADDRESS

NAME (IF NOT OWNER): FENTON MATERIALS CO.
MAILING ADDRESS (NUMBER) (STREET): 9255 CAMINO SANTA FE
CITY: SAN DIEGO | ZIP: 92121 | TELEPHONE NO.: 566-2000

SIGNATURE (OWNER OR AGENT): [signature]
DATE SIGNED: 12-17-91
PRINT NAME: ALAN P WESTERMEYER
DATE RCVD. (FIRE DEPT.):

NO. OF TANKS	WORK PERFORMED: NEW, REMOVED, ETC.	TANK CAPACITY GALLONS	TYPE OF HAZARDOUS MATERIAL STORED	TYPE OF STORAGE: ABOVE GROUND BELOW GROUND	TYPE OF SUPPLY: PUMP OR PRESSURE	DISTANCE INSTALLED FROM BUILDING	DISTANCE INSTALLED FROM PROPERTY LINE
1	REMOVE	10,000g	DIESEL	BELOW	SUCTION	40'	1,000'
1	REMOVE	10,000g	DIESEL	BELOW	SUCTION	40'	1,000'

FIRE DEPARTMENT USE ONLY

DATE	INSPECTOR	COMMENTS:

APPLICATION APPROVED:

DEPUTY FIRE MARSHAL

DATE _____

FPB-365 (Rev. 2-91)

11002-097-0007

FIMS FILE #: _____ SQ# _____
PERMIT# TA: 170270
RECEIPT # 175763
DATE RECEIVED 5/15/17
CK # 49637 $ 447.00

CITY OF SAN DIEGO
1010 SECOND AVENUE, SUITE #300
SAN DIEGO, CA 92101
PHONE: 533-4477 / 533-4449

Hazardous Material Permit Application

San Diego Fire-Rescue Department

SITE ADDRESS
NAME (OR NAME OF BUSINESS): Hanson Aggregates Pacific Southwest, Inc.
ADDRESS (NUMBER) (STREET): 9255 Camino Santa Fe
CITY: San Diego | ZIP: 92121 | TELEPHONE NO.: (858)715-5667

CONTRACTOR
NAME (IF NOT OWNER): Jenal Engineering Corporation
MAILING ADDRESS (NUMBER) (STREET): P.O. Box 459
CITY: Lemon Grove | ZIP: 91946 | TELEPHONE NO.: (619) 697-2200

OWNER
NAME (IF NOT OWNER): Hanson Aggregates Pacific Southwest, Inc.
MAILING ADDRESS (NUMBER) (STREET): P.O. Box 639069
CITY: San Diego | ZIP: 92163 | TELEPHONE NO.: (858)715-5667

PROVIDE CONTRACTOR LICENSE: 602806 A, Haz4257
SIGNATURE (OWNER OR AGENT) REQUIRED: [signature] | DATE SIGNED: 5/11/2017
PRINT NAME: Lee Lindsey, Compliance Manager

COMPENSATION/LIABILITY INSURANCE
(OF CONTRACTOR OR OWNER) PROOF REQUIRED FOR EACH APPLICATION

PHONE NUMBER | FAX NUMBER

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	Remove	20,000	Diesel	Underground	Turbine	>450'	>600'
1	Remove	12,000	Diesel	Undergoround	Turbine	>450'	>600'

OTHER HAZARDOUS MATERIALS:
SOIL REMEDIATION:

REPIPE:

MEDICAL GAS / COMPRESSED GAS SYSTEM: DEH # 1244

COMMENTS:
1800 gals Rinseated to: Demmore Compton, CA.

FIRE DEPARTMENT USE ONLY

DATE	INSPECTOR'S NAME	COMMENTS
		UST REMOVALS OPERATIONAL PERMIT
7.5.17	Williamson	FINAL ON UST REMOVALS. TRIPLE RINSED BY:
		ASBURY ENVIRON. & JENAL: LEL 0% 20.5% O2
		800 LBS DRY ICE DISTRIBUTED BETWEEN TANKS. CRUSHED
		ON PROPERTY TAKEN SCRAP TO SYCAMORE LANDFILL
		SANTEE, CA

APPLICATION APPROVED: [signature]
DEPUTY FIRE MARSHAL
DATE 7-5-2017

FPB-365 (Rev. 11-00) *This information is available in alternative formats upon request.*

City of San Diego Fire Rescue Department
1010 Second Ave., Suite 400, San Diego, California
92101
(619) 533-4300
www.sandiego.gov/fireandems

INITIAL & FINAL INSPECTION COMPLETED Assigned To COHEN, Ross on 6/9/2015

Start Date: 6/9/2015 12:00:48PM

Finish Date: 6/9/2015 1:00:52PM

Notice

Notice of Fire and Safety Hazards You are hereby notified that an inspection of your premises has disclosed the following fire safety hazards and/or violations of the provisions of appropriate local or state codes.

Order to Comply As such conditions are contrary to law you are hereby required to correct these conditions immediately upon receipt of this notice. An inspection to determine whether you have complied will be conducted on or before the next inspection date. Failure to comply with the foregoing order before the date of the next inspection may subject you to further enforcement action and penalties as provided by law.

Potential Enforcement Consequences for Failure to Timely Comply with this Notice Misdemeanor criminal prosecution (maximum fine of $1,000 per day for each violation plus six months in jail), civil injunction, administrative abatement, revocation of permits, recordation of Notice of Violation, civil penalties (maximum of $2,500 per day for each violation).

Occupancy ID: 92001145
Address: 9255 CAMINO SANTA FE BLAN
Business Name: HANSON AGGREGATES
City/State/Zip: SAN DIEGO, CA 92121

Occupancy Use: H4 - REPAIR GARAGES
Property Uses: 579 - Motor vehicle or boat sales, services, repair

Violations Found:

Date Found	Date Cleared	Standard/Reference

REMINDER

Code Section: CEDMAT

INSPECTION FEE WILL BE CHARGED

6/9/2015 6/9/2015

$213.50/HR (TRAVEL, SITE OFFICE) + $106.75/PERMIT

PERMIT

Occupancy ID: 92001145
Address: 9255 CAMINO SANTA FE BLAN
Business Name: HANSON AGGREGATES
City/State/Zip: SAN DIEGO, CA 92121

Occupancy Use: H4 - REPAIR GARAGES
Property Uses: 579 - Motor vehicle or boat sales, services, repair

Code Section: PERMIT-CEDMAT
CEDMAT Permit

6/9/2015 6/9/2015
105.6.8 PERMIT FOR COMPRESSED GAS

Code Section: PERMIT-CEDMAT
CEDMAT Permit

6/9/2015 6/9/2015
105.6.11 PERMIT FOR CUTTING AND WELDING

Code Section: PERMIT-CEDMAT
CEDMAT Permit

6/9/2015 6/9/2015
105.6.16 PERMIT FOR FLAM/COMB LIQUIDS

Code Section: PERMIT-CEDMAT
CEDMAT Permit

6/9/2015 6/9/2015
105.6.20 PERMIT FOR HAZARDOUS MATERIALS

Code Section: PERMIT-CEDMAT
CEDMAT Permit

6/9/2015 6/9/2015
105.6.27 PERMIT FOR LP GAS

Code Section: NOTE
NOTE

6/9/2015 6/9/2015
ALL VIOLATIONS CLEARED ON SITE
***** NONE *****

Occupancy ID: 92001145
Address: 9255 CAMINO SANTA FE BLAN
Business Name: HANSON AGGREGATES
City/State/Zip: SAN DIEGO, CA 92121

Occupancy Use: H4 - REPAIR GARAGES
Property Uses: 579 - Motor vehicle or boat sales, services, repair

Code Section: 0000
No Violations Found

6/9/2015 6/9/2015

Recipient Signature

Recipient:

RON THOMPSON

City of San Diego Fire Rescue Department
1010 Second Ave., Suite 400, San Diego, California
92101
(619) 533-4300
www.sandiego.gov/fireandems

FOLLOW-UP & FINAL INSPECTION COMPLETED Assigned To TONG, Dennis on 6/26/2014

Start Date: 6/26/2014 9:45:59AM

Finish Date: 6/26/2014 10:00:00AM

Notice

Notice of Fire and Safety Hazards You are hereby notified that an inspection of your premises has disclosed the following fire safety hazards and/or violations of the provisions of appropriate local or state codes.

Order to Comply As such conditions are contrary to law you are hereby required to correct these conditions immediately upon receipt of this notice. An inspection to determine whether you have complied will be conducted on or before the next inspection date. Failure to comply with the foregoing order before the date of the next inspection may subject you to further enforcement action and penalties as provided by law.

Potential Enforcement Consequences for Failure to Timely Comply with this Notice Misdemeanor criminal prosecution (maximum fine of $1,000 per day for each violation plus six months in jail), civil injunction, administrative abatement, revocation of permits, recordation of Notice of Violation, civil penalties (maximum of $2,500 per day for each violation).

Occupancy ID: 92001145
Address: 9255 CAMINO SANTA FE BLAN
Business Name: HANSON AGGREGATES
City/State/Zip: SAN DIEGO, CA 92121

Occupancy Use: H4 - REPAIR GARAGES
Property Uses: 579 - Motor vehicle or boat sales, services, repair

Violations Found:

Date Found	Date Cleared	Standard/Reference

REMINDER

Code Section: CEDMAT

INSPECTION FEE WILL BE CHARGED

06/12/2014 06/26/2014

$213.50/HR (TRAVEL,SITE,OFFICE) + $106.75/PERMIT

PERMIT

Occupancy ID: 92001145
Address: 9255 CAMINO SANTA FE BLAN
Business Name: HANSON AGGREGATES
City/State/Zip: SAN DIEGO, CA 92121

Occupancy Use: H4 - REPAIR GARAGES
Property Uses: 579 - Motor vehicle or boat sales, services, repair

Code Section: PERMIT-CEDMAT
CEDMAT Permit

06/12/2014 06/26/2014
105.6.11 PERMIT FOR WELDING/CUTTING

Code Section: PERMIT-CEDMAT
CEDMAT Permit

06/12/2014 06/26/2014
105.6.16 PERMIT FOR FLAM/COMB LIQUIDS

Code Section: PERMIT-CEDMAT
CEDMAT Permit

06/12/2014 06/26/2014
105.6.20 PERMIT FOR HAZARDOUS MATERIALS

Code Section: PERMIT-CEDMAT
CEDMAT Permit

06/12/2014 06/26/2014
105.6.27 PERMIT FOR LP GAS

FIRE PROT SYST

Code Section: F906.3
PRVD APPRVD P.F.E.-SIZE & DISTRIBUTION

06/12/2014 06/26/2014
PROVIDE ANNUAL SERVICE ON FIRE EXTINGUISHER IN TRANSPORTATION OFFICE

BLDG SVS/SYS

Code Section: F605.10.3
EXTENSION CORDS PROHIBITED

06/12/2014 06/26/2014
REMOVE EXTENSION CORD IN DISPATCH

Occupancy ID: 92001145
Address: 9255 CAMINO SANTA FE BLAN
Business Name: HANSON AGGREGATES
City/State/Zip: SAN DIEGO, CA 92121

Occupancy Use: H4 - REPAIR GARAGES
Property Uses: 579 - Motor vehicle or boat sales, services, repair

Code Section: NOTE
NOTE

06/12/2014 06/26/2014
CHECKING ON TANK PERMITS

Code Section: NOTE
NOTE

06/12/2014 06/26/2014
RE INSPECTION DATE OF 6/26/14 OR EMAIL PHOTOS OF CORRECTION TO dtong@sandiego.gov BY 06/25/14 4PM

Recipient Signature

Recipient:

CORRECTIONS VIA EMAILOED PHOTOS

THE CITY OF SAN DIEGO

REQUEST FOR TECHNICAL SERVICES PERMIT INFORMATION

Permit information requests cost **$5.00 per address**. Checks must be made payable to the "**CITY TREASURER**."

BUSINESS NAME: Environmental Support Services 6/22/17

YOUR NAME: Shannon Castagno

STREET: 30251 Golden Lantern, #E305

CITY: Laguna Niguel STATE: CA ZIP CODE: 92677

TELEPHONE: 949-429-3564 FAX: 949-429-3563

E-MAIL: Shannon@EnvironmentalSupportServices.com

Site Address: 9255 Camino Santa Fe, San Diego, CA 92121

Site Address: _____

Site Address: _____

Site Address: _____

Site Address: _____

Report(s) to be: *Mailed: _____ Picked-up: _____ E-Mailed: X

Please return this form along with your payment to:

FIRE AND HAZARD PREVENTION SERVICES
1010 SECOND AVENUE, SUITE 300
SAN DIEGO, CA 92101

ATTN: TECHNICAL SERVICES CLERK

* **Documents can be mailed if a stamped self-addressed envelope is mailed to us.**

FIRE DEPARTMENT USE

Amount Received: _____

Receipt #: _____

Check #: _____

Initials: _____

Date: _____

Appendix H

Request for Records Search to the
Cal Fire – Office of the State Fire Marshal and
Response Obtained from that Agency

Environmental Support Services
Environmental Research & Due Diligence Compliance
30251 Golden Lantern, #E-305, Laguna Niguel, CA 92677
Tel) 949-429-3564 • Fax) 949-429-3563
www.EnvironmentalSupportServices.com • Info@EnvironmentalSupportServices.com

June 22, 2017

Cal Fire
Office of the State Fire Marshal

Attention: Public Records Request

Subject: Records Search – Hazardous Materials/Waste/Underground Tanks/Pipelines

Site 9255 Camino Santa Fe
San Diego, CA 92121
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
(see attached map)

Dear Public Records Request,

Environmental Support Services (ESS) is in the process of conducting a records search for an environmental audit at a site in San Diego, CA. This search includes researching the history of the site, especially as it pertains to hazardous materials/waste. With this in mind, **ESS** requests the following information concerning the subject address which your agency may have on file:

1. utilization, manufacture, storage, or discharge of hazardous materials/waste.
2. previous or on-going site investigations/remediations pertaining to hazardous materials/waste.
3. hazardous materials disclosures concerning the site.
4. pipelines.
5. information regarding underground storage tank present or previously found at the site.

Should you have any questions concerning this request for information, please call. Your expedient processing of this request is appreciated.

Sincerely,
Environmental Support Services

Shannon Castagno

Shannon Castagno
Project Manager
Shannon@EnvironmentalSupportServices.com

From: Request, PRA@CALFIRE [pra.request@fire.ca.gov]
Sent: Thursday, June 29, 2017 10:42 AM
To: Shannon Castagno (Shannon@EnvironmentalSupportServices.com)
Cc: Request, PRA@CALFIRE
Subject: RE: 17-P-465 FW: Public Records Request

Good Morning Ms. Castagno:

Thank you for your request noted below. CAL FIRE has searched its records and has found no documents responsive to your request.

Sincerely,

Anne Henigan
CAL FIRE Legal Office

From: Shannon Castagno [mailto:Shannon@EnvironmentalSupportServices.com]
Sent: Thursday, June 22, 2017 3:26 PM
To: Request, PRA@CALFIRE <pra.request@fire.ca.gov>
Subject: Public Records Request

Environmental Support Services
Environmental Research & Due Diligence Compliance
30251 Golden Lantern, #E-305, Laguna Niguel, CA 92677
Tel) 949-429-3564 • Fax) 949-429-3563
www.EnvironmentalSupportServices.com • Info@EnvironmentalSupportServices.com

June 22, 2017

Cal Fire
Office of the State Fire Marshal

Attention: Public Records Request

Subject: Records Search – Hazardous Materials/Waste/Underground Tanks/Pipelines

Site 9255 Camino Santa Fe
San Diego, CA 92121
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
(see attached map)

Dear Public Records Request,

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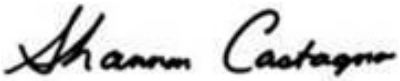
1. utilization, manufacture, storage, or discharge of hazardous materials/waste.
2. previous or on-going site investigations/remediations pertaining to hazardous materials/waste.
3. hazardous materials disclosures concerning the site.
4. pipelines.
5. information regarding underground storage tank present or previously found at the site.

Should you have any questions concerning this request for information, please call. Your expedient processing of this request is appreciated.

Sincerely,
Environmental Support Services



Shannon Castagno
Project Manager
Shannon@EnvironmentalSupportServices.com

Appendix I

Request for Records Search to the
City of San Diego – Industrial Waste Program

Metropolitan Wastewater Department
Industrial Wastewater Control Program

9192 Topaz Way, MS 901D, San Diego, California 92123-1119
Phone (858) 654-4100 - Fax (858) 654-4110

File Review Request

Requestor: _____ Shannon Castagno _____ 6/22/17
Mail Address: _____ 30251 Golden Lantern, Suite #E-305 _____
Phone Number: ( ) _____ Laguna Niguel, CA 92677 _____
Requested Appointment Date: _____ Tel: 949-429-3564 - Fax: 949-429-3563 Time: _____
Shannon@EnvironmentalSupportServices.com

For Internal Use Only: Received By _____ Date: _____ Inspector _____ Received: _____
Confirmed Appt. Date(s): _____ Confirmed Appt. Time(s): _____

Facility 1		
For Internal Use Only	**Facility/Site Information**	**Files Located**
Inspector: _____ ☐ Analysis History ☐ Confidential Review ☐ AL-Confidential *Clerical*: _____ ☐ AL-File ☐ File Copy	Facility/Site Name: Site Facility/Site Address: 9255 Camino Santa Fe City and Zip Code: San Diego, CA 92121 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 (see attached map) Owner/Operator (if known):	

Facility 2		
For Internal Use Only	**Facility/Site Information**	**Files Located**
Inspector: _____ ☐ Analysis History ☐ Confidential Review ☐ AL-Confidential *Clerical*: _____ ☐ AL-File ☐ File Copy	Facility/Site Name: _____ Facility/Site Address: _____ City and Zip Code: _____ Owner/Operator (if known):	

Facility 3		
For Internal Use Only	**Facility/Site Information**	**Files Located**
Inspector: _____ ☐ Analysis History ☐ Confidential Review ☐ AL-Confidential *Clerical*: _____ ☐ AL-File ☐ File Copy	Facility/Site Name: _____ Facility/Site Address: _____ City and Zip Code: _____ Owner/Operator (if known):	

Facility 4		
For Internal Use Only	**Facility/Site Information**	**Files Located**
Inspector: _____ ☐ Analysis History ☐ Confidential Review ☐ AL-Confidential *Clerical*: _____ ☐ AL-File ☐ File Copy	Facility/Site Name: _____ Facility/Site Address: _____ City and Zip Code: _____ Owner/Operator (if known):	

Statement of Responsibility for Use of IWCP Records
(Original Signature required at time of review)

I understand and agree to the procedures and rules listed in the Notice dated October 1, 1999, *"Procedures for Review of Industrial Wastewater Control Program Files"*. I further understand that any infraction of the rules may result in restricted access to IWCP records.

Signature: _____

Review Date: _____

Returned From:	Return To:
Co:	Office Manager San Diego IWC Program
Dept:	Phone # (858) 654-4100
Fax #:	Fax # (858) 654-4110

Appendix J

Photocopies Obtained from the
City of Los Angeles Building Department

*** GRID **J09** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 *** GRID **J09** ***

PAGE: 48637

ADDRESS: 009255 **CAM SANTA FE** **COMM: SD** **APN: 343 062 06 00** **PLAN FILE: E006440 89**

PERMIT NO: E006440 89 STRUCT: 001 STATUS: F ISSUED: 11 15 89 EXPIRES: 10 20 90 FINALED: 04 23 90 PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS:

BC CODE: 8002
BC DESC: ELECTRICAL 3+ FAMILY OR NONRES

(P1) DESC OF WORK: TEMP. POWER POLE

(SV) CODE QUANTITY USE/TYPE OF CONSTRUCTION RATE UNIT VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 1: 2: 3: 4: : STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E006440 89 SUBMITTED: 11 15 89 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: BFI PORTABLE SERVICE PHONE: 619 726 5830 OWNER-BUILDER FLAG: N
LICENSE: 285247 CLS: C-61 WORKER'S COMP - INS: NATIONAL UNION FIRE OF PI
EXPIRES: BTC: 84009025 POLICY: WC 112 34 33 EXPIRES: 05 01 90

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
00 FINAL	042390	SXP	042390	CDS	P		2ND PERMIT FOR POLE

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	ELEC ISSUANCE FEE	15.00	41300	73440	15.00	E002
1.00	TEMP POLE, 0-200A	10.00	41300	73440	10.00	E022

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 25.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0034386 89	25.00	11 15 89	FZM	11 15 89 1115	ESV	P	11 16 89	

TOTAL FEES INCURRED: 25.00 AMOUNT PAID TO DATE: 25.00

*** GRID **K09** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 *** GRID **K09** ***

PAGE: 48638

ADDRESS: 009255 **CAM SANTA FE** **COMM: SD** **APN: 343 062 06 00** **PLAN FILE: E006440 89**

PERMIT NO: E006440 89 STRUCT: 001 STATUS: F ISSUED: 11 15 89 EXPIRES: 10 20 90 FINALED: 04 23 90 PURGED: 01/14/93

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS KEY

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS

= Y40CO ========== COMMENTS DATABASE ==========

STRU DATE SECT CATG INIT COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID **L09** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 *** GRID **L09** ***

ADDRESS: 009255 **CAM SANTA FE** PAGE: 48639

PERMIT NO: B001906 90 STRUCT: 001 STATUS: X ISSUED: 04 27 90 EXPIRES: 05 26 91 FINALED: **COMM: SD** **APN: 343 062 06 00** **PLAN FILE: A001849 90** PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS: CUSTOMER VALUATION OF ENTIRE PLANT $712000 , VALUATION FOR THIS PERMIT IS 10% FOR FOUNDATION ONLY..

BC CODE: 3401
BC DESC: FOUNDATION ONLY (PARTIAL)

(P1) DESC OF WORK: CONCRETE BATCH PLANT -- PREFABRICATED CONSTRUCTION. PERMIT FOR FOUNDATION ONLY

(SV) CODE	QUANTITY	USE/TYPE OF CONSTRUCTION	RATE	UNIT	VALUE
X02	1	OTHER - CONTRACTORS VALUATION	71200.00	EA	71200

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: N/A OCC GROUP: N/A

BEDROOMS-> STUDIO: 0 1: 0 2: 0 3: 0 4: 0 0 : 0 STORIES: N/A INSP CAT: S SOIL: OCC LOAD: N/A

PERMITTED-> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 333.77

TOTAL-----> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 71200 FINAL: 71200

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: A001849 90 SUBMITTED: 03 02 90 OTC: N STATUS: A

CONTRACTOR INFO: NAME: FENTON, H. G. MATERIAL CO. INC PHONE: 619 566 2000 OWNER-BUILDER FLAG: N
LICENSE: 209111 CLS: WORKER'S COMP - INS:
EXPIRES: BTC: POLICY: EXPIRES:

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
20 FOOTINGS	112790	CJC	112790	JPH	F		
00 PROGRESS	110790	BKS	110790	JPH	P		LETTER FROM S.I.
20 FOOTINGS	053090	PMF	053090	DAF	P		

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	< ACCESS PC FEE >	16.69	41300	73419	16.69	AC01
1.00	ACCESS INSPECTION FEE	25.67	41300	73427	25.67	AC03
1.00	BUILDING PERMIT FEE	513.50	41300	73422	513.50	BO01
1.00	< ENERGY CONSV PC FEE>	33.38	41300	73418	33.38	EC02
1.00	HAZARDOUS MATERIALS FE	20.00	41300	73428	20.00	HM01
1.00	STATE FEE (NON-RES.)	10.68	63010	77941	10.68	ST02

= Y40PF ==== STRU 999 ===== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	< ACCESS PC FEE >	16.69	41300	73419	16.69	AC01
1.00	< ENERGY CONSV PC FEE>	33.38	41300	73418	33.38	EC02

*** GRID **M09** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 *** GRID **M09** ***

ADDRESS: 009255 **CAM SANTA FE** PAGE: 48640

PERMIT NO: B001906 90 STRUCT: 001 STATUS: X ISSUED: 04 27 90 EXPIRES: 05 26 91 FINALED: **COMM: SD** **APN: 343 062 06 00** **PLAN FILE: A001849 90** PURGED: 01/14/93

= Y40PF ==== STRU 999 ===== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	PLAN CHECK FEES	333.77	41300	73411	333.77	PC01
1.00	PLAN DEPT SM RES/CML	150.00	100	77137	150.00	PL02

PLAN CHECK FEE: 333.77 TOTAL PERMIT FEES: 569.85 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0014084 90	619.92	04 27 90	SAN	04 27 90 1645	JTT	P	05 01 90	
0012317 90	150.00	04 16 90	ERF	04 16 90 1039	EMP	P	04 18 90	
0007208 90	333.77	03 02 90	JYM	03 02 90 1621	SLP	P	03 06 90	

TOTAL FEES INCURRED: 1103.69 AMOUNT PAID TO DATE: 1103.69

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS	KEY
CONCRETE	Y	N	04 06 90	HYI	ALL FOOTINGS, 4000 PSI	CONC
SOILS REPORT	Y	N	04 27 90	HYI	ITEMS A,B	SOIL

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS
ADDRESSING	Y	Y	04 27 90	SAN	VERIFY APN/LOCATION
APCD FORM	Y	Y	04 27 90	SAN	
STRUCTURAL CALC	Y	Y	04 27 90	SAN	
ELECTRICAL	Y	Y	04 27 90	KFM	
ENG PERMITS	Y	Y	03 29 90	RKG	
FIRE DEPT	N	N	04 27 90	TRF	
HAZMATS	Y	Y	04 27 90	SAN	
HILLSIDE	N	N	04 27 90	JPZ	
MECHANICAL	Y	Y	[illegible]	[illegible]	

PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0014084 90	619.92	04 27 90	SAN	04 27 90 1645	JTT	P	05 01 90	
0012317 90	150.00	04 16 90	ERF	04 16 90 1039	EMP	P	04 18 90	
0007208 90	333.77	03 02 90	JYM	03 02 90 1621	SLP	P	03 06 90	

TOTAL FEES INCURRED: 1103.69 AMOUNT PAID TO DATE: 1103.69

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS	KEY
CONCRETE	Y	N	04 06 90	HYI	ALL FOOTINGS, 4000 PSI	CONC
SOILS REPORT	Y	N	04 27 90	HYI	ITEMS A,B	SOIL

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS
ADDRESSING	Y	Y	04 27 90	SAN	VERIFY APN/LOCATION
APCD FORM	Y	Y	04 27 90	SAN	
STRUCTURAL CALC	Y	Y	04 27 90	SAN	
ELECTRICAL	Y	Y	04 27 90	KFM	
ENG PERMITS	Y	Y	03 29 90	RXG	
FIRE DEPT	N	N	04 27 90	TRF	
HAZMATS	Y	Y	04 27 90	SAN	
HILLSIDE	N	N	04 27 90	JPZ	
MECHANICAL	Y	Y	03 09 90	JLL	CC-NO MECH
CAL/OSHA	N	N	03 05 90	JYM	
OWNER-BLDR FORM	Y	Y	04 27 90	SAN	
PLANNING	Y	Y	04 04 90	PCM	APPR.CUP571 REPLACE EXIST.STRUC.
RPO/EQD,O#17253	N	N	04 27 90	JPZ	
SOIL REPORT(S)	Y	Y	04 27 90	SAN	
STRUCTURAL	Y	Y	04 27 90	HYI	
ZONING ADMIN	N	N	04 27 90	JPZ	NEEDS REVIEW BY DEV/EQD.PLANNING
BID ZONING	N	N	04 27 90	JPZ	

= Y40CO ========== COMMENTS DATABASE ==========

STRU	DATE	SECT	CATG	INIT	COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID **N09** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48641

ADDRESS: 009255 CAN SANTA FE COMM: SD APN: 343 062 06 00 PLAN FILE: E006320 89

PERMIT NO: E006320 89 STRUCT: 001 STATUS: X ISSUED: 11 08 89 EXPIRES: 05 07 90 FINALED: PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS:

BC CODE: B002
BC DESC: ELECTRICAL 3+ FAMILY OR MONRES

(P1) DESC OF WORK: TEMP. POWER POLE FOR STORAGE YARD

(SV) CODE QUANTITY USE/TYPE OF CONSTRUCTION RATE UNIT VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 1: 2: 3: 4: : STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E006320 89 SUBMITTED: 11 08 89 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: BFI PORTABLE SERVICE PHONE: 619 726 5830 OWNER-BUILDER FLAG: N
LICENSE: 285247 CLS: C-61 WORKER"S COMP - INS: NATIONAL UNION FIRE OF PI
EXPIRES: BTC: 84009025 POLICY: WC 112 34 33 EXPIRES: 05 01 90

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
00 PROGRESS	041690	JXP	041690	RLW	F		NO PROGRESS

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	ELEC ISSUANCE FEE	15.00	41300	73440	15.00	E002
1.00	TEMP SERVICE, 0-200A	10.00	41300	73440	10.00	E020
1.00	TEMP POLE, 0-200A	10.00	41300	73440	10.00	E022

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 35.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0033820 89	35.00	11 08 89	FZM	11 08 89 1553	SSV	P	11 13 89	

TOTAL FEES INCURRED: 35.00 AMOUNT PAID TO DATE: 35.00

*** GRID 009 ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 *** GRID 009 ***

PAGE: 48642

ADDRESS: 009255 CAM SANTA FE CONN: SD APN: 343 062 06 00 PLAN FILE: E006320 89

PERMIT NO: E006320 89 STRUCT: 001 STATUS: X ISSUED: 11 08 89 EXPIRES: 05 07 90 FINALED: PURGED: 01/14/93

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS	KEY

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS

= Y40CO ========== COMMENTS DATABASE ==========

STRU	DATE	SECT	CATG	INIT	COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID P09 ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 *** GRID P09 ***

PAGE: 48643

ADDRESS: 009255 CAM SANTA FE CONN: SD APN: 343 062 06 00 PLAN FILE: E001300 90

PERMIT NO: E001300 90 STRUCT: 001 STATUS: F ISSUED: 03 02 90 EXPIRES: 06 29 91 FINALED: 12 31 90 PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS:

BC CODE: 8002
BC DESC: ELECTRICAL 3+ FAMILY OR NONRES

(P1) DESC OF WORK: ELECTRICAL FOR COMMERCIAL

(SV) CODE	QUANTITY	DESCRIPTION OF CONSTRUCTION	RATE	UNIT	VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 0 1: 0 2: 0 3: 0 4: 0 0 : 0 STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E001300 90 SUBMITTED: 03 02 90 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: OWNER-BUILDER PHONE: OWNER-BUILDER FLAG: Y
LICENSE: 209111 CLS: WORKER"S COMP - INS:
EXPIRES: BTC: POLICY: EXPIRES:

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
90 FINAL	123190	BKS	123190	CDS	P		BATCH PLANT
00 PROGRESS	122890	PMF	122890	CDS	F		BATCH PLANT IN OPERATION
40 ROUGH	072090	BKS	072090	CDS	P		CEILINGS,BATCH OFFICE
40 ROUGH	062190	PMF	062190	CDS	P		BATCH OFFICE
10 UNDERGROUND	052190	PMF	052190	CDS	P		BATCH OFFICE 3/0 CU UFFER
40 UNDERGROUND	050290	CJC	050290	CDS	P		

*** GRID **P09** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48643

ADDRESS: 009255 CAM SANTA FE CONN: SD APN: 343 062 06 00 PLAN FILE: E001300 90

PERMIT NO: E001300 90 STRUCT: 001 STATUS: F ISSUED: 03 02 90 EXPIRES: 06 29 91 FINALED: 12 31 90 PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS:

BC CODE: 8002
BC DESC: ELECTRICAL 3+ FAMILY OR NONRES

(P1) DESC OF WORK: ELECTRICAL FOR COMMERCIAL

(SV) CODE	QUANTITY	USE TYPE OF CONSTRUCTION	RATE	UNIT	VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 0 1: 0 2: 0 3: 0 4: 0 0 : 0 STORIES: NSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E001300 90 SUBMITTED: 03 02 90 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: OWNER BUILDER PHONE: OWNER-BUILDER FLAG: Y
LICENSE: Z09111 CLS: WORKER'S COMP - INS:
EXPIRES: BTC: POLICY: EXPIRES:

= Y40IS ========== INSPECTION STATUS ==========

	INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
90	FINAL	123190	BKS	123190	CDS	P		BATCH PLANT
00	PROGRESS	122890	PMF	122890	CDS	F		BATCH PLANT IN OPERATION
40	ROUGH	072090	BKS	072090	CDS	P		CEILINGS,BATCH OFFICE
40	ROUGH	062190	PMF	062190	CDS	P		BATCH OFFICE
10	UNDERGROUND	052190	PMF	052190	CDS	P		BATCH OFFICE 3/0 CU UFFER
40	UNDERGROUND	050290	CJC	050290	CDS	P		U/G FEEDERS WEST OF TRANS
40	UNDERGROUND	042490	YGG	042490	CDS	P		U/G 2- RUNS,3" NEW SHOP
10	UNDERGROUND	031990	CDS	031990	CDS	P		2 RUNS 4"
40	ROUGH	031690	YGG	031690	CDS	F		WHERE IS IT?

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	ELEC ISSUANCE FEE	15.00	41300	73440	15.00	E002
1.00	0-20A, 0-100 OVER 600V	10.00	41300	73440	10.00	E007
64.00	0-20A, 100+, 277/480V	160.00	41300	73440	160.00	E009
1.00	25-45A, 120/208V	5.00	41300	73440	5.00	E011

*** GRID **B10** *** *** GRID **B10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48644

ADDRESS: 009255 CAM SANTA FE CONN: SD APN: 343 062 06 00 PLAN FILE: E001300 90

PERMIT NO: E001300 90 STRUCT: 001 STATUS: F ISSUED: 03 02 90 EXPIRES: 06 29 91 FINALED: 12 31 90 PURGED: 01/14/93

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 190.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FI ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0 07193 90	190.00	03 02 90	RMH	03 02 90 1521	TAB	P	03 06 90	

TOTAL FEES INCURRED: 190.00 AMOUNT PAID TO DATE: 190.00

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS	KEY

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS
WORKERS COMP	Y	Y	03 02 90	RMH	RECD 03-02-90

= Y40CO ========== COMMENTS DATABASE ==========

STRU	DATE	SECT	CATG	INIT	COMMENT (2 LINES)
					NO COMMENT DATABASE RECORDS

*** GRID **C10** *** *** GRID **C10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48645

ADDRESS: 009255 CAM SANTA FE CONN: SD APN: 343 062 06 00 PLAN FILE: E005428 90

PERMIT NO: E005428 90 STRUCT: 001 STATUS: F ISSUED: 09 28 90 EXPIRES: 10 12 91 FINALED: 04 15 91 PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS: BC CODE: 8002
BC DESC: ELECTRICAL 3+ FAMILY OR NONRES

(P1) DESC OF WORK: ELECTRICAL FOR COMMERCIAL.....TENANT IMPROVEMENT

(SV) CODE	QUANTITY	USE/TYPE OF CONSTRUCTION	RATE	UNIT	VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 0 1: 0 2: 0 3: 0 4: 0 0 : 0 STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E005428 90 SUBMITTED: 09 28 90 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: PRE-MIXED CONCRETE COMPANY PHONE: 619 566 2000 OWNER-BUILDER FLAG: N
LICENSE: 2140 CLS: A WORKER'S COMP - INS: FIREMAN'S FUND INS CO
EXPIRES: BTC: POLICY: KWP 80428334 EXPIRES: 11 01 90

= Y40IS ========== INSPECTION STATUS ==========

	INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
00	FINAL	041591	SXP	041591	DXZ	P		ANOTHER PERMIT PER C. SCHMIDT
10	UNDERGROUND	110890	YGG	110890	CDS	P		2-RUNS 4", NEW SHOP

= Y40PF ========== PERMIT FEE CALCULATION ==========

```
 DO  FINAL          041391  SAP  041391  DAZ  P      ANOTHER PERMIT PER C. SCHMIDT
 10  UNDERGROUND    110890  YGG  110890  CDS  P      2-RUNS 4", NEW SHOP

= Y40PF ================== PERMIT FEE CALCULATION ==========================================

    QTY   FEE DESCRIPTION                  FEE   FUND    ACCOUNT          PAID   KEY
   1.00   ELEC ISSUANCE FEE              15.00  41300   73440           15.00   E002
   1.00   200A+, OVER 600V               50.00  41300   73440           50.00   E019

  PLAN CHECK FEE:        0.00    TOTAL PERMIT FEES:        65.00    DISCOUNT FLAGS->   PLAN CHECK:     BUILDING PERMIT:

= Y40FS ================== PROJECT FEE SUMMARY ==========================================

  INVOICE NO          AMOUNT   PRINTED   INIT   PAYMENT TIME   CASH  ST   REV DATE   EOY
  0031667 90           65.00   09 28 90  AQD   09 28 90 1411   JTT   P    10 02 90

  TOTAL FEES INCURRED:        65.00    AMOUNT PAID TO DATE:        65.00
```

```
*** GRID  D10 ***                                                    *** GRID  D10 ***
REPORT Y41-920-01                    BPIS PURGED RECORDS AS OF 01/14/93                    PAGE: 48646
ADDRESS: 009255      CAM SANTA FE                    COMM: SD      APN: 343 062 06 00      PLAN FILE: E005428 90
 PERMIT NO: E005428 90   STRUCT: 001   STATUS: F   ISSUED: 09 28 90   EXPIRES: 10 12 91   FINALED: 04 15 91   PURGED: 01/14/93
= Y40FC ================== FINAL CLEARANCE CHECKLIST ==========================================
   CLEARANCE        REQ  OK    DATE     INIT  COMMENTS                          KEY
= Y40CL ================== CLEARANCE CHECKLIST ==========================================
   CLEARANCE        REQ  OK    DATE     INIT  COMMENTS
= Y40CO ================== COMMENTS DATABASE ==========================================
          STRU   DATE   SECT  CATG  INIT   COMMENT (2 LINES)
                                          NO COMMENT DATABASE RECORDS
```

```
*** GRID  E10 ***                                                    *** GRID  E10 ***
REPORT Y41-920-01                    BPIS PURGED RECORDS AS OF 01/14/93                    PAGE: 48647
ADDRESS: 009255      CAM SANTA FE                    COMM: SD      APN: 343 062 06 00      PLAN FILE: A002319 91
 PERMIT NO:              STRUCT: 001   STATUS: E   ISSUED:          EXPIRES:          FINALED:          PURGED: 01/14/93
==SCRN: ================== PURPOSE OF PERMIT ==========================================
  (SV) COMMENTS: X03-980 SQFT MEZZ,1680 OPEN STRUCT STEEL BRACE                    BC CODE: 4373
                                                                                   BC DESC: ADD/ALT NONRES BLDG OR STRUCT
  (P1) DESC OF WORK: BODY SHOP ADDITION TO EXISTING BLD'G

  (SV) CODE   QUANTITY   USE/TYPE OF CONSTRUCTION          RATE   UNIT      VALUE
   F32        3360    SVC STATION TYPE V-1 HR W/SPK      47.60   SF      159936
```

(P1) DESC OF WORK: BODY SHOP ADDITION TO EXISTING BLD'G

(SV) CODE	QUANTITY	USE/TYPE OF CONSTRUCTION	RATE	UNIT	VALUE
F32	3360	SVC STATION TYPE V-1 HR W/SPK	47.60	SF	159936
X01	1680	OTHER -RATE DETERMINED BY TECH	20.00	EA	33600
X03	980	OTHER - RATE DETERMINED BY PC	25.00	SF	24500

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: ADD/ALT COMM APN: 343 062 06 00 TYPE OF CONSTR: VN SPR OCC GROUP: B2,H4

BEDROOMS-> STUDIO: 0 1: 0 2: 0 3: 0 4: 0 0 : 0 STORIES: 2 INSP CAT: S SOIL: OCC LOAD:

PERMITTED-> UNITS: 0 FLR AREA: 0 BLDG AREA: CHARGEABLE: 3360 PLAN CHECK FEE: 686.40

TOTAL-----> UNITS: 0 FLR AREA: 4340 BLDG AREA: 0 VALUATION-> INIT: 159936 FINAL: 218036

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: A002319 91 SUBMITTED: 04 02 91 OTC: N STATUS: A

CONTRACTOR INFO: NAME: CONTRACTOR UNKNOWN PHONE: OWNER-BUILDER FLAG: N
LICENSE: UNKNOWN CLS: WORKER"S COMP - INS:
EXPIRES: BTC: POLICY: EXPIRES:

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INV	P F	OTH	REMARKS

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	< ACCESS PC FEE >	34.32	41300	73419	27.61	AC01
1.00	ACCESS INSPECTION FEE	52.80	41300	73427	0.00	AC03
1.00	BUILDING PERMIT FEE	1056.00	41300	73422	0.00	BO01
1.00	ENERGY CONSERVATION	305.60	41300	73422	0.00	EC01
1.00	< ENERGY CONSV PC FEE>	68.64	41300	73418	55.22	EC02
1.00	HOUSING TRUST FUND	8648.60	10421	73550	0.00	HF01
1.00	HAZARDOUS MATERIALS FE	20.00	41300	73428	0.00	HM01
1.00	STATE FEE (NON-RES.)	32.71	63010	77941	0.00	ST02
1.00	SEISMIC FEE (NON-RES.)	13.11	63085	77941	0.00	ST04

*** GRID **F10** *** *** GRID **F10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48648

ADDRESS: 009255 CAN SANTA FE COMM: 3D APN: 343 062 06 00 PLAN FILE: A002319 91

PERMIT NO: STRUCT: 001 STATUS: E ISSUED: EXPIRES: FINALED: PURGED: 01/14/93

= Y40PF ==== STRU 999 ===== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	< ACCESS PC FEE >	34.32	41300	73419	27.61	AC01
1.00	< ENERGY CONSV PC FEE>	68.64	41300	73418	55.22	EC02
1.00	PLAN CHECK FEES	552.17	41300	73411	552.17	PC01
1.00	PLAN CHECK ADJUSTMENT	134.23	41300	73411	0.00	PC02
1.00	FIRE PLAN CHECK FEES	478.38	100	77303	0.00	PC08
1.00	LSCP PLAN CHECK FEE	600.00	100	77122	0.00	PL01
1.00	LSCP SUBMITTAL FEE	150.00	100	77122	0.00	PR03

PLAN CHECK FEE: 686.40 TOTAL PERMIT FEES: 7928.82 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0009235 91	635.00	04 02 91	JAP	04 02 91 0814	JTT	P	04 04 91	

TOTAL FEES INCURRED: 635.00 AMOUNT PAID TO DATE: 635.00

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS	KEY
LANDSCAPING	Y	N	04 22 91	PXM	B. KELLEHER 696-3312	LSCP
SPECIAL INSP 1	Y	N	05 07 91	MPP	4000 PSI CONCRETE	SPI1
SPECIAL INSP 2	Y	N	05 07 91	MPP	TILT UP CONCRETE	SPI2
SPECIAL INSP 3	Y	N	05 07 91	MPP	SITE WELDING,INCL SITE REBAR	SPI3
SPECIAL INSP 4	Y	N	05 07 91	MPP	TENSILE CONCRETE ANCHORS	SPI4

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS
E&D FAC FINANCE	Y	Y	07 24 91	GFM	
HSNG TRUST/EDFF	Y	Y	07 24 91	GFM	
ELECTRICAL	Y	N	04 02 91	JAP	
ENG PERMITS	Y	Y	04 23 91	CMJ	
FIRE DEPT	Y	N	05 13 91	TMB	FEES=P/C,SPKLR,HYDRNT
LANDSCAPING	Y	N	04 02 91	JAP	
MECHANICAL	Y	N	04 02 91	JAP	
CONTRACTOR INFO	Y	N	04 02 91	JAP	
OWNER-BLDR FORM	Y	N	04 02 91	JAP	
PLANNING	Y	N	04 02 91	JAP	
SAN DIEGO UNIF	Y	N	04 02 91	JAP	
STRUCTURAL	Y	N	04 02 91	JAP	
WTR&SWR PERMITS	Y	N	04 02 91	JAP	

= Y40CO ========== COMMENTS DATABASE ==========

STRU	DATE	SECT	CATG	INIT	COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID G1U *** *** GRID G1U ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48649

ADDRESS: 009255 CAM SANTA FE COMM: SD **APN: 343 062 06 00** **PLAN FILE: E006977 89**

PERMIT NO: E006977 89 STRUCT: 001 STATUS: F ISSUED: 12 13 89 EXPIRES: 08 28 90 FINALED: 03 01 90 PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS: BC CODE: 8002
BC DESC: ELECTRICAL 3+ FAMILY OR NONRES

(P1) DESC OF WORK: TEMPORARY POWER POLE FOR FUTURE COMMERCIAL BLDG.

(SV) CODE QUANTITY USE/TYPE OF CONSTRUCTION RATE UNIT VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 1: 2: 3: 4: : STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E006977 89 SUBMITTED: 12 13 89 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: BF1 PORTABLE SERVICE PHONE: 619 726 5830 OWNER-BUILDER FLAG: N
LICENSE: 285247 CLS: C-61 WORKER'S COMP - INS: NATIONAL UNION FIRE OF PI
EXPIRES: BTC: 84009025 POLICY: WC 112 34 33 EXPIRES: 05 01 90

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
90 FINAL	022890	RMH	030190	CDS	P	OE	1-TEMP POLE 9255 E

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	ELEC ISSUANCE FEE	15.00	41300	73440	15.00	E002
1.00	TEMP SERVICE, 0-200A	10.00	41300	73440	10.00	E020

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 25.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0037552 89	25.00	12 13 89	RDG	12 13 89 0907	SLP	P	12 14 89	

TOTAL FEES INCURRED: 25.00 AMOUNT PAID TO DATE: 25.00

*** GRID H10 *** *** GRID H10 ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48650

ADDRESS: 009255 CAM SANTA FE COMM: SD **APN: 343 062 06 00** **PLAN FILE: E006977 89**

PERMIT NO: E006977 89 STRUCT: 001 STATUS: F ISSUED: 12 13 89 EXPIRES: 08 28 90 FINALED: 03 01 90 PURGED: 01/14/93

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS KEY

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS

= Y40CO ========== COMMENTS DATABASE ==========

STRU DATE SECT CATG INIT COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID **I10** *** *** GRID **I10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48651

ADDRESS: 009255 **CAM SANTA FE** **CONN: SD** **APN: 343 062 06 00** **PLAN FILE: A000900 91**

PERMIT NO: STRUCT: 001 STATUS: E ISSUED: EXPIRES: FINALED: PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS:

BC CODE: 3220
BC DESC: SERVICE STATION/REPAIR GARAGE

(P1) DESC OF WORK: NEW TRUCK MAINTENANCE BUILDING.

(SV) CODE	QUANTITY	USE/TYPE OF CONSTRUCTION	RATE	UNIT	VALUE
172	25252	IND PLANT TYPE V-N W/SPK	29.60	SF	747459

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 0 1: 0 2: 0 3: 0 4: 0 0 : 0 STORIES: 2 INSP CAT: S SOIL: OCC LOAD:

PERMITTED-> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 1809.27

TOTAL-----> UNITS: 0 FLR AREA: 25252 BLDG AREA: 0 VALUATION-> INIT: 747459 FINAL: 747459

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: A000900 91 SUBMITTED: 02 08 91 OTC: N STATUS: A

CONTRACTOR INFO: NAME: CONTRACTOR UNKNOWN PHONE: OWNER-BUILDER FLAG: N
LICENSE: UNKNOWN CLS: WORKER'S COMP - INS:
EXPIRES: BTC: POLICY: EXPIRES:

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	< ACCESS PC FEE >	90.46	41300	73419	90.46	AC01
1.00	< ENERGY CONSV PC FEE>	180.93	41300	73418	180.93	EC02
1.00	HOUSING TRUST FUND	30807.44	10421	73550	0.00	HF01

= Y40PF ==== STRU 999 ===== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	< ACCESS PC FEE >	90.46	41300	73419	90.46	AC01
1.00	< ENERGY CONSV PC FEE>	180.93	41300	73418	180.93	EC02
1.00	PLAN CHECK FEES	1809.27	41300	73411	1809.27	PC01
1.00	FIRE PLAN CHECK FEES	857.76	100	77303	857.76	PC08
1.00	PLAN DEPT SM RES/CML	150.00	100	77137	0.00	PL02

*** GRID **J10** *** *** GRID **J10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48652

ADDRESS: 009255 **CAM SANTA FE** **CONN: SD** **APN: 343 062 06 00** **PLAN FILE: A000900 91**

PERMIT NO: STRUCT: 001 STATUS: E ISSUED: EXPIRES: FINALED: PURGED: 01/14/93

PLAN CHECK FEE: 1809.27 TOTAL PERMIT FEES: 30807.44 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0011687 91	857.76	04 25 91	NDH	04 25 91 1353	JTT	P	04 29 91	
0003564 91	2080.66	02 08 91	DXV	02 08 91 0920	MER	P	02 12 91	

TOTAL FEES INCURRED: 2938.42 AMOUNT PAID TO DATE: 2938.42

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS	KEY
SPECIAL INSP 1	Y	N	04 15 91	MPP	FIELD WELDS	SPI1
SPECIAL INSP 2	Y	N	04 15 91	MPP	TILT UP CONCRETE	SPI2

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS
ADDRESSING	Y	Y	02 11 91	JEG	
APCD FORM	Y	N	02 08 91	DXV	
E&D FAC FINANCE	Y	Y	03 14 91	GFM	
ELECTRICAL	Y	N	02 08 91	DXV	
ENG PERMITS	Y	N	02 08 91	DXV	
FIRE DEPT	Y	N	04 16 91	FLM	FEES=MAX SPRS AND PC
HAZMATS	Y	N	02 08 91	DXV	
MECHANICAL	Y	Y	02 28 91	RHR	
CONTRCTR INFO	Y	N	02 08 91	DXV	
PLANNING	Y	Y	05 14 91	JPM	
SAN DIEGO UNIF	Y	N	02 08 91	DXV	
STRUCTURAL	Y	N	02 08 91	DXV	
2% SEWER PC FEE	Y	N	02 08 91	DXV	
WTR&SWR PERMITS	Y	N	02 08 91	DXV	
2% WATER PC FEE	Y	N	02 08 91	DXV	

= Y40CO ========== COMMENTS DATABASE ==========

STRU DATE SECT CATG INIT COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID **K10** *** *** GRID **K10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48653

ADDRESS: 009255 **CAN SANTA FE** **CONN: SD** **APN: 343 062 06 00** **PLAN FILE: E006603 90**

PERMIT NO: E006603 90 STRUCT: 001 STATUS: F ISSUED: 12 04 90 EXPIRES: 06 09 91 FINALED: 12 11 90 PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS: BC CODE: 8003
BC DESC: ELEC / SVC CHANGE OR TEMP POLE

(P1) DESC OF WORK: TEMPORY POWER POLE TO COM DLOT

(SV) CODE QUANTITY USE/TYPE OF CONSTRUCTION RATE UNIT VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 0 1: 0 2: 0 3: 0 4: 0 0 : 0 STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E006603 90 SUBMITTED: 12 04 90 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: BFI PORTABLE SERVICE PHONE: 619 726 5830 OWNER-BUILDER FLAG: N
LICENSE: 285247 CLS: C-61 WORKER'S COMP - INS:
EXPIRES: BTC: 84009D25 POLICY: EXPIRES:

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	F	OTH	REMARKS
40 FINAL	121090	SXP	121190	CDS	P	RE	1 TEMP POLE
90 FINAL	120590	ETM	120590	CDS	F		CAN NOT LOCATE

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	ELEC ISSUANCE FEE	15.00	41300	73440	15.00	E002
1.00	TEMP POLE, 0-200A	10.00	41300	73440	10.00	E022

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 25.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0038571 90	25.00	12 04 90	ETM	12 04 90 1139	MER	P	12 06 90	

TOTAL FEES INCURRED: 25.00 AMOUNT PAID TO DATE: 25.00

*** GRID **L10** *** *** GRID **L10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48654

ADDRESS: 009255 **CAN SANTA FE** **CONN: SD** **APN: 343 062 06 00** **PLAN FILE: E006603 90**

PERMIT NO: E006603 90 STRUCT: 001 STATUS: F ISSUED: 12 04 90 EXPIRES: 06 09 91 FINALED: 12 11 90 PURGED: 01/14/93

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS KEY

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS

= Y40CO ========== COMMENTS DATABASE ==========

STRU DATE SECT CATG INIT COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID **M10** *** *** GRID **M10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48655

ADDRESS: 009255 **CAM SANTA FE** **CONN: SD** **APN: 343 062 06 00** **PLAN FILE: E004815 87**

PERMIT NO: E004815 87 STRUCT: 001 STATUS: F ISSUED: 08 31 87 EXPIRES: 03 06 88 FINALED: 09 08 87 PURGED: 01/14/93

==SCRN==========PURPOSE OF PERMIT==========

(SV) COMMENTS: BC CODE: 8002
BC DESC: ELECTRICAL 3+ FAMILY OR NONRES

(P1) DESC OF WORK: NEW COMMERCIAL ELEC CIRCUITRY

(SV) CODE QUANTITY USE/TYPE OF CONSTRUCTION RATE UNIT VALUE

= Y40SV ==========STRUCTURE INFORMATION==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 1: 2: 3: 4: : STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ==========PROJECT INFORMATION 1==========

PLAN FILE: E004815 87 SUBMITTED: 08 26 87 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: BERGELECTRIC CORPORATION PHONE: 619 746 1003 OWNER-BUILDER FLAG: N
LICENSE: 85046 CLS: C-10 WORKER'S COMP - INS: REPUBLIC INDEMNITY
EXPIRES: BTC: 74006320 POLICY: PC 986213 EXPIRES: 07 01 88

= Y40IS ==========INSPECTION STATUS==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
90 FINAL	090487	KFO	090887	CDS	P	RE	9255 A CAM SANTA FE; TEMP.PED
10 UNDERGROUND	083187	CJC		CDS			

= Y40PF ==========PERMIT FEE CALCULATION==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	ELEC ISSUANCE FEE	15.00	41300	73440	15.00	E002
1.00	TEMP SERVICE, 0-200A	5.00	41300	73440	5.00	E020

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 20.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ==========PROJECT FEE SUMMARY==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0022839 87	20.00	08 31 87	FMK	08 31 87 0935	JTT	P	09 01 87	

TOTAL FEES INCURRED: 20.00 AMOUNT PAID TO DATE: 20.00

*** GRID **N10** *** *** GRID **N10** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48656

ADDRESS: 009255 **CAM SANTA FE** **CONN: SD** **APN: 343 062 06 00** **PLAN FILE: E004815 87**

PERMIT NO: E004815 87 STRUCT: 001 STATUS: F ISSUED: 08 31 87 EXPIRES: 03 06 88 FINALED: 09 08 87 PURGED: 01/14/93

= Y40FC ==========FINAL CLEARANCE CHECKLIST==========

CLEARANCE REQ OK DATE INIT COMMENTS KEY

= Y40CL ==========CLEARANCE CHECKLIST==========

CLEARANCE REQ OK DATE INIT COMMENTS

= Y40CO ==========COMMENTS DATABASE==========

STRU DATE SECT CATG INIT COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID 010 *** *** GRID 010 ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48657

ADDRESS: 009255 CAM SANTA FE NA CONN: SD APN: 343 062 06 00 PLAN FILE: E002120 90

PERMIT NO: E002120 90 STRUCT: 001 STATUS: F ISSUED: 04 11 90 EXPIRES: 10 30 90 FINALED: 05 03 90 PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS: BC CODE: 8002
BC DESC: ELECTRICAL 3+ FAMILY OR NONRES

(P1) DESC OF WORK: ELECTRICAL - TEMPORARY POWER POLE

(SV) CODE QUANTITY USE/TYPE OF CONSTRUCTION RATE UNIT VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 0 1: 0 2: 0 3: 0 4: 0 0 : 0 STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: 0 FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E002120 90 SUBMITTED: 04 11 90 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: BFI PORTABLE SERVICE PHONE: 619 726 5830 OWNER-BUILDER FLAG: N
LICENSE: 285247 CLS: C-61 WORKER'S COMP - INS:
EXPIRES: BTC: 84009025 POLICY: EXPIRES:

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
90 FINAL	050390	SAC	050390	CDS	P	DE	TEMP POLE

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	ELEC ISSUANCE FEE	15.00	41300	73440	15.00	E002
1.00	TEMP POLE, 0-200A	10.00	41300	73440	10.00	E022

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 25.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0011947 90	25.00	04 11 90	RMH	04 11 90 1529	EMP	P	04 13 90	

TOTAL FEES INCURRED: 25.00 AMOUNT PAID TO DATE: 25.00

*** GRID P10 *** *** GRID P10 ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48658

ADDRESS: 009255 CAM SANTA FE NA CONN: SD APN: 343 062 06 00 PLAN FILE: E002120 90

PERMIT NO: E002120 90 STRUCT: 001 STATUS: F ISSUED: 04 11 90 EXPIRES: 10 30 90 FINALED: 05 03 90 PURGED: 01/14/93

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS KEY

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS

= Y40CO ========== COMMENTS DATABASE ==========

STRU DATE SECT CATG INIT COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

*** GRID **B11** *** *** GRID **B11** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48659

ADDRESS: 009255 CAM SANTA FE #B COMM: SD APN: 343 062 06 00 PLAN FILE: E004978 89

PERMIT NO: E004978 89 STRUCT: 001 STATUS: F ISSUED: 09 01 89 EXPIRES: 03 27 90 FINALED: 09 28 89 PURGED: 01/14/93

==SCRN========== PURPOSE OF PERMIT ==========

(SV) COMMENTS: BC CODE: 8002
BC DESC: ELECTRICAL 3+ FAMILY OR NONRES

(P1) DESC OF WORK: NEW COMMERCIAL ELEC IMPROVEMENTS FOR PALLET PLANT

(SV) CODE QUANTITY USE/TYPE OF CONSTRUCTION RATE UNIT VALUE

= Y40SV ========== STRUCTURE INFORMATION ==========

LOT: MODEL/DESC: APN: 343 062 06 00 TYPE OF CONSTR: OCC GROUP:

BEDROOMS-> STUDIO: 1: 2: 3: 4: : STORIES: INSP CAT: E SOIL: OCC LOAD:

PERMITTED-> UNITS: FLR AREA: 0 BLDG AREA: 0 CHARGEABLE: 0 PLAN CHECK FEE: 0.00

TOTAL-----> UNITS: FLR AREA: 0 BLDG AREA: 0 VALUATION-> INIT: 00 FINAL: 00

= Y40P1 ========== PROJECT INFORMATION 1 ==========

PLAN FILE: E004978 89 SUBMITTED: 09 01 89 OTC: Y STATUS: A

CONTRACTOR INFO: NAME: GOODWIN ELECTRIC CO INC PHONE: 619 292 6276 OWNER-BUILDER FLAG: N
LICENSE: 264894 CLS: C-10 WORKER'S COMP - INS: REPUBLIC INDEMNITY
EXPIRES: BTC: 74008396 POLICY: PC 992609 EXPIRES: 07 01 90

= Y40IS ========== INSPECTION STATUS ==========

INSPECTION TYPE	SCHED	DEO	COMPL	INT	P F	OTH	REMARKS
90 FINAL	092889	CJC	092889	RHE	P	RE	NEW
90 FINAL	092589	SAC	092689	RHE	F	TE	IN 13
90 FINAL	092089	PHF	092089	NNM	F		IN-13
90 FINAL	090789	YGG		JML			
90 FINAL	090589	DMS	090589	RLW	F		CANCEL

= Y40PF ========== PERMIT FEE CALCULATION ==========

QTY	FEE DESCRIPTION	FEE	FUND	ACCOUNT	PAID	KEY
1.00	ELEC ISSUANCE FEE	15.00	41300	73440	15.00	E002
6.00	0-20A, 0-100, 120/208V	12.00	41300	73440	12.00	E005
4.00	25-45A, 120/208V	16.00	41300	73440	16.00	E011
1.00	50-199A, 120/208V	6.00	41300	73440	6.00	E014
1.00	REINSPECTION FEE	20.00	41300	73440	0.00	R101

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 69.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY

*** GRID **C11** *** *** GRID **C11** ***

REPORT Y41-920-01 BPIS PURGED RECORDS AS OF 01/14/93 PAGE: 48660

ADDRESS: 009255 CAM SANTA FE #B COMM: SD APN: 343 062 06 00 PLAN FILE: E004978 89

PERMIT NO: E004978 89 STRUCT: 001 STATUS: F ISSUED: 09 01 89 EXPIRES: 03 27 90 FINALED: 09 28 89 PURGED: 01/14/93

PLAN CHECK FEE: 0.00 TOTAL PERMIT FEES: 69.00 DISCOUNT FLAGS-> PLAN CHECK: BUILDING PERMIT:

= Y40FS ========== PROJECT FEE SUMMARY ==========

INVOICE NO	AMOUNT	PRINTED	INIT	PAYMENT TIME	CASH	ST	REV DATE	EOY
0026008 89	49.00	09 01 89	DMS	09 01 89 1544	SSV	P	09 06 59	

TOTAL FEES INCURRED: 49.00 AMOUNT PAID TO DATE: 49.00

= Y40FC ========== FINAL CLEARANCE CHECKLIST ==========

CLEARANCE	REQ	OK	DATE	INIT	COMMENTS	KEY
REINSP FEE DUE	Y	N			PAYMENT PENDING AS OF 09/26/89	REIN

= Y40CL ========== CLEARANCE CHECKLIST ==========

CLEARANCE REQ OK DATE INIT COMMENTS

= Y40CO ========== COMMENTS DATABASE ==========

STRU DATE SECT CATG INIT COMMENT (2 LINES)

NO COMMENT DATABASE RECORDS

PERMIT APPLICATION

CITY OF SAN DIEGO BUILDING INSPECTION DEPARTMENT

1222 First Avenue, MS-301, San Diego, Ca 92101 (619) 236-6270

☐ Combination Permit ☒ Building Permit ☐ Electrical Permit ☐ Plumbing & Gas Permit ☐ Mechanical Permit ☐ Relocation Permit ☐ Demolition Permit ☐ Mobile Home Permit

Plan File No. A005721

1. PROJECT INFORMATION

ADDRESS: 9265 CAMINO SANTA FE — BUILDING OR SUITE NO. — UNIT NO. — MAP NO.

LEGAL DESC: LOT NO — BLOCK NO — SUBDIVISION NAME — PARCEL NO — PARCEL MAP NO

ASSESSOR'S PARCEL NO: 341-050-11,12

CONDITION OF SOIL AT SITE: ☒ UNDISTURBED ☐ COMPACT FILL ☐ LOOSE FILL

EXISTING USE: PLANT UNDER CONST.

DESCRIPTION OF WORK: 30'X100' METAL STORAGE BLDG.

TOTAL FLOOR AREA: 3000 SF

2. APPLICANT

NAME: SHOOK BLDG. SYSTEMS — TELEPHONE NO: (714) 947-5817 — ☒ CONTRACTOR ☐ OWNER — ☐ AGENT FOR CONTRACTOR ☐ AGENT FOR OWNER

ADDRESS: 2055 S. BAKER AVE. — CITY: ONTARIO — STATE: CA — ZIP CODE: 91766

3. PROPERTY OWNER

NAME: TRUE CAST CONC. — TELEPHONE NO: (619) 549-1870 — ☐ OWNER ☒ LESSEE OR TENANT

ADDRESS: 1114 S TUXPORD — CITY: SUN VALLEY — STATE: CA — ZIP CODE: 91352

4. CONTRACTOR

NAME: SHOOK BLDG. SYSTEMS — TELEPHONE NO: (714) 947-5817

ADDRESS: 2055 S. BAKER AVE — CITY: ONTARIO — STATE: CA — ZIP CODE: 91761

STATE LICENSE NO: 283001 — LICENSE CLASS: "B" — CITY BUSINESS LICENSE NO: NONE.

LICENSED CONTRACTOR'S DECLARATION: I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

SIGNATURE: [signature] — TITLE: AGENT SEC. VICE PRES. — DATE: 1-14-88 9.1.87

5. WORKER'S COMPENSATION

☐ WORKER'S COMPENSATION DECLARATION: I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof filed with the Building Inspection Department (Sec. 3800, Lab. C)

INSURANCE COMPANY: FREMONT COMPENSATION — POLICY NO: WF87-230767-4 — EXPIRATION DATE: 12/1/88

☐ CERTIFICATE OF EXEMPTION: I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

SIGNATURE: [signature] — DATE: 1-14-88

6. OWNER-BUILDER DECLARATION

OWNER-BUILDER DECLARATION: I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9, commencing with Section 7000, of Division 3 of the Business and Professions Code) or that he is exempt therefrom, and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).

☐ As owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

☐ As owner of the property, I am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law).

☐ I am exempt under Section _____ B.&P.C. for this reason N/A

SIGNATURE _____ DATE _____

7. CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C)

LENDER'S NAME: N/A — LENDER'S ADDRESS: _____

8. APPLICANT'S SIGNATURE

I certify that I have read this application and state that the above information is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with all city and state laws relating to building construction. I hereby authorize representatives of the City of San Diego to enter upon the above-mentioned property for inspection purposes. If after making the Certificate of Exemption from the Worker's Compensation provisions of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Worker's Compensation law, this permit shall be deemed revoked.

SIGNATURE: [signature] — DATE: 9.1.87, 1-14-88

City of San Diego
Planning and Development Review
1222 First Ave • MS 301
San Diego, CA 92101-4154
(619) 446-5000
www.ci.san-diego.ca.us/development-services

B200250-02

CUP 89-0585

General Application

1. Approval Type: Construction Permits ☒ Structure ☐ Grading ☐ Public Right-of-Way • ☐ Electrical • ☐ Plumbing/Mechanical • ☐ Sign • ☐ Subdivision • ☐ Demolition/Removal • Development Permits: ☐ Neighborhood Use ☐ Coastal ☐ Neighborhood Development ☐ Site Development ☐ Planned Development ☐ Conditional Use ☐ Variance ☐ • Other

2. Project Address: Include Building or Suite No: 9265 Camino Santa Fe
Project Title: Maint. Bldg.
Project No. For City Use Only: 77 1055 7 01
Lot No: PAR 3 Block No: Subdivision Name: Unit No: Map No:
Parcel No: Parcel Map No: TM17983 Assessor's Parcel No: 341 050 3700
Project Description: Construction of steel maintance building
Total Floor Area: 2400 sf

Part I

3. Designer name: John Z Szekely Address: 1520 W Roosevelt St Fax Number: (626) 334-4137
City: Azusa State: CA Zip Code: 91702 Telephone: (626)334-5121 License Number: 147870,B1

4. Applicant Name Please check one: ☐ Contractor ☐ Agent for Contractor ☐ Owner ☒ Agent for Owner
Ruth Coalson Fax Number: (619)281-8943
Address: 3511 Camino Del Rio South #403 City: San Diego State: CA Zip Code: 92108 Telephone: (619)284-8515

5. Property Owner/Lessee Tenant Name Please check one ☒ Owner ☐ Lessee or Tenant
Hanson Aggregates Southwest Inc Fax Number: 858 577-2779
Address: P.O. Box 639069 City: San Diego State: CA Zip Code: 92163-9069 Telephone: (858) 577-2770

6. Contractor Name (not required for development permits)
Nu-West Fabrication Fax Number:
Address: PO Box 6614 City: San Bernardion State: CA Zip Code: 92412 Telephone: (909)888-4144
State License No: 515883 License Class: B/C-8/C51 City Business Tax No:

Licensed Contractor's Declaration: I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.
Signature: Barbara Harris Title: AGENT Date: 1/25/02

Part II

7. Workers' Compensation Declaration: I hereby affirm under penalty of perjury one of the following declarations:
☐ a. I have and will maintain a certificate of consent to self insure for workers' compensation as provided by Section 3700 of the Labor Code for the performance of the work for which this permit is issued.
☒ b. I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Insurance Company: STATE FUND INSURANCE Policy No: UT 202040 Expiration Date: 12-1-02
(This section need not be completed if the permit is for one hundred dollars ($100) or less.)
☐ c. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
Signature: Barbara Harris Date: 1-24-01
Warning: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars ($100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

8. Owner-Builder Declaration: I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractors' License Law (Chapter 9, commencing with Section 7000, of Division 3 of the Business and Professions Code) or that he is exempt therefrom, and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).)
☐ I as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvements sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)
☐ I as owner of the property am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with contractors(s) licensed pursuant to the Contractor's License Law.)
☐ I am exempt under Section ..... B&P C for this reason
Signature: Date:

9. Construction Lending Agency: I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
Lender's Name: N/A Lender's Address:

Part III

10. Applicant's Signature: Barbara Harris 1/25/02
Signature: Ruth Coalson Date: 4/24/01

CONTINUED ON REVERSE SIDE

This information is available in alternative formats for persons with disabilities.
To request this information in alternative format, call (619) 446-5446 or (800) 735-2929 (TT)

DS-3032 (6-00)

THE CITY OF SAN DIEGO

Certificate of Occupancy

DRESS: 9265 Cam Santa Fe

Issued: 01/14/03
ding Permit No.: B200250-02
ding Description: II-N

upancy: H-4 New Building Maintenance

Owner: Hanson Aggregates Southwest Inc
P O Box 639069
San Diego CA 92163

This certifies that, so far as ascertained by or made known to the undersigned, the building at the above address complies with Chapter IX, Article 1, of the Municipal Code and applicable requirements of the State Building Regulations for the occupancies listed.

TINA P. CHRISTIANSEN, DIRECTOR
DEVELOPMENT SERVICES DEPARTMENT

BY: [illegible]

NOTE: Any change of use of occupancy must be approved by the Development Services Department.

POST IN A CONSPICUOUS PLACE

sv. 2/01)
rmation is available in alternative formats upon request.

THE CITY OF SAN DIEGO

Certificate of Occupancy

ADDRESS: 8257 ~~Capitol~~ Santa Fe

This certifies that, so far as ascertained by or made known to the undersigned, the building at the above address complies with Chapter IX, Article 1, of the Municipal Code and applicable requirements of the State Building Regulations for the occupancies listed.

Date Issued: 1/7/91
Building Permit No: [illegible]
Building Description: V-II 2 Stories

Occupancy: [illegible] Motor Control Center and Batch Office

R. L. CHRISTOPHERSON, DIRECTOR
BUILDING INSPECTION DEPARTMENT

Owner: Fenton U G Material Company
Post Office Box 4
San Diego, CA. 92113

BY: _____

NOTE: Any change of use of occupancy must be approved by the Building Inspection Department.

IN-2 (Rev. 8-89)

POST IN A CONSPICUOUS PLACE

1.804

2 of 1718
A-1-10 HR
CUP 571 PC

Permit Application

City of San Diego Building Inspection Department
1222 First Avenue, MS 301, San Diego, CA 92101 (619) 236 6270

1. Permit Type

☒ Combination (39) Building ☐ Mobile Home ☐ Electrical ☐ Plumbing & Gas ☐ Mechanical ☐ Demolition
☐ Relocation ☐ Remove Building

Plan File No. A001849-90

2. Project Information

Address 9255 CAMINO SANTA FE — Building or Suite No

Legal Description
Lot No — Block No — Subdivision Name — Unit No — Map No.

Parcel No — Parcel Map No — Assessor's Parcel No 343-062-06

Existing Use CUP #5178 — Condition of Soil at Site ☐ Undisturbed ☒ Compact Fill ☐ Loose Fill

Description of Work FOUNDATION FOR CONCRETE BATCH PLANT — Total Floor Area

Designer name R. A. VAN DEN BOSCH — Address

City OAKLAND — State CA — Zip Code — Telephone 415-465-5913 — License Number 1184

3. Applicant

☐ Contractor ☐ Agent for Contractor ☐ Owner ☐ Agent for Owner

Name JAMES P. BLACKWELL — Address 7220 TRADE ST Suite 300

City SAN DIEGO — State CA — Zip Code 92121 — Telephone 619-566-2000

4. Property Owner

☒ Owner ☐ Lessee or Tenant

Name H.G. FENTON MATERIAL CO — Address 7220 TRADE ST SUITE 300

City SAN DIEGO — State CA — Zip Code 92121 — Telephone 566-2000

5. Contractor

Name H.G FENTON MATERIAL CO — Address

City ABOVE — State — Zip Code — Telephone 566-2000

State License No 036508 — License Class A — City Business Tax No.

Licensed Contractor's Declaration: I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

Signature — Title CHAIRMAN & CEO — Date 4-27-90

6. Workers' Compensation

☒ Workers' Compensation Declaration: I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or certificate of exemption, or indemnification, or have complied with the provisions of Section 3700 of the Labor Code for the performance of the work for which this permit is issued. I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, and agree that if I should become subject to the Workers' Compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Insurance Company FIREMANS FUND — Policy No. KWP 8042833 — Expiration Date Nov 1, 1990

☐ Certificate of Exemption: I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Signature — Date 4-27-90

7. Owner-Builder Declaration

Owner-Builder Declaration: I hereby affirm that I am exempt from the contractor's license law for the following reason (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to sign a written statement that he or she is licensed pursuant to the provisions of the Contractors' License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom, and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500):

☒ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The contractor's license law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proof of establishing that he did not build or improve for the purpose of selling.)

☐ I, as owner of the property, am exempt from the contractor's license law because I am exempt under Section 7040 of the Business and Professions Code for the following reason:

☐ I, as owner of the property, am exempt from the contractor's license law because I am exempt under Section 7040 of the Business and Professions Code for the following reason:

Signature — Date 4-27-90

8. Construction Lending Agency

Lender's Name — Lender's Address

264 1718
A-1-10 HR
CUP 571 PC

Permit Application

City of San Diego Building Inspection Department
1222 First Avenue, MS 301, San Diego, CA 92101 (619) 236-6270

1. Permit Type

☒ Combination ☒ Building ☐ Mobile Home ☐ Electrical ☐ Plumbing & Gas ☐ Mechanical ☐ Demolition ☐ Relocation ☐ Remove Building

2. Project Information

Plan File No. A001849-90

Address 9255 CAMINO SANTA FE — Building or Suite No

Legal Description
Lot No — Block No — Subdivision Name — Unit No — Map No

Parcel No — Parcel Map No — Assessor's Parcel No 343-062-06

Existing Use CUP # 5178 — Condition of Soil at Site ☐ Undisturbed ☒ Compact Fill ☐ Loose Fill

Description of Work FOUNDATION FOR CONCRETE BATCH PLANT — Total Floor Area

Designer name R. A. VAN DEN BOSCH — Address

City OAKLAND — State CA — Zip Code — Telephone 415-465-5913 — License Number 1184

3. Applicant

☐ Contractor ☐ Agent for Contractor ☐ Owner ☐ Agent for Owner

Name JAMES P. BLACKWELL — Address 7220 TRADE ST SUITE 300

City SAN DIEGO — State CA — Zip Code 92121 — Telephone 619-566-2000

4. Property Owner

☒ Owner ☐ Lessee or Tenant

Name H.G. FENTON MATERIAL CO — Address 7220 TRADE ST SUITE 300

City SAN DIEGO — State CA — Zip Code 92121 — Telephone 566-2000

5. Contractor

Name H.G FENTON MATERIAL CO — Address

State ABOVE — Zip Code — Telephone 566-2000

State License No 036508 — License Class A — City Business Tax No

Licensed Contractor's Declaration [illegible]

Signature [illegible] — Title CHAIRMAN & CEO — Date 4-27-90

6. Workers' Compensation

☒ Workers' Compensation Declaration [illegible]

Insurance Company FIREMANS FUND — Policy No. KWP 80428334 — Date NOV 1, 1990

☐ Certificate of Exemption [illegible]

Signature [illegible] — Date 4-27-90

7. Owner-Builder Declaration

Owner-Builder Declaration [illegible]

☒ [illegible]

☐ [illegible]

☐ [illegible]

Signature [illegible] — Date 4-27-90

8. Construction Lending Agency

[illegible]

Lender's Name — Lender's Address

CUP-3211

A-1-10
HR/CUP 571 CP
A00184390.

Permit Application

City of San Diego Building Inspection Department
1222 First Avenue, MS 301 San Diego, CA 92101 (619) 236-6270

1. Permit Type

☐ Combination ☐ Building ☐ Mobile Home ☐ Electrical ☐ Plumbing & Gas ☐ Mechanical ☐ Demolition
☐ Relocation ☐ Remove Building

2. Project Information

Plan File No. ~~10843390~~

Address: ~~CARROLL CANYON ROAD~~ 9255 CAM Santa Fe
Building or Suite No.:

Legal Description

Lot No. | Block No. | Subdivision Name | Unit No. | Map No.
PORTIONS OF SECTIONS 1-3 & 10, TOWNSHIP 15 S, RANGE 3W, SBBM

Parcel No. | Parcel Map No. | Assessor's Parcel No. 343 062-06 341-052-06

Existing Use | Condition of Soil at Site ☐ Undisturbed ☒ Compact Fill ☐ Loose Fill

Description of Work: 2 STORY MOTOR CONTROL CENTER & BATCH OFFICE
Total Floor Area: 720

Designer name: STA INC., ARCHITECTS | Address: 3241 ADAMS AVENUE
City: ~~SAN DIEGO, CA 92116~~ | State | Zip Code: ~~280-7613~~ | Telephone | License Number: ~~C8374~~

3. Applicant

☐ Contractor ☐ Agent for Contractor ☐ Owner ☒ Agent for Owner

Name: GARY TAYLOR | Address: 3241 ADAMS AVENUE
City: SAN DIEGO, CA 92116 | State | Zip Code | Telephone: 280-7613

4. Property Owner

☐ Owner ☐ Lessee or Tenant

Name: ~~GARY TAYLOR~~ H.G. FENTON MATERIAL CO | Address: ~~3241 ADAMS AVENUE~~ 7220 TRADE ST
City: SAN DIEGO, CA ~~92116~~ 92112 | State | Zip Code | Telephone: 566-2000 ~~280-7613~~

5. Contractor

Name: OWNER H.G. FENTON MATERIALS ~~Craig Tieck~~ | Address: 7220 TRADE ST
City: SAN DIEGO 92112 | State | Zip Code | Telephone

State License No.: 209111 | License Class | City Business Tax No.

Licensed Contractor's Declaration: I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Signature: x [signature] | Title: Supt. (R.M.E.) | Date: 5-10-90

6. Workers' Compensation

☐ **Workers' Compensation Declaration:** I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof filed with the Building Inspection Department (Sec. 3800, Lab. C).

Insurance Company: FIREMAN FUND | Policy No.: KWP 80428334 | Expiration Date: 11-01-90

☐ **Certificate of Exemption:** I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Signature: [signature] | Date: 5-10-90

7. Owner-Builder Declaration

Owner-Builder Declaration: I hereby affirm that I am exempt from the Contractor's License Law for the following reason [Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, and requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9, commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom, and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).]

☒ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with contractor(s) licensed pursuant to the Contractor's License Law.)

☐ I am exempt under Section _____ of B.P.C. for this reason.

Signature | Date: 5-10-90

8. Construction Lending Agency

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Lab. C).

Lender's Name | Lender's Address

CITY OF SAN DIEGO **BUILDING** PERMIT APPLICATION

PROJECT
ADDRESS: 9255 CAMINO SANTA FE — SUITE
LEGAL DESCRIPTION: LOT / BLOCK / SUBDIVISION NAME / UNIT NO: N-CAMINO RUIZ 1-3, 7155,
R3W, SBRM A-1-10 ZONE CEMENT BAGS
EXISTING USE: CUP-82-0003 — PROPOSED USE: SAME

OWNER
NAME: TRUE CAST CONCRETE — TEL NO.
ADDRESS: 11145 TOXFORD ST — CITY: SAN VALLEY — ZIP CODE: 91352

CONTRACTOR
NAME: YOUNG & CHAPMAN — TEL NO: 714
ADDRESS: 23974 HWY 74 — ZIP CODE: 92343 — 926-2416
CITY: HEMET CA
STATE LIC. NO: 133434 — LIC. CLASS: C — CITY LIC. NUMBER: NW

DESIGNER
NAME: LV NICKOLS — LIC. NO.
ADDRESS: 11453 CANRIOLE AV — TEL NO: 818
CITY: NORTHRIDGE CA — ZIP CODE: 91326 — 368-4024

① **LICENSED CONTRACTORS DECLARATION:** I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.
Contractor's Signature

② **OWNER-BUILDER DECLARATION:** I hereby affirm that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).)
☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. However, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)
☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)
☐ I am exempt under Sec. _____ B.&P.C. for this reason
Owner's Signature

③ **WORKER'S COMPENSATION DECLARATION:** I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof filed with the Building Inspection Department. (Sec. 3800, Lab.C.)
Policy No. W000 7409.86 — Insurance Company: BEAVER INS. — Expiration Date: DEC 87
Applicant's Signature: Robert J. Parker

④ **CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE:** I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.
Owner's or Contractor's Signature

⑤ **CONSTRUCTION LENDING AGENCY:** I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ.C.)
Lender's Name
Lender's Address

APPLICANT
NAME: TRUE CAST CONCRETE — ROBERT J. PARKER
ADDRESS: 11145 TOXFORD ST — CITY: SAN VALLEY — ZIP CODE: 91352
I certify that I have read this application and state that the above information is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with all city and state laws relating to building construction. I hereby authorize representatives of the City of San Diego to enter upon the above-mentioned property for inspection purposes. If after making the Certificate of Exemption, from the Worker's Compensation provisions of the Labor Code, I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workmen's Compensation law, this permit shall be deemed revoked.
SIGNATURE: Robert J. Parker — DATE: 12-17-86
☐ CONTRACTOR ☐ OWNER ☒ AGENT FOR CONTRACTOR ☐ AGENT FOR OWNER

IN 258 Rev. 4-85

PROJECT ADDRESS: 9255 CAMINO SANTA FE — SUITE
DIST. NO.: 15 — CENSUS TRACT NO.: 83.18 — PERMIT NUMBER: A55761 — A 55781
CONDITION OF SOIL AT PROJECT: ☒ UNDISTURBED ☐ COMPACTED FILL ☐ LOOSE FILL
COORD. INDEX NO.: 264-1718 — PLAN FILE NO.: F53918
DESCRIPTION OF PROPOSED WORK: CEMENT BAG PLANT FOR RESALE
549-2371

BUILDING INSPECTION DEPARTMENT — THIS PERMIT AUTHORIZES ONLY THE WORK NOTED

CITY TREASURER VALIDATION
03/09/87 PAID $ 628.64 PERM
03/09/87 PAID $ 628.64 CH
.00

SERV. SIZE | METER SIZE | CREDIT | WATER | SEWER
SEWER CONN. | SEE ATT. RECPT. | CKD BY.

USE ZONE: A-1-10 — COASTAL ZONE: ☒ YES ☐ NO — DEV. PERMIT NO: — NO. OF BAR SINKS — B.C. CODE: 60 — DWELL UNITS
HILLSIDE REVIEW: ☐ YES ☒ NO — PLANNED DISTRICT: ☐ YES ☐ NO
AGREEMT. NO. — VARIANCE NO.

FUND & ACC'T.		NO. UNITS	PER UNIT	ACCOUNT ITEM TOTAL
	VALUATION OF WORK		200,000	200,000.00
41300 73421	PLAN CHECK FEE		363.19	
	SUPPL. PLAN CHECK FEE			
41300 73422	BUILDING PERMIT FEE			614.64
63010 9022	STATE FEE			14.00
41506 77565	SEWER FEE			
41500 77530	WATER FEE			
73423	PARK FEE			
HOLD ORDER NO.				

*PENALTY FEE(S) ADDED AS PROVIDED BY MUNICIPAL CODE

TOTAL FEES DUE: 628.64

WORK TO BE DONE: ☒ NEW ☐ ALTER ☐ MOVE ☐ ADD'N ☐ REPAIR ☐ DEMO. ☐ RES. ☒ N-RES. ☐ OCC. CH.

TYPE CONST'N: VN — NO. STORIES: — — OCCUP. GROUP: B2
BUILDING AREA — TOTAL FLOOR AREA

SPEC. INSP. REQ'D. FOR: ☐ CONCRETE ☐ MASONRY ☒ WELD. HS BOLTS ☐ SOILS ☐ PILE DRIVE ☐ OTHER

SPRINKLERS REQ'D FOR

DATE PLANS SUBMITTED: 12/17/86
PLAN CHECK RECEIPT NO.: 581049
PLAN CHECK RECPT. ATT. $: 363.19
NO. PLAN CHECKER SIGNATURE REQ'D
NO TITLE 24 REQ'MNTS
OCCUP. CARD PREPARED BY PLAN CHK. YES ☐ NO ☐

PLANS CHECKED: GINSUN KU — DATE: 1/12/87
PLANS APPROVED: GINSUN KU — DATE: 3/6/87

APPLICATION APPROVAL
SIGNATURE OF BUILD. INSP. DEPT. DEPUTY: N. Holder 3/6/87 — DATE:

CITY OF SAN DIEGO **BUILDING** PERMIT APPLICATION

9255 CAMINO SANTA FE

CENSUS TRACT NO. 83.11

PERMIT NUMBER A15109

A15109

PROJECT — ADDRESS: Camino Santa Fe

LEGAL DESCRIPTION

AS BUILT USE

OWNER — NAME: Fenton Enterprises Co

ADDRESS: 202 Washington St Apt 1

CONTRACTOR — NAME: Nilhurson Construction Co Inc

ADDRESS: P.O. Box 11336

CITY: Fountain Valley

STATE LIC. NO. 421447

DESIGNER — NAME: Hey Lee Enterprises Inc

ADDRESS: P.O. Box 1336

CITY: Fountain Valley

TEL NO. 847 7158

1 LICENSED CONTRACTOR'S DECLARATION: I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

Contractor's Signature

2 OWNER-BUILDER DECLARATION: I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to issuance also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).

☐ I as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)

☐ I as owner of this property, am exclusively contracting with licensed contractors to construct the project (Sec 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)

☐ I am exempt under Sec. B.&P.C. for this reason

Owner's Signature

3 WORKER'S COMPENSATION DECLARATION: I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.) Inspection Department.

Policy No. HUD 2 61 82 Insurance Company US Fidelity & Guaranty Co

Applicant's Signature

4 CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE: I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Owner's or Contractor's Signature

5 CONSTRUCTION LENDING AGENCY: I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name N/A

Lender's Address

APPLICANT — NAME: R. Hermann Schmitt

ADDRESS: 838 Hermann St San Diego

ZIP CODE

I certify that I have read this application and state that the above information is correct. It is agreed that I am the owner or the duly authorized agent of the owner. I agree to comply with all city and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. It after making the Certificate of Exemption for the Workers' Compensation provisions of the Labor Code I should become subject to the Workers' Compensation provisions of this code, I will forthwith comply with such provisions or this permit shall be deemed revoked.

SIGNATURE

☐ CONTRACTOR ☐ OWNER ☐ AGENT FOR OWNER ☐ CONTRACTOR ☐ AGENT FOR CONTRACTOR

IN 258 Rev 2 82

BUILDING INSPECTION DEPARTMENT

THIS PERMIT AUTHORIZES ONLY THE WORK NOTED

CITY TREASURER VALIDATION

DESCRIPTION OF PROPOSED WORK: Pool

SERV SIZE | METER SIZE | CREDIT | WATER | SEWER

SEWER CONN | SEE ATT RECPT | BY

NO OF BAR SINKS | DWELL UNITS

BEDROOMS: S 1 2 3 4

PLANNED USE | VARIANCE NO.

VALUATION OF WORK | TOTAL

PLAN CHECK FEE | 673.27

PLANNING FEE

BUILDING PERMIT FEE

STATE FEE | 961.96

SEWER FEE | 28.70

WATER FEE

PARK FEE

TOTAL FEES DUE | 990.66

TYPE OF OWNER | NO. STORIES | OCCUP. GROUP

TOTAL FLOOR AREA

OCCUP. CARD PREPARED YES ☐ NO ☐

WORK TO BE DONE

PLANS APPROVED | DATE

APPLICATION APPROVAL

DATE

Building Permit Application

APPLICANT FILL INSIDE HEAVY LINES

COUNTERMAN NAME: ZANK

OWNER
NAME (OR NAME OF BUSINESS): RETLAW BROADCASTING CO.
MAILING ADDRESS (NUMBER) (STREET): P.O. BOX 545
CITY: SAN DIEGO-CAL. TELEPHONE NUMBER: 262-6191

DESIGNER
NAME: VICTOR MEYER (ARCHITECT)
ADDRESS (NUMBER) (STREET): 9190 CLAREMONT MESA BLVD.
CITY: SAN DIEG-CA. TELEPHONE NUMBER: 279-8100

BUILDER
NAME: TREPTE CONST. CO. INC.
ADDRESS (NUMBER) (STREET): 9190 CLAIREMONT MESA BLVD.
CITY: SAN DIEGO-CAL TELEPHONE NUMBER: 279-8100
STATE LICENSE NUMBER: 117946 CLASS. NO: A CITY LICENSE NUMBER: 15912

JOB LOCATION
LOT #3 BLOCK SUBDIVISION: BROADCAST CITY RESUBDIVISION #1 MAP 4853 & PORTION OF VACATED STATE HIGHWAY ADJ. TO & SD. OF LOT #3 UNIT
JOB ADDRESS: HIGHWAY 94 & 47th ST. - S.D.
CONDITION OF SOIL AT JOB SITE: ☒ ORIGINAL ☐ COMPACTED FILL ☐ LOOSE FILL
NO. OF EXISTING BUILDINGS ON LOT AND USE: RES. TO BE REMOVED.

PROPOSED WORK
DESCRIBE WORK TO BE DONE: NEW "KOGO" RADIO STATION & OFFICES
EXISTING USE OF BUILDING OR PROPERTY: RES.
PROPOSED USE OF BUILDING OR PROPERTY: RADIO STATION

PARCEL NO.

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or the duly authorized agent of the owner. I agree to comply with city and state laws regulating construction, and in doing the work authorized thereby, no person will be employed in violation of the Labor Code of the State of California relating to Workmen's Compensation Insurance.

SIGNATURE (OWNER OR AGENT): [signature] DATE SIGNED: 11-19-74
AGENT FOR: TREPTE CONST. CO. INC.
ADDRESS: 9190 CLAIREMONT MESA BLVD

JOB ADDRESS: ~~HIGHWAY~~ ~~94~~ 47th ST.
CENSUS TRACT NUMBER: 34.01 PERMIT NUMBER: K10827

USE ZONE: R-4 COORD. INDEX: 202-1740 PLAN FILE NO.: 60518-D
LOT AREA | ALLOWABLE COVERAGE | TOTAL AREA COVERED % | FLOOR AREA RATIO
SETBACK FRONT YARD: 25 REAR YD: 20 SIDE YD: (INT) (STR): 25 NAME OF STREET: HIGHWAY 94
MAX. ALLOWABLE HEIGHT (FT.) | VARIANCE NO.: 112 PC | LOT SPLIT DATE | HEALTH DEPT. APPROVAL
CURB TO P.L. S. | WORK TO BE DONE: SIGN, ALTER, REPAIR, NEW, ADD, MOVE, DEMOLISH, NON-RESID, RESIDENTIAL | B.C. CODE: 90 | DWELL UNITS
PLAN CHK. RECP'T. NO.: 040275
PLAN CHK RECP'T. AMT.: $25.25
BEDROOMS: S 1 2 3 4 5+
VALUATION OF WORK: 300,000 | NO. UNITS | PER UNIT | TOTAL: 300,000

FUND & ACC'T.	PLAN CHECK FEE 72/21	213.25	
	SUPPLEMENTAL PLAN CHK FEE		
	BUILDING PERMIT FEE 73/22		426.50
100 7342	SUB TOTAL		426.50
506 79750	SEWER FEE		—
500 79080	WATER FEE		61.00
320 9660	STATE FEE		21.—

SPECIAL INSPECTION REQUIRED FOR: ☐ CONCRETE ☐ MASONRY ☐ WELDING H.S. BOLTS ☐ PILE DRIVING ☐ OTHER (IDENTIFY)

TOTAL FEES DUE: 109.75
FIRE ZONE: 3 | TYPE OF CONST.: IV | OCCUP. GRP.: F2
BLDG. AREA: 6880 | NO. STORIES: 1 | TOT. FLR. AREA: 6880
CONTAINERS REQ'D FOR: | HGT. IN FT.:

ATTENTION
THIS PERMIT AUTHORIZES ONLY THE WORK NOTED

INSPECTION DEPARTMENT

CITY OF SAN DIEGO

PLANS CHECKED: NICKS DATE: 12/5/74
PLANS APPROVED: [signature] DATE: 12/18/74
PLOT PLAN CHECKED & APPR'D. (PLANNING ZONING) DATE:

APPLICATION APPROVAL
THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE DIRECTOR OF BUILDING INSPECTION, OR HIS DEPUTY, AND FEES ARE PAID AND RECEIPT IS ACKNOWLEDGED IN SPACE PROVIDED.

SIGNATURE OF DEPT. OF INSP. DEPUTY: [signature]
DATE: 12/18/74 INSPECTOR

ZONING APPROVAL

INSPECTION

WATER	METER SIZE	SERVICE SIZE	CREDIT	CHECKED BY
	1 1/2	1 1/2		
REMARKS				

SEWER	NO. ADDITIONAL CONNECTIONS REQ'D	DIST. CONN.	ACTIVITY
REMARKS		CHECKED BY	ENG

IN-258 (REV. 12-72)

REMARKS (THIS SPACE FOR APPLICANT USE) N.B.L. 43863

Temp Pole

METER CLEARANCE NUMBER 238

DATE	INSPECTOR	REMARKS
6/29/56	D	gnd?
7/2/56	[illegible]	15-2 to Gnd

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

Legacy BPIS Permits

THE CITY OF SAN DIEGO
Development Services Department
1222 First Avenue, San Diego, CA 92101-4154

Y41-920-01

Project Information

Plan File: A-103748-03 Status: A OTC: ☐ Submitted: 03/21/2003
Contractor Info: Worker's Comp. Ins: NOT REQUIRED DRD Owner Builder: ☒
License: Phone: Policy: CLS:
Expires: Expires: BTC:

Purpose of Permit

Address: 009710 SUMMERS RIDGE RD Unit 1/2 Address ID: APN: 341-470-1000
Permit Num: B-202422-03 Status: F Issued: 07/17/2003 Structure: 002
Comments: RETAINING WALL PLAN CHECKED BUT WASN'T SET UP AS STR02. CLEARANCES WILL NOT SHOW AS A STR02-JVEGA 6/6/03. Expires: 01/19/2005 BC Code: 3295
Finaled: 07/23/2004 BC Desc: ACC STRUCT- NON RES
Desc. of Work: 2 NEW RETAINING WALLS FOR "CAMINO SANTA FE"

Code	Quantity	Use/Type of Construction	Rate	Unit	Value
M40	518	RET WALLS/CONCRETE OR MASONRY	$15.25	SF	$7,899.50

Structure Information

Lot: Model/Desc: RET WALL #2 Type of Constr: Insp Cat: S Soil:
Bedrooms: Stories: OCC Group:
Studio: 0 Permitted: Units: 0 OCC Load:
1: 0 Flr Area:
2: 0
3: 0 Total: Units: 0 Plan Chech Fee: $136.00
4: 0 Flr Area: Valuation: Init: $79,910.00
5: 0 Bldg Area: Final: $7,899.00

Inspection Status

	Inspection Type	Scheduled	By	Complete	Init	Status	Other	Remarks
00	PROGRESS	05/28/2004		05/28/2004	RWS	F		
22	FOOTINGS	08/07/2003		08/07/2003	RWS	F		DS-13
22	FOOTINGS	08/08/2003		08/08/2003	RWS	P		STSI
22	FOOTINGS	11/13/2003		11/13/2003	YYB	P	PP	PASSED FTG FOR RET WALL
22	FOOTINGS	12/09/2003		12/09/2003	RWS	P		
23	FOUNDATION WALLS	11/24/2003		11/24/2003	JMR	F	PP	NO ONE PRESENT,PRE S.I.
26	MASONRY, PRE-GROUT	08/22/2003		08/22/2003	JSR	P		OK PER S.I.
26	MASONRY, PRE-GROUT	08/26/2003		08/26/2003	RWS	F	PP	ANOP PER S.I.
26	MASONRY, PRE-GROUT	12/09/2003		12/09/2003	RWS	P		PER S.I.
26	MASONRY, PRE-GROUT	12/18/2003		12/18/2003	RWS	P		STSI
90	FINAL	12/26/2003		12/26/2003	JSR	F		NO ACCESS
90	FINAL	07/23/2004		07/23/2004	RWS	P		PER WLH

Project Fee Calculation

Qty	Description	Fee	Fund	Account	Paid	Key
1	< APPLICATION FEE >	$80.00	100	73528	$80.00	AP01
1	PLAN CHK ADJUST-RESID	$176.00	41300	73411	$176.00	PC02
1	PLAN CHK FEES-NONRESID	$700.00	41300	73421	$700.00	PC05
1	LSCP PLAN CHECK FEE	$400.00	41300	77122	$400.00	PL01
1	PLANNING MEDIUM RES/CM	$250.00	41300	77137	$250.00	PL04
1	LSCP SUBMITTAL FEE	$200.00	41300	77122	$200.00	PR03
1	FEE TO MATCH CHECK	$-28.00	41300	73410	$-28.00	PR06
1	FEE TO MATCH CHECK	$28.00	41300	73410	$28.00	PR07

Permit Fee Calculation

Qty	Description	Fee	Fund	Account	Paid	Key
1	BUILDING PERMIT FEE	$164.00	41300	73422	$164.00	B001
1	STATE FEE (NON-RES.)	$1.18	63010	77941	$1.18	ST02
1	SEISMIC FEE (NON-RES.)	$0.47	63085	77941	$0.47	ST04

Legacy BPIS Permits

THE CITY OF SAN DIEGO
Development Services Department
1222 First Avenue, San Diego, CA 92101-4154

Y41-920-01

Additional Info for Plan File: A-103748-03 **Permit: B-202422-03**

Project Fee Summary

Invoice No		Amount	Printed	Init	Payment	Time	Cashier	ST	Revenue Date
0027530	03	$1,888.03	07/17/2003	DRD	07/17/2003	12:56	JTT	S	07/18/2003
0019156	03	$228.00	04/25/2003	CPW	04/25/2003	14:29	JTT	S	04/28/2003
0013095	03	$752.00	03/21/2003	KBB	03/21/2003	10:45	NTC	S	03/24/2003

Total Fees Incurred: $2,868.03 **Amount Paid To Date:** $2,868.03

Clearance Checklist

Clearance	Required	Approved	Appr. Date	Init	Comments
ADDRESSING	☒	☒	06/05/2003	C9H	OK SPOKE TO JOE B-CLEARED 6/5/03
STRUCTURAL CALC	☒	☒	07/17/2003	DRD	
ENG PERMITS	☒	☒	05/30/2003	S8M	
FLOOD PLAIN ENG	☒	☒	03/21/2003	KBB	EXEMPT
LANDSCAPING	☒	☒	06/03/2003	TJL	CONFORMS, 98-1199 SCR
MICROFILM PLANS	☒	☒	02/25/2005	SYS	ROLL: A5674 FRAME: 0299
SOIL ENG LETTER	☒	☒	07/17/2003	DRD	DATED 5/6/03 TO BE COLLECTED
OWNER-BLDR FORM	☒	☒	07/17/2003	DRD	
PLANNING	☒	☒	06/05/2003	GWG	CONFORMS TO 98-1199 SCR-MEZO
SPEC INSP AGRMT	☒	☒	07/17/2003	DRD	
SOIL REPORT(S)	☒	☒	07/17/2003	DRD	
STRUCTURAL	☒	☒	05/29/2003	YVC	RESUBMITTED
WORKERS' COMP	☒	☒	07/17/2003	DRD	OWNER/BUILDER

Approval Exceptions

THE CITY OF SAN DIEGO
Development Services Department
1222 First Avenue, San Diego, CA 92101-4154

L64A-011

Project Information

Project Nbr: **155384** **Title:** Plumbing Permit Bldg # 1
Project Mgr: Carter, Darcell (619) 557-7923 dacarter@sandiego.gov

Job Information

Job: 9255 CAMINO SANTA FE Bldg # 1 **Street Address:** 9255 CAMINO SANTA FE **Thomas Brothers:** 1208-J6
APN: 341-147-1000 **Parcel Owner:** FENTON TECHNOLOGY PARK PROPERTY OW

Approval Information

Approval Nbr: **5 51700** **Type:**Plumbing Permit **Status:** Cancelled
Scope: E-20618 New Water Heater Commercial Bldg # 1 Expired
Permit Holder: HANSON AGGREGATES, Issued By: Carter, Darcell **Issued Date:**04/24/2008

Completion or final of the approval requires the following:

Not all final inspections are complete and passed.
You have 4 inspections remaining in the plan.

Approval Exceptions

THE CITY OF SAN DIEGO
Development Services Department
1222 First Avenue, San Diego, CA 92101-4154

L64A-011

Project Information

Project Nbr: **316126** **Title:** POWER POLE
Project Mgr: McKinze, Sheila (858) 627-3356 smckinze@sandiego.gov

Job Information

Job: 9255 1/2 CAMINO SANTA FE **Street Address:** 9255 CAMINO SANTA FE Unit 1/2 **Thomas Brothers:** 1208-J6
APN: 341-147-1000 **Parcel Owner:** FENTON TECHNOLOGY PARK PROPERTY OW

Approval Information

Approval Nbr: **11 04830** **Type:**Electrical Permit **Status:** Completed
Scope: POWER POLE FOR COMMERCIAL SITE
Permit Holder: THOMPSON, ROB Issued By: McKinze, Sheila **Issued Date:**03/13/2013

Approval Exceptions

THE CITY OF SAN DIEGO
Development Services Department
1222 First Avenue, San Diego, CA 92101-4154

L64A-011

Project Information

Project Nbr: **316126** **Title:** POWER POLE
Project Mgr: McKinze, Sheila (858) 627-3356 smckinze@sandiego.gov

Job Information

Job: 9255 1/2 CAMINO SANTA FE **Street Address:** 9255 CAMINO SANTA FE Unit 1/2 **Thomas Brothers:** 1208-J6
APN: 341-147-1000 **Parcel Owner:** FENTON TECHNOLOGY PARK PROPERTY OW

Approval Information

Approval Nbr: **11 04830** **Type:**Electrical Permit **Status:** Completed
Scope: POWER POLE FOR COMMERCIAL SITE
Permit Holder: THOMPSON, ROB Issued By: McKinze, Sheila **Issued Date:**03/13/2013

Appendix K

Request for Records Search to the
San Diego Air Pollution Control District and
Photocopies Obtained from that Agency

San Diego Air Pollution Control District

10124 Old Grove Rd, San Diego, CA 92131
www.sdapcd.org
858.586.2600 FAX: 858.586.2601 Email: apcdpermits@sdcounty.ca.gov

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely, and identify specifically the type of records you are requesting. Please limit your request to one facility or one site address for each request form filed. Additional forms or pages can be used if requesting information for more than one facility or for records not identified on this form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District. District Public Records staff is available to assist you in identifying those records in the District's possession. The District is not required by law to create a new record.

NAME:	Environmental Support Services	DATE: 6/22/17
COMPANY:		
MAILING ADDRESS:	Shannon Castagno	
CITY:	30251 Golden Lantern, Suite #E-305	ZIP CODE:
PHONE NUMBER:	Laguna Niguel, CA 92677	
EMAIL ADDRESS:	Tel: 949-429-3564 - Fax: 949-429-3563	
	Shannon@EnvironmentalSupportServices.com	

REQUESTED RECORDS

☑ Applications (APP)	☑ Complaints (CMP)	☑ Asbestos Notifications/Records (ASB)
☑ Authority to Construct	☑ Site Inspection Reports	☑ Permits to Operate (PTO)
☑ Notices to Comply (NTC)	☑ Source Test Reports	☑ Toxic-Health Risk Assessment (HRA)
☑ Notices of Violation (NOV)	☑ Emissions Inventory	☑ Air monitoring data
☑ Title V Permit	☐ Other (describe below or on additional pages):	

TIME PERIOD OF DOCUMENTS REQUESTED From: All To:

REQUESTED ADDRESS INFORMATION (If Applicable)

☐ Equipment Location Address		
☐ Owner Mailing Address	Site	9255 Camino Santa Fe San Diego, CA 92121 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 (see attached map)
☐ Billing Address		
SITE I.D. NO. (if known):		

☐ I wish to inspect the requested records. I do not want copies produced at this time.
☐ I request that the SDAPCD contact me prior to copying the requested records if the cost exceeds $20.00.
☑ I would like copies of the requested records.
☑ I hereby agree to reimburse the SDAPCD for the direct cost of duplication and any other applicable charges (See Paragraph 8 of the Instructions for Requesting Records.

Signature of Requestor Shannon Castagno Date 6/22/17

(Rev. 06/01/2015)

APCD2016-SITE-02288 Site History

Detailed Description:

Record Status: Active

Contacts

APCD Equipment Location	Upland Rock Inc.	9255 Camino Santa Fe	San Diego, CA	92121	909-286-2757
APCD Invoice Mailing	Upland Rock Inc.	8780 19th Street #373	Alta Loma, CA	91701	951-255-2498
APCD ATC Mailing	Upland Rock Inc.	8780 19th Street #373	Alta Loma, CA	91701	951-255-2498
APCD Equipment Owner	Upland Rock Inc.	8780 19th Street #373	Alta Loma, CA	91701	951-255-2498
APCD PTO Mailing	Upland Rock Inc.	8780 19th Street #373	Alta Loma, CA	91701	951-255-2498

Military Base	No	Type Ownership:	
Military Activity	No	Name of Legal Owner:	
PERP	No	TPY:	No
Title V	No	Inspection Sectors:	**Parcel #: -**
SIC:		VAX Site ID:	
Inspection Month:		Source Test Alias:	
Renewal Month:		Expiration Month:	
Frequency:	Annual	Delinquent Month::	
Site Status:			

Open Applications:	2	Active Permits:	0	Breakdowns:	0	Notices of Violation:	0
Approved Applications:	0	Approved Permits:	0	Corrective Actions:	0	Notices to Comply:	0
Cancelled Applications:	0	Retired Permits:	0	Complaints:	0	Notices to Repair:	0
Denied Applications:	0			Hearing Board Items:	0	Title V:	0
				Jobs:	0	Vapor Recovery Test:	0

Parent: APCD2016-SITE-02288

Status: Open

Record Type: LUEG-APCD/Permit App/Internal Combustion Engines/NA

VAX ID: -

Source Category: [34G] Non-Emergency/Non-Cogeneration Engine < 200 HP

Additional Information : -

Assigned to: Camqui Nguyen (858) 586 2747

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 10/20/2016
Reason for Submittal: New Installation
Expedited Application: No

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance	Complete	10/20/2016	Carol McDaniel
Completeness Determination	Complete	4/7/2017	Camqui Nguyen
Approve Authority to Construct	Complete	6/2/2017	John Annicchiarico
Issue Authority to Construct	Complete	6/5/2017	Camqui Nguyen
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD2016-SITE-02288

Status: Open

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Screen

VAX ID: -

Source Category: [06A] Sand, Rock Aggregate Screen Set

Additional Information : -

Assigned to: Camqui Nguyen (858) 586 2747

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 10/20/2016
Reason for Submittal: New Installation
Expedited Application: No

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance	Complete	10/20/2016	Carol McDaniel
Completeness Determination	Complete	4/7/2017	Camqui Nguyen
Approve Authority to Construct	Complete	6/2/2017	John Annicchiarico
Issue Authority to Construct	Complete	6/5/2017	Camqui Nguyen
Issue Startup Authorization			
Issue Permit to Operate			

Detailed Description: Site: HANSON Aggregates Pacific Southwest INC

Record Status: Active

Contacts

APCD Invoice Mailing	Hanson Aggregates Pacific Southwest Inc	PO Box 639069	San Diego, CA	92163	619-857-7160
APCD PTO Mailing	Hanson Aggregates Pacific Southwest Inc	9255 Camino Santa Fe	San Diego, CA	92121	858857-7160
APCD Equipment Owner	Hanson Aggregates Pacific Southwest Inc	PO Box 639069	San Diego, CA	92163	619-857-7160
APCD ATC Mailing	Hanson Aggregates Pacific Southwest Inc	9255 Camino Santa Fe	San Diego, CA	92121	619-857-7160
APCD Equipment Location	Hanson Aggregates Pacific Southwest Inc	9255 Camino Santa Fe	San Diego, CA	92121	619-857-7160

Military Base	No	Type Ownership:	Corporation
Military Activity	No	Name of Legal Owner:	
PERP	No	TPY:	No
Title V	No	Inspection Sectors:	10
SIC:	1442	VAX Site ID:	138 A
Inspection Month:	8	Source Test Alias:	
Renewal Month:	5	Expiration Month:	08/2017
Frequency:	-	Delinquent Month::	
Site Status:	A		

Parcel #: -

Open Applications:	0	Active Permits:	2	Breakdowns:	2	Notices of Violation:	18
Approved Applications:	25	Approved Permits:	0	Corrective Actions:	0	Notices to Comply:	3
Cancelled Applications:	4	Retired Permits:	4	Complaints:	9	Notices to Repair:	0
Denied Applications:	0			Hearing Board Items:	1	Title V:	0
				Jobs:	3	Vapor Recovery Test:	0

Parent: APCD1997-APP-961533 **Status:** Retired

BEC: **LEGACY BEC:** 10844 **Opened:** 07/31/2009

Permit Description:

Notes:

Inspection Frequency: - **Expiration:** 5/1/2003 **Expiration Status:** Inactive

Source Test: - **Source Test Frequency:**

Conditions

#	Name	Description

Inspection	Date	Inspector	Status

Version History

Version Number	Revision Date	Application	Site	Reason

Parent: APCD1995-APP-950299 **Status:** Retired

BEC: **LEGACY BEC:** 11068 **Opened:** 07/31/2009

Permit Description:

Notes:

Inspection Frequency: - **Expiration:** 5/1/2006 **Expiration Status:** Inactive

Source Test: - **Source Test Frequency:**

Conditions

#	Name	Description

Inspection	Date	Inspector	Status

Version History

Version Number	Revision Date	Application	Site	Reason

Parent: APCD1980-APP-013510 **Equipment Type:** [07A] Crusher System **Units:** 2 **Status:** Retired

Equipment Type: [07B] Screening System **Units:** 3

Stationary **BEC: 0152T** **LEGACY BEC:** 0152T **Opened:**07/31/2009

Permit Description: Rock plant (1650 tons/hr): Quarry-loading pit; scalping station with a 6' x 16' Seco vibrating screen; jaw crusher S/N 22M8163; (2) triple-deck screens; lift, reclaim and overland conveyors; lime silo/transfer system. Primary--2 each Telesmith triple-deck screens, S/Ns 313M99LPO3J32 and 313M99LPO4J32; Symons 7 ft dia. Cone crusher, S/N 7955R; Two Amerex model RP-10-72-864 baghouses; base material plant. Secondary--2 sets of double deck screens: 8'x20' Hewitt Robins, double deck screen S/N hr-50001301; 8'x20' Hewitt Robins, double deck screen S/N HR-50001302, pugmill; Symons cone crushers S/N 40654&5976; Amerex rp10-495 baghouse; dust filters; water sprays; prem.fines loop; aspht/fd sys. Add fabric filters (Dalamatic 45/15) at primary plant impact crusher and secondary plant impact crusher. 974309 AFS 14 mar 2000 (add Telsmith 68s Gyrashere crushing cone S/N 202M10128 or Sandvik model 7800 cone crusher S/N 6737 to secondary plant) compliance request condition change AFS-31 Oct 2002. One (1) 8' x 20' El Jay/Cedarapids, S/N 055082, one(1) 36"x18' Eagle Iron Works course material washer, S/N17046974458 AFS 21 Aug 2000 981478 EAD 24 June 2004 981911 AFH 09 2006 986236 EFH

Notes:

Inspection Frequency: - **Expiration:** 5/31/2017 **Expiration Status:**Expired

Source Test: - **Source Test Frequency:**

Conditions

#	Name	Description
1	C4	Air pollution control equipment shall be maintained in good operating condition and shall be in full operation in accordance with manufacturer's instructions at all times when the process equipment is in operation.
2	C1349	The fabric filter dust collection systems shall be maintained so that there is no leakage of air contaminants to the atmosphere prior to their treatment. Baghouse emissions shall not exceed 0.01 grains per dry standard cubic foot, as determined using the District particulate emission test procedures. Baghouse emissions shall not exceed ten (10) percent opacity at any time.
3	C26747	Collected fines transferred from Baghouse Hoppers to the Conveying System shall contain sufficient added moisture to prevent any visible emissions. Differential pressures across the Baghouse filters shall be 6.0" +/- 4.0" H2O.
4	C1351	Visible emissions from transfer points shall not exceed 20% opacity at any time. Applicant shall not cause or allow the emission of fugitive dust from any transport, handling or storage activity for which such dust remains visible in the atmosphere beyond the property line of the emission source. This condition shall not apply when the wind speed instantaneously exceeds25 mph, or when the wind speed averages or 15 minutes is greater than 15mph.
5	C1352	The minimum moisture contents by weight of the following rock products shall be: (a) Fines 3.0% (b) -3/8"+1/4" 1.0% (c) -1/2"+3/8" .75% (d) -3/4"+1/2" .5% (e) -1"+3/4" .5% (f) -1 1/2"+1" .5% (g) Base 8.0%
6	C1353	Vehicles at the site and on the haul roads shall not exceed speeds of 25 miles per hour. All unpaved haul roads and areas at the site subject to vehicle traffic, excluding areas inaccessible to treatment by water trucks, shall be kept visibly moist or treated with a chemical binder to minimize dust emissions. Paved haul roads shall be wet swept a minimum of once every week in order to minimize dust emissions from vehicle traffic.

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7	C1354	Visible dust emissions from all vehicles traveling on paved or unpaved haul roads shall not exceed 20% opacity at any time at a distance of 8 feet or more above the ground or road surface.
8	C1355	The maximum hourly output of the plant is limited to 1,650 tons. The maximum daily output of the plant is limited to 15,000 tons. The maximum yearly output of the plant is limited to 3,000,000 tons.
9	C1356	Records shall be maintained of the materials removed from each product stockpile, and these records shall be made available to the District upon request.
10	C1357	Applicant shall not cause or allow the emission of fugitive dust from any transport, handling or storage activity for which such dust remains visible in the atmosphere beyond the property line of the emission source. This Condition shall not apply when the wind speed instantaneously exceeds 25 mph or when the wind speed averages or 15 minutes is greater than 15 mph.
11	C2465	The rock product trucked out of the Plant shall not exceed 1100 tons/hr or 10,000 tons/day or 2,000,000 tons/year. (This Condition is placed on the Permit to satisfy banking credit calculations.)
12	C3771	Visible dust emissions to the atmosphere shall not exceed 7% opacity at the Lime Silo/Transfer System. (Ref NSPS Subpart OOO, Method 9)
13	C7182	Any increases in the particulate matter (PM10) emissions from this equipment due to any modifications may result in changes in the emission reduction credit transfer for this application, including the ERC certificates No.41106-01 and issuing new certificate.
14	C26746	Each Baghouse shall have a properly operating differential pressure gauge.

Inspection	Date	Inspector	Status
Routine	4/14/2016	Matthew Allison	Completed
Routine	4/13/2016	Matthew Allison	Completed
Routine	9/11/2015	Gretchen May	Completed
Routine	9/10/2015	Gretchen May	Completed
Routine	9/9/2015	Gretchen May	Completed
PTO Joint Inspection	9/3/2015	Laura Chambers	Completed
Routine	8/27/2015	Laura Chambers	Completed
Routine	8/27/2015	Gretchen May	Completed
Routine	10/17/2014	William Munger	Completed
Routine	10/15/2014	William Munger	Completed
Routine	12/19/2013	William Munger	Completed
Routine	12/19/2013	William Munger	Completed
Routine	12/13/2013	William Munger	Completed
Routine	12/13/2013	William Munger	Completed
Routine	12/12/2013	William Munger	Completed
Routine	10/26/2012	William Munger	Completed
Routine	10/26/2012	Gretchen May	Completed
Routine	10/24/2012	William Munger	Completed
Routine	10/24/2012	Gretchen May	Completed
Routine	10/23/2012	Gretchen May	Completed

Routine	8/22/2012	William Munger	Completed

Version History

Version Number	Revision Date	Application	Site	Reason
1	12/21/2010	APCD2004-APP-981911	APCD1976-SITE-00076	Renewal
2	6/6/2011	APCD2004-APP-981911	APCD1976-SITE-00076	Renewal
3	2/28/2012	APCD2004-APP-981911	APCD1976-SITE-00076	Like Kind Replacement
4	10/23/2012	APCD2012-APP-002355	APCD1976-SITE-00076	Like Kind Replacement

Parent: APCD2002-APP-978416 **Equipment Type:** [34C] Emergency Standby Engine **Units:** 1 **Status:** Retired

BEC: 12834 **LEGACY BEC:** 12834 **Opened:**07/31/2009

Permit Description: RE-LOCATABLE CATERPILLAR DIESEL ENGINE MODEL 330A, 115 BHP, S/N 85B536. TURBOCHARGED, AFTERCOOLED, LEAN BURN. (ENGINE REMOVED FROM PO NO. 880797) 973966(9/99); 978416 EFH 06/05

Notes:

Inspection Frequency: - **Expiration:** 5/31/2013 **Expiration Status:**Inactive

Source Test: - **Source Test Frequency:**

Conditions

#	Name	Description
1	C23518	Permittee shall give the District written notice within 24 hours of re-locating equipment. Notification via facsimile is acceptable.
2	C22311	Except for emergency operations, an emission unit shall not be operated within 1,000 feet of any K-12 school unless California Health and Safety Code section 42301.6 is met.
3	C23519	Fuel use for this engine shall be limited to 7,752 gallons per year. Potential NOx emissions are 2.342 tons per year. This condition limits engine fuel use to no more than fifteen percent of its potential to emit.
4	C25695	This Engine shall use only California Diesel Fuel. Records of California Diesel Fuel Certification shall be maintained on-site and made available to District personnel upon request.
5	C23520	A log showing the daily hours of engine operation, and gallons of fuel used per month shall be kept.
6	C23516	Emission unit can be operated only at stationary sources which have an aggregate potential to emit of less than 50 tons per year of Oxides of Nitrogen (NOx) and 50 tons per year of Volatile Organic Compounds (VOC). Emission units may also operate at stationary sources which have an aggregate potential to emit greater than these levels if emission offsets at the ratios of 1.2:1 are provided for the period of time the emission unit is located at such a stationary source. The potential to emit shall be calculated at the new site each time the unit is re-located.
7	C23517	In lieu of calculating the potential to emit of NOx and VOCs each time the unit is re-located; the Permittee may consider the site to which the engine has been re-located non-major for NOx and VOCs if the most recent District emissions inventory indicates the actual emissions for NOx and VOCs are each less than 25 tons per year.
8	C26591	Non-resettable fuel meters shall be maintained in good working order and used for recording total fuel usage of this Engine. The District's Compliance Division shall be notified prior to replacement of the fuel meters.
9	C25281	The Owner or Operator of the Engine shall conduct periodic maintenance of this Engine as recommended by the Engine manufacturer as specified by any other maintenance procedure as approved in writing in advance by the District. The periodic maintenance shall be conducted at least once each calendar year.

10	C25282	The Owner or Operator of this Engine shall keep the following records: -applicable fuel certification -manual of recommended maintenance provided by the manufacturer -other maintenance procedure as approved in writing, in advance, by the District These records shall be kept on-site for at least the same period of time as the Engine to which the records apply is located at the site. These records shall be made available to the District upon request. (Rule 69.4.1)
11	C26669	The Owner and Operator of this Engine shall maintain an Operating Log containing, at a minimum, the following: -dates and times of Engine operation -total cumulative hours of operation per calendar month -total cumulative hours of operation per calendar year
12	C20712	All the required records shall be maintained for a minimum of three calendar years. These records shall be maintained and made available to the District upon request.
13	C28436	This engine is one of four or more engines owned by an owner or operator and prior to January 1, 2008, can only be relocated to an off-site location that is owned by the same owner or operator.

Inspection	Date	Inspector	Status
Routine	10/26/2012	Gretchen May	Completed
Routine	10/26/2012	William Munger	Completed
Routine	10/24/2012	William Munger	Completed
Routine	10/23/2012	Gretchen May	Completed
Routine	8/22/2012	William Munger	Completed

Version History

Version Number	Revision Date	Application	Site	Reason
1	11/10/2010	APCD2002-APP-978416	APCD1976-SITE-00076	
2	6/6/2011	APCD2002-APP-978416	APCD1976-SITE-00076	

Parent: APCD2012-APP-002087 **Equipment Type:** [34G] Engine for Non-Emergency and Non-Cogeneration Operation **Units:** 1 **Status:** Active

Stationary **BEC: APCD2013-CON-000655** **LEGACY BEC:** APCD2013-CON-000655 **Opened:**05/17/2013

Permit Description: Stationary Prime Diesel Engine (ATCM-Portable): John Deere / 4045DF150B, S/N: T04045D836612, 80 hp, EPA Tier 1 certified of Family #XJDXL06.8016, driving a pump.

Notes:

Inspection Frequency: 1 **Expiration:** 5/31/2018 **Expiration Status:**Active

Source Test: - **Source Test Frequency:**

Conditions

#	Name	Description
1	C41657	This permit authorizes operation only at the stationary source(s) listed on this permit to operate. This engine shall be operated as a portable unit as defined by the Airborne Toxic Control Measure for Diesel Particulate Matter from Portable Engines Rated at 50 Horsepower and Greater. This permit does not preclude off-site operations under a valid registration issued by the California Air Resources Board (CARB) under the Portable Equipment Registration Program (PERP). (17CCR93116).
2	C42290	This engine shall not be operated more than 384 hours per calendar year.
3	C42024	For the purposes of conditions referring to 17 CCR 93116, location shall be defined as any single site at a building, structure, facility, or installation. [17 CCR 93116]
4	C42225	An emission unit is not portable if any of the following apply : The unit, or its replacement, is attached to a foundation or, if not so attached, will reside at the same location for more than 12 consecutive months; or The emission unit remains or will reside at a location for less than 12 consecutive months if the unit is located at a seasonal source and operates during the full annual operating period of the seasonal source; or The emission unit is moved from one location to another in an attempt to circumvent the portable emission unit residence time requirements. [17 CCR 93116]
5	C26204	Days when a portable emission unit is stored in a designated holding or storage area shall not be counted towards the above time limits, provided the emission unit was not operated on that calendar day except for maintenance and was in the designated holding or storage area the entire calendar day.
6	C28413	Visible emissions including crank case smoke shall comply with Air Pollution Control District Rule 50. (Rule 50)
7	C28414	The equipment described above shall not cause or contribute to a public nuisance. (Rule 51)
8	C29964	This engine shall use only carb diesel fuel. (Rule 69.4.1, 17 CCR 93116)

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9	C28736	A non-resettable engine hour meter and/or non-resettable totalizing fuel meter shall be installed on this engine, maintained in good working order and used for recording engine operation hours. If a meter is replaced, the Air Pollution Control District's compliance division shall be notified in writing within in 10 calendar days. The written notifications shall include the following information: a. old meter's reading. b. replacement meter's manufacturer name, model and serial number if available and current reading on replacement meter; and c. copy of receipt of new meter or of installation work order. A copy of the meter replacement notification shall be maintained on site and made available to the Air Pollution Control District upon request. (Rule 69.4.1)
10	C40724	The owner or operator of this engine shall conduct periodic maintenance of the engine and add-on control equipment, if any, as recommended by the engine and control equipment manufacturers or as specified by the engine servicing company's maintenance procedures. The periodic maintenance shall be conducted at least once every 4000 hours of operation, or every six months, whichever occurs first. (Rule 69.4.1)
11	C29966	The owner or operator of the engine shall maintain the following records on site for at least the same period of time as the engine to which the records apply is located at the site: a. documentation shall be maintained identifying the fuel as carb diesel. b. manual of recommended maintenance provided by the manufacturer, or maintenance procedures specified by the engine servicing company; and c. records of annual engine maintenance including date the maintenance was performed. These records shall be made available to the Air Pollution Control District upon request. (Rule 69.4.1)(17 CCR 93116)
12	C30080	All operational and maintenance logs and fuel use and type and purchase records required by this permit shall be kept for a minimum of 36 months from their date of creation unless otherwise indicated by the conditions of this permit. The records shall be maintained onsite for a minimum of 24 months from their date of creation. Records for the last 24 months of operations shall be made available to the Air Pollution Control District upon request. Records for operation for the last 25 to 36 months shall be made available to the Air Pollution Control District within 5 working days of request.
13	C40397	Effective January 1, 2012, the Responsible Official of a fleet shall maintain on a calendar year basis a record of the total hours of operation for each portable engine. These records shall be maintained at a central place of business for five years from their date of creation. The records shall clearly identify each portable engine subject to the recordkeeping requirement as well as the annual hours of operation. These records shall be made available, upon request, to the District or CARB personnel and provided within ten business days of the request.
14	C41422	This engine, as part of the fleet that it is included in, shall comply with the fleet averaging standards of 17CCR 93116. A copy of the most recent compliance statement submitted to the California Air Resources Board under 17CCR 93116 shall be provided to District personnel upon request. (17CCR 93116)
15	C40398	The responsible official shall submit compliance statements as required by 17CCR 93116. These compliance statements are due to the California Air Resources Board by March 1, 2013, March 1, 2017 and March 1, 2020.
	C42289	This permit authorizes operation only at the location described above.

Inspection	Date	Inspector	Status
Routine	4/14/2016	Matthew Allison	Completed
Routine	4/13/2016	Matthew Allison	Completed
Routine	9/8/2015	Laura Chambers	Completed
PTO Joint Inspection	8/27/2015	Gretchen May	Completed
PTO Joint Inspection	8/27/2015	Jason Miller	Completed
Routine	8/27/2015	Laura Chambers	Completed
Routine	5/26/2015	Michele Fregoe	Completed
Routine	5/20/2015	Michele Fregoe	Completed
Routine	5/15/2015	Michele Fregoe	Completed
Routine	10/17/2014	William Munger	Completed
Routine	10/15/2014	William Munger	Completed
Routine	12/19/2013	William Munger	Completed

Routine	12/13/2013	William Munger	Completed

Version History

Version Number	Revision Date	Application	Site	Reason
1	5/17/2013	APCD2012-APP-002087	APCD1999-SITE-00076	Initial

Parent: APCD2008-APP-987418 **Equipment Type:** [06A] Screen Set **Units:** 1 **Status:** Active

Stationary **BEC: 10810** **LEGACY BEC:** 10810 **Opened:**07/31/2009

Permit Description: A SCREENING PLANT CONSISTING OF: ONE (1) FINLAY HYDRASCREENS DOUBLE DECK SCREEN, MODEL 303C, S/N: FY 450029; FOUR (4) CONVEYOR BELTS, ONE (1) DEUTZ DIESEL ENGINE, 48 BHP, MODEL F3L912, S/N: 843910. 971678 (6/98)(971678-6/98)(987418-CCN-7/09)

Notes:

Inspection Frequency: - **Expiration:** 5/31/2018 **Expiration Status:**Active

Source Test: - **Source Test Frequency:**

Conditions

#	Name	Description
1	C3236	All process materials shall contain sufficient naturally occurring or added moisture to maintain visibly wet material and to minimize dust emissions at all times.
2	C21765	Daily records of the screening plant production shall be maintained on site and made readily available for inspection by the district upon request.
3	C21766	The maximum production rate of the screening plant shall not exceed 200 tons/hr, 1000 tons/day and 250,000 tons/year.
4	C21767	Daily production summary records shall be maintained and kept on site at least 36 months and be made readily available upon request.
5	C21768	The total length of all unpaved haul roads shall not exceed 0.3 miles. Maximum speed of all trucks on these roads is limited to 15 miles per hour.
6	C3942	All unpaved areas at the site and haul roads shall contain sufficient naturally occurring or added moisture to maintain visible emissions due to vehicular traffic to less than 20 percent opacity as measured eight feet above ground.
7	C21769	Before moving the screening plant to a new stationary source, the permittee shall submit to the district an application for a change of location.

Inspection	Date	Inspector	Status
Routine	4/13/2016	Matthew Allison	Completed
Routine	10/17/2014	William Munger	Completed
Routine	10/15/2014	William Munger	Completed
Routine	12/19/2013	William Munger	Completed
Routine	12/13/2013	William Munger	Completed
Routine	10/26/2012	Gretchen May	Completed
Routine	10/26/2012	William Munger	Completed
Routine	10/24/2012	William Munger	Completed

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Routine	10/24/2012	Gretchen May	Completed
Routine	10/23/2012	Gretchen May	Completed
Routine	8/22/2012	William Munger	Completed

Version History

Version Number	Revision Date	Application	Site	Reason
1	6/6/2011	APCD2008-APP-987418	APCD1976-SITE-00076	
2	6/7/2015			Condition Change

Parent: APCD1998-PTO-960107

Status: Cancelled

Record Type: LUEG-APCD/Permit App/Internal Combustion Engines/NA

VAX ID: -

Source Category: [34G] Non-Emergency/Non-Cogeneration Engine < 200 HP

Additional Information : -

Assigned to: Li Li -

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 6/3/2015
Reason for Submittal: Other
Expedited Application: No

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance	Complete	6/3/2015	Cynthia Gould
Completeness Determination	Pending	11/30/2015	John Annicchiarico
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD2008-PTO-013510

Status: Approved

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Screen

VAX ID: -

Source Category: 06A - Sand, Rock, Aggregate and Other Screening Set

Additional Information : -

Assigned to: Arnold Peneda 858-586-2729

Time & Material: Yes

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 10/10/2012
Reason for Submittal: Like Kind Replacement
Expedited Application: No

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance	Complete	10/10/2012	Jayne Hurley
Completeness Determination	Complete	10/23/2012	Arnold Peneda
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate	Complete	11/8/2012	Karen Campbell

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Internal Combustion Engines/NA

VAX ID: 138 B

Source Category: 34G - Each Engine for Non-Emergency and Non-ogeneration Operation < 200 horsepower

Additional Information : -

Assigned to: Sharen Marechale (858) 586 2744

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 4/20/2012
Reason for Submittal: New Installation
Expedited Application: No

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance	Complete	4/20/2012	Virginia Fox
Completeness Determination	Complete	5/3/2012	Sharen Marechale
Approve Authority to Construct	Complete	4/15/2013	John Annicchiarico
Issue Authority to Construct	Complete	4/16/2013	Sharen Marechale
Issue Startup Authorization	Complete	4/25/2013	Sharen Marechale
Issue Permit to Operate	Complete	8/12/2013	Karen Campbell

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Screen

VAX ID: -

Source Category: 06A - Sand, Rock, Aggregate and Other Screening Set

Additional Information : -

Assigned to: Camqui Nguyen (858) 586 2747

Time & Material: Yes

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 10/24/2008
Reason for Submittal: L
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate	Complete	10/11/2009	Jayne Hurley

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 986236

Source Category:

Additional Information : -

Assigned to: Evariste Haury (858) 586-2745

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 3/10/2008
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD2008-PTO-013510

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 981911

Source Category:

Additional Information : -

Assigned to: Evariste Haury (858) 586-2745

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 10/1/2004
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance	Complete	2/10/2012	Evariste Haury
Completeness Determination	Complete	2/3/2012	Evariste Haury
Approve Authority to Construct		2/28/2012	
Issue Authority to Construct	Pending	2/28/2012	Evariste Haury
Issue Startup Authorization			
Issue Permit to Operate	Complete	3/8/2012	Karen Campbell

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Plant

VAX ID: -

Source Category: 07B

Additional Information : -

Assigned to: Earnie Davis -

Time & Material: Yes

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 6/16/2004
Reason for Submittal: K
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		1/28/2008	
Completeness Determination		1/28/2008	
Approve Authority to Construct		1/28/2008	
Issue Authority to Construct		1/28/2008	
Issue Startup Authorization		1/28/2008	
Issue Permit to Operate		1/28/2008	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Internal Combustion Engines/NA

VAX ID: -

Source Category: 34G

Additional Information : -

Assigned to: Evariste Haury (858) 586-2745

Time & Material: Yes

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 8/2/2002
Reason for Submittal: C
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		10/18/2007	
Completeness Determination		10/18/2007	
Approve Authority to Construct		10/18/2007	
Issue Authority to Construct		10/18/2007	
Issue Startup Authorization		10/18/2007	
Issue Permit to Operate		10/18/2007	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 977749

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 2/21/2002
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Cancelled

Record Type: LUEG-APCD/Permit App/Internal Combustion Engines/NA

VAX ID: -

Source Category: 34C

Additional Information : -

Assigned to: -

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 6/21/2001
Reason for Submittal: N
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		2/25/2003	
Completeness Determination		2/25/2003	
Approve Authority to Construct		2/25/2003	
Issue Authority to Construct		2/25/2003	
Issue Startup Authorization		2/25/2003	
Issue Permit to Operate		2/25/2003	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Plant

VAX ID: -

Source Category: 07A

Additional Information : -

Assigned to: -

Time & Material: Yes

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 1/7/2000
Reason for Submittal: A
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		1/25/2001	
Completeness Determination		1/25/2001	
Approve Authority to Construct		1/25/2001	
Issue Authority to Construct		1/25/2001	
Issue Startup Authorization		1/25/2001	
Issue Permit to Operate		1/25/2001	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Plant

VAX ID: -

Source Category: 07A

Additional Information : -

Assigned to: -

Time & Material: Yes

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 11/30/1999
Reason for Submittal: M
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		6/4/2007	
Completeness Determination		6/4/2007	
Approve Authority to Construct		6/4/2007	
Issue Authority to Construct		6/4/2007	
Issue Startup Authorization		6/4/2007	
Issue Permit to Operate		6/4/2007	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 972495

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 11/25/1998
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 972380

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 11/3/1998
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Miscellaneous Equipment/NA

VAX ID: -

Source Category: 91A

Additional Information : -

Assigned to: -

Time & Material: Yes

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 3/14/1997
Reason for Submittal: N
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		4/23/1999	
Completeness Determination		4/23/1999	
Approve Authority to Construct		4/23/1999	
Issue Authority to Construct		4/23/1999	
Issue Startup Authorization		4/23/1999	
Issue Permit to Operate		4/23/1999	

Parent: APCD1976-SITE-00076

Status: C

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 930247

Source Category:

Additional Information : -

Assigned to: Evariste Haury (858) 586-2745

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 9/21/1993
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Cancelled

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Concrete Batch Plant

VAX ID: -

Source Category: 08C

Additional Information : -

Assigned to: Arthur Carbonell (858) 586 2741

Time & Material: Yes

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 7/30/1992
Reason for Submittal: N
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		2/23/1999	
Completeness Determination		2/23/1999	
Approve Authority to Construct		2/23/1999	
Issue Authority to Construct		2/23/1999	
Issue Startup Authorization		2/23/1999	
Issue Permit to Operate		2/23/1999	

Parent: APCD1976-SITE-00076

Status: Cancelled

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Screen

VAX ID: -

Source Category: 06A - Sand, Rock, Aggregate and Other Screening Set

Additional Information : -

Assigned to: -

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 7/31/2009
Reason for Submittal: P
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		1/14/1992	
Completeness Determination		1/14/1992	
Approve Authority to Construct		1/14/1992	
Issue Authority to Construct		1/14/1992	
Issue Startup Authorization		1/14/1992	
Issue Permit to Operate		1/14/1992	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 900371

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 9/13/1990
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Screen

VAX ID: -

Source Category:

Additional Information : -

Assigned to: -

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 11/2/1989
Reason for Submittal: N
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		11/3/1998	
Completeness Determination		11/3/1998	
Approve Authority to Construct		11/3/1998	
Issue Authority to Construct		11/3/1998	
Issue Startup Authorization		11/3/1998	
Issue Permit to Operate		11/3/1998	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Screen

VAX ID: -

Source Category:

Additional Information : -

Assigned to: -

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 11/1/1989
Reason for Submittal: N
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		3/31/1993	
Completeness Determination		3/31/1993	
Approve Authority to Construct		3/31/1993	
Issue Authority to Construct		3/31/1993	
Issue Startup Authorization		3/31/1993	
Issue Permit to Operate		3/31/1993	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 870232

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 9/29/1987
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 870010

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 7/8/1987
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 851099

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 5/9/1986
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 851059

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 4/25/1986
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 850160

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 8/20/1985
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 50215

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 3/19/1985
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD2008-PTO-013510

Status: Approved

Record Type: LUEG-APCD/Administrative/Legacy Data/Uncategorized

VAX ID: 40805

Source Category:

Additional Information : -

Assigned to: -

Time & Material: -

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 8/27/1984
Reason for Submittal: -
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance			
Completeness Determination			
Approve Authority to Construct			
Issue Authority to Construct			
Issue Startup Authorization			
Issue Permit to Operate			

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Sand Rock Aggregate/Plant

VAX ID: -

Source Category: 07A

Additional Information : -

Assigned to: -

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 2/12/1982
Reason for Submittal: N
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		9/9/1988	
Completeness Determination		9/9/1988	
Approve Authority to Construct		9/9/1988	
Issue Authority to Construct		9/9/1988	
Issue Startup Authorization		9/9/1988	
Issue Permit to Operate		9/9/1988	

Parent: APCD1976-SITE-00076

Status: Approved

Record Type: LUEG-APCD/Permit App/Miscellaneous Equipment/NA

VAX ID: -

Source Category: 91A

Additional Information : -

Assigned to: -

Time & Material: No

Addresss: 9255 Camino Santa Fe, San Diego 92121
Date Submitted: 7/1/1980
Reason for Submittal: N
Expedited Application: -

Inspection	Date	Inspector	Status

Workflow

Task	Status	Date	Action By:
Application Acceptance		1/9/1987	
Completeness Determination		1/9/1987	
Approve Authority to Construct		1/9/1987	
Issue Authority to Construct		1/9/1987	
Issue Startup Authorization		1/9/1987	
Issue Permit to Operate		1/9/1987	

Parent: APCD2008-PTO-013510

Recieved by: Ron Thompson

Title: Manager

Status: Closed - Paid

Date Issued: 2/27/2015

Short Notes: 225530

Assigned to: Penelope Matthews (858) 586 2654

Compliance Date: 3/13/2015

Disposition: -

Violation Began: 2/27/2015

Violation Ends: -

Statute of Limitations: -

Pollutant in Violation: -

Pollutant that makes TV/SM: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#
1	District Rules	Permit to Operate	21	Permit Conditions	Failure to maintain the air pollution control equipment in full operation when the process equipment is in operation. Specifically, the water spray bar was not operating when the reclaim belt was moving material.	1
1	District Rules	Permit to Operate	21	Permit Conditions	Failure to insure collected fines contain adequate moisture to prevent visible emissions. Specifically, fines from baghouses in secondary plant were returned to conveying system without adequate moisture.	3

Inspection	Date	Inspector	Status
NOV Follow Up Inspection	3/13/2015	William Munger	Completed
NOV Inspection	3/4/2015	William Munger	Completed
NOV Inspection	2/27/2015	William Munger	Completed

Parent: APCD2008-PTO-013510
Status: Closed - Paid
Short Notes: 225523

Recieved by: Ron Thompson
Date Issued: 10/29/2014

Title: Manager

Assigned to: Penelope Matthews (858) 586 2654
Violation Began: 10/29/2014
Pollutant in Violation: -

Compliance Date: -
Violation Ends: -
Pollutant that makes TV/SM: -

Disposition: -
Statute of Limitations: -
Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#
1	District Rules	Public Nuisance	51	Nuisance	Discharging air contaminants which cause nuisance or annoyance to a considerable number of persons or the public.	
1	California HS&C	HSC Nuisance	41700	Nuisance		

Inspection	Date	Inspector	Status
NOV Follow Up Inspection	1/6/2015	William Munger	Completed
NOV Inspection	11/20/2014	William Munger	Completed
NOV Inspection	10/31/2014	William Munger	Completed
NOV Inspection	10/30/2014	William Munger	Completed
NOV Inspection	10/29/2014	William Munger	Completed

Parent: APCD2008-PTO-013510

Status: **Closed - Paid**

Short Notes: **224650**

Recieved by: Ron Thompson

Date Issued: 12/13/2013

Title: Manager

Assigned to: Penelope Matthews (858) 586 2654

Violation Began: 12/12/2013

Pollutant in Violation: -

Compliance Date: 12/26/2013

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: -

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#
1	District Rules	Permit to Operate	21	Permit Conditions	Failure to maintain air pollution control equipment in good operating condition. Failure to maintaun dust collection system so there is no leakage of air contaminants prior to treatment. Failure to contain sufficient added moisture to preventing any visible emissions.	1, 2, 3

Inspection	Date	Inspector	Status
NOV Follow Up Inspection	12/26/2013	William Munger	Completed
NOV Inspection	12/26/2013	William Munger	Completed

Parent: APCD2008-PTO-013510

Status: **Closed - Paid**

Short Notes: **222590**

Recieved by: Henry Pimentel

Date Issued: 2/2/2011

Title: Production Supervisor

Assigned to: Penelope Matthews (858) 586 2654

Violation Began: 2/2/2011

Pollutant in Violation: -

Compliance Date: 2/11/2011

Violation Ends: 2/11/2011

Pollutant that makes TV/SM: -

Disposition: -

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#
1	District Rules	Permit to Operate	21	Permit Conditions	CND. #3-HAVING A DIFFERENTIAL PRESSURE ACROSS THE BAGHOUSE FILTERS THAT EXCEEDS THE LIMIT OF 6 INCHES WC + OR - 4 INCHES. SPECIFICALLY, THE DIFFERENTIAL PRESSURE GAUGE ON THE SECOND BAGHOUSE READ 10.6 WHERE THE NEEDLE HIT THE METER PEG.	3

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 2/29/2008

Title:

Assigned to: Penelope Matthews (858) 586 2654

Violation Began: 2/29/2008

Pollutant in Violation: -

Compliance Date: 3/6/2008

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 8/15/2002

Title:

Assigned to: -

Violation Began: 8/15/2002

Pollutant in Violation: -

Compliance Date: 8/19/2002

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 9/10/1999

Title:

Assigned to: -

Violation Began: 9/10/1999

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD1976-SITE-00076

Status: Closed

Short Notes:

Recieved by:

Date Issued: 9/10/1999

Title:

Assigned to: -

Violation Began: 3/28/1999

Pollutant in Violation: -

Compliance Date: -

Violation Ends: 9/10/1999

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 3/18/1998

Title:

Assigned to: -

Violation Began: 3/18/1998

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 12/18/1997

Title:

Assigned to: -

Violation Began: 12/17/1997

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 11/3/1997

Title:

Assigned to: -

Violation Began: 11/3/1997

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 10/14/1997

Title:

Assigned to: -

Violation Began: 10/14/1997

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 9/2/1997

Title:

Assigned to: -

Violation Began: 9/2/1997

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD1998-PTO-960107

Status: Closed

Short Notes:

Recieved by:

Date Issued: 9/5/1996

Title:

Assigned to: -

Violation Began: 8/28/1996

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 8/17/1995

Title:

Assigned to: -

Violation Began: 8/17/1995

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 6/11/1990

Title:

Assigned to: -

Violation Began: -

Pollutant in Violation: -

Compliance Date: -

Violation Ends: -

Pollutant that makes TV/SM: -

Disposition: MS

Statute of Limitations: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 4/4/1989

Title:

Assigned to: -

Compliance Date: -

Disposition: NFA

Violation Began: -

Violation Ends: -

Statute of Limitations: -

Pollutant in Violation: -

Pollutant that makes TV/SM: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Status: Closed

Short Notes:

Recieved by:

Date Issued: 5/28/1987

Title:

Assigned to: -

Compliance Date: -

Disposition: MS

Violation Began: -

Violation Ends: -

Statute of Limitations: -

Pollutant in Violation: -

Pollutant that makes TV/SM: -

Variance: -

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD1976-SITE-00076

Status: Closed-Certified Compliance

NTC Issued: 3/22/2012

Served to: Henry Pimentel

Title: Production Supervisor

Assigned to: Gerald Griffin (858) 586-2660

NTC Start: 3/22/2012

Description: -

Compliance Date: 4/6/2012

NTC Ends: -

Disposition: -

Compliance Achieved: -

Condition #	Condition Rule	Condition Description

Count	Law Type	Category	Section	Rule	Description	Permit Cond#
	District Rules	Permit to Operate		Permits required	Operating a diesel engine > 50 bhp without prior written authority from the APCO.	

Inspection	Date	Inspector	Status

Parent: APCD2006-PTO-880797

NTC Issued: 1/29/2002

Title:

Status: Closed

Served to:

Assigned to: Penelope Matthews (858) 586 2654

Compliance Date: 3/4/2002

Disposition: -

NTC Start: -

NTC Ends: -

Compliance Achieved: -

Description: [CLOSED. PER PVA REVIEW 2/6/3SUBMIT AN APPLICATION FOR COMPLIANCE WITH TH ESTANDARDS ANDPROVISIONS OF RULE 67.4.1. PERMITS INCLUDING BUT NOT LIMITED TO880797, 972326, AND 890382.

Condition #	Condition Rule	Condition Description
	D 69.4.1(j)(2)(i)	

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD1976-SITE-00076

NTC Issued: 12/3/1997

Title:

Status: Closed

Served to: MAILED CERTIFIED

Assigned to: -

Compliance Date: 12/22/1997

Disposition: -

NTC Start: -

NTC Ends: -

Compliance Achieved: -

Description: REGISTER THE CUMMINS 335 DIESEL FIRED ENGIEN POWERING THE NORTHWEST180-D DRAGLINE, #22339, USED FOR DREDGING OPERATIONS OR CEASEOPERATIONS.(CERTIFIED COMPLIANCE)

Condition #	Condition Rule	Condition Description
	D 10(b)	

Count	Law Type	Category	Section	Rule	Description	Permit Cond#

Inspection	Date	Inspector	Status

Parent: APCD1976-SITE-00076 **Opened Date:** MM/DD/YYYY **Assigned to:** Michael Kehetian -

Status: Cancelled **Legacy Ref ID:**

Short Notes: Job App for "Hot Spot" HRA Review

Detailed Description: District review of Hot Spots HRA based on TEI 2013.

Job Info Notes: -

Date	User	Comment

Contacts

63494154	APCD Invoice Mailing	PO Box 639069	San Diego, CA	92163	Regulatory, Affairs	619-857-7160
63494155	APCD PTO Mailing	9255 Camino Santa Fe	San Diego, CA	92121	Environmental, Manager	858857-7160
63494156	APCD Equipment Owner	PO Box 639069	San Diego, CA	92163	Owner, Manager	619-857-7160
63494157	APCD Equipment Location	9255 Camino Santa Fe	San Diego, CA	92121	Brett, Hurst	619-857-7160
63494158	APCD ATC Mailing	9255 Camino Santa Fe	San Diego, CA	92121	Brett, Hurst	619-857-7160

Inspection	Date	Inspector	Status

Status HIstory	Date	Action By	Comment
Cancelled	1/3/2017	Archi dela Cruz	Revised prioritization scores resulted in scores that are not triggering HRA.
Open	8/31/2016	Carol McDaniel	
Open	8/31/2016	Carol McDaniel	

Parent: APCD1976-SITE-00076 **Opened Date:** MM/DD/YYYY **Assigned to:** -

Status: A **Legacy Ref ID:** 975626

Short Notes:

Detailed Description: JOB-REVIEW OF REPORT ON VISIBLE EMISSION OBSERVATIONS

Job Info Notes: -

Date	User	Comment
7/31/2009	AA CONV	VAX Engineer AFS

Contacts

Inspection	Date	Inspector	Status

Status HIstory	Date	Action By	Comment
A	11/21/2000	AA CONV	

Parent: APCD1976-SITE-00076 **Opened Date:** MM/DD/YYYY **Assigned to:** -

Status: A **Legacy Ref ID:** 975244

Short Notes:

Detailed Description: JOB - REVIEW ADDENDUM TO NSPS

Job Info Notes: -

Date	User	Comment
7/31/2009	AA CONV	VAX Engineer AFS

Contacts

Inspection	Date	Inspector	Status

Status HIstory	Date	Action By	Comment
A	8/23/2000	AA CONV	

Parent: APCD2008-PTO-013510

Opened Date: 3/14/2012

Title:

Status: Closed

Date Received: 3/14/2012

Time Received: 14:00

Complaint: Complainant works in the area and says dust blown from the quarry coats everything in their office, in addition to being breathed in by the workers.

Nature of Complaint: Dust

Sector: M

Assigned to: William Munger (858) 586 2664 (858) 586 2664

Ongoing: Yes

Legacy Reference ID: Hanson Aggregates Company

Detailed Description:

Complaint Response

Response Date: 3/16/2012

Comment: -

Inspector: -

Result: Insufficient Evidence

Nuisance Form Provided: -

Response Time: 08:00

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Opened Date: 3/9/2012

Title: 07A

Status: Closed

Date Received: 3/9/2012

Time Received: 13:23

Complaint: Complainant works in the area and says dust blown from the quarry coats everything in their office, in addition to being breathed in by the workers.

Nature of Complaint: Dust

Sector: M

Assigned to: William Munger (858) 586 2664 (858) 586 2664

Ongoing: -

Legacy Reference ID:

Detailed Description:

Complaint Response

Response Date: 3/9/2012

Comment: -

Inspector: -

Result: Insufficient Evidence

Nuisance Form Provided: -

Response Time: 15:45

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Opened Date: 1/7/2011

Title: 04A

Status: Closed

Date Received: 1/6/2011

Time Received: 09:24

Complaint: Strong smell of diesel fuel, fuel odors

Nature of Complaint: Odor

Sector: G

Assigned to: William Munger (858) 586 2664 (858) 586 2664

Ongoing: Yes

Legacy Reference ID: APCD2002-PTO-890380

Detailed Description: site ID # 00138A; complainant contacted APCD Inspector -II William Munger;received it via my voice mail

Complaint Response

Response Date: -

Comment: -

Inspector: -

Result: Insufficient Evidence

Nuisance Form Provided: -

Response Time: -

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510
Opened Date: 11/3/2006
Title: N/A
Status:
Date Received: 11/3/2006
Time Received: 1438
Complaint: -

Nature of Complaint: DST
Sector: 10
Assigned to: -
Ongoing: -
Legacy Reference ID:
Detailed Description:

Complaint Response

Response Date: 11/3/2006
Comment: -
Inspector: WCM
Result: ISE
Nuisance Form Provided: -
Response Time: 1535

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510
Opened Date: 9/29/2006
Title: 07A
Status:
Date Received: 9/29/2006
Time Received: 1034
Complaint: -

Nature of Complaint: DST
Sector: 10
Assigned to: -
Ongoing: -
Legacy Reference ID:
Detailed Description:

Complaint Response

Response Date: 9/29/2006
Comment: -
Inspector: KPM
Result: ISE
Nuisance Form Provided: -
Response Time: 1312

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510
Opened Date: 6/22/2005
Title: 07A
Status:
Date Received: 6/22/2005
Time Received: 1355
Complaint: -

Nature of Complaint: DST
Sector: 10
Assigned to: -
Ongoing: -
Legacy Reference ID:
Detailed Description:

Complaint Response

Response Date: 6/22/2005
Comment: -
Inspector: WCM
Result: ISE
Nuisance Form Provided: -
Response Time: 1445

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510

Opened Date: 11/19/1999

Title: 07A

Status:

Date Received: 11/19/1999

Time Received: 1100

Complaint: -

Nature of Complaint: DUST

Sector: 10

Assigned to: -

Ongoing: -

Legacy Reference ID:

Detailed Description:

Complaint Response

Response Date: 11/22/1999

Comment: -

Inspector: GMG

Result: SUR

Nuisance Form Provided: -

Response Time: 1045

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510
Opened Date: 9/7/1999
Title: 07A
Status:
Date Received: 9/7/1999
Time Received: 1330
Complaint: -

Nature of Complaint: DST
Sector: 10
Assigned to: -
Ongoing: -
Legacy Reference ID:
Detailed Description:

Complaint Response

Response Date: 9/22/1999
Comment: -
Inspector: GMG
Result: SUR
Nuisance Form Provided: -
Response Time: 1450

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510
Opened Date: 3/20/1997
Title: 06
Status:
Date Received: 3/20/1997
Time Received: 1301
Complaint: -

Nature of Complaint: DST
Sector: 10
Assigned to: -
Ongoing: -
Legacy Reference ID:
Detailed Description:

Complaint Response

Response Date: 6/3/1998
Comment: -
Inspector: JL
Result: SUR
Nuisance Form Provided: -
Response Time: 1330

Inspection	Date	Inspector	Status

Parent: APCD2008-PTO-013510 **Opened Date:** 11/12/1997 **Hearing Date:** - **Petition #:** -

Status: Closed **Date Filed:** 11/12/1997 **Initial NOV:** -

Type: -

Detailed Description:
-

Short Notes: -

Outcome: -

Facility Business Activity: PRODUCTION OF SIZED AGGREGATE FOR CONSTR

Equipment: CARROLL CANYON ROCK PLANT, S D APCD P/O 13510, IN PART CONSISTING OF ASECONDARY SCREENING ANC CRUSHING PLANT WHICH IS THE SUBJECT OF THISREQUEST

Comment: WITHDRAWN

Application / Permit Number: -

Assigned to:-

Contacts

Parent: APCD2008-PTO-013510 **Opened Date:** 5/12/2014 **Date Discovered:** 5/12/2014 **Received Date:** 5/12/2014

Status: Closed **Date Notified:** - **Time Discovered:** 07:15 **Received Time:**

Cause: Appears that the belts that drive the dust collector's augers broke. This means they are being forced to dump the dust out of the baghouse to clear them.

Detailed Description: -

Equipment: Dust collector **Assigned to:** William Munger (858) 586 2664 (858) 586 2664

Detailed descritption: Called in by Henry Pimentel (858-967-9020) at 7:32 AM on 5/12/14 [JDM, 5/12/14]

Rock plant (1650 tons/hr): Quarry-loading pit; scalping station with a 6' x 16' Seco vibrating screen; jaw crusher S/N 22M8163; (2) triple-deck screens; lift, reclaim and overland conveyors; lime silo/transfer system. Primary--2 each Telesmith triple-deck screens, S/Ns 313M99LPO3J32 and 313M99LPO4J32; Symons 7 ft dia. Cone crusher, S/N 7955R; Two Amerex model RP-10-72-864 baghouses; base material plant. Secondary--2 sets of double deck screens: 8'x20' Hewitt Robins, double deck screen S/N hr-50001301; 8'x20' Hewitt Robins, double deck screen S/N HR-50001302, pugmill; Symons cone crushers S/N 40654&5976; Amerex rp10-495 baghouse; dust filters; water sprays; prem.fines loop; aspht/fd sys. Add fabric filters (Dalamatic 45/15) at primary plant impact crusher and secondary plant impact crusher. 974309 AFS 14 mar 2000 (add Telsmith 68s Gyrashere crushing cone S/N 202M10128 or Sandvik model 7800 cone crusher S/N 6737 to secondary plant) compliance request condition change AFS-31 Oct 2002. One (1) 8' x 20' El Jay/Cedarapids, S/N 055082, one(1) 36"x18' Eagle Iron Works course material washer, S/N17046974458 AFS 21 Aug 2000 981478 EAD 24 June 2004 981911 AFH 09 2006 986236 EFH

Final Disposition: -

Legacy Reference ID: - **Variance Requested:** -

Contacts

62696064	APCD Equipment Location	9255 Camino Santa Fe	San Diego, CA	92121	Facility, Manager	8585772722
62696065	APCD Invoice Mailing	PO Box 639069	San Diego, CA	92163	Accounts, Payable	8585772772
62696066	APCD PTO Mailing	PO Box 639069	San Diego, CA	92163	Facility, Manager	

Inspection	Date	Inspector	Status
Breakdown Inspection	5/13/2014	William Munger	Completed

Parent: APCD2008-PTO-013510 **Opened Date:** 10/2/2013 **Date Discovered:** - **Received Date:** -

Status: Closed **Date Notified:** - **Time Discovered:** **Received Time:**

Cause: Bag House to the crusher broke down, operation slowed down, site is using more water , no dust was observed, Discovery time is not provided.

Detailed Description: -

Equipment: Bag House **Assigned to:** William Munger (858) 586 2664 (858) 586 2664

Detailed descritption: Carroll Canyon Rock plant (1650 tons/hr): Quarry

Final Disposition: -

Legacy Reference ID: - **Variance Requested:** -

Contacts

62476536	APCD Equipment Location	9255 Camino Santa Fe	San Diego, CA	92121	Facility, Manager	8585772722
62476537	APCD Invoice Mailing	PO Box 639069	San Diego, CA	92163	Accounts, Payable	8585772772
62476538	APCD PTO Mailing	PO Box 639069	San Diego, CA	92163	Facility, Manager	

Inspection	Date	Inspector	Status
Breakdown Inspection	10/2/2013	William Munger	Completed
Breakdown Inspection	10/3/2013	William Munger	Completed
Breakdown Inspection	10/4/2013	William Munger	Completed

Appendix L

Request for Records Search to the
Regional Water Quality Control Board – San Diego Region and
Photocopies Obtained from that Agency

Environmental Support Services

Environmental Research & Due Diligence Compliance
30251 Golden Lantern, #E-305, Laguna Niguel, CA 92677
Tel) 949-429-3564 • Fax) 949-429-3563
www.EnvironmentalSupportServices.com • Info@EnvironmentalSupportServices.com

June 22, 2017

Regional Water Quality Control Board
San Diego Region
9174 Sky Park Court, Ste 100
San Diego, CA 92123

Attention: LUST/WIP/SLIC/Site Mitigation Divisions

Dear Public Records Request,

Please check for any files/information on the following sites:

Site 9255 Camino Santa Fe
San Diego, CA 92121
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
(see attached map)

I would like to set up an appointment to review this file **as soon as possible**. Anything you can do to expedite this request would be greatly appreciated. Please call me at
(949) 429-3564. Thanks!

Sincerely,
Environmental Support Services

Shannon Castagno

Shannon Castagno
Project Manager
Shannon@EnvironmentalSupportServices.com

From: "Zacks, Steve (Oxnard) NA" <Steve.Zacks@hanson.biz>
To: "CArias@waterboards.ca.gov" <CArias@waterboards.ca.gov>
CC: "Harvey, Jud (San Diego) NA" <Jud.Harvey@hanson.biz>
Date: 10/28/2010 1:17 PM
Subject: Carroll Canyon- Turbidity Report
Attachments: Turbidity Report 10-28-2010.pdf; Camino Santa Fe Basin 10-20-2010.jpg; Driveway Access Basin 10-20-2010.jpg; Turbidity Log 10-20-2010.pdf

Christina,
The turbidity report for Carroll Canyon is attached. Eric Becker stated this report should be sent to you.

Regards,

Steve Zacks
Environmental Manager

Lehigh Hanson
West Region
681 Aspen Circle
Oxnard, CA 93030

Tel: 805.985.2191
Cell: 805 748-0128
Fax: 805.382.9892
Steve.Zacks@Hanson.com<mailto:Steve.Zacks@Hanson.com>

www.hanson.com<http://www.hanson.com/>

10/20/2010 10:29

Carroll Canyon Turbidity Log
10/1/2010- 5/30/2011

Instructions

1. If a rain event is 0.5 inches or more based on the nearest available rain gauge and a discharge is produced, then fill in the below table.
2. If a rain event is 0.5 inches or more based on the nearest available rain gauge and a discharge is not produced, then take photos at the discharge point to document there is no discharge.
3. Submit this Turbidity Log to the Regional Board within 7 days of the date of testing. Each submittal shall show the earlier test results.
4. If a rain event that is 0.5 inches or more does not result in a discharge at a discharge point, then submit photos in lieu of turbidity test results.
5. In the event that the turbidity of a sample exceeds 20 NTU, additional actions must be taken immediately to control the discharge.

Turbidity of Discharge Table

Date of Storm Event (1)	Turbidity in NTU at Camino Santa Fe Discharge Point (2)	Turbidity in NTU at Access Road #1 Discharge Point (low point in road) (2)	Turbidity in NTU at Access Road #2 Discharge Point (near office trailer) (2)	Initials of Person Filling Out Log
10/19/10-10/20/10			58.6	[illegible]

Notes

(1) Show date of storm event that is 0.5 inches or more based on the nearest available rain gauge.

(2) Record turbidity when storm event exceeds 0.5 inches and stormwater discharge is produced at discharge point.

Hanson
HEIDELBERGCEMENTGroup

Hanson Aggregates

Memo

To: **File**

Copy: Steve Zacks

Pages: **1**

From: **Jud Harvey**

Date: **10/28/2010**

Carroll Canyon Turbidity Report

According to the MCASM weather station, there were 0.95 inches of rainfall within a 24-hour period beginning at approximately 12:00 pm on 10/19/2010. The three Carroll Canyon desilting basins were inspected for storm water discharges at approximately 10:30 AM on 10/20/2010. There was a discharge from the Access Road #2 Discharge Point (located near the office trailer), which had a turbidity level of 58.6 NTU. This was a limited discharge that ceased by the end of the working day on 10/20/2010. Immediate action taken on 10/20/2010 to mitigate the turbidity level included installation of additional chevrons upgradient of this Discharge Point. Additional BMP's are being evaluated that could be implemented when there are discharges from future rain events.

There was not a discharge from the Camino Santa Fe Basin Discharge Point or the Access Road #1 Discharge Point (see attached photos). Also attached are the turbidity test results for the storm event of 10/20/2010. Since a sediment discharge at the Camino Santa Fe Desilting Basin did not exceed Basin Plan Standards for turbidity, a baker tank or equivalent was not installed for this event.

Jud Harvey
Carroll Canyon Plant Manager

Hanson Aggregates
West Region
P.O. Box 639069
San Diego, Ca. 92163

Tel: 858 577-2722
Cell: 760 802-5360
Fax: 858 577-2788
jud.harvey@hanson.com
www.hanson.com

From: "Zacks, Steve (Oxnard) NA" <Steve.Zacks@hanson.biz>
To: "CArias@waterboards.ca.gov" <CArias@waterboards.ca.gov>
CC: "Harvey, Jud (San Diego) NA" <Jud.Harvey@hanson.biz>
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Lehigh Hanson
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Tel: 805.985.2191
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Fax: 805.382.9892
Steve.Zacks@Hanson.com<mailto:Steve.Zacks@Hanson.com>

www.hanson.com<http://www.hanson.com/>

10/20/2010 10:29

Carroll Canyon Turbidity Log
10/1/2010- 5/30/2011

Instructions

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3. Submit this Turbidity Log to the Regional Board within 7 days of the date of testing. Each submittal shall show the earlier test results.
4. If a rain event that is 0.5 inches or more does not result in a discharge at a discharge point, then submit photos in lieu of turbidity test results.
5. In the event that the turbidity of a sample exceeds 20 NTU, additional actions must be taken immediately to control the discharge.

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10/19/10-10/20/10			58.6	[illegible]

Notes

(1) Show date of storm event that is 0.5 inches or more based on the nearest available rain gauge.

(2) Record turbidity when storm event exceeds 0.5 inches and stormwater discharge is produced at discharge point.

Hanson
HEIDELBERGCEMENTGroup

Hanson Aggregates

Memo

To: **File**

Copy: Steve Zacks

Pages: **1**

From: **Jud Harvey**

Date: **10/28/2010**

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Jud Harvey
Carroll Canyon Plant Manager

Hanson Aggregates
West Region
P.O. Box 639069
San Diego, Ca. 92163

Tel: 858 577-2722
Cell: 760 802-5360
Fax: 858 577-2788
jud.harvey@hanson.com
www.hanson.com

CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

California Regional Water Quality Control Board, San Diego Region

January 10, 2014

Mr. Marvin Howell
Hansons Aggregate
9229 Harris Plant Road
San Diego CA 92163

In reply refer to / attn:
213364:jodermatt

Subject: ENROLLMENT UNDER CONDITIONAL WAIVER NO. 9 – DISCHARGES OF SLURRIES TO LAND, HANSONS AGGREGATE CARROLL CANYON PLANT, SAN DIEGO.

Mr. Howell:

The California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) received your application, dated December 2, 2013. Based on information provided in the signed and completed Notice of Intent (NOI), the proposed discharge of Slurries to Land is hereby enrolled under the conditional waiver.

The heading portion of this letter includes the reference number 213364:jodermatt. In order to assist us in the processing of your correspondence please include this code in the heading or subject line portion of all correspondence and reports to the San Diego Water Board pertaining to this matter. If you have any questions, please contact Mr. John Odermatt at (619)521-5906 or jodermatt@waterboards.ca.gov.

Respectfully,

DAVID W. GIBSON.
Executive Officer

DWG:js:jac:jro

Enclosure: Conditional Waiver No. 9 Discharges of Slurry to Land

Tech Staff Info & Use	
Order No.	R9-2007-0104
Party (CIWQS) ID	19795
Reg. Measure ID	394473
Place ID	213364

Conditional Waiver No. 9 – Discharges of Slurries to Land

Conditional Waiver No. 9 is for discharges of slurries to land, which may be a source of pollutants that can adversely affect the quality of waters of the state. A slurry typically consists of water and some material to form a liquid mixture.

The following types of discharge not regulated or authorized under WDRs may be eligible for Conditional Waiver No. 9:

- Discharges of drilling muds to land
- Discharges of concrete grinding residues to land

These types of discharge have similar properties, potential threat to water quality, and waiver conditions. Therefore, these types of slurry discharges to land were grouped together into one discharge classification. Discharges of slurries to land that comply with the waiver conditions are not expected to pose a threat to the quality of waters of the state.

Slurries typically consist of water mixed with very fine-grained solids. If these slurries are discharged to land in a sump or containment area for storage, proper management measures must be taken to prevent the degradation of surface water or groundwater quality. Slurries must be properly contained to prevent them from running off to surface waters. Slurries consist of high liquid content, which can potentially infiltrate to groundwater. However, the very fine-grained materials in these types of slurries would likely seal the sump or containment area surface, which will severely reduce or eliminate any leaching potential as the water content evaporates. Slurries discharged to land, with proper management and containment, are not expected to pose a threat to the quality of waters of the state and may be eligible for a conditional waiver. Therefore, waiver conditions must require proper management and containment of slurries discharged to land to minimize or eliminate the discharge of pollutants to waters of the state.

Waiver conditions should be developed in order for members of the public, cities, counties, local agencies and organizations, and/or the San Diego Water Board to determine if any discharges of slurries to land pose a threat to the quality of the waters of the state. If dischargers of slurries are not in compliance with waiver conditions, they can be issued a Notice of Violation and required to correct deficiencies in order to be eligible for Conditional Waiver No. 9. If dischargers of slurries violate any waiver conditions, the San Diego Water Board has the option to terminate the conditional waiver for the discharge and begin regulating the discharge with individual WDRs and/or take other enforcement actions.

In order to be eligible for Conditional Waiver No. 9, discharges must comply with certain conditions to be protective of water quality. The waiver conditions applicable to discharges of slurries to land include the following:

9.I.A. General Waiver Conditions for Slurries Discharged to Land

9.II.A. Specific Waiver Conditions for Discharges of Drilling Mud to Land

Discharges of slurries to land that comply with the general and specific waiver conditions in Conditional Waiver No. 9 are not expected to pose a threat to the quality of waters of the state.

9.I.A General Waiver Conditions for Slurries Discharged to Land

1. Prevent the direct or indirect discharge of slurries to any surface waters of the state (including ephemeral streams and vernal pools).
2. Slurries must be contained to eliminate the potential for runoff from the site.
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.
4. The floor of the storage area or sump must be at least 5 feet above the highest known historical or anticipated 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.
6. Slurries cannot contain any toxic or hazardous constituents.
7. Slurries discharged to land must not adversely affect the quality or beneficial uses of underlying groundwater.
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.
9. The storage area or sump must be filled in and restored to pre-discharge conditions.
10. Discharger must submit a Notice of Intent or technical and/or monitoring program reports when directed by the San Diego Water Board.

9.II.A. Specific Waiver Conditions for Discharge of Drilling Muds

1. Drilling mud cannot be from borings advanced for a soil or groundwater contamination investigation.

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CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

California Regional Water Quality Control Board, San Diego Region

January 10, 2014

Mr. Marvin Howell
Hansons Aggregate
9229 Harris Plant Road
San Diego CA 92163

In reply refer to / attn:
213364:jodermatt

Subject: ENROLLMENT UNDER CONDITIONAL WAIVER NO. 9 – DISCHARGES OF SLURRIES TO LAND, HANSONS AGGREGATE CARROLL CANYON PLANT, SAN DIEGO.

Mr. Howell:

The California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) received your application, dated December 2, 2013. Based on information provided in the signed and completed Notice of Intent (NOI), the proposed discharge of Slurries to Land is hereby enrolled under the conditional waiver.

The heading portion of this letter includes the reference number 213364:jodermatt. In order to assist us in the processing of your correspondence please include this code in the heading or subject line portion of all correspondence and reports to the San Diego Water Board pertaining to this matter. If you have any questions, please contact Mr. John Odermatt at (619)521-5906 or jodermatt@waterboards.ca.gov.

Respectfully,

DAVID W. GIBSON.
Executive Officer

DWG:js:jac:jro

Enclosure: Conditional Waiver No. 9 Discharges of Slurry to Land

Tech Staff Info & Use	
Order No.	R9-2007-0104
Party (CIWQS) ID	19795
Reg. Measure ID	394473
Place ID	213364

Conditional Waiver No. 9 – Discharges of Slurries to Land

Conditional Waiver No. 9 is for discharges of slurries to land, which may be a source of pollutants that can adversely affect the quality of waters of the state. A slurry typically consists of water and some material to form a liquid mixture.

The following types of discharge not regulated or authorized under WDRs may be eligible for Conditional Waiver No. 9:

- Discharges of drilling muds to land
- Discharges of concrete grinding residues to land

These types of discharge have similar properties, potential threat to water quality, and waiver conditions. Therefore, these types of slurry discharges to land were grouped together into one discharge classification. Discharges of slurries to land that comply with the waiver conditions are not expected to pose a threat to the quality of waters of the state.

Slurries typically consist of water mixed with very fine-grained solids. If these slurries are discharged to land in a sump or containment area for storage, proper management measures must be taken to prevent the degradation of surface water or groundwater quality. Slurries must be properly contained to prevent them from running off to surface waters. Slurries consist of high liquid content, which can potentially infiltrate to groundwater. However, the very fine-grained materials in these types of slurries would likely seal the sump or containment area surface, which will severely reduce or eliminate any leaching potential as the water content evaporates. Slurries discharged to land, with proper management and containment, are not expected to pose a threat to the quality of waters of the state and may be eligible for a conditional waiver. Therefore, waiver conditions must require proper management and containment of slurries discharged to land to minimize or eliminate the discharge of pollutants to waters of the state.

Waiver conditions should be developed in order for members of the public, cities, counties, local agencies and organizations, and/or the San Diego Water Board to determine if any discharges of slurries to land pose a threat to the quality of the waters of the state. If dischargers of slurries are not in compliance with waiver conditions, they can be issued a Notice of Violation and required to correct deficiencies in order to be eligible for Conditional Waiver No. 9. If dischargers of slurries violate any waiver conditions, the San Diego Water Board has the option to terminate the conditional waiver for the discharge and begin regulating the discharge with individual WDRs and/or take other enforcement actions.

In order to be eligible for Conditional Waiver No. 9, discharges must comply with certain conditions to be protective of water quality. The waiver conditions applicable to discharges of slurries to land include the following:

9.I.A. General Waiver Conditions for Slurries Discharged to Land

9.II.A. Specific Waiver Conditions for Discharges of Drilling Mud to Land

Discharges of slurries to land that comply with the general and specific waiver conditions in Conditional Waiver No. 9 are not expected to pose a threat to the quality of waters of the state.

9.I.A General Waiver Conditions for Slurries Discharged to Land

1. Prevent the direct or indirect discharge of slurries to any surface waters of the state (including ephemeral streams and vernal pools).
2. Slurries must be contained to eliminate the potential for runoff from the site.
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.
4. The floor of the storage area or sump must be at least 5 feet above the highest known historical or anticipated 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.
6. Slurries cannot contain any toxic or hazardous constituents.
7. Slurries discharged to land must not adversely affect the quality or beneficial uses of underlying groundwater.
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.
9. The storage area or sump must be filled in and restored to pre-discharge conditions.
10. Discharger must submit a Notice of Intent or technical and/or monitoring program reports when directed by the San Diego Water Board.

9.II.A. Specific Waiver Conditions for Discharge of Drilling Muds

1. Drilling mud cannot be from borings advanced for a soil or groundwater contamination investigation.

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 AGENCY

State of California
Regional Water Quality Control Board

APPLICATION/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 AGENCY

State of California
Regional Water Quality Control Board

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

I. FACILITY INFORMATION

A. Facility:

Name: Hanson Aggregates Carroll Canyon Plant			
Address: 9255 Camino Santa Fe			
City: San Diego	County: San Diego	State: CA	Zip Code: 92121
Contact Person: Marvin Howell		Telephone Number: 858-577-2770	

B. Facility Owner:

Name: Hanson Aggregates			Owner Type (Check One) 1. ☐ Individual 2. ☑ Corporation
Address: 9229 Harris Plant Rd.			3. ☐ Governmental Agency 4. ☐ Partnership
City: San Diego	State: CA	Zip Code: 92145	5. ☐ Other:
Contact Person: Marvin Howell		Telephone Number: 858-577-2770	Federal Tax ID:

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

Name: Same as above			Operator Type (Check One) 1. ☐ Individual 2. ☑ Corporation
Address:			3. ☐ Governmental Agency 4. ☐ Partnership
City:	State:	Zip Code:	5. ☐ Other:
Contact Person:		Telephone Number:	

D. Owner of the Land:

Name: Same as above			Owner Type (Check One) 1. ☐ Individual 2. ☑ Corporation
Address:			3. ☐ Governmental Agency 4. ☐ Partnership
City:	State:	Zip Code:	5. ☐ Other:
Contact Person:		Telephone Number:	

E. Address Where Legal Notice May Be Served:

Address: 9229 Harris Plant Rd.		
City: San Diego	State: CA	Zip Code: 92145
Contact Person: Marvin Howell		Telephone Number: 858-577-2770

F. Billing Address:

Address: Same as above		
City:	State:	Zip Code:
Contact Person:		Telephone Number:

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

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)	2. Latitude	3. Longitude
Facility: 3410504000	**Facility:** 32°53'47"	**Facility:** 117°09'54"
Discharge Point:	**Discharge Point:**	**Discharge Point:**

IV. REASON FOR FILING

- ☐ New Discharge or Facility
- ☐ Change in Design or Operation
- ☐ Change in Quantity/Type of Discharge
- ☐ Changes in Ownership/Operator (see instructions)
- ☐ Waste Discharge Requirements Update or NPDES Permit Reissuance
- ☑ Other: Resolution No. R9-2007-104, Conditional Waiver #9

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: Regional Water Quality Control Board

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: Negative declarations adopted concurrently when resolution R9-2007-104 was adopted

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: NA

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:

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 #:

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.

Geosyntec consultants

10875 Rancho Bernardo Road
Suite 200
San Diego, CA 92127

PH 858.674.6559
FAX 858.674.6586

www.geosyntec.com

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

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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.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

The dry cementitiuos 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.

* * * * *

CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

San Diego Regional Water Quality Control Board

November 4, 2014

Mr. Craig Tieck
Hanson Aggregates – West Region
P.O. Box 639069
San Diego, CA 92163

In reply refer to:
213364:RMitchell

Subject: January-December 2011 Annual Monitoring Report, for Hanson Aggregates Carroll Canyon Plant, San Diego, San Diego County

Mr. Tieck:

The above referenced document (2011 Annual Monitoring Report), was received by the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) on January 27, 2012. The 2011 Annual Monitoring Report is an annual assessment of the Hanson Aggregates Carroll Canyon Plant to evaluate groundwater and other on-site conditions to determine potential environmental impacts associated with the discharge of wastes to land.

The San Diego Water Board has reviewed the 2011 Annual Monitoring Report submitted in accordance with Order No. 95-104 (the Order),[1] and have no comments.

The San Diego Water Board is implementing a Paperless Office system to reduce our paper use, increase efficiency, and provide a more effective way for our staff, the public and interested parties to view water quality documents in electronic form.

Please convert all regulatory documents, submissions, materials, and correspondence that you would normally submit to us as hard copies to a searchable Portable Document Format (PDF). Data may be submitted in Excel spreadsheets. Documents that are less than 50 MB should be emailed to SanDiego@waterboads.ca.gov. Documents that are 50 MB or larger should be transferred to a disk and mailed to the address listed below.

California Regional Water Quality Control Board
San Diego Region
2375 Northside Drive, Ste. 100
San Diego, California 92108

Please contact our office if you have any questions regarding this matter. In the subject line of any response, please include reference **213364:RMitchell**. Please contact Mr. Roger Mitchell

[1] Waste Discharge Requirements for H.G. Fenton Material Company Carroll Canyon Plant San Diego County. http://www.waterboards.ca.gov/sandiego/board_decisions/adopted_orders/1990/95-104.pdf

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

at (619) 521-5898, or at roger.mitchell@waterboards.ca.gov if you have any questions or comments.

Respectfully,

John R. Odermatt, PG
Senior Engineering Geologist
Groundwater Protection Branch

Tech Staff Info & Use	
Place ID	213364
Party ID	19795
Reg. Measure ID	142585

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

2012 JAN 27 P 2:42

Hanson Aggregates- West Region
PO Box 639069
San Diego, CA 92163
Phone 858 577-2711
Fax 858 577-2716

Craig.Tieck@hanson.com

Industrial Compliance Unit
California Regional Water Quality Control
Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

January 18, 2012

Subject: January – December 2011 Annual Monitoring Report for Hanson Aggregates Carroll Canyon Facility, Waste Discharge Report No. 95-104.

Dear Industrial Compliance Unit:

The January – December 2011 Annual Monitoring Report for Waste Discharge Report No. 95-104 is attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (858) 577-2711.

Sincerely,

Craig Tieck
RMC Production Manager

Attached: WDR No. 95-104 Annual Report

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2011 REPORT DUE: January 16, 2012

A. MONITORING PROVISIONS

Laboratory sampling requirements were suspended per the 7/25/2011 email by Benjamin Tobler.

B. POND MONTHLY FREEBOARD

MONTH (2011)	FREEBOARD AT LOWEST POINT (feet)
JANUARY	2
FEBRUARY	1
MARCH	2
APRIL	1
MAY	2
JUNE	2
JULY	2
AUGUST	2
SEPTEMBER	2
OCTOBER	1
NOVEMBER	2
DECEMBER	1

The freeboard of the holding basin under the conveyors is measured.

The holding basin under the conveyors did overflow during rain events. The pond is pumped out prior to rain so that overflow water is stormwater.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2011 REPORT DUE: January 16, 2012

C. WASHWATER VOLUME MONITORING

MONTH (2011)	VOL. OF WTR. RECYCLED (gallons)	VOL. OF WTR. FROM MAKEUP WTR. SOURCE (gallons)
JANUARY	245,000	245,000
FEBRUARY	225,000	225,000
MARCH	258,500	258,500
APRIL	264,500	264,500
MAY	316,125	316,125
JUNE	308,350	308,350
JULY	264,450	264,450
AUGUST	323,375	323,375
SEPTEMBER	251,000	251,000
OCTOBER	220,600	220,600
NOVEMBER	217,800	217,800
DECEMBER	167,500	167,500

Note: Production uses approximately 50% recycle water and 50% makeup water.

D. PLANT FACILITIES

X There was no change of the facility during this monitoring period.

___ There have been some changes to the facility.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2011 REPORT DUE: January 16, 2012

E. OPERATION AND MAINTENANCE PROCEDURES IMPLEMENTATION

I certify that the operation and maintenance procedures developed pursuant to Provision C-5 and 16 of Order No. 95-104 was implemented by operating personnel throughout the previous year. There were pond overflows in 2011- the holding basin under the conveyors did overflow during rain events. This pond is pumped out prior to rain so that overflow water is stormwater. The pond system is in sound condition.

SIGNED UNDER PENALTY OF PERJURY

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2011 REPORT DUE: January 16, 2012

F. SOLID DISPOSAL

SOLID WASTE DISPOSAL LOG

DATE	QUANTITY	TYPE AND DISPOSTION
January 31	0	Cement paste
February 28	0	Cement paste
March 31	0	Cement paste
April 30	0	Cement paste
May 31	0	Cement paste
June 30	0	Cement paste
July 31	0	Cement paste
August 31	0	Cement paste
September 30	0	Cement paste
October 31	0	Cement paste
November 30	0	Cement paste
December 31	0	Cement paste

Note: Concrete is reprocessed in a reclaimer and the component material (water, cement, rock, and sand) is reused by the concrete batch plant. Cement paste from the reclaimer is not used as backfill.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

2012 JAN 27 P 2:42

Hanson Aggregates- West Region
PO Box 639069
San Diego, CA 92163
Phone 858 577-2711
Fax 858 577-2716

Craig.Tieck@hanson.com

Industrial Compliance Unit
California Regional Water Quality Control
Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

January 18, 2012

Subject: January – December 2011 Annual Monitoring Report for Hanson Aggregates Carroll Canyon Facility, Waste Discharge Report No. 95-104.

Dear Industrial Compliance Unit:

The January – December 2011 Annual Monitoring Report for Waste Discharge Report No. 95-104 is attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (858) 577-2711.

Sincerely,

Craig Tieck
RMC Production Manager

Attached: WDR No. 95-104 Annual Report

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2011 REPORT DUE: January 16, 2012

A. MONITORING PROVISIONS

Laboratory sampling requirements were suspended per the 7/25/2011 email by Benjamin Tobler.

B. POND MONTHLY FREEBOARD

MONTH (2011)	FREEBOARD AT LOWEST POINT (feet)
JANUARY	2
FEBRUARY	1
MARCH	2
APRIL	1
MAY	2
JUNE	2
JULY	2
AUGUST	2
SEPTEMBER	2
OCTOBER	1
NOVEMBER	2
DECEMBER	1

The freeboard of the holding basin under the conveyors is measured.

The holding basin under the conveyors did overflow during rain events. The pond is pumped out prior to rain so that overflow water is stormwater.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2011 REPORT DUE: January 16, 2012

C. WASHWATER VOLUME MONITORING

MONTH (2011)	VOL. OF WTR. RECYCLED (gallons)	VOL. OF WTR. FROM MAKEUP WTR. SOURCE (gallons)
JANUARY	245,000	245,000
FEBRUARY	225,000	225,000
MARCH	258,500	258,500
APRIL	264,500	264,500
MAY	316,125	316,125
JUNE	308,350	308,350
JULY	264,450	264,450
AUGUST	323,375	323,375
SEPTEMBER	251,000	251,000
OCTOBER	220,600	220,600
NOVEMBER	217,800	217,800
DECEMBER	167,500	167,500

Note: Production uses approximately 50% recycle water and 50% makeup water.

D. PLANT FACILITIES

X There was no change of the facility during this monitoring period.

___ There have been some changes to the facility.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2011 REPORT DUE: January 16, 2012

E. OPERATION AND MAINTENANCE PROCEDURES IMPLEMENTATION

I certify that the operation and maintenance procedures developed pursuant to Provision C-5 and 16 of Order No. 95-104 was implemented by operating personnel throughout the previous year. There were pond overflows in 2011- the holding basin under the conveyors did overflow during rain events. This pond is pumped out prior to rain so that overflow water is stormwater. The pond system is in sound condition.

SIGNED UNDER PENALTY OF PERJURY

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2011 REPORT DUE: January 16, 2012

F. SOLID DISPOSAL

SOLID WASTE DISPOSAL LOG

DATE	QUANTITY	TYPE AND DISPOSTION
January 31	0	Cement paste
February 28	0	Cement paste
March 31	0	Cement paste
April 30	0	Cement paste
May 31	0	Cement paste
June 30	0	Cement paste
July 31	0	Cement paste
August 31	0	Cement paste
September 30	0	Cement paste
October 31	0	Cement paste
November 30	0	Cement paste
December 31	0	Cement paste

Note: Concrete is reprocessed in a reclaimer and the component material (water, cement, rock, and sand) is reused by the concrete batch plant. Cement paste from the reclaimer is not used as backfill.

Fel it

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

2010 JAN 27 A 10: 49

Hanson Aggregates
681 Aspen Circle
Oxnard, CA 93030
Phone 805 985-2191
Fax 805 382-9892

www.hanson.com

Industrial Compliance Unit
California Regional Water Quality Control
Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

January 19, 2010

Subject: January – December 2009 Annual Monitoring Report for Hanson Aggregates Carroll Canyon Facility, Waste Discharge Report No. 95-104.

Dear Industrial Compliance Unit:

The January – December 2009 Annual Monitoring Report for Waste Discharge Report No. 95-104 is attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (805) 985-2191.

Sincerely,

Steve Zacks

Steve Zacks
Environmental Manager
Environmental, Safety, and Health Department

Attached: WDR No. 95-104 Annual Report

Copy Craig Tieck

Hanson Aggregates is a trading name of Hanson Quarry Products Europe Limited, *a private limited company incorporated in England and Wales with registered number* 300002 and registered address The Ridge, Chipping Sodbury, Bristol BS37 6AY. Hanson Quarry Products Europe is a member of the HeidelbergCement Goup.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

A. MONITORING PROVISIONS

Laboratory results are found in Appendix A.

SAMPLES ANALYZED BY: EnviroMatrix Analytical, Inc.

POINT OF SAMPLING: First Settling Pond

DATE AND TIME OF SAMPLING: 9-29-09 @ 1:30 PM

SIGNED UNDER PENALTY OF PERJURY:

B. POND MONITORING AND MONTHLY FREEBOARD
*** SEE NOTE**

PARAMETER	UNITS	VALUE[1]
TDS	mg/l	657
pH	pH units	9.88
TPH	mg/l	ND
CHLORIDES	mg/l	190

[1] – Laboratory results are in Appendix A.

MONTH (2009)	FREEBOARD AT LOWEST POINT (feet)
JANUARY	3
FEBRUARY	3
MARCH	4
APRIL	4
MAY	4
JUNE	5
JULY	5
AUGUST	5
SEPTEMBER	4
OCTOBER	4
NOVEMBER	3
DECEMBER	3

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

* Pond elevations are monthly averages that change hourly as pond is part of production water system.

C. WASHWATER VOLUME MONITORING

MONTH (2009)	VOL. OF WTR. RECYCLED (gallons)	VOL. OF WTR. FROM MAKEUP WTR. SOURCE (gallons)
JANUARY	175,300	175,300
FEBRUARY	144,600	144,600
MARCH	192,000	192,000
APRIL	228,800	228,800
MAY	204,000	204,000
JUNE	311,700	311,700
JULY	301,300	301,300
AUGUST	209,000	209,000
SEPTEMBER	249,000	249,000
OCTOBER	183,500	183,500
NOVEMBER	173,500	173,500
DECEMBER	140,000	140,000

Note: Production uses approximately 50% recycle water and 50% makeup water.

D. PLANT FACILITIES

___ There was no change of the facility during this monitoring period.

_X_ There have been some changes to the facility. Relocation and upgrading of the reclaimer system began in December 2009 and will be completed by February 2010. The upgraded system will be closed loop except for cement paste ,and includes an Alar system to remove water from the paste. A map will be provided in next years annual report showing the changes.

E. OPERATION AND MAINTENANCE PROCEDURES IMPLEMENTATION

I certify that the operation and maintenance procedures developed pursuant to Provision C-5 and 16 of Order No. 95-104 was implemented by operating personnel throughout the previous year. There were no ready pond overflows in 2009 and the pond system is in sound condition.

SIGNED UNDER PENALTY OF PERJURY

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon

WDR NO. 9 000000687 ORDER NO.: 95-104

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

F. SOLID DISPOSAL

SOLID WASTE DISPOSAL LOG

DATE	QUANTITY	TYPE AND DISPOSTION
January 31	130 tons	Cement paste
February 28	110 tons	Cement paste
March 31	140 tons	Cement paste
April 30	185 tons	Cement paste
May 31	160 tons	Cement paste
June 30	225 tons	Cement paste
July 31	220 tons	Cement paste
August 31	160 tons	Cement paste
September 30	185 tons	Cement paste
October 31	160 tons	Cement paste
November 30	130 tons	Cement paste
December 31	110 tons	Cement paste

Note: Concrete is reprocessed in a reclaimer and the component material (water, cement, rock, and sand) is reused by the concrete batch plant. Cement paste from the reclaimer is mixed with soil and used as backfill

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon

WDR NO. 9 000000687 ORDER NO.: 95-104

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

Appendix A

Laboratory Results

EnviroMatrix Analytical, Inc.

09 October 2009

Hanson Aggregates
Attn: David Chong
P.O. Box 639069
San Diego, CA 92163-9069

EMA Log #: 0909805

Project Name: Pond Water

Enclosed are the results of analyses for samples received by the laboratory on 09/29/09 15:31. Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. I certify that this data is in compliance both technically and for completeness.

Dan Verdon
Laboratory Director

CA ELAP Certification #: 2564

4340 Viewridge Avenue, Suite A - San Diego, California 92123 - (858) 560-7717 - Fax (858) 560-7763
Analytical Chemistry Laboratory

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
CARROLL POND	0909805-01	Water	09/29/09 13:30	09/29/09 15:31
ESCONDIDO RMC NE POND	0909805-02	Water	09/29/09 12:00	09/29/09 15:31
MIRAMAR RECYCLE POND	0909805-03	Water	09/29/09 14:45	09/29/09 15:31

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

Conventional Chemistry Parameters by Standard/EPA Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
CARROLL POND (0909805-01) Water Sampled: 09/29/09 13:30 Received: 09/29/09 15:31									
Chloride	**190**	0.05	mg/l	1	9093023	09/30/09	09/30/09	SM4500 Cl C	
Oil & Grease	ND	5	"	"	9100229	10/02/09	10/02/09	EPA 1664A	
pH	**9.88**	0.10	pH Units	"	9093024	09/29/09	09/29/09	SM4500-H+ B	HT-15
Total Dissolved Solids	**657**	20.0	mg/l	"	9100508	10/05/09	10/06/09	SM2540 C	
ESCONDIDO RMC NE POND (0909805-02) Water Sampled: 09/29/09 12:00 Received: 09/29/09 15:31									
Chloride	**170**	0.05	mg/l	1	9093023	09/30/09	09/30/09	SM4500 Cl C	
Oil & Grease	ND	5	"	"	9100229	10/02/09	10/02/09	EPA 1664A	
pH	**12.6**	0.10	pH Units	"	9093024	09/29/09	09/29/09	SM4500-H+ B	HT-15
Total Dissolved Solids	**1500**	20.0	mg/l	"	9100508	10/05/09	10/06/09	SM2540 C	
MIRAMAR RECYCLE POND (0909805-03) Water Sampled: 09/29/09 14:45 Received: 09/29/09 15:31									
Chloride	**210**	0.05	mg/l	1	9093023	09/30/09	09/30/09	SM4500 Cl C	
Oil & Grease	ND	5	"	"	9100229	10/02/09	10/02/09	EPA 1664A	
pH	**9.59**	0.10	pH Units	"	9093024	09/29/09	09/29/09	SM4500-H+ B	HT-15
Total Dissolved Solids	**865**	20.0	mg/l	"	9100508	10/05/09	10/06/09	SM2540 C	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 9093023										
Blank (9093023-BLK1)				Prepared & Analyzed: 09/30/09						
Chloride	ND	0.05	mg/l							
LCS (9093023-BS1)				Prepared & Analyzed: 09/30/09						
Chloride	200	0.05	mg/l	200		100	80-120			
LCS Dup (9093023-BSD1)				Prepared & Analyzed: 09/30/09						
Chloride	200	0.05	mg/l	200		100	80-120	0	20	
Duplicate (9093023-DUP1)		**Source: 0909688-01**		Prepared & Analyzed: 09/30/09						
Chloride	190	0.05	mg/l		190			0	20	
Matrix Spike (9093023-MS1)		**Source: 0909688-01**		Prepared & Analyzed: 09/30/09						
Chloride	360	0.05	mg/l	200	190	85	80-120			
Matrix Spike Dup (9093023-MSD1)		**Source: 0909688-01**		Prepared & Analyzed: 09/30/09						
Chloride	360	0.05	mg/l	200	190	85	80-120	0	20	
Batch 9093024										
Duplicate (9093024-DUP1)		**Source: 0909775-01**		Prepared & Analyzed: 09/29/09						
pH	14.0	0.10	pH Units		14.0			0	20	
Reference (9093024-SRM1)				Prepared & Analyzed: 09/29/09						
pH	9.10	0.10	pH Units	9.10		100	97-103			
Batch 9100229										
Blank (9100229-BLK1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	ND	5	mg/l							

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 9100229										
LCS (9100229-BS1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	32	5	mg/l	40.0		80	78-114			
LCS Dup (9100229-BSD1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	36	5	mg/l	40.0		90	78-114	12	20	
Batch 9100508										
Blank (9100508-BLK1)				Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	ND	20.0	mg/l							
Duplicate (9100508-DUP1)		**Source: 0909805-01**		Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	693	20.0	mg/l		657			5	20	
Duplicate (9100508-DUP2)		**Source: 0910117-01**		Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	1110	20.0	mg/l		1070			4	20	
Reference (9100508-SRM1)				Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	278	20.0	mg/l	283		98	6.93-113.0			

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

Notes and Definitions

HT-15	This sample was received outside of the EPA's recommended 15 minute holding time for this analysis. However, the sample was analyzed immediately upon receipt.
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

CHAIN-OF-CUSTODY RECORD

EnviroMatrix Analytical, Inc.
4340 Viewridge Ave., Ste. A - San Diego, CA 92123 - Phone (858) 560-7717 - Fax (858) 560-7763

EMA LOG #: 0909805

Client: HANSON AGGREGATES
Attn: DAVID CHONG
Samplers(s): DAVID CHONG
Address: PO BOX 639069
SAN DIEGO, CA 92163
Phone: 858 437 4962 Fax:
Email: DAVID.CHONG@HANSON.COM
Billing Address: SAME

Project ID:
Project #: PO #:

Requested Analysis

ID #	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container # / Type	Oil & Grease □ 413.1 □ 413.2 ☒ 1664	8015B (TPH) □ Gas □ Diesel □ Ext	624/8260 (VOC) Full BTXE MTBE Oxy Nap	625 / 8270 (SVOC) □ PAH only	608 / 8081 (Organochlorine Pesticides)	608 / 8082 (Polychlorinated Biphenyls)	8141 (Organophosphorus Pesticides)	TBT (Organotin Compounds)	pH □ EC □ TSS ☒ TDS	Nitrate □ Nitrite □ TKN □ NH3	CAC Title 22/CAM17 Metals □ TTLC □ STLC	TCLP (RCRA) □ Metals □ Organics	Cd Cr Cu Pb Ni Ag Zn □ Dissolved	Coliform, □ Total (MTF) □ Fecal (MTF)	Colilert, T+E.Coli □ P/A □ Enumeration	Enterococcus, □ MTF □ Enterolert	Heterotrophic Plate Count (HPC)	CHLORIDE					
1	CARROLL POND	9/29	13:30	WATER	1G 1P	✓								✓								✓					
2	ESCONDIDO RMC NE POND	9/29	12:00	WATER	1G 1P	✓								✓								✓					
3	MIRAMAR RECYCLE POND	9/29	14:45	WATER	1G 1P	✓								✓								✓					
4																											
5																											
6																											
7																											
8																											
9																											
10																											

SEP 29 '09 15:53

Matrix Codes: A = Air, DW = Drinking Water, GW = Groundwater, SW = Storm Water
WW = Wastewater, S = Soil, SED = Sediment, SD = Solid, T = Tissue, O = Oil, L = Liquid

Shipped By: □ Courier □ UPS □ FedEx □ USPS ☒ Client Drop Off □ Other
[1]**Turn-Around-Time:** □ Same Day □ 24 hr □ 48 hr □ 3 day □ 4 day □ 5 day ☒ STD (7 day)
[1]**Reporting Requirements:** □ Fax ☒ PDF ☒ Excel □ Geotracker/EDF □ Hard Copy □ EDT
[1]**Sample Disposal:** ☒ By Laboratory □ [2]Return to Client: P/U or Delivery □ Archive

Sample Integrity

Correct Containers: Yes No N/A	Containers Properly Preseved: Yes No N/A
Custody Seals Intact: Yes No N/A	Temp @ Receipt:
COC/Labels Agree: Yes No N/A	Sampled By: Client EMA Autosampler

RELINQUISHED BY	DATE/TIME	RECEIVED BY
Signature	9/29/09 1531	Signature
Print: DAVID G CHONG		Print: Sean Flores
Company: HANSON		Company: EMA Inc
Signature		Signature
Print		Print
Company:		Company:
Signature		Signature
Print		Print
Company:		Company:

Project/Sample Comments:

T = 25°. on ice

[1]Additional costs may apply, consult a project manager for details.
[2]EMA reserves the right to return any samples that do not match our waste profile.

White- EMA Canary - Accounting Pink - Client (w/report) Gold - Client (Relinquish)

NOTE: By relinquishing samples to EMA, Inc., client agrees to pay for the services requested on this COC form and any additional analyses performed on this project. Payment for services is due within 30 days from date of invoice. Samples will be disposed of after 30 days unless otherwise noted. All work is subject to EMA's terms and conditions.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

Hanson Aggregates
681 Aspen Circle
Oxnard, CA 93030
Phone 805 985-2191
Fax 805 382-9892

www.hanson.com

Industrial Compliance Unit
California Regional Water Quality Control Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

January 20, 2010

Subject: January – December 2009 Annual Monitoring Report for Hanson Aggregates Channel Road Facility, Waste Discharge Report No. 88-65.

Dear Industrial Compliance Unit:

The January – December 2009 Annual Monitoring Report for Waste Discharge Report No. 88-65 is attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (805) 985-2191.

Sincerely,

Steve Zacks
Environmental Manager
Environmental, Safety, and Health Department

Attached: WDR No. 88-65 Annual Report

Copy Craig Tieck

Hanson Aggregates is a trading name of Hanson Quarry Products Europe Limited, a private limited company incorporated in England and Wales with registered number 300002 and registered address The Ridge, Chipping Sodbury, Bristol BS37 6AY. Hanson Quarry Products Europe is a member of the HeidelbergCement Goup.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Channel Road Plant
WDR NO. 9 000000171 ORDER NO.: 88-65
REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

A. MONITORING PROVISIONS

Laboratory results are found in Appendix A.

SAMPLES ANALYZED BY: EnviroMatrix Analytical, Inc.

POINT OF SAMPLING: Settling Pond

DATE AND TIME OF SAMPLING: 9-30-2009 @ 11:55 PM

SIGNED UNDER PENALTY OF PERJURY:

PARAMETER	UNITS	VALUE
TDS	mg/l	749
pH	pH units	9.69
TPH	mg/l	ND
CHLORIDES	mg/l	190

NOTE: Official laboratory analysis must accompany this monitoring report.

B. WASHWATER VOLUME MONITORING AND FREEBOARD MONITORING IN POND

MONTH (2009)	VOL. OF WTR. RECYCLED (gallons)	VOL. OF WTR. FROM MAKEUP WTR. SOURCE (gallons)	VOLUME OF WATER USED IN CONCRETE (gallons)
JANUARY	154,125	154,125	308,250
FEBRUARY	127,000	127,000	254,000
MARCH	209,950	209,950	419,900
APRIL	181,050	181,050	362,100
MAY	167,200	167,200	334,400
JUNE	179,425	179,425	358,850
JULY	149,000	149,000	298,000
AUGUST	174,475	174,475	348,950
SEPTEMBER	193,850	193,850	387,700
OCTOBER	179,250	179,250	358,500
NOVEMBER	72,225	72,225	144,450
DECEMBER	120,725	120,725	241,450

Note: Production uses approximately 50% recycle water and 50% makeup water.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Channel Road Plant
WDR NO. 9 000000171 ORDER NO.: 88-65
REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

C. PLANT FACILITIES

___ There was no change of the facility during this monitoring period.

X There have been some changes to the facility.
Installation of an upgraded washout system, which will be a closed loop facility, was in progress during 2009. A tank will hold slurry water from the existing mixer washout pit. A water filtering plant will clean and send the water to 2 10,000-gallon tanks for reuse. Cement paste that has been dried will be trucked to a recycle base plant for reuse in Class II base materials.

D. OPERATION AND MAINTENANCE PROCEDURES IMPLEMENTATION

I certify that the operation and maintenance procedures developed pursuant to Provision C-5 of Order No. 88-65 was implemented by operating personnel throughout the previous year. There were no ready pond overflows in 2009 and the pond system is in sound condition.

SIGNED UNDER PENALTY OF PERJURY

E. FACILITY MAPS AND DIAGRAMS ARE FOUND IN APPENDIX C TO SHOW THE FOLLOWING:

1. Buildings, stationary equipment, plants and machinery.
2. Stock piles of materials and stockpiles of sediments removed from settling ponds.
3. Present location of settling ponds.
4. Present locations and description of facilities that provide flood and storm protection as specified in discharge specifications B.1 and B.2.
5. A topographic map showing the drainage pattern for all land regulated by this Order.

See previous reports and attached Alar Processing plot plan showing upgraded washout system.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Channel Road Plant

WDR NO. 9 000000171 ORDER NO.: 88-65

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

APPENDIX A

LABORITORY RESULTS

EnviroMatrix Analytical, Inc.

09 October 2009

Hanson Aggregates
Attn: David Chong
P.O. Box 639069
San Diego, CA 92163-9069

EMA Log #: 0909829

Project Name: Wastewater

Enclosed are the results of analyses for samples received by the laboratory on 09/30/09 12:45. Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. I certify that this data is in compliance both technically and for completeness.

Dan Verdon
Laboratory Director

CA ELAP Certification #: 2564

4340 Viewridge Avenue, Suite A - San Diego, California 92123 - (858) 560-7717 - Fax (858) 560-7763
Analytical Chemistry Laboratory

Client Name: Hanson Aggregates
Project Name: Wastewater

EMA Log #: 0909829

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
CHANNEL RD POND	0909829-01	Wastewater	09/30/09 11:55	09/30/09 12:45

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Wastewater

EMA Log #: 0909829

Conventional Chemistry Parameters by Standard/EPA Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
CHANNEL RD POND (0909829-01) Wastewater Sampled: 09/30/09 11:55 Received: 09/30/09 12:45									
Chloride	**190**	0.05	mg/l	1	9100834	10/08/09	10/08/09	SM4500 Cl C	
Oil & Grease	ND	5	"	"	9100229	10/02/09	10/02/09	EPA 1664A	
pH	**9.69**	0.10	pH Units	"	9100101	09/30/09	09/30/09	SM4500-H+ B	HT-15
Total Dissolved Solids	**749**	20.0	mg/l	"	9100508	10/05/09	10/06/09	SM2540 C	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Wastewater

EMA Log #: 0909829

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 9100101										
Duplicate (9100101-DUP1)		**Source: 0909818-02**		Prepared & Analyzed: 09/30/09						
pH	7.82	0.10	pH Units		8.69			11	20	
Reference (9100101-SRM1)				Prepared & Analyzed: 09/30/09						
pH	9.08	0.10	pH Units	9.10		100	97-103			
Batch 9100229										
Blank (9100229-BLK1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	ND	5	mg/l							
LCS (9100229-BS1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	32	5	mg/l	40.0		80	78-114			
LCS Dup (9100229-BSD1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	36	5	mg/l	40.0		90	78-114	12	20	
Batch 9100508										
Blank (9100508-BLK1)				Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	ND	20.0	mg/l							
Duplicate (9100508-DUP1)		**Source: 0909805-01**		Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	693	20.0	mg/l		657			5	20	
Duplicate (9100508-DUP2)		**Source: 0910117-01**		Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	1110	20.0	mg/l		1070			4	20	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Wastewater

EMA Log #: 0909829

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 9100508										
Reference (9100508-SRM1)				Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	278	20.0	mg/l	283		98	6.93-113.0			
Batch 9100834										
Blank (9100834-BLK1)				Prepared & Analyzed: 10/08/09						
Chloride	ND	0.05	mg/l							
LCS (9100834-BS1)				Prepared & Analyzed: 10/08/09						
Chloride	200	0.05	mg/l	200		100	80-120			
LCS Dup (9100834-BSD1)				Prepared & Analyzed: 10/08/09						
Chloride	200	0.05	mg/l	200		100	80-120	0	20	
Duplicate (9100834-DUP1)		**Source: 0910117-01**		Prepared & Analyzed: 10/08/09						
Chloride	277	0.05	mg/l		270			3	20	
Matrix Spike (9100834-MS1)		**Source: 0910117-01**		Prepared & Analyzed: 10/08/09						
Chloride	430	0.05	mg/l	200	270	80	80-120			
Matrix Spike Dup (9100834-MSD1)		**Source: 0910117-01**		Prepared & Analyzed: 10/08/09						
Chloride	430	0.05	mg/l	200	270	80	80-120	0	20	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates Project Name: Wastewater	**EMA Log #: 0909829**

Notes and Definitions

HT-15	This sample was received outside of the EPA's recommended 15 minute holding time for this analysis. However, the sample was analyzed immediately upon receipt.
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

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

CHAIN-OF-CUSTODY FORM

EnviroMatrix Analytical, Inc.

page____of____

4340 Viewridge Ave., Ste. A · San Diego, CA 92123 · Phone (858) 560-7717 · Fax (858) 560-7763

EMA LOG #: 0909829

Client: HANSON AGGREGATES

Attn: DAVID CHONG

Sampler(s): DAVID CHONG

Address: PO BOX 639069
SAN DIEGO CA 92163

Phone: 858 437 4962 Fax:

Email: DAVID.CHONG@HANSON.COM

Billing Address: SAME

Project ID:

Project #: PO#:

SAMPLE DETAILS

#	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container(s) # of / Type
01	CHANNEL RD POND	9/30	11:55	WASTE WATER	1 P 1 G
02					
03					
04					
05					
06					
07					
08					
09					
10					

REQUESTED ANALYSIS

#	Oil & Grease 413.1	413.2	1664 X	418.1 (Total Recoverable Petroleum Hydrocarbons)	8015B (TPH) Gas Diesel Ext ASTM D2887	624 / 8260 (VOC) Full BTXE MTBE Oxy Nap	625 / 8270 (Semi Volatile Organics) PAH only	608 / 8081 (Organochlorine Pesticides)	608 / 8082 (Polychlorinated Biphenyls)	8141 (Organophosphorus Pesticides)	TBT (Organotin Compounds)	pH Conductivity (EC) TSS TDS X	Nitrate Nitrite TKN NH3	TTLC Metals (CAC Title 22) / (CAM 17)	STLC Metals (CAC Title 22) / (CAM 17)	TCLP (RCRA) Metals Organics	Cd Cr Cu Pb Ni Ag Zn Dissolved	Coliform. Total (MTF) Fecal (MTF) Colilert T+E Coli	Enterococcus. MTF Idexx	Heterotrophic Plate Count (HPC)	CHLORIDE							Microbiology Notes: SEP 30 '09 12.75
01	✓											✓									✓						
02																											
03																											
04																											
05																											
06																											
07																											
08																											
09																											
10																											

Sample Comments:

Sample Matrix Codes: GW=ground water WW=waste water DW=drinking water SW=storm water

A=air SED=sediment O=oil T=tissue S=solid other (specify) L=liquid other (specify)

Shipped By: Courier UPS FedEx USPS X Client drop off Other____

*Turnaround Time: Same day 24 hr 48 hr 3 day 4 day 5 day X STD (7 day)

*Reporting Requirements: Fax X PDF X Excel Geotracker EDF Other ____

*Sample Disposal: X By Laboratory *Return to client: P/U or Delivery Archive until ____/____/____

SAMPLE INTEGRITY

Correct Containers: Yes No N/A

Containers Properly Preserved: Yes No N/A

Custody Seals Intact: Yes No N/A

Temperature @ Receipt: _____

COC/Labels Agree: Yes No N/A

Sampled By: Client EMA Autosampler

Project Comments:

CHAIN-OF-CUSTODY RECORD

RELINQUISHED BY	RECEIVED BY	DATE/TIME STAMP
Signature [signature]	Signature [signature]	9/30/09
Print DAVID CHONG	Print Sean Flory	1245
Company HANSON	Company EMA Inc	
Signature	Signature	
Print	Print	
Company	Company	
Signature	Signature	
Print	Print	
Company	Company	

*Additional costs may apply, consult a project manager for details.

*EMA reserves the right to return any samples that do not match our waste profile.

White - EMA Canary - Accounting Pink - Client (w/Report) Goldenrod - Client (Relinquish Samples)

*Note: By relinquishing samples to EnviroMatrix Analytical, Inc., client agrees to pay for the services requested on this chain of custody form and any additional analyses performed on this project. Payment for services is due within 30 days from the date of the invoice. Sample(s) will be disposed of after 30 days unless otherwise noted. All work is subject to EMA's terms and conditions.

T=22.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Channel Road Plant

WDR NO. 9 000000171 ORDER NO.: 88-65

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

APPENDIX B

STATEMENT OF ENGINEER

ChangConsultants
Civil Engineering•Hydrology•Hydraulics•Sedimentation

P.O. Box 9496
Rancho Santa Fe, CA 92067-4496
T: 858.692.0760
F: 858.832.1402
wayne@changconsultants.com

October 29, 2009

Steve Zacks
West Region
681 Aspen Circle
Oxnard, CA 93030

Subject: Channel Road Plant, Lakeside, California

Dear Steve:

I performed a site visit today and certify that flood and storm protection for the plant (see attached exhibit for plant facilities) is adequate. Furthermore, wastewater discharge requirements pursuant to Order No. 88-65, B1 and B2, are in similar compliance to previous years.

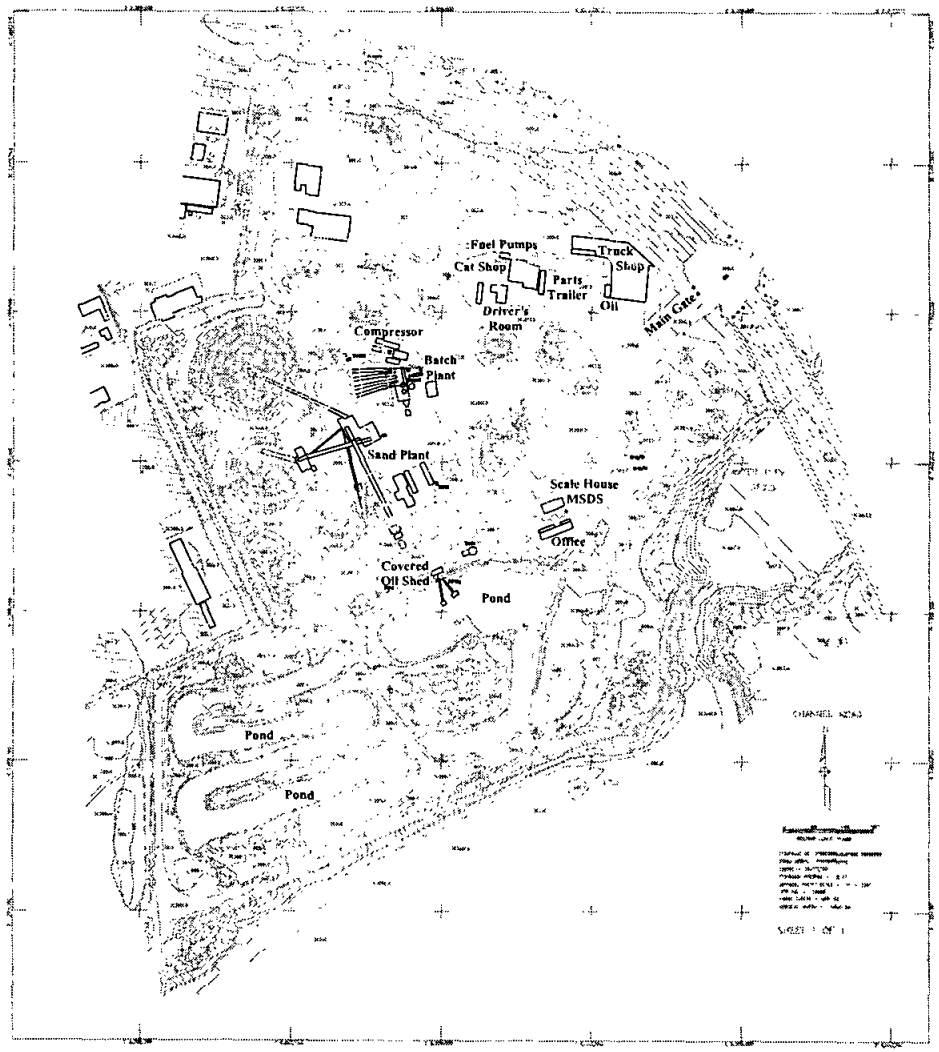
The on-site activities since last year primarily include material excavation west of the site entrance. This excavation is being performed in accordance with a Major Use Permit issued by the County of San Diego. The excavation provides greater storm protection for the plant because it acts as a large retention basin.

Sincerely,

Wayne W. Chang, M.S., R.C.E. #46548

Enclosure

REGISTERED PROFESSIONAL ENGINEER
WAYNE W. CHANG
No. 46548
Exp. 6/30/11
CIVIL
STATE OF CALIFORNIA



SCALE: 1" = 200'

0 200 400

SITE ADDRESS:
10322 CHANNEL ROAD
LAKESIDE, CA 92040

ANNUAL MONITORING REPORT
ORDER NO. 88-65

HANSON AGGREGATES PACIFIC SOUTHWEST, INC. – CHANNEL ROAD FACILITY

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

California Regional Water Quality Control Board
San Diego Region

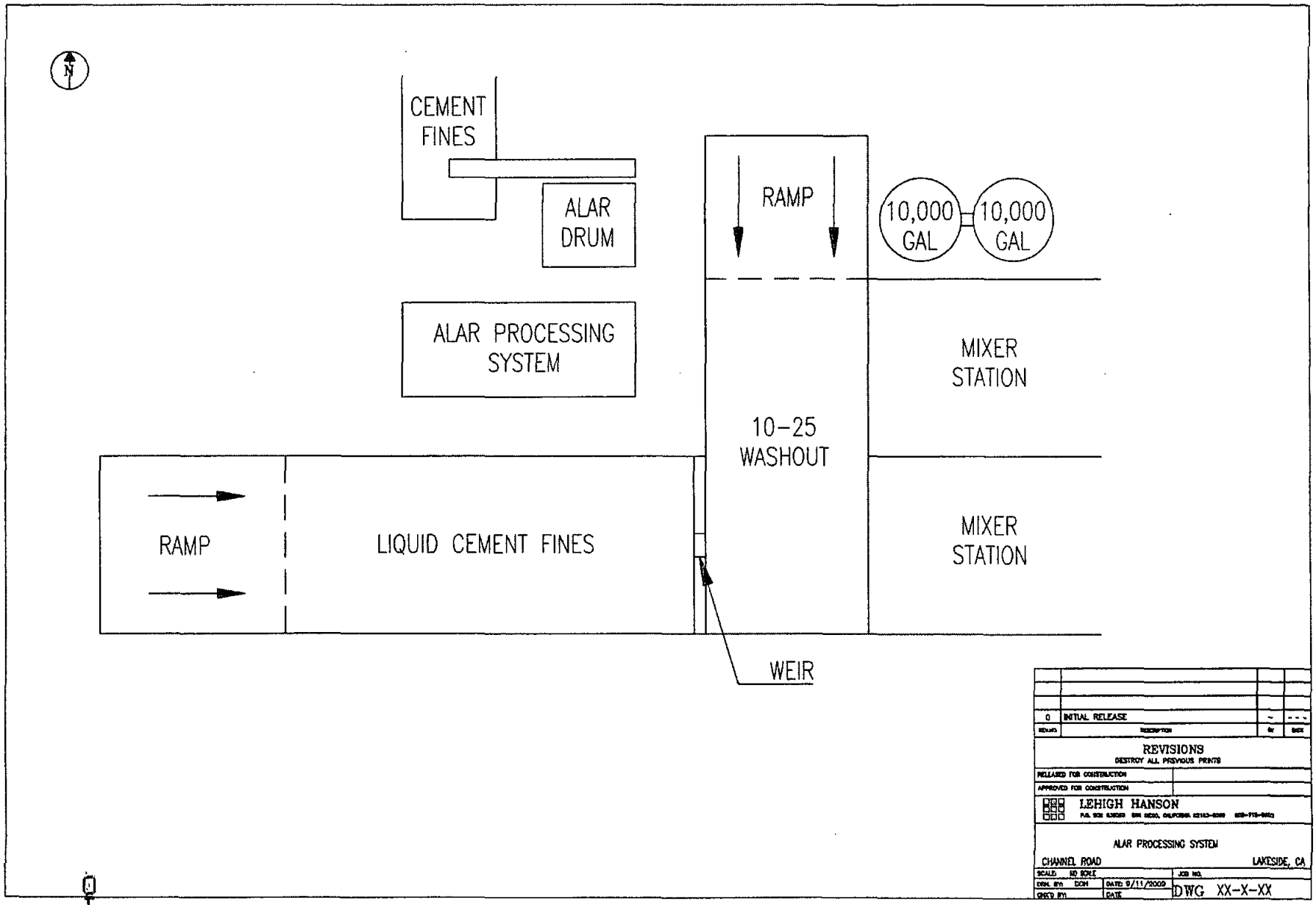
DISCHARGER: Channel Road Plant

WDR NO. 9 000000171 ORDER NO.: 88-65

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

APPENDIX C

FACILITY MAPS AND DIAGRAMS



September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

Hanson Aggregates
681 Aspen Circle
Oxnard, CA 93030
Phone 805 985-2191
Fax 805 382-9892

www.hanson.com

Industrial Compliance Unit
California Regional Water Quality Control Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

January 18, 2010

Subject: January – December 2009 Annual Monitoring Report for Hanson Aggregates Chula Vista Facility, Waste Discharge Report No. 94-07.

Dear Industrial Compliance Unit:

The Chula Vista concrete and aggregate processing plants did not operate during 2009. Since there was no aggregate washing or concrete production, a sample was not taken and concrete washwater was not recycled. Therefore, an Annual Monitoring Report for Waste Discharge is not attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (805) 985-2191.

Sincerely,

Steve Zacks
Environmental Manager
Environmental, Safety, and Health Department

Copy Craig Tieck

Hanson Aggregates is a trading name of Hanson Quarry Products Europe Limited, a private limited company incorporated in England and Wales with registered number 300002 and registered address The Ridge, Chipping Sodbury, Bristol BS37 6AY. Hanson Quarry Products Europe is a member of the HeidelbergCement Goup.

Hanson Aggregates
681 Aspen Circle
Oxnard, CA 93030
Phone 805 985-2191
Fax 805 382-9892

www.hanson.com

Industrial Compliance Unit
California Regional Water Quality Control Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

January 20, 2010

Subject: January – December 2009 Annual Monitoring Report for Hanson Aggregates Miramar Facility, Waste Discharge Report No. 94-63.

Dear Industrial Compliance Unit:

The January – December 2009 Annual Monitoring Report for Waste Discharge Report No. 94-63 is attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (805) 985-2191.

Sincerely,

Steve Zacks

Steve Zacks
Environmental Manager
Environmental, Safety, and Health Department

Attached: WDR No. 94-63 Annual Report

Copy Randy Burns

Hanson Aggregates is a trading name of Hanson Quarry Products Europe Limited, a private limited company incorporated in England and Wales with registered number 300002 and registered address The Ridge, Chipping Sodbury, Bristol BS37 6AY. Hanson Quarry Products Europe is a member of the HeidelbergCement Goup.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Miramar Facility
WDR NO. 9 000000081 ORDER NO.: 94-63
REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

A. MONITORING PROVISIONS

Laboratory results are found in Appendix A.

SAMPLES ANALYZED BY: EnviroMatrix Analytical, Inc.

POINT OF SAMPLING: Near return pump in Decant Pond

DATE AND TIME OF SAMPLING 9-29-09 @ 2:45 P.M

SIGNED UNDER PENALTY OF PERJURY:

B. POND MONITORING AND MONTHLY FREEBOARD
* SEE NOTE

PARAMETER	UNITS	VALUE[1]
TDS	mg/l	865
pH	pH units	9.59
TPH	mg/l	ND
CHLORIDES	mg/l	210

[1] – Laboratory results are in Appendix A.

MONTH (2009)	FREEBOARD AT LOWEST POINT (feet)	FREEBOARD SLURRY POND T. C. O. (feet)
JANUARY	50	Empty
FEBRUARY	50	Empty
MARCH	50	Empty
APRIL	50	Empty
MAY	50	Empty
JUNE	50	Empty
JULY	50	Empty
AUGUST	50	Empty
SEPTEMBER	50	Empty
OCTOBER	50	Empty
NOVEMBER	50	Empty
DECEMBER	50	Empty

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Miramar Facility
WDR NO. 9 000000081 ORDER NO.: 94-63
REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

* Pond elevations change hourly as pond is part of production water system.

C. WASHWATER VOLUME MONITORING

MONTH (2009)	VOL. OF WTR. RECYCLED (gallons)	VOL. OF WTR. FROM MAKEUP WTR. SOURCE (gallons)
JANUARY	165,900	387,500
FEBRUARY	71,400	166,800
MARCH	117,800	275,300
APRIL	83,900	196,000
MAY	100,500	234,900
JUNE	165,900	387,500
JULY	72,700	169,800
AUGUST	125,500	293,200
SEPTEMBER	196,900	460,000
OCTOBER	172,900	403,900
NOVEMBER	195,500	372,500
DECEMBER	129,700	303,000

D. PLANT FACILITIES

X__ There was no change of the facility during this monitoring period.

____ There were some changes to the facility during the monitoring period. See Appendix B for further details.

E. OPERATION AND MAINTENANCE PROCEDURES IMPLEMENTATION

I certify that the operation and maintenance procedures developed pursuant to Provisions of Order No. 94-63 was implemented by operating personnel throughout the previous year. There were no ready mix pond overflows in 2009 (except when debris and water from an offsite canyon filled a pond) and the pond system is in sound condition. The pond that filled was cleaned out prior to the storm that caused the filling.

SIGNED UNDER PENALTY OF PERJURY

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Miramar Facility
WDR NO. 9 000000081 ORDER NO.: 94-63
REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

F. LAND RECLAMATION/RESTORATION AND REPORTING

A draft copy of the Sample and Fill Load Checking Program submitted to the Marine Corps for comment has been submitted with a previous annual report. Total loads received are shown in Appendix C. Approximately 15,000 tons of inert fill (soil) was received from miscellaneous private and agency haulers during 2009 from various private and public excavations. The estimated remaining capacity in the western fill area remains in excess of 200,000 cubic yards. Routine daily visual inspections of the clean fill area continue to be conducted to ensure that all of the placed material falls within the required guidelines.

G. Technical Change Order

MONTH (2009)	Slurry Discharged Into Pond (gallons)	Water Removed (gallons)	Fines Removed[1] (cubic yards)
JANUARY	0	0	0
FEBRUARY	0	0	0
MARCH	0	0	0
APRIL	0	0	0
MAY	0	0	0
JUNE	0	0	0
JULY	0	0	0
AUGUST	0	0	0
SEPTEMBER	0	0	0
OCTOBER	0	0	0
NOVEMBER	0	0	0
DECEMBER	0	0	0

1 – The slurry is approximately 20% solids.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Miramar Facility

WDR NO. 9 000000081 ORDER NO.: 94-63

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

Technical Change Order Section F.6 Certification

"I certify under penalty of law that to the best of my knowledge 100% of the slurry discharged into the pond is comprised exclusively of concrete grinding materials"

(Not signed as no slurry was discharged)

Steve Zacks
Environmental Manager

Technical Change Order Section F.7 Certification

"I certify under penalty of law that to the best of my knowledge 100% of the wastewater from the slurry pond was recycled or applied to haul roads as dust suppression and not discharged to unapproved land surfaces or surface water."

(Not signed as no slurry wastewater was recycled or applied)

Steve Zacks
Environmental Manager

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Miramar Facility

WDR NO. 9 000000081 ORDER NO.: 94-63

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

Appendix A

Laboratory Results

EnviroMatrix Analytical, Inc.

09 October 2009

Hanson Aggregates
Attn: David Chong
P.O. Box 639069
San Diego, CA 92163-9069

EMA Log #: 0909805

Project Name: Pond Water

Enclosed are the results of analyses for samples received by the laboratory on 09/29/09 15:31. Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. I certify that this data is in compliance both technically and for completeness.

Dan Verdon
Laboratory Director

CA ELAP Certification #: 2564

4340 Viewridge Avenue, Suite A - San Diego, California 92123 - (858) 560-7717 - Fax (858) 560-7763
Analytical Chemistry Laboratory

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
CARROLL POND	0909805-01	Water	09/29/09 13:30	09/29/09 15:31
ESCONDIDO RMC NE POND	0909805-02	Water	09/29/09 12:00	09/29/09 15:31
MIRAMAR RECYCLE POND	0909805-03	Water	09/29/09 14:45	09/29/09 15:31

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

Conventional Chemistry Parameters by Standard/EPA Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
CARROLL POND (0909805-01) Water Sampled: 09/29/09 13:30 Received: 09/29/09 15:31									
Chloride	**190**	0.05	mg/l	1	9093023	09/30/09	09/30/09	SM4500 Cl C	
Oil & Grease	ND	5	"	"	9100229	10/02/09	10/02/09	EPA 1664A	
pH	**9.88**	0.10	pH Units	"	9093024	09/29/09	09/29/09	SM4500-H+ B	HT-15
Total Dissolved Solids	**657**	20.0	mg/l	"	9100508	10/05/09	10/06/09	SM2540 C	
ESCONDIDO RMC NE POND (0909805-02) Water Sampled: 09/29/09 12:00 Received: 09/29/09 15:31									
Chloride	**170**	0.05	mg/l	1	9093023	09/30/09	09/30/09	SM4500 Cl C	
Oil & Grease	ND	5	"	"	9100229	10/02/09	10/02/09	EPA 1664A	
pH	**12.6**	0.10	pH Units	"	9093024	09/29/09	09/29/09	SM4500-H+ B	HT-15
Total Dissolved Solids	**1500**	20.0	mg/l	"	9100508	10/05/09	10/06/09	SM2540 C	
MIRAMAR RECYCLE POND (0909805-03) Water Sampled: 09/29/09 14:45 Received: 09/29/09 15:31									
Chloride	**210**	0.05	mg/l	1	9093023	09/30/09	09/30/09	SM4500 Cl C	
Oil & Grease	ND	5	"	"	9100229	10/02/09	10/02/09	EPA 1664A	
pH	**9.59**	0.10	pH Units	"	9093024	09/29/09	09/29/09	SM4500-H+ B	HT-15
Total Dissolved Solids	**865**	20.0	mg/l	"	9100508	10/05/09	10/06/09	SM2540 C	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 9093023										
Blank (9093023-BLK1)				Prepared & Analyzed: 09/30/09						
Chloride	ND	0.05	mg/l							
LCS (9093023-BS1)				Prepared & Analyzed: 09/30/09						
Chloride	200	0.05	mg/l	200		100	80-120			
LCS Dup (9093023-BSD1)				Prepared & Analyzed: 09/30/09						
Chloride	200	0.05	mg/l	200		100	80-120	0	20	
Duplicate (9093023-DUP1)		**Source: 0909688-01**		Prepared & Analyzed: 09/30/09						
Chloride	190	0.05	mg/l		190			0	20	
Matrix Spike (9093023-MS1)		**Source: 0909688-01**		Prepared & Analyzed: 09/30/09						
Chloride	360	0.05	mg/l	200	190	85	80-120			
Matrix Spike Dup (9093023-MSD1)		**Source: 0909688-01**		Prepared & Analyzed: 09/30/09						
Chloride	360	0.05	mg/l	200	190	85	80-120	0	20	
Batch 9093024										
Duplicate (9093024-DUP1)		**Source: 0909775-01**		Prepared & Analyzed: 09/29/09						
pH	14.0	0.10	pH Units		14.0			0	20	
Reference (9093024-SRM1)				Prepared & Analyzed: 09/29/09						
pH	9.10	0.10	pH Units	9.10		100	97-103			
Batch 9100229										
Blank (9100229-BLK1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	ND	5	mg/l							

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: Pond Water

EMA Log #: 0909805

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 9100229										
LCS (9100229-BS1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	32	5	mg/l	40.0		80	78-114			
LCS Dup (9100229-BSD1)				Prepared & Analyzed: 10/02/09						
Oil & Grease	36	5	mg/l	40.0		90	78-114	12	20	
Batch 9100508										
Blank (9100508-BLK1)				Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	ND	20.0	mg/l							
Duplicate (9100508-DUP1)		**Source: 0909805-01**		Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	693	20.0	mg/l		657			5	20	
Duplicate (9100508-DUP2)		**Source: 0910117-01**		Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	1110	20.0	mg/l		1070			4	20	
Reference (9100508-SRM1)				Prepared: 10/05/09 Analyzed: 10/06/09						
Total Dissolved Solids	278	20.0	mg/l	283		98	6.93-113.0			

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates	**EMA Log #: 0909805**
Project Name: Pond Water	

Notes and Definitions

HT-15	This sample was received outside of the EPA's recommended 15 minute holding time for this analysis. However, the sample was analyzed immediately upon receipt.
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

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

CHAIN-OF-CUSTODY RECORD

EnviroMatrix Analytical, Inc.
4340 Viewridge Ave., Ste. A - San Diego, CA 92123 - Phone (858) 560-7717 - Fax (858) 560-7763

EMA LOG #: 0909805

Client: HANSON AGGREGATES
Attn: DAVID CHONG
Samplers(s): DAVID CHONG
Address: PO BOX 639009
SAN DIEGO, CA 92163
Phone: 858 437 4962 Fax:
Email: DAVID.CHONG@HANSON.COM
Billing Address: SAME

Project ID:
Project #: PO #:

Requested Analysis

ID #	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container # / Type	Oil & Grease □ 413.1 □ 413.2 ☒ 1664	8015B (TPH) □ Gas □ Diesel □ Ext	624/8260 (VOC) Full BTXE MTBE Oxy Nap	625 / 8270 (SVOC) □ PAH only	608 / 8081 (Organochlorine Pesticides)	608 / 8082 (Polychlorinated Biphenyls)	8141 (Organophosphorus Pesticides)	TBT (Organotin Compounds)	pH □ EC □ TSS ☒ TDS	Nitrate □ Nitrite □ TKN □ NH3	CAC Title 22/CAM17 Metals □ TTLC □ STLC	TCLP (RCRA) □ Metals □ Organics	Cd Cr Cu Pb Ni Ag Zn □ Dissolved	Coliform, □ Total (MTF) □ Fecal (MTF)	Colilert, T+E.Coli □ P/A □ Enumeration	Enterococcus, □ MTF □ Enterolert	Heterotrophic Plate Count (HPC)	Chloride	SEP 29 '09 15:53			
1	CARROLL POND	9/29	13:30	WATER	1G 1P	✓								✓									✓				
2	ESCONDIDO RMC NE POND	9/29	12:00	WATER	1G 1P	✓								✓									✓				
3	MIRAMAR RECYCLE POND	9/29	14:45	WATER	1G 1P	✓								✓									✓				
4																											
5																											
6																											
7																											
8																											
9																											
10																											

Matrix Codes: A = Air, DW = Drinking Water, GW = Groundwater, SW = Storm Water
WW = Wastewater, S = Soil, SED = Sediment, SD = Solid, T = Tissue, O = Oil, L = Liquid

Shipped By: □ Courier □ UPS □ FedEx □ USPS ☒ Client Drop Off □ Other
[1]Turn-Around-Time: □ Same Day □ 24 hr □ 48 hr □ 3 day □ 4 day □ 5 day ☒ STD (7 day)
[1]Reporting Requirements: □ Fax ☒ PDF ☒ Excel □ Geotracker/EDF □ Hard Copy □ EDT
[1]Sample Disposal: ☒ By Laboratory □ [2]Return to Client: P/U or Delivery □ Archive

RELINQUISHED BY	DATE/TIME	RECEIVED BY
Signature: [signature]	9/29/09 1531	Signature: [signature]
Print: DAVID G CHONG		Print: Sean Flores
Company: HANSON		Company: EMA Inc
Signature		Signature
Print		Print
Company:		Company:
Signature		Signature
Print		Print
Company:		Company:

Sample Integrity

Correct Containers: Yes No N/A	Containers Properly Preseved: Yes No N/A
Custody Seals Intact: Yes No N/A	Temp @ Receipt:
COC/Labels Agree: Yes No N/A	Sampled By: Client EMA Autosampler

Project/Sample Comments:

T= 25°. on ice

[1]Additional costs may apply, consult a project manager for details.
[2]EMA reserves the right to return any samples that do not match our waste profile.

White- EMA Canary - Accounting Pink - Client (w/report) Gold - Client (Relinquish)

NOTE: By relinquishing samples to EMA, Inc., client agrees to pay for the services requested on this COC form and any additional analyses performed on this project. Payment for services is due within 30 days from date of invoice. Samples will be disposed of after 30 days unless otherwise noted. All work is subject to EMA's terms and conditions.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Miramar Facility

WDR NO. 9 000000081 ORDER NO.: 94-63

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

Appendix B

Facility Changes

In 2009 no significant changes were made to the Miramar drainage plan.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Miramar Facility

WDR NO. 9 000000081 ORDER NO.: 94-63

REPORT PERIOD: January – December, 2009 REPORT DUE: January 30, 2010

Appendix C

Summary of Daily Load Checking Tickets

SD Agg Plant Production Report

1/15/2010

Shipping Plant: 507 Miramar RMS

As of Order Date: 01/01/2009 thru 12/31/2009

Product #	Product Description	Qty for 12/31/2009	Total Qty
303	RECYCLED CLASS 2 BASE CAL TRANS SEC. 26		83,094.45 tn
437	CEMENT TREATED BASE (2.2%)		7,082.19 tn
438	CEMENT TREATED BASE (5%)		3,777.60 tn
801	DUMP SEMI END DUMP CONCRETE/ASPHALT		85.00 /l
802	DUMP 10 WHEELER CONCRETE/ASPHALT		503.10 /l
803	DUMP BOBTAIL CONCRETE/ASPHALT		233.00 /l
804	DUMP PICK UP CONCRETE/ASPHALT		14.00 /l
805	DUMP-SEMI END DUMP CONCRETE		396.00 /l
806	DUMP SEMI END DUMP ASPHALT		293.00 /l
807	DUMP SEMI END DUMP CLEAN FILL		154.00 /l
808	DUMP 10 WHEELER CONCRETE		1,753.00 /l
809	DUMP 10 WHEELER ASPHALT		663.00 /l
810	DUMP 10 WHEELER CLEAN FILL		861.00 /l
814	DUMP BOBTAIL CONCRETE		2,652.00 /l
815	DUMP BOBTAIL ASPHALT		423.00 /l
816	DUMP BOBTAIL CLEAN FILL		349.00 /l
817	DUMP PICK UP CONCRETE		744.00 /l
818	DUMP PICK UP ASPHALT		23.00 /l
819	DUMP PICK UP CLEAN FILL		89.00 /l
825	OVERSIZE/ADDITIONAL CHARGES		95.00 /l
980	PLANT OPENING CHARGES		1.00 /h
983	RECYCLE PLANT OPENING CHARGES		9.00 /h
303B	RECYCLED CLASS 2 BASE		12,035.85 tn
437B	CEMENT TREATED BASE (2.2%)		1,768.19 tn

12/31/2009 Qty for Plant: 507

Total Qty for Plant: 507 9,330.10 /l, /Q, or ea 107,758.28 tn

12/31/2009 Total:

Grand Total: 9,330.10 /l, /Q, or ea 107,758.28 tn

TOTAL LOADS INERT FILL

PRODUCT #

807 154 LOADS

810 861 LOADS

816 349 LOADS

819 89 LOADS

TOTAL LOADS 1,453

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

Hanson Aggregates
681 Aspen Circle
Oxnard, CA 93030
Phone 805 985-2191
Fax 805 382-9892

www.hanson.com

Industrial Compliance Unit
California Regional Water Quality Control
Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

January 18, 2010

Subject: January – December 2009 Annual Monitoring Report for Hanson Aggregates Slaughterhouse Canyon Facility, Waste Discharge Report No. 94-06.

Dear Industrial Compliance Unit:

The asphalt and rock & sand plants did not operate at Slaughterhouse during 2009, and so there was no aggregate or asphalt plant truck washing. Since there was no washing, lab sampling and washwater recycling could not occur during 2009. Therefore, an Annual Monitoring Report for Waste Discharge Report No. 94-06 is not attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (805) 985-2191.

Sincerely,

Steve Zacks
Environmental Manager
Environmental, Safety, and Health Department

Copy Randy Burns

Hanson Aggregates is a trading name of Hanson Quarry Products Europe Limited, a private limited company incorporated in England and Wales with registered number 300002 and registered address The Ridge, Chipping Sodbury, Bristol BS37 6AY. Hanson Quarry Products Europe is a member of the HeidelbergCement Goup.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

GW
Kelley

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

2011 JAN 28 P 2:55

Hanson Aggregates- West Region
PO Box 639069
San Diego, CA 92163
Phone 858 577-2711
Fax 858 577-2716

Craig.Tieck@hanson.com

Industrial Compliance Unit
California Regional Water Quality Control
Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

January 24, 2011

Subject: January – December 2010 Annual Monitoring Report for Hanson Aggregates Carroll Canyon Facility, Waste Discharge Report No. 95-104.

Dear Industrial Compliance Unit:

The January – December 2010 Annual Monitoring Report for Waste Discharge Report No. 95-104 is attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (858) 577-2711.

Sincerely,

Craig Tieck
RMC Production Manager

Attached: WDR No. 95-104 Annual Report

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2010 REPORT DUE: January 30, 2011

A. MONITORING PROVISIONS

Laboratory results are found in Appendix A.

SAMPLES ANALYZED BY: EnviroMatrix Analytical, Inc.

POINT OF SAMPLING: First Settling Pond

DATE AND TIME OF SAMPLING: 9-28-2010 @ 2:00 PM

SIGNED UNDER PENALTY OF PERJURY:

B. POND MONITORING AND MONTHLY FREEBOARD
*** SEE NOTE**

PARAMETER	UNITS	VALUE[1]
TDS	mg/l	988
pH	pH units	7.77
TPH	mg/l	ND
CHLORIDES	mg/l	270

[1] – Laboratory results are in Appendix A. Sample from former reclaimer pond area.

MONTH (2010)	FREEBOARD AT LOWEST POINT (feet)
JANUARY	2'
FEBRUARY	3'
MARCH	2'
APRIL	3'
MAY	4'
JUNE	4'
JULY	4'
AUGUST	4'
SEPTEMBER	4'
OCTOBER	4'
NOVEMBER	2'
DECEMBER	1'

The freeboard of the holding basin under the conveyors is measured.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2010 REPORT DUE: January 30, 2011

There were extraordinary rains in December that caused the freeboard to reach 1'.

C. WASHWATER VOLUME MONITORING

MONTH (2010)	VOL. OF WTR. RECYCLED (gallons)	VOL. OF WTR. FROM MAKEUP WTR. SOURCE (gallons)
JANUARY	312,000	312,000
FEBRUARY	234,000	234,000
MARCH	229,600	229,600
APRIL	267,800	267,800
MAY	277,600	277,600
JUNE	282,000	282,000
JULY	273,800	273,800
AUGUST	273,900	273,900
SEPTEMBER	285,700	285,700
OCTOBER	261,500	261,500
NOVEMBER	255,750	255,750
DECEMBER	240.400	240.400

Note: Production uses approximately 50% recycle water and 50% makeup water.

D. PLANT FACILITIES

___ There was no change of the facility during this monitoring period.

_X_ There have been some changes to the facility. The old reclaimer was used through January 2010 and the new reclaimer from February- December 2010. This is a closed loop except for cement paste, and includes an Alar system to remove water from the paste. The Alar system began operation in mid-February 2010.

E. OPERATION AND MAINTENANCE PROCEDURES IMPLEMENTATION

I certify that the operation and maintenance procedures developed pursuant to Provision C-5 and 16 of Order No. 95-104 was implemented by operating personnel throughout the previous year. There were no ready pond overflows in 2010 and the pond system is in sound condition.

SIGNED UNDER PENALTY OF PERJURY

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon

WDR NO. 9 000000687 ORDER NO.: 95-104

REPORT PERIOD: January – December, 2010 REPORT DUE: January 30, 2011

F. SOLID DISPOSAL

SOLID WASTE DISPOSAL LOG

DATE	QUANTITY	TYPE AND DISPOSTION
January 31	250 tons	Cement paste
February 28	187 tons	Cement paste
March 31	0	
April 30	0	
May 31	0	
June 30	0	
July 31	0	
August 31	0	
September 30	0	
October 31	0	
November 30	0	
December 31	0	

Note: Concrete is reprocessed in a reclaimer and the component material (water, cement, rock, and sand) is reused by the concrete batch plant. Cement paste from the reclaimer is mixed with soil and used as backfill.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon

WDR NO. 9 000000687 ORDER NO.: 95-104

REPORT PERIOD: January – December, 2010 REPORT DUE: January 30, 2011

Appendix A

Laboratory Results

EnviroMatrix Analytical, Inc.

07 October 2010

Hanson Aggregates
Attn: David Chong
P.O. Box 639069
San Diego, CA 92163-9069

EMA Log #: 10I0678

Project Name: 2010 WDR

Enclosed are the results of analyses for samples received by the laboratory on 09/28/10 15:23. Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. I certify that this data is in compliance both technically and for completeness.

Dan Verdon
Laboratory Director

CA ELAP Certification #: 2564

4340 Viewridge Avenue, Suite A - San Diego, California 92123 - (858) 560-7717 - Fax (858) 560-7763
Analytical Chemistry Laboratory

Client Name: Hanson Aggregates
Project Name: 2010 WDR

EMA Log #: 10I0678

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
MIRAMAR	10I0678-01	Wastewater	09/28/10 12:30	09/28/10 15:23
ESCONDIDO	10I0678-02	Wastewater	09/28/10 07:45	09/28/10 15:23
CARROL CANYON	10I0678-03	Wastewater	09/28/10 14:00	09/28/10 15:23
CHANNEL RD	10I0678-04	Wastewater	09/28/10 15:16	09/28/10 15:23

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: 2010 WDR

EMA Log #: 10I0678

Conventional Chemistry Parameters by Standard/EPA Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
MIRAMAR (10I0678-01) Wastewater Sampled: 09/28/10 12:30 Received: 09/28/10 15:23									
Chloride	**200**	0.05	mg/l	1	0100628	10/06/10	10/07/10	SM4500 Cl C	
Oil & Grease	ND	5	"	"	0093025	09/30/10	09/30/10	EPA 1664A	
pH	**7.53**	0.10	pH Units	"	0092836	09/28/10	09/28/10	SM4500-H+ B	HT-15
Total Dissolved Solids	**1100**	20.0	mg/l	"	0100422	10/04/10	10/05/10	SM2540 C	
ESCONDIDO (10I0678-02) Wastewater Sampled: 09/28/10 07:45 Received: 09/28/10 15:23									
Chloride	**120**	0.05	mg/l	1	0100628	10/06/10	10/07/10	SM4500 Cl C	
Oil & Grease	ND	5	"	"	0093025	09/30/10	09/30/10	EPA 1664A	
pH	**11.0**	0.10	pH Units	"	0092836	09/28/10	09/28/10	SM4500-H+ B	HT-15
Total Dissolved Solids	**1770**	20.0	mg/l	"	0100422	10/04/10	10/05/10	SM2540 C	
CARROL CANYON (10I0678-03) Wastewater Sampled: 09/28/10 14:00 Received: 09/28/10 15:23									
Chloride	**270**	0.05	mg/l	1	0100628	10/06/10	10/07/10	SM4500 Cl C	
Oil & Grease	ND	5	"	"	0093025	09/30/10	09/30/10	EPA 1664A	
pH	**7.77**	0.10	pH Units	"	0092836	09/28/10	09/28/10	SM4500-H+ B	HT-15
Total Dissolved Solids	**988**	20.0	mg/l	"	0100422	10/04/10	10/05/10	SM2540 C	
CHANNEL RD (10I0678-04) Wastewater Sampled: 09/28/10 15:16 Received: 09/28/10 15:23									
Chloride	**180**	0.05	mg/l	1	0100628	10/06/10	10/07/10	SM4500 Cl C	
Oil & Grease	ND	5	"	"	0093025	09/30/10	09/30/10	EPA 1664A	
pH	**11.8**	0.10	pH Units	"	0092836	09/28/10	09/28/10	SM4500-H+ B	HT-15
Total Dissolved Solids	**1890**	20.0	mg/l	"	0100422	10/04/10	10/05/10	SM2540 C	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: 2010 WDR

EMA Log #: 10I0678

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 0092836										
Duplicate (0092836-DUP1)		**Source: 10I0678-04**		Prepared & Analyzed: 09/28/10						
pH	11.9	0.10	pH Units		11.8			0.2	20	
Reference (0092836-SRM1)				Prepared & Analyzed: 09/28/10						
pH	8.97	0.10	pH Units	9.10		99	97-103			
Batch 0093025										
Blank (0093025-BLK1)				Prepared & Analyzed: 09/30/10						
Oil & Grease	ND	5	mg/l							
LCS (0093025-BS1)				Prepared & Analyzed: 09/30/10						
Oil & Grease	39	5	mg/l	40.0		97	78-114			
LCS Dup (0093025-BSD1)				Prepared & Analyzed: 09/30/10						
Oil & Grease	38	5	mg/l	40.0		96	78-114	1	20	
Batch 0100422										
Blank (0100422-BLK1)				Prepared: 10/04/10 Analyzed: 10/05/10						
Total Dissolved Solids	ND	20.0	mg/l							
Duplicate (0100422-DUP1)		**Source: 10J0053-02**		Prepared: 10/04/10 Analyzed: 10/05/10						
Total Dissolved Solids	ND	20.0	mg/l		ND				20	
Reference (0100422-SRM1)				Prepared: 10/04/10 Analyzed: 10/05/10						
Total Dissolved Solids	310	20.0	mg/l	288		108	75-125			

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates
Project Name: 2010 WDR

EMA Log #: 10I0678

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 0100628										
Blank (0100628-BLK1)				Prepared: 10/06/10		Analyzed: 10/07/10				
Chloride	ND	0.05	mg/l							
LCS (0100628-BS1)				Prepared: 10/06/10		Analyzed: 10/07/10				
Chloride	200	0.05	mg/l	200		100	80-120			
LCS Dup (0100628-BSD1)				Prepared: 10/06/10		Analyzed: 10/07/10				
Chloride	200	0.05	mg/l	200		100	80-120	0	20	
Duplicate (0100628-DUP1)		**Source: 10J0107-01**		Prepared: 10/06/10		Analyzed: 10/07/10				
Chloride	370	0.05	mg/l		370			0	20	
Matrix Spike (0100628-MS1)		**Source: 10J0107-01**		Prepared: 10/06/10		Analyzed: 10/07/10				
Chloride	560	0.05	mg/l	200	370	95	80-120			
Matrix Spike Dup (0100628-MSD1)		**Source: 10J0107-01**		Prepared: 10/06/10		Analyzed: 10/07/10				
Chloride	560	0.05	mg/l	200	370	95	80-120	0	20	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Hanson Aggregates Project Name: 2010 WDR	**EMA Log #: 10I0678**

Notes and Definitions

HT-15	This sample was received outside of the EPA's recommended 15 minute holding time for this analysis. However, the sample was analyzed immediately upon receipt.
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

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Page___ of ___

CHAIN-OF-CUSTODY RECORD

– EnviroMatrix Analytical, Inc. –

4340 Viewridge Ave., Ste. A - San Diego, CA 92123 - Phone (858) 560-7717 - Fax (858) 560-7763

EMA LOG #: 10I0678

Client: HANSON AGGREGATES
Attn: David Chong
Samplers(s): DAVID CHONG
Address: 9229 HARRIS PLANT RD
SAN DIEGO, CA 91977
Phone: 858-437-4962 Fax:
Email: DAVID.CHONG@HANSON.COM
Billing Address:

Project ID: 2010 WDR
Project #: PO #:

Requested Analysis

ID #	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container # / Type	Oil & Grease □ 413.1 □ 413.2 ☒ 1664	8015B (TPH) □ Gas □ Diesel □ Ext	624/8260 (VOC) Full BTXE MTBE Oxy Nap	625 / 8270 (SVOC) □ PAH only	608 / 8081 (Organochlorine Pesticides)	608 / 8082 (Polychlorinated Biphenyls)	8141 (Organophosphorus Pesticides)	TBT (Organotin Compounds)	☒ pH □ EC □ TSS ☒ TDS	□ Nitrate □ Nitrite □ TKN □ NH3	CAC Title 22/CAM17 Metals □ TTLC □ STLC	TCLP (RCRA) □ Metals □ Organics	Cd Cr Cu Pb Ni Ag Zn □ Dissolved	Coliform, □ Total (MTF) □ Fecal (MTF)	Colilert, T+E.Coli □ P/A □ Enumeration	Enterococcus, □ MTF □ Enterolert	Heterotrophic Plate Count (HPC)	□ BOD □ COD □ Cyanide	CHLORIDE				
1	MIRAMAR	10/28	12:30	WW	1P/1G	X								X										X				
2	ESCONDIDO	10/28	7:45	WW	1P/1G	X								X										X				
3	CARROLL CANYON	10/28	14:00	WW	1P/1G	X								X										X				
4	CHANNEL RD	10/28	15:16	WW	1P/1G	X								X										X				
5																												
6																												
7																												
8																												
9																												
10																												

SEP 29 '10 15:39

Matrix Codes: A = Air, DW = Drinking Water, GW = Groundwater, SW = Storm Water
WW = Wastewater, S = Soil, SED = Sediment, SD = Solid, T = Tissue, O = Oil, L = Liquid

Shipped By: □ Courier □ UPS □ FedEx □ USPS □ Client Drop Off □ Other

[1]**Turn-Around-Time:** □ Same Day □ 24 hr □ 48 hr □ 3 day □ 4 day □ 5 day ☒ STD (7 day)

[1]**Reporting Requirements:** □ Fax ☒ PDF ☒ Excel □ Geotracker/EDF □ Hard Copy □ EDT

[1]**Sample Disposal:** □ By Laboratory □ [2]Return to Client: P/U or Delivery □ Archive

Sample Integrity

Correct Containers: Yes No N/A	Containers Properly Preseved: Yes No N/A
Custody Seals Intact: Yes No N/A	Temp @ Receipt: 2 °C
COC/Labels Agree: Yes No N/A	Sampled By: Client EMA Autosampler

RELINQUISHED BY	DATE/TIME	RECEIVED BY
Signature [signature]	10/28/10 15:23	Signature [signature]
Print DAVID CHONG		Print Jonathan Kargas
Company: HANSON		Company: EMA
Signature		Signature
Print		Print
Company:		Company:
Signature		Signature
Print		Print
Company:		Company:

Project/Sample Comments:

[1]Additional costs may apply, consult a project manager for details.

[2]EMA reserves the right to return any samples that do not match our waste profile.

NOTE: By relinquishing samples to EMA, Inc., client agrees to pay for the services requested on this COC form and any additional analyses performed on this project. Payment for services is due within 30 days from date of invoice. Samples will be disposed of 7 days after report has been finalized unless otherwise noted. All work is subject to EMA's terms and conditions.

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD - SAN DIEGO REGION

FACILITY INSPECTION DATA ENTRY FORM

DATE: 12/8/09 TIME: 10:00 WDID: 9 37I014663 ORDER NO. 97-03-DWQ FILE NO. 10-014663 :

FACILITY REPRESENTATIVE(S) PRESENT DURING INSPECTION: Jud Harvey, Plant Manager

Jud Harvey
NAME OF OWNER, AGENCY OR PARTY RESPONSIBLE FOR DISCHARGE

(858) 577-2722
OWNER CONTACT NAME AND PHONE #

Hanson Aggregates West Region
FACILITY OR DEVELOPER NAME (if different from owner)

FACILITY OR DEVELOPER CONTACT NAME AND PHONE #

9225 Camino Santa Fe
FACILITY STREET ADDRESS

San Diego, CA 92121
FACILITY CITY AND STATE

APPLICABLE WATER QUALITY LICENSING REQUIREMENTS (CHECK ALL THAT APPLY)

- ☐ MS4 URBAN RUNOFF REQUIREMENTS NPDES NOS. CAS0108758, CAS0108740 or CAS0108766
- ☐ GENERAL PERMIT ORDER NO. 99-08-DWQ, NPDES NO. CAS000002 – CONSTRUCTION
- ☐ GENERAL PERMIT ORDER NO. 99-06-DWQ, NPDES NO. CAS000003 – CALTRANS
- ☐ GENERAL PERMIT ORDER NO. 97-03-DWQ, NPDES NO. CAS000001 – INDUSTRIAL
- ☐ GENERAL OR INDIVIDUAL WASTE DISCHARGE REQUIREMENTS OR NPDES
- ☐ GENERAL OR INDIVIDUAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
- ☐ SECTION 401 WATER QUALITY CERTIFICATION
- ☐ CWC SECTION 13264,

INSPECTION TYPE (Check One)

A1 ____ "A" type compliance--Comprehensive inspection in which samples are taken. (EPA Type S)

B1 x "B" type compliance--A routine nonsampling inspection. (EPA Type C)

02 ____ Noncompliance follow-up--Inspection made to verify correction of a previously identified violation.

03 ____ Enforcement follow-up--Inspection made to verify that conditions of an enforcement action are being met.

04 ____ Complaint--Inspection made in response to a complaint.

05 ____ Pre-requirement--Inspection made to gather info. relative to preparing, modifying, or rescinding requirements.

06 ____ Miscellaneous – inspection type is not included on this list, may include NOT, NEC, NONA or other types

07 ____ Pretreatment Audit (every five years)

08 ____ Pretreatment Compliance (yearly except audit year)

INSPECTION FINDINGS

Yes *Were violations noted during this inspection? (Yes/No/Pending Sample Results)*

No Were samples taken? (N=no) If YES then, G= grab or C= Composite and attach a copy of the sample results/chain of custody form

I. COMPLIANCE HISTORY/BACKGROUND

This site has been enrolled in the Industrial Stormwater Permit since October of 1998. In 1999, the site received a Notice of Violation for failure to submit an annual report. The facility is located in a sensitive environment. Carroll Canyon Creek flows through the site from east to west. Also, the Los Penasquitos Lagoon is located downstream of this site and it is impaired for sedimentation and siltation (i.e., on the 303(d) list for impaired water bodies). In addition, recent investigations indicate that Carroll Canyon Creek is the primary source of sediment that is impacting the lagoon.

II. FINDINGS

Along with Wayne Chiu (Regional Board staff member) I arrived at the site on the morning after a very intense rainfall event. The Miramar weather station (which is the station closest to this site) measured a total of 2.19 inches of rainfall from the storm. Photo 1 shows the facility and Carroll Canyon which surrounds it. We met with Jud Harvey, the Plant Manager and Henry Pimentel, also of Hanson Aggregates. We reviewed the SWPPP. No problems were noted. However, the location and extent of Carroll Canyon Creek could be more clearly indicated on at least one of the maps. After the SWPPP review, we performed the site inspection. From the main office which is located on the east side of the site, we drove to the west.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

FACILITY: Hanson Carroll Canyon (WDID) 9 37I014663 INSPECTION DATE 12/8/09

Sediment Discharge Area No.1: Dirt road running along the north side of Carroll Canyon Creek. A few hundred yards west of the office, we observed a location along the road with a significant accumulation of sediment and standing water (Photo 2). The road actually runs parallel and adjacent to Carroll Canyon Creek at this point. Photos 3 and 4 show the south side of the road where it appears that flowing water has dislodged fiber rolls. Standing water located east of the fiber rolls appears to have been retained by a rock berm. Therefore, while the rock berm (which extends all the way back to the office area) appears to have prevented sediment-laden water from reaching the creek, the failed fiber rolls may have allowed turbid water to reach the creek. Photo 5 shows the north bank of Carroll Canyon Creek just beyond the area of the fiber roll breach. There did not appear to be any significant sediment accumulation in this area however.

Sediment Discharge Area No. 2: Sediment detention basin located south of the quarry. We proceeded to the west end of the site and parked at the intersection of Camino Santa Fe and the driveway of the facility. Photo 6 shows the detention basin which is used to collect runoff from the quarry. Jud explained that there is a riser in the basin which conducts water directly to Carroll Canyon Creek which is located on the other side of the facility driveway. Rock material packed around the riser is used to filter and slow down the discharge. Photo 6 also shows a brow ditch which conveys water from off-site to the creek using the same outfall as the detention basin. We walked across the driveway to observe Carroll canyon Creek where it leaves the facility (Photo 7). I walked down the bank of the creek and photographed the discharge from the outfall (Photos 8 and 9). The discharge was turbid. Photo 10 shows the Carroll Canyon Creek upstream of the outfall area. Water in this area appeared to be clear and unaffected by sediment. We drove up a dirt road north of the creek and viewed the quarry. There was not a great deal of activity in this area because of the recent rainfall. On the north side of the quarry area, we observed a stream of turbid water which was flowing to the detention basin (Photos 12 and 13). After inspecting the detention basin and quarry area, we slowly drove east along the north bank of Carroll Canyon Creek and did not observe any issues. The creek is undergrounded (apparently in a culvert) for a distance below an area where various aggregate processing activities take place. Photo 11 shows a rock berm above the location where the creek undergrounds. Once again, this type of berm appears to be effective at keeping surface flows from entering the creek.

III. CONCLUSIONS, RECOMMENDATIONS AND ADDITIONAL ITEMS FOR FOLLOWUP

As noted earlier, the impairment of the Los Penaquitos Lagoon by sediment is a major concern. It is also important to note that Carroll Canyon Creek has been identified as the primary source of this impairment. Therefore, any identified sediment discharges in this area require corrective action. Pursuant to the requirements of the Industrial Stormwater Permit, any identified source of sediment discharge must be mitigated to the BAT/BCT standard (Best Available Technology or Best Conventional Technology, as appropriate). The two primary concerns at this facility are 1) The potential for direct discharges into the creek in the area where fiber rolls had been dislodged (along the dirt road that connects the quarry to the processing area) and 2) Turbid discharges from the detention basin. In both of these areas, it is necessary to upgrade Best Management Practices (BMPs) to (at a minimum) prevent visibly turbid discharges from occurring. In Sediment Discharge Area No. 1, all necessary erosion controls and sediment controls must be implemented to prevent sediment discharges from the dirt road to Carroll Canyon Creek from occurring. There is also a need to remove sediment that has encroached on the bank area of the creek (in the area between the dislodged fiber rolls shown in Photo 4). This sediment may enter the creek during a future rain event. In Sediment Discharge Area No. 2, it is necessary to upgrade the detention basin or the manner in which the detention basin is used to achieve a significantly greater reduction in sediment concentration. It is important to note that the Basin Plan standard for turbidity for discharges into surface waters of the Los Penaquitos Watershed is 20 Nephelometric Turbidity Units (NTUs). This standard corresponds to a transparency of one foot, meaning that visible light can penetrate water with a turbidity of 20 NTUs to a depth of one foot. In order to achieve an acceptable level of turbidity, either a major redesign of the detention basin will be needed (possibly including using alternate storage such as a Baker tank) or it may be necessary to augment the system with chemical flocculants. The SWPPP should be revised to include a discussion of all BMP upgrades.

IV. SIGNATURE SECTION

Pete Peuron — Peter Peuron — 12/8/09

STAFF INSPECTOR — SIGNATURE — INSPECTION DATE

IV. (For internal use only)

Reviewed by Supervisor: Eric Beck Date 12/22/09

cc: City Contact

Program: NPDES STORM NON15-WDR 401 NPS TITLE 27 AGT DoD LNDISP PTPRG RCRA SLIC REC

Inter-office Referral: 1) 2) 3) 4) 5)

All photos taken by Pete Peuron, Environmental Scientist.

1. View of the facility, looking east from Camino Santa Fe. Quarrying operations take place on the left side of the road. The processing facility is on the right side.

2. A low point in the road leading to the processing facility. Water and sediment collects here. Carroll Canyon Creek is located on the right side of the road.

3. South side of the area where sediment and water collect. Vegetation on the right side of the road is growing on the bank of Carroll Canyon Creek.

Hanson Aggregates

12/8/09

4. Fiber rolls appear to have been dislodged by storm water flows.

5. North bank of Carroll Canyon Creek.

6. Sediment basin located below the quarry area. A brow ditch next to the chain link fence conducts water from off-site to Carroll Canyon Creek.

Hanson Aggregates

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7. Carroll Canyon Creek where it passes below Camino Santa Fe.

8. Turbid water being released from the outfall that leads to the detention basin.

9. A view of the turbid water just beyond the outfall prior to entering Carroll Canyon Creek.

Hanson Aggregates

12/8/09

10. Carroll Canyon Creek just upstream of the outfall.

11. Quarry area.

12. Stream of turbid runoff leading from the quarry to the detention basin.

Hanson Aggregates

12/8/09

13. Closer view of quarry runoff..

11. A rock berm that overlooks Carroll Canyon Creek on the east side of the facility.

Hanson Aggregates

12/8/09

Mailing Address

Jud Harvey
Plant Manager
Hanson Aggregates West Region
PO Box 639069
San Diego, CA 92163-9069

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD - SAN DIEGO REGION

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Jud Harvey
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9225 Camino Santa Fe
FACILITY STREET ADDRESS

San Diego, CA 92121
FACILITY CITY AND STATE

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- ☐ **GENERAL OR INDIVIDUAL WAIVER OF WASTE DISCHARGE REQUIREMENTS**
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- ☐ **CWC SECTION 13264,**

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Pete Peuron — Peter Peuron — 12/8/09

STAFF INSPECTOR — SIGNATURE — INSPECTION DATE

IV. (For internal use only)

Reviewed by Supervisor: Eric Beck Date 12/22/09

cc: City Contact

Program: NPDES STORM NON15-WDR 401 NPS TITLE 27 AGT DoD LNDISP PTPRG RCRA SLIC REC

Inter-office Referral: 1) 2) 3) 4) 5)

All photos taken by Pete Peuron, Environmental Scientist.

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Hanson Aggregates

12/8/09

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12/8/09

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Hanson Aggregates

12/8/09

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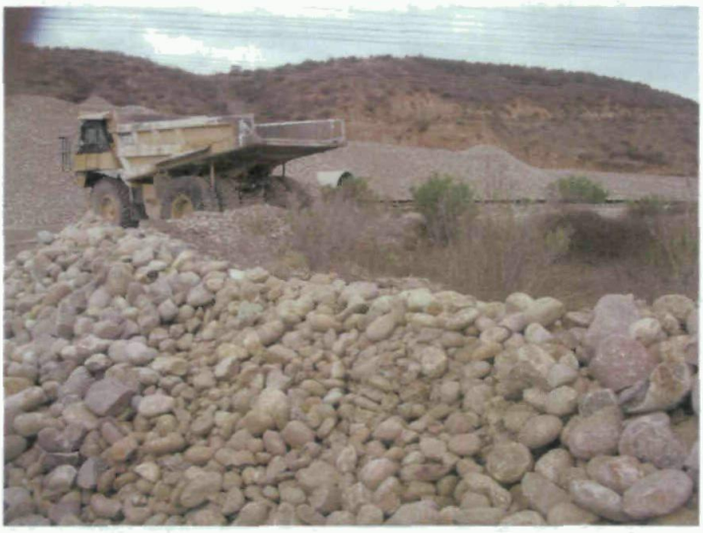
12/8/09

13. Closer view of quarry runoff..



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Hanson Aggregates

12/8/09

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

2015 JAN 30 PM 3 04

Hanson
HEIDELBERGCEMENTGroup
West Region
P O Box 639069
San Diego, CA 92163-9069
Telephone: (858) 715-5667

Date: January 30, 2015

Roger Mitchell, P.G.
Engineering Geologist
California Regional Water Quality Control Board
San Diego Region
Cleanup and Land Discharge Branch
2375 Northside Dr., Suite 100
San Diego, CA 92108

Re: 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

Dear Mr. Mitchell:

Please accept this letter as Hanson Aggregates Pacific Southwest Inc. (Hanson) Carroll Canyon Plant Notice of Intent (NOI) for conditional Waivers of Waste Discharge Requirements for Low Threat Discharges in the San Diego Region Order No. R9-2014-0041 for reference code 804775 located at 9225 Camino Santa Fe, San Diego, CA. Hanson is requesting termination of Waste Discharge Requirements Order No. 95-104. In order to comply with the general and specific conditions of the Order and Slurry Waiver Carroll Canyon Plant diverts slurries and runoff into desilting and retention ponds. The Carroll Canyon plant is enrolled in the Industrial Storm Water Permit as Facility WDID No: 937I014663.

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

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

2015 JAN 30 PM 3 04

Hanson
HEIDELBERGCEMENTGroup
West Region
P O Box 639069
San Diego, CA 92163-9069
Telephone: (858) 715-5667

Date: January 30, 2015

Roger Mitchell, P.G.
Engineering Geologist
California Regional Water Quality Control Board
San Diego Region
Cleanup and Land Discharge Branch
2375 Northside Dr., Suite 100
San Diego, CA 92108

Re: 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

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Lehigh Hanson, West Region

Doc Scanned On: 1/30/15
K. Ruiz Time: 3:25

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

SAN DIEGO RWQCB
2017 FEB -6 PM 12:29

Hanson
HEIDELBERGCEMENT Group

West Region
P O Box 639069
San Diego, CA 92163-9069
Telephone: (858) 715-5667

Date: January 6, 2017

Mr. Fiasyo Osibodu
California Regional Water Quality Control Board
San Diego Region
Cleanup and Land Discharge Branch
2375 Northside Dr., Suite 100
San Diego, CA 92108

Re: Hanson Aggregates Pacific Southwest, Inc. Waste Discharge Facility ID: 9 000000687 Carroll Canyon

Dear Mr. Osibodu:

Hanson Aggregates Pacific Southwest, Inc. (Hanson) has ceased all Mining, Sand and Gravel Processing, and Ready Mix Concrete Production at the Carroll Canyon facility located at 9255 Camino Santa Fe in San Diego. The property discontinued mining activities in October 2016 and processed the remaining stockpiles before the end of 2016. Due to the cost involved to transport material to the property to produce ready mix concrete that operation was also terminated at the end of 2016. On January 3, 2017 Hanson surrendered all air Permits to Operate associated with the Sand and Gravel Processing and the Ready Mix Concrete Production with the Air Pollution Control District San Diego County. Concrete barriers have been placed at the entrance of the Mining and Sand and Gravel plant and the chain link fence is lock to the entrance and exit of the Ready Mix Concrete plant. Please see the photos included.

Should you have any questions or require additional information, please contact me at (858) 715-5667.

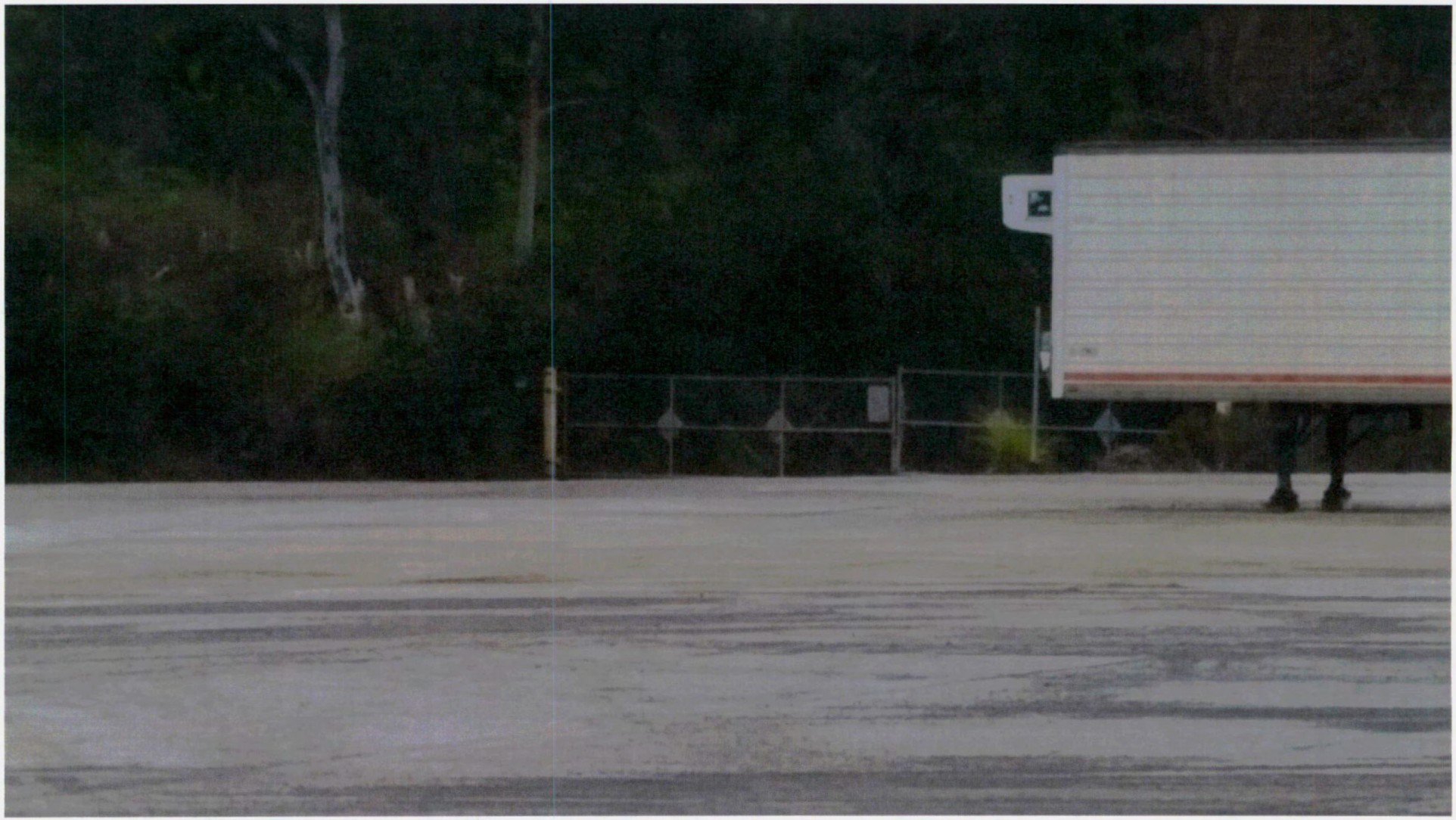
Respectfully yours,

Aaron J. Lund
Environmental Manager
Lehigh Hanson, West Region

Rock Plant
Foreman's Office BLDG. 7
Aggregate Dispatch
Scale House BLDG. 8
Concrete Dispatch BLDG. 1
Ready Mix Plant BLDG. 3
Truck Shop BLDG. 5
SPEED LIMIT
20

GATE
3

GATE
3



September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

California Regional Water Quality Control Board

San Diego Region

Over 50 Years Serving San Diego, Orange, and Riverside Counties
Recipient of the 2004 Environmental Award for Outstanding Achievement from USEPA

Linda S. Adams
Secretary for
Environmental Protection

9174 Sky Park Court, Suite 100, San Diego, California 92123-4353
(858) 467-2952 • Fax (858) 571-6972
http:// www.waterboards.ca.gov/sandiego

Arnold Schwarzenegger
Governor

March 11, 2010

CERTIFIED MAIL NO.
7008 1140 0002 4060 7101
(Return Receipt Requested)

Jud Harvey
Plant Manager
Hanson Aggregates West Region
PO Box 639069
San Diego, CA 92163-9069

Subject Site: **Hanson Aggregates, 9225 Camino Santa Fe, San Diego, CA 92121 (WDID No. 9 37I014663)**

RE: NOTICE OF VIOLATION NO. R9-2010-0060 & REQUIRED TECHNICAL REPORT

Dear Mr. Harvey,

Enclosed is **Notice of Violation (NOV) No. R9-2010-0060** for the subject site. The violations specified were identified during site inspections on December 8, 2009 and March 1, 2010. Corrective measures and Best Management Practices (BMPs) should be implemented immediately to address these violations.

Pursuant to California Water Code (CWC) section 13267 and 13383, the California Regional Water Quality Control Board (San Diego Water Board) directs you to submit a **Required Technical Report (RTR)** to be received at the San Diego Water Board no later than **5:00 PM, April 12, 2010**. The RTR is required due to the violations noted in the enclosed NOV. The RTR will be reviewed to assess the need for further enforcement actions. The RTR shall include the following Sections:

1. A Site Status Report section including photo-documentation of proper implementation of BMPs addressing, but not necessarily limited to, those specific violations indicated in the attached NOV. The report should include a listing of violations noted in the NOV along with the BMP or BMPs implemented to correct the violation. Any interim corrective action

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

measures that have been taken to address the occurrence of discharges should be documented in the Site Status Report Section.

2. A Storm Water Pollution Prevention Plan (SWPPP) Status Report section including:

   a. An 8.5" x 11" Site Map boldly indicating all flow lines, storm water inlets and outfalls (designate active or inactive), and direct discharges (if applicable) to waters of the state.

   b. SWPPP revisions including:
      1) Any necessary updates to the description of potential pollution sources (Section A.6.).

      2) Any necessary updates to the assessment of potential pollutant sources (Section A.7.).

      3) Any necessary updates to the storm water best management practices section (A.8.).

      4) Any necessary updates to the description of sediment control BMPs including, but not limited to sediment detention basins and linear controls.

      5) A description of any interim contingency measures that will be taken in the event that sediment discharges in violation of Basin Plan Standards occur. Contingency measures should be included that address both discharges from sediment basins and discharges that occur along the banks of Carroll Canyon Creek (e.g., from the haul road that runs along the creek).

3. A Long-Term Corrective Action Plan that addresses the need to:

   a. Prevent future discharges of turbid water to Carroll Canyon Creek from the sediment detention basin. It is expected that this plan will address the need to significantly reconfigure or augment the existing sediment detention basin.

   b. Prevent discharges of sediment to Carroll Canyon Creek along the facility's haul road.

   The plan should describe permanent BMPs that will be sufficient to prevent future discharges that exceed Basin Plan Standards. Once the plan is implemented, the SWPPP should be modified to incorporate the new BMPs. The SWPPP should, however, continue to include protocols for contingency measures to be undertaken in the event of the occurrence of unexpected events that result in turbid discharges.

The submitted Required Technical Report shall include the following signed 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 designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

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 for knowing violations.

Failure to submit the above information by the date requested may result in the imposition of administrative civil liability pursuant to CWC sections 13268 and 13385.

Questions pertaining to this Required Technical Report and the enclosed Notice of Violation should be directed to Peter Peuron at (858) 637-7137. Written correspondence should be directed to the following address:

James Smith
Assistant Executive Officer
Attn: Pete Peuron
California Regional Water Quality Control Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

James Smith
Assistant Executive Officer

DATE 10 Mar 2010

Attachments: Notice of Violation
Facility Inspection Report, December 8, 2009
Facility Inspection Report, March 1, 2010

CC: Joan Brackin, City of San Diego

DWG:cmc:pmp C:\Industrial Stormwater\Hanson Carroll Canyon NOV

IN THE MATTER OF:	)	NOTICE OF VIOLATION NO. R9-2010-0060
Mr. Jud Harvey Hanson Aggregates P.O. Box 639069 San Diego, CA 92163-9069	)))))	WDID NO. *9 37I014663*

YOU ARE HEREBY NOTIFIED OF THE FOLLOWING VIOLATIONS:

Best Management Practices associated with the operation of a sediment detention basin were ineffective at preventing discharges from exceeding Water Quality Objectives for turbidity established in the San Diego Region's Water Quality Control Plan (Basin Plan).

BASIS FOR ALLEGED VIOLATIONS:

On December 8, 2009, a facility inspection was performed by Peter Peuron, Environmental Scientist and Wayne Chiu, Water Resource Control Engineer, both of the San Diego Regional Water Quality Control Board (San Diego Water Board). The inspection was conducted after a relatively heavy rainfall event (2.09 inches of rain during a two-day period). During this inspection, it was determined that a sediment detention basin that was being used to capture runoff from a quarry was discharging highly turbid water directly into Carroll Canyon Creek. Best Management Practices (BMPs) that were being employed to control the discharges were therefore, inadequate. A Facility Inspection Report (Attachment 1) documenting the violations was provided to representatives of Hanson Aggregates on December 24, 2009 via mail and e-mail (one copy mailed to Jud Harvey, Plant Manager and one copy e-mailed to Steve Zachs, a Hanson environmental affairs representative). The report indicates that the turbidity exceeds the Basin Plan standard of 20 Nephelometric Turbidity Units (NTUs). The report directs Hanson Aggregates to upgrade BMPs to achieve Basin Plan Standards. The report also notes that Carroll Canyon Creek (one of three creeks that flow into the Los Penasquitos Lagoon) has been found to be the primary contributor of sediment loads to Los Penasquitos Lagoon, a lagoon that is 303(d)-listed for sediment/siltation.

On March 1, 2010, a second inspection was conducted by Peter Peuron. Attachment 2 documents the findings of this inspection. Once again, highly turbid water was discharging into Carroll Canyon Creek from the outfall that leads to the sediment basin. The Facility Inspection Report also documents a turbidity plume in Los Penasquitos Creek. Since the depth of the creek was less than 12 inches and the turbidity plume was opaque enough to obscure the bottom of the creek, it can be inferred that both the

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discharge from the outfall and the receiving water immediately outside the outfall were at turbidity levels that exceed the Basin Plan Water Quality Objective of 20 NTUs. Therefore, the discharge is in violation of the Basin Plan. In addition, BMP implementation fails to meet the standard for Best Conventional Technology specified in the Statewide General Industrial Stormwater Permit (Water Quality Order No. 97-03-DWQ). Another sediment discharge of turbid water into Carroll Canyon Creek was observed in front of the facility's administrative office. Again, BMPs were inadequate.

Summary of Violations:

I. ***FAILURE TO PREVENT PROHIBITED DISCHARGES***

- ***Pursuant to Water Quality Order No. 97-03-DWQ Order No. C.2:***
  Storm water discharges and authorized non-storm water discharges shall not cause or contribute to an exceedance of any applicable water quality standards contained in a Statewide Water Quality Control Plan or the applicable Regional Water Board's Basin Plan.

  Observations: On December 8, 2009 and March 1, 2010, turbid water that exceeded the Basin Plan Water Quality Objective of 20 Nephelometric Turbidity Units (NTUs) was observed to be discharging from an outfall leading to a sediment detention basin that receives runoff from the Hanson Aggregates quarry in Carroll Canyon. The turbidity of the water (in both cases) significantly attenuated light and did not allow a transparency of 1 foot which corresponds to a turbidity of 20 NTUs[1]. These visual observations which are documented in two inspection reports (Attachments 1 and 2) demonstrate that both discharges are in violation of the Basin Plan Standard.

  On March 1, 2010, turbid water that exceeded the Basin Plan Water Quality Objective of 20 Nephelometric Turbidity Units (NTUs) was observed to be discharging from a road adjacent to the facility's administrative office directly into Carroll Canyon Creek. Visual observations which are documented in an inspection report (Attachment 2) demonstrate that this discharge is in violation of the Basin Plan Standard.

II. ***FAILURE TO IMPLEMENT / MAINTAIN BEST MANAGEMENT PRACTICES***

- **Pursuant to Water Quality Order NO. 97-03-DWQ, Order No. B.3.:**
  At a minimum, the discharger/operator must reduce or prevent storm water pollution associated with industrial activity by implementing Best Management Practices (BMPs) that achieve the standard of Best Available Technology (BAT)

[1] 1 "A Protocol to Estimate the Response of Aquatic Systems to Changes in Phosphorus and Nitrogen Inputs", USDA, October, 1999.

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for toxic and non-conventional pollutants and Best Conventional Technology (BCT) for conventional pollutants.

Observation: As discussed earlier, on December 8, 2009 and March 1, 2010, the sediment detention basin at the Hanson Aggregates quarry was observed to be discharging sediment in violation of the Basin Plan Water Quality Objective of 20 NTUs. In 2005 and 2006, a panel of storm water experts (known as the "Blue Ribbon Panel") determined that it was feasible to achieve turbidity levels below 10 NTUs on average using Active Treatment Systems (i.e., applying chemical flocculant to turbid water to remove suspended sediment). Therefore, at least one technology exists (i.e, a Best Conventional Technology or BCT which is appropriate for suspended sediment) that is technologically and economically feasible for attaining Water Quality Objectives, yet Water Quality Objectives were not achieved even after a period of 83 days (from Decembr 8, 2009 to March 1, 2010) passed. The failure to implement BCT in violation of the Industrial Stormwater Permit occurred for a period of at least 83 days.

The above-referenced discharge of sediment from a road to Carroll Canyon Creek resulted from inadequate BMP implementation. It is technologically and economically feasible to implement Active Treatment to attain turbidity levels that comply with Basin Plan standards. Therefore, BMP implementation did not meet the Best Conventional Technology standard.

If you have any questions, please telephone Pete Peuron at (858) 637-7137, or email at Ppeuron@waterboards.ca.gov

Respectfully,

for David Barker
Supervising Water Resource Control Engineer

DTB:cmc:pmp

Place:	213364
Party:	19795
Violation:	863374, 863375
Reg. Measure:	373369

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD - SAN DIEGO REGION

FACILITY INSPECTION DATA ENTRY FORM

DATE: 3/1/10 TIME: 10:00 WDID: 9 37I014663 ORDER NO. 97-03-DWQ FILE NO. 10-014663 :

FACILITY REPRESENTATIVE(S) PRESENT DURING INSPECTION: Jud Harvey, Plant Manager

Jud Harvey
NAME OF OWNER, AGENCY OR PARTY RESPONSIBLE FOR DISCHARGE

(858) 577-2722
OWNER CONTACT NAME AND PHONE #

Hanson Aggregates West Region
FACILITY OR DEVELOPER NAME (if different from owner)

FACILITY OR DEVELOPER CONTACT NAME AND PHONE #

9225 Camino Santa Fe
FACILITY STREET ADDRESS

San Diego, CA 92121
FACILITY CITY AND STATE

APPLICABLE WATER QUALITY LICENSING REQUIREMENTS (CHECK ALL THAT APPLY)

- ☐ MS4 URBAN RUNOFF REQUIREMENTS NPDES NOS. CAS0108758, CAS0108740 or CAS0108766
- ☐ GENERAL PERMIT ORDER NO. 99-08-DWQ, NPDES NO. CAS000002 – CONSTRUCTION
- ☐ GENERAL PERMIT ORDER NO. 99-06-DWQ, NPDES NO. CAS000003 – CALTRANS
- ☒ GENERAL PERMIT ORDER NO. 97-03-DWQ, NPDES NO. CAS000001 – INDUSTRIAL
- ☐ GENERAL OR INDIVIDUAL WASTE DISCHARGE REQUIREMENTS OR NPDES
- ☐ GENERAL OR INDIVIDUAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
- ☐ SECTION 401 WATER QUALITY CERTIFICATION
- ☐ CWC SECTION 13264,

INSPECTION TYPE (Check One)

A1 ____ "A" type compliance--Comprehensive inspection in which samples are taken. (EPA Type S)

B1 ____ "B" type compliance--A routine nonsampling inspection. (EPA Type C)

02 ____ Noncompliance follow-up--Inspection made to verify correction of a previously identified violation.

03 X Enforcement follow-up--Inspection made to verify that conditions of an enforcement action are being met.

04 ____ Complaint--Inspection made in response to a complaint.

05 ____ Pre-requirement--Inspection made to gather info. relative to preparing, modifying, or rescinding requirements.

06 ____ Miscellaneous – inspection type is not included on this list, may include NOT, NEC, NONA or other types

07 ____ Pretreatment Audit (every five years)

08 ____ Pretreatment Compliance (yearly except audit year)

INSPECTION FINDINGS

Yes Were violations noted during this inspection? (Yes/No/Pending Sample Results)

No Were samples taken? (N=no) If YES then, G= grab or C= Composite and attach a copy of the sample results/chain of custody form

I. COMPLIANCE HISTORY/BACKGROUND

This site has been enrolled in the Industrial Stormwater Permit since October of 1998. In 1999, the site received a Notice of Violation for failure to submit an annual report. The facility is located in a sensitive environment. Carroll Canyon Creek flows through the site from east to west. Also, the Los Penasquitos Lagoon is located downstream of this site and it is impaired for sedimentation and siltation (i.e., on the 303(d) list for impaired water bodies). In addition, recent investigations indicate that Carroll Canyon Creek is the primary source of sediment that is impacting the lagoon. On December 8, 2009 I inspected this site and noted that the sediment basin was discharging turbid water to Carroll Canyon Creek. There was also a potential for discharge along the main road at the facility where it runs alongside the creek. Muddy water had encroached into a grassy area next to the creek. The facility was required to upgrade BMPs in both areas to prevent any future exceedances of discharge standards. The report notes that the standard for Carroll Canyon Creek is 20 Nephelometric Turbidity Units (NTUs). On February 25th, I called Jud Harvey, the Plant Manager, and asked what progress had been made in upgrading the sediment basin. Jud told me that Hanson still had Wayne Chang, an engineer, working on the design of a new basin but that they hadn't actually done anything to upgrade it. He stated that they could not do work on the basin because they would be in trouble if a storm event occurred while the basin was still under construction. I told Jud that in any case they must prevent sediment discharges from occurring. So if they don't upgrade the basin immediately, they must have other contingencies in place to prevent turbid discharges. It was apparent from this discussion that they had not

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

FACILITY: Hanson Carroll Canyon (WDID) 9 37I014663 INSPECTION DATE 3/2/10

taken such steps. Today's inspection followed a weekend during which about 1.32 inches of rain fell (according to the nearest weather station per NOAA's database).

II. FINDINGS

I arrived at the site and observed the sediment detention basin which is located near the front gate of the facility adjacent to Camino Santa Fe. As shown in Photo 1, there was a significant amount of turbid water in the basin. I proceeded to the outfall where water from the basin is discharged to Carroll Canyon Creek. Turbid water was flowing out of the outfall as shown in Photo 2. This outfall is located at the bottom of the north bank of Carroll Canyon Creek and it discharges directly into the creek. Photo 3 shows turbid water that had ponded just outside the outfall. Photo 4 and 5 show a turbidity plume that formed at the point where the turbid water being discharged from the outfall mixes with water in the creek. I proceeded back to the front gate where I had parked and encountered Henry Pimentel, Production Supervisor for Hanson who asked me what I was doing. I explained that I was there to see if they were continuing to discharge sediment-laden water from their sediment basin and since I had confirmed that a discharge was occurring, I would need to meet with Jud Harvey, the plant manager, and complete my inspection. I also explained the problem with the sediment basin to Henry and made the point that the facility is required to prevent these discharges from occurring. I then drove to the facility's administrative offices and met with Jud Harvey and David Chong, the Environmental Health and Safety manager for the facility. I told Jud that they should be preventing any turbid discharges from occurring and Jud repeated the point he had made last week to the effect that attempting to reconfigure the basin during the rainy season would be a problem. Over the course of the inspection, we discussed what options were available for terminating the sediment discharge. Jud said they planned to enlarge the basin, but needed to wait until there was no threat of rain. I explained to Jud that it was technologically feasible to prevent the discharge from occurring because they can either use active treatment (flocculant) or store the water in a Baker tank (or tanks). Therefore, there is no reason for the facility to be discharging sediment. Even if they implement a long-term fix, such as an upgraded basin, they must implement interim measures to prevent discharges in violation of the Basin Plan. Jud, and David and I went to the sediment basin and the outfall and I showed them the same conditions shown in Photos 2 through 4. On the way back to the administrative office, we stopped at a location where, during the inspection in December, sediment had been observed to be encroaching into the creek area. Turbid water was again ponding in a depression in the road and seeping into the the area of the north bank of Carroll Canyon Creek. Photo 6 shows the ponded water and Photo 7 shows sediment that has accumulated on the other side of a rock berm (a berm that is intended to trap sediment). It did not appear that the sediment had reached the creek at this location, but it is necessary to remove sediment in this area to prevent it from reaching the creek in the future. Further up the road (This is the main road at the facility which runs from the front gate to the main office.) there was another flow of turbid water occurring (Photos 9 and 10). Piles of rock material have been placed along the road to trap sediment, but the turbid water was reaching the creek at the location shown in Photo 11.

III. CONCLUSIONS, RECOMMENDATIONS AND ADDITIONAL ITEMS FOR FOLLOWUP

On the morning of March 2, 2009 (the day after the inspection) I telephoned both Jud and David and told them that they should do whatever is necessary to terminate the discharge from the sediment basin as soon as possible. I referred to the possibility of monetary penalties since there is no question that discharge violations have occurred and that they could have been avoided. I again pointed out that it is technologically possible because either active treatment or using mobile storage tanks would be effective. David said that they will do there best to get something in place within 24 hours. I spoke with Jud after speaking with David and we agreed to again discuss the situation on March 3rd. On March 3rd I spoke with David Chong. He said that they pumped out much of the basin water and sent it back to the quarry. They then partitioned the basin by building two rock dams (using 3/4" rock) thereby creating three compartments. David said these measures resulted in a clear discharge at the outfall. He indicated that the intake of the riser in the basin is near the top of the basin and that water in this zone was now clear. They ordered a 21,000 gallon Baker tank which they will use in conjunction with the detention basin. The tank will be available for use on March 4th. David said that they are still working on a long-term plan and that plan will include building an additional sediment basin as well as incorporating contingency measures into their SWPPP so that future discharges are prevented. I told David that we will be sending an NOV along with a directive to implement both interim and permanent sediment basin upgrades and a requirement for a report that documents the upgrades.

IV. SIGNATURE SECTION

Pete Peuron — Pete Peuron — 3/2/10
STAFF INSPECTOR — SIGNATURE — INSPECTION DATE

IV. (For internal use only)

Reviewed by Supervisor: _____ Date 3/9/10

cc: City of San Diego Contact Joan Brackin

Program: **NPDES STORM NON15-WDR 401 NPS TITLE 27 AGT DoD LNDISP PTPRG RCRA SLIC REC**

Inter-office Referral: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

All photos taken by Pete Peuron, Environmental Scientist.

1. View of the facility, looking east from Camino Santa Fe. Highly turbid water is evident in the sediment basin.

2. Outfall where water from the sediment basin is being discharged.

3. Turbid water pooled just outside the outfall.

Hanson Aggregates

March 1, 2010

4. Turbidity plume where water discharged from the outfall enters Carroll Canyon Creek.

5. Another view of the turbidity plume resulting from the sediment discharge.

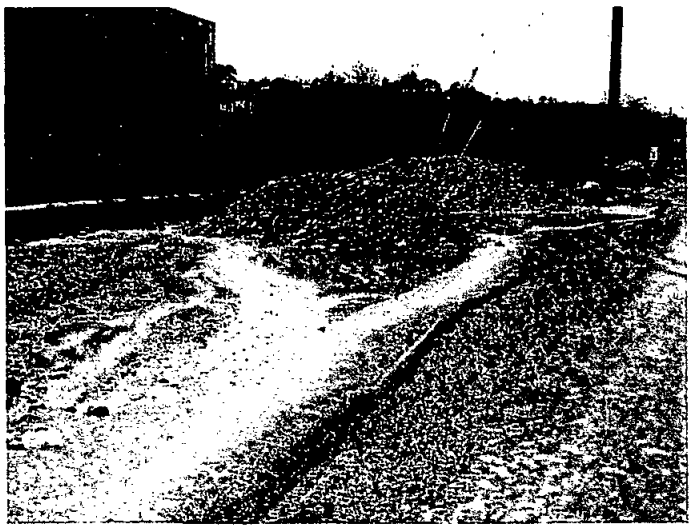
6. A view of the area along the road where sediment had encroached into the creek area when the road was flooding.

Hanson Aggregates

March 1, 2010

7. Sediment has accumulated on the stream side of the rock berm.

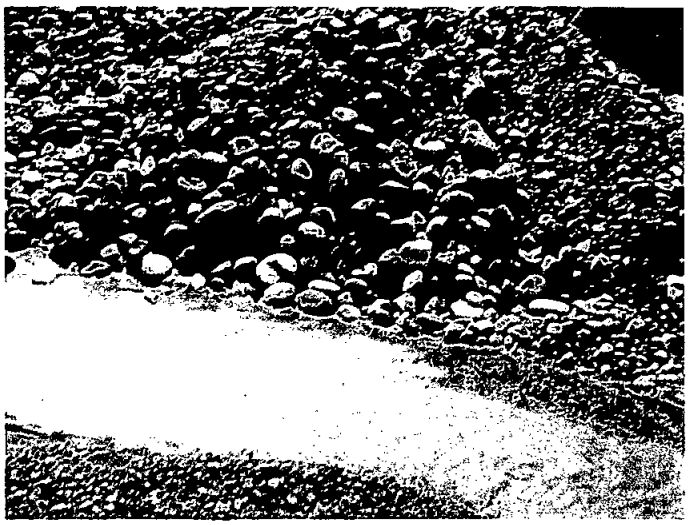
8. Sediment has accumulated on the road. This sediment should be removed since it may be washed into the creek during a subsequent storm event.



9. Turbid water discharging in front of the quarry's administrative office.

Hanson Aggregates

March 1, 2010



10. Another view of the runoff that is discharging to the creek in front of the administrative office.

11. Location where turbid water shown in Photo 9 enters the bank area of Carroll Canyon Creek

Hanson Aggregates

March 1, 2010

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD - SAN DIEGO REGION

FACILITY INSPECTION DATA ENTRY FORM

DATE: 12/8/09 TIME: 10:00 WDID: 9 37I014663 ORDER NO. 97-03-DWQ FILE NO. 10-014663 :

FACILITY REPRESENTATIVE(S) PRESENT DURING INSPECTION: Jud Harvey, Plant Manager

Jud Harvey
NAME OF OWNER, AGENCY OR PARTY RESPONSIBLE FOR DISCHARGE

(858) 577-2722
OWNER CONTACT NAME AND PHONE #

Hanson Aggregates West Region
FACILITY OR DEVELOPER NAME (if different from owner)

FACILITY OR DEVELOPER CONTACT NAME AND PHONE #

9225 Camino Santa Fe
FACILITY STREET ADDRESS

San Diego, CA 92121
FACILITY CITY AND STATE

APPLICABLE WATER QUALITY LICENSING REQUIREMENTS (CHECK ALL THAT APPLY)

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- ☐ GENERAL PERMIT ORDER NO. 97-03-DWQ, NPDES NO. CAS000001 – INDUSTRIAL
- ☐ GENERAL OR INDIVIDUAL WASTE DISCHARGE REQUIREMENTS OR NPDES
- ☐ GENERAL OR INDIVIDUAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
- ☐ SECTION 401 WATER QUALITY CERTIFICATION
- ☐ CWC SECTION 13264,

INSPECTION TYPE (Check One)

A1 ____ "A" type compliance--Comprehensive inspection in which samples are taken. (EPA Type S)

B1 x "B" type compliance--A routine nonsampling inspection. (EPA Type C)

02 ____ Noncompliance follow-up--Inspection made to verify correction of a previously identified violation.

03 ____ Enforcement follow-up--Inspection made to verify that conditions of an enforcement action are being met.

04 ____ Complaint--Inspection made in response to a complaint.

05 ____ Pre-requirement--Inspection made to gather info. relative to preparing, modifying, or rescinding requirements.

06 ____ Miscellaneous – inspection type is not included on this list, may include NOT, NEC, NONA or other types

07 ____ Pretreatment Audit (every five years)

08 ____ Pretreatment Compliance (yearly except audit year)

INSPECTION FINDINGS

Yes Were violations noted during this inspection? (Yes/No/Pending Sample Results)

No Were samples taken? (N=no) If YES then, G= grab or C= Composite and attach a copy of the sample results/chain of custody form

I. COMPLIANCE HISTORY/BACKGROUND

This site has been enrolled in the Industrial Stormwater Permit since October of 1998. In 1999, the site received a Notice of Violation for failure to submit an annual report. The facility is located in a sensitive environment. Carroll Canyon Creek flows through the site from east to west. Also, the Los Penasquitos Lagoon is located downstream of this site and it is impaired for sedimentation and siltation (i.e., on the 303(d) list for impaired water bodies). In addition, recent investigations indicate that Carroll Canyon Creek is the primary source of sediment that is impacting the lagoon.

II. FINDINGS

Along with Wayne Chiu (Regional Board staff member) I arrived at the site on the morning after a very intense rainfall event. The Miramar weather station (which is the station closest to this site) measured a total of 2.19 inches of rainfall from the storm. Photo 1 shows the facility and Carroll Canyon which surrounds it. We met with Jud Harvey, the Plant Manager and Henry Pimentel, also of Hanson Aggregates. We reviewed the SWPPP. No problems were noted. However, the location and extent of Carroll Canyon Creek could be more clearly indicated on at least one of the maps. After the SWPPP review, we performed the site inspection. From the main office which is located on the east side of the site, we drove to the west.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

FACILITY: Hanson Carroll Canyon (WDID) 9 37I014663 INSPECTION DATE 12/8/09

Sediment Discharge Area No.1: Dirt road running along the north side of Carroll Canyon Creek. A few hundred yards west of the office, we observed a location along the road with a significant accumulation of sediment and standing water (Photo 2). The road actually runs parallel and adjacent to Carroll Canyon Creek at this point. Photos 3 and 4 show the south side of the road where it appears that flowing water has dislodged fiber rolls. Standing water located east of the fiber rolls appears to have been retained by a rock berm. Therefore, while the rock berm (which extends all the way back to the office area) appears to have prevented sediment-laden water from reaching the creek, the failed fiber rolls may have allowed turbid water to reach the creek. Photo 5 shows the north bank of Carroll Canyon Creek just beyond the area of the fiber roll breach. There did not appear to be any significant sediment accumulation in this area however.

Sediment Discharge Area No. 2: Sediment detention basin located south of the quarry. We proceeded to the west end of the site and parked at the intersection of Camino Santa Fe and the driveway of the facility. Photo 6 shows the detention basin which is used to collect runoff from the quarry. Jud explained that there is a riser in the basin which conducts water directly to Carroll Canyon Creek which is located on the other side of the facility driveway. Rock material packed around the riser is used to filter and slow down the discharge. Photo 6 also shows a brow ditch which conveys water from off-site to the creek using the same outfall as the detention basin. We walked across the driveway to observe Carroll canyon Creek where it leaves the facility (Photo 7). I walked down the bank of the creek and photographed the discharge from the outfall (Photos 8 and 9). The discharge was turbid. Photo 10 shows the Carroll Canyon Creek upstream of the outfall area. Water in this area appeared to be clear and unaffected by sediment. We drove up a dirt road north of the creek and viewed the quarry. There was not a great deal of activity in this area because of the recent rainfall. On the north side of the quarry area, we observed a stream of turbid water which was flowing to the detention basin (Photos 12 and 13). After inspecting the detention basin and quarry area, we slowly drove east along the north bank of Carroll Canyon Creek and did not observe any issues. The creek is undergrounded (apparently in a culvert) for a distance below an area where various aggregate processing activities take place. Photo 11 shows a rock berm above the location where the creek undergrounds. Once again, this type of berm appears to be effective at keeping surface flows from entering the creek.

III. CONCLUSIONS, RECOMMENDATIONS AND ADDITIONAL ITEMS FOR FOLLOWUP

As noted earlier, the impairment of the Los Penaquitos Lagoon by sediment is a major concern. It is also important to note that Carroll Canyon Creek has been identified as the primary source of this impairment. Therefore, any identified sediment discharges in this area require corrective action. Pursuant to the requirements of the Industrial Stormwater Permit, any identified source of sediment discharge must be mitigated to the BAT/BCT standard (Best Available Technology or Best Conventional Technology, as appropriate). The two primary concerns at this facility are 1) The potential for direct discharges into the creek in the area where fiber rolls had been dislodged (along the dirt road that connects the quarry to the processing area) and 2) Turbid discharges from the detention basin. In both of these areas, it is necessary to upgrade Best Management Practices (BMPs) to (at a minimum) prevent visibly turbid discharges from occurring. In Sediment Discharge Area No. 1, all necessary erosion controls and sediment controls must be implemented to prevent sediment discharges from the dirt road to Carroll Canyon Creek from occurring. There is also a need to remove sediment that has encroached on the bank area of the creek (in the area between the dislodged fiber rolls shown in Photo 4). This sediment may enter the creek during a future rain event. In Sediment Discharge Area No. 2, it is necessary to upgrade the detention basin or the manner in which the detention basin is used to achieve a significantly greater reduction in sediment concentration. It is important to note that the Basin Plan standard for turbidity for discharges into surface waters of the Los Penaquitos Watershed is 20 Nephelometric Turbidity Units (NTUs). This standard corresponds to a transparency of one foot, meaning that visible light can penetrate water with a turbidity of 20 NTUs to a depth of one foot. In order to achieve an acceptable level of turbidity, either a major redesign of the detention basin will be needed (possibly including using alternate storage such as a Baker tank) or it may be necessary to augment the system with chemical flocculants. The SWPPP should be revised to include a discussion of all BMP upgrades.

IV. SIGNATURE SECTION

Pete Peuron — Peter Peuron — 12/8/09

STAFF INSPECTOR — SIGNATURE — INSPECTION DATE

IV. (For internal use only)

Reviewed by Supervisor: Eric Beck Date 12/22/09

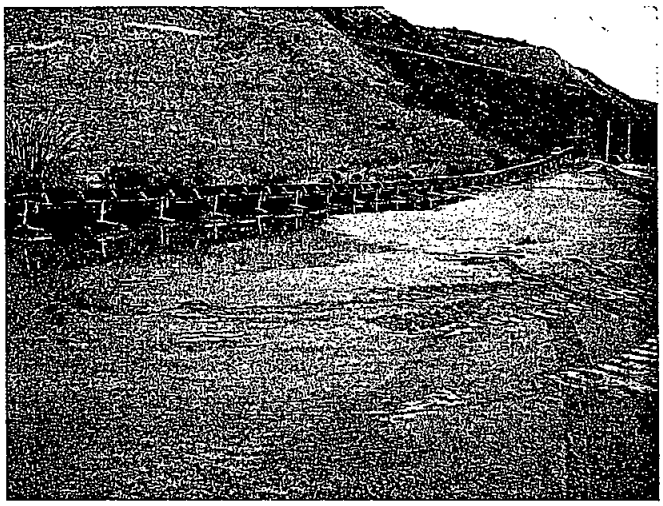
cc: City Contact

Program: NPDES STORM NON15-WDR 401 NPS TITLE 27 AGT DoD LNDISP PTPRG RCRA SLIC REC

Inter-office Referral: 1) 2) 3) 4) 5)

All photos taken by Pete Peuron, Environmental Scientist.

1. View of the facility, looking east from Camino Santa Fe. Quarrying operations take place on the left side of the road. The processing facility is on the right side.



2. A low point in the road leading to the processing facility. Water and sediment collects here. Carroll Canyon Creek is located on the right side of the road.

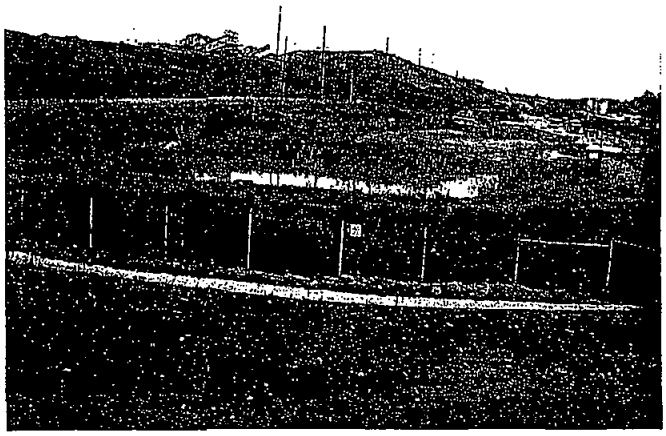
3. South side of the area where sediment and water collect. Vegetation on the right side of the road is growing on the bank of Carroll Canyon Creek.

Hanson Aggregates

12/8/09

4. Fiber rolls appear to have been dislodged by storm water flows.

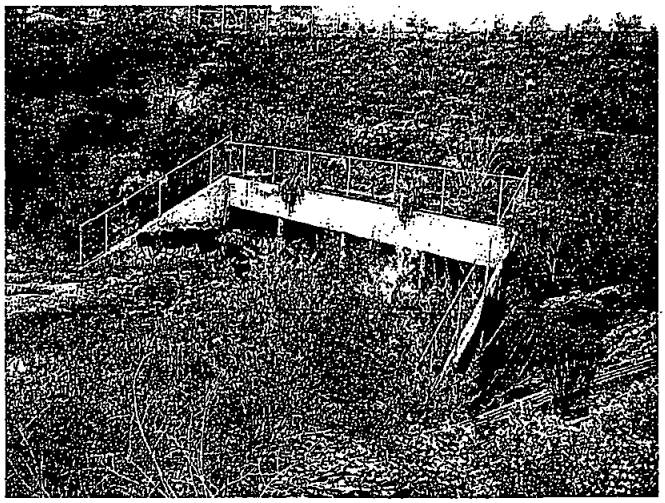
5. North bank of Carroll Canyon Creek.



6. Sediment basin located below the quarry area. A brow ditch next to the chain link fence conducts water from off-site to Carroll Canyon Creek.

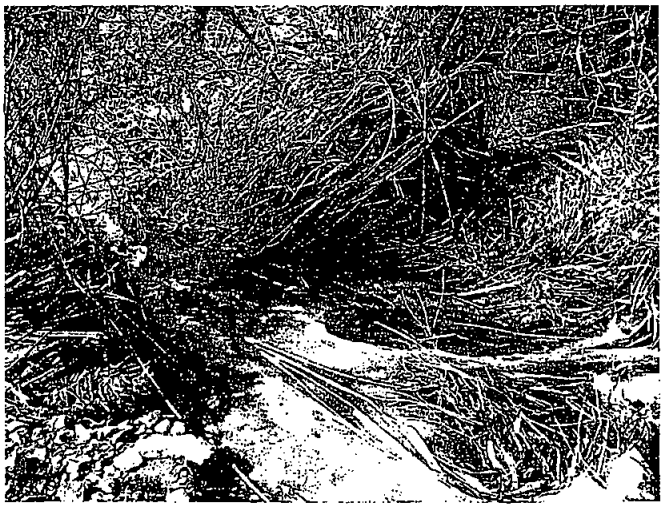
Hanson Aggregates

12/8/09



7. Carroll Canyon Creek where it passes below Camino Santa Fe.

8. Turbid water being released from the outfall that leads to the detention basin.



9. A view of the turbid water just beyond the outfall prior to entering Carroll Canyon Creek.

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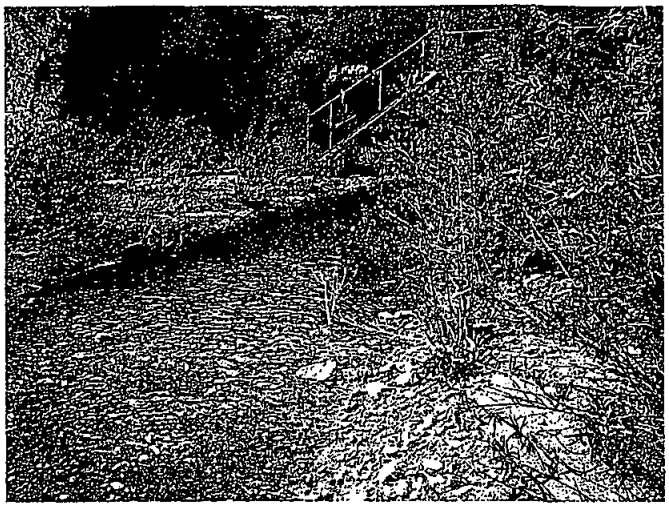
12/8/09



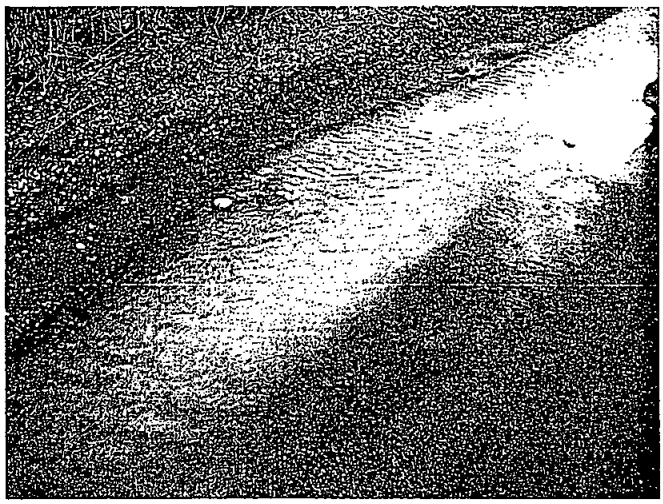
10. Carroll Canyon Creek just upstream of the outfall.

11. Quarry area.

12. Stream of turbid runoff leading from the quarry to the detention basin.

Hanson Aggregates

12/8/09



13. Closer view of quarry runoff..

11. A rock berm that overlooks Carroll Canyon Creek on the east side of the facility.

Hanson Aggregates

12/8/09

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JUD HARVEY
PLANT MANAGER
HANSON AGGREGATES
PO BOX 639069
SAN DIEGO, CA
92163-9069

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7008 1140 0002 4060 7101

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

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Total Postage & Fees	$

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Sent To JUD HARVEY
Street, Apt. No.; or PO Box No. HANSON AGGREGATES
City, State, ZIP+4 PO BOX 639069 SAN DIEGO 92163

PS Form 3800, August 2006 See Reverse for Instructions

SAN DIEGO REGIONAL WATER QUALITY CONTROL BOARD

2008 MAR 20 A 9:22

SAN DIEGO REGIONAL WATER QUALITY CONTROL BOARD

2008 MAR 20 A 9:22

Hanson Aggregates
681 Aspen Circle
Oxnard, CA 93030
Phone 805 985-2191
Fax 805 382-9892

www.hanson.com

Industrial Compliance Unit
California Regional Water Quality Control Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123-4340

March 18, 2008

Subject: January – December 2007 Annual Monitoring Report for Hanson Aggregates Carroll Canyon Facility, Waste Discharge Report No. 95-104.

Dear Industrial Compliance Unit:

The January – December 2007 Annual Monitoring Report for Waste Discharge Report No. 95-104 is attached to this letter.

"I certify under penalty of law that I personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment."

If you have any questions please call me at (805) 985-2191.

Sincerely,

Steve Zacks
Environmental Manager
Environmental, Safety, and Health Department

Attached: WDR No. 95-104 Annual Report

Copy Craig Tieck

Hanson Aggregates is a trading name of Hanson Quarry Products Europe Limited, a private limited company incorporated in England and Wales with registered number 300002 and registered address The Ridge, Chipping Sodbury, Bristol BS37 6AY. Hanson Quarry Products Europe is a member of the HeidelbergCement Group.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2007 REPORT DUE: January 30, 2008

A. MONITORING PROVISIONS

Laboratory results are found in Appendix A.

SAMPLES ANALYZED BY: EnviroMatrix Analytical, Inc.

POINT OF SAMPLING: First Settling Pond

DATE AND TIME OF SAMPLING: 8-30-07 @ 8:53 AM

SIGNED UNDER PENALTY OF PERJURY:

B. POND MONITORING AND MONTHLY FREEBOARD
*** SEE NOTE**

PARAMETER	UNITS	VALUE[1]
TDS	mg/l	731
pH	pH units	10.5
TPH	mg/l	ND
CHLORIDES	mg/l	198

[1] – Laboratory results are in Appendix A.

MONTH (2007)	FREEBOARD AT LOWEST POINT (feet)
JANUARY 16	9
FEBRUARY 20	10
MARCH 27	12
APRIL 10	12
MAY 15	13
JUNE 19	13
JULY 24	14
AUGUST 21	13
SEPTEMBER 11	13
OCTOBER 16	12
NOVEMBER 20	11
DECEMBER 18	10

* Pond elevations change hourly as pond is part of production water system.

3/20/2008

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2007 REPORT DUE: January 30, 2008

C. WASHWATER VOLUME MONITORING

MONTH (2007)	VOL. OF WTR. RECYCLED (gallons)	VOL. OF WTR. FROM MAKEUP WTR. SOURCE (gallons)
JANUARY	349,325	349,325
FEBRUARY	278,700	278,700
MARCH	406,050	406,050
APRIL	334,400	334,400
MAY	324,550	324,550
JUNE	365,325	365,325
JULY	355,975	355,975
AUGUST	363,000	363,000
SEPTEMBER	342,750	342,750
OCTOBER	205,675	205,675
NOVEMBER	142,650	142,650
DECEMBER	193,525	193,525

Note: Production uses approximately 50% recycle water and 50% makeup water.

D. PLANT FACILITIES

X__ There was no change of the facility during this monitoring period.

____ There have been some changes to the facility. See attached map for further details.

E. OPERATION AND MAINTENANCE PROCEDURES IMPLEMENTATION

I certify that the operation and maintenance procedures developed pursuant to Provision C-5 and 16 of Order No. 95-104 was implemented by operating personnel throughout the previous year. There were no ready pond overflows in 2007 and the pond system is in sound condition.

SIGNED UNDER PENALTY OF PERJURY

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon
WDR NO. 9 000000687 ORDER NO.: 95-104
REPORT PERIOD: January – December, 2007 REPORT DUE: January 30, 2008

F. SOLID DISPOSAL

SOLID WASTE DISPOSAL LOG

DATE	QUANTITY	TYPE AND DISPOSTION
January 31	279 tons	
February 28	223 tons	
March 31	324 tons	
April 30	267 tons	
May 31	259 tons	
June 30	292 tons	
July 31	284 tons	
August 31	290 tons	
September 30	274 tons	
October 31	164 tons	
November 30	164 tons	
December 31	154 tons	

Note: Concrete is reprocessed in a reclaimer and the component material (water, cement, rock, and sand) is reused by the concrete batch plant.

California Regional Water Quality Control Board
San Diego Region

DISCHARGER: Carroll Canyon

WDR NO. 9 000000687 ORDER NO.: 95-104

REPORT PERIOD: January – December, 2007 REPORT DUE: January 30, 2008

Appendix A

Laboratory Results

3/20/2008

EnviroMatrix Analytical, Inc.

10 September 2007

Hanson Aggregates PSW, INC
Attn: Pete Zagar
9229 Harris Plant RD
San Diego, CA 92163-9069

EMA Log #: 0708519

Project Name: WDR 94-104

Enclosed are the results of analyses for samples received by the laboratory on 08/30/07 14:05. Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. I certify that this data is in compliance both technically and for completeness.

Dan Verdon
Laboratory Director

CA ELAP Certification #: 2564

4340 Viewridge Avenue, Suite A - San Diego, California 92123 - (858) 560-7717 - Fax (858) 560-7763
Analytical Chemistry Laboratory

3/20/2008

Client Name: Hanson Aggregates PSW, INC
Project Name: WDR 94-104

EMA Log #: 0708519

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Carroll Canyon 1	0708519-01	Water	08/30/07 08:53	08/30/07 14:05
Carroll Canyon 2	0708519-02	Water	08/30/07 08:53	08/30/07 14:05

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

3/20/2008

Client Name: Hanson Aggregates PSW, INC
Project Name: WDR 94-104

EMA Log #: 0708519

Conventional Chemistry Parameters by Standard/EPA Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
Carroll Canyon 1 (0708519-01) Water	**Sampled: 08/30/07 08:53**		**Received: 08/30/07 14:05**						
Chloride	**198**	0.05	mg/l	1	7090722	09/07/07	09/07/07	SM4500 Cl C	
pH	**10.5**	0.10	pH Units	"	7083102	08/30/07	08/30/07	SM4500-H+ B	HT-15
Total Dissolved Solids	**731**	20	mg/l	"	7090721	09/05/07	09/07/07	SM2540 C	
Carroll Canyon 2 (0708519-02) Water	**Sampled: 08/30/07 08:53**		**Received: 08/30/07 14:05**						
Oil & Grease	ND	5	mg/l	1	7090502	09/05/07	09/06/07	EPA 1664	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

3/20/2008

Client Name: Hanson Aggregates PSW, INC
Project Name: WDR 94-104

EMA Log #: 0708519

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 7083102										
Duplicate (7083102-DUP1)		**Source: 0708521-01**		Prepared & Analyzed: 08/30/07						
pH	6.67	0.10	pH Units		6.78			2	20	HT-15
Reference (7083102-SRM1)				Prepared & Analyzed: 08/30/07						
pH	9.18	0.10	pH Units	9.10		101	97.8-102.2			
Batch 7090502										
Blank (7090502-BLK1)				Prepared: 09/05/07 Analyzed: 09/06/07						
Oil & Grease	ND	5	mg/l							
LCS (7090502-BS1)				Prepared: 09/05/07 Analyzed: 09/06/07						
Oil & Grease	86	5	mg/l	106		81	75-125			
LCS Dup (7090502-BSD1)				Prepared: 09/05/07 Analyzed: 09/06/07						
Oil & Grease	88	5	mg/l	102		86	75-125	2	20	
Batch 7090721										
Duplicate (7090721-DUP1)		**Source: 0708518-01**		Prepared: 09/05/07 Analyzed: 09/07/07						
Total Dissolved Solids	2580	20	mg/l		2560			0.8	20	
Reference (7090721-SRM1)				Prepared: 09/05/07 Analyzed: 09/07/07						
Total Dissolved Solids	256	20	mg/l	285		90	89.1-110.9			
Batch 7090722										
Blank (7090722-BLK1)				Prepared & Analyzed: 09/07/07						
Chloride	ND	0.05	mg/l							

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

EnviroMatrix Analytical, Inc.

3/20/2008

Client Name: Hanson Aggregates PSW, INC
Project Name: WDR 94-104

EMA Log #: 0708519

Conventional Chemistry Parameters by Standard/EPA Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 7090722										
LCS (7090722-BS1)				Prepared & Analyzed: 09/07/07						
Chloride	202	0.05	mg/l	200		101	80-120			
LCS Dup (7090722-BSD1)				Prepared & Analyzed: 09/07/07						
Chloride	216	0.05	mg/l	200		108	80-120	7	20	
Duplicate (7090722-DUP1)		**Source: 0708516-01**		Prepared & Analyzed: 09/07/07						
Chloride	234	0.05	mg/l		228			3	20	
Matrix Spike (7090722-MS1)		**Source: 0708516-01**		Prepared & Analyzed: 09/07/07						
Chloride	382	0.05	mg/l	200	228	77	80-120			QM-05
Matrix Spike Dup (7090722-MSD1)		**Source: 0708516-01**		Prepared & Analyzed: 09/07/07						
Chloride	388	0.05	mg/l	200	228	80	80-120	2	20	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

3/20/2008

Client Name: Hanson Aggregates PSW, INC Project Name: WDR 94-104	**EMA Log #: 0708519**

Notes and Definitions

QM-05	The spike recovery was outside acceptance limits for the MS and/or MSD due to matrix interference. The LCS and/or LCSD were within acceptance limits showing that the laboratory is in control and the data is acceptable.
HT-15	This sample was received outside of the EPA's recommended 15 minute holding time for this analysis. However, the sample was analyzed immediately upon receipt.
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

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

3/20/2008

CHAIN-OF-CUSTODY FORM

EnviroMatrix Analytical, Inc.

page____of____

4340 Viewridge Ave., Ste. A · San Diego, CA 92123 · Phone (858) 560-7717 · Fax (858) 560-7763

EMA LOG #: 0708519

Client: Hanson Aggregates PSW, Inc

Attn: Pete Zagar

Sampler(s): Pete Zagar

Address: 9255 Camino Santa Fe
San Diego CA 92121

Phone: 858-571-2772 Fax: 858-571-1700

Email: Peter.Zagar@Hanson.biz

Billing Address: P.O Box 639069
San Diego, CA 92163

Project ID: WDR 94-104

Project #: PO#:

SAMPLE DETAILS

#	Client Sample ID	Sample Date/Time	Sample Matrix	Container(s) # of / Type	Oil & Grease ☒413.1 ☐413.2 ☐1664	418.1 (Total Recoverable Petroleum Hydrocarbons)	8015B (TPH) ☐Gas ☐Diesel ☐Ext ☐ASTM D2887	624 / 8260 (VOC) ☐Full ☐BTXE ☐MTBE ☐Oxy ☐Nap	625 / 8270 (Semi Volatile Organics) ☐PAH only	608 / 8081 (Organochlorine Pesticides)	608 / 8082 (Polychlorinated Biphenyls)	8141 (Organophosphorus Pesticides)	TBT (Organotin Compounds)	☒TDS ☐Conductivity (EC) ☐TSS ☒TDS Cl⁻	☐Nitrate ☐Nitrite ☐TKN ☐NH3	TTLC Metals (CAC Title 22) / (CAM 17)	STLC Metals (CAC Title 22) / (CAM 17)	TCLP (RCRA) ☐Metals ☐Organics	Cd Cr Cu Pb Ni Ag Zn ☐Dissolved	Coliform, ☐Total (MTF) ☐Fecal (MTF) ☐Colilert,T+E.Coli	Enterococcus, ☐MTF ☐Idexx	Heterotrophic Plate Count (HPC)	Microbiology Notes	Sample Comments
01	Carroll Canyon 1	8/30 8:53	H_2O	1 P										X											
02	Carroll Canyon 2	8/30 8:53	H_2O	1 G	X																				
03																									
04																									
05																									
06																									
07																									
08																									
09																									
10																									

Sample Matrix Codes: GW=ground water WW=waste water DW=drinking water SW=storm water

A=air SED=sediment O=oil T=tissue S=solid other (specify) L=liquid other (specify)

Shipped By: ☐Courier ☐UPS ☐FedEx ☐USPS ☐Client drop off ☐Other_____

[1]Turnaround Time: ☐Same day ☐24 hr ☐48 hr ☐3 day ☐4 day ☐5 day ☒STD (7 day)

[1]Reporting Requirements: ☐Fax ☐PDF ☐Excel ☐Geotracker EDF ☐Other_____

[1]Sample Disposal: ☒By Laboratory ☐[2]Return to client: P/U or Delivery ☐Archive until ___/___/___

SAMPLE INTEGRITY

Correct Containers: Yes No N/A

Containers Properly Preserved: Yes No N/A

Custody Seals Intact: Yes No N/A

Temperature @ Receipt: 2°C

COC/Labels Agree: Yes No N/A

Sampled By: ☒Client ☐EMA ☐Autosampler

Project Comments:

CHAIN-OF-CUSTODY RECORD

RELINQUISHED BY		RECEIVED BY		DATE/TIME STAMP
Signature	Peter G Zagar 8/30/7	Signature	[signature]	8/30/07
Print	Peter G. Zagar 2:00 PM	Print	Sean Flores	1405
Company	Hanson Agg	Company	EMA Inc.	
Signature		Signature		
Print		Print		
Company		Company		
Signature		Signature		
Print		Print		
Company		Company		

[1]Additional costs may apply, consult a project manager for details.

White - EMA Canary - Accounting Pink - Client (w/Report) Goldenrod - Client (Relinquish Samples)

[2]EMA reserves the right to return any samples that do not match our waste profile.

Note: By relinquishing samples to EnviroMatrix Analytical, Inc., client agrees to pay for the services requested on this chain of custody form and any additional analyses performed on this project. Payment for services is due within 30 days from the date of the invoice. Sample(s) will be disposed of after 30 days unless otherwise noted. All work is subject to EMA's terms and conditions.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

3/20/2008

HAZARD EVALUATION PLAN

Original, Exposure Records; Yellow, Site file; Pink, Safety Officer
Mail Original to SWRCB, 4th Floor, P.O. Box 100, Sacramento, CA 95801; Attn: Tom Mitchell

Prepared by: _____ Date: _____

☐ State Board ☑ Regional Board Region San Diego Telephone Number: 619-516-1990

SITE DESCRIPTION: Sand and Gravel Mining Facilities
(Attach copy of site summary, or describe on mini memo form)

Site Name: Hanson Aggregates, Carroll Canyon Plant

Address: 9255 Camino Santa Fe, San Diego County Code: 37

Nearest Emergency Room Phone: 858-939-3400 Location: San Diego

Site Operator/Contact: Aaron Munn Site Telephone No.: 858-715-5667

Waste Category/Type: Non-Hazardous/ Wastewaters to Land SIC Code: 0144

Investigation Date(s): _____ *Estimated Hours on Site:* ☐ 0—2 ☐ > 2—4 ☐ > 4—8 ☐ > 8

TYPE OF INVESTIGATION

- ☐ Surveillance/Enforcement
- ☐ Permit
- ☐ Underground Tanks
- ☐ Site Assessment/Mitigation
- ☐ Toxic Pits
- ☐ Hydrogeological Support
- ☐ Other _____

Does investigation require employee or site exposure monitoring?
☐ Yes ☐ No

SAMPLES COLLECTED

Type	Number
☐ Waste/Sludge	
☐ Soil	
☐ Surface Water	
☐ Ground Water	
☐ Air	
☐ Exposure Monitoring	
☐ Other	

INVESTIGATION TEAM *(Note affiliation if other than W.B.)*

	Name	Job Function(s)
1.		Site Safety Officer
2.		
3.		
4.		
5.		
6.		
7.		
8.		

SAMPLE SOURCE(S)

- ☐ Drum(s)
- ☐ Tank(s)
- ☐ Sump/Pit
- ☐ Illegal Dumping
- ☐ Surface Impoundment
- ☐ Run-off
- ☐ Airborne Emissions
- ☐ Other _____

SAMPLE TRANSPORTATION

	Yes	No
Shipping Container	☐	☐
Absorbing Material	☐	☐
Common Carriers	☐	☐
D.O.T. Requirements	☐	☐

Other: _____

HAZARD EVALUATION PLAN

POTENTIAL HAZARDS *(Risk)*
(Identify materials in space provided)

- ☐ Carcinogens
- ☐ Confined Spaces (Source)
- ☐ Corrosives
- ☑ Dusts Derived from on site mechanical equipment
- ☑ Flammables Fuels used by mechanical equipment
- ☑ Heat Stress (Expected Temp. 60 to 100 °F)
- ☑ Infectious Agents Prions, bacteria, parasites
- ☐ Inorganic Gases
- ☐ Metals
- ☑ Noise (Source Derived from on site mechanical equip.)
- ☐ Other Airborne Contaminants
- ☐ Oxidizers
- ☐ Pesticides
- ☐ Radioactive Materials
- ☐ Solvents

TOXICITY OF PREDOMINANT MATERIAL(S)
(Attach sheet for additional chemicals)

Chemical:

TLV: Odor Threshold:

Acute Health Effects:

Chronic Health Effects:

REQUIRED DECONTAMINATION/FIRST AID

Shower/Eye Wash	☐ Yes	☑ No
Washing Facilities	☐ Yes	☑ No
Drinking Water	☑ Yes	☐ No
First Aid Kit	☑ Yes	☐ No
Spill Kit	☐ Yes	☑ No

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

Level of Protection: ☑ A ☐ B ☐ C ☐ D

Glove(s): ☐ Neoprene ☐ Nitrile ☐ PVC ☐ Rubber ☐ Viton ☐ Liners

Suit: ☐ Tyvek ☐ Saranex ☐ PE Tyvek ☐ PVC

Respirator: ☐ A/P Cartridge ☐ SCBA

- ☑ Hardhat
- ☐ Chemical Resistant Boots
- ☐ Escape Respirator
- ☐ Boot Covers
- ☑ Hearing Protection
- ☑ Other Steel Toe Boots

Was level of protection changed during investigation? ☐ Yes ☐ No
(If Yes, complete page 3 for changes)

SURVEY/SAMPLING EQUIPMENT

- ☐ Combustible Gas/O_2Meter
  Calibration date
- ☐ HNU Photoionizer with ☐ 11.7 ☐ 10.2 ☐ 9.5 probe
  Calibration date
- ☐ Detector Tubes (Specify:)
- ☐ OVA-128 Meter ☐ pH Paper/Meter
  Calibration date
- ☐ Radiation Meter ☐ WBGT Meter
  Calibration date
- ☑ Camera ☐ Binoculars
- ☐ 2-Way Communication Kit ☑ Other File and site map

Sampling Equipment (List)

WORK/REST CYCLE *(Per Hour)*

Time on: % Time off: %

Temp. Wind

Review: Health and Safety Unit Date

Telephone No.:

Supervisor Date

HAZARD EVALUATION PLAN

POST INSPECTION DATA SHEET

Site Name: Hanson Aggregates, Carroll Canyon Plant Date: _____

Prepared by: _____ Site Safety Officer Telephone No.: _____

☐ State Board ☑ Regional Board Region: San Diego

Investigation Date: _____

W. B. Personnel Present: _____ _____ _____
(Append to Med. File) _____ _____ _____

Survey Equipment Used and Readings Obtained:

☐ Combustible Gas Meter, Calibration Date: _____; Reading: _____

☐ Oxygen Meter Calibration Date: _____: Reading: _____

☐ HNU Photoionizer Probe No.: _____; Calibration Date: _____; Reading: _____

☐ Soil Sampler Kit _____; Readings: _____ ☐ Detector Tube Readings: _____

☐ pH Meter/pH paper/measured pH: _____ ☐ Radiation Meter(s) No.: _____; Reading: _____

☐ WBGT Heat Stress Reading: _____ ☐ Metal Detector Reading: _____

☐ Camera/Video: _____ ☐ OVA-128 Calibration Date _____; Reading: _____

☐ Other: _____

Personal Protective Equipment/Clothing Used:

☐ Level A ☐ Level B ☐ Level C ☐ Level D ☐ SCBA ☐ Full-Face Twin

☐ Cartridge Type, TC _____ ☐ Gloves, Type _____

Boot, Type ☐ PVC; ☐ Neoprene; ☑ Rubber /Coveralls, Type _____

SAMPLES TAKEN: ☐ Yes ☐ No Describe Samples and Sampling Technique: ☐ Solid ☐ Liquid ☐ Trowel

☐ Sludge ☐ Gas ☐ Bottle ☐ Bucket Auger ☐ Coliwasa ☐ Glass Tubes ☐ Auger ☐ Peristaltic Pump

Exposure (did skin contact occur? ☐ Yes ☐ No; dust or vapors noticed in breathing zone? _____)

EXPOSURE SYMPTOMS: ☐ Yes ☐ No (if yes, describe)

Headache: ☐ Yes ☐ No Faint/Dizzy: ☐ Yes ☐ No Nausea: ☐ Yes ☐ No Chills: ☐ Yes ☐ No Clammy: ☐ Yes ☐ No

Effects after leaving the site? ☐ Yes ☐ No Effects reported to supervisor? ☐ Yes ☐ No

Effects reported to Industrial Hygienist? ☐ Yes ☐ No

State of California—Environmental Protection Agency

State Water Resources Control Board

HAZARD EVALUATION PLAN

Original, Exposure Records; Yellow, Site file; Pink, Safety Officer
Mail Original to SWRCB, P.O. Box 100, Sacramento, CA 95812; Attn: Cynthia Paulo

Prepared by: _____ Date: _____

☐ State Board ☑ Regional Board Region San Diego Telephone Number: 619-516-1990

SITE DESCRIPTION: Sand and Gravel Mining Facilities
(Attach copy of site summary, or describe on mini memo form)

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- ☐ Illegal Dumping
- ☐ Surface Impoundment
- ☐ Run-off
- ☐ Airborne Emissions
- ☐ Other _____

SAMPLE TRANSPORTATION

	Yes	No
Shipping Container	☐	☐
Absorbing Material	☐	☐
Common Carriers	☐	☐
D.O.T. Requirements	☐	☐

Other: _____

EMERGENCY TELEPHONE NUMBERS

All Numbers need to be verified.

NUMBERS TO CALL IMMEDIATELY

POLICE — FIRE — AMBULANCE 9-1-1

Highway Toxic Spill — ask for Highway Patrol 9-1-1

Off-Highway Toxic Spill — Office of Emergency Services 800-852-7550 (24 hour)

National Response Center — EPA and Coast Guard 800-424-8802 (24 hour)

Chemtrec 800-424-9300 (24 hour)

CALL YOUR SUPERVISOR AS SOON AS YOU HAVE CALLED AN ABOVE NUMBER

NUMBERS TO CALL FOR SPECIFIC INFORMATION

AGENCY	PURPOSE	SACRAMENTO	LOS ANGELES	S.F. BAY AREA
Cal/OSHA (24 hour)	OSHA violation	916-920-6123 8-430-6123	213-736-3041 8-677-3041	415-557-1946 8-597-1946
County Environmental Health Offices — Call information or your region for phone number.				
Cable Locating Service, 2-day notice required prior to digging (24 hour)		800-642-2444	800-642-4133	800-642-2444
Fish and Game	Oil spill or any wildlife impact	916-323-1635 8-473-0635	Same Same	Same Same
Food and Ag	Pesticide enforcement	916-322-5032 8-492-5032	Same	Same
Hazardous Materials Lab. (DOHS)		Berkeley Lab. 415-540-3003 8-571-3003	Southern Cal. Lab. 213-620-4153 8-640-4153	Berkeley Lab. 415-540-3003 8-571-3003
Poison Control Centers (24 hour)		UC Davis Med Center 916-453-3692	LA Region 213-484-5151	SF Gen. Hospital 415-666-2845
Radiological Health Branch		916-322-2073 8-492-2073	213-620-2860 8-640-2860	415-540-2014 8-571-2014
		916-391-7716 (after 5 p.m., all locations)		
RCRA Superfund Hotline (Weekdays 8:30 — 4:30 E.S.T.)		1-800-424-9346	Same	Same
Regions — TSCD		916-739-3145 8-497-3145	213-620-2380 8-640-2380	415-540-2043 8-571-2043
Fresno		209-445-5938 8-421-5938		
SWRCB — Health and Safety Unit	Call Industrial Hygienist	9[illegible] 8-[illegible]		

SW Chris Arias

Hanson
HEIDELBERGCEMENTGroup

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

Hanson Aggregates

2011 APR -5 A 9:54

Memo

To: **File**

From: **Jud Harvey**

Copy: Steve Zacks

Date: **3/29/2011**

Pages: **1**

This turbidity report is sent in response to NOV No. R9-2010-0060 (Carroll Canyon- WDID # 9 37I014663)

Carroll Canyon Turbidity Report- 3/21/2011 Event

There was rain during the prior weekend. By the time turbidity was measured on Monday 3/21/2011, the discharge was a low flow at the Access Road #1 Discharge Point, and there was no discharge at the Camino Santa Fe or Access Road #2 Discharge Points.

An asphalt berm was installed in response to the December 2010 storms at the Access Road #2 Discharge Point to divert water around the damaged sedimentation basin. We are still in the process of obtaining a permit to rebuild this basin and associated culverts.

Additional gravel bags were installed at the Access Road #1 Discharge Point on 3/21/2011 to further filter the discharge. The discharge at this location was rapidly decreasing at the time the bags were installed..

Carroll Canyon Turbidity Log
10/1/2010- 5/30/2011

Instructions

1. If a rain event is 0.5 inches or more based on the nearest available rain gauge and a discharge is produced, then fill in the below table.
2. If a rain event is 0.5 inches or more based on the nearest available rain gauge and a discharge is not produced, then take photos at the discharge point to document there is no discharge.
3. Submit this Turbidity Log to the Regional Board within 7 days of the date of testing. Each submittal shall show the earlier test results.
4. If a rain event that is 0.5 inches or more does not result in a discharge at a discharge point, then submit photos in lieu of turbidity test results.
5. In the event that the turbidity of a sample exceeds 20 NTU, additional actions must be taken immediately to control the discharge.

Turbidity of Discharge Table

Date of Storm Event (1)	Turbidity in NTU at Camino Santa Fe Discharge Point (2)	Turbidity in NTU at Access Road #1 Discharge Point (low point in road) (2)	Turbidity in NTU at Access Road #2 Discharge Point (near office trailer) (2)	Initials of Person Filling Out Log
10/19-10/20/2010	No Discharge	No Discharge	*58.6*	
12/21/2010	62	No Discharge	66	
03/21/2011	No Discharge	72	No Discharge	

Notes

(1) Show date of storm event that is 0.5 inches or more based on the nearest available rain gauge.

(2) *Record turbidity when storm event exceeds 0.5 inches and stormwater discharge* is produced at discharge point.

03/21/2011 07:47

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

SW Chris Arias

Hanson
HEIDELBERGCEMENTGroup

SAN DIEGO REGIONAL
WATER QUALITY
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03/21/2011 07:47

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

Linda S. Adams
Secretary for Environmental Protection

California Regional Water Quality Control Board

San Diego Region

Over 50 Years Serving San Diego, Orange, and Riverside Counties
Recipient of the 2004 Environmental Award for Outstanding Achievement from USEPA

Arnold Schwarzenegger
Governor

9174 Sky Park Court, Suite 100, San Diego, California 92123-4353
(858) 467-2952 • Fax (858) 571-6972
http:// www.waterboards.ca.gov/sandiego

March 30, 2010

In reply refer to:
271591:adai

Mr. Peter G. Zagar
Hanson Aggregates-West Region
PO Box 639069
San Diego, CA 92163-9069

Dear Mr. Zagar:

SUBJECT: MIRAMAR PLANT, CARROLL CANYON PLANT, CONCRETE BATCHING PLANT, CHANNEL ROAD SAND PLANT, OTAY PLANT, SLAUGHTERHOUSE CANYON PLANT

The California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) has reviewed the January – December 2009 annual monitoring reports submitted by Hanson Aggregates in accordance with Monitoring and Reporting Program No. 94-63, No. 95-104, No. 94-34, No. 88-65, No. 94-07, No. 94-06 for the subject facilities.

The San Diego Water Board has the following comments regarding the referenced above:

1. No violations of Order No. 94-63, No. 95-104, No. 94-34, No. 88-65, No. 94-07, and No. 94-06 were identified in the submitted reports.

2. The next monitoring reports are the January - December 2010 annual monitoring report, which are due by January 30, 2011.

In the subject line of any response, please include the requested "in reply refer to" information located in the heading of this letter. Please contact Amanda Dai at 858-627-3977 or at adai@waterboards.ca.gov if you have any questions on this matter.

Sincerely,

Robert Morris

Robert W. Morris, P.E.
Senior Water Resource Control Engineer
Ground Water Branch

CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

San Diego Regional Water Quality Control Board

April 10, 2015

In reply refer to:
213364: RMitchell

Mr. Aaron Lund
Lehigh Hanson, West Region
P.O. Box 639069
San Diego, CA 92163-9069

Subject: Carroll Canyon Sand and Gravel Plant Inspection Summary and Site Evaluation for Enrollment in Conditional Waiver of Waste Discharge Requirements for Discharges of Slurries to Land, San Diego, San Diego County

Mr. Lund:

This letter provides you with a summary of inspection observations and an evaluation for potential enrollment in Waiver No. 9 – *Discharges of Slurries to Land* (Slurry Waiver). The Slurry Waiver is one of the conditional waivers adopted by the San Diego Water Board, as part of Order No. R9-2014-0041 – *Conditional Waiver of Waste Discharge Requirements for Low Threat Discharges in the San Diego Region* (Order No. R9-2014-0041) on June 26, 2014.[1] San Diego Water Board staff conducted an inspection of the Carroll Canyon Sand and Gravel Plant (Facility), operated by Lehigh Hanson, West Region (Hanson), on April 3, 2015. This letter only addresses observations made by San Diego Water Board staff, regarding compliance with Order No. 95-104 – *Waste Discharge Requirements for H.G. Fenton Material Company, Carroll Canyon Plant, San Diego County* (Order No. 95-104),[2] and the potential to enroll the Facility in the Slurry Waiver.

Inspection Findings

1. Observed Violations. During the inspection of the Facility, San Diego Water Board did not observe any violations against the requirements specified in Order No. 95-104.

2. Enrollment Potential. During the inspection, San Diego Water Board staff conferred with Hanson's Environmental Manager and concurred the Facility may satisfy all of the conditions for enrollment in the Slurry Waiver.

[1] Order No. R9-2014-0041 is available on-line at:
http://www.waterboards.ca.gov/sandiego/board_decisions/adopted_orders/2014/R9-2014-0041.pdf

[2] Order No. 95-104 is available on line at:
http://www.waterboards.ca.gov/sandiego/board_decisions/adopted_orders/1990/95-104.pdf

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

Determination and Next Steps

Based on the inspection findings, the San Diego Water Board considers that Facility to be in good standing, and remains a candidate for enrollment in the Slurry Waiver. As such Hanson must:

1. provide the San Diego Water Board with documentation demonstrating that the discharge of waste at the Facility is at least 100 feet from any surface water body or municipal water well; and

2. maintain compliance with the requirements specified in Order No. 95-104, and the associated monitoring and reporting program, until otherwise directed in writing, by the San Diego Water Board.

The next monitoring report required to be submitted is the January-December 2015 annual monitoring report, which is due by January 30, 2016. Please submit all future responses to the San Diego Water Board by email.[3] Email submittals must include a signed cover/transmittal letter (with the facility name, facility contact information, and reference code: 213364:RMitchell, and be sent via email to sandiego@waterboards.ca.gov. This request does not replace routine email correspondence that may be sent to individual San Diego Water Board staff members. Please contact Mr. Roger Mitchell at 619-521-5898, or at Roger.Mitchell@waterboards.ca.gov if you have any questions.

Respectfully,

Roger N. Mitchell, P.G.
Engineering Geologist
Cleanup and Land Discharge Branch

RNM:jro:rnm

Enclosure: 1. April 3, 2015 Carroll Canyon Sand and Gravel Plant Inspection Report

Tech Staff Info & Use	
Reg. Measure ID	142585
Place ID	213364
Party ID	19795; 549921
Order No.	95-104
Inspection ID	19981915

[3] See public notification on electronic reporting on-line at: http://www.waterboards.ca.gov/sandiego/docs/Electronic_Reporting_Sept2014.pdf

Enclosure 1
April 3, 2015 Carroll Canyon Sand and Gravel Plant Inspection Report

Inspection ID: 19981915 Date Printed: 04/06/2015

FACILITIES INSPECTION REPORT

Region/Office: 9	Status: Performed	Reg. Measure ID: 142585
Program Type: WDRMINING	WDID: 9 000000687	Order Number: 95-104
Scheduled Insp. Date:	Actual Insp. Date: 04/03/2015	

Discharger Information

Party ID: 19795	Discharger Organization Name: Hanson Aggregates Pacific Southwest, Inc		
Address: Po Box 639069		City, State, Zip: San Diego, CA 92163-9069	
Discharger Contact Person:	Aaron Lund	Discharger Contact Phone:	858-715-5667

Facility Information

Place ID 213364	Facility Name: Hanson Aggregates Carroll Canyon Plant		
Address: 9255 Camino Santa Fe		City, State, Zip: San Diego, CA 92121	
County: San Diego	Latitude: 32.891375	Longitude: -117.167977	Method: Map Interpolation

Lead Inspector Information

Lead Inspector Party ID: 534450		Lead Inspector Name: Roger Mitchell		
Inspector Type:	☒ State	☐ State Contractor	☐ EPA Contractor	☐ EPA (Regional)
	☐ EPA and State (EPA Lead)		☐ EPA and State (State Lead)	

INSPECTION TYPE (Check One)

- ☐ "A" type compliance - Comprehensive inspection in which samples are usually taken (EPA Type S)
- ☐ AGT SPCC - An inspection of an above ground tank site and review of the site's spill prevention control and counter measure plant.
- ☒ "B" type compliance - A routine inspection (EPA Type C) that typically does not include collecting samples
- ☐ Complaint - Inspection made in response to a complaint
- ☐ Field Oversight - Inspection or site visit to confirm clean-up work is being performed
- ☐ Follow-up (enforcement) - Included inspections specifically made to verify compliance with enforcement mandates
- ☐ Follow-up (non-compliance) - Includes inspections specifically made to verify corrections of non-compliance where no enforcement has been initiated
- ☐ Pre-requirement - Inspection made to gather information relative to preparing, modifying, or rescinding requirements
- ☐ Pretreatment Compliance Audit - An audit that includes review of that program authority, records, and industrial facility field inspections
- ☐ Pretreatment Compliance Inspection - An inspection of a pretreatment program that includes records review and industrial facility field inspections
- ☐ MS4 Audit - An evaluation of an MS4 program or program component that could possibly lead to enforcement. It must include a site visit.
- ☐ NOT - Inspection performed in response to the submittal of a Notice of Termination coverage under a general order
- ☐ Miscellaneous - Any inspection type not mentioned above

Inspection ID: 19981915

Date Printed: 04/06/2015

VIOLATIONS

Were Violations noted during this inspection? ☐ Yes ☒ No

Violation ID	Violation Type	Occurrence Date	Rank	Description

INSPECTION SUMMARY (REQUIRED) (500 character limit)

No Violation Observed

GENERAL NOTES (OPTIONAL) (2000 character limit)

Facility's eligibility for enrollment in Conditional Waiver No. 9 is subject to confirmation that wastewater discharges are at least 100 feet away from any surface water body or municipal water well.

For Internal Use (Optional)					
Reviewed By:	(1)		(2)	(3)	
CIWQS Entry Date:		Regional Board File Number:		CIWQS Inspection ID:	

NPDES
STORM WATER POLLUTION PREVENTION PLAN
Hanson Aggregates- Carroll Canyon

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Attachment	
1	Site Map
2	Inspection Forms
3	Procedure For Collecting A Sample
4	Training Log and Sample Training Presentation

Section 1
Introduction

General Permit No. CAS000001 authorizes the discharge of storm water from industrial facilities into surface waters. The General Permit requires that a Storm Water Pollution Prevention Plan (SWPPP) be developed and implemented to identify potential pollutants in the storm water and Best Management Practices to reduce or eliminate these pollutants. This document is the Storm Water Pollution Prevention Plan (SWPPP) for the Carroll Canyon facility.

The Hanson Carroll Canyon facility includes rock and sand mining, rock and sand (Primary, Secondary, and Tertiary) plants, concrete plant, sand plant, shops (Truck and Heavy Equipment), and a soil screening/ amended soil sales operation (A-1 Soils).

Section 2
Facility Information and Certification

1. Facility WDID No: 9 37I014663
   SIC Code: 1442 (Construction Sand and Gravel); 3273 (Ready Mix Concrete); 7699 (Vehicle Maintenance)

2. Facility Location and Operator
   Name: Hanson Aggregates Pacific Southwest Region
   Address: 9225 Camino Santa Fe, San Diego
   Phone Number: (858) 577-2722
   Site Contact Person: Jud Harvey, Plant Manager

3. SWPPP Team
   SWPPP Development: David Chong- ESH Manager; Steve Zacks- Environmental Manager
   Onsite Implementation: Jud Harvey- Rock and Sand Plant Manager; Craig Tieck- Concrete Area Manager; Randy Burns- San Diego Operations Manager Recycled Materials/A-1 Soils; David Chong- ESH Manager

4. 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 designed to ensure 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 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.

   Signature: *Steve Zacks* Date: 4/9/2010
   Title: Environmental Manager

Section 3
Storm Water Collection and Site Map

1. Storm Water Flow

Most storm water contacting the various operations would ultimately flow to Carroll Canyon Creek or onsite ponds. Storm water flow at the different plant areas is described in Table 1 and shown on the Site Map (Attachment 1).

Table 1: Storm Water Flow

Operation	Description of Storm Water Flow
Mining, Primary Plant, A-1 Soils-Screen & Stockpile Area	Most storm water flows to the Camino Santa Fe Desilting Basin or the mining pit. Storm water in the mining pit is sometimes pumped to the Camino Santa Fe Desilting Basin. Water that enters the Basin riser discharges to Carroll Canyon Creek.
Rock and Sand Plant- Secondary & Tertiary Plants	Storm water ultimately flows to Carroll Canyon Creek with sufficient rain.
Sand Wash Plant	Storm water ultimately flows to Carroll Canyon Creek with sufficient rain.
Concrete Plant	Storm water contacting the plant area drains to a sump (Concrete Plant Sump) and then is pumped to an Alar system to remove solids. Treated water can be pumped to 2 water tanks. If there is sufficient rain, storm water may reach an unlined pond.
Shops	Storm water ultimately flows to Carroll Canyon Creek with sufficient rain.
A-1 Soils- Office & Amended Soils Area	Storm water ultimately flows via an unnamed tributary to Carroll Canyon Creek with sufficient rain.

2. Storm Water Discharge Points

Storm water discharge points that will be inspected and sampled include:

- Camino Santa Fe Desilting Basin Discharge Point. The Camino Santa Fe Desilting Basin riser discharges to a lined swale, which then flows to a pipe that discharges to Carroll Canyon Creek. The sampling location will be where the riser discharges to the lined swale.
- Access Road #1 Discharge Point (low point in road)
- Access Road #2 Discharge Point (to be installed- near office trailer)

The location of these discharge points are shown on the Site Map.

There is a discharge from the A-1 Amended Soils Area to a tributary to Carroll Canyon Creek. This discharge co-mingles with runoff from bluffs located south of the A-1 Amended Soils area. Sampling and inspections will not be conducted at this location due to this co-mingling.

Section 4
List of Significant Materials and Potential Pollutant Sources

1. List of Significant Materials

Materials present at the facility that may contribute pollutants to storm water run-off are listed in Table 2 below. The primary pollutants that can be generated at the site are sediment and elevated pH.

Table 2: Significant Materials and Potential Pollutants

Materials	Location	Quantity (Approximate)	Pollutant
Rock and Sand Plants			
Sand and Gravel	Stockpiles- Unprocessed (surge pile)	Aggregate- 15,000 tons	Sediment
Sand and Gravel	Stockpiles- Processed	Gravel- 40,000 tons Sand- 8,000 tons	Sediment
Mining Area			
Sand and Gravel	Pit	Aggregate- variable amount exposed by grading	Sediment
Sand Plant			
Sand	Stockpiles (processed and unprocessed)	8,000 tons	Sediment
Concrete Plant			
Sand and Gravel	Stockpiles, Aggregate silos and overhead bins at concrete plant.	Sand- 10,000 tons Rock- 700 tons	Sediment
Cement, Fly Ash	Silos at concrete plant	Cement-200 tons Fly Ash-50 tons	Elevated pH materials
Admixtures and colors	Tanks at concrete plant	Admixtures- 10,000 gal Colors- 2,500 gal	Misc.
Acid	Tank at concrete plant	250 gal	Reduced pH
Shops and Fuel Areas			
Diesel	Underground Tanks	50,000 gallons	TPH

Oil and Grease	Shop Buildings	Oil- 1400 gal Grease- 110 gal Used Oil- 500 gal Antifreeze- 55 gal Used Antifreeze- 55gal Kerosene- 70 gal	TPH, Metals, Ethylene Glycol
A-1 Soils			
Imported Amended Soils	Amended Soils Area	3,500 cy	Sediment, fertilizers, organic material
Screened Topsoil	Amended Soils Area	1,500 cy	Sediment
Screened Topsoil	Screen and Stockpile Area	8,000 cy	Sediment

2. Industrial Processes

The Industrial processes and associated significant materials for the site are listed in Table 3 below:

Table 3: Industrial Processes

Industrial Process	Description of Process	Associated Significant Materials
Mining Area and Primary Plant		
Excavation of aggregate	A dozer in the mining pit pushes aggregate into a feed hopper that leads to a conveyor system.	Sediment
Transport of aggregate to primary rock and sand plant	The conveyor system transports the aggregate to the primary rock and sand plant.	Sediment
Rock and Sand Plant- Secondary and Tertiary Plants		
Crushing and screening	Aggregate processed by the primary plant is transported to the Secondary and then Tertiary plants via conveyors. These plants screen and crush aggregate to produce rock products of different sizes and manufactured sand.	Sediment
Washing of rock	Rock products are washed	Sediment

products	with water to remove fines. The washwater is discharged to an onsite settling pond.	
Storage of processed sand and gravel in stockpiles	Finished rock and sand products are stored in stockpiles until transported offsite.	Sediment
Concrete Plant		
Aggregate delivery and storage	Sand and gravel is delivered from stockpiles to the plant via conveyors, and then moved into silos or overhead bins.	Sand and Gravel
Silo loading and storage	Cement and fly ash are pneumatically loaded into silos.	Cement, Fly Ash
Concrete production	Concrete is produced by dropping sand, gravel, cement and/or fly ash, water, and admixtures into a mixer truck. Colors are sometimes added to the mix. Admixture and color tanks are stored in a concrete containment.	Sand and Gravel, Cement, Fly Ash, Admixtures, Colors
Interior truck washing; Handling of return concrete	Return concrete and interior truck washwater are discharged to reclaimer/ Alar system.	Sand and Gravel, Cement, Fly Ash, Admixtures
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.	Acid
Sand Plant		
Sand washing	Material is imported from offsite locations, blended with onsite materials, and washed to remove fines. The washwater is discharged to an onsite settling pond.	Sediment
Shops (Heavy Equipment, Truck) and Fueling Area		
Fueling	Equipment is fueled from underground tanks.	Diesel
Vehicle/ Equipment	Vehicle and equipment	Oil and grease,

Maintenance	maintenance and repair.	waste oil and anti-freeze.
Hazardous Materials and Waste Storage Area(s)	Materials and waste are stored indoors or under a rain shelter.	Oil and grease, waste oil and anti-freeze, battery acid
A-1 Soils		
Topsoil Screening	Topsoil is screened at the Screen and Stockpile Area to remove oversized materials. Processed topsoil is stockpiled in this area and at the Amended Soils Area.	Sediment
Import of Amended Soil	Minerals such sand and soil are blended with compost and other organics, and/or fertilizers at an offsite location and hauled to Carroll Canyon for storage and sale at the Amended Soils Area.	Minerals such as sand and soil, compost and other organics, fertilizers

3. Material Handling: See Table 3 above.

4. Dust and Particulate Generating Activities

   Minor amounts of dust could be generated at the different operations from moving equipment or vehicles, and as follows:

   - Mining Area- From excavation and conveying of aggregate.
   - Primary, Secondary, and Tertiary Aggregate Plants: From conveying, crushing, screening, and storage of aggregate.
   - Concrete plant- When the cement or fly ash is dropped into a mixer truck, when silos are being filled with cement or fly ash, and from the sand and gravel transfer.
   - A-1 Soils- From screening of materials and from stockpiles during periods of heavy wind.

5. Significant Spills and Leaks

   Based on interviews with plant staff and review of previous SWPPP's, it appears that significant quantities of materials have not spilled or leaked in storm water or non-storm water discharges since April 17, 1994.

6. Non-Storm Water Discharges

   An audit was conducted on 4/8/2010 to determine whether there are any unauthorized storm water discharges. The audit was based on observations during dry weather and did not identify any non-storm water discharges.

7. Soil Erosion

There is the potential for soil erosion at unlined portions of the site at the mining and plant areas.

8. Assessment of Potential Pollutant Sources

The primary pollutants that could be generated include:

- Mining Area and Plants- Sediment
- Concrete Plant- Elevated pH from the cement or fly ash. Cement could be released to the ground and exposed to rain water by the following processes:
    1. When cement or fly ash is dropped into a mixer truck.
    2. When a cement or fly ash silo is being filled.
    3. Rinsing the exterior of a batch truck.
    4. Rinsing the interior of a batch truck.
    5. Where washout material is stored.

  A baghouse significantly limit the amount of dust generated by silo loading and cement (or fly ash) being dropped into a mixer truck, in accordance with an APCD permit.
- Sand Plant- Sediment
- Shops and Fueling Area- Spills of oil, waste oil, and antifreeze during maintenance activities. Diesel spillage could occur during fueling of equipment and filling of the diesel tank. Oils and antifreeze can leak from mobile equipment.
- A-1 Soils- Sediment, fertilizers

Section 5

Best Management Practices (BMP's)

An overview of onsite BMP's is as follows.

A. Structural BMP's

- Overhead Coverage:
  a. Hazardous materials and wastes are stored on lined areas in buildings or under roofed areas, unless their use requires the material or waste to be temporarily stored outside.
  b. The diesel tanks are underground and therefore not directly exposed to rainwater.
  c. Vehicle/equipment maintenance in the Truck Shop occurs in lined areas under a rain shelter

- Retention Ponds:
  a. Most runoff will enter a desilting basin before discharging to Carroll Canyon Creek. Runoff from the primary plant and A-1 Soils stockpile areas, and pumped water from the mining pit will discharge to the Camino Santa Fe Desilting Basin. Runoff from the Secondary and Tertiary aggregate plant areas would flow to the planned Office Desilting Basin.
  b. The existing Camino Santa Fe Desilting Basin will be expanded and deepened, assuming there are no obstacles such as buried utilities. The riser height will also be increased to increase basin capacity. The capacity of the Camino Santa Fe Desilting Basin when expanded, will exceed the capacity requirements defined in the City of San Diego Stormwater Manual. The estimated completion date for the expansion and riser modification is 7/31/2010.
  c. The estimated completion date for the installation of the planned Office Desilting Basin is 6/30/2010.
  d. A new desilting basin (Primary Plant Upper Desilting Basin) will be installed in the primary plant area and an existing desilting basin (Primary Plant Lower Desilting Basin) located down gradient of the primary plant will be upgraded. The estimated completion date is 6/30/2010.These basins will then discharge to the Camino Santa Fe Desilting Basin for further treatment (i.e. sediment settling).
  e. Most storm water in the mining and adjacent areas flows to the mining pit and will be stored in this pit for at least 24 hours. The 24-hour delay will allow sediment to settle out in the pit before being pumped to the Camino Santa Fe desilting basin. The delay will also allow runoff already in the Camino Santa Fe basin to be treated (i.e. sediment settling) and discharged prior to co-mingling with the pumped pit water.

f. Washwater generated by washing of sediment is discharged to a desilting pond.
g. The truck rinse off station is graded so that runoff drains into a desilting pond.
h. If heavy rain overcomes the capacity of the Concrete Plant Sump, then it will flow to an unlined pond.

- Control Devices:
  a. Two rock filters approximately 8' wide X 25' long have been installed in the Camino Santa Fe Desilting Basin.
  b. A rock "blanket" has been installed to filter storm water that flow from the main access road to the Camino Santa Fe Desilting Basin.
  c. A 22,000 gallon Baker tank was installed in early March 2010. Water is pumped from the Camino Santa Fe Desilting Basin to the Baker tank, and then discharged to the creek. The Baker tank will be removed after the 2009-2010 rainy season or when the new desiltation basin system is fully completed.
  d. In the event that sediment discharges from the Camino Santa Fe Desilting Basin exceed Basin Plan Standards for turbidity, then a Baker tank or an equivalent will be brought to the site.
  e. Gravel berms and fiber rolls are placed along the south side of the main access road, to filter storm water that could flow to Carroll Canyon Creek. Fiber rolls are replaced as needed.
  f. An unlined swale has been installed at the north side of the main access road, near the low point. Rock berms will be installed on both ends of the swale. The swale acts as desilting basin. Overflow water would drain towards the pit area or paved road.
  g. Gravel filter basins have been installed along the unpaved access road in the primary plant area, which will retain and filter some runoff that ultimately reaches the Camino Santa Fe desilting basin.
  h. Storm water is directed away from the secondary and tertiary plants by grading and seasonal berms. The berms also filter rainwater that would ultimately flow to Carroll Canyon Creek. This is a seasonal BMP that is maintained during the wet season.
  i. Fiber rolls and a rock berm will be installed to filter runoff at the A-1 Soils Amended Soils Area.
  j. Baghouses at the secondary and territory plants control dust generation at the crushers.
  k. The baghouse at the concrete plant controls the amount of cement and fly ash dust generated during loading of a mixer truck.
  l. The concrete plant silos are vented to the baghouse, which controls the amount of cement and fly ash dust generated during silo loading. Silo filling is monitored by strict inventory control.

m. Rumble grates are located near the exit to control trackout.
n. 1,500 filter bags filled with gravel are at the site and can be used as an emergency BMP.

- Secondary Containment:
  a. Admixture and color tanks at the concrete plant are stored on a concrete pad within a concrete containment area.
  b. Admixture totes at the concrete plant are stored on a concrete pad within a concrete containment area.
  c. Hazardous materials and wastes are stored in secondary containment.

- Material Storage:
  a. All rock and some sand at the concrete plant is stored in silos

B. Non-Structural BMP's
1. Good Housekeeping:
   a. The main access road is paved to the aggregate plant office. The road is regularly swept.
   b. Spillage on the main access road is promptly cleaned up.
   c. Stockpiles are set back from Carroll Canyon Creek.
   d. Maintenance in the Truck and Heavy Equipment Shops occurs on lined areas.
   e. Outdoor maintenance areas are graded to prevent storm water run-on.
   f. The hazardous materials and wastes storage areas at the Truck and Heavy Equipment shops are elevated to prevent run-on.
   g. Drip pans are placed under vehicles/equipment when draining fluids or for leaks.
   h. The fueling pad is lined with concrete or asphalt and is .elevated to prevent run-on.
   i. The fueling area is located away from storm drain inlets and drainages.
   j. Fuel transfer procedures have been developed for the facility, and are followed during the transfer of fuel from tanker trucks to the diesel tank, and during the filling up of facility vehicles and equipment.
   k. Visual inspections of oil storage containers for signs of leaks are conducted on a regular basis. Daily inspections are conducted at the Truck Shop.
   l. All exposed areas of the site are maintained in a clean, orderly manner, especially around trash containers and material storage areas. Trash is removed from the site on a regular basis.

2. Preventive Maintenance

a. Berms are inspected on a regular basis for signs of deterioration, and maintenance is conducted as needed. Additionally, native vegetation is allowed to grow on the berms, to help minimize erosion of the berms.
b. Preventive maintenance is performed on vehicles and equipment that are utilized in the plant areas.

3. Spill Response:
   a. If there is a spill of a hazardous material, then emergency response procedures described in the Business Plan will be implemented. Employees are trained in spill response.
   b. Absorbent materials will be available to clean up fuel, oil, and other spills.
   c. If admixture were to spill outside the containment at the concrete plant, it would flow to the Concrete Plant Sump.
   d. Spilled cement or fly ash is promptly cleaned up.
   e. Sediment spillage on the main access road is promptly removed.

4. Material Handling and Storage:
   a. See Material Storage above.

5. Employee Training: See Section 8, Training.

6. Waste Handling/Recycling:
   a. Storm water contacting the concrete plant area including the load-out area drains to a sump (Concrete Plant Sump) and then is pumped to an Alar system to remove solids. The capacity of the Sump system is increased by pumping treated water to 2 water tanks. The water is then recycled into the mix or used at the reclaimer.
   b. Storm water that contact sand stockpiles at the concrete plant drains to the Concrete Plant Sump.
   c. The reclaimer and Alar system processes return concrete
   d. Wash water from rinsing truck interiors is collected in the reclaimer and treated by the Alar system.
   e. Wash water from exterior truck rinsing drains to the Concrete Plant Sump or a lined pond. The Sump water is being recycled and there are plans to recycle the water in the lined pond.
   f. A recycler picks up fluid wastes generated at the shops such as solvent, waste oil, and anti-freeze. Discharged batteries are recycled. A recycler also picks up used absorbent.
   g. The shop trash bin is located away from storm drain inlets and drainages. The lid is kept shut to keep out rainwater

7. Erosion Control and Site Stabilization:

a. As mining progresses, site grading will be constructed to direct runoff towards the pit, where feasible.
b. Slopes are benched to reduce runoff velocity and associated erosion.
c. Berms prevent run-on of storm water to active cuts in the mine area
d. Existing vegetation beyond the limits of mining operations will be preserved to protect soil from erosion.
e. Haul roads are covered with gravel to minimize erosion

8. Inspections, Recordkeeping and Quality Assurance: See Section 6, Inspections.

Potential pollutants and associated structural and non-structural BMP's are summarized in the Table 4 below:

Table 4: Potential Pollutants and BMP's

Source/ Activity	Material / Potential Pollutant	BMP
Site Wide BMP's		
Site Wide Operations	Sediment	1. Most runoff will enter a desilting basin before discharging to Carroll Canyon Creek. Runoff from the primary plant and A-1 Soils stockpile areas, and pumped water from the mining pit will discharge to the Camino Santa Fe Desilting Basin. Runoff from the Secondary and Tertiary aggregate plant areas would flow to the planned Office Desilting Basin. 2. The existing Camino Santa Fe Desilting Basin will be expanded and deepened, assuming there are no obstacles such as buried utilities. The riser height will also be increased to increase basin capacity. The capacity of the Camino Santa Fe Desilting Basin when expanded, will exceed the capacity requirements defined in the City of San Diego Stormwater Manual. The estimated completion date for the expansion and riser modification is 7/31/2010.

		3. Two rock filters approximately 8' wide X 25' long have been installed in the Camino Santa Fe Desilting Basin. 4. A rock "blanket" has been installed to filter storm water that flow from the main access road to the Camino Santa Fe Desilting Basin. 5. In the event that sediment discharges from the Camino Santa Fe Desilting Basin exceed Basin Plan Standards for turbidity, then a Baker tank or an equivalent will be brought to the site. 6. The estimated completion date for the installation of the planned Office Desilting Basin is 6/30/2010. 7. A new desilting basin (Primary Plant Upper Desilting Basin) will be installed in the primary plant area and an existing desilting basin (Primary Plant Lower Desilting Basin) located down gradient of the primary plant will be upgraded. The estimated completed date is 6/30/2010. These basins will then discharge to the Camino Santa Fe Desilting Basin for further treatment (i.e. sediment settling). 8. A 22,000 gallon Baker tank was installed in early March 2010. Water is pumped from the Camino Santa Fe Desilting Basin to the Baker tank, and then discharged to the creek. The Baker tank will be removed after the 2009-2010 rainy season or when the new desiltation basin system is fully completed.
Main Access Road	Sediment	1. The main access road is paved to the aggregate plant office. The road is regularly swept. 2. Gravel berms and fiber rolls are placed along the south side of the road, to filter storm water that could flow to Carroll Canyon Creek. Fiber rolls are replaced as needed.

		3. An unlined swale has been installed at the north side of the road, near the low point. Rock berms will be installed on both ends of the swale. The swale acts as desilting basin. Overflow water would drain towards the pit area or paved road. 4. Rumble grates are located near the exit to control trackout. 5. Spillage on the road is promptly cleaned up.
Site Wide Operations	Sediment	1. 1,500 filter bags filled with gravel are at the site and can be used as an emergency BMP.
Mining Area		
Excavation and conveying of aggregate.	Sediment	1. Most storm water in the mining and adjacent areas flows to the mining pit and will be stored in this pit for at least 24 hours. The 24-hour delay will allow sediment to settle out in the pit before being pumped to the Camino Santa Fe desilting basin. The delay will also allow runoff already in the Camino Santa Fe basin to be treated (i.e. sediment settling) and discharged prior to co-mingling with the pumped pit water. 2. As mining progresses, site grading will be constructed to direct runoff towards the pit, where feasible. 3. Slopes are benched to reduce runoff velocity and associated erosion. 4. Berms prevent run-on of storm water to active cuts in the mine area. 5. Berms are inspected on a regular basis for signs of deterioration, and maintenance is conducted as needed. Additionally, native vegetation is allowed to grow on the berms, to help minimize erosion of the berms. 6. Existing vegetation beyond the limits of mining operations will be preserved to protect soil from erosion.
Excavation, loading, and	Oil and grease (from leaking	1. Preventive maintenance is performed on vehicles and

conveying of sand and gravel	equipment)	equipment that are utilized in this area.
Rock and Sand Plants		
Crushing and screening-Aggregate	Sediment	1. Storm water is directed away from the secondary and tertiary plants by grading and seasonal berms. The berms are maintained during the rainy season 2. Baghouses at the secondary and territory plants control dust generation at the crushers.
Crushing and screening-Equipment	Oil and grease	1. Preventive maintenance is performed on equipment to prevent breakdowns and equipment failures
Washing of Processed Material	Sediment	1. Sediment washwater is discharged to a desilting pond.
Storage of Sand and Gravel in Stockpiles	Sediment	1. Stockpiles are set back from Carroll Canyon Creek. 2. Approximately one dozen rock berms are installed in the secondary and tertiary plant areas to filter rainwater that would ultimately flow to Carroll Canyon Creek. This is a seasonal BMP that is maintained during the wet season.
Access Road	Sediment	1. Gravel filter basins have been installed along the unpaved access road in the primary plant area, which will retain and filter some runoff that ultimately reaches the Camino Santa Fe desilting basin. 2. Haul roads are covered with gravel to minimize erosion 3. Sediment spillage is promptly removed.
Rock and Sand Truck Rinse-Off	Sediment	1. The truck rinse off station is graded so that runoff drains into a retention pond.
Concrete Plant		
Site Wide (within concrete plant operation)	Sediment, Elevated pH materials	1. Storm water contacting the plant area drains to a sump (Concrete Plant Sump) and then is pumped to an Alar system to remove solids. 2. The capacity of the sump system is

		increased by pumping treated water to 2 water tanks. The water is then recycled into the mix or used at the reclaimer. 3. If heavy rain overcomes the capacity of the sump, then it will flow to an unlined pond.
Storage of sand and gravel in stockpiles	Sediment	1. All rock and some sand is stored in silos. 2. Storm water that contact sand stockpiles drains to the Concrete Plant Sump.
Loading and storage of cement and fly ash in silos.	Elevated pH materials	1. The silos are vented to the baghouse, which controls the amount of cement and fly ash dust generated during silo loading. 2. Silo filling is monitored by strict inventory control. 3. Spilled cement or fly ash is promptly cleaned up.
Storage of admixtures and colors	Misc.	1. Admixture and color tanks are stored on a concrete pad within a concrete containment area. 2. Admixture totes are stored on a concrete pad within a concrete containment area. 3. If admixture were to spill outside the containment, it would flow to the Concrete Plant Sump.
Concrete batching	Elevated pH materials	1. The baghouse controls the amount of cement and fly ash dust generated during loading of a mixer truck. 2. Water contacting the load-out area flows to the Concrete Plant Sump
Interior truck washing; Handling of return concrete	Elevated pH materials	1. The reclaimer and Alar system processes return concrete 2. Wash water from rinsing truck interiors is collected in the reclaimer and treated by the Alar system.
Exterior truck washing	Reduced pH	1. Wash water drains to the Concrete Plant Sump or a lined pond. 2. The Sump water is being recycled and there are plans to recycle the water in the lined pond. This recycling will increase the capacity of the pond system.

Sand Plant		
Sand washing	Sediment	1. Sediment washwater is discharged to a desilting pond.
Shops (Truck and Heavy Equipment) and Fueling		
Fueling	Diesel	1. The diesel tanks are underground and therefore not directly exposed to rainwater. 2. The fueling pad is lined with concrete or asphalt. 3. The fueling area is elevated to prevent run-on. 4. The fueling area is located away from storm drain inlets and drainages. 5. Fuel transfer procedures have been developed for the facility, and are followed during the transfer of fuel from tanker trucks to the diesel tank, and during the filling up of facility vehicles and equipment. 6. If there is a spill of a hazardous material, then emergency response procedures described in the Business Plan will be implemented. Employees are trained in spill response.
Vehicle maintenance	Oil and grease, batteries, waste oil and anti-freeze.	1. Vehicle/equipment maintenance in the Truck Shop occurs in lined areas under a rain shelter Maintenance in the Heavy Equipment Shop occurs on lined areas. 2. Outdoor maintenance areas are graded to prevent storm water run-on. 3. Drip pans placed under vehicles/equipment when draining fluids or for leaks. 4. Absorbent materials will be available to clean up fuel, oil, and other spills. 5. Preventive maintenance is conducted for facility equipment to prevent breakdowns and equipment failures 6. If there is a spill of a hazardous material, then emergency response

		procedures described in the Business Plan will be implemented. Employees are trained in spill response.
Hazardous Materials and Waste Storage Area(s)	Oil and grease, solvents, batteries, waste oil and anti-freeze.	1. Hazardous materials and wastes are stored on lined areas in buildings or under roofed areas, unless their use requires the material or waste to be temporarily stored outside. 2. Storage area is elevated to prevent run-on. 3. Hazardous materials and wastes are stored in secondary containment. 4. Hazardous material and waste areas are graded to prevent storm water run-on. 5. A recycler picks up fluid wastes such as solvent, waste oil, and anti-freeze. Discharged batteries are recycled.. 6. Visual inspections of oil storage containers for signs of leaks are conducted on a regular basis. Daily inspections are conducted at the Truck Shop. 7. Absorbent materials will be available to clean up fuel, oil, and other spills. 8. If there is a spill of a hazardous material, then emergency response procedures described in the Business Plan will be implemented. Employees are trained in spill response.
Disposal of trash	Misc. debris	1. Lid kept shut to keep out rainwater. 2. All exposed areas of the site are maintained in a clean, orderly manner, especially around trash containers and material storage areas. Trash is removed from the site on a regular basis. 3. The trash bin is located away from storm drain inlets and drainages.
A-1 Soils		
Topsoil Screening	Sediment	1. Runoff from the Screen and Stockpile Area will discharge to the

and Stockpiling at the Screen and Stockpile Area		Camino Santa Fe Desilting Basin.
Storage of Topsoil and Amended Soils in stockpiles at the Amended Soils Area	Sediment	1. Fiber rolls and a rock berm will be installed to filter runoff.

Section 6
Inspections

Inspections are conducted to identify conditions that may allow pollutants to be discharged with storm water and to ensure BMP's are being implemented. The inspections that will be conducted are listed in Table 5 below. All inspections will be documented (see Inspection Forms, Attachment 2).

Table 5: Inspections

Type of Inspection	Frequency	Description	Responsible Party
Non- Storm Water Discharge	Quarterly	Review Camino Santa Fe Desilting Basin, Access Road #1, and Access Road #2 discharge points to determine whether any authorized or unauthorized non-storm water discharges are occurring.	Plant
Storm Water Inspection	1 Storm Event / Month Between Oct 1 and May 30.	Review whether there is discharge at the Camino Santa Fe Desilting Basin, Access Road #1, and Access Road #2 discharge points. If there is a discharge, then document discharge characteristics.	Plant
SWPPP Review	Annually	Evaluate whether all aspects of the SWPPP are being implemented and the need to revise any portion of the program. Inspect all potential pollutant sources, evaluate the effectiveness and need for additional BMP's, verify the site map is up-to-date, and review inspection records.	ESH

The Plant Manager or an employee designated by the Plant Manager will conduct monthly inspections between October and May. Inspections and other Storm Water Pollution Prevention Plan documents such as monitoring information will be retained onsite for 5 years.

Section 7
Monitoring

The Carroll Canyon site is part of the BMI Storm Water Group monitoring program, and does not need to sample storm water every year. When sampling is required, plant staff should collect storm water samples from discharge generated by the first storm that occurs between October 1 and May 30. Sampling should occur during scheduled facility operating hours, during the first hour of discharge, and be preceded by 3 working days without a storm water discharge. Samples need to be collected, even if all the sampling requirements are not met.

All samples are to be analyzed for TSS, pH, Specific Conductance, oil and grease, and Nitrate+Nitrite. In addition, samples at the Concrete Plant inlet should be analyzed for Iron. The procedure for collecting a sample is described in Attachment 3.

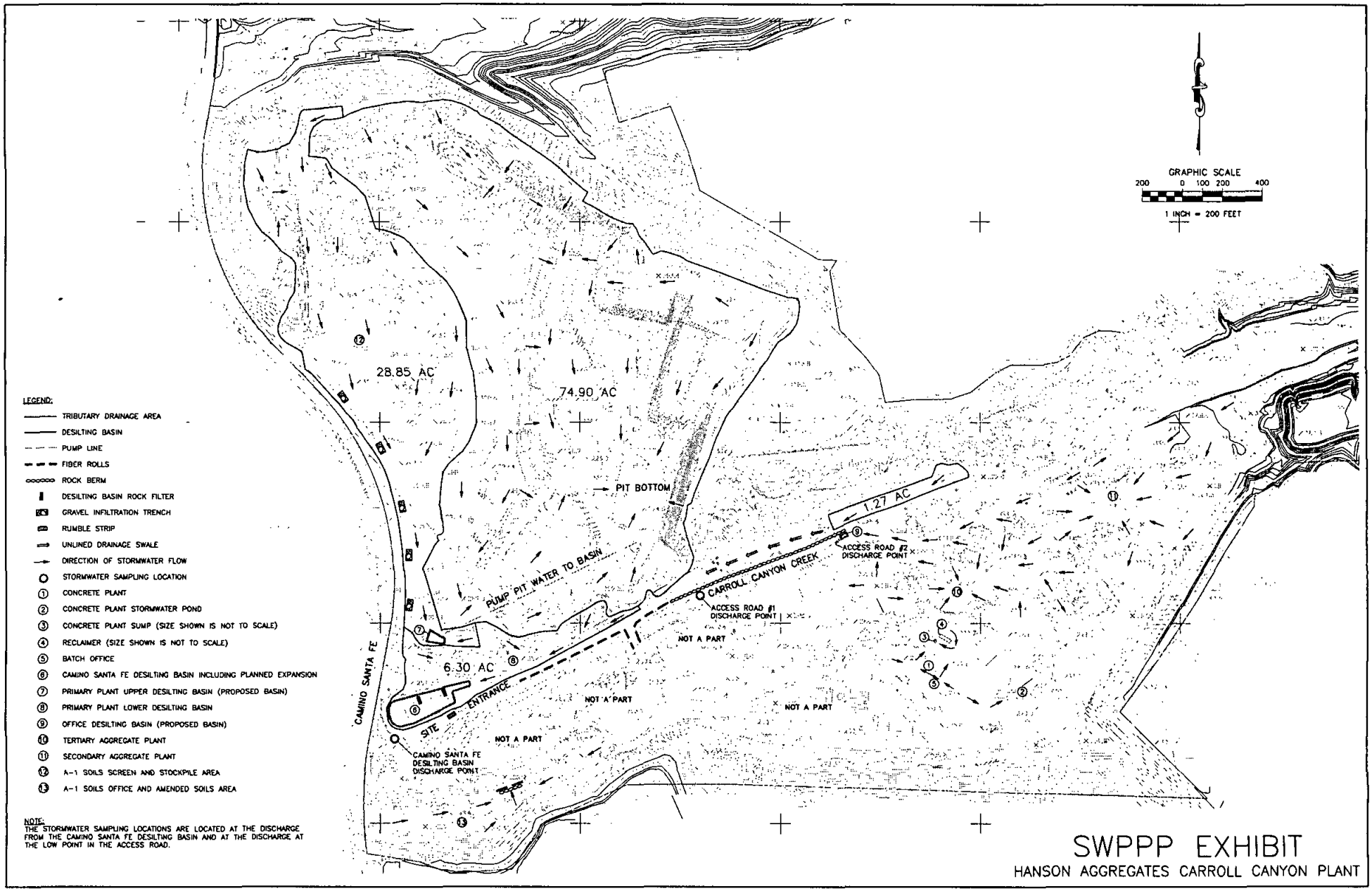
The Plant Manager will designate an employee who will take samples between October and May. Sampling will only occur when it is safe to be near the discharge point.

Section 8
Training

Training shall occur at least once per year, preferable around April. A sample training presentation and training log are included in Attachment 4. Personnel to be trained include those responsible for:

- Implementing BMP's
- Conducting Inspections
- Managing Storm Water

Attachment 1- Site Map


GRAPHIC SCALE
200 0 100 200 400
1 INCH = 200 FEET
28.85 AC
74.90 AC
1.27 AC
6.30 AC
PIT BOTTOM
PUMP PIT WATER TO BASIN
CARROLL CANYON CREEK
ACCESS ROAD #2 DISCHARGE POINT
ACCESS ROAD #1 DISCHARGE POINT
NOT A PART
NOT A PART
NOT A PART
NOT A PART
CAMINO SANTA FE
SITE ENTRANCE
CAMINO SANTA FE DESILTING BASIN DISCHARGE POINT
LEGEND:
TRIBUTARY DRAINAGE AREA
DESILTING BASIN
PUMP LINE
FIBER ROLLS
ROCK BERM
DESILTING BASIN ROCK FILTER
GRAVEL INFILTRATION TRENCH
RUMBLE STRIP
UNLINED DRAINAGE SWALE
DIRECTION OF STORMWATER FLOW
STORMWATER SAMPLING LOCATION
1 CONCRETE PLANT
2 CONCRETE PLANT STORMWATER POND
3 CONCRETE PLANT SUMP (SIZE SHOWN IS NOT TO SCALE)
4 RECLAIMER (SIZE SHOWN IS NOT TO SCALE)
5 BATCH OFFICE
6 CAMINO SANTA FE DESILTING BASIN INCLUDING PLANNED EXPANSION
7 PRIMARY PLANT UPPER DESILTING BASIN (PROPOSED BASIN)
8 PRIMARY PLANT LOWER DESILTING BASIN
9 OFFICE DESILTING BASIN (PROPOSED BASIN)
10 TERTIARY AGGREGATE PLANT
11 SECONDARY AGGREGATE PLANT
12 A-1 SOILS SCREEN AND STOCKPILE AREA
13 A-1 SOILS OFFICE AND AMENDED SOILS AREA
NOTE:
THE STORMWATER SAMPLING LOCATIONS ARE LOCATED AT THE DISCHARGE FROM THE CAMINO SANTA FE DESILTING BASIN AND AT THE DISCHARGE AT THE LOW POINT IN THE ACCESS ROAD.
SWPPP EXHIBIT
HANSON AGGREGATES CARROLL CANYON PLANT

Attachment 2- Inspection Forms

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** __/__/__ __:__ ☐ AM ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** __/__/__ __:__ ☐ AM ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** __/__/__ __:__ ☐ AM ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** __/__/__ __:__ ☐ AM ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: _____

Plant Discharge Location: _____

Month and Year: _____

Inspector(s): _____

Inspector(s) Job Title: _____

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

☐ **No** ☐ **Yes**

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

_____ _____

Inspector's Signature **Date**

Date should reflect the last operating day of the month or the first operating day of the following month.

5 Attachment 3- Procedure For Collecting A Sample

STEP 4: TAKING THE SAMPLE

This section will explain how to collect storm water samples.

TASKS:

1. Put on clean latex gloves and open a sample bottle from the box.

Note: Sample bottles may contain a small amount of acid (see page 7). Fill the bottle only once, and be careful not to overfill, or spill the acid. ***DO NOT RINSE OR POUR OUT THE CONTENTS OF A BOTTLE.***

2. Dip the clean sample collection container in the center of flow if possible to grab a sample. If you are sampling on a flat surface, lay a scoop down flat so that water will run into it. For unusual collection areas a customized scoop or vessel may have to be fashioned from a clean plastic bottle other utensil. Be mindful not to contaminate sample stirring up materials during the placement of the sample collection container. Keep sample free from uncharacteristic floating debris.

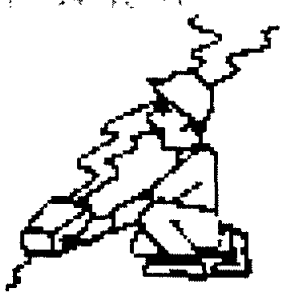
3. Carefully pour the storm water from the collection container into the sample bottle. For the sample bottles, fill as completely as possible without spilling.

4. Cap sample bottle tightly.

5. Repeat steps 2, 3, and 4 for the remaining four sample bottles.

6. Move indoors.

7. Fill out the sample bottle labels if necessary some bottles may be bar coded, older kits may need labels filed out by hand.



Attachment 4- Training Log and Sample Training Presentation

Sample Training Presentation shall include site flow overview, significant materials, inspection and sampling procedures, significant materials and BMPs.

Slide 1

2008-2009 STORM WATER PERMIT TRAINING

Slide 2

REQUIREMENTS OF THE GENERAL STORM WATER PERMIT

1. Develop and implement a storm water pollution prevention plan (SWPPP).
2. Eliminate unauthorized non-storm water discharges;
3. Perform inspections of storm water discharges
4. Perform sampling of storm water discharges

Slide 3

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

The SWPPP has two major objectives:

1. Identify the sources of pollution that affect the quality of industrial storm water discharges.
2. Identify and implement site- specific Best Management Practices (BMPs) to reduce or prevent pollutants in industrial storm water discharges.

Slide 4

SOURCES OF POLLUTION

- Typical sources of pollutants at concrete plants include cement, fly ash, admixtures, colors, and acid.
- Typical sources of pollutants at an aggregate plant include sediment from stockpiles, mining areas, and slope erosion.
- Shop areas can also be a source of pollutants from fuel tanks, oil tanks and drums, etc.

Slide 5

BEST MANAGEMENT PRACTICES

Typical BMP's at a ready mix plant include:

- Install berms and swales to separate storm water and process water. Process water can be water that contacts cement or fly ash, or water in washout ponds
- Retain storm water that has mixed with process water in a retention basin. Use this water for washing or in the concrete mix.

Typical BMP's at a rock and sand plant include:

- Retention basins to allow solids to settle out.
- Rock berms, waddles, and/ or silt fencing to filter sediment out of runoff.

Slide 6

NON-STORM WATER DISCHARGES

1. Unauthorized non-storm water discharges are discharges from our plant activities instead of rain. They include discharges from plant process water, truck wash water, and dust abatement water.
2. Non-Storm Water discharges generally are illegal, except for a few types such as landscape water runoff.

Slide 7

INSPECTIONS OF STORM WATER DISCHARGES

1. Two types of inspections will be conducted by plant staff at each storm water discharge point:
   - Quarterly Visual Observation of Non-Storm Water Discharges
   - Monthly Visual Observation of Storm Water Discharges
2. A facility operator is not required to conduct an inspection due to dangerous weather conditions, such as flooding, electrical storm, etc.
3. Authorized non-storm water discharges, if present, should also be monitored. There have been no authorized non-storm water discharges reported at our sites during 2007-2008.

Slide 8

This slide will be both sides of Form 3 (attached)

Slide 9

QUARTERLY VISUAL OBSERVATION OF NON-STORM WATER DISCHARGE

The visual observations shall occur:

- Quarterly: January-March, April-June, July-September, and October-December. Quarterly visual observations shall be conducted within 6-18 weeks of each other.
- During daylight hours
- On days with no storm water discharges.
- During scheduled facility operating hours.

Slide 10

If an unauthorized non-storm water discharge is identified, then:

- Document on Form 3 the presence of any discolorations, stains, odors, floating materials, etc., as well as the source of any discharge.
- Take steps to eliminate this discharge.

Slide 11

This slide will be both sides of Form 4 (attached)

Slide 12

MONTHLY VISUAL OBSERVATION OF STORM WATER DISCHARGES

The visual observations shall occur:

- Monthly: One storm event per month during the wet season (October 1-May 30).
- During the first hour of discharge at all discharge locations. (Visual observations of stored or contained storm water shall occur at the time of release.)
- During daylight hours
- When preceded by at least three (3) working days without storm water discharges
- During scheduled facility operating hours.

Slide 13

Visual observations of any dischage shall document on Form 4 the presence of any:

- Floating and suspended material.
- Oil and grease, discolorations
- Turbidity
- Odor
- Source of any pollutants

Slide 14

SAMPLING OF STORM WATER DISCHARGES

1. No Hanson sites will need to be sampled during 2008-09 for the BMI monitoring program.
2. However, a few sites will be sampled to determine if runoff from an offsite location is a source of contamination. These sites include Oceanside and El Cajon.

Slide 15

INACTIVE MINING SITES

1. If a site does not have scheduled working hours, then there is no need to inspect or sample at that site. Inactive sites include San Marcos.
2. However, the Regional Water Quality Control Board would still like Hanson to inspect inactive sites to verify they are not a source of sediment runoff or other storm water pollutants.
3. Inactive sites should be inspected during a rain to verify they are not source of pollutants. These inspections should be documented.
4. Where storm water inspections and sampling are impracticable, facility operators of inactive mining operations may instead obtain certification once every three years by a Registered Professional Engineer that an SWPPP has been prepared for the facility and is being implemented in accordance with the requirements of this General Permit.

TRAINING RECORD FOR CARROLL CANYON
Storm Water Permit

Date of Seminar:
Class Taught By:

Employee Name	Position	Employee Initial If Discussed		
		Pollution Sources	Best Management Practices	Non-Storm Water Discharge

HELIX Environmental Planning, Inc.
7578 El Cajon Boulevard
Suite 200
La Mesa, CA 91942
619.462.1515 tel
619.462.0552 fax
www.helixepi.com

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

2011 APR 26 A 9:57

HELIX
Environmental Planning

April 25, 2011 HAW-20

Mr. David Gibson
California Regional Water Quality Control Board
San Diego Region
9174 Sky Park Court, Suite 100
San Diego, California 92123

Subject: 401 Water Quality Certification for the Hanson Aggregates Pacific Southwest, Inc's Carroll Canyon Facility

Dear Mr. Gibson:

On behalf of Hanson Aggregates Pacific Southwest, Inc. (Applicant), HELIX Environmental Planning, Inc. (HELIX) is transmitting the enclosed updated 401 Water Quality Certification application for bank stabilization at their Carroll Canyon facility. Recent heavy rains have eroded a portion of the Carroll Creek channel adjacent to an existing building to the point where a portion of the slab supporting the building is completely unsupported (Attachment 1: Photo Page).

The existing stream flows at the eastern erosion area are conveyed through a single corrugated culvert pipe. The high flows exiting the pipe, as well as flows coming off of the dirt road adjacent to the channel, eroded the slope and soil supporting the existing concrete slab. The proposed action is to replace the slope area with soil and riprap to stabilize the area under the concrete slab and building.

404 NON-NOTIFYING NATIONWIDE PERMIT

The project has met requirements of a non-notifying Nationwide Permit under Section 404 of the Clean Water Act.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

CALIFORNIA DEPARTMENT OF FISH AND GAME EMERGENCY REQUEST

The applicant has requested authorization of emergency repairs to public service facilities from the California Department of Fish and Game pursuant to Section 1610 of the California Fish and Game Code.

If you have any questions, please contact me at (619) 462-1515.

Sincerely,

Barry L. Jones
Senior Consulting Biologist

Enclosures:
Attachment 1 Carroll Canyon Creek Slope Replacement Photo Page
Figure 1 Project Location Map
Figure 2 Project Vicinity Map
Figure 3 Vegetation and Impacts – Slope Replacement

Channel looking west - note concrete overhang.

Culvert with concrete overhang.

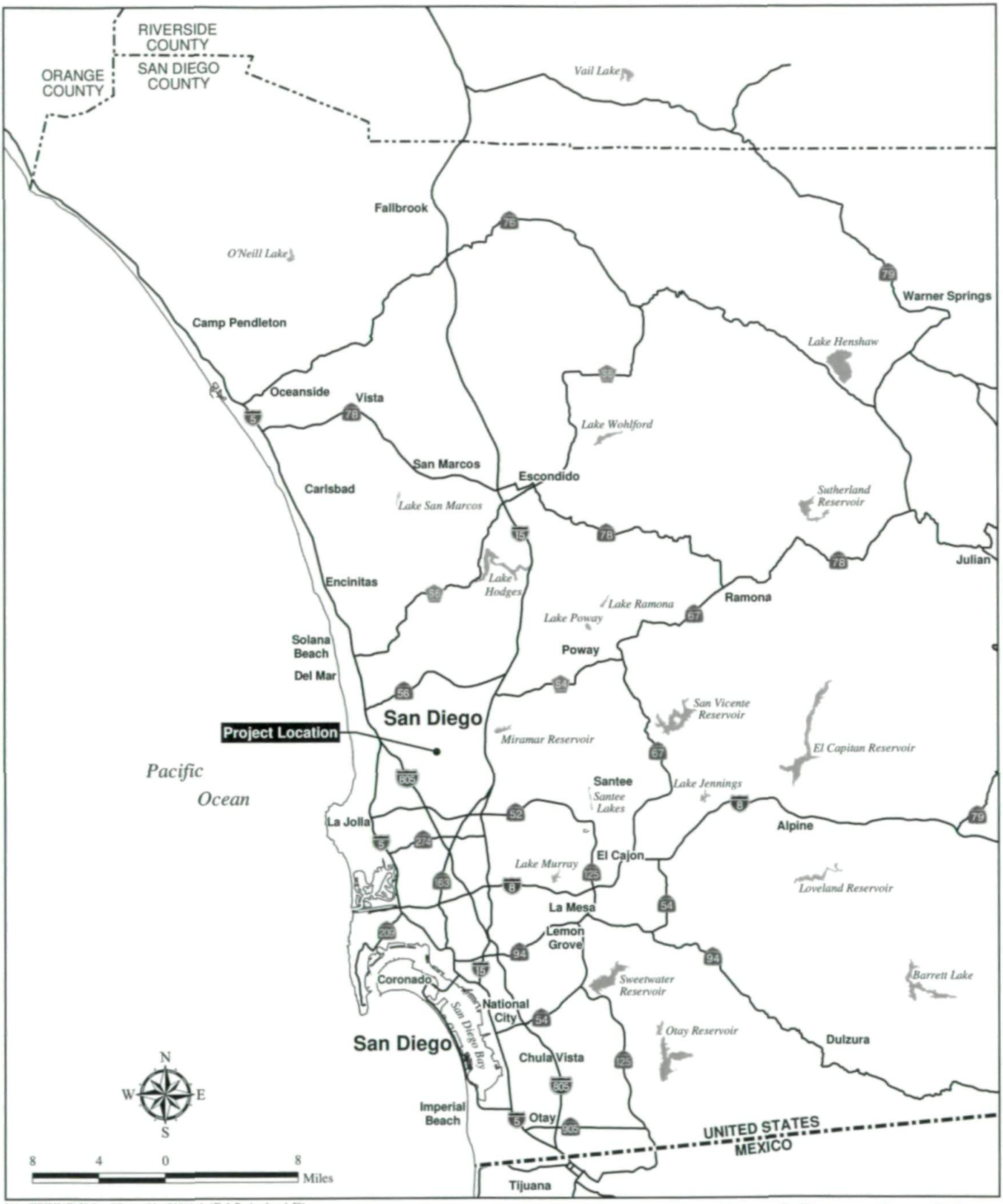
J/PROJECTS/Biology/H/HAW-20/Photos/PhotoPage TEMPLATE

Carroll Canyon Creek Slope Replacement

CARROLL CANYON

Attachment 1

HELIX Environmental Planning



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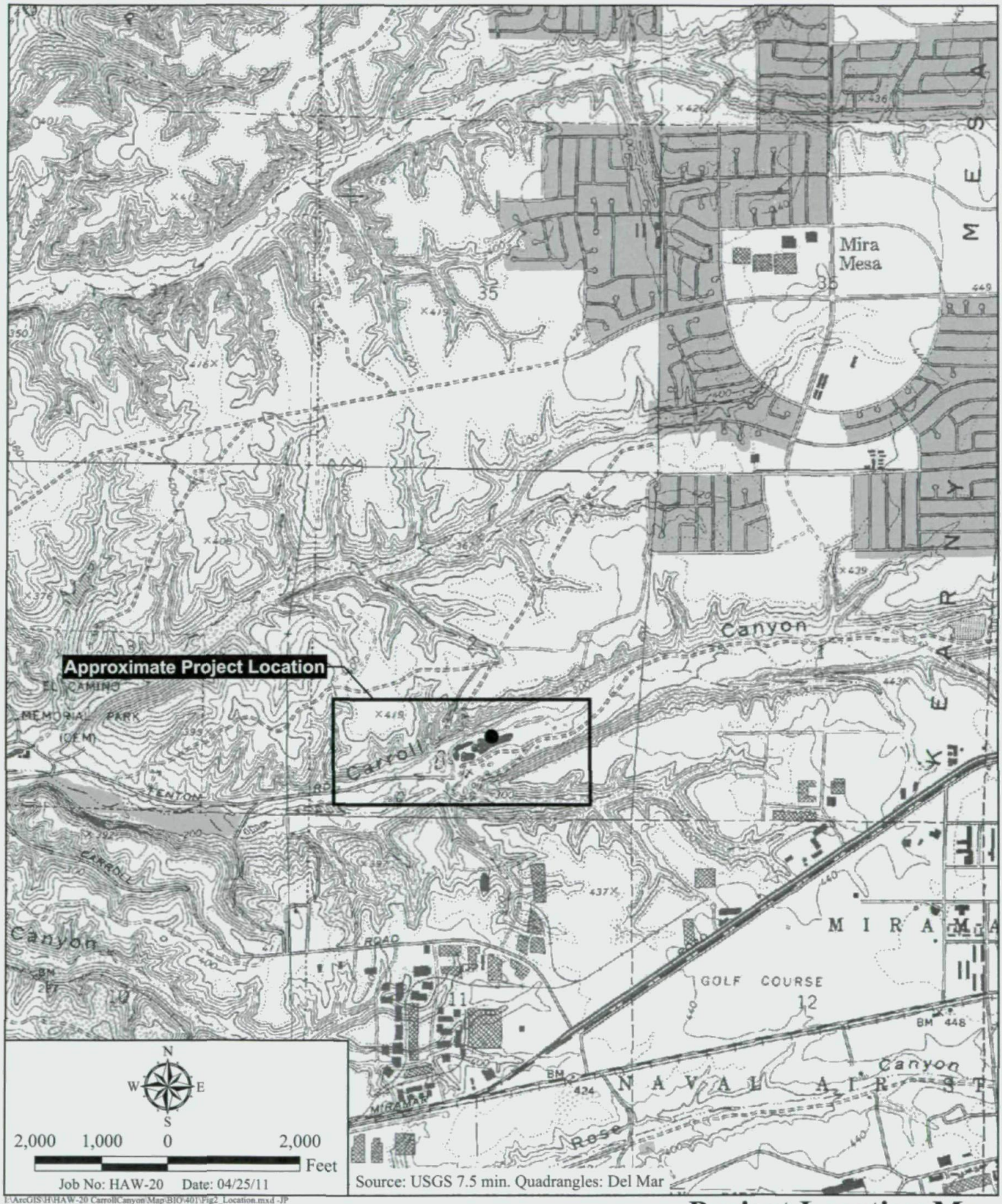
Regional Location Map

CARROLL CANYON

HELIX Environmental Planning

Figure 1



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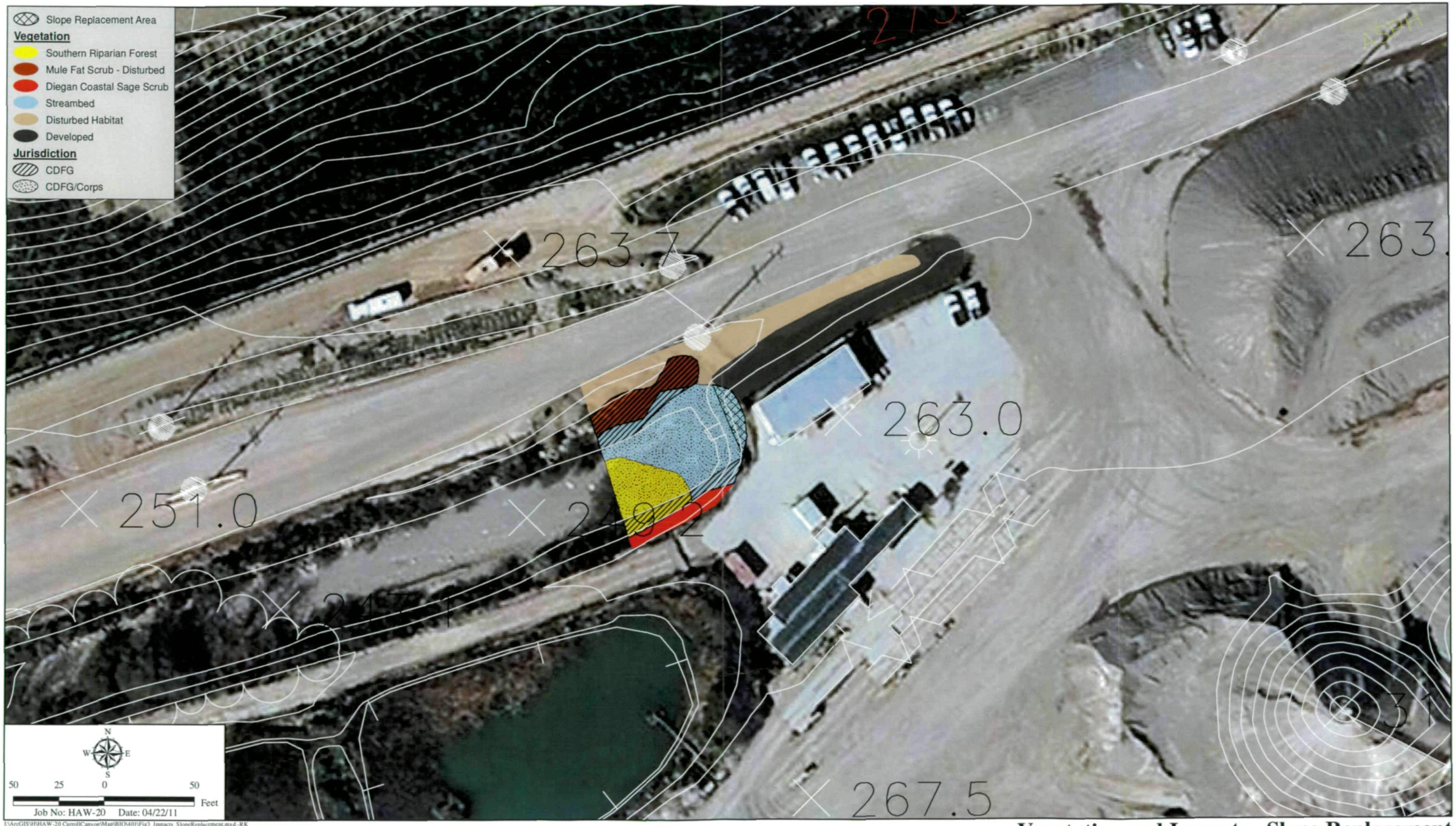
Project Location Map

CARROLL CANYON

HELIX Environmental Planning

Figure 2



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Vegetation and Impacts - Slope Replacement

CARROLL CANYON

HELIX Environmental Planning

Figure 3

California Regional Water Quality Control Board

San Diego Region

Over 50 Years Serving San Diego, Orange, and Riverside Counties
Recipient of the 2004 Environmental Award for Outstanding Achievement from USEPA

9174 Sky Park Court, Suite 100, San Diego, California 92123-4340
(858) 467-2952 • Fax (858) 571-6972
http:// www.waterboards.ca.gov/sandiego

APPLICATION FOR CLEAN WATER ACT §401 WATER QUALITY CERTIFICATION

All applicants **must** provide a complete and detailed response to all sections of the application or the application will be deemed incomplete. Responses should not refer reader to an attachment. Any responses by reference must indicate the specific document(s) and page number(s) (include copies of the entire document). Indicate by Not Applicable (NA) all sections that do not apply, **along** with an explanation of why the project is exempt from the section.

1. APPLICANT/AGENT INFORMATION	
Applicant's Name: Ian Firth Hanson Aggregates Pacific Southwest, Inc.	Authorized Agent's Name and Title: Barry Jones Helix Environmental Planning, Inc.
Applicant's Address: 2266 Willow Glen Road El Cajon, CA 92019	Agent's Address: 7578 El Cajon Blvd. La Mesa, CA 91942
Applicant's Phone: (858) 577-2770	Agent's Phone: 619-462-1515
Applicant's Phone:	Agent's Fax:
Applicant's Email: Ian.Firth@hanson.biz	Agent's Email: barryj@helixepi.com

STATEMENT OF AUTHORIZATION

I hereby authorize Barry Jones to act in my behalf as my agent in the processing of this application, and to furnish upon request, supplemental information in support of this permit application.

Ivo L. Harvey — 04/18/11

Applicant's Signature — Date

(This **must** be signed by the applicant, not the authorized agent.)

2. PROJECT/ACTIVITY INFORMATION

PROJECT NAME OR TITLE

Carroll Creek slope protection

LOCATION OF PROJECT (See instructions.)

Street Address 9255 Camino Santa Fe, San Diego, CA 92121

County San Diego City San Diego

Assessor's Parcel Number(s) 341-050-39 and 341-050-41

Hydrologic Unit, Area, and Subarea Penasquitos HU, Mirmar HA 906.10

Provide latitude and longitude for the proposed project.

Latitude 32.89710 Longitude -117.162203 (Center Reading)

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Latitude _____ Longitude _____

DIRECTIONS TO PROJECT SITE (See instructions.)

Access to site from Interstate 805 is east on Mirimar Boulevard, north on Camino Santa Fe, and east on Carroll Canyon Road.

OWNERSHIP

Does the applicant own the project site? Yes ☒ No ☐

If the project site is not owned by the applicant, provide the name(s), address(es), and phone number(s) for the property owner(s) as well as evidence that the applicant has the necessary approvals to construct the project at this location.

Does the applicant plan on selling all or a portion of the site after receiving the necessary approvals?

Yes ☐ No ☒

Does the applicant plan on selling all or a portion of the site prior to starting construction?

Yes ☐ No ☒

If yes, provide the name(s), address(es), and phone number(s) of the future land owner(s).

Does the applicant plan on transferring the certification after receiving the necessary approvals and/or prior to starting construction?

Yes ☐ No ☒

If yes, provide the name(s), address(es), and phone number(s) of the future transferee(s).

AFFECTED WATER BODY(IES) (See instructions.)

List all affected water body(ies).

Carroll Creek

List water velocities and shear for the 2, 5, 10, 50, and 100 storm water elevations for each water body.

Frequency/Year	FEMA Flow Rate, CFS	Velocity/FPS	Shear/PSF
2	145	17.3	0.6
5	440	21.2	1.1
10	800	23.4	1.5
50	2000	28.6	2.7
100	3500	30.0	3.1

Are any of the water body(ies) considered isolated per SWANCC or Rapanos? Yes ☐ No ☒

NEED FOR PROJECT (See instructions.)

Recent heavy rains have damaged a portion of drainage pipe and eroded a portion of the slope bank resulting in undercutting of an existing concrete pad. Placement of rip rap will prevent future erosion.

DESCRIPTION OF ACTIVITY (See instructions.)

Rip rap will be placed on the eroded slope to prevent future erosion.

Has any portion of the work been initiated? Yes ☐ No ☒

If yes, describe the initiated work and explain why it was initiated prior to obtaining a permit; indicate whether any enforcement action has been taken against the project.

AVOIDANCE OF IMPACTS (See instructions.)

No avoidance is possible. The placement of the rip rap will occur in areas that were previously upland.

MINIMIZATION OF IMPACTS (See instructions.)

Impacts are limited to areas that were previously upland.

PROTECTION OF WATER QUALITY – CONSTRUCTION (See instructions.)

Work will occur outside of the rainy season. A silt fence and/or straw wattles will be placed at the toe of slope to prevent soil from washing into the streambed during placement of the rip rap.

PROTECTION OF WATER QUALITY – POST-CONSTRUCTION (See instructions.)

No post-construction measures are required.

PROTECTION OF WATER QUALITY – IMPAIRED WATER BODY(IES). (See instructions.)

Are any of the water body(ies) within the project area, including impacted and preserved water body(ies), list as impaired on the Clean Water Act Section 303(d) list?

Yes ☐ No ☒

Are any of the water body(ies) within the project area a tributary to a Clean Water Act Section 303(d) water body(ies)?

Yes ☐ No ☒

Are any of the water body(ies) within the project area the subject of an adopted Total Maximum Daily Load (TMDL)?

Yes ☐ No ☒

If yes, provide a detailed description of the actions that will be taken to ensure that the project does not contribute additional pollutants to the water body(ies). Include a discussion of the pollutants causing the impairment, potential sources of pollutants, and construction and post-construction BMPs.

STATE OR FEDERALLY THREATENED OR ENDANGERED SPECIES IMPACTED BY THIS PROJECT (See instructions.)

Are any state or federally threatened or endangered species potentially impacted by this project?

Yes ☐ No ☒

If yes, provide a list of the potentially impacted species (with common name).

FILL AND DREDGE INFORMATION (See instructions.)

Water Body Type	Permanent Impact		Temporary Impact	
	Acres	Linear Feet	Acres	Linear Feet
ACOE Jurisdictional Wetland				
Streambed	0.01	20		

Lake/Reservoir				
Ocean/Estuary/Bay				
Isolated Water (per SWANCC or Rapanos)				
CDFG Jurisdiction Only				

Provide the latitude and longitude for the proposed impacts.

Latitude 32.89710 Longitude -117.162203 (Center Reading)

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Does the project involve dredging? Yes ☐ No ☒

If yes, provide the required information (See Instructions.)

Provide the latitude and longitude of the proposed dredging area.

Latitude _____ Longitude _____ (Center Reading)

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Latitude _____ Longitude _____

DELINEATION INFORMATION (See instructions.)
Has the delineation been verified by the U.S. Army Corps? Yes ☐ No ☒

If yes, provide the date of verification. _____

Does the wetland delineation include the Arid West Region supplement? Yes ☒ No ☐

Provide the name, title, and affiliation of the person delineating the extent of Waters of the U.S. Also provide the date(s) of the wetland delineation.

Sally Trnka 03/22/2011

3. OTHER LICENSES/PERMITS/AGREEMENTS

OTHER APPROVALS (See instructions.)

Agency	Contact (Include phone number, email)	License/Permit/Agreement	File Number	Date Applied	Status
Cal. Dept. of Fish and Game		1610 Emergency Stream-bed Alteration Agreement		1/12/11	complete
U.S. Army Corps of Engineers		Non-notifying Nationwide		NA	

Does the project require a Federal Energy Regulatory Commission (FERC) license or amendment to a FERC license?

Yes ☐ No ☒

4. COMPENSATORY MITIGATION

Is compensatory mitigation proposed? Yes ☒ No ☐

(See instructions for definitions.)

Water body Type/Plant Community Type	Establishment (Acres, Linear Feet)	Restoration (Acres, Linear Feet)	Enhancement (Acres, Linear Feet)	Preservation (Acres, Linear Feet)
Streambed enhancmenet			0.01 acre	

How many acres or linear feet of mitigation area are considered waters of the U.S.?

0.01

What is the range of depths to groundwater across the proposed mitigation area?

N/A

Is the mitigation site owned by the applicant? Yes ☒ No ☐

If no, provide the name(s), address(es), and phone number(s) of the land owner and evidence (e.g., agreements, contracts, etc.) that the applicant has the necessary approvals to implement mitigation at this location. If the land is to be purchased, provide the expected date that the purchase will be complete.

Provide the location of the Compensatory Mitigation.

Street Address Same as impact area

County _____ City _____

Assessor's Parcel Number(s) _____

Hydrologic Unit, Area, and Subarea _____

Latitude _____ Longitude _____ (Center Reading)

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Latitude _____ Longitude _____

Latitude _____ Longitude _____

MITIGATION BANK/IN-LIEU FEE PROGRAM (If proposed, See instructions.)

Mitigation Bank/In-Lieu Fee Name: _____

Name of Mitigation Bank/In-Lieu Fee Operator: _____

Office Address of Operator/Phone Number: _____

Mitigation Bank/In-Lieu Fee Location: Latitude:_____ Longitude:_____

County: _____ City:_____

Mitigation Bank/In-Lieu Fee Water Body type(s): _____

Mitigation Area (acres or linear feet) and cost (dollar): _____

5. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Document Type/Title: N/A

Lead Agency and Contact Information (name, address, phone number):

Name_____

Address _____

_____

_____

Phone Number_____

State Clearinghouse Number:_____

Has the document been certified/approved and/or has a Notice of Exemption been filed?

Yes ☐ No ☒

(If yes, include a copy of the certification. If no, provide the expected approval date and document type.)

_____

Is this project considered an "emergency" pursuant to CEQA? Yes ☐ No ☒

*Note: Section 401 certification will not be granted without a certified CEQA document.

6. ADDITIONAL IMFORMATION

PAST/FUTURE IMPACTS AND CUMULATIVE IMPACTS (See instructions.)

Recently completed emergency action to replace culverted crossing also washed out by same storm event.

7. APPLICATION FEE

FILING FEE

A fee deposit of $640.00 is required to be submitted with this application. Additional fees, based on the extent of impacts, may be due. A fee schedule and calculator can be found at: http://www.waterboards.ca.gov/water_issues/programs/cwa401/

Is check payable to the "State Water Resources Control Board" attached? Yes ☒ No ☐

Check No. 29759 Amount 640.00

8. SIGNATURE

I herby certify under penalty of perjury that the information provided in this application and in any attachments are true and accurate to the best of my knowledge. I further certify that I possess the necessary authority to undertake work described in this application.

Ian Firth Ivo L. Harvey — Site Manager

Applicant's Printed Name — Title

Ivo L. Harvey — 04/18/11

Applicant's Signature — Date

(This **must** be signed by the applicant, not the authorized agent)

Attach the appropriate fee and any additional documents and submit this application to:

California Regional Water Quality Control Board, San Diego
Attn: 401 Water Quality Certification
9174 Sky Park Court, Suite 100
San Diego, CA 92123

CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

California Regional Water Quality Control Board, San Diego Region

April 27, 2017

In reply refer to:
213364: oosibodu

Mr. Aaron Lund
Environmental Manager
Lehigh Hanson, West Region
P.O Box 639069
San Diego, CA 92153-9069

Subject: Inspection of the Hanson Carroll Canyon Plant, San Diego County

Mr. Lund:

On March 28, 2017, Mr. Fisayo Osibodu of the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) conducted an inspection of the Lehigh Hanson Carroll Canyon Plant (plant). The plant is currently regulated under Order No. *95-104, Waste Discharge Requirements for H.G Fenton Material, Carroll Canyon Plant, San Diego County*. Lehigh Hanson West Region (Hanson) submitted a letter, dated January 6, 2017, notifying the San Diego Water Board that it had terminated mining, sand and gravel processing, and ready mix concrete production at the Carroll Canyon Plant. The purpose of the inspection was to verify that these activities had been terminated.

Enclosed is a copy of the subject inspection report. Hanson has terminated mining, sand and gravel processing, and ready mix concrete production at the plant as described in the January 6, 2017 letter. As a result, the San Diego Water Board will rescind Order No. 95-104 in the near future. The San Diego Water Board appreciates your co-operation during the inspection.

In the subject line of any response, please include reference code **213364: oosibodu.** Please contact Mr. Fisayo Osibodu at 619-521-8036, or at Olufisayo.Osibodu@waterboards.ca.gov if you have any questions or comments.

Sincerely,

Fisayo Osibodu
WRC Engineer
Land Discharge Unit

Enclosure: Facility Inspection Report

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

CIWQS Info	Number
Regulatory Measure ID	142585
Place ID	213364
Inspection ID	28100370

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD - SAN DIEGO REGION
FACILITY INSPECTION FORM

INSPECTION DATE: March 28, 2017 **TIME:** 9:10AM **ORDER NO.** 95-104

Lehigh Hanson West Region
NAME OF OWNER, AGENCY OR PARTY RESPONSIBLE FOR DISCHARGE

Carroll Canyon Plant
FACILITY OR DEVELOPER NAME (if different from owner)

P.O Box 639069, San Diego, CA 92163
OWNER MAILING ADDRESS

9255 Camino Santa Fe, San Diego, CA 92121
FACILITY ADDRESS

Mr. Aaron Lund, 858-715-5667
OWNER CONTACT NAME AND PHONE #

Mr. Aaron Lund, 858-715-5667
FACILITY OR DEVELOPER CONTACT NAME AND PHONE #

PERSONS PRESENT DURING INSPECTION:

NAME: Mr. Aaron Lund AFFILIATION: Lehigh Hanson West Region
NAME: AFFILIATION:
NAME: AFFILIATION:
NAME: AFFILIATION:
NAME: AFFILIATION:

APPLICABLE WATER QUALITY LICENSING REQUIREMENTS (CHECK ALL THAT APPLY)

- ☐ MS4 URBAN RUNOFF REQUIREMENTS
- ☐ CONSTRUCTION GENERAL PERMIT
- ☐ CALTRANS GENERAL PERMIT
- ☐ INDUSTRIAL GENERAL PERMIT
- ☐ GENERAL OR INDIVIDUAL WASTE DISCHARGE REQUIREMENTS OR NPDES
- ☒ GENERAL OR INDIVIDUAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
- ☐ SECTION 401 WATER QUALITY CERTIFICATION
- ☐ CWC SECTION 13264

PURPOSE OF INSPECTION: Lehigh Hanson, West Region (Hanson) submitted a letter notifying the San Diego Water Board that it had terminated mining, sand, gravel processing, and ready mix concrete production at the Carroll Canyon Plant. The purpose of the inspection was to verify that these activities had been terminated and to determine if the waste discharge requirements for the facility, Order No. 95-104 can be rescinded.

FINDING OF VIOLATION(s): (if any) No violations of Order No. 95-104 were noted during the inspection.

Please take appropriate measures to correct the above violation(s). If you disagree with any of violations identified, you must submit a written appeal to the Regional Board within 30 days of the date you receive this notice. Your written appeal must fully explain your reasons.

Violation No. _____ is (are) considered minor and should be corrected by: _____. Within five working days of achieving compliance, you must sign the certification statement, and return the certified inspection report form to the Regional Board. If any violations have not been corrected, clearly describe the uncorrected violation(s) on a separate sheet and enclose it with your signed certification statement. Failure to correct the violations identified may result in an enforcement action leading to Administrative Civil Penalties.

CERTIFICATION STATEMENT: Under penalty of perjury, I hereby certify that the violations cited above have been corrected and the facility is now in compliance.

RECIPIENT NAME (print) _____ **TITLE** _____

SIGNATURE _____ **DATE** _____

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

FACILITY: Carroll Canyon Plant **INSPECTION DATE:** March 28, 2017

OTHER KEY FINDINGS:

1. Hanson submitted a letter, dated January 6, 2017, notifying the San Diego Water Board that it had terminated mining, sand and gravel processing, and ready mix concrete production at the Carroll Canyon Plant.
2. Mr. Aaron Lund, Environmental Manager for Hanson was the facility representative present during the inspection.
3. Mining, sand and gravel, and concrete batching operations have been shut down as described in the January 6, 2017, letter.
4. No wash water is being generated and discharged to onsite settling ponds since sand and gravel and concrete batching operations have been terminated.
5. The San Diego Water Board will rescind Order No. 95-104 at a future date.

FACILITY: Carroll Canyon Plant **INSPECTION DATE:** March 28, 2017

OTHER DISCHARGER FOLLOWUP ACTION(s):

No items for follow up. Hanson has terminated mining, sand and gravel processing, and ready mix concrete production at the plant as described in the January 6, 2017 letter. As a result, the San Diego Water Board plans to rescind Order No. 95-104 in the near future.

ATTACHMENTS:

- ☐ Annual Fee Invoice
- ☐ WDRs
- ☐ Facility Information Sheet
- ☐ Inspection Checklist
- ☐ Laboratory Results
- ☐ Photographs
- ☐ Other
- ☐ Other
- ☐ Laboratory results to be mailed
- ☐ Photographs to be mailed

SIGNATURES:

Fisayo Osibodu		**April 27, 2017**
STAFF INSPECTOR	SIGNATURE	DATE
RESPONSIBLE PARTY	SIGNATURE	DATE

(For internal use only)

Reviewed by Supervisor: Date 4/27/2017

cc:

Program: NPDES STORM NON15-WDR 401 NPS TITLE 27 AGT DoD LNDISP PTPRG RCRA SLIC REC

CIWQS Reg Measure ID 142585 CIWQS Place ID 213364 CIWQS Inspection ID 28100370

2010 APR 12 P 4:09

Hanson Aggregates
681 Aspen Circle
Oxnard, CA 93030
Phone 805 985-2191
Fax 805 382-9892

www.hanson.com

California Regional Water Quality Control Board
9174 Sky Park Court, Suite 100
San Diego, CA 92123

April 9, 2010

Carroll Canyon- NOV R9-2010-0060 & Required Technical Report

Dear Mr. Peuron,

This is a response to your March 11, 2010 NOV that requests submittal of a Required Technical Report.

Hanson Aggregates agrees that the turbid discharge described in the inspection reports indicates the need for increased BMP's. Some BMP's have already been installed and additional BMP's are planned. We also have comments on the following statements in the NOV:

- NOV: Best Management Practices (BMPs) that were being employed to control the discharges were therefore, inadequate.
  Comment: The settling capacity of the existing Camino Santa Fe sediment detention basin exceeds the capacity required by the City of San Diego Storm Water Manual, for areas directly draining to this basin.

- NOV: Water Quality Objectives were not achieved even after a period of 83 days (from December 8, 2009 to March 1, 2010) passed. The failure to implement BCT in violation of the Industrial Stormwater Permit occurred for a period of at least 83 days.
  Comment: While an active treatment system (chemical flocculent) was not installed during the 83 day period, other additional BMP's were installed as described in the BMP sections below. The primary planned additional BMP's for the turbid discharge, installation of additional sediment detention basins, could not be installed during this period due to the constant threat of rain. If construction of these projects had been underway but incomplete when heavy rain occurred, then there could have been far greater sedimentation impacts to Carroll Canyon Creek than exists in the current condition. For reasons discussed above, it was not reasonable or feasible to install these additional BMPs until the weather pattern of heavy storms cleared. Undertaking

such measures during this period would have posed greater risk of sediment discharges than what occurred under the circumstances. Further, it should be noted that there was not continuous discharge from the sedimentation basin to the Creek during the 83 day period. Finally, the Basin Plan water quality objectives for turbidity call for the 20 NTU concentrations not to be exceeded more than 10 percent of the time in any one year, apparently in recognition of the fact that major storms such as those that occurred during this period may prevent that limit from being met for the time period during the storm.

A. Site Status Report

Violations noted in the NOV and BMP's that address these NOV's are listed below.

1. Violation- Failure to prevent prohibited discharges.
Visual observations indicate the 20 NTU turbidity limit in Basin Plan was exceeded

BMP's

Existing BMP's at the site are described in a June 5, 2009 SWPPP addendum. BMP's for excavation, loading, and hauling of sand and gravel included this addendum are below:

Source	Material / Potential Pollutant	BMP
Excavation, loading, and hauling of sand and gravel	Sediment	1. As mining progresses, site grading is constructed to direct runoff towards the pits. 2. Slopes are benched to reduce runoff velocity and associated erosion. 3. Site grading directed away from creek. 4. Site grading directs runoff to on-site collection areas such as a pit or pond, to store and allow storm water to evaporate and/or infiltrate. 5. Haul roads in quarry area graded so that runoff flows into pit. 6. Existing vegetation beyond the limits of mining operations will be preserved to protect soil from erosion. 7. Retention basin, screens, and/or risers are installed at inlets. 8. Hay bales, rock berms, or fiber rolls installed around inlets and along unpaved haul road. 9. Sediment and debris will be removed from around inlets and fiber rolls cleaned. 10. Berms at certain locations, to retain storm water runoff on-site, and to prevent run-on of storm water to the mine area. 11. Berms or swales direct runoff to settling

		areas. 12. Berms are inspected on a regular basis for signs of deterioration, and maintenance is conducted as needed. Additionally, native vegetation is allowed to grow on the berms, to help minimize erosion of the berms. 13. Flow controls such as rock berms have been installed on quarry roads. 14. Haul roads are covered with gravel to minimize erosion.

There have been ongoing inspections of the existing BMP's, which are repaired as needed.

A status report regarding the status of BMP's at our Carroll Canyon site was emailed to you on 1/27/2010. The 1/27/2010 report provides an evaluation conducted by our engineer to address the concerns raised during the December 2009 inspection and describes additional BMP's that will be implemented.

A subsequent SWPPP addendum was prepared on February 25, 2010 to incorporate planned BMP's listed in the 1/27/2010 report. These BMP's are as follows:

Source	Material / Potential Pollutant	BMP
Excavation, loading, and hauling of sand and gravel	Sediment	15. The existing desiltation basin (located near Camino Santa Fe) will be expanded, assuming there are no obstacles such as buried utilities. The basin would be installed after the site dries out.
Access Roads	Sediment	5. A desiltation basin will be installed upgradient of the low point in the road. An unlined swale will also be installed on the north side of the road near the low point to convey runoff to an existing retention basin. The basin and swale would be installed after the site dries out.

BMP's that have been implemented since the 12/8/2009 inspection are listed below and shown in the attached photos:

Interim BMP's	
BMP	Date of Installation
1. Gravel berm extended at low point in road, on the south side. Berm filtered runoff and also caused water to backup into access road, which acted as a desilting basin.	12/08/2009
2. Swale installed on low point of road, on the north side. Rock berm installed on lower end of swale. Swale acted as desilting basin. Overflow water drained towards the pit area	02/12/2010

or paved road.	
3. Two rock filters approximately 8' wide X 25' long have been installed in the desiltation basin located near Camino Santa Fe.	03/02/2010
4. 1500 Gravel filled filter bags delivered for emergency BMP's	03/15/2010
5. Gravel filter basins installed in primary plant area, which will retain and filter some runoff that ultimately reaches the existing desiltation basin located near Camino Santa Fe.	03/10/2010
6. 22,000 gallon Baker tank installed. Water will be pumped from the existing desiltation basin located near Camino Santa Fe to the Baker tank, and then discharged to the creek.	03/05/2010

Additional BMP's are planned, which have been delayed due to concern about rain during BMP construction. If rain did occur while one of these BMP's is under construction, then there would be a potential for excessive sedimentation in Carroll Canyon Creek.

Future BMP's	
BMP	Planned Date of Installation (estimate)
1. A desiltation basin will be installed upgradient of the low point in the road. This planned BMP is discussed in the 1/27/2010 report.	By 6/30/2010
2. A new desiltation basin will be installed in the primary plant area, which is upgradient of the existing desiltation basin located near Camino Santa Fe. An existing desiltation basin located down gradient of the primary plant will also be upgraded.	By 6/30/2010
3. The existing desiltation basin located near Camino Santa Fe will be expanded and deepened, assuming there are no obstacles such as buried utilities. The height of the riser will also be increased. This planned BMP is discussed in the 1/27/2010 report.	By 7/31/2010

There are three drainage areas that ultimately drain to the existing Camino Santa Fe basin (see Basin Exhibit). These areas and the flows that would be generated from each area during the design storm are as follows:

Drainage Area	Flow from Drainage Area (flow based on City of San Diego Storm Water Manual)	Drains To:
28.85 ac	0.67 Ac-Ft	Camino Santa Fe Basin
6.3 ac	0.15 Ac-Ft	Camino Santa Fe Basin
74.9 ac	1.74 Ac-Ft	Mining Pit and then pumped to Camino Santa Fe Basin
Total- 110.05 ac	2.56 Ac-FT	

Runoff from these three drainage areas ultimately flows to the expanded Camino Santa Fe basin. Runoff from the 28.85 acre drainage area will first be treated by the new desiltation basin that will be installed at the primary plant. This new basin will have a storage capacity of approximately 0.15 acre-feet, and so will be a pre-treatment basin only. Water from this new basin will be then conveyed via pipe and ditch to the expanded Camino Santa Fe basin.

The 74.90 acre drainage area is tributary to the pit. Water generated by the design storm that is pumped from the mining pit to the Camino Santa Fe basin would exceed the capacity of the existing basin. Past practice has been to wait 24 hours before commencing the pumping to allow sediment to settle out in the mining pit before being pumped to the Camino Santa Fe basin for final treatment. The 24-hour delay before pumping will continue. This delay will also allow runoff from the 28.85 and 6.30 acre areas to be treated and discharged from the desilting basins prior to commingling with the pit water. The settling capacity of Camino Santa Fe basin will be increased to better treat water pumped from the pit.

Based on a conceptual grading plan, the expanded Camino Santa Fe basin will have a storage volume of approximately 5.38 acre-feet. This capacity exceeds the 2.56 ac-feet of runoff that would be generated from the three drainage areas during the City of San Diego Storm Water Manual design storm.

2. Violation- Failure to Implement/ Maintain BMP's:
The NOV states BMP's must be implemented that achieve the standard of Best Available Technology (BAT). Active Treatment System (i.e. applying chemical flocculent) is a Best Conventional Technology which is appropriate for suspended sediment.

Additional BMP's
Hanson is evaluating the feasibility of adding chemical flocculent at this site as requested by Regional Board staff. As you know, a number of factors much be taken into account to conclude such an evaluation and we would like to work with you to

complete this evaluation, which should take account of the available information and any unique factors relating to the sources and this site. We understand that other relevant factors may include the cost of achieving potential reductions in concentrations in relation to the benefits, the age of the equipment and facilities at this site, the processes employed at the site and any required process changes, engineering aspects of the control technologies, non-water quality environmental impacts (including energy requirements), and other such other appropriate factors.

Accordingly, as part of this evaluation, State Fish and Game has been contacted to verify whether discharge of stormwater treated with chemical flocculent to Carroll Canyon Creek would be acceptable. Fish and Game is still conducting their evaluation, but has stated Fish and Game elsewhere in the State is having an issue with flocculent.

We would appreciate if you could provide contact information for a party that is using flocculent as a Best Conventional Technology at a quarry in the San Diego area under similar stormwater and operating conditions to those we experience at Carroll Canyon. We would then contact this party to determine whether their flocculent treatment system would be feasible for our Carroll Canyon operation and we would, of course, share that evaluation with you.

In the meantime, Hanson believes it has taken all reasonable and feasible measures and implemented all BMPs that were available under the circumstances.

B. Storm Water Pollution Prevention Plan (SWPPP) Status
A SWPPP with map is attached that includes updates of the potential pollutant sources and BMP's.

C. Long Term Corrective Action Plan
The revised and expanded sediment basin system is described in the above BMP discussion. This system includes a new basin to treat discharges on the haul road.

Steven Zacks
Steven Zacks
Environmental Manager
ESH Department

Photos of Interim and Other BMP's

Gravel Berm Extension

Swale on North Side of Road at Road Low Point

Camino Santa Fe Rock Filters

Gravel Filter Basin

Baker Tank

Other BMP's

2010 APR 12 P 4:09

Hanson Aggregates
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April 9, 2010

Carroll Canyon- NOV R9-2010-0060 & Required Technical Report

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Excavation, loading, and hauling of sand and gravel	Sediment	1. As mining progresses, site grading is constructed to direct runoff towards the pits. 2. Slopes are benched to reduce runoff velocity and associated erosion. 3. Site grading directed away from creek. 4. Site grading directs runoff to on-site collection areas such as a pit or pond, to store and allow storm water to evaporate and/or infiltrate. 5. Haul roads in quarry area graded so that runoff flows into pit. 6. Existing vegetation beyond the limits of mining operations will be preserved to protect soil from erosion. 7. Retention basin, screens, and/or risers are installed at inlets. 8. Hay bales, rock berms, or fiber rolls installed around inlets and along unpaved haul road. 9. Sediment and debris will be removed from around inlets and fiber rolls cleaned. 10. Berms at certain locations, to retain storm water runoff on-site, and to prevent run-on of storm water to the mine area. 11. Berms or swales direct runoff to settling

		areas. 12. Berms are inspected on a regular basis for signs of deterioration, and maintenance is conducted as needed. Additionally, native vegetation is allowed to grow on the berms, to help minimize erosion of the berms. 13. Flow controls such as rock berms have been installed on quarry roads. 14. Haul roads are covered with gravel to minimize erosion.

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A subsequent SWPPP addendum was prepared on February 25, 2010 to incorporate planned BMP's listed in the 1/27/2010 report. These BMP's are as follows:

Source	Material / Potential Pollutant	BMP
Excavation, loading, and hauling of sand and gravel	Sediment	15. The existing desiltation basin (located near Camino Santa Fe) will be expanded, assuming there are no obstacles such as buried utilities. The basin would be installed after the site dries out.
Access Roads	Sediment	5. A desiltation basin will be installed upgradient of the low point in the road. An unlined swale will also be installed on the north side of the road near the low point to convey runoff to an existing retention basin. The basin and swale would be installed after the site dries out.

BMP's that have been implemented since the 12/8/2009 inspection are listed below and shown in the attached photos:

Interim BMP's	
BMP	Date of Installation
1. Gravel berm extended at low point in road, on the south side. Berm filtered runoff and also caused water to backup into access road, which acted as a desilting basin.	12/08/2009
2. Swale installed on low point of road, on the north side. Rock berm installed on lower end of swale. Swale acted as desilting basin. Overflow water drained towards the pit area	02/12/2010

or paved road.	
3. Two rock filters approximately 8' wide X 25' long have been installed in the desiltation basin located near Camino Santa Fe.	03/02/2010
4. 1500 Gravel filled filter bags delivered for emergency BMP's	03/15/2010
5. Gravel filter basins installed in primary plant area, which will retain and filter some runoff that ultimately reaches the existing desiltation basin located near Camino Santa Fe.	03/10/2010
6. 22,000 gallon Baker tank installed. Water will be pumped from the existing desiltation basin located near Camino Santa Fe to the Baker tank, and then discharged to the creek.	03/05/2010

Additional BMP's are planned, which have been delayed due to concern about rain during BMP construction. If rain did occur while one of these BMP's is under construction, then there would be a potential for excessive sedimentation in Carroll Canyon Creek.

Future BMP's	
BMP	Planned Date of Installation (estimate)
1. A desiltation basin will be installed upgradient of the low point in the road. This planned BMP is discussed in the 1/27/2010 report.	By 6/30/2010
2. A new desiltation basin will be installed in the primary plant area, which is upgradient of the existing desiltation basin located near Camino Santa Fe. An existing desiltation basin located down gradient of the primary plant will also be upgraded.	By 6/30/2010
3. The existing desiltation basin located near Camino Santa Fe will be expanded and deepened, assuming there are no obstacles such as buried utilities. The height of the riser will also be increased. This planned BMP is discussed in the 1/27/2010 report.	By 7/31/2010

There are three drainage areas that ultimately drain to the existing Camino Santa Fe basin (see Basin Exhibit). These areas and the flows that would be generated from each area during the design storm are as follows:

Drainage Area	Flow from Drainage Area (flow based on City of San Diego Storm Water Manual)	Drains To:
28.85 ac	0.67 Ac-Ft	Camino Santa Fe Basin
6.3 ac	0.15 Ac-Ft	Camino Santa Fe Basin
74.9 ac	1.74 Ac-Ft	Mining Pit and then pumped to Camino Santa Fe Basin
Total- 110.05 ac	2.56 Ac-FT	

Runoff from these three drainage areas ultimately flows to the expanded Camino Santa Fe basin. Runoff from the 28.85 acre drainage area will first be treated by the new desiltation basin that will be installed at the primary plant. This new basin will have a storage capacity of approximately 0.15 acre-feet, and so will be a pre-treatment basin only. Water from this new basin will be then conveyed via pipe and ditch to the expanded Camino Santa Fe basin.

The 74.90 acre drainage area is tributary to the pit. Water generated by the design storm that is pumped from the mining pit to the Camino Santa Fe basin would exceed the capacity of the existing basin. Past practice has been to wait 24 hours before commencing the pumping to allow sediment to settle out in the mining pit before being pumped to the Camino Santa Fe basin for final treatment. The 24-hour delay before pumping will continue. This delay will also allow runoff from the 28.85 and 6.30 acre areas to be treated and discharged from the desilting basins prior to commingling with the pit water. The settling capacity of Camino Santa Fe basin will be increased to better treat water pumped from the pit.

Based on a conceptual grading plan, the expanded Camino Santa Fe basin will have a storage volume of approximately 5.38 acre-feet. This capacity exceeds the 2.56 ac-feet of runoff that would be generated from the three drainage areas during the City of San Diego Storm Water Manual design storm.

2. Violation- Failure to Implement/ Maintain BMP's:
The NOV states BMP's must be implemented that achieve the standard of Best Available Technology (BAT). Active Treatment System (i.e. applying chemical flocculent) is a Best Conventional Technology which is appropriate for suspended sediment.

Additional BMP's
Hanson is evaluating the feasibility of adding chemical flocculent at this site as requested by Regional Board staff. As you know, a number of factors much be taken into account to conclude such an evaluation and we would like to work with you to

complete this evaluation, which should take account of the available information and any unique factors relating to the sources and this site. We understand that other relevant factors may include the cost of achieving potential reductions in concentrations in relation to the benefits, the age of the equipment and facilities at this site, the processes employed at the site and any required process changes, engineering aspects of the control technologies, non-water quality environmental impacts (including energy requirements), and other such other appropriate factors.

Accordingly, as part of this evaluation, State Fish and Game has been contacted to verify whether discharge of stormwater treated with chemical flocculent to Carroll Canyon Creek would be acceptable. Fish and Game is still conducting their evaluation, but has stated Fish and Game elsewhere in the State is having an issue with flocculent.

We would appreciate if you could provide contact information for a party that is using flocculent as a Best Conventional Technology at a quarry in the San Diego area under similar stormwater and operating conditions to those we experience at Carroll Canyon. We would then contact this party to determine whether their flocculent treatment system would be feasible for our Carroll Canyon operation and we would, of course, share that evaluation with you.

In the meantime, Hanson believes it has taken all reasonable and feasible measures and implemented all BMPs that were available under the circumstances.

B. Storm Water Pollution Prevention Plan (SWPPP) Status
A SWPPP with map is attached that includes updates of the potential pollutant sources and BMP's.

C. Long Term Corrective Action Plan
The revised and expanded sediment basin system is described in the above BMP discussion. This system includes a new basin to treat discharges on the haul road.

Steven Zacks
Steven Zacks
Environmental Manager
ESH Department

Photos of Interim and Other BMP's

Gravel Berm Extension

Swale on North Side of Road at Road Low Point

Camino Santa Fe Rock Filters

Gravel Filter Basin

Baker Tank

Other BMP's

Bree B #311

State of California
STATE WATER RESOURCES CONTROL BOARD

SAN DIEGO REGIONAL WATER QUALITY CONTROL BOARD
2008 JUN 30 P 3:05

2007-2008

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2007 through June 30, 2008

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at http://www.waterboards.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information: *Facility WDID No:* 937I014663

Facility Business Name: Hanson Aggregates (Carroll Canyon Facility) Contact Person: Jud Harvey

Physical Address: 9255 Camino Santa Fe e-mail: Jud.Harvey@hanson.biz

City: San Diego CA Zip 92121 Phone: (760) 591-0952

Standard Industrial Classification (SIC) Code(s): 1423 Quarry Rock; 3723 Construction Material;2951 Asphalt Concrete

B. Facility Operator Information:

Operator Name: Hanson Aggregates (Pacific Southwest Region Contact Person: Steve Zacks

Mailing Address: 681 Aspen Circle e-mail: Steve.Zacks@Hanson.biz

City: Oxnard State: CA Zip: 93030 Phone: (805)985-2191

C. Facility Billing Information:

Operator Name: Hanson Aggregates (Pacific Southwest Region Contact Person: Steve Zacks

Mailing Address: 681 Aspen Circle e-mail: Steve.Zacks@Hanson.biz

City: Oxnard State: CA Zip: 93030 Phone: (805)985-2191

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

   ☒ **YES** Go to Item D.2 ☐ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

   i. ☒ Participating in an Approved Group Monitoring Plan **Group Name:** Building Materials Industry (BMI)

   ii. ☐ Submitted ***No Exposure Certification* (NEC)** Date Submitted: ___/___/___

   Re-evaluation Date: ___/___/___

   Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

   iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: ___/___/___

   Re-evaluation Date: ___/___/___

   Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

   iv. ☐ Received Regional Board Certification Certification Date: ___/___/___

   v. ☐ Received Local Agency Certification Certification Date: ___/___/___

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   ☒ **YES** Go to Section E ☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 0

   If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0"). (BMI)

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   YES ☐ **NO** **attach explanation** (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? 1

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☒ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated ___/___/___

6. Were all samples collected during the first hour of discharge? ☒ YES ☐ NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☒ YES ☐ NO, **attach explanation**

8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☐ YES ☒ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☒ YES ☐ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☒ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

       _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

       _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

       _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler
- Parameters tested
- Name of analytical testing laboratory
- Discharge location identification
- Testing results
- Test methods used
- Test detection limits
- Date of testing
- Copies of the laboratory analytical results

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. *Do authorized non-storm water discharges occur at your facility?*

☐ **YES** ☒ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. ***Attach an explanation for any "NO" answers.*** *Indicate "N/A" for quarters without any authorized non-storm water discharges.*

July-September	☐ **YES**	☐ **NO**	☐ **N/A**	October-December	☐ **YES**	☐ **NO**	☐ **N/A**
January-March	☐ **YES**	☐ **NO**	☐ **N/A**	April-June	☐ **YES**	☐ **NO**	☐ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. *name, title, and signature of observer*
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non- storm water discharges and their sources. ***Attach an explanation for any "NO" answers.***

July-September	☒ **YES**	☐ **NO**	October-December	☒ **YES**	☐ **NO**
January-March	☒ **YES**	☐ **NO**	April-June	☒ **YES**	☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☒ **NO** Go to Item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

i. name of each unauthorized non-storm water discharge
ii. date and time of observation
iii. source and location of each unauthorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. *name, title, and signature of observer*
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers**. Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	☐	☒	February	☐	☒
November	☒	☐	March	☐	☒
December	☐	☒	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occurred during the last year
   - outdoor wash and rinse areas
   - process/manufacturing areas
   - loading, unloading, and transfer areas
   - waste storage/disposal areas
   - dust/particulate generating areas
   - erosion areas
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? ☒ YES ☐ NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? ☒ YES ☐ NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? ☒ YES ☐ NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? ☒ YES ☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? ☒ YES ☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

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ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☒ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☒ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☒ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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 person 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 for knowing violations.

Printed Name: Steve Fackt

Signature: [signature] Date: 6/1/08

Title: Environmental Manager

DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. *Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for* drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www.waterboards.ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.waterboards.ca.gov/stormwtr/contact.html

Hanson Aggregates
Camino Santa Fe/Carroll Canyon Facility
9255 Camino Santa Fe
San Diego, California 92121

WDID# 937I014663

Response to Annual Report Items

Item Number	Explanation:
E.11	See BMI Group Results.
G.1	Although a monthly visual observation was attempted, there was no discharge observed during the months of October and December through May that presented a significant, qualifying rain event at the site.

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: _	Observers Name: _ Title: _ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO — If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: _	Observers Name: _ Title: _ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO — If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: _	Observers Name: _ Title: _ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO — If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: _	Observers Name: _ Title: _ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO — If **YES**, complete reverse side of this form.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2October 10, 2017

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SIDE A

ANNUAL REPORT
FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- *Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.*
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** 8 / 10 / 07 10: 15 [X] AM [ ] PM	**Observers Name:** Brian Gehring **Title:** Junior Environmental Scientist **Signature:** Brian Gehring	**WERE UNAUTHORIZED NSWDs OBSERVED?** [ ] YES [X] NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** [ ] YES [X] NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 11 / 19 / 07 13: 00 [ ] AM [X] PM	**Observers Name:** Amy Tufts **Title:** Associate Environmental Scientist **Signature:** Amy Tufts	**WERE UNAUTHORIZED NSWDs OBSERVED?** [ ] YES [X] NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** [ ] YES [X] NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 2 / 28 / 08 9: 30 [X] AM [ ] PM	**Observers Name:** Brian Gehring **Title:** Junior Environmental Scientist **Signature:** Brian Gehring	**WERE UNAUTHORIZED NSWDs OBSERVED?** [ ] YES [X] NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** [ ] YES [X] NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 5 / 22 / 08 11: 30 [X] AM [ ] PM	**Observers Name:** Brian Gehring **Title:** Junior Environmental Scientist **Signature:** Brian Gehring	**WERE UNAUTHORIZED NSWDs OBSERVED?** [ ] YES [X] NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** [ ] YES [X] NO	If **YES** to either question, complete reverse side.

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- *Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.*

Observation Date: October 30 2007	Drainage Location Description	#1 Outfall 1	#2	#3	#4
Observers Name: Amy Tufts	Observation Time	10: 48 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Associate Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: Amy Tufts	Were Pollutants Observed (*If yes, complete reverse side*)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 30 2007	Drainage Location Description	#1 Outfall 1	#2	#3	#4
Observers Name: John Royal	Observation Time	12: 15 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Principal Hydrogeologist	Time Discharge Began	11:45 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: John Royal	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 13 2007	Drainage Location Description	#1 Outfall 1	#2	#3	#4
Observers Name: Brian Gehring	Observation Time	10: 45 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	*No Discharge* ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: Brian Gehring	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 12 2008	Drainage Location Description	#1 Outfall 1	#2	#3	#4
Observers Name: Amy Tufts	Observation Time	09: 30 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Associate Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: Amy Tufts	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February 28 2008	Drainage Location Description	#1 Outfall 1	#2	#3	#4
Observers Name: Brian Gehring	Observation Time	12: 00 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March 27 2008	Drainage Location Description	#1 Outfall 1	#2	#3	#4
Observers Name: Brian Gehring	Observation Time	11: 35 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 24 2008	Drainage Location Description	#1 Outfall	#2	#3	#4
Observers Name: Ramon Quinonez	Observation Time	10: 30 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Environmental Monitoring Technician	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May 22 2008	Drainage Location Description	#1 Outfall	#2	#3	#4
Observers Name: Brian Gehring	Observation Time	10:30 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 2/28/08 INSPECTOR NAME: Brian Gehring TITLE: Junior Env. Scientist SIGNATURE: [signature]

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Building #5 Truck Shop	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
Cat Shop	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
RMC Liquid Color ASTs	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
RMC HAZ-Waste Storage Area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		

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SIDE B

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 2/28/08 INSPECTOR NAME: Brian Gehring TITLE: Junior Env. Scientist SIGNATURE: [signature]

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Discharge Point – TSS Levels	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	TSS concentration of 4,670 mg/L exceeds the benchmark level.	Corrective actions will be evaluated and if necessary implemented before the next rainy season. Alternatives could include installation or expansion of siltation basins.
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☒ YES ☐ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO			

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8007-0M-6

#311

Linda S. Adams
Secretary for
Environmental Protection

Arnold Schwarzenegger
Governor

SAN DIEGO REGIONAL WATER QUALITY CONTROL BOARD

2010 JUN 25 P 3:08

State of California
STATE WATER RESOURCES CONTROL BOARD

2009-2010
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2009 through June 30, 2010

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at http://www.waterboards.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: 937I014663

Facility Business Name: Hanson Aggregates (Carroll Canyon)
Contact Person: Jud Harvey
Physical Address 9255 Camino Santa Fe
e-mail: Jud.Harvey@hanson.com
City: San Diego
CA Zip: 92121 Phone: (760) 591-0952
Standard Industrial Classification (SIC) Code(s): 1442, 3273, 5032, 2875, 2951

B. Facility Operator Information:

Operator Name: Hanson Aggregates (Pacific Southwest Region)
Contact Person: David Chong
Mailing Address: P.O. Box 639069
e-mail: David.Chong@hanson.com
City: San Diego
State: CA Zip: 92163 Phone: (858) 715-5684

C. Facility Billing Information:

Operator Name: Hanson Aggregates (Pacific Southwest Region)
Contact Person: David Chong
Mailing Address: P.O. Box 639069
e-mail: David.Chong@hanson.com
City: San Diego
State: CA Zip: 92163 Phone: (858) 715-5684

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

   ☐ **YES** Go to Item D.2 ☒ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

   i. ☐ Participating in an Approved Group Monitoring Plan **Group Name:** Building Materials Industry

   ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: ___/___/___

   Re-evaluation Date: ___/___/___

   Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

   iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: ___/___/___

   Re-evaluation Date: ___/___/___

   Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

   iv. ☐ Received Regional Board Certification Certification Date: ___/___/___

   v. ☐ Received Local Agency Certification Certification Date: ___/___/___

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   ☐ **YES** Go to Section E ☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 1

   If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   ☒ **YES** ☐ **NO** **attach explanation** **(Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)**

3. How many storm water discharge locations are at your facility? 2

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☒ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☒ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated 6/1/10

6. Were all samples collected during the first hour of discharge? ☒ YES ☐ NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☒ YES ☐ NO, **attach explanation**

8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☐ YES ☒ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☐ YES ☒ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

       _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

       _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

       _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler
- Parameters tested
- Name of analytical testing laboratory
- Discharge location identification
- Testing results
- Test methods used
- Test detection limits
- Date of testing
- Copies of the laboratory analytical results

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F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☒ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers**. Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September	☐ **YES**	☐ **NO**	☐ **N/A**	October-December	☐ **YES**	☐ **NO**	☐ **N/A**
January-March	☐ **YES**	☐ **NO**	☐ **N/A**	April-June	☐ **YES**	☐ **NO**	☐ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non- storm water discharges and their sources. **Attach an explanation for any "NO" answers**.

July-September	☒ **YES**	☐ **NO**	October-December	☒ **YES**	☐ **NO**
January-March	☒ **YES**	☐ **NO**	April-June	☒ **YES**	☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☒ **NO** Go to Item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information: None observed

i. name of each unauthorized non-storm water discharge
ii. date and time of observation
iii. source and location of each unauthorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	☒	☐	February	☒	☐
November	☒	☐	March	☒	☐
December	☒	☐	April	☒	☐
January	☒	☐	May	☒	☐

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occurred during the last year
   - outdoor wash and rinse areas
   - process/manufacturing areas
   - loading, unloading, and transfer areas
   - waste storage/disposal areas
   - dust/particulate generating areas
   - erosion areas
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? ☒ YES ☐ NO

   The following records should be reviewed:

   - quarterly authorized non-storm water discharge visual observations
   - monthly storm water discharge visual observation
   - records of spills/leaks and associated clean-up/response activities
   - quarterly unauthorized non-storm water discharge visual observations
   - Sampling and Analysis records
   - preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? ☒ YES ☐ NO

   The following SWPPP items should be reviewed:

   - pollution prevention team
   - list of significant materials
   - description of potential pollutant sources
   - assessment of potential pollutant sources
   - identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? ☒ YES ☐ NO

   The following BMP categories should be reviewed:

   - good housekeeping practices
   - spill response
   - employee training
   - erosion control
   - quality assurance
   - preventative maintenance
   - material handling and storage practices
   - waste handling/storage
   - structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? ☒ YES ☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? ☒ YES ☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

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ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☒ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☒ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☒ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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 person 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 for knowing violations.

Printed Name: David Chong

Signature: _____ Date: 6/11/10

Title: ESH Manager

E-1,2: There was only one qualifying discharge during the reporting season. Other observed discharges began flowing outside of the reporting window and were not valid for sampling.

Sample Summary Form
EMAX Laboratories Inc. Tel 310-6188889 NELAP Accreditation #: 02116CA #311 HANSON AGG

ient : BMI
oject : STORMWATER
Batch No. : 09L205
Sample ID: H. A. CARROLL CANYON 311B
Lab Samp ID: L205-02 (Group)

Date Collected: 12/07/09 08:30
Date Received: 12/10/09
Project Code: BMI0601_
Matrix : WATER
% Moisture : NA

LabSmpID	Parameters	RefMethod	Result&Unit	DilF	RL	AnlDateTime	PrpDateTime	LabFileID	PrpBatch
L205-02_	Specific Conductivity_	120.1	1920 umhos/cm	1	1.00	12/21/09 14:01	NA	ECL00303	ECL003W
L205-02_	NITRATE/NITRITE-N	300.0	0.704 mg/L	1	0.100	12/20/09 04:33	NA	AL22-88	ICL036W
L205-02_	Iron	6010B	2.47 mg/L	1	0.200	12/19/09 05:53	12/18/09 09:35	IDBL016182_	IPL043W
L205-02_	PH	150.1	8.38 pH	1	NA	12/10/09 19:15	NA	PHL01203	PHL012W
L205-02_	OIL & GREASE	1664	ND mg/L	1.03	5.15	12/18/09 13:40	12/17/09 11:40	OGL013W09	OGL013W
L205-02_	TSS	160.2	456 mg/L	1	10.0	12/11/09 11:21	NA	SSL00505	SSL005W

DilF: Dilution Factor
RL: Reporting Limit

ATT: STEVE ZACKS
&
DAVID CHONG

DOLA
CHONGNO

Sample Summary Form
EMAX Laboratories Inc. Tel 310-6188889 NELAP Accreditation #: 02116CA #311 HANSON AGG

lient : BMI
roject : STORMWATER
atch No. : 09L205
ample ID: H. A. CARROLL CANYON #311B
ab Samp ID: L205-01 (Group)

Date Collected: 12/07/09 08:00
Date Received: 12/10/09
Prject Code: BMI0601_
Matrix : WATER
% Moisture : NA

LabSmpID	Parameters	RefMethod	Result&Unit	DilF	RL	AnlDateTime	PrpDateTime	LabFileID	PrpBatch
L205-01	Specific Conductivity	120.1	181 umhos/cm	1	1.00	12/21/09 14:00	NA	ECL00302	ECL003W
L205-01	NITRATE/NITRITE-N	300.0	ND mg/L	1	0.100	12/20/09 04:07	NA	AL22-87	ICL036W
L205-01	Iron	6010B	3.38 mg/L	1	0.200	12/19/09 05:48	12/18/09 09:35	ID8L016181	IPL043W
L205-01	PH	150.1	8.69 pH	1	NA	12/10/09 19:14	NA	PHL01202	PHL012W
L205-01	OIL & GREASE	1664	ND mg/L	0.99	4.95	12/18/09 13:39	12/17/09 11:40	OGL013W08	OGL013W
L205-01	TSS	160.2	638 mg/L	1	10.0	12/11/09 11:21	NA	SSL00504	SSL005W

ilF: Dilution Factor
RL: Reporting Limit

ATT: DAVID CHANG (S.D.)
&
STEVE ZACKS

2009-2010
ANNUAL REPORT

DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www.waterboards.ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.waterboards.ca.gov/stormwtr/contact.html

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FORM 1-SAMPLING & ANALYSIS RESULTS

See BMI Sample Result Summary

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S):_____ TITLE: _____ SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
	/ / ☐ AM : ☐ PM	: ☐ AM ☐ PM										
	/ / ☐ AM : ☐ PM	: ☐ AM ☐ PM										
	/ / ☐ AM : ☐ PM	: ☐ AM ☐ PM										
	/ / ☐ AM : ☐ PM	: ☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.

NAME OF PERSON COLLECTING SAMPLE(S):_____ TITLE: _____ SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
	__/__/__ ☐AM __:__ ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM __:__ ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM __:__ ☐PM	__:__ ☐AM ☐PM										
	__/__/__ ☐AM __:__ ☐PM	__:__ ☐AM ☐PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

Not Applicable

* Quarterly dry weather visual observations are required of each authorized NSWD.

- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: ___/___/___	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: ___/___/___	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: ___/___/___	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: ___/___/___	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD	NAME OF AUTHORIZED NSWD	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
	EXAMPLE: Air conditioner Units on Building C	EXAMPLE: Air conditioner condensate	At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

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FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** 9/30/09 8:00 ☒ AM ☐ PM	**Observers Name:** Jud Harvey **Title:** Plant Manager **Signature:** [signature]	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 12/30/09 9:00 ☒ AM ☐ PM	**Observers Name:** Jud Harvey **Title:** Plant Mngr **Signature:** [signature]	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 3/31/10 2:00 ☒ AM ☐ PM	**Observers Name:** Jud Harvey **Title:** Plant Mngr **Signature:** [signature]	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 5/13/10 12:30 ☐ AM ☒ PM	**Observers Name:** Jud Harvey **Title:** Plant Mngr **Signature:** [signature]	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD	SOURCE AND LOCATION OF UNAUTHORIZED NSWD	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
	EXAMPLE: Vehicle Wash Water	EXAMPLE: NW Corner of Parking Lot	AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: CARROLL CANYON

Plant Discharge Location: #1 CAMINO SANTA FE & SITE ENTRANCE
#2 DRAINAGE ON S. SIDE OF DRIVEWAY

Month and Year: Oct 2009

Inspector(s): JUD HARVEY

Inspector(s) Job Title: SITE MANAGER

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS
10/30/09	TRACE	NO	

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

☒ No ☐ Yes

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Jud L. Harvey
Inspector's Signature

10/30/2009
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: #2 Camino Santa Fe & Site Entrance #2 Drainage on S. Side of Driveway

Month and Year: Nov. 2009

Inspector(s): Jud Harvey

Inspector(s) Job Title: Site Mngr

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS
11/30/09	No Qualifying Storm Events		

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

☒ No ☐ Yes

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Jud F. Harvey
Inspector's Signature

11/30/2009
Date
Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: CARROLL CANYON

Plant Discharge Location: #1 CAMINO SANTA FE + SITE ENTRANCE
#2 DRAINAGE ON S. SIDE OF DRIVEWAY

Month and Year: DEC. 2009

Inspector(s): JUD HARVEY

Inspector(s) Job Title: SITE MNGR

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS
12/07/09	1 3/4"	YES	SAMPLES TAKEN AND SENT to EMAX LAB

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

☐ No ☒ Yes

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
12/07/2009	0800	0730

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☒ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☒ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's: _____

Jud L Harvey
Inspector's Signature

12/30/2009
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Outfall #1 Camino Santa Fe & Site Entrance
Outfall #2 Drainage on S. Side of Driveway

Month and Year: 01/2010

Inspector(s): Jud Harvey

Inspector(s) Job Title: Site Mngr

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS
01/18/10	3/4" approx	YES	

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

☐ No ☒ Yes

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
01/18/2010	01500	01400

Characteristics of Discharge:

Discharge turbid or colored?	☒ No	☐ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☒ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's: _____

Jud T. Harvey
Inspector's Signature

01/29/2010
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Outfall #2 Camino Santa Fe & Site Entrance
Outfall #2 Drainage on S. Side of Driveway

Month and Year: 02/2010

Inspector(s): Jud Harvey

Inspector(s) Job Title: Site Mngr

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS
2/5/10	Approx. 1/2"	YES	Rain Started About 6PM
2/19/10	Approx 1/2"	YES.	Rain Started About 3AM
2/27/10	Approx 1.25"	YES	Rain Started About 6:30 AM

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

☐ No ☒ Yes

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
2/27/10	7:15 AM	6:50 AM

Characteristics of Discharge:

Discharge turbid or colored?	☑ No	☐ Yes
Discharge have sheen?	☑ No	☐ Yes
Discharge leave staining?	☑ No	☐ Yes
Discharge have odor?	☑ No	☐ Yes
Discharge have debris?	☑ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☑ Yes
New BMP's needed to reduce pollutants in discharge?	☑ No	☐ Yes

If "Yes," describe new BMP's: _____

Jud L. Harvey
Inspector's Signature

02/27/10
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: CARROLL CANYON

Plant Discharge Location: OUTFALL #2 CAMINO SANTA FE & SITE ENTRANCE
OUTFALL #2 DRAINAGE ON SOUTH SIDE OF DRIVEWAY

Month and Year: 03/2010

Inspector(s): JUD HARVEY

Inspector(s) Job Title: SITE MNGR

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS
3/8/10	TRACE	NO	
3/31/10	TRACE	NO	

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

☒ No ☐ Yes

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Judd L. Harvey — 04/01/10

Inspector's Signature — **Date**

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: CARROLL CANYON
#1 CAMINO SANTA FE & SITE ENTRANCE

Plant Discharge Location: #2 DRAINAGE ON SOUTH SIDE OF DRIVEWAY

Month and Year: 04/2010

Inspector(s): JUD HARVEY

Inspector(s) Job Title: SITE MNGR

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS
4/5/10	TRACE	NO	Rain 3am Start
4/12/10	1/2"	YES	Rain 4am Start
4/21/10	1"	YES	4:30 am Start
4/28/10	TRACE	NO	4:1am Start

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

☐ No ☒ Yes

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
4/21/2010	0700	0500

Characteristics of Discharge:

Discharge turbid or colored?	☑ No	☐ Yes
Discharge have sheen?	☑ No	☐ Yes
Discharge leave staining?	☑ No	☐ Yes
Discharge have odor?	☑ No	☐ Yes
Discharge have debris?	☑ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☑ Yes
New BMP's needed to reduce pollutants in discharge?	☑ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

04/28/2010
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document no discharge during the month or any discharge that occurs during the first hour of the first stormwater discharge of that month. This form is also used to record any rain events throughout the month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: #1 Camino Santa Fe @ Entrance
#2 Drainage on S Side of Driveway

Month and Year: May 2010

Inspector(s): Jud Harvey

Inspector(s) Job Title: Site Manager

Fill out this section during the month:

DATE	AMOUNT OF RAIN	DISCHARGE? Yes or No	COMMENTS
5-31-2010	**None observed**	**No**	

Was there any discharge of stormwater to a storm drain, creek or other drainage during the month, during operating hours?

[X] **No** [ ] **Yes**

- If you answered *"No,"* sign and date the bottom of the form. This form is now completed.
- If you answered *"Yes,"* fill out the below data before signing and dating the form.

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? [ ] No [ ] Yes
Discharge have sheen? [ ] No [ ] Yes
Discharge leave staining? [ ] No [ ] Yes
Discharge have odor? [ ] No [ ] Yes
Discharge have debris? [ ] No [ ] Yes

Source of any pollutants in discharge: _____

BMP's in place? [ ] No [ ] Yes
New BMP's needed to reduce pollutants in discharge? [ ] No [ ] Yes

If "Yes," describe new BMP's: _____

Jud Harvey — **Inspector's Signature**

5/31/2010 — **Date**

Date should reflect the last operating day of the month or the first operating day of the following month.

2008- 2009

ANNUAL REPORT

SIDE A

6/29/2010

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 5/ 24 / 10 INSPECTOR NAME: David Chong TITLE: ESH Manager SIGNATURE: [signature]

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Excavation, loading, hauling, and storage of sand and gravel	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
Crushing, screening, and washing of sand and gravel	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation (see ACSCE Addendum)	Describe additional/revised BMPs or corrective actions and their date(s) of implementation (see ACSCE Addendum)
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☒ YES ☐ NO			
Ready Mix Concrete Plant Activities	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
Interior Truck Washing, Return Concrete Handling	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			

2008- 2009

ANNUAL REPORT

SIDE B

6/9/2010

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 5/ 24 / 10 INSPECTOR NAME: David Chong TITLE: ESH Manager SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)				Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Vehicle Maintenance	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			
HAZMAT, Waste, and Admixture Storage and Processing Areas	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			
Fueling (UST)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			
Vehicle/Equipment Parking, Washing, and Access Roads	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☒ YES ☐ NO	If yes, to either question, complete the next two columns of this form	(see ACSCE Addendum)	(see ACSCE Addendum)
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			

2008- 2009

ANNUAL REPORT

Annual Comprehensive Site Compliance Evaluation Addendum

The Evaluation Date shown on Form 5 is date of site visit and BMP evaluation. Annual Report certification date is the date Annual Report was filled out (including Form 5 itself).

The lab samples show elevated TSS (and SC) levels, even after the installation of additional BMP's during the 2008-09 season. The following BMP's have been implemented, which could reduce these levels:

Implemented BMP's	
BMP	Date of Installation
1. Gravel berm extended at low point in road, on the south side. Berm filtered runoff and also caused water to backup into access road, which acted as a desilting basin.	12/08/2009
2. Swale installed on low point of road, on the north side. Rock berm installed on lower end of swale. Swale acted as desilting basin. Overflow water drained towards the pit area or paved road.	02/12/2010
3. Two rock filters approximately 8' wide X 25' long have been installed in the desiltation basin located near Camino Santa Fe.	03/02/2010
4. 1500 Gravel filled filter bags delivered for emergency BMP's	03/15/2010
5. Gravel filter basins installed in primary plant area, which will retain and filter some runoff that ultimately reaches the existing desiltation basin located near Camino Santa Fe.	03/10/2010
6. 22,000 gallon Baker tank installed. Water will be pumped from the existing desiltation basin located near Camino Santa Fe to the Baker tank, and then discharged to the creek.	03/05/2010

Additional BMP's are planned, which have been delayed due to concern about rain during BMP construction. If rain did occur while one of these BMP's was under construction, then there would be a potential for discharge of excessive sedimentation into Carroll Canyon Creek.

Future BMP's	
BMP	Planned Date of Installation (estimate)
1. A desiltation basin will be installed upgradient of the low point in the road. This planned BMP is discussed in the 1/27/2010 report.	By 6/30/2010
2. A new desiltation basin will be installed in the primary plant area, which is upgradient of the existing desiltation basin located near Camino Santa Fe. An existing desiltation basin located down gradient of the primary plant will also be upgraded.	By 6/30/2010
3. The existing desiltation basin located near Camino Santa Fe will be expanded and deepened, assuming there are no obstacles such as buried utilities. The height of the riser will also be increased. This planned BMP is discussed in the 1/27/2010 report.	By 7/31/2010

The 6/5/2009 SWPPP was updated on 2/25/2010 to incorporate planned BMP's and subsequently updated on 4/9/2010 to incorporate both recently installed and planned BMP's.

6/29/2010

SK

SESPE
CONSULTING, INC.
374 Poli Street, Suite 200 • Ventura, CA 93001
Office • (805) 275-1515 Fax • (805) 667-8104

June 24, 2015

Ms. Regan Morey
State Water Resources Control Board
1001 "I" Street
Sacramento, CA 95814

Re: Building Materials Industry (BMI) Storm Water Monitoring Group
2014/2015 Annual Group Evaluation Report
Storm Water Annual Reports

Dear Ms. Morey:

Enclosed please find the 2014/2015 Annual Group Evaluation Report (AGER) for the Building Materials Industry (BMI) Storm Water Monitoring Group for your approval. The AGER was prepared based on the guidelines found on the State Water Board's website and the 2014/2015 Group Monitoring Plan ("GMP," dated July 25, 2014) for the Group.

Also attached are the Storm Water Annual Reports for the participants. These reports are also being submitted to Regional Boards where the facilities are located.

If you have any questions regarding the AGER or the Annual Reports, please do not hesitate to contact me at (805) 275-1515.

Best regards,

Joseph L. King, P.E., C.P.E.S.C.
Vice President
Sespe Consulting, Inc.
BMI Storm Water Monitoring Group Leader

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD
2015 JUL 1 AM 10 10

cc:

Regional Water Quality Control Board
(3) San Luis Obispo Region
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401
Attn: Executive Officer

State of California
STATE WATER RESOURCES CONTROL BOARD

2014-2015
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2014 through June 30, 2015

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B,.and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at http://www.swrcb.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: 937I014663

Facility Business Name: Hanson Aggregates Pacific Southwest Ir
Physical Address: 9255 Camino Santa Fe
City: San Diego
Standard Industrial Classification (SIC) Code(s): 1442, 3273, 287:

Contact Person: Ron Thompson
e-mail: Ron.Thompson@hanson.biz
CA Zip: 92121 Phone: 760-802-5365

B. Facility Operator Information:

Operator Name: Hanson Aggregates Pacific Southwest Inc
Mailing Address: P.O. Box 639069
City: San Diego

Contact Person: Aaron J. Lund
e-mail: aaron.lund@lehighhanson.com
State: CA Zip: 92163 Phone: 858-715-5667

C. Facility Billing Information:

Operator Name: Hanson Aggregates Pacific Southwest Inc
Mailing Address: P.O. Box 639069
City: San Diego

Contact Person: Aaron J. Lund
e-mail: aaron.lund@lehighhanson.com
State: CA Zip: 92163 Phone: 858-715-5667

2014-2015
ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

   [X] **YES** Go to Item D.2 [ ] **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

   i. [X] Participating in an Approved Group Monitoring Plan **Group Name:** Building Materials

   ii. [ ] Submitted **No Exposure Certification (NEC)** Date Submitted: _____

   Re-evaluation Date: _____

   Does facility continue to satisfy NEC conditions? [ ] YES [ ] NO

   iii. [ ] Submitted **Sampling Reduction Certification (SRC)** Date Submitted: _____

   Re-evaluation Date: _____

   Does facility continue to satisfy SRC conditions? [ ] YES [ ] NO

   iv. [ ] Received Regional Board Certification Certification Date: _____

   v. [ ] Received Local Agency Certification Cetification Date: _____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   [X] **YES** Go to Section E [ ] **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 4 If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   [X] **YES** [ ] **NO, attach explanation** **(Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)**

3. How many storm water discharge locations are at your facility? 4

4. For each storm event sampled, did you collect and analyze a sample from each of the facility's storm water discharge locations? ☒ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated _____

6. Were all samples collected during the first hour of discharge? ☒ YES ☐ NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☒ YES ☐ NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) ☐ YES ☒ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☒ YES ☐ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☒ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

       _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

       _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

       _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**
Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☒ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers**. Indicate "N/A" for quarters without any authorized non-storm water discharges.

July -September	☐ **YES**	☐ **NO**	☒ **N/A**	October-December	☐ **YES**	☐ **NO**	☒ **N/A**
January-March	☐ **YES**	☐ **NO**	☒ **N/A**	April-June	☐ **YES**	☐ **NO**	☒ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information.

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**
Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers**.

July -September	☒ **YES**	☐ **NO**	October-December	☒ **YES**	☐ **NO**
January-March	☒ **YES**	☐ **NO**	April-June	☒ **YES**	☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☒ **NO** Go to item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information.

i. name of each unauthorized non-storm water discharge.
ii. date and time of observation.
iii. source and location of each unauthorized non-storm water discharge.
iv. characteristics of the discharge at its source and impacted drainage area/discharge location.
v. name, title, and signature of observer.
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers**. Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	☐	☒	February	☒	☐
November	☒	☐	March	☒	☒
December	☒	☐	April	☐	☒
January	☐	☒	May	☒	☐

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occured during the last year.
   - outdoor wash and rinse areas.
   - process/manufacturing areas.
   - loading, unloading, and transfer areas.
   - waste storage/disposal areas.
   - dust/particulate generating areas.
   - erosion areas.
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? [X] YES [ ] NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? [X] YES [ ] NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? [X] YES [ ] NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? [X] YES [ ] NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? [X] YES [ ] NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☒ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☒ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☒ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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 person 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 for knowing violations.

Printed Name: Ron Thompson

Signature: _____ Date: 6/11/15

Title: Plant Manager

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** 9/12/14 10:30 ☒ AM ☐ PM	Observers Name: Ron Thompson Title: Manager Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 11/14/14 2:30 ☐ AM ☒ PM	Observers Name: Ron Thompson Title: Manager Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 2/12/15 10:00 ☒ AM ☐ PM	Observers Name: Ron Thompson Title: Manager Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 5/27/15 1:30 ☐ AM ☒ PM	Observers Name: Ron Thompson Title: Manager Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon
Camino Santa Fe
Plant Discharge Location: Desilt Basin

Month and Year: May 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
5/15	.43	No	N/A	N/A	
5/22	.08	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered "No", then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

Date 6/1/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #1 (Low point in road)

Month and Year: May 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
5/15	.43	No	N/A	N/A	
5/22	.08	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

Date 6/1/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #2 (Below office building #7

Month and Year: May 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
5/15	.43	Yes	Yes	Yes	
5/22	.08	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☐ No ☒ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
5/15	10:00 am	9:30am

Characteristics of Discharge:

Discharge turbid or colored?	☒ No	☐ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☒ No	☐ Yes

Source of any pollutants in discharge:

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's:

Inspector's Signature

Date 6/1/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: A-1 Soils yard

Month and Year: May 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
5/15	.43		No		Closed
5/22	.08	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 6/1/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon
Camino Santa Fe
Plant Discharge Location: Desilt Basin

Month and Year: Apr. 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
4/25	.02	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge:

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's:

Inspector's Signature

Date 5/1/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #1 (Low point in road)

Month and Year: Apr. 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
4/25	.02	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

5/1/15
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #2 (Below office building #7

Month and Year: Apr. 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
4/25	.02	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 5/1/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: A-1 Soils yard

Month and Year: Apr. 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
4/25	.02	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 5/1/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon
Camino Santa Fe
Plant Discharge Location: Desilt Basin

Month and Year: Mar 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
3/1	.51	?	No	N/A	Closed
3/2	.41	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

4/7/15
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #1 (Low point in road)

Month and Year: Mar 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
3/1	.51	?	No	N/A	Closed
3/2	.41	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

4/7/15
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #2 (Below office building #7

Month and Year: Mar 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
3/1	.51	?	No	N/A	Closed
3/2	.41	Yes	Yes	?	

Is yes entered in columns 3, 4, and 5?

☐ No ☒ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☒ No	☐ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☒ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 4/7/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: A-1 Soils yard

Month and Year: Mar 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
3/1	.51	?	No	N/A	Closed
3/2	.41	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

4/7/15
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Camino Santa Fe Desilt Basin

Month and Year: Feb 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
2/22	.12	No	N/A	N/A	
2/23	.20	No	N/A	N/A	
2/28	.12		No	N/A	Closed

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

3/2/15
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #1 (Low point in road)

Month and Year: Feb 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
2/22	.12	No	N/A	N/A	
2/23	.20	No	N/A	N/A	
2/28	.12		No	N/A	Closed

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 3/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #2 (Below office building #7

Month and Year: Feb 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
2/22	.12	No	N/A	N/A	
2/23	.20	Yes	Yes	Yes	
2/28			No	N/A	Closed

Is yes entered in columns 3, 4, and 5?

☐ No ☒ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
2/23/15	11:00am	10:30am

Characteristics of Discharge:

Discharge turbid or colored?	☒ No	☐ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☒ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 3/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: A-1 Soils yard

Month and Year: Feb 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
2/22	.12	No	N/A	N/A	
2/23	.20	No	N/A	N/A	
2/28			No	N/A	Closed

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ **Date** 3/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Camino Santa Fe Desilt Basin

Month and Year: Jan 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
1/11/15	.20	?	No	Yes	
1/12/15	.08	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

Date 2/2/15

Date should reflect the last operating day of the month or the first operating day of the following month

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #1 (Low point in road)

Month and Year: Jan 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
1/11/15	.20	?	No	Yes	
1/12/15	.08	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5? ☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ **Date** 2/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #2 (Below office building #7

Month and Year: Jan 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
1/11/15	.20	?	No	Yes	
1/12/15	.08	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ **Date** 2/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: A-1 Soils yard

Month and Year: Jan 2015

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
1/11/15	.20	?	No	Yes	
1/12/15	.08	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 2/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon
Camino Santa Fe
Plant Discharge Location: Desilt Basin

Month and Year: Dec 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
12/2	.51	No	N/A	N/A	
12/3	.24	No	N/A	N/A	
12/4	.47	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5? ☐ No ☒ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
12/13/14	8:05am	?

Characteristics of Discharge:

Discharge turbid or colored?	☒ No	☐ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☒ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 1/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
12/12/14	.87	No	N/A	N/A	
12/13/14	0	Yes	?	Yes	Took Sample
12/16/14	.12	No	No	NO	Run Late at night.
12/17/14	.43	Yes	?	Yes	Looked Good
12/30/14	.08	No	N/A	N/A	
12/31/14	.16	No	N/A	N/A	

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #1 (Low point in road)

Month and Year: Dec 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
12/2	.51	No	N/A	N/A	
12/3	.24	No	N/A	N/A	
12/4	.47	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5? ☐ No ☒ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
12/17/14	6:15am	5:00am

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☒ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☐ No	☒ Yes

Source of any pollutants in discharge: Muddy Road + Trees

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☒ Yes

If "Yes," describe new BMP's: Clean Road + Replace waddle

Inspector's Signature

Date 1/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
12/12/14	.87	No	N/A	N/A	
12/16/14	.12	No	No	No	Rain Late at night
12/17/14	.43	Yes	?	Yes	Started raining hard 4:00am Took sample 6:15
12/30/14	.08	No	N/A	N/A	
12/31/14	.16	No	N/A	N/A	

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #2 (Below office building #7

Month and Year: Dec 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
12/2	.51	Yes	Yes.	Yes	
12/3	.24	Yes	No	NO	
12/4	.47	Yes	No	No	

Is yes entered in columns 3, 4, and 5? ☐ No ☒ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
12/2/14	1:00 P.m	

Characteristics of Discharge:

Discharge turbid or colored?	☒ No	☐ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☒ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 1/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
12/12/14	.87	Yes	?	Yes	
12/16/14	.12	No	No	No	Rain Late at night
12/17/14	.43	Yes	?	Yes	Looked Good
12/30/14	.08	No	N/A	N/A	
12/31/14	.16	No	N/A	N/A	

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: A-1 Soils yard

Month and Year: Dec 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
12/2	.51	No	N/A	N/A	
12/3	.24	No	N/A	N/A	
12/4	.47	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☐ No ☒ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
12/17/14	6:15 am	5:00 am

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☒ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☐ No	☒ Yes

Source of any pollutants in discharge: Soil + Trees

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's:

Inspector's Signature

Date 1/2/15

Date should reflect the last operating day of the month or the first operating day of the following month.

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
12/12/14	.87	No	N/A	N/A	A-1 Closed
12/16/14	.12	No	No	No	Rain late at night
12/17/14	.43	Yes	?	Yes	Rain hard 4:00am Took sample 6:15
12/30/14	.08	No	N/A	N/A	
12/31/14	.16	No	N/A	N/A	

12/17/14 – Some contamination from upper drain

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon
Camino Santa Fe
Plant Discharge Location: Desilt Basin

Month and Year: Nov 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
11/1/14	.11	No	N/A	N/A	
11/21/14	.48	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

12/1/14
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #1 (Low point in road)

Month and Year: Nov 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
11/1/14	.11	No	N/A	N/A	
11/21/14	.48	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 12/1/14

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #2 (Below office building #7

Month and Year: Nov 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
11/1/14	.11	No	N/A	N/A	
11/21/14	.48	Yes	Yes	Yes	

Is yes entered in columns 3, 4, and 5?

☐ No ☒ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)
11/21/14	7:50am	7:30am

Characteristics of Discharge:

Discharge turbid or colored?	☒ No	☐ Yes
Discharge have sheen?	☒ No	☐ Yes
Discharge leave staining?	☒ No	☐ Yes
Discharge have odor?	☒ No	☐ Yes
Discharge have debris?	☒ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☒ Yes
New BMP's needed to reduce pollutants in discharge?	☒ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 12/1/14

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: A-1 Soils yard

Month and Year: Nov 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS
11/1/14	.11	No	N/A	N/A	
11/21/14	.48	No	N/A	N/A	

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

12/1/14
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Camino Santa Fe Desilt Basin

Month and Year: Oct 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

11/3/14
Date

Date should reflect the last operating day of the month or the first operating day of the following month

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #1 (Low point in road)

Month and Year: Oct 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

11/3/14
Date

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: Access Road #2 (Below office building #7

Month and Year: Oct 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS

Is yes entered in columns 3, 4, and 5? ☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored? ☐ No ☐ Yes
Discharge have sheen? ☐ No ☐ Yes
Discharge leave staining? ☐ No ☐ Yes
Discharge have odor? ☐ No ☐ Yes
Discharge have debris? ☐ No ☐ Yes

Source of any pollutants in discharge: _____

BMP's in place? ☐ No ☐ Yes
New BMP's needed to reduce pollutants in discharge? ☐ No ☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature

Date 11/3/14

Date should reflect the last operating day of the month or the first operating day of the following month.

Wet Weather Season Monthly Stormwater Visual Observation Form 4

Instructions: Complete this form for each month during the Stormwater Wet Weather Season months of October through May. This form is used to document rain events, discharges that occur during the month, or that there was no discharge during the entire month. Keep all completed forms in your plant files.

Plant: Carroll Canyon

Plant Discharge Location: A-1 Soils yard

Month and Year: Oct 2014

Inspector(s): Ron Thompson

Inspector(s) Job Title: Manager

Fill out this section during the month:

1 DATE	2 AMOUNT OF RAIN	3 DISCHARGE? Yes or No	4 1ST HOUR OF DISCHARGE DURING OPERATING HOURS? Yes, No, or N/A	5 DISCHARGE PRECEDED BY 3 DAYS OF NO DISCHARGE? Yes, No, or N/A	6 COMMENTS

Is yes entered in columns 3, 4, and 5?

☒ No ☐ Yes

- If you answered *"No"*, then do not fill out the below Observations data.
- If you answered "Yes" and this is the first discharge of the month, then fill in the below Observation and BMP data

Observation Summary of ***First*** Discharge of Month, During Operating Hours:

Date of Discharge Observation	Time of Discharge Observation	Time Discharge Began (est)

Characteristics of Discharge:

Discharge turbid or colored?	☐ No	☐ Yes
Discharge have sheen?	☐ No	☐ Yes
Discharge leave staining?	☐ No	☐ Yes
Discharge have odor?	☐ No	☐ Yes
Discharge have debris?	☐ No	☐ Yes

Source of any pollutants in discharge: _____

BMP's in place?	☐ No	☐ Yes
New BMP's needed to reduce pollutants in discharge?	☐ No	☐ Yes

If "Yes," describe new BMP's: _____

Inspector's Signature _____ Date 11/3/14

Date should reflect the last operating day of the month or the first operating day of the following month.

2014-2015

ANNUAL REPORT

SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 2/24/2015 INSPECTOR NAME: Aaron Lund TITLE: Environmental Manager SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Mine Area-Excavation, loading, and conveying of sand and gravel	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Rock and sand Plant-Crushing and screening	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Rock and Sand plant- washing of processed material; sand washing	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Rock and Sand Plant-storage of sand and gravel in stockpiles	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		

2014-2015
ANNUAL REPORT

SIDE B

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 2/24/2015 **INSPECTOR NAME:** Aaron Lund **TITLE:** Environmental Manager **SIGNATURE:**

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)				Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Concrete Plant-Storage of sand and gravel; cement and fly ash in silos; admixtures and colors	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)				Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Concrete Plant- Interior and exterior truck washing	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)				Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Quality Control Areas; Boneyards	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)				Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Fueling and Shop	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			

CHAIN OF CUSTODY

EMAX Laboratories, Inc.

1835 W. 205th Street, Torrance, CA 90501
Tel # : 310-618-8889 FAX#: 310-618-0818
Email: info@emaxlabs.com

PO NUMBER:
SAMPLE STORAGE
EMAX CONTROL NO. 14K184
PROJECT CODE:

CLIENT **BMI Storm Water Monitoring Group**
PROJECT Lehigh Hanson 9255 Canino Santa Fe San Diego, CA 92121
COORDINATOR Aaron Lund
TEL (858) 715-5667 FAX (858) 571-1700 EMAIL Aaron.Lund@LehghHanson.com
SEND REPORT TO
COMPANY
ADDRESS
EMAX PM

MATRIX CODE	PRESERVATIVE
DW=Drinking Water	IC = Ice
GW=Ground Water	HC = HCl
WW=Waste Water	HN=HNO3
SD=Solid Waste SL=Sl	SH=NaO3
SS=Soil/ Sediment	ST=Na2S2O3
WP=Wipes PP=Pure P	ZA=Zinc Acetate
AR=Air	HS=H2SO4
O=	

ANALYSIS REQUIRED: IRON BY ICP; PH/TSS/CONDUCTIVITY; NITRATE/NITRITE BY IC; OIL AND GREASE

TAT: ☐ Rush __24__hrs. ☐ Rush __48_hrs ☐ Rush_72_hrs ☐ 7 days ☐ 14 days ☐ 21 days

LAB	SAMPLE ID CLIENT	SAMPLING LOCATION	DATE	TIME	CONTAINER NO.	SIZE	TYPE	MATRIX CODE	QC	PRESERVATIVE CODE HN	NA	HS	HS	COMMENTS
1	BMI Storm Water Monitoring Group	Carroll Canyon Access Rd #2	11/21/14	7:50am				WATER		X	X	X	X	
2														
3														
4														
5														
6														
7														
8														
9														
10														

Instructions
WDID# 9371014663

Cooler #	Temp. (oC)	Sample #s
1	13.4	

SAMPLER

RELINQUISHED BY	Date	Time	RECEIVED BY
Ron Thompson	11/21/14	10:00AM	
	11-24-14	1040	[signature]

COURIER/AIRBILL

NOTICE: Turn-around-time (TAT) for samples shall not begin untill all discrepancies have been resolved. For samples received and discrepacies resolved after 1500 hrs, TAT shall start at 0800 hrs the next business day. The client is responsible for all cost associted with sample disposal. Samples shall be disposed of as soon as practical (but not prior to fifteen (15) calendar days) after issuance of analytical report unless a different sample disposal schedule is pre-arranged with EMAX. Disposal fee for samples defined by CA Title 22 as non-hazardous shall be $5.00 per sample. EMAX will return hazardous samples to the client at the client's expense unless directed in writing otherwise.

Sample Summary Form
EMAX Laboratories Inc. Tel 310-6188889 NELAP Accreditation #: 02116CA

Client : BMI
Project : Storm Water
Batch No. : 14K184
Sample ID: LEHIGH HANSON, SAN DIEGO BMI 311B
Lab Samp ID: K184-01 (Group)

Date Collected: 11/21/14 07:50
Date Received: 11/24/14
Prject Code: BMI1201_
Matrix : WATER
% Moisture : NA

LabSmpID	Parameters	RefMethod	Result&Unit	DilF	RL	AnlDateTime	PrpDateTime	LabFileID	PrpBatch
K184-01	Specific Conductivity	120.1	2020 umhos/cm	1	2	12/02/14 16:19	NA	14ECL00116	ECL001W
K184-01	Iron	6010B	2.44 mg/L	1	0.200	12/03/14 15:59	12/02/14 11:05	ID8L003052	IPL002W
K184-01	NITRATE/NITRITE-N	300.0	0.467 mg/L	1	0.100	11/25/14 19:46	NA	E3K25-06	BCK002W
K184-01D	NITRATE/NITRITE-N	300.0	0.468 mg/L	1	0.100	11/25/14 20:21	NA	E3K25-07	BCK002W
K184-01M	NITRATE/NITRITE-N	300.0	0.906 mg/L	1	0.100	11/25/14 20:55	NA	E3K25-08	BCK002W
K184-01	PH	150.1	8.27 pH	1	0.1	11/24/14 12:03	NA	14PHK00801	PHK008W
K184-01D	PH	150.1	8.25 pH	1	0.1	11/24/14 12:04	NA	14PHK00802	PHK008W
K184-01	OIL & GREASE	1664	ND mg/L	0.943	4.72	12/04/14 13:15	12/03/14 11:55	14OGL002W06	OGL002W
K184-01	TSS	160.2	75.4 mg/L	1	10	11/26/14 10:32	NA	14SSK00604	SSK006W
K184-01D	TSS	160.2	72.8 mg/L	1	10	11/26/14 10:32	NA	14SSK00605	SSK006W

DilF: Dilution Factor
RL: Reporting Limit

CHAIN OF CUSTODY

EMAX Laboratories, Inc.
1835 W. 205th Street, Torrance, CA 90501
Tel # : 310-618-8889 FAX#: 310-618-0818
Email: info@emaxlabs.com

PO NUMBER:
SAMPLE STORAGE
EMAX CONTROL NO. 14L163
PROJECT CODE:

CLIENT **BMI Storm Water Monitoring Group**
PROJECT Lehigh Hanson 9255 Canino Santa Fe San Diego, CA 92121
COORDINATOR Aaron Lund
TEL (858) 715-5667 FAX (858) 571-1700 EMAIL Aaron.Lund@LehghHanson.com
SEND REPORT TO
COMPANY
ADDRESS
EMAX PM

MATRIX CODE	PRESERVATIVE
DW=Drinking Water	IC = Ice
GW=Ground Water	HC = HCl
WW=Waste Water	HN=HNO3
SD=Solid Waste SL=Sl	SH=NaO3
SS=Soil/ Sediment	ST=Na2S2O3
WP=Wipes PP=Pure P	ZA=Zinc Acetate
AR=Air	HS=H2SO4
O=	

ANALYSIS REQUIRED: IRON BY ICP; PH/TSS/CONDUCTIVITY; NITRATE/NITRITE BY IC; OIL AND GREASE

TAT: ☐ Rush __24__hrs. ☐ Rush __48_hrs ☐ Rush_72_hrs ☐ 7 days ☐ 14 days ☐ 21 days

LAB	SAMPLE ID CLIENT	SAMPLING LOCATION	DATE	TIME	CONTAINER NO.	SIZE	TYPE	MATRIX CODE	QC	PRESERVATIVE CODE HN	NA	HS	HS	COMMENTS
1	BMI Storm Water Monitoring Group	Carroll Canyon Access Rd #1	12/17/14	6:15am				WATER		X	X	X	X	
2														
3														
4														
5														
6														
7														
8														
9														
10														

Instructions
WDID# 9371014663

Cooler #	Temp. (oC)	Sample #s
1	2.7	

SAMPLER
COURIER/AIRBILL

RELINQUISHED BY	Date	Time	RECEIVED BY
Ron Thompson	12/17/14	10:00AM	
	121814	100	[illegible]

NOTICE: Turn-around-time (TAT) for samples shall not begin untill all discrepancies have been resolved. For samples received and discrepacies resolved after 1500 hrs, TAT shall start at 0800 hrs the next business day. The client is responsible for all cost associted with sample disposal. Samples shall be disposed of as soon as practical (but not prior to fifteen (15) calendar days) after issuance of analytical report unless a different sample disposal schedule is pre-arranged with EMAX. Disposal fee for samples defined by CA Title 22 as non-hazardous shall be $5.00 per sample. EMAX will return hazardous samples to the client at the client's expense unless directed in writing otherwise.

Sample Summary Form
EMAX Laboratories Inc. Tel 310-6188889 NELAP Accreditation #: 02116CA

Client : BMI
Project : Storm Water
Batch No. : 14L163
Sample ID: LEHIGH HANSON SAN DIEGO BMI 311B
Lab Samp ID: L163-01 (Group)

Date Collected: 12/17/14 06:15
Date Received: 12/18/14
Prject Code: BMI1201_
Matrix : WATER
% Moisture : NA

LabSmpID	Parameters	RefMethod	Result&Unit	DilF	RL	MDL	AnlDateTime	PrpDateTime	LabFileID	PrpBatch
L163-01_	Specific Conductivity_	120.1	489 umhos/cm_	1	2	2	12/24/14 17:20	NA	14ECL00701_	ECL007W
L163-01_	Iron	6010B	4.51 mg/L	1	0.200	0.0400_	12/25/14 00:48	12/24/14 11:40	ID8L025174_	IPL039W
L163-01_	NITRATE/NITRITE-N	300.0	0.656 mg/L	1	0.100	0.0500_	12/22/14 17:41	NA	E3L22-06	BCL010W
L163-01_	PH	150.1	8.28 pH	1	0.1	0.1	12/18/14 12:20	NA	14PHL01301_	PHL013W
L163-01D	PH	150.1	8.25 pH	1	0.1	0.1	12/18/14 12:24	NA	14PHL01302_	PHL013W
L163-01_	OIL & GREASE	1664	ND mg/L	0.943_	4.72	1.32	12/22/14 13:14	12/19/14 15:10	14OGL013W05	OGL013W
L163-01_	TSS	160.2	323 mg/L	1	10	10	12/19/14 11:01	NA	14SSL00704_	SSL007W

DilF: Dilution Factor
RL: Reporting Limit
MDL: Method Detection Limit

CHAIN OF CUSTODY

EMAX Laboratories, Inc.
1835 W. 205th Street, Torrance, CA 90501
Tel # : 310-618-8889 FAX#: 310-618-0818
Email: info@emaxlabs.com

PO NUMBER:
SAMPLE STORAGE
EMAX CONTROL NO. 14L178
PROJECT CODE:

CLIENT **BMI Storm Water Monitoring Group**
PROJECT Lehigh Hanson 9255 Canino Santa Fe San Diego, CA 92121
COORDINATOR Aaron Lund
TEL (858) 715-5667 FAX (858) 571-1700 EMAIL Aaron.Lund@LehghHanson.com
SEND REPORT TO
COMPANY
ADDRESS
EMAX PM

MATRIX CODE	PRESERVATIVE
DW=Drinking Water	IC = Ice
GW=Ground Water	HC = HCl
WW=Waste Water	HN=HNO3
SD=Solid Waste SL=Sl	SH=NaO3
SS=Soil/ Sediment	ST=Na2S2O3
WP=Wipes PP=Pure P	ZA=Zinc Acetate
AR=Air	HS=H2SO4
O=	

ANALYSIS REQUIRED: IRON BY ICP; PH/TSS/CONDUCTIVITY; NITRATE/NITRITE BY IC; OIL AND GREASE

TAT
- ☐ Rush __24__hrs.
- ☐ Rush __48_hrs
- ☐ Rush_72_hrs
- ☐ 7 days
- ☐ 14 days
- ☐ 21 days

LAB	SAMPLE ID / CLIENT	SAMPLING LOCATION	SAMPLING DATE	SAMPLING TIME	CONTAINER NO.	CONTAINER SIZE	CONTAINER TYPE	MATRIX CODE	QC	PRESERVATIVE CODE HN	NA	HS	HS	COMMENTS
1	BMI Storm Water Monitoring Group	Carroll Canyon A-1 Soils	12/17/14	6:15am				WATER		X	X	X	X	
2														
3														
4														
5														
6														
7														
8														
9														
10														

Instructions
WDID# 9371014663

Cooler #	Temp. (oC)	Sample #s
1	7.2°C	

SAMPLER
COURIER/AIRBILL

RELINQUISHED BY	Date	Time	RECEIVED BY
Ron Thompson	12/17/14	10:00AM	
	12/18/14	17:30	[signature]

NOTICE: Turn-around-time (TAT) for samples shall not begin untill all discrepancies have been resolved. For samples received and discrepacies resolved after 1500 hrs, TAT shall start at 0800 hrs the next business day. The client is responsible for all cost associted with sample disposal. Samples shall be disposed of as soon as practical (but not prior to fifteen (15) calendar days) after issuance of analytical report unless a different sample disposal schedule is pre-arranged with EMAX. Disposal fee for samples defined by CA Title 22 as non-hazardous shall be $5.00 per sample. EMAX will return hazardous samples to the client at the client's expense unless directed in writing otherwise.

Sample Summary Form
EMAX Laboratories Inc. Tel 310-6188889 NELAP Accreditation #: 02116CA

Client : BMI
Project : STORM WATER
Batch No. : 14L178
Sample ID: LEHIGH HANSON, SAN DIEGO BMI 311B
Lab Samp ID: L178-01 (Group)

Date Collected: 12/17/14 06:15
Date Received: 12/18/14
Prject Code: BMI1201_
Matrix : WATER
% Moisture : NA

LabSmpID	Parameters	RefMethod	Result&Unit	DilF	RL	MDL	AnlDateTime	PrpDateTime	LabFileID	PrpBatch
L178-01_	Specific Conductivity_	120.1	644 umhos/cm_	1	2	2	12/24/14 17:21	NA	14ECL00702_	ECL007W
L178-01_	Iron	6010B	3.74 mg/L	1	0.200	0.0400_	12/25/14 00:52	12/24/14 11:40	ID8L025175_	IPL039W
L178-01_	NITRATE/NITRITE-N	300.0	0.254 mg/L	1	0.100	0.0500_	12/22/14 18:50	NA	E3L22-08	BCL010W
L178-01_	PH	150.1	7.62 pH	1	0.1	0.1	12/19/14 11:30	NA	14PHL01401_	PHL014W
L178-01D	PH	150.1	7.57 pH	1	0.1	0.1	12/19/14 11:33	NA	14PHL01402_	PHL014W
L178-01_	OIL & GREASE	1664	2.14J mg/L	0.990_	4.95	1.39	12/30/14 13:56	12/29/14 12:13	14OGL015W05	OGL015W
L178-01_	TSS	160.2	138 mg/L	1	10	10	12/19/14 11:01	NA	14SSL00705_	SSL007W
L178-01D	TSS	160.2	132 mg/L	1	10	10	12/19/14 11:01	NA	14SSL00706_	SSL007W

DilF: Dilution Factor
RL: Reporting Limit
MDL: Method Detection Limit

CHAIN OF CUSTODY

EMAX Laboratories, Inc.
1835 W. 205th Street, Torrance, CA 90501
Tel # : 310-618-8889 FAX#: 310-618-0818
Email: info@emaxlabs.com

PO NUMBER:
SAMPLE STORAGE
EMAX CONTROL NO. 14L186
PROJECT CODE:

CLIENT BMI Storm Water Monitoring Group
PROJECT Lehigh Hanson 9255 Canino Santa Fe San Diego, CA 92121
COORDINATOR Aaron Lund
TEL (858) 715-5667 FAX (858) 571-1700 EMAIL Aaron.Lund@LehghHanson.com
SEND REPORT TO
COMPANY
ADDRESS
EMAX PM

MATRIX CODE	PRESERVATIVE
DW=Drinking Water	IC = Ice
GW=Ground Water	HC = HCl
WW=Waste Water	HN=HNO3
SD=Solid Waste SL=Sl	SH=NaO3
SS=Soil/ Sediment	ST=Na2S2O3
WP=Wipes PP=Pure P	ZA=Zinc Acetate
AR=Air	HS=H2SO4
O=	

ANALYSIS REQUIRED: IRON BY ICP; PH/TSS/CONDUCTIVITY; NITRATE/NITRITE BY IC; OIL AND GREASE

TAT
- ☐ Rush __24__hrs.
- ☐ Rush __48_hrs
- ☐ Rush_72_hrs
- ☐ 7 days
- ☐ 14 days
- ☐ 21 days

LAB	SAMPLE ID CLIENT	SAMPLING LOCATION	DATE	TIME	CONTAINER NO.	SIZE	TYPE	MATRIX CODE	QC	PRESERVATIVE CODE HN	NA	HS	HS	COMMENTS
1	BMI Storm Water Monitoring Group	Camino Santa Fe Desilt Basin	12/13/14	8:05am				WATER		X	X	X	X	
2														
3														
4														
5														
6														
7														
8														
9														
10														

Instructions
WDID# 9371014663

Cooler #	Temp. (oC)	Sample #s
1	RT	

SAMPLER
COURIER/AIRBILL

RELINQUISHED BY	Date	Time	RECEIVED BY
Ron Thompson	12/13/14	10:00AM	
	12/22/14	1130	

NOTICE: Turn-around-time (TAT) for samples shall not begin untill all discrepancies have been resolved. For samples received and discrepacies resolved after 1500 hrs, TAT shall start at 0800 hrs the next business day. The client is responsible for all cost associted with sample disposal. Samples shall be disposed of as soon as practical (but not prior to fifteen (15) calendar days) after issuance of analytical report unless a different sample disposal schedule is pre-arranged with EMAX. Disposal fee for samples defined by CA Title 22 as non-hazardous shall be $5.00 per sample. EMAX will return hazardous samples to the client at the client's expense unless directed in writing otherwise.

Sample Summary Form
EMAX Laboratories Inc. Tel 310-6188889 NELAP Accreditation #: 02116CA

Client : BMI
Project : Storm Water
Batch No. : 14L186
Sample ID: LEHIGH HANSON, SAN DIEGO BMI #311B
Lab Samp ID: L186-01 (Group)

Date Collected: 12/13/14 08:05
Date Received: 12/22/14
Prject Code: BMI1201_
Matrix : WATER
% Moisture : NA

LabSmpID	Parameters	RefMethod	Result&Unit	DilF	RL	MDL	AnlDateTime	PrpDateTime	LabFileID	PrpBatch
L186-01_	Specific Conductivity_	120.1	658 umhos/cm_	1	2	2	12/24/14 17:24	NA	14ECL00706_	ECL007W
L186-01D	Specific Conductivity_	120.1	662 umhos/cm_	1	2	2	12/24/14 17:25	NA	14ECL00707_	ECL007W
L186-01_	NITRATE/NITRITE-N	300.0	0.239 mg/L	1	0.100	0.0500	12/22/14 14:29	NA	AL25-09	ICL091W
L186-01_	Iron	6010B	0.812 mg/L	1	0.200	0.0400	01/06/15 21:00	12/29/14 10:50	ID8A004058_	IPL041W
L186-01_	PH	150.1	7.64 pH	1	0.1	0.1	12/22/14 17:00	NA	14PHL01501_	PHL015W
L186-01D	PH	150.1	7.58 pH	1	0.1	0.1	12/22/14 17:02	NA	14PHL01502_	PHL015W
L186-01_	OIL & GREASE	1664	1.74J mg/L	1.04	5.20	1.46	12/30/14 13:56	12/29/14 12:13	14OGL015W06	OGL015W
L186-01_	TSS	160.2	ND mg/L	1	10	10	12/23/14 10:59	NA	14SSL00804_	SSL008W

DilF: Dilution Factor
RL: Reporting Limit
MDL: Method Detection Limit

ADDITONAL EXPLNATION:

Question G1: There were no storm events during the months of Oct., Jan., March, & April where the first hour of discharge occurred during normal facility operating hours.

September 15 – October 15, 2017 Pre- Diligence / LOI Period Package Addendum 2 October 10, 2017

Linda S. Adams
Secretary for Environmental Protection

California Regional Water Quality Control Board

San Diego Region

Over 50 Years Serving San Diego, Orange, and Riverside Counties
Recipient of the 2004 Environmental Award for Outstanding Achievement from USEPA

Arnold Schwarzenegger
Governor

9174 Sky Park Court, Suite 100, San Diego, California 92123-4353
(858) 467-2952 • Fax (858) 571-6972
http:// www.waterboards.ca.gov/sandiego

June 26, 2009

In reply refer to:
257413:adai

Mr. Peter G. Zagar
Hanson Aggregates-West Region
PO Box 639069
San Diego, CA 92163-9069

Dear Mr. Zagar:

SUBJECT: MIRAMAR PLANT, CARROLL CANYON PLANT, CONCRETE BATCHING PLANT, CHANNEL ROAD SAND PLANT, OTAY PLANT, SLAUGHTERHOUSE CANYON PLANT

This is to acknowledge receipt of the January – December Annual 2008 Monitoring Reports submitted by Hanson Aggregates in accordance with Monitoring and Reporting Program No. 94-63, No. 95-104, No. 94-34, No. 88-65, No. 94-07, No. 94-06 for the subject facilities.

The California Regional Water Quality Control Board, San Diego Region (Regional Board) has the following comments regarding the reports referenced above:

1. No violations of Order No. 94-63, No. 95-104, No. 94-34, No. 88-65, No. 94-07, No. 94-06 were identified in the submitted reports.

2. The next monitoring report is the January - December 2009 Annual Monitoring Report, which is due on January 30, 2010.

In the subject line of any response, please include the requested "in reply refer to" information located in the heading of this letter. Please contact Amanda Dai at 858-627-3977 or at adai@waterboards.ca.gov if you have any questions on this matter.

Respectfully,

CAROL TAMAKI
Water Resource Control Engineer
Ground Water Branch

CAT:ad

311

State of California
STATE WATER RESOURCES CONTROL BOARD

2006-2007
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2006 through June 30, 2007

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at http://www.waterboards.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information: *Facility WDID No:* 9 37I014663

Facility Business Name: Hanson Aggregates (Carroll Canyon Facility) Contact Person: ~~Jack Pearson~~ Jim Portlock

Physical Address: 9255 Camino Santa Fe e-mail: ~~Jack.Pearson@hanson.biz~~

City: San Diego CA Zip: 92121 Phone: 858-577-2713

Standard Industrial Classification (SIC) Code(s): 1423 Quarry Rock;3723 Construction Material;5032

Jim.Portlock@hanson.biz

2007 JUN 29 P 2:31 SAN DIEGO REGIONAL WATER QUALITY CONTROL BOARD

B. Facility Operator Information:

Operator Name: Hanson Aggregates (Pacific Southwest Region) Contact Person: Peter Zagar

Mailing Address: P.O. Box 639069 e-mail: Peter.Zagar@hanson.biz

City: San Diego State: CA Zip: 92163 Phone: (858) 577-2772

C. Facility Billing Information:

Operator Name: Hanson Aggregates (Pacific Southwest Region) Contact Person: Peter Zagar

Mailing Address: P.O. Box 639069 e-mail: Peter.Zagar@hanson.biz

City: San Diego State: CA Zip: 92163 Phone: (858) 577-2772

2006-2007

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

   ☒ **YES** Go to Item D.2 ☐ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

   i. ☒ Participating in an Approved Group Monitoring Plan **Group Name:** Building Materials Industry

   ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: ___/___/___

   Re-evaluation Date: ___/___/___

   Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

   iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: ___/___/___

   Re-evaluation Date: ___/___/___

   Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

   iv. ☐ Received Regional Board Certification Certification Date: ___/___/___

   v. ☐ Received Local Agency Certification Certification Date: ___/___/___

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   ☒ **YES** *Go to Section E* ☐ **NO** *Go to Section F*

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 1

   If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   ☒ **YES** ☐ **NO** **attach explanation** **(Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)**

3. How many storm water discharge locations are at your facility? 1

2006-2007

ANNUAL REPORT

4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☒ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated ___/___/___

6. Were all samples collected during the first hour of discharge? ☒ YES ☐ NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☒ YES ☐ NO, **attach explanation**

8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☒ YES ☐ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☒ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☒ YES ☐ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☒ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

       _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

       _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

       _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler
- Parameters tested
- Name of analytical testing laboratory
- Discharge location identification
- Testing results
- Test methods used
- Test detection limits
- Date of testing
- Copies of the laboratory analytical results

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F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☒ **YES** ☐ **NO** Go to Item F.2

b. Indicate whether you visually observed **all** authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September	☐ **YES**	☐ **NO**	☒ **N/A**	October-December	☐ **YES**	☐ **NO**	☒ **N/A**
January-March	☐ **YES**	☐ **NO**	☒ **N/A**	April-June	☐ **YES**	☐ **NO**	☒ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the *following information:*

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non- storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July-September	☒ **YES**	☐ **NO**	October-December	☒ **YES**	☐ **NO**
January-March	☒ **YES**	☐ **NO**	April-June	☒ **YES**	☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☒ **NO** Go to Item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

i. name of each unauthorized non-storm water discharge
ii. date and time of observation
iii. source and location of each unauthorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	☐	☒	February	☐	☒
November	☐	☒	March	☐	☒
December	☒	☐	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occurred during the last year
   - outdoor wash and rinse areas
   - process/manufacturing areas
   - loading, unloading, and transfer areas
   - waste storage/disposal areas
   - dust/particulate generating areas
   - erosion areas
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? ☒ YES ☐ NO

   The following records should be reviewed:

   - quarterly authorized non-storm water discharge visual observations
   - monthly storm water discharge visual observation
   - records of spills/leaks and associated clean-up/response activities
   - quarterly unauthorized non-storm water discharge visual observations
   - Sampling and Analysis records
   - preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? ☒ YES ☐ NO

   The following SWPPP items should be reviewed:

   - pollution prevention team
   - list of significant materials
   - description of potential pollutant sources
   - assessment of potential pollutant sources
   - identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? ☒ YES ☐ NO

   The following BMP categories should be reviewed:

   - good housekeeping practices
   - spill response
   - employee training
   - erosion control
   - quality assurance
   - preventative maintenance
   - material handling and storage practices
   - waste handling/storage
   - structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? ☒ YES ☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? ☒ YES ☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

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ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. *Have you attached Forms 1,2,3,4, and 5 or their equivalent?*	☒ YES *(Mandatory)*		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☒ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☒ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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 person 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 for knowing violations.

Printed Name: Peter Zagar

Signature: Peter M. Zagar Date: 6/8/07

Title: Environmental Manager

DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www.waterboards.ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.waterboards.ca.gov/stormwtr/contact.html

2006-2007
ANNUAL REPORT

Hanson Aggregates
Carroll Canyon Facility
9255 Camino Santa Fe
San Diego, California 92121

WDID# 9 37I014663

Response to Annual Report Items

Item Number:	Explanation
F.1	Authorized non-storm water discharges do occur at this facility in the form of dust control using water trucks. Visual observations were conducted on a quarterly and monthly basis and no discharges were observed leaving the property.
G.1	Although a monthly visual observation was attempted, there was no discharge observed during the months of October and November 2006 and January through May 2007 that presented a significant, qualifying rain event at the site. On March 27 and April 20 light rain was observed, but no discharge occurred. Discharge was observed from the site on December 27, 2006 and a storm water sample was collected.

Sample Summary Form

EMAX Laboratories Inc. Tel 310-6188889 NELAP Accreditation #: 02116CA

Client : BMI
Project : STORMWATER
Batch No. : 06L293.
Sample ID: Carroll Canyon. Hanson \# 311. WDID 9371014663.
Lab Samp ID: L293-01 (Group)

Date Collected: 12/27/06 08:30
Date Received: 12/28/06
Project Code: BMI0601_
Matrix : WATER
% Moisture : NA

LabSmpID	Parameters	RefMethod	Result&Unit	DilF	RL	AnlDateTime	PrpDateTime	LabFileID	PrpBatch
L293-01_	Specific Conductivity_	120.1	819 umhos/cm	1	1.00	12/28/06 12:08	NA	ECL013-06	ECL013W
L293-01_	NITRATE/NITRITE-N	300.0	1.05 mg/L	1	0.100	12/28/06 14:20	NA	AL30-08	ICL066W
L293-01M	Iron	6010B	21.0 mg/L	1	0.200	01/05/07 20:07	01/04/07 12:40	I07A015031_	IPA011W
L293-01S	Iron	6010B	21.1 mg/L	1	0.200	01/05/07 20:23	01/04/07 12:40	I07A015034_	IPA011W
L293-01A	Iron	6010B	15.0 mg/L	1	0.200	01/05/07 20:27	01/04/07 12:40	I07A015035_	IPA011W
L293-01_	Iron	6010B	4.55 mg/L	1	0.200	01/05/07 20:33	01/04/07 12:40	I07A015036_	IPA011W
L293-01J	Iron	6010B	4.74 mg/L	5	1.00	01/05/07 20:37	01/04/07 12:40	I07A015037_	IPA011W
L293-01_	PH	150.1	8.51 pH	1	NA	12/28/06 11:53	NA	PHL016-03	PHL016W
L293-01_	OIL & GREASE	1664	ND mg/L	1	5.00	01/03/07 14:58	01/02/07 17:19	OGA001-05	OGA001W
L293-01_	TSS	160.2	184 mg/L	1	10.0	12/28/06 17:49	12/28/06 14:20	SSL009-09	SSL009W

DilF: Dilution Factor
RL: Reporting Limit

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FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): Peter Zagar **TITLE:** Environmental Manager **SIGNATURE:** Peter D Zagar

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC	Iron	N+N			
Outfall 1	12 /27 /07 8:30 ☒ AM ☐ PM	7:30 ☒ AM ☐ PM	8.51	184	819	<5.0		4.55	1.05			
	/ / : ☐ AM ☐ PM	: ☐ AM ☐ PM										
	/ / : ☐ AM ☐ PM	: ☐ AM ☐ PM										
	/ / : ☐ AM ☐ PM	: ☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/l	mg/l			
TEST METHOD DETECTION LIMIT:			NA	10.0	1.0	5.0		0.2	0.10			
TEST METHOD USED:			150.1	160.2	120.1	1664		6010B	300.0			
ANALYZED BY (SELF/LAB):			EMAX LAB	EMAX LAB	EMAX LAB	EMAX LAB		EMAX LAB	EMAX LAB			

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- *When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.*

NAME OF PERSON COLLECTING SAMPLE(S):_____ **TITLE:** _____ **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
	/ / ☐ AM : ☐ PM	: ☐ AM ☐ PM										
	/ / ☐ AM : ☐ PM	: ☐ AM ☐ PM										
	/ / ☐ AM : ☐ PM	: ☐ AM ☐ PM										
	/ / ☐ AM : ☐ PM	: ☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: 8/15/06	**Observers Name:** Sean Leffler **Title:** Junior Environmental Scientist **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: 11/10/06	**Observers Name:** Sean Leffler **Title:** Junior Environmental Scientist **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: 2/16/07	**Observers Name:** Sean Leffler **Title:** Junior Environmental Scientist **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: 5/ 30 / 07	**Observers Name:** Amy Tufts **Title:** Associate Environmental Scientist **Signature:** Amy Tufts	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form.

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

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FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- *Quarterly visual observations are required during dry weather and at all facility drainage areas.*
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** 8/15/06 9:00 ☒ AM ☐ PM	**Observers Name:** Sean Leffler **Title:** Junior Environmental Scientist **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 11/10/06 11:50 ☒ AM ☐ PM	**Observers Name:** Sean Leffler **Title:** Junior Environmental Scientist **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 2/16/07 9:30 ☒ AM ☐ PM	**Observers Name:** Sean Leffler **Title:** Junior Environmental Scientist **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 5/30/07 11:25 ☒ AM ☐ PM	**Observers Name:** Amy Tufts **Title:** Associate Environmental Scientist **Signature:** Amy Tufts	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

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- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October 20 2006	Drainage Location Description	#1 Outflow 1	#2	#3	#4
Observers Name: Sean Leffler	Observation Time	9:45 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☒ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 10 2006	Drainage Location Description	#1 Outflow 1	#2	#3	#4
Observers Name: Sean Leffler	Observation Time	11:50 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 27 2006	Drainage Location Description	#1 Outflow 1	#2	#3	#4
Observers Name: Peter Zagar	Observation Time	8:30 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Hanson Environmental Manager	Time Discharge Began	7:30 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: Peter D. Zagar	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 12 2007	Drainage Location Description	#1 Outflow 1	#2	#3	#4
Observers Name: Sean Leffler	Observation Time	8:15 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
10/20/06 9:45 [X] AM [ ] PM	Aggregates plant outfall location	No storm water flow present. Trash observed at outfall location	Trash accumulation caused by on site staff	Site contact was notified and the trash was removed
/ / : [ ] AM [ ] PM				
/ / : [ ] AM [ ] PM				
/ / : [ ] AM [ ] PM				
/ / : [ ] AM [ ] PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

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- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February 16 2007	Drainage Location Description	#1 Outflow 1	#2	#3	#4
Observers Name: Sean Leffler	Observation Time	9:30 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March 15 2007	Drainage Location Description	#1 Outflow 1	#2	#3	#4
Observers Name: Sean Leffler	Observation Time	11:00 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 17 2007	Drainage Location Description	#1 Outflow 1	#2	#3	#4
Observers Name: Sean Leffler	Observation Time	9:45 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Junior Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May 30 2007	Drainage Location Description	#1 Outflow 1	#2	#3	#4
Observers Name: Amy Tufts	Observation Time	11 :25 ☐ P.M. ☒ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: Associate Environmental Scientist	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: Amy Tufts	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

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FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 4/17/07 INSPECTOR NAME: Sean Leffler TITLE: Junior Environmental Scientist SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Pond Area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
Access Road	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
Aggregate Processing	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
Hazardous Materials/Wastes Storage	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			

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FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐YES ☐NO **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐YES ☐NO **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐YES ☐NO **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐YES ☐NO **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

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#311

Linda S. Adams
Secretary for
Environmental Protection

State of California
STATE WATER RESOURCES CONTROL BOARD

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

Arnold Schwarzenegger
Governor

2010-2011

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

2011 JUN 29 P 2:53

Reporting Period July 1, 2010 through June 30, 2011

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at http://www.waterboards.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: 937I014663

Facility Business Name: Hanson Aggregates (Carroll Canyon)
Contact Person: Jud Harvey
Physical Address: 9255 Camino Santa Fe
e-mail: Jud.Harvey@hanson.com
City: San Diego
CA Zip: 92121 Phone: (760) 591-0952
Standard Industrial Classification (SIC) Code(s): 1442, 3273, 2875, 7699

B. Facility Operator Information:

Operator Name: Hanson Aggregates (Pacific Southwest Region)
Contact Person: Steve Zacks
Mailing Address: P.O. Box 639069
e-mail: steve.zacks@hanson.com
City: San Diego
State: CA Zip: 92163 Phone: 805 748-0128

C. Facility Billing Information:

Operator Name: Hanson Aggregates (Pacific Southwest Region)
Contact Person: Steve Zacks
Mailing Address: P.O. Box 639069
e-mail: steve.zacks@hanson.com
City: San Diego
State: CA Zip: 92163 Phone: 805 748-0128

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

   ☒ **YES** Go to Item D.2 ☐ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

   i. ☒ Participating in an Approved Group Monitoring Plan **Group Name:** Building Materials Industry

   ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: ___/___/___

   Re-evaluation Date: ___/___/___

   Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

   iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: ___/___/___

   Re-evaluation Date: ___/___/___

   Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

   iv. ☐ Received Regional Board Certification Certification Date: ___/___/___

   v. ☐ Received Local Agency Certification Certification Date: ___/___/___

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   ☐ **YES** Go to Section E ☒ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? _____ If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   ☐ **YES** ☐ **NO** **attach explanation** (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? _____

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☐ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated ___/___/_____

6. Were all samples collected during the first hour of discharge? ☐ YES ☐ NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☐ NO, **attach explanation**

8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☐ YES ☐ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☐ YES ☐ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

    _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

    _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

    _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler
- Parameters tested
- Name of analytical testing laboratory
- Discharge location identification
- Testing results
- Test methods used
- Test detection limits
- Date of testing
- Copies of the laboratory analytical results

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F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☒ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September	☐ **YES**	☐ **NO**	☐ **N/A**	October-December	☐ **YES**	☐ **NO**	☐ **N/A**
January-March	☐ **YES**	☐ **NO**	☐ **N/A**	April-June	☐ **YES**	☐ **NO**	☐ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non- storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July-September	☒ **YES**	☐ **NO**	October-December	☒ **YES**	☐ **NO**
January-March	☒ **YES**	☐ **NO**	April-June	☒ **YES**	☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☒ **NO** Go to Item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

i. name of each unauthorized non-storm water discharge
ii. date and time of observation
iii. source and location of each unauthorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers**. Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	☒	☐	February	☐	☒
November	☐	☒	March	☒	☐
December	☒	☐	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occurred during the last year
   - outdoor wash and rinse areas
   - process/manufacturing areas
   - loading, unloading, and transfer areas
   - waste storage/disposal areas
   - dust/particulate generating areas
   - erosion areas
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? ☒ YES ☐ NO

   The following records should be reviewed:

   - quarterly authorized non-storm water discharge visual observations
   - monthly storm water discharge visual observation
   - records of spills/leaks and associated clean-up/response activities
   - quarterly unauthorized non-storm water discharge visual observations
   - Sampling and Analysis records
   - preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? ☒ YES ☐ NO

   The following SWPPP items should be reviewed:

   - pollution prevention team
   - list of significant materials
   - description of potential pollutant sources
   - assessment of potential pollutant sources
   - identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? ☒ YES ☐ NO

   The following BMP categories should be reviewed:

   - good housekeeping practices
   - spill response
   - employee training
   - erosion control
   - quality assurance
   - preventative maintenance
   - material handling and storage practices
   - waste handling/storage
   - structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? ☒ YES ☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☒ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☐ YES	☐ NO	☒ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☒ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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 person 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 for knowing violations.

Printed Name: Steve Zacks

Signature: Steve Zacks Date: 6/5/2011

Title: Environmental Manager