



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF DATE 10/15/17 02
 PERMIT # 714230
 TIME START _____ END _____
 BUS. CODE K65
 SPECIALIST E. PAREDES
 INSPECTION CONTACT/TITLE
 JEFFREY CLEET SAFETY OFFICER
 PHONE: 619 675-5155

BUSINESS NAME PALOMAR POMERADO HEALTH
 ADDRESS 15255 INNOVATION DR
 CITY/ZIP SAN DIEGO 92128

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 | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Unified Program Facility Permit current and available | | | Permit Expires on: ___/___/___ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazardous Materials Business Plan available | <input type="checkbox"/> | <input type="checkbox"/> | Contingency Plan available |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Training is adequate | <input type="checkbox"/> | <input type="checkbox"/> | Employee Training records available |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste disposal records available for review | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers kept closed |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers kept labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical inventory current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers in good condition |

MEDICAL WASTE LIMITED QUANTITY HAULING EXEMPTION VERIFICATION

SITE IS THE ADMINISTRATIVE OFFICES FOR PALOMAR POMERADO HEALTH. RN'S AND HEALTH EDUCATORS FROM THIS OFFICE PERFORM HEALTH FAIRS AND SEMINARS THROUGHOUT SAN DIEGO COUNTY. MEDICAL WASTE (SHARPS) GENERATED FROM THESE EVENTS WERE STORED AT THIS SITE UNTIL SHARPS CONTAINERS WERE FULL. THEN MEDICAL WASTE IS ULTIMATELY DISPOSED AT EITHER PALOMAR OR POMERADO HOSPITALS.

TO AVOID HEALTH PERMIT REQUIREMENTS FOR THIS SITE, MR CLEET STATED THEY WILL INSTITUTE A POLICY AND PROCEDURE THAT PREVENTS MEDICAL WASTE BEING STORED ON SITE. MEDICAL WASTE WILL BE KEPT AND STORED IN EMPLOYEES VEHICLES ONLY UNTIL DISPOSAL AT THEIR HOSPITALS.

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 _____
 Representative

Signature of Business Representative

Date Signed

Title

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

PLEASE PRINT

OFFICE USE ONLY	FILE # 114230
PAYMENT RECEIVED	9/5/2002 MSW
#B51042 \$25.00	Date Initials

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Establishment Name: Palmira Pomerado Health REG 07-05-02 10.12 OPEN 46220
 Address: 15615 Pomerado Rd 15255 INNOVATION DR SAN DIEGO CA 92088 43442.50
 (Street) (City) (Zip)
 Phone: (954) 675-5072 Owner/Agent: JEFFREY CLECK

MEDICAL WASTE INFORMATION:

- Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)
SHARPS
- Quantity of Medical Waste generated weekly (pounds/week): < 20 #
- Quantity of Medical Waste transported at any one time: < 20 #
- Location where Medical Waste is generated:
Street: COMMUNITY & BUSINESS FID CLINICS & City: HEALTH SCREENING IN Zip: _____
POWAY ESCONDIDO SAN DIEGO COUNTY
- Location where Medical Waste is transported to:
Street: 15615 Pomerado Rd & 555 East Valley Pkwy City: _____ Zip: 92064/92065
POWAY ESCONDIDO
- Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES NO
- Documentation of employee training kept on file in the medical waste generator's office: YES NO
- Medical Waste Management Plan submitted to the HMMD and kept on file in the generator's office: YES NO
- Identify each employee (by name) who will be transporting the medical waste:
KATHY LUAROI, MARY COALSON, LISA DOW,
JUDY LEITNER, KATHY PLOW,

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauling exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code.

PRINTED NAME Jeffrey Cleck DATE 9/16/02

SIGNATURE [Signature] TITLE SAFETY OFFICER

NOTE: Include your fee payment with this application. Make checks payable to the COUNTY OF SAN DIEGO.

<input checked="" type="checkbox"/> GRANTED	Office Use Only	<input type="checkbox"/> DENIED
The exemption may be revoked based upon changes to the original conditions of approval, or for noncompliance with the Medical Waste Management Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2227.		
<u>Edgar Pader</u> Hazardous Materials Specialist		Date: <u>10/17/02</u>

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, CA 92112-9261



**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**

**RECYCLABLE MATERIALS REPORT - PAGE 1
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

Page 1 of 2

FACILITY ID#	37000	RM 14230	EPA ID#	CA0073379026
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BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
PALOMAR MEDICAL CENTER LABORATORY

DATES OF REPORTING PERIOD
BEGINNING DATE: **JUNE 1, 2001** ENDING DATE: **OCTOBER 31, 2002**

I. TYPE OF RECYCLING ACTIVITIES

If yes, please follow instructions.

1. Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	502	• If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V.
2. Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	503	• If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials.

-Businesses that only send recyclable materials to an offsite recycler are not required to file this report. -

II. OFFSITE GENERATOR OF RECYCLABLE MATERIAL

Only complete when the generator is different from the recycler.

OFFSITE GENERATOR OF RECYCLABLE MATERIAL	504	OFFSITE GENERATOR EPA ID#	505
STREET ADDRESS	506	PHONE	507
CITY	508	STATE	509
		ZIP CODE	510
MAILING ADDRESS (IF DIFFERENT)			511
CITY	512	STATE	513
		ZIP CODE	514

III. CERTIFICATION SECTION

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

SIGNATURE OF CERTIFIER	DATE	515	NAME OF DOCUMENT PREPARER	516
<i>Mark Reyes</i>	11/1/02		MARK REYES	
NAME OF SIGNER (print)	517	TITLE OF SIGNER	518	
MARK REYES		District Director, Lab. Svcs		



**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**

**RECYCLABLE MATERIALS REPORT - PAGE 2
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

(one description per material recycled, attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS 1 519 Page 2 of 2

FACILITY ID# 37000114230 BUSINESS NAME (Name as FACILITY NAME or DBA - Doing Business As) PALOMAR MEDICAL CENTER LAB

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

RECYCLABLE MATERIAL NUMBER <u>01</u>	COMMON NAME OF RECYCLABLE MATERIAL <u>XYLENE</u>	QUANTITY DURING TWO YEAR REPORTING PERIOD <u>360</u>	UNITS <input checked="" type="checkbox"/> a. Gallons <input type="checkbox"/> c. Tons <input type="checkbox"/> b. Pounds <input type="checkbox"/> d. Kilograms
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RECYCLABLE MATERIAL DESCRIPTION
XYLENE

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL
We utilize a recycler that employs multi-component fractional distillation. It involves multiple boiling and condensation cycles to give product with high purity. The recycled xylene is re-used as if it was a newly purchased product.

AUTHORIZING PROVISION OF HSC SECTION 25143.2 <u>C(2)(A)</u>	BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION <i>The material is recycled and used at the same facility at which material was generated.</i>
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B. PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY

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

HAZARDOUS CONSTITUENT	HAZARDOUS CONSTITUENT		LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S)
	In Recyclable Material	In Final Product	
528	529	531	533
	UNITS <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
534	535	537	539
	UNITS <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
540	541	543	545
	UNITS <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
546	547	549	551
	UNITS <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	

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

V. DOCUMENTATION OF KNOWN MARKET (Offsite recyclers only)

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



CONSTRUCTION AND ENVIRONMENTAL SERVICES

HAZ • Remediation • Asbestos • Lead Paint • Fuel Systems • CNG Systems • Demo

114230
101

November 18, 2002

HURT
2397

- approved
20 JUN 03

Attention: Sylvia Mosse
County of San Diego DEH
Hazardous Materials Division
P. O. Box 129261
San Diego, CA 92112-9261

Repair
second
curtain

RECEIVED
2002 JUN 20 AM 9 46
D. E. H.
PALM ROOM

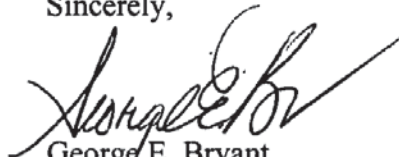
Re: SB989 Testing
Palomar Medical Center
555 E. Valley Parkway, Escondido, CA

Dear Ms. Mosse:

Enclosed please find the results from the testing performed on November 14, 2002. The product & return lines at the 10,000 gallon UST and the product sump, vent line sump, product line, return line, and overfill bucket at the 3,000 gallon UST failed testing. A permit will be obtained prior to any repairs being performed and notification for re-testing 48 hours in advance will be sent.

Should you have any questions or require further information, please contact our office at (909) 944-3517.

Sincerely,


George E. Bryant
George Bryant Construction, Inc.

Enclosures

CC: Glen Hotchkiss/Palomar Medical Center

9333 Golden Street • Alta Loma, CA 91737-2821
2250 E. Tropicana Avenue, Suite 19-612 • Las Vegas, NV 89119
1642 McCulloch Avenue, #264 • Lake Havasu City, AZ 86403

(909) 944-3517 Phone • (800) 276-3517 Toll Free • (909) 948-2876 Fax

Secondary Containment Testing Report Form - DRAFT

This form is intended for use by contractors performing 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), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: <u>Palomar Medical Center</u>	Date of Testing: <u>11/14/02</u>
Facility Address: <u>555 E. Valley Parkway</u>	
Facility Contact: <u>Glen Hatchkiss</u>	Phone: <u>760 739 3111</u>
Date Local Agency Was Notified of Testing: <u>11/8/2002</u>	
Name of Local Agency Inspector Present: <u>Sylvia Masse - Notified via Fax</u>	

2. TESTING CONTRACTOR INFORMATION

Company Name: <u>George Bryant Construction</u>		
Technician Conducting Test: <u>Ron Franklin</u>		
Credentials:	CSLB Licensed Contractor <u>X</u>	SWRCB Licensed Tank Tester
License Type and #: <u>718466 A B C21 HAZ ASB</u>		
Manufacturer	Training by Manufacturer Component(s)	Date Training Expires

3. SUMMARY OF TEST RESULTS

Number of Tanks Tested: <u>2</u>	Number of Piping Runs Tested: <u>4</u>
Number of Submersible Pump Sumps Tested: <u>4</u>	Number of UDC Boxes Tested: <u>0</u>
Number of Fill Sumps Tested: <u>0</u>	Number of Overfill Boxes Tested: <u>2</u>

Component	Pass	Fail	Comments
<u>10,000 GALLON TANK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ANNULAR</u>
<u>Product Line Sump</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Vent Line Sump</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Product Line</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>10,000 GALLON TANK</u>
<u>RETURN LINE</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>10,000 GALLON TANK</u>
<u>Overfill box</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10,000 GALLON TANK</u>
<u>3000 GALLON TANK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ANNULAR</u>
<u>Product Line Sump</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3000 TANK UNABLE TO TEST See Page</u>
<u>Vent Line Sump</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3000 TANK UNABLE TO TEST See Page</u>
<u>Product Line</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3000 TANK UNABLE TO TEST See Page</u>
<u>RETURN LINE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3000 TANK UNABLE TO TEST See Page</u>
<u>Overfill bucket</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3000 GAL TANK Leak Rate to great to test</u>

Technician's Signature: Ron Franklin

Date: 11/14/02

4. TANK ANNULAR TESTING

Test Method Developed By:	Tank Manufacturer	Industry Standard	Professional Engineer
	Other (Specify)		
Test Method Uses:	Pressure	Vacuum	Hydrostatic
	Other (Specify)		
Measuring Equipment Used for Testing: <u>Vacuum generator; 4" liquid gauge</u>			
	10,000 Tank # 1	3,000 Tank # 2	Tank #
Tank Capacity:	10,000	3,000	
Tank Material:	Glass/steel	Glass/steel	
Tank Manufacturer:	JOB	JOB	
Product Stored:	Diesel	Diesel	
Wait time between applying pressure/vacuum/water and starting test:	35 MINUTES	45 MINUTES	
Test Start Time:	10:05	10:15	
Initial Reading (R _I):	10" Hg	10" Hg	
Test End Time:	11:10	11:18	
Final Reading (R _F):	10" Hg	10" Hg	
Test Duration:	1 hour 5 minutes	1 hour 3 minutes	
Change in Reading (R _F -R _I):	0	0	
Pass/Fail Threshold:	0	0	
Test Result:	pass	pass	
Was sensor removed for testing?	yes	yes	
Was sensor properly replaced after testing?	yes	yes	

Comments - (include information on repairs made prior to testing)

5. SECONDARY PIPE TESTING

Test Method Developed By:	Piping Manufacturer Other (Specify)	Industry Standard	Professional Engineer
Test Method Uses:	Pressure Other (Specify)	Vacuum	Hydrostatic
Measuring Equipment Used for Testing: TEST BOOT & 4" Liquid gage			
	10,000 Piping Run # 1	10,000 Piping Run # 2	3,000 Piping Run # 3
Piping Material:	Fiberglass	Fiberglass	Fiberglass
Piping Manufacturer:	A.O. Smith	A.O. Smith	A.O. Smith
Piping Diameter:	3"	3"	3"
Length of Piping Run:	80 FT Approx	80 FT Approx	50 FT Approx
Product Stored:	Diesel	Diesel	Diesel
Method and location of piping-run isolation:	TEST BOOT	TEST BOOT	See Note
Wait time between applying pressure/vacuum/water and starting test:			}
Test Start Time:	10:00	10:03	
Initial Reading (R _i):	5 PSI	5 PSI	
Test End Time:	10:02	10:05	
Final Reading (R _f):	0	0	
Test Duration:	2 MINUTES	2 MINUTES	
Change in Reading (R _f -R _i):	5 PSI	5 PSI	
Pass/Fail Threshold:	0	0	0
Test Result:	FAIL	FAIL	FAIL

Comments - (include information on repairs made prior to testing)

Secondary piping runs 1 & 2 leak where piping comes through the concrete at side walk. (10,000)

Piping run 3 & 4 unable to install test boots due to secondary piping does not enter sump far enough to allow boot to be installed.

5. SECONDARY PIPE TESTING

Test Method Developed By:	Piping Manufacturer	<u>Industry Standard</u>	Professional Engineer	
	Other (Specify)			
Test Method Uses:	<u>Pressure</u>	Vacuum	Hydrostatic	
	Other (Specify)			
Measuring Equipment Used for Testing: <u>Test boot & 4" liquid gauge</u>				
	<u>3,000</u> Piping Run # <u>4</u>	Piping Run #	Piping Run #	
Piping Material:	<u>Fiberglass</u>			
Piping Manufacturer:	<u>A.D. Smith</u>			
Piping Diameter:	<u>3"</u>			
Length of Piping Run:	<u>50' approx</u>			
Product Stored:	<u>Diesel</u>			
Method and location of piping-run isolation:	<u>See Note</u>			
Wait time between applying pressure/vacuum/water and starting test:	}			
Test Start Time:				
Initial Reading (R _i):				
Test End Time:				
Final Reading (R _f):				
Test Duration:				
Change in Reading (R _f -R _i):				
Pass/Fail Threshold:		<u>0</u>		
Test Result:		<u>FAIL</u>		

Comments - (include information on repairs made prior to testing)

Unable to put test boot on due to secondary piping not penetrating the sump far enough to allow test boot to be installed.

6. SUBMERSIBLE PUMP CONTAINMENT SUMP TESTING

Test Method Developed By:	Sump Manufacturer	Industry Standard	Professional Engineer
	Other (Specify)		
Test Method Uses:	Pressure	Vacuum	Hydrostatic
	Other (Specify)		
Measuring Equipment Used for Testing: Vaporless Sump Test Model 309			
	Sump # 1	Sump # 2	3000 Gallon Sump # 3
Sump Diameter:	30"	30"	30"
Sump Depth:	4 FT	4 FT	4 FT 2 inches
Sump Material:	Fiberglass	Fiberglass	Fiberglass
Height from Tank Top to Highest Piping Penetration:	15 inches	15 inches	12 inches
Height from Tank Top to Lowest Electrical Penetration:	13 inches	14 inches	14 inches ss
Condition of sump prior to testing:	Good	Good	Good
Portion of Sump Tested ¹	Bottom 20"	Bottom 20"	
Does turbine shut down when sump sensor detects either product or water?	No Turbine	No Turbine	See Note
Turbine shutdown response time ²			
Is system programmed for fail-safe shutdown?			
Was fail-safe verified to be operational?			
Wait time between applying pressure/vacuum/water and starting test:	35 MINUTES	35 MINUTES	
Test Start Time:	11:50 12:09	11:12 11:30	
Initial Reading (R _I):	8.30 4.30	580 760	
Test End Time:	12:06 12:25	11:28 11:46	
Final Reading (R _F):	8.30 4.30	580 760	
Test Duration:	16.2 16.5	16 min 15.9 min	
Change in Reading (R _F -R _I):	0	0 0	
Pass/Fail Threshold:	<.002	<.002	<.002
Test Result:	pass pass	pass pass	
Was sensor removed for testing?	yes	No sensor	yes
Was sensor properly replaced after testing?	yes	N/A	yes

Comments - (include information on repairs made prior to testing)

Sump # 2 is vent piping only on 10,000 gallon tank
 Sump # 3 - UNABLE TO INSTALL TEST BOOT TO ISOLATE secondary piping. Therefore unable to test sump - ALSO same problem with Sump #4
 Sump # 3 Product returns 3000 gallon
 Sump # 4 vent Sump 3000 gallon

¹ If the testing method does not test the entire depth of the sump, specify how much of the sump was tested. Methods not testing the entire sump should only be used if the monitoring system provides fail-safe turbine shutdown.

² With the submersible pump running, place the sensor in product (discriminating sensors should also be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment testing method used does not test the entire volume of the sump.

6. SUBMERSIBLE PUMP CONTAINMENT SUMP TESTING

Test Method Developed By:	Sump Manufacturer	Industry Standard	Professional Engineer
	Other (Specify)		
Test Method Uses:	Pressure	Vacuum	Hydrostatic
	Other (Specify)		
Measuring Equipment Used for Testing: Vaporless Sump test Model # 309			
	3000 Sump # 4	Sump #	Sump #
Sump Diameter:	30 inches		
Sump Depth:	4 FT		
Sump Material:	Fiberglass		
Height from Tank Top to Highest Piping Penetration:	11 inches		
Height from Tank Top to Lowest Electrical Penetration:	18 inches		
Condition of sump prior to testing:	Good		
Portion of Sump Tested ¹			
Does turbine shut down when sump sensor detects either product or water?	Vent pipe Sump		
Turbine shutdown response time ²	N/A		
Is system programmed for fail-safe shutdown?	N/A		
Was fail-safe verified to be operational?	N/A		
Wait time between applying pressure/vacuum/water and starting test:	See Note		
Test Start Time:	}		
Initial Reading (R _I):			
Test End Time:			
Final Reading (R _F):			
Test Duration:			
Change in Reading (R _F -R _I):			
Pass/Fail Threshold:	< .002		
Test Result:	Fail		
Was sensor removed for testing?	No sensor		
Was sensor properly replaced after testing?	N/A		

Comments - (include information on repairs made prior to testing)

Sump #4 UNABLE to install test boot due to secondary piping NOT penetrating sump enough. Therefore unable to hydrostatically test sump accurately!

¹ If the testing method does not test the entire depth of the sump, specify how much of the sump was tested. Methods not testing the entire sump should only be used if the monitoring system provides fail-safe turbine shutdown.

² With the submersible pump running, place the sensor in product (discriminating sensors should also be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment testing method used does not test the entire volume of the sump.

9. SPILL/OVERFILL CONTAINMENT BOXES

Test Method Developed By:	Spill Bucket Manufacturer	<u>Industry Standard</u>	Professional Engineer
	Other (Specify)		
Test Method Uses:	Pressure	Vacuum	<u>Hydrostatic</u>
	Other (Specify)		
Measuring Equipment Used for Testing: <u>Leakless Sump Tester</u>			
	<u>10,000</u> Spill Box # <u>1</u>	<u>3,000</u> Spill Box # <u>2</u>	Spill Box #
Bucket Diameter:	<u>12 inches</u>	<u>12 inches</u>	
Bucket Depth:	<u>16 inches</u>	<u>16 inches</u>	
Wait time between applying pressure/vacuum/water and starting test:	<u>35 minutes</u>	10 min	
Test Start Time:	<u>12:34</u> <u>13:14</u>	<u>13:51</u>	
Initial Reading (R _i):	<u>845</u> <u>770</u>	<u>SEE NOTE</u>	
Test End Time:	<u>12:49</u> <u>1:329</u>		
Final Reading (R _f):	<u>845</u> <u>770</u>		
Test Duration:	<u>14.8 min</u> <u>14.7 min</u>		
Change in Reading (R _f -R _i):	<u>0</u> <u>0</u>		
Pass/Fail Threshold:	<u><.002</u>	<u><.002</u>	
Test Result:	<u>pass</u>	<u>pass</u>	<u>Fail</u>

Comments - (include information on repairs made prior to testing)

Spill box # 2 Water leaked out completely after 10 minutes - Result Fail

This is a draft document intended for public review and comment. Your input is appreciated. Please direct any comments regarding this form to:

SWRCB UST Program, Attn: Scott Bacon
 1001 Ist Street, Box 944212
 Sacramento, CA 95814
 Phone: (916) 341-5873, Fax: (916) 341-5808
 e-mail: bacons@cwpswrcb.ca.gov

Sump Leak Tester Model 300
Barrett Engineering
Fortuna, CA

Site: Palomar
Medical Center
555 E. Valley Parkway
SUMP: #2 Vent Sump
10,000gal Test
Date: 11/14/2002
Time: 11:30
Rate: Pass
Disp: <.002 inches
Elap: 15.9 minutes
Tech: Ron Franklin
TEST #2

Sump Leak Tester Model 300
Barrett Engineering
Fortuna, CA

Site: Palomar
Medical Center
555 E. Valley Parkway
SUMP: Over spill #1
10,000 gallon Test
Date: 11/14/2002
Time: 13:14
Rate: Pass
Disp: <.002 inches
Elap: 14.7 minutes
Tech: Ron Franklin
TEST #2

Sump Leak Tester Model 300
Barrett Engineering
Fortuna, CA

Site: Palomar
Medical Center
555 E. Valley Parkway
SUMP: Over spill #1
10,000 gallon Test
Date: 11/14/2002
Time: 12:34
Rate: Pass
Disp: <.002 inches
Elap: 14.8 minutes
Tech: Ron Franklin
TEST #1

Sump Leak Tester Model 300
Barrett Engineering
Fortuna, CA

Site: Palomar
Medical Center
555 E. Valley Parkway
SUMP: Piping Sump
Sump #1
Date: 11/14/2002
Time: 12:09
Rate: Pass
Disp: <.002 inches
Elap: 16.5 minutes
Tech: Ron Franklin
TEST 2

Sump Leak Tester Model 300
Barrett Engineering
Fortuna, CA

Site: Palomar
Medical Center
555 E. Valley Parkway
SUMP: Piping Sump
#1 Sump #1
Date: 11/14/2002
Time: 11:50
Rate: Pass
Disp: <.002 inches
Elap: 16.2 minutes
Tech: Ron Franklin
TEST #1

Sump Leak Tester Model 300
Barrett Engineering
Fortuna, CA

Site: Palomar
Medical Center
555 E. Valley Parkway
SUMP: #2 Vent
Sump - 10,000 Gallon
Date: 11/14/2002
Time: 11:12
Rate: Pass
Disp: <.002 inches
Elap: 16.0 minutes
Tech: Ron Franklin
TEST #1



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 6 DATE 10/25/02
 PERMIT # 114230
 TIME START 9:00 END 3:30
 BUS. CODE K65
 SPECIALIST M. Chairs / C. Diwe
 INSPECTION CONTACT/TITLE
 John Schreiber / Plant Super.
 PHONE: (760) 739-3000
 Insd 11/21/02 Jf jhr

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 Valley Parkway
 CITY/ZIP Escondido 92025

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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unified Program Facility Permit current and available | <input type="checkbox"/> | <input type="checkbox"/> | Permit Expires on: <u>1 / 1</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazardous Materials Business Plan available | <input type="checkbox"/> | <input type="checkbox"/> | Contingency Plan available |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Training is adequate | <input type="checkbox"/> | <input type="checkbox"/> | Employee Training records available |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste disposal records available for review | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers kept closed |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers kept labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical inventory current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers in good condition |

Routine Inspection! NOV 05 2002

• Business manages (2) underground storage tank generators, haz materials, haz. waste, and biohazardous waste, in regulated quantities.

① • Business needs to complete an excluded recyclable mats report form for on site recycling of xylene and submit copy to HMD.
 - A form will be emailed to business. Submit completed copy to my attn. @ fax 760-940-2853 within 30 days.

② • Business need to segregate RCRA pharmaceutical waste from other medical waste and manage per Title 22 requirements. waste also needs to be transported with a haz. waste manifest.

③ • Designated medical waste storage areas on 7th flr, 4th flr, & xray area were NOT secure to deny access of unauthorized personnel - keep storage areas locked to deny unauthorized access.

• med. waste storage in xray area needs a warning sign. posted with an approved, legible biohazardous waste warning in English & Spanish

<input checked="" type="checkbox"/> 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 HSC and is maintained at the site where hazardous materials are stored.	Initials of Business Representative <u>[Signature]</u>	
<u>[Signature]</u> Signature of Business Representative	<u>10/25/02</u> Date Signed	<u>Facility Operations mg-</u> Title



SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 555 Valley Parkway, Escondido ZIP CODE: 92025

⑤

• A biohazardous waste bag in pharmaceutical area was not containerized in a rigid, leak resistant covered container to prevent leakage/expulsion of contents.

⑥

• A medical waste management plan needs to be updated annually and submitted to HMP.

- Submit a current update to my attn. at fax 760-940-2853 within 30 days.

• Monitoring equipment presently used on (2) USTs are being certified by contractors that are not certified trained for certification.

- Business is required to use contractors certified to service existing equipment or upgrade to equipment that can be certified by a licensed contractor.

• The audible alarm on (3000g) UST was functioning, however was fixed during inspection.

• A current certification sticker was not posted on monitoring equipment for (3000g) UST.

• Complete corrective action form provided and submit to my attn. within 30 days for return to compliance.

[Handwritten Signature]

Signature of Business Representative

10/25/02

Date Signed

FACILITY OPS MGR

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 114230
 DATE 10/25/02
 PAGE 3 OF 6

BUSINESS ADDRESS: 555 Valley Parkway, Escondido ZIP: 92029

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS WASTE REQUIREMENTS

RECORDKEEPING

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

STORAGE AND HANDLING

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

DISPOSAL AND TRANSPORTATION

	<input type="checkbox"/>	V0301 Unauth. disposal of waste to: _____ 25189.5
	<input type="checkbox"/>	V0302 Unlawful transportation of hazardous waste. 25163
2	<input checked="" type="checkbox"/>	V0303 Waste transported without a manifest. 66262.20
	<input type="checkbox"/>	V0304 Waste determination not made. 66262.11

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

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

HAZARDOUS WASTE TANK SYSTEMS

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

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

	<input type="checkbox"/>	V1001 UPF permit not obtained for Haz. Materials. 68.905
	<input type="checkbox"/>	V1002 Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
	<input type="checkbox"/>	V1003 HMBP not amended to reflect changes 25505
	<input type="checkbox"/>	V1004 HMBP not submitted to HMD. 25505
	<input type="checkbox"/>	V1005 Emergency Contacts not provided/current. 25509
	<input type="checkbox"/>	V1006 Inventory is incomplete. 25504
	<input type="checkbox"/>	V1007 Highly toxic gas (TLV ≤ 10 ppm) not disclosed in chemical inventory. 68.1113
	<input type="checkbox"/>	V1008 Annual carcinogen & reproductive toxin list not submitted to HMD 68.1113
	<input type="checkbox"/>	V1009 Site map is not sufficient. 25509
	<input type="checkbox"/>	V1010 Failure to report a release/threatened release. 25507
	<input type="checkbox"/>	V2504 Owner or operator (O/O) Stationary Source (SS) with >TPQ of a regulated substance (RS) did not comply with Chapter 4.5 (CalARP process). 2745.1
	<input type="checkbox"/>	V2553 O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED 10/25/02

TITLE OF BUSINESS REPRESENTATIVE FACILITY OPS MGR



COUNTY OF SAN DIEGO

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 10/25/02

PAGE 4 OF 6

BUSINESS ADDRESS: _____

ZIP: _____

VIOLATION REPORT: *The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al.*

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.

STORAGE AND LABELING

SMALL QTY. GENERATOR REQUIREMENTS (<200 lbs/mo MW)

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4201 UPF Permit not obtained. 117705, 68.905
	<input type="checkbox"/>	V4202 Medical Waste (MW) not separated from other waste at point of origin. 118275
3	<input checked="" type="checkbox"/>	V4203 Enclosure or designated accumulation area for MW containers not secured. 118310
4	<input checked="" type="checkbox"/>	V4204 MW storage area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310
	<input type="checkbox"/>	V4205 Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
	<input type="checkbox"/>	V4206 Spill of MW not properly cleaned up. 118300
	<input type="checkbox"/>	V4207 Sharps not stored in approved and properly marked sharps container. 118275
	<input type="checkbox"/>	V4208 Full sharps container not taped closed or tightly-lidded to preclude loss of contents. 118285
	<input type="checkbox"/>	V4209 Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205, 68.1206
	<input type="checkbox"/>	V4210 MW not stored in approved and properly marked red bags. 118275
	<input type="checkbox"/>	V4211 Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280
5	<input checked="" type="checkbox"/>	V4212 Red bags not containerized in rigid, leak resistant, and covered containers or bins. 118280
	<input type="checkbox"/>	V4213 Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280
	<input type="checkbox"/>	V4214 Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305
	<input type="checkbox"/>	V4215 Frozen MW stored >90 days. 118280

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4301 Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
	<input type="checkbox"/>	V4302 Did not maintain and show proof of "onsite" medical waste treatment records for ≥3 years. 118215, 117943
	<input type="checkbox"/>	V4303 Did not retain on file disposal receipts/tracking documents for waste shipped offsite for ≥2 yrs. 117945
	<input type="checkbox"/>	V4304 No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118030, 118025
	<input type="checkbox"/>	V4305 LQHE not renewed annually as required. 118030
	<input type="checkbox"/>	V4306 Full sharps container stored >7 days at room temperature (for generators of >20lbs/month). 118285
	<input type="checkbox"/>	V4307 Red bag waste stored > 7 days at room temperature (for generators of >20lbs/month). 118280
	<input type="checkbox"/>	V4308 Very small quantity generator (VSQG)(<20 lbs/mo.) storing MW for >30 days at room temperature. 118280
	<input type="checkbox"/>	V4309 MWMP or equivalent information not onsite. 117945
	<input type="checkbox"/>	V4310 Red bag waste stored >90 days at 0°C/32°F. 118280

LARGE QUANTITY GENERATOR REQUIREMENTS

(≥ 200 pounds of waste generated per month)

Viol #	VIOL	VIOLATION DESCRIPTION
6	<input checked="" type="checkbox"/>	V4351 MWMP not submitted to HMD (initial/updates). 117950, 117960, 117970
	<input type="checkbox"/>	V4352 Records of MW treatment not available for ≥3 years. 118215, 117975
	<input type="checkbox"/>	V4353 Not disposal receipts/tracking documents for waste shipped offsite for at least 3 years. 117975
	<input type="checkbox"/>	V4354 Full sharps container stored >7 days at room temp. 118285
	<input type="checkbox"/>	V4355 Red bag waste stored >7 days at room temp. 118280

TREATMENT AND DISPOSAL

PATHOLOGY, CHEMOTHERAPY, PHARMAC. & HAZ. WASTE

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4251 MW treated by unapproved method/procedure. 118215
	<input type="checkbox"/>	V4252 Standardized written operating procedures for steam sterilization not available. 118215
	<input type="checkbox"/>	V4253 Recording thermometer not calibrated annually. 118215
	<input type="checkbox"/>	V4254 No records of thermometer calibration checks for at least 3 years. 118215
	<input type="checkbox"/>	V4255 Heat-sensitive tape/other approved method not used for each load treated onsite. 118215
	<input type="checkbox"/>	V4256 Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215
	<input type="checkbox"/>	V4257 Onsite Steam Sterilization did not reach 121°C/250 °F for ≥ 30 minutes. 118215
	<input type="checkbox"/>	V4258 Treatment records/logs of dates, time and temperature not available for ≥ 3 yrs. 118215
	<input type="checkbox"/>	V4259 Disposal of untreated MW to an unauthorized point. 118340
	<input type="checkbox"/>	V4260 Transportation of MW without State Hauler Registration or a Limited Quantity Hauler Exemption (LQHE) from HMD. 118025

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4401 Chemo waste not segregated from other MW. 118275
	<input type="checkbox"/>	V4402 Chemo waste container not properly labeled. 118275
	<input type="checkbox"/>	V4403 Illegal disposal of chemo waste. 118340
	<input type="checkbox"/>	V4411 Pathology waste not segregated from other MW. 118275
	<input type="checkbox"/>	V4412 Pathology waste container not properly labeled. 118275
	<input type="checkbox"/>	V4413 Illegal disposal of pathology waste. 118340
7	<input checked="" type="checkbox"/>	V4421 Pharmwaste not segregated from other MW. 118275g
	<input type="checkbox"/>	V4422 Pharmwaste not properly labeled. 118275(g)
	<input type="checkbox"/>	V4423 Pharmwaste stored >90 days. (≥ 10 lbs/yr) 118280(e)
	<input type="checkbox"/>	V4431 VSQG of pharmwaste (<10 lb/yr) stored >1yr. 118280(e)
	<input type="checkbox"/>	V4432 Illegal disposal of pharmaceutical waste. 118340, 118222
	<input type="checkbox"/>	V4441 Illegal disposal of photo/hazwaste to sewer/trash. 25189.5

ONSITE MW TREATMENT FACILITY REQUIREMENTS

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4501 Onsite MW treatment permit not obtained. 117950, 118130, 118155, 65620
	<input type="checkbox"/>	V4502 Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180
	<input type="checkbox"/>	V4503 Condition(s) of the MW treatmt. permit violated. 65623

[Signature]
SIGNATURE OF BUSINESS REPRESENTATIVE

10/25/02
DATE SIGNED

FACILITY OPS MGR
TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

PERMIT #: 114230
 DATE: 10 / 25 / 02
 PAGE: 5 OF 6

COMPLIANCE INSPECTION REPORT

BUSINESS ADDRESS: 555 Valley Parkway, Escondido ZIP: 92029

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections are either in violation (V) with the Underground Storage Tank laws and regulations or Non-Applicable (N/A). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

#	VIOLATION DESCRIPTION	VIOL	V	NA	#	VIOLATION DESCRIPTION	VIOL	V	NA
UST SYSTEM RECORDS					FILE RECORDS				
	UPF Permit current and at facility? 25284; 68.905, 68.1003, 68.1005	3101				Secondary containment testing conducted at 6mo/36 months 25284.1; 2637(a)	3112		
	Operating Permit current and at facility? 25284(a); 25286(a), 2712 (i), 68.1003	3102				Secondary Containment testing submitted to CUPA within 30 days 2637(a)(4)	3113		
	UST Repair/modify/closure permit obtained? 68.1005	3103				Releases reported/recorded? 25294, 25295; 2650, 2651, 2652	3151		
	Forms A and B submitted? 25286(a)	3104				Maintenance & Monitoring records available? 2712 (b)	3152		
	Financial Responsibility current? 25292.2(a)	3105				Monitoring certification submitted to CUPA within 30 days? 2637(b)(4)	3153		
	Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b)	3106				Enhanced Leak detection performed if required? 25292.4	3154		
	Monitoring Plan approved? 2632(b), 2634(d), 2711(a)(9)	3107			8	Contractor trained? 25284.1(a)(5)(D); 2637(b)(1)(B)	3155		
	UST Emergency Response Plan current? 25289(b); 2632(b), 2634(e)	3108				Contractor has Class A, C-10, C34, C36, or C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A)	3156		
	Monitoring plot plan submitted? 2711(a)(8)	3109				No evidence of falsification of records or tampering with monitoring system? 25299(d)	3157		
	Annual certification of ATG and sensors? 2641(j)	3110				All operating permit conditions met? 2712	3158		
	Continuous monitoring system certified annually? 25284.1(a)(4)(C), 2630(d), 2641(j)	3111							

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

#	VIOLATION DESCRIPTION	TANK #		PRODUCT		VIOL		V		NA	
		23489	23490	diesel	diesel	V	NA	V	NA	V	NA
	Is monitor not in state of alarm at beginning of inspection? 2632(d)	3251									
9	Audible and visual alarms functioning properly? 2632(c)(2)(B), 2636(f)(1)	3252									
10	Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5)	3253									
	UST system has approved overfill protection? 2635(b)(2)	3254									
	Is spill container in good condition and liquid free? 2635 (b)(1)	3255									
	Fill box drain functional or alternative available? 2635(b)(1)(C)	3256									
	Is containment sump liquid free? 2631(d)(4)	3257									
	Are sensors placed adequately and/or at low point in sumps? 2641(a)	3258									
	Dispenser containment present if currently required? 25284.1(a)(5)(C)	3259									
	Dispenser containment adequately monitored? 2636(f)(1) & (g)	3260									
	Dispenser containment free of liquid? 2631(d)(4)	3261									
	Secondary containment piping unobstructed to allow drainage to sump? 2632	3262									
	All monitoring system components &/or devices functional? 2630(a), 2641(j), 2632	3263									
CATHODIC PROTECTION											
	System checked as required by tester? (6 mo./3yrs.) 2635(a)(2)(A)	3301									
	Impressed current system check every 60 days? 2635(a)(2)(A)	3302									
LINING REQUIREMENTS											
	Lined UST test performed after 10 years then every 5? 2663(h)	3311									
CLOSURE REQUIREMENTS:											
	Temporary closure requirements completed? 25298, 2671	3322									
	Unused tank properly closed? Permanent closure requirements met? 25298, 2672	3324									

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #: 114230
 DATE: 10/25/02
 PAGE: 6 OF 6

BUSINESS ADDRESS: 555 Valley Parkway, Escondido ZIP: 92029

UST SYSTEM INSPECTION

		TANK #	23489		23490					
REQUIREMENTS FOR DOUBLE WALLED SYSTEMS		PRODUCT	diesel		diesel					
#	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 <i>Emergency Generators only:</i> Monitoring system checked daily? 2636(g)(5)	3408								
	<i>Em. Generators only:</i> Continuous audible and visual alarm? 2636(g)(1) & (2)	3409								
PIPING MONITORING SUCTION SYSTEMS:										
	Continuous audible and visual alarm? 2636(f)1	3451								
REQUIREMENTS FOR SINGLE WALLED SYSTEMS										
TANK MONITORING REQUIREMENTS										
	OPTION 1 Monthly 0.2 gph tank gauging performed? 2643(b)(1)	3501								
	OPTION 2 Monthly SIR performed? 25292(b)(1); 2643(b)(3)	3502								
	Stick in good condition with 1/8" increments? 2645, 2646	3503								
	Dispenser meters calibrated? 2646.1	3504								
	SIR capable of detecting 0.2 gph? 2643(b)(3)	3505								
	Biennial 0.1 gph tank integrity testing performed? 2643(b)(3), 2643.1	3506								
	Annual SIR report submitted? 2646.1(j)	3507								
	OPTION 3 Weekly manual tank gauging performed? (UST capacity ≤1000 gallons) 2645	3508								
	Annual integrity test performed? (UST capacity 1000 gallons or less) 2645	3509								
PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED; OPTIONS 1, 2, 3 & 4										
	Line leak detector certified annually? 25284.1(a)(4)(C); 2641(j)	3551								
	Line leak detector shuts down turbine & failsafe operational 2666(c)	3552								
	OPTION 1 Hourly line leak detector monitoring performed? 25284.1(a)(4) (C); 2643(c)(1)	3553								
	Monthly electronic line leak detection performed? 2643(c)(2)	3554								
	OPTION 2 Hourly line leak detector monitoring performed? 25284.1(a)(4) (c); 2643(c)(1)	3555								
	Annual electronic line leak detector monitoring performed? 2643(c)(3)	3556								
	OPTION 3 Hourly line leak detector monitoring performed? 25284.1(a)(4)(C); 2643(c)(1)	3557								
	Annual piping integrity test? 2643(c)(3)	3558								
	OPTION 4 Hourly electronic line leak detector detects 3 gph leak? 2643(c)(3)	3559								
	Electronic line leak detector detects 0.1 gph at 150% pressure? 2643(c)(3)	3560								
PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING										
	Piping integrity test performed every 3 years? 2643(d)	3601								
	Daily monitoring performed and logged? 2643(d), App. II	3602								
PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING										
	One check valve close to suction pump? 2641(b), 2636(a)(3)	3651								
	Contents drains back to tank if suction is released? 2641(b), 2636(a)(3)	3652								
PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING										
	Piping integrity test performed every 2 years? 2643(d)	3701								
	Enhanced leak detection performed if required? 25292.4(a)	3702								


 SIGNATURE OF BUSINESS REPRESENTATIVE

10/25/02
 DATE SIGNED

FACILITY OPS MGR
 TITLE OF BUSINESS REPRESENTATIVE

114230

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

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

RECEIVED
MAILROOM

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: McCloud Gen
Site Address: 555 E. Valley Parkway City: Escondido Zip: 92055
Facility Contact Person: Glen Hitchkiss Contact Phone No.: (760) 739-3111
Make/Model of Monitoring System: Emco Wheaton 1/5 II Date of Testing/Servicing: 6/26/02

B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>Diesel Generator</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>Q0001-001</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>Q0001-004</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

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

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

Technician Name (print): Antonio Dominguez Signature: [Signature]
Certification No.: -- License No.: 94-1571
Testing Company Name: Contract Environmental Service Phone No.: (909) 822-6553
Site Address: 14759 Main St., Fontana 92336 Date of Testing/Servicing: 6/26/02

D. Results of Testing/Serviceing

Software Version Installed: _____

Complete the following checklist:

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

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

E. Comments: _____

F. In-Tank Gauging / SIR Equipment:

- Check this box if tank gauging is used only for inventory control.
- Check this box if no tank gauging or SIR equipment is installed.

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

Complete the following checklist:

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

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

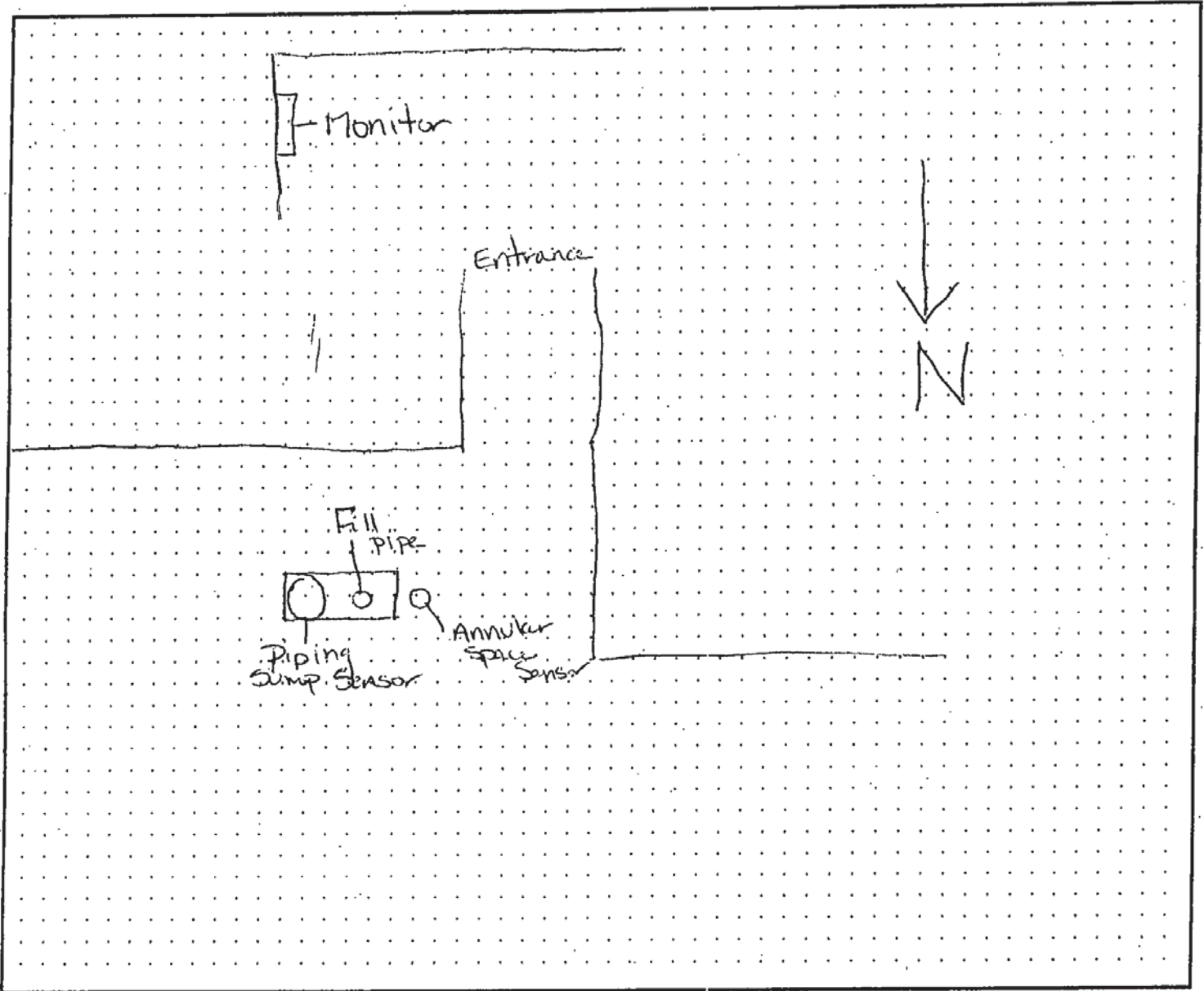
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1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

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

H. Comments:

UST Monitoring Site Plan

Site Address: 555 E. Valley Parkway, Escondido 92055



Date map was drawn: 6/26/02

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.

114230

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 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. MAILROOM

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: Storage
Site Address: 555 E. Valley Parkway City: Escondido Zip: 92055
Facility Contact Person: Glen Hutchkiss Contact Phone No.: (760) 739-3111
Make/Model of Monitoring System: Emco Wheaton 4/5 II Date of Testing/Servicing: 4/26/02

B. Inventory of Equipment Tested/Certified

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

Tank ID: <u>Diesel Generator</u> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>Q0001-001</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>Q0001-004</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
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Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

C. Certification - I certify that the equipment identified in this document was 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): Antonio Dominguez Signature: [Signature]
Certification No.: --- License No.: 94-1571
Testing Company Name: Contract Environmental Service Phone No.: (909) 822-6553
Site Address: 14759 Maine St., Fontana 92336 Date of Testing/Servicing: 4/24/02

D. Results of Testing/Service

Software Version Installed: _____

Complete the following checklist:

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

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

E. Comments:

F. In-Tank Gauging / SIR Equipment:

- Check this box if tank gauging is used only for inventory control.
 Check this box if no tank gauging or SIR equipment is installed.

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

Complete the following checklist:

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

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

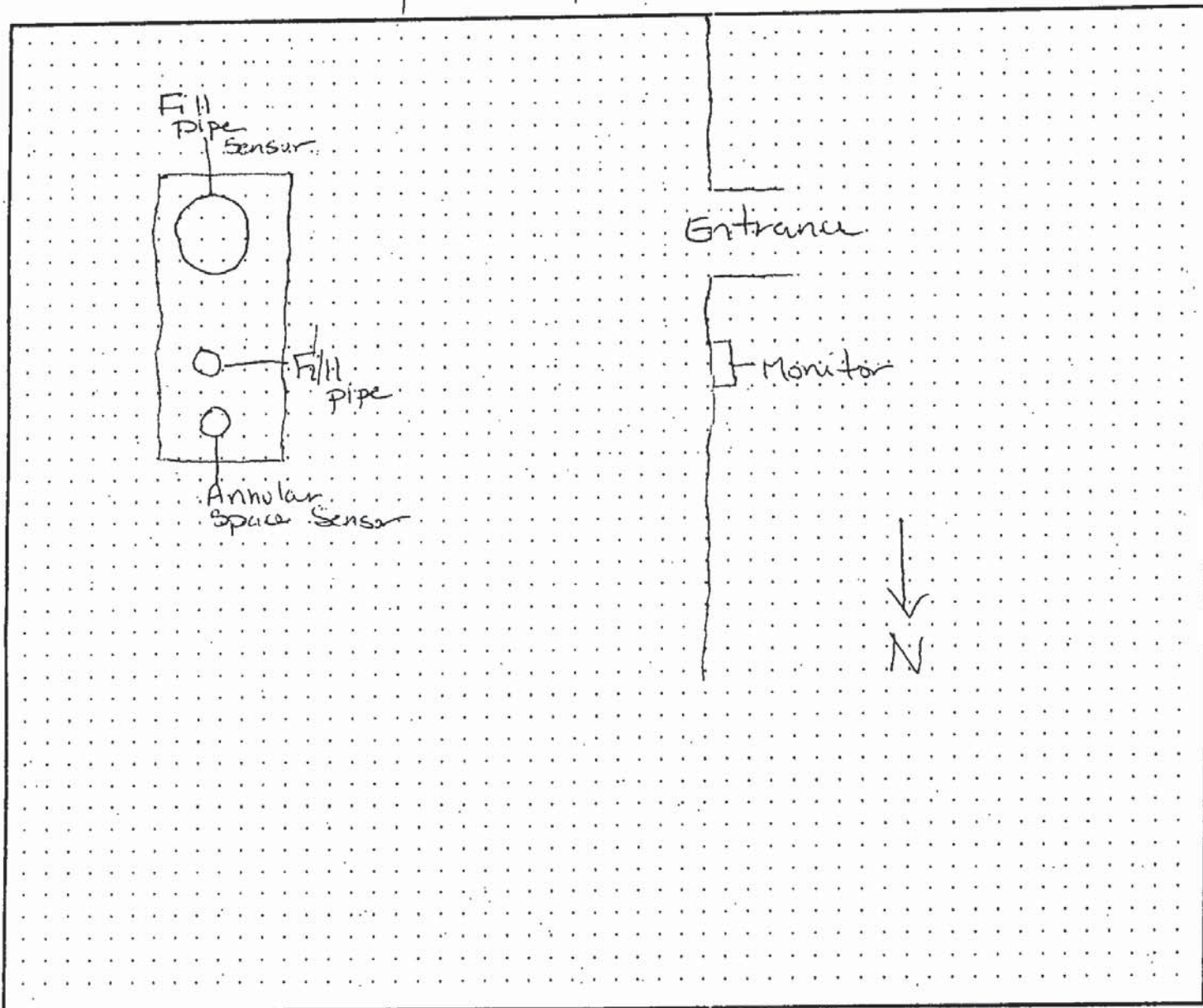
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1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

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

H. Comments:

UST Monitoring Site Plan

Site Address: 555 E Valley Parkway, Escondido 92055



Date map was drawn: 6/26/02

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.

CONTRACT ENVIRONMENTAL SERVICE, INC.
14759 MAINE STREET
FONTANA, CA 92336
(909) 822-6553

MONITOR CERTIFICATION

CUSTOMER: PALOMAR MEDICAL CENTER DATE 6/26/02
LOCATION: McCLOUD GENERATOR
555 W. VALLEY PARKWAY
ESCONDIDO, CA 92055
MANUFACTURER EMCO-WHEATON MODEL No. L/S II
SERIAL No. 1100260-B07 No. OF TANKS 1
ALARMS: VISUAL OK AUDIBLE OK
PRINTER NONE MODEM NONE

PROBES:	TANK 1	TANK 2	TANK 3	TANK 4
TYPE OF PRODUCT	DIESEL			
IN TANK (LIQUID LEVEL)	YES			
IN TANK SENSING				
ANNULAR SPACE SENSOR	PASS X2			
SUMP SENSOR	PASS			
MONITORING WELL				
POSITIVE SHUT OFF Y/N	N/A			

SAFETY: INTRINSIC OK ELECTRICAL OK
PROBE CONNECTIONS OK OTHER --

REMARKS: EMERGENCY GENERATOR-SUCTION LINES

THIS IS TO CERTIFY THAT THE ABOVE MONITOR HAS BEEN TESTED BY AN AUTHORIZED REPRESENTATIVE OF **CONTRACT ENVIRONMENTAL SERVICE**, HAS BEEN ADJUSTED AND/OR CALIBRATED AS NECESSARY, AND IS OPERATING ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

TECHNICIAN:  DATE: 6/26/02
ANTONIO DOMINGUEZ

#114230

CONTRACT ENVIRONMENTAL SERVICE, INC.
14759 MAINE STREET
FONTANA, CA 92336
(909) 822-6553

MONITOR CERTIFICATION

CUSTOMER: PALOMAR MEDICAL CENTER DATE 6/26/02

LOCATION: WEST TOWERS GENERATOR
555 W. VALLEY PARKWAY
ESCONDIDO, CA 92055

MANUFACTURER EMCO-WHEATON MODEL No. L/S II

SERIAL No. 1100261-B07 No. OF TANKS 1

ALARMS: VISUAL OK AUDIBLE OK

PRINTER NONE MODEM NONE

PROBES:	TANK 1	TANK 2	TANK 3	TANK 4
TYPE OF PRODUCT	DIESEL			
IN TANK PROBE	YES			
IN TANK SENSING				
ANNULAR SPACE SENSOR	PASS X2			
SUMP SENSOR	PASS X2			
MONITORING WELL				
POSITIVE SHUT OFF Y/N	N/A			

SAFETY: INTRINSIC OK ELECTRICAL OK
PROBE CONNECTIONS OK OTHER --

REMARKS: EMERGENCY GENERATOR - SUCTION LINES

THIS IS TO CERTIFY THAT THE ABOVE MONITOR HAS BEEN TESTED BY AN AUTHORIZED REPRESENTATIVE OF CONTRACT ENVIRONMENTAL SERVICE, HAS BEEN ADJUSTED AND/OR CALIBRATED AS NECESSARY, AND IS OPERATING ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

TECHNICIAN: ANTONIO DOMINGUEZ DATE: 6/26/02

PLEASE PRINT

OFFICE USE ONLY	FILE H# 114230
PAYMENT RECEIVED	9/5/2002 MSW
#251042 \$25.00	Date Initials

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Establishment Name: PALOMAR PONCERADO HEALTH FEB 07 10 02 10.12 EPREN 46220
 Address: 15615 PONCERADO RD 15755 INNOVATION DR SAN DIEGO CA 92088 4342.50
 (Street) (City) (Zip)
 Phone: 619 675-5072 Owner/Agent: JEFFREY CLECK

MEDICAL WASTE INFORMATION:

- Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)
SHARPS
- Quantity of Medical Waste generated weekly (pounds/week): 20#
- Quantity of Medical Waste transported at any one time: 20#
- Location where Medical Waste is generated:
Street: COMMUNITY & BUSINESS FIN CLINICS & City: HEALTH SCREENING IN Zip: _____
Poway ESCONDIDO SAN DIEGO COUNTY
- Location where Medical Waste is transported to:
Street: 15615 PONCERADO RD & 555 CANYON VALLEY PL City: _____ Zip: 92064/92085
Poway ESCONDIDO
- Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES NO
- Documentation of employee training kept on file in the medical waste generator's office: YES NO
- Medical Waste Management Plan submitted to the HMMD and kept on file in the generator's office: YES NO
- Identify each employee (by name) who will be transporting the medical waste:
KATHY LUARDO, MARY COALSON, LISA DOW,
JUDY LEITNER, KATHY PLOW,

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauling exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code.

PRINTED NAME Jeffrey Cleck DATE 9/16/02
 SIGNATURE [Signature] TITLE SAFETY OFFICER
 NOTE: Include your fee payment with this application. Make checks payable to the COUNTY OF SAN DIEGO.

<input checked="" type="checkbox"/> GRANTED	Office Use Only	<input type="checkbox"/> DENIED
The exemption may be revoked based upon changes to the original conditions of approval, or for noncompliance with the Medical Waste Management Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2222.		
<u>Edgar Pader</u> Hazardous Materials Specialist		Date: <u>10/17/02</u>

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, CA 92112-9261

PLEASE PRINT

OFFICE USE ONLY	FILE #	114230
PAYMENT RECEIVED	9/5/2002	MSU
#151042 \$25.00	Date	Initials

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Establishment Name: Palomar Pomerado Health REG BY 03-02 10.12 EPHEN 45220
 Address: 15615 Pomerado Rd 15255 INNOVATION DR SAN DIEGO CA 92128 43662.50
 (Street) (City) (zip)
 Phone: 858 675-5072 Owner/Agent: JEFFREY CICEK

MEDICAL WASTE INFORMATION:

- Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)
SHARPS
- Quantity of Medical Waste generated weekly (pounds/week): 20 #
- Quantity of Medical Waste transported at any one time: 20 #
- Location where Medical Waste is generated:
Street: COMMUNITY & BUSINESS FID CLINICS & City: HEALTH SCREENING IN Zip: _____
POWAY ESCANDIDO SAN DIEGO COUNTY
- Location where Medical Waste is transported to:
Street: 15615 Pomerado Rd & 555 East Valley Pkwy City: _____ Zip: 92064/92025
POWAY ESCANDIDO
- Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES NO
- Documentation of employee training kept on file in the medical waste generator's office: YES NO
- Medical Waste Management Plan submitted to the HMMD and kept on file in the generator's office: YES NO
- Identify each employee (by name) who will be transporting the medical waste:
KATHY LUAROI, MARY COALSON, LISA DOW,
JUDY LEITNER, KATHY PLOW,

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauling exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code.

PRINTED NAME Jeffrey Cicek DATE 9/16/02

SIGNATURE [Signature] TITLE SAFETY OFFICER

NOTE: Include your fee payment with this application. Make checks payable to the COUNTY OF SAN DIEGO.

Office Use Only	
<input checked="" type="checkbox"/> GRANTED	<input type="checkbox"/> DENIED
The exemption may be revoked based upon changes to the original conditions of approval, or for noncompliance with the Medical Waste Management Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2222.	
<u>Edgar Pader</u> Hazardous Materials Specialist	Date: <u>10/17/02</u>

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, CA 92112-9261

H file #: 14230

Date: 11-2-01

SAN DIEGO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS MANAGEMENT DIVISION
Annual Carcinogen and Reproductive Toxin Reporting List

Business Name: Palomar Medical Center

Business Address: 555 E Valley Parkway

Business Owner or Operator: Palomar Pomarado

Please complete the following by entering the chemical name in the chemical name column and then place a check "✓" 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 name 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	<55 pounds	Trade Secret
BENZENE	✓						
CARBON BLACK EXTRACTS		✓					
DICHLORO METHANE	✓						
ETHYLENE OXIDE (247) ²³⁷⁴ 9107							
NITRILOTRACETIC ACID	✓						
TETRA CHLORO ETHYLENE	✓						
TRICHLORO ETHYLENE	✓						
TOLUENE	✓						



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 6
 EST. NO. H 14230
 DATE 10/26/01
 TIME START 10:00 END 5:40
 BUS. CODE K65
 SPECIALIST Chairs/Leonidis
 CONTACT Tina Reitsma
 TITLE Dr. Esc
 PHONE 739-3186

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Parkway
 CITY/ZIP ESC 92025

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.

NOV 27 2001

Office Use Only

Routine Inspection:

- Business managers (2) USTs containing diesel fuel, several haz. mat's, haz waste, and biohazardous waste in regulated quantities.
- HMBP information is on site and current.
- Employee Training is current & documented.
- Annual Med. waste Mgt. Plan was provided during inspection.

Observations:

- RCRA haz waste collected in pharmacy needs to be labeled by the following: physical state, composition, haz. properties, gen. information, & accum. start date.
- (2) haz. waste containers storing 'cooling tower inhibitor waste and several bags of asbestos waste located in outside storage cage have exceeded max. allowable storage time.
- Dispose of per Title 22 reqts. and fax manifest copy to my attn., at 760-940-2854, within 15 business days.
- Business needs to perform waste determination on paint pinstate waste from equipment/containers.

Juni Carlson Signature of Business Representative 10-26-01 Date Signed Juidera Escobedo Title

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



SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 555 E Valley Pky ZIP CODE: 92025

by testing for aquatic toxicity per Title 22 regts. waste should be collected and managed as a haz. waste per Title 22 regts until results are classified as a non-hazardous waste.

- Submit sample to a state certified lab and fax results to my attn. within 30 days. Otherwise, waste is assumed to be hazardous.
- A 55-gal drum stored in outside waste storage cage identified as 'SB 100' needs to be properly identified (w/ MSDS provided) or disposed of as a haz waste per Title 22 regts.
 - Submit copy of MSDS or waste manifest to my attn. within 30 days.

Terin Carlson

Signature of Business Representative

10-26-01

Date Signed

Director For OPS

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

EST. NUMBER H 14230

COMPLIANCE INSPECTION REPORT

DATE 10/26/01PAGE 3 OF 6BUSINESS ADDRESS: 555 E Valley Py Esc.92025

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

- 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
- 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
- Ignitable Waste less than 50 feet 66265.176 V0214 W
- Ignitable Waste not grounded 66265.31 V0215 W
- Storage area not inspected weekly 66265.174 V0216 W

DISPOSAL AND TRANSPORTATION

- Unauth. disposal of waste to sewer 25189.5 V0313-W
- Waste determination not made 66262.21 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

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

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

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 HMM 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

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 HMM 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 HMM 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

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.

Dina Reilana

ESTABLISHMENT REPRESENTATIVE

10-26-01

DATE SIGNED

Dwight Fox OPS

TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 129261, San Diego, CA 92112-9261

DISTRIBUTION: WHITE-RETURN TO HMM
YELLOW-BUSINESS RETAINS



SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 555 E. Valley Pkwy. ZIP CODE: 92025

Medical Waste Observations:

1) Generator has not maintained reusable bins for medical waste storage in a clean and sanitary manner. The yellow bin used to store red bag waste in the accumulation area on the 9th floor contained putrescible semi-liquid waste, yet the red bag was new and empty.

Corrective Action:

Thoroughly wash and decontaminate reusable, rigid bins for medical waste each time they are emptied, if they have been contaminated, in accordance with Health and Safety Code Section 118295.

2) Generator has not secured the designated medical waste accumulation areas so as to deny access to unauthorized persons. There is at least one biohazardous waste accumulation area on each floor. These are separate rooms, usually along a hallway, that are not locked or monitored to keep out unauthorized persons. Some of the doors to these rooms were left wide open. All rooms were properly posted.

Corrective Action: In addition to posting these areas as biohazardous storage areas, they must be secured

Signature of Business Representative

Date Signed

10-26-01

Title

Dir. Fac Ops

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

EST. NUMBER H 14230

DATE 10 / 26 / 01

PAGE 5 OF 6

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 555 E. Valby Pkwy ZIP CODE: 92025

or monitored continuously to prevent access to unauthorized persons. Due to the location of these areas, adding locks to the doors and keeping them locked may be the corrective measure.

Jim Rutter

Signature of Business Representative

10-26-01

Date Signed

Jim Fox OPS

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

EST. NUMBER H 14 230

DATE 10-26-01

MEDICAL WASTE GENERATOR REQUIREMENTS

PAGE 6 OF 6

BUSINESS ADDRESS: 555 E. Valley Pkwy

ZIP: 92025

VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al. and 66262.10 et. al. All violations must be corrected. Please call (619) 338-2222 or your Inspector if you have any questions.

GENERAL REQUIREMENTS:

- [] An Environmental Health Permit as a medical waste generator has not been obtained. 68.1203, 68.1204, and 117705 V4101 W
[] Unlawful disposal of untreated medical waste to an unauthorized point. 118340 V4102 W
[] Improper treatment of medical waste using an unapproved method or procedure. 118215 V4103 W
[] Medical SOLID WASTE is not stored in a locked trash receptacle or enclosure so as to deny access to unauthorized persons. 68.1202 V4104 W
[] Improper clipping or cutting of sharps waste at the point of generation. 68.1205 V4105 W
[] Medical waste was not separated from other waste at the point of origin. 118275 V4106 W
[] Generator has not maintained reusable containers/bins for medical waste storage in a clean and sanitary manner. 118295 and 118305 V4107 W
[] Storage time exceeded for frozen medical waste, e.g. greater than 90 days. 118280 V4108 W
[] Generator did not clean-up a leak or spill of medical waste in an approved manner. 118300 V4109 W
[] Generator has not secured the enclosure or designated accumulation area for medical waste containers so as to deny access to unauthorized persons. 118310 V4110 W
[] Operator did not post an approved and legible biohazardous waste "warning sign" in English and Spanish at the waste storage area(s). 118310 V4111 W
[] Generator did not store medical waste in approved and properly marked red bags (non-sharps). 118275 V4112 W
[] Did not place a label with the generator's name, address, and phone number on the outside of the red bag and/or sharps container. 68.1201 and 68.1205 V4113 W
[] Generator did not store sharps waste in approved and properly marked sharps container. 118275 V4114 W
[] Transportation of medical waste without State Hauler Registration or without a limited-quantity hauling exemption from County HMMD. 118025 V4115 W
[] Generator did not have standardized written operating procedures for a steam sterilizer available onsite. 118215 V4116 W
[] Did not have recording thermometer checked for calibration annually. 118215 V4117 W
[] Generator did not maintain records of thermometer calibration checks for at least 3 years. 118215 V4118 W
[] Operator did not use heat-sensitive tape or other approved method for each load of medical waste treated onsite. 118215 V4119 W
[] Need to use a biological indicator or other approved method at least once a month to confirm proper disinfection conditions. 118215 V4120 W
[] Must tie-off red bags to prevent leakage or expulsion of contents during handling and storage. 118280 V4121 W
[] Did not containerize and place red bags in rigid, leak resistant, and covered containers or bins. 118280 V4122 W
[] Must have waste container/bin labeled on the lid and side so as to be clearly visible. 118280 V4123 W
[] Did not tape closed or tightly-lid a full sharps container ready for disposal, to preclude loss of contents. 118285 V4124 W

- [] Maximum holding time exceeded for non-putrescible medical waste, e.g. greater than 180 days. 68.1203 V4033 W

LARGE QUANTITY WASTE GENERATORS:

- (≥ 200 pounds of waste in a month)
[] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement). 117960 and 68.1206 V4034 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117975 V4035 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 3 years. 117975 V4036 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperature. 118285 V4037 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature. 118280 V4038 W

PATHOLOGY WASTE AND CHEMOTHERAPY WASTE HANDLING:

- [] Did not segregate chemotherapy waste from other medical waste. 118275 V4039 W
[] Generator did not label container holding chemotherapy waste with the words "chemotherapy waste" or other approved markings on the lid and sides. 118275 V4040 W
[] Did not segregate pathology waste from other medical waste. 118275 V4041 W
[] Generator did not label container holding pathology waste with the words "pathology waste" or other approved markings on the lid and side. 118275 V4042 W
[] Unlawful disposal of pathology waste or chemotherapy waste to an unauthorized point. 118340 V4043 W

PHARMACEUTICAL WASTE HANDLING:

- [] Generator did not segregate pharmaceutical waste from other medical waste. 118275g V4044 W
[] Generator did not label container holding pharmaceutical waste with the words "incineration only" or other approved markings on the lid and side. 118275g V4045 W
[] Storage time exceeded for pharmaceutical waste, e.g. more than 90 days. (≥ 10 pounds per calendar year generated) 118280e V4046 W
[] Very small quantity generator of pharmaceutical waste (e.g. < 10 pounds waste /calendar year) improperly storing waste for longer than one year. 118280e V4047 W
[] Unlawful disposal of pharmaceutical waste to an unauthorized point. 118340 and 118222 V4048 W

ON-SITE MEDICAL WASTE TREATMENT FACILITY REQUIREMENTS:

- [] Operator has not obtained an onsite medical waste treatment permit from the County. 117950, 118130, 118155, and CCR 65620 V4049 W
[] Must maintain an updated and complete copy of the medical waste treatment permit onsite and available for review. CCR 65621(f), 65623, 118165, and 118180 V4050 W
[] Did not comply with a condition of the medical waste treatment permit issued by the County. CCR 65623 V4051 W

PHOTOCHEMICAL and HAZARDOUS WASTE MGMT. AND DISPOSAL:

- [] Illegal disposal of photoprocessing/ hazardous waste to the sewer, trash, etc. 25189.5 V4052 W
[] Generator has not maintained waste disposal records, e.g. manifests/milk-run receipts..onsite for 3 years. 66262.40 V4053 W
[] Generator has not obtained an EPA Identification Number from the State DTSC for hazardous waste generation, e.g. photoprocessing/hazardous waste. 66262.12 V4054 W
[] Generator did not properly label the container holding hazardous waste. 66262.34 V4055 W
[] Generator did not maintain the container holding hazardous waste tightly closed except when adding or removing waste. 66265.173 V4056 W
[] Generator did not submit a notification to the County prior to treating photochemical waste onsite (e.g. > 10 gallons/month: tiered permitting). 25201.5 V4057 W

SMALL QUANTITY GENERATOR REQUIREMENTS: (< 200 pounds per month of waste)

- [] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement) 68.1206 and 117935 V4025 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117943 V4026 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 2 years. 117945 V4027 W
[] Need to apply for and receive a limited-quantity hauling exemption for "self-hauled" medical waste (< 20 pounds of waste per week). 118030 and 118025 V4028 W
[] Did not renew a limited-quantity hauling exemption annually. 118030 V4029 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperatures (for > 20 pounds/month generator). 118285 V4030 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature (> 20 pounds/month generator). 118280 V4031 W
[] Very small quantity generator (e.g. < 20 pounds per month) improperly storing waste for greater than 30 days onsite at room temperature. 118280 V4032 W

ESTABLISHMENT REPRESENTATIVE

DATE SIGNED 10-26-01 TITLE

PLEASE PRINT

OFFICE USE ONLY	FILE #	14230
PAYMENT RECEIVED	8/27/01	MSU
#220781 \$50.00	Date	Initials

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Establishment Name: PALOMAR POMERADO HEALTH
PALOMAR MED. CTR
 Address: 555 E. Valley Pkwy Escondido 92025
 (Street) (City) (Zip)
 Phone: (858) 675-5072 Owner/Agent: KATHRYN M. LUNARDI

MEDICAL WASTE INFORMATION: MAILING ADDRESS: 15255 INNOVATION DR. #204
SAN DIEGO, CA 92128-3410

1. Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)

SHARPS

2. Quantity of Medical Waste generated weekly (pounds/week): 2.25# < 20#

3. Quantity of Medical Waste transported at any one time: 25# < 20#

4. Location where Medical Waste is generated:
 Street: COMMUNITY BUSINESS FLU CLINICS City: SAN DIEGO Zip: 92108
HEALTH SCREENINGS

5. Location where Medical Waste is transported to: PALOMAR MEDICAL CENTER
 Street: 555 EAST VALLEY PKWY City: ESCONDIDO Zip: 92025

6. Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES NO

7. Documentation of employee training kept on file in the medical waste generator's office: YES NO

8. Medical Waste Management Plan submitted to the HMMD and kept on file in the generator's office: YES NO

9. Identify each employee (by name) who will be transporting the medical waste:
KATHRYN LUNARDI HELEN LINDNER
JUDY LEITNER LOUISE WILLETTE

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauling exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code.

PRINTED NAME KATHRYN M. LUNARDI DATE 8-17-01

SIGNATURE Kathryn Lunardi TITLE PPH Community Business Office Coordinator

NOTE: Include your fee payment with this application. Make checks payable to the "COUNTY OF SAN DIEGO".

Office Use Only	
<input checked="" type="checkbox"/> GRANTED	<input type="checkbox"/> DENIED
The exemption may be revoked based upon changes to the original conditions of a noncompliance with the Medical Waste Management Laws. If you have any questions, the Hazardous Materials Management Division at (619) 338-2222.	
<u>John Kato</u> Hazardous Materials Specialist	Date: <u>8-29-01</u>

COUNTY OF SAN DIEGO
 DEPARTMENT OF ENVIRONMENTAL HEALTH

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, REG 08-27-01 12:17
 EFREN 4151



December 7, 2001

County of San Diego
Hazardous Materials Division
Michelle Chairs, Hazardous Materials Specialist
338 Via Vera Cruz
San Marcos, Ca.

Dear Michelle:

Please find enclosed the results of the aquatic toxicity test performed on the rinsate from the two paint products found at PMC. The analytical report shows that sample 1 Incredicoat #1 and Sample 2 Frazee Mirroglide #1 both passed the test.

Based on the above results the rinsate is not considered a hazardous waste.

Let me know if you have any questions.

Sincerely,



Tina M. Reitsma
Director Facilities Operations



H.M. Pitt Labs, Inc.

Analytical • Environmental • Industrial Hygiene • Chemistry

ANALYTICAL REPORT

Date: December 6, 2001

PREPARED FOR THE SOLE USE OF:

Palomar Medical Center

555 E. Valley Pkwy
Escondido, CA 92025

ATTN: Randy Wilson @ 760 739 3683

Re: Aquatic Toxicity

CCR Title 22 – Fathead Minnow Hazardous Waste
Screen Bioassay (Polisini and Miller 1988).

COMPLETE

- Sample 1 -- PMC 11/02/01 Incredicoat #1 -- PASSED
- Sample 2 -- PMC 11/02/01 Frazee Mirroglide #1 -- PASSED

BY: Randal W. Navarre
Lab # 36322

Randal W. Navarre
Analytical Chemist
H. M. Pitt Labs, Inc.

FATHEAD MINNOW HAZARDOUS WASTE
SCREEN BIOASSAY



H.M. Pitt Labs, Inc.

Analytical • Environmental • Industrial Hygiene • Chemistry

TEST SUMMARY

Species: Pimephales promelas.
 Fish length (mm): av: 29; min: 27; max: 32.
 Fish weight (gm): av: 34; min: 29; max: 48.
 Test Protocol: Calif. F&G/DOHS 1988.
 Test type: Static.
 Test chamber volume 10 l.
 Mixing method: Mechanical shaking.
 Acclimation/dilution water: Reconstituted soft water.
 Aeration: Single bubble through narrow-bore tube.

Source: Thomas Fish.
 Date fish received: 11-9-01.
 Regulations: OCR Title 22.
 Endpoints: LC50 at 96 hrs.
 Temperature: 20 +/- 2°C.
 Number of replicates: 2.
 Number of fish per chamber: 10.
 Water hardness: 40-48 mg/l CaCO₃.
 QA/QC Batch No.: BT01110.

TEST DATA

DATE/TIME:	INITIAL				24 Hr				48 Hr				72 Hr				96 Hr			
	°C	DO	pH	#D	°C	DO	pH	#D	°C	DO	pH	#D	°C	DO	pH	#D	°C	DO	pH	#D
12-1-01 1000	20.3	8.8	7.6	0	20.7	8.6	7.3	0	20.8	8.5	7.5	0	20.7	7.4	7.5	0	20.6	7.7	7.5	0
ANALYST: <u>LP</u>																				
CONTROL A	20.3	8.8	7.6	0	20.7	8.6	7.3	0	20.8	8.5	7.5	0	20.7	7.4	7.5	0	20.6	7.7	7.5	0
CONTROL B	20.0	8.8	7.6	0	20.7	8.6	7.3	0	20.7	8.5	7.5	0	20.3	8.5	7.5	0	20.4	8.8	7.4	0
400 mg/l A	19.7	8.9	8.0	0	20.5	8.4	7.8	0	20.6	8.2	7.5	0	20.4	7.4	7.8	0	20.3	7.5	7.7	0
400 mg/l B	19.7	8.9	7.9	0	20.5	8.1	7.8	0	20.6	8.6	7.5	0	20.3	8.1	7.8	0	20.3	8.2	7.7	0
750 mg/l A	19.6	8.9	7.9	0	20.1	8.2	7.8	0	20.6	8.2	7.5	0	20.2	8.3	7.7	0	20.2	8.6	7.6	0
750 mg/l B	19.6	9.0	7.9	0	20.1	8.1	7.8	0	20.5	8.8	7.5	0	20.0	8.0	7.7	0	20.0	8.1	7.6	0

Comments:

Sample 1 - PMC 11-02-01 INCREDECAT #1

	CONTROL		HIGH CONCENTRATION	
	Alkalinity	Hardness	Alkalinity	Hardness
Initial	29 mg/l	44 mg/l	28 mg/l	44 mg/l
Final	28 mg/l	42 mg/l	30 mg/l	44 mg/l

Total Number Dead	
CONTROL	0 / 20
400 mg/l	0 / 20
750 mg/l	0 / 20

RESULTS

X	PASSED	LC50 > 750 mg/l (<40% dead in 750 mg/l conc.)
—	FAILED	≥40% dead in 750: (Definitive Test Recommended)
—	FAILED	LC50 < 400 mg/l (>60% dead in 400 mg/l conc.)

FATHREAD MINNOW HAZARDOUS WASTE
SCREEN BIOASSAY



H.M. Pitt Labs, Inc.

Analytical • Environmental • Industrial Hygiene • Chemistry

TEST SUMMARY

Species: Pimephales promelas.
 Fish length (mm): av: 29; min: 27; max: 32.
 Fish weight (gm): av: 34; min: 29; max: 48.
 Test Protocol: Calif. F&G/DOHS 1988.
 Test type: Static.
 Test chamber volume 10 l.
 Mixing method: Mechanical shaking.
 Acclimation/dilution water: Reconstituted soft water.
 Aeration: Single bubble through narrow-bore tube.

Source: Thomas Fish.
 Date fish received: 11-9-01.
 Regulations: CCR Title 22.
 Endpoints: LC50 at 96 hrs.
 Temperature: 20 +/- 2°C.
 Number of replicates: 2.
 Number of fish per chamber: 10.
 Water hardness: 40-48 mg/l CaCO₃.
 QA/QC Batch No.: BT11110.

TEST DATA

DATE/TIME:	INITIAL				24 Hr				48 Hr				72 Hr				96 Hr			
	°C	DO	pH	#D	°C	DO	pH	#D	°C	DO	pH	#D	°C	DO	pH	#D	°C	DO	pH	#D
12-1-01 1000	20.3	8.8	7.6	0	20.5	8.8	7.3	0	20.7	8.8	7.5	0	20.7	8.8	7.5	0	20.6	8.8	7.5	0
ANALYST:	[Signature]				[Signature]				[Signature]				[Signature]				[Signature]			
CONTROL A	20.7	8.8	7.6	0	20.5	8.8	7.3	0	20.7	8.8	7.5	0	20.7	8.8	7.5	0	20.6	8.8	7.5	0
CONTROL B	20.0	8.8	7.6	0	20.7	8.8	7.3	0	20.7	8.8	7.5	0	20.9	8.8	7.5	0	20.4	8.8	7.4	0
400 mg/l A	19.8	8.8	7.9	0	20.4	8.8	7.4	0	20.6	8.8	7.6	0	20.4	8.8	7.5	0	20.3	8.8	7.5	0
400 mg/l B	19.7	8.8	7.9	0	20.4	8.8	7.6	0	20.6	8.8	7.6	0	20.3	8.8	7.5	0	20.3	8.8	7.5	0
750 mg/l A	19.7	8.9	7.9	0	20.4	8.9	7.7	0	20.6	8.9	7.6	0	20.2	8.9	7.5	0	20.2	8.9	7.5	0
750 mg/l B	19.6	8.9	7.8	0	20.3	8.9	7.6	0	20.6	8.9	7.6	0	20.1	8.9	7.4	0	20.1	8.9	7.4	0

Comments:

Sample 2 - PMC 11-02-01 Frazee Mirrograde #1

	CONTROL		HIGH CONCENTRATION	
	Alkalinity	Hardness	Alkalinity	Hardness
Initial	29 mg/l	44 mg/l	28 mg/l	44 mg/l
Final	28 mg/l	42 mg/l	29 mg/l	43 mg/l

Total Number Dead	
CONTROL	0 / 20
400 mg/l	0 / 20
750 mg/l	0 / 20

RESULTS

X	PASSED	LC50 > 750 mg/l (<40% dead in 750 mg/l conc.)
—	FAILED	≥40% dead in 750 (Definitive Test Recommended)
—	FAILED	LC50 < 400 mg/l (>60% dead in 400 mg/l conc.)

CONTRACT ENVIRONMENTAL SERVICE

14759 MAINE STREET
 FONTANA, CA 92336
 (909) 822-6553

MONITOR CERTIFICATION

CUSTOMER: PALOMAR MEDICAL CENTER DATE 3-24-01
 LOCATION: WEST TOWERS GENERATOR
555 W. VALLEY PARKWAY
ESCONDIDO, CA 92055
 MANUFACTURER EMCO-WHEATON MODEL No. L/S II
 SERIAL No. 1100261-B07 No. OF TANKS 1
 ALARMS: VISUAL OK AUDIBLE OK
 PRINTER NONE MODEM NONE

PROBES:	TANK 1	TANK 2	TANK 3	TANK 4
TYPE OF PRODUCT	DIESEL			
IN TANK (LIQUID LEVEL)	YES			
IN TANK SENSING				
ANNULAR SPACE SENSOR	PASS X2			
SUMP SENSOR	PASS X2			
MONITORING WELL				
POSITIVE SHUT OFF Y/N	N/A			

SAFETY: INTRINSIC OK ELECTRICAL OK
 PROBE CONNECTIONS OK OTHER --

REMARKS: EMERGENCY GENERATOR - SUCTION LINES

THIS IS TO CERTIFY THAT THE ABOVE MONITOR HAS BEEN TESTED BY AN AUTHORIZED REPRESENTATIVE OF **CONTRACT ENVIRONMENTAL SERVICE**, HAS BEEN ADJUSTED AND/OR CALIBRATED AS NECESSARY, AND IS OPERATING ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

TECHNICIAN:  DATE: 3-24-01
 ANTONIO DOMINGUEZ

MONITORING SYSTEM CERTIFICATION

3K # 14230

For Use By All Jurisdictions Within the State of California

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

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. Instructions are printed on the back of this page.

A. General Information

Facility Name: PALOMAR MEDICAL CENTER Bldg. No.: McCLOUD G01

Site Address: 555 E. VALLEY PARKWAY City: ESCONDIDO Zip: 92055

Facility Contact Person: GLYN HUTCHKISS Contact Phone No.: (760) 739-3111

Make/Model of Monitoring System: EMCO - WILKINSON 45 II Date of Testing/Servicing: 3/24/01

B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>DIESEL GENERATOR</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>90001-W1</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>90001-W4</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>

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

- System set-up report;
- Alarm history report.

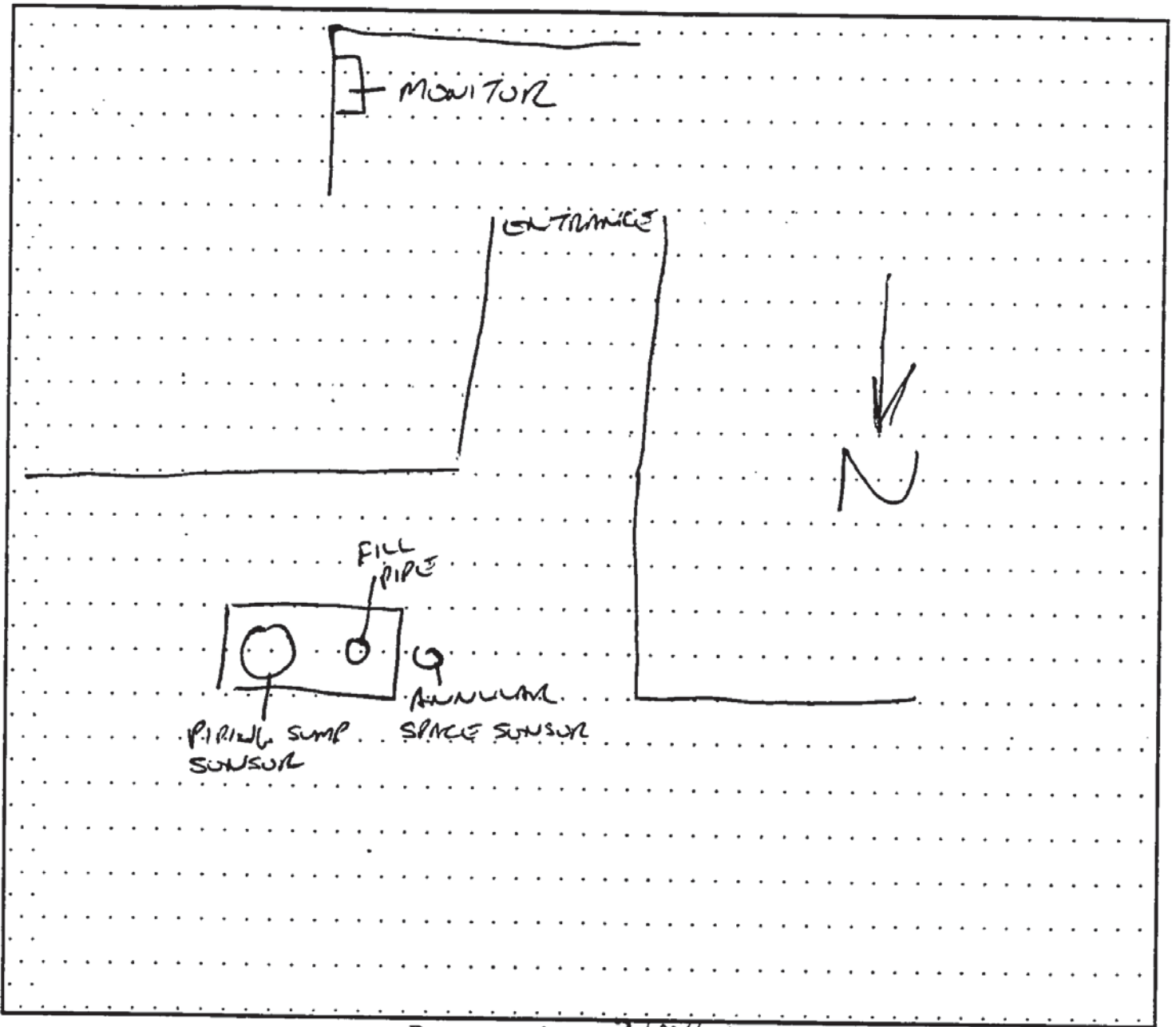
Technician Name (print): Antonio Dominguez Cert./Lic. No.: 94-1571 Signature: _____

Testing Company Name: Contract Environmental Service Phone No.: (909) 822-6553

UST Monitoring Site Plan

Site Address:

555 E. VALLEY PARKWAY ESCONDIDO



Date map was drawn: 3/24/01

Instructions

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

CONTRACT ENVIRONMENTAL SERVICE
 14759 MAINE STREET
 FONTANA, CA 92336
 (909) 822-6553

MONITOR CERTIFICATION

CUSTOMER: PALOMAR MEDICAL CENTER DATE 3-24-01
 LOCATION: WEST TOWERS GENERATOR
555 W. VALLEY PARKWAY
ESCONDIDO, CA 92055

MANUFACTURER EMCO-WHEATON MODEL No. L/S II
 SERIAL No. 1100261-B07 No. OF TANKS 1

ALARMS: VISUAL OK AUDIBLE OK
 PRINTER NONE MODEM NONE

PROBES:	TANK 1	TANK 2	TANK 3	TANK 4
TYPE OF PRODUCT	DIESEL			
IN TANK (LIQUID LEVEL)	YES			
IN TANK SENSING				
ANNULAR SPACE SENSOR	PASS X2			
SUMP SENSOR	PASS X2			
MONITORING WELL				
POSITIVE SHUT OFF Y/N	N/A			

SAFETY: INTRINSIC OK ELECTRICAL OK
 PROBE CONNECTIONS OK OTHER --

REMARKS: EMERGENCY GENERATOR - SUCTION LINES

THIS IS TO CERTIFY THAT THE ABOVE MONITOR HAS BEEN TESTED BY AN AUTHORIZED REPRESENTATIVE OF CONTRACT ENVIRONMENTAL SERVICE, HAS BEEN ADJUSTED AND/OR CALIBRATED AS NECESSARY, AND IS OPERATING ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

TECHNICIAN:  DATE: 3-24-01
 ANTONIO DOMINGUEZ

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

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

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. Instructions are printed on the back of this page.

A. General Information

Facility Name: PALOMAR MEDICAL CENTER Bldg. No.: STORAGE
 Site Address: 555 E. VALLEY PARKWAY City: ESCONDIDO Zip: 92055
GLON HUTCHKISS
 Facility Contact Person: _____ Contact Phone No.: _____
(760) 739-3111
 Make/Model of Monitoring System: BMCO - WILKINSON 4/5 II Date of Testing/Serviceing: 3/24/01

B. Inventory of Equipment Tested/Certified

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

Tank ID: <u>DIESEL GENERATOR</u> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>30001-WY</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>30001-WY</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
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C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (check all that apply):
 System set-up report;
 Alarm history report.

Technician Name (print): Antonio Dominguez Cert./Lic. No.: 94-1571 Signature: _____
 Testing Company Name: Contract Environmental Service Phone No.: (909) 822-6553

Monitoring System Certification

Site Address: 555 E. Valley Parkway Date of Testing/Service: 3/24/01

F. In-Tank Gauging / SIR Equipment: Check this box if tank gauging is used only for inventory control.
 Check this box if no tank gauging or SIR equipment is installed.

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

Complete the following checklist:

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

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

G. Line Leak Detectors (LLD): Check this box if LLDs are not installed.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h. ¹ ; <input type="checkbox"/> 0.1 g.p.h. ² ; <input type="checkbox"/> 0.2 g.p.h. ² Notes: 1. Required for equipment start-up certification and annual certification. 2. Unless mandated by local agency, certification required only for electronic LLD start-up.
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

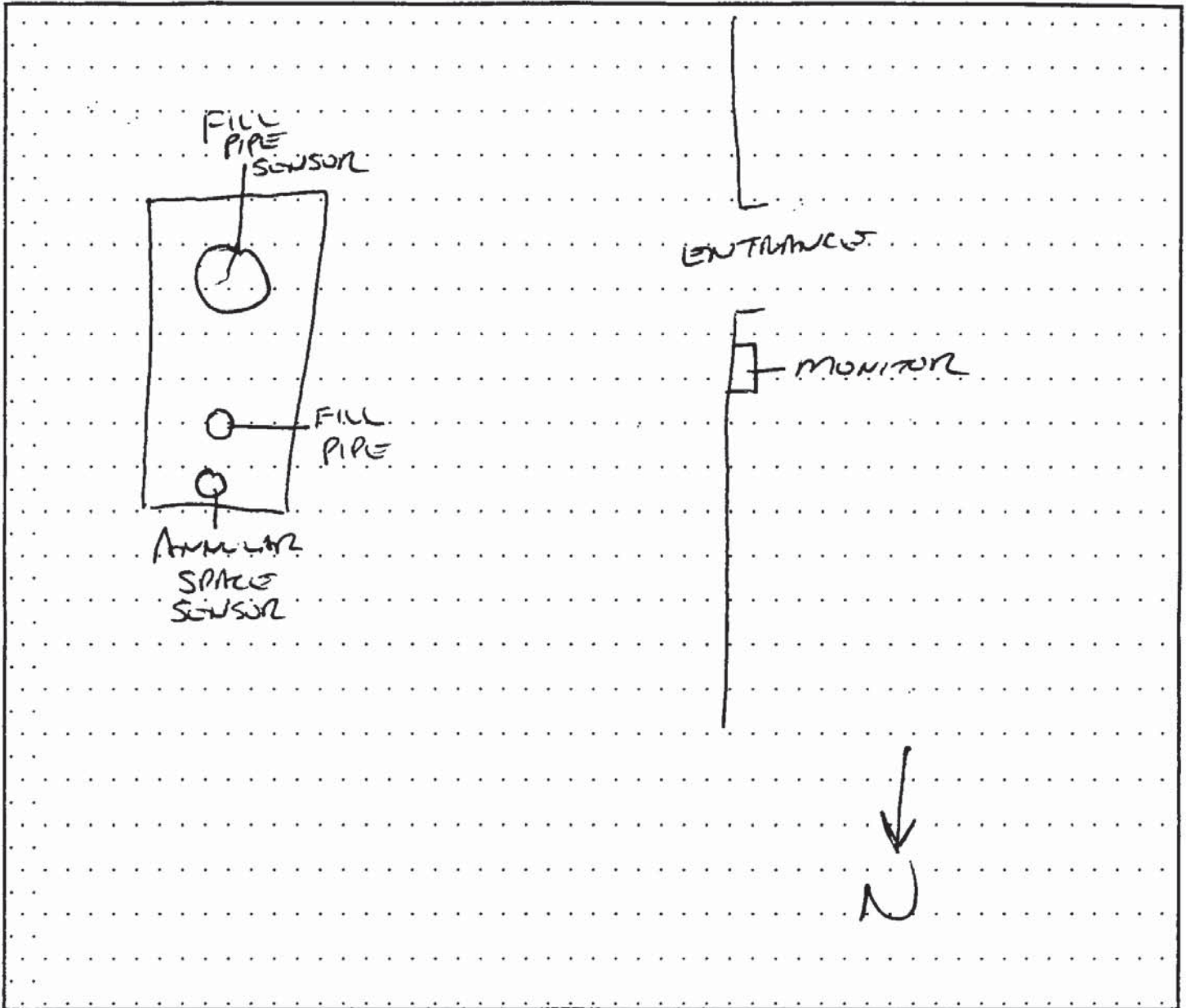
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments: _____

UST Monitoring Site Plan

Site Address:

555 E. VALLEY PARKWAY ESCONDI DO



Date map was drawn: 3/29/01

Instructions

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

PLEASE PRINT

Changed LQHE to \$25.00 per amount Ex 9/2001

OFFICE USE ONLY	FILE H#	14230
PAYMENT RECEIVED	8/27/2001	MSU
#226781 \$50.00	Date	Initials

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Establishment Name: PALOMAR POMERADO HEALTH
PALOMAR MED. CTR
 Address: 555 E. Valley Pkwy Escondido 92025
 (Street) (City) (Zip)
 Phone: (858) 675-5072 Owner/Agent: KATHRYN M. LUNARDI

MEDICAL WASTE INFORMATION: MAILING ADDRESS: 15255 INNOVATION DR. #204
SAN DIEGO, CA 92128-3410

1. Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)
SHARPS

2. Quantity of Medical Waste generated weekly (pounds/week): 2-25# < 20#

3. Quantity of Medical Waste transported at any one time: 25# < 20#

4. Location where Medical Waste is generated:
 Street: COMMUNITY BUSINESS FLU CLINICS City: SAN DIEGO County: SD Zip: _____
HEALTH SCREENING

5. Location where Medical Waste is transported to: PALOMAR MEDICAL CENTER
 Street: 555 EAST VALLEY PKWY City: ESCONDIDO Zip: 92025

6. Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES NO

7. Documentation of employee training kept on file in the medical waste generator's office: YES NO

8. Medical Waste Management Plan submitted to the HMMD and kept on file in the generator's office: YES NO

9. Identify each employee (by name) who will be transporting the medical waste:
KATHRYN LUNARDI HELEN LINDNER
JUDY LEITNER LOUISE WILLETTE

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauling exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code.

PRINTED NAME KATHRYN M. LUNARDI DATE 8-17-01

SIGNATURE Kathy Lunardi TITLE PPH Community & Business Health Coordinator
 NOTE: Include your fee payment with this application. Make checks payable to the "COUNTY OF SAN DIEGO".

Office Use Only	
<input checked="" type="checkbox"/> GRANTED	<input type="checkbox"/> DENIED
The exemption may be revoked based upon changes to the original conditions of approval, or for noncompliance with the Medical Waste Management Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2222.	
<u>John Koto</u> Hazardous Materials Specialist	Date: <u>8-29-01</u>

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, CA 92112-9261



TD file H 14230
pup up 30 days. 7-6-00

June 6, 2000

Todd Walsh
Hazardous Materials specialist
Department of Environmental Health
338 Via Vera Cruz
San Marcos, Ca. 92069

Dear Mr. Walsh:

The following information is provided on items identified on the County HAZMAT inspection of 5/24/00:

1. Problem:

Observed /described procedures in micro lab of rinsing iodine, alcohol, crystal violet dye and other chemicals into the sink after processed with fixing and staining procedures. This material is presumed bio-hazardous and cannot be disposed of into the sewer.

Action:

Implemented a procedure to collect this material and will discard it as hazardous waste. This change is now reflected in current SOPs.

2. Problem:

Medical Waste Treatment for onsite autoclave has not been renewed.

Action:

The autoclave has not been used for over two years. We will cancel the permit.

decontaminat

3. Problem:

The Pharmacy uses Red Sharps Containers for CHEMO Sharp then placed into yellow CHEMO bag then CHEMO boxes.

Action:

Yellow containers are in place and procedures are being changed to reflect this requirement.

4. Problem:

Six HAZMAT labels were missing or did not contain all required information.

Action:

Made compliant on the spot. Will be part of monthly checks.

5. Problem:

Waste manifest for BULK CHEMO could not be located in the Pharmacy.

Action:

Pharmacy policies are being rewritten to clarify requirements and additional training has been provided. Waste CHEMO will be disposed with our other Hazardous Materials and manifest will be maintained as part of Hazardous Materials Manifest.

6. Problem:

Used oil filters in maintenance were stored with oil waste and not separated.

Action:

Used oil filters will be stored separately for disposal and marked "Drained used oil filters" and have attached disposal date.



7. Problem:

Someone had removed the medical symbol from the sign on the medical waste storage area.

Action:

Replaced symbol.

8. Problem:

Overflow sensors in underground tanks UST sumps were not at the lowest point possible.

Action:

Sensors will be lowered on Friday June 16, 2000.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Tina Reitsma'.

Tina Reitsma
Director Facility Operations

CC: Gerald Bracht
Jim Neal



File → H 14230

June 14, 2000

Todd Walsh
Hazardous Materials Specialist
Department of Environmental Health
338 Via Vera Cruz
San Marcos, Ca. 92069

Dear Mr. Walsh:

Re: On-Site Medical Waste Treatment Permit

This is to inform you that Palomar Medical Center does not intend to renew the On-Site Medical Waste Treatment Permit.

Stericycle is currently processing biohazardous waste for Palomar Medical Center.

The autoclave is not in use and has been appropriately decontaminated.

In the event that the autoclave needs to be used as an emergency backup, we will immediately notify the Department of Environmental Health, Hazardous Materials Management Division for the appropriate variance and/or permit.

Sincerely,

Tina Reitsma, Director
Facilities Operations Department
Palomar Medical Center

lh/tmr



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 5
 EST. NO. H 14230
 DATE 5-24-00
 TIME START 8:00 END 9:00
 BUS. CODE K65
 SPECIALIST Ted WALSH
 CONTACT TINA REISMA
 TITLE DIR - Facilities
 PHONE 739-3000

BUSINESS NAME PALOMAR Medical Center
 ADDRESS 555 E. VALLEY RY
 CITY/ZIP ESCONDIDO, 92025

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

JUN 01 2000

file 7/5/00
11/15/00
16/01

- 1) Observed bulk waste chemo containers + 55 gallon drum of waste diesel not labeled. Corrective action immediately affix hazardous waste labels on containers. - waste labels were affixed or completed during the inspection in histology lab (3), pathology lab (1), + cytology lab (2). Lids was put on containers in histology lab during inspection.
- 2) Waste receipts for chemo waste was not available. Corrective action, segregate bulk chemo waste from other waste & have hauled off site under manifest. Keep copies of manifest for 3 years
- 3) Observed one used oil filter mixed in with saturated pad waste. Separate oil filters from other waste. Store in a closed labeled drum with "Drained Used oil Filters" & accumulation date on the label

James F. Neal
Signature of Business Representative

5/24/00
Date Signed

Director of Safety
Title

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



SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 555 E. Valley Pk ZIP CODE: 92029

4) Observed/described procedure in micro lab of rinsing iodine, alcohol, crystal violet dyes & other chemicals into sink after slides are processed with fixing & staining procedures. These chemicals are presumed to be hazardous waste & cannot be disposed of into the sewer. Immediately set up procedures to minimize disposing of chemicals to sewer. Within 14 days respond in writing how procedures are set in place.

5) Medical Waste Management Plan received during inspection.

6) Observed red sharps containers being used for "chemo waste". Immediately stop using red containers & obtain "yellow rigid containers for chemo waste, affix waste labels on bulk chemo waste containers.

- LQ HE - receipt documentation on site
- Copy of universal waste handout provided for batteries, lights, thermostat.
- Within 14 days renew or cancel medical waste treatment permit for autoclaving on site. Send letter or application to my attention.

James Neal Signature of Business Representative

5/24/00 Date Signed

Director of Safety Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

EST. NUMBER H 14230
DATE 5/24/00
PAGE 3 OF 5

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 555 E. Valley Pkwy ZIP CODE: 92125

- Business plan, waste receipts & training records are current
- Medical storage label outside missing medical symbol on front sign.

Underground Tanks:

- Observed sensors in both UST sumps not at the lowest point in the sumps. Within 3 days, have sensors lowered to the lowest point in the sumps.

James F. Neal

Signature of Business Representative

5/29/00

Date Signed

Director of Safety

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

EST. NUMBER H 14230
DATE 5-24-00
PAGE 4 OF 5
ZIP: 92025

MEDICAL WASTE GENERATOR REQUIREMENTS

BUSINESS ADDRESS: 555 E. Valley Pk

VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al. and 66262.10 et. al. All violations must be corrected. Please call (619) 338-2222 or your Inspector if you have any questions.

GENERAL REQUIREMENTS:

- [] An Environmental Health Permit as a medical waste generator has not been obtained. 68.1203, 68.1204, and 117705 V4101 W
[] Unlawful disposal of untreated medical waste to an unauthorized point. 118340 V4102 W
[] Improper treatment of medical waste using an unapproved method or procedure. 118215 V4103 W
[] Medical SOLID WASTE is not stored in a locked trash receptacle or enclosure so as to deny access to unauthorized persons. 68.1202 V4104 W
[] Improper clipping or cutting of sharps waste at the point of generation. 68.1205 V4105 W
[] Medical waste was not separated from other waste at the point of origin. 118275 V4106 W
[] Generator has not maintained reusable containers/bins for medical waste storage in a clean and sanitary manner. 118295 and 118305 V4107 W
[] Storage time exceeded for frozen medical waste, e.g. greater than 90 days. 118280 V4108 W
[] Generator did not clean-up a leak or spill of medical waste in an approved manner. 118300 V4109 W
[] Generator has not secured the enclosure or designated accumulation area for medical waste containers so as to deny access to unauthorized persons. 118310 V4110 W
[] Operator did not post an approved and legible biohazardous waste "warning sign" in English and Spanish at the waste storage area(s). 118310 V4111 W
[] Generator did not store medical waste in approved and properly marked red bags (non-sharps). 118275 V4112 W
[] Did not place a label with the generator's name, address, and phone number on the outside of the red bag and/or sharps container. 68.1201 and 68.1205 V4113 W
[] Generator did not store sharps waste in approved and properly marked sharps container. 118275 V4114 W
[] Transportation of medical waste without State Hauler Registration or without a limited-quantity hauling exemption from County HMMD. 118025 V4115 W
[] Generator did not have standardized written operating procedures for a steam sterilizer available onsite. 118215 V4116 W
[] Did not have recording thermometer checked for calibration annually. 118215 V4117 W
[] Generator did not maintain records of thermometer calibration checks for at least 3 years. 118215 V4118 W
[] Operator did not use heat-sensitive tape or other approved method for each load of medical waste treated onsite. 118215 V4119 W
[] Need to use a biological indicator or other approved method at least once a month to confirm proper disinfection conditions. 118215 V4120 W
[] Must tie-off red bags to prevent leakage or expulsion of contents during handling and storage. 118280 V4121 W
[] Did not containerize and place red bags in rigid, leak resistant, and covered containers or bins. 118280 V4122 W
[] Must have waste container/bin labeled on the lid and side so as to be clearly visible. 118280 V4123 W
[] Did not tape closed or tightly-lid a full sharps container ready for disposal, to preclude loss of contents. 118285 V4124 W

- [] Maximum holding time exceeded for non-putrescible medical waste, e.g. greater than 180 days. 68.1203 V4033 W

LARGE QUANTITY WASTE GENERATORS:

- (>= 200 pounds of waste in a month)
[] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement). 117960 and 68.1206 V4034 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117975 V4035 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 3 years. 117975 V4036 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperature. 118285 V4037 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature. 118280 V4038 W

PATHOLOGY WASTE AND CHEMOTHERAPY WASTE HANDLING:

- [X] Did not segregate chemotherapy waste from other medical waste. 118275 V4039 W
[] Generator did not label container holding chemotherapy waste with the words "chemotherapy waste" or other approved markings on the lid and sides. 118275 V4040 W
[] Did not segregate pathology waste from other medical waste. 118275 V4041 W
[] Generator did not label container holding pathology waste with the words "pathology waste" or other approved markings on the lid and side. 118275 V4042 W
[] Unlawful disposal of pathology waste or chemotherapy waste to an unauthorized point. 118340 V4043 W

PHARMACEUTICAL WASTE HANDLING:

- [] Generator did not segregate pharmaceutical waste from other medical waste. 118275g V4044 W
[] Generator did not label container holding pharmaceutical waste with the words "incineration only" or other approved markings on the lid and side. 118275g V4045 W
[] Storage time exceeded for pharmaceutical waste, e.g. more than 90 days. (> 10 pounds per calendar year generated) 118280e V4046 W
[] Very small quantity generator of pharmaceutical waste (e.g. < 10 pounds waste /calendar year) improperly storing waste for longer than one year. 118280e V4047 W
[] Unlawful disposal of pharmaceutical waste to an unauthorized point. 118340 and 118222 V4048 W

ON-SITE MEDICAL WASTE TREATMENT FACILITY REQUIREMENTS:

- [] Operator has not obtained an onsite medical waste treatment permit from the County. 117950, 118130, 118155, and CCR 65620 V4049 W
[] Must maintain an updated and complete copy of the medical waste treatment permit onsite and available for review. CCR 65621(f), 65623, 118165, and 118180 V4050 W
[] Did not comply with a condition of the medical waste treatment permit issued by the County. CCR 65623 V4051 W

PHOTOCHEMICAL and HAZARDOUS WASTE MGMT. AND DISPOSAL:

- [] Illegal disposal of photoprocessing/ hazardous waste to the sewer, trash, etc. 25189.5 V4052 W
[] Generator has not maintained waste disposal records, e.g. manifests/milk-run receipts..onsite for 3 years. 66262.40 V4053 W
[] Generator has not obtained an EPA Identification Number from the State DTSC for hazardous waste generation. e.g. photoprocessing/hazardous waste. 66262.12 V4054 W
[] Generator did not properly label the container holding hazardous waste. 66262.34 V4055 W
[] Generator did not maintain the container holding hazardous waste tightly closed except when adding or removing waste. 66265.173 V4056 W
[] Generator did not submit a notification to the County prior to treating photochemical waste onsite (e.g. > 10 gallons/month: tiered permitting). 25201.5 V4057 W

SMALL QUANTITY GENERATOR REQUIREMENTS:

- (< 200 pounds per month of waste)
[] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement) 68.1206 and 117935 V4025 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117943 V4026 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 2 years. 117945 V4027 W
[] Need to apply for and receive a limited-quantity hauling exemption for "self-hauled" medical waste (< 20 pounds of waste per week). 118030 and 118025 V4028 W
[] Did not renew a limited-quantity hauling exemption annually. 118030 V4029 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperatures (for > 20 pounds/month generator). 118285 V4030 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature (> 20 pounds/month generator). 118280 V4031 W
[] Very small quantity generator (e.g. < 20 pounds per month) improperly storing waste for greater than 30 days onsite at room temperature. 118280 V4032 W

OK

James F. Neal ESTABLISHMENT REPRESENTATIVE

5/24/00 DATE SIGNED Director of Safety TITLE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 14230DATE 5 / 24 / 00PAGE 5 OF 5BUSINESS ADDRESS: 555 E Valley Pkwy

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapter 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- Health Permit not obtained SDCC 68.905
- No EPA Identification Number 66262.12
- Waste Manifests/Receipts not on-site for 3 years 66262.40
- Manifest not properly completed 66262.23
- Manifest copy not sent to DTSC 66262.23
- TSDF signed-manifest not on-site 66262.40
- Biennial report not sent to DTSC 66262.41
- LDR Documentation not available 66268.7
- Exception Rpt. not filed with DTSC 66262.42
- Operating TSDF without authorization 25201

STORAGE AND HANDLING

- Waste stored longer than 90, 180, or 270 days 66262.34
- Failure to clean up hazwaste off of floor surface 66262.10b
- Waste container missing/improperly labeled 66262.34 *chemo*
- Haz Materials not properly labeled 25124 *oil*
- Waste container not kept closed 66265.173
- Waste container in poor condition 66265.171
- Waste container(s) not properly managed 66265.173
- Damaged container not repackaged 66265.171
- Container incompatible with waste 66265.172
- Incompatibles in the same container 66265.177
- Incompatibles not stored separately 66265.177
- Ignitable Waste less than 50 feet 66265.176
- Ignitable Waste not grounded 66265.31
- Storage area not inspected weekly 66265.174

DISPOSAL AND TRANSPORTATION

- Unauth. disposal of waste to sewer 25189.5
- Waste determination not made 66262.11
- Unlawful transport of haz. waste 25163
- Waste transported without manifest 66262.20
- Extremely Haz Waste Permit not obtained 25205.7

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- Training records unavailable 66265.16
- Training program not adequate 66265.16
- Facility not designed to minimize release 66265.31
- Spill control equip not available 66265.32
- Aisle space is obstructed 66265.35
- Contingency plan not prepared and/or on file 66265.51, 66265.53

MISCELLANEOUS

- Waste oil contaminated 25250.7
- Used oil filters improperly managed 66266.130
- Damaged batteries improperly managed 66266.81
- Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- Onsite treatment of waste without authorization 25201

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- Health Permit not obtained SDCC 68.1105
- Business Plan not established/implemented 25503.5
- Business Plan not submitted to HMMD 25505
- Business Plan not amended 25505
- Personnel Training Records not available 19 CCR 2732

RELEASE REPORTING

- Failure to report a release/threatened release 25507

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- Health Permit not obtained 68.1005, 25284
- Repair/modify/close permit not obtained 68.1005
- UST Permit Application not submitted 25286(a)
- Operating permit conditions violated 2712
- Failed to notify HMMD of changes 25284
- No owner/operator agreement 25284
- No records of financial coverage 25292.2
- No maint/monit/calib records available 2712(b), 2641(j)
- Monitoring Equip. not tested annually 2630, 2641

MONITORING REQUIREMENTS (SINGLE WALL)

- Leak Detection Method does not meet performance standards 2643
- Integrity test not conducted 25292
- Copy of tank test not submitted to HMMD within 30 days 2643
- Manual tank gauging (<2000 gal) 2645 not done properly
- Reconciliation not done properly 2646
- Reconciliation not approved for facility 2646
- Dispenser meter(s) not calib annually 2646
- Improper liquid measurements 2646
- Stick in poor condition 2646
- Improper monthly reconciliation 2646
- Failed to report excessive variation 2646
- Pressurized Product Piping Leak Device not tested annually 25292
- No written monitoring procedure 2641
- No written emergency response plan 2641
- SIR reporting incorrectly done 2646.1

MONITORING REQUIREMENTS (DOUBLE WALL)

- Monitoring system not functional 2632
- No written monitoring procedure 2632
- Written emergency response plan not available 2632
- Spill/Overfill equip. not maintained or installed 2635

RELEASE REPORTING

- Failure to report an unauthorized release 25295
- Release record log not available 2651, 2650
- No leak report/investigation/action 2652

CLOSURE

- Temporary closure req. not completed 2671
- Unused tank not properly closed 25298
- Permanent closure req. not completed 2672
- Failed to apply for temporary closure 25298

BUSINESS PLAN ELEMENTS

- Emergency Response Plan inadequate 25504
- Emergency Contacts not provided/current 25509
- Personnel Training Program inadequate 25504
- Inventory is incomplete 25504
- Site Map is not sufficient 25509
- Acutely Haz. Mat. not registered 25533

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTION:

James F. Neal 5/24/00 Director of Safety
 ESTABLISHMENT REPRESENTATIVE DATE SIGNED TITLE

Department of Environmental Health, Hazardous Materials Management Division, P. O. Box 129261, San Diego, CA 92112-9261

H14230

CONTRACT ENVIRONMENTAL SERVICE
14759 MAINE STREET
FONTANA, CA 92336
(909) 822-6553

RECEIVED
FEB 14 12 12 PM '00

MONITOR CERTIFICATION

ENVIRONMENTAL
HEALTH SERVICES

CUSTOMER: PALOMAR MEDICAL CENTER DATE 2-4-00

LOCATION: 555 E. VALLEY PARKWAY
ESCONDIDO, CA 92055

MANUFACTURER EMCO WHEATON MODEL No. L/S II

SERIAL No. 1100260-B07 No. OF TANKS 1

ALARMS: VISUAL OK AUDIBLE OK
PRINTER NONE MODEM NONE

PROBES:	TANK 1	TANK 2	TANK 3	TANK 4
TYPE OF PRODUCT	DIESEL			
IN TANK (LIQUID LEVEL)	YES			
IN TANK SENSING				
ANNULAR SPACE SENSOR	PASS X2			
SUMP SENSOR	PASS			
MONITORING WELL				
POSITIVE SHUT OFF Y/N	N/A			

SAFETY: INTRINSIC OK ELECTRICAL OK
PROBE CONNECTIONS OK OTHER --

REMARKS: EMERGENCY GENERATOR - SUCTION LINES

THIS IS TO CERTIFY THAT THE ABOVE MONITOR HAS BEEN TESTED BY AN AUTHORIZED REPRESENTATIVE OF CONTRACT ENVIRONMENTAL SERVICE, HAS BEEN ADJUSTED AND/OR CALIBRATED AS NECESSARY, AND IS OPERATING ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

TECHNICIAN: Antonio Dominguez DATE: 2-4-00
ANTONIO DOMINGUEZ

CONTRACT ENVIRONMENTAL SERVICE

14759 MAINE STREET
 FONTANA, CA 92336
 (909) 822-6553

RECEIVED

FEB 14 12 12 PM '00

MONITOR CERTIFICATION

ENVIRONMENTAL
 HEALTH SERVICES

CUSTOMER: PALOMAR MEDICAL CENTER DATE 2-4-00

LOCATION: 555 W. VALLEY PARKWAY
ESCONDIDO, CA 92055

MANUFACTURER EMCO WHEATON MODEL No. L/S II

SERIAL No. 1100261-B07 No. OF TANKS 1

ALARMS: VISUAL OK AUDIBLE OK

PRINTER NONE MODEM NONE

PROBES:	TANK 1	TANK 2	TANK 3	TANK 4
TYPE OF PRODUCT	DIESEL			
IN TANK (LIQUID LEVEL)	YES			
IN TANK SENSING				
ANNULAR SPACE SENSOR	PASS X2			
SUMP SENSOR	PASS X2			
MONITORING WELL				
POSITIVE SHUT OFF Y/N	N/A			

SAFETY: INTRINSIC OK ELECTRICAL OK

PROBE CONNECTIONS OK OTHER --

REMARKS: EMERGENCY GENERATOR - SUCTION LINES

THIS IS TO CERTIFY THAT THE ABOVE MONITOR HAS BEEN TESTED BY AN AUTHORIZED REPRESENTATIVE OF **CONTRACT ENVIRONMENTAL SERVICE**, HAS BEEN ADJUSTED AND/OR CALIBRATED AS NECESSARY, AND IS OPERATING ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

TECHNICIAN:  DATE: 2-4-00
 ANTONIO DOMINGUEZ

PLEASE PRINT

OFFICE USE ONLY	FILE, H#	14230
PAYMENT RECEIVED	9/16/00	MML
\$25.00 #2029	Date	Initials

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Establishment Name: PALOMAR MEDICAL CENTER
 Address: 555 E. VALLEY PKWY ESCONDIDO, CA 92025
 Phone: (858) 675-5071 Owner/Agent: KATHRYN M. LUNARDI

MEDICAL WASTE INFORMATION: MAILING ADD: 15255 INNOVATION DR STE 204
SAN DIEGO, CA 92128

1. Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)
SHARPS

2. Quantity of Medical Waste generated weekly (pounds/week): 3.25#

3. Quantity of Medical Waste transported at any one time: 25#

4. Location where Medical Waste is generated:
 Street: COMMUNITY FLU CLINICS City: GLUCOSE SCREENINGS SAN DIEGO, CA

5. Location where Medical Waste is transported to:
 Street: 555 E. VALLEY PKWY City: ESCONDIDO zip: 92025

6. Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES NO

7. Documentation of employee training kept on file in the medical waste generator's office: YES NO

8. Medical Waste Management Plan submitted to the HMMD and kept on file in the generator's office: YES NO

9. Identify each employee (by name) who will be transporting the medical waste:
KATHY LUNARDI, LOUISE WILLETTE
BARBARA BERESKI

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauling exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code.

PRINTED NAME KATHRYN M. LUNARDI DATE 8/8/00

SIGNATURE Kathryn Lunardi TITLE COORD. PPHS FLU CLINICS

NOTE: Include your fee payment with this application. Make checks payable to the "COUNTY OF SAN DIEGO". BLOOD GLUCOSE SCREENINGS

Office Use Only	
<input checked="" type="checkbox"/> GRANTED	<input type="checkbox"/> DENIED
<p>The exemption may be revoked based upon changes to the original conditions of approval, or for noncompliance with the Medical Waste Management Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2222.</p>	
<u>Edward Slate</u> Hazardous Materials Specialist	Date: <u>9-14-2000</u>

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, CA 92112-9261

PLEASE PRINT

copy original
attn. Marije

OFFICE USE ONLY	FILE H# <u>14230</u>
PAYMENT RECEIVED <u>6/18/99</u>	Date
<u>\$50.00</u> <u>25619</u>	Initials

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Establishment Name: PALOMAR MEDICAL CENTER

Address: 555 EAST VALLEY PARKWAY ESCONDIDO 92025
 (Street) (City) (Zip)

Phone: 760-539-3000 Owner/Agent: TINA REITSMA - PMC -
JIM NEAL - PMC ENJ.

MEDICAL WASTE INFORMATION:

- Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)
SHARPS CONTAINERS 1.4 QT SIZE (B.D. CONTAINERS)
(LIMITED HAULING ACTIVITIES OF AFFILIATE SITE)
- Quantity of Medical Waste generated weekly (pounds/week): VARIES (1-2 / MONTH)
- Quantity of Medical Waste transported at any one time: 1-2
- Location where Medical Waste is generated: BY AFFILIATE HOME CARE
 Street: OFFICE TO PATIENT HOMES. City: _____ Zip: _____
- Location where Medical Waste is transported to:
 Street: 555 E. VALLEY PKWY City: ESCONDIDO Zip: 92025
- Proper protective equipment and training program provided for all employees that handle and transport medical waste:
 YES NO
- Documentation of employee training kept on file in the medical waste generator's office:
 YES NO
- Medical Waste Management Plan submitted to the HMD and kept on file in the generator's office:
 YES NO
- Identify each employee (by name) who will be transporting the medical waste:
SEE ATTACHED.

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauling exemption to transport medical waste as listed above. All medical waste will be handled and disposed of as required in the California Health & Safety Code. 161753

PRINTED NAME PAT LYNCH DATE 6-7-99

SIGNATURE Pat Lynch TITLE SAFETY OFFICER

NOTE: Include your fee payment with this application. Make checks payable to the "COUNTY OF SAN DIEGO".
 6145 975 439111
 CAR \$50.00 \$50.00

Office Use Only	
✓ GRANTED	_____ DENIED
The exemption may be revoked based upon changes to the original conditions of approval, or for non-compliance with the Medical Waste Management Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2222.	
<u>Ted Walsh</u> Hazardous Materials Specialist	Date: <u>6/29/99</u>

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261 San Diego, CA 92186-5261



County of San Diego

RICHARD HAAS
ASSISTANT DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
HAZARDOUS MATERIALS MANAGEMENT DIVISION

GARY ERBECK
DIRECTOR

File #H 14230
Date: 2-3-99

Page: 1 of 1
Time: 1:58

CEASE OPERATION ORDER for UNDERGROUND STORAGE TANKS

Name Facility/Establishment Palomar Medical Center
UST Address 555 Valley Pkwy Escondido Zip 92025

On the above date, an Inspector with the County of San Diego, Department of Environmental Health conducted an inspection of this facility. In accordance with State law, all underground storage tanks (USTs) storing petroleum products and other hazardous substances must be upgraded or replaced by **December 22, 1998**. [Reference Cal. Health and Safety Code sections 25291, 25292(d) and (e), and the California Code of Regulations Title 23 sections 2631, 2633, 2660, 2662, and 2666] This facility failed to upgrade or replace all UST(s) by the compliance deadline mentioned above. Any person who owns or operates a UST must comply with the State-mandated upgrade requirements. Based on the failure to comply with one or more of the below listed requirements, this facility has not been issued a permit to own or operate UST(s) in accordance with Cal. Health and Safety Code section 25284. See attached list of deficiencies.

- Corrosion Protection of all underground equipment** {Sections 2660, 2662c, 2666b}
- Spill Prevention equipment for each UST** {Sections 25291c, 25292d; and 2635b, 2660f, and 2665}
- Overfill Protection equipment for each UST** {Sections 25291c, 25292d, 2635b, 2660f, 2665}
- Striker Plate for each UST** {Section 2662d}
- Automatic pressurized piping leak detection device** {Sections 25291f, 25292e, 2666c}
- Failed to replace UST storing a hazardous substance (2nd Containment Required)** {Section 2662b}

Required Actions: No person shall own or operate a UST without a permit to operate from the local enforcement agency (Department of Environmental Health). You are hereby ordered to cease operation of all UST(s), which have not been upgraded or replaced. Immediately remove the contents stored inside the tank(s) upon receipt of this Notice. Provide written documentation to the Inspector within five (5) calendar days that the UST(s) have been pumped out and emptied.

This establishment must complete the upgrades of all UST(s) and provide adequate documentation to the Department of Environmental Health certifying the UST(s) have been completely upgraded. The UST(s) must not be placed into operation again until this facility has received a UST Upgrade Certificate and Decal from the Department of Environmental Health. If you elect not to upgrade the UST(s), you must permanently remove or close the UST(s) under permit with the Department of Environmental Health and your local Fire Department within 60 calendar days of receipt of this Notice.

Be advised, failure to comply with this Notice is punishable by a civil penalty of not less than \$500 dollars or more than \$5,000 dollars for each UST for every day of violation [refer to Cal. Health and Safety Code section 25299]. Criminal penalties may also apply if a person fails to comply.

If you have any questions, contact your Inspector directly, or the Department of Environmental Health at (619) 338-2222. FAX required information to the Department of Environmental Health at (619) 338-2139

<u>Tina Ruth</u> Signature of Facility Representative	<u>nichols for OPS</u> Print Name/Job title	<u>2-3-99</u> Date Signed
<u>Todd Walsh</u> Signature Inspector	<u>940680D</u> Phone Number	<u>2/3/99</u> Date Signed



EST. NO. H 14230
DATE 5-4-99
TIME START 8:15 END 5:14
BUS. CODE K65
SPECIALIST Todd WALSH
CONTACT Tina Reitsma
TITLE Facility Dir
PHONE 739-3000

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center
ADDRESS 555 E. Valley Parkway
CITY/ZIP Escondido, 92025

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

MAY 20 1999

FILE
5.26.99

- Routine inspection
- 1) I observed + discovered waste formaldehyde (toxic) is being mixed with waste acetone/xylene (ignitable) in the same containers. Waste characteristics are different + must be kept separate. Immediately keep waste chemicals separate.
 - 2) Observed small red bags in pathology lab not labeled at point of generation. Corrective action, immediately label all small red bags with pt. name, address, + phone number when first TB into bag.
 - 3) No tracking records are available to track waste pharmaceutical products that are shipped off site by EXP hauler. Corrective action, obtain documentation that waste is properly incinerated when taken off-site + categorized as pharmaceutical waste + destroyed. Keep copies of records on site to review.

Tina Reitsma 5-4-99 Anita Jacobs
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



COUNTY OF SAN DIEGO

EST. NUMBER H 14230
DATE 5 14 199
PAGE 2 OF 4

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 555 E. Valley PK ZIP CODE: 920825

Remarks:

- M WMP on site & reviewed submit new report annually. Provided handout.
- 5 gallon bucket of oil in E.O.V. put into waste tank during inspection.
- Review tiered permit applications provided for changes in quantities treating. Also, review applications if you begin on-site treatment of xylene, acetone & formaldehyde.
- Update inventory & send updates tomorrow.
- Waste manifest list provided.
- LQ HE documentation & tracking records reviewed.
- Biennial report for RCRA waste was provided, complete record of amounts generated & either sent to DTSC or write HMD a letter disclosing amounts are less than what is needed to report.
- Permit application for new facility provided.
- HAZ. waste Generators & Recyclers handout provided
- Complete disclosure of hazardous material (prop 65) handout & sent to my attention.
- Business plan & training records are current.
- Waste oil tank underground piping does not meet 1998 upgrades. Permit applic. approved 4-29-99, complete work w/in 30 days.

[Signature]

Signature of Business Representative

5-4-99

Date Signed

[Signature]

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMD
YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

EST. NUMBER H 14230DATE 5/4/99PAGE 3 OF 4BUSINESS ADDRESS: 555 E. Valley Pk

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19/22/23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

I HAZARDOUS WASTE REQUIREMENTS:

RECORD KEEPING

- Health Permit not obtained SDCC 68.905
- No EPA Identification Number 66262.12
- Waste Manifests/Receipts not on-site for 3 years 66262.40
- Manifest not properly completed 66262.23
- Manifest copy not sent to DTSC 66262.23
- TSDF signed-manifest not on-site 66262.40
- Biennial report not sent to DTSC 66262.41
- LDR Documentation not available 66268.7
- Exception Rpt. not filed with DTSC 66262.42
- Operating TSDF without authorization 25201

- V0108 W _____
- V0105 W _____
- V0118 W _____
- V0120 W _____
- V0115 W _____
- V0121 W _____
- V0122 W _____
- V0123 W _____
- V0116 W _____
- V0124 W _____

STORAGE AND HANDLING

- Waste stored longer than 90, 180, or 270 days 66262.34
- Failure to clean up hazwaste off of floor surface 66262.10b
- Waste container missing/improperly labeled 66262.34
- Haz Materials not properly labeled 25124
- Waste container not kept closed 66265.173
- Waste container in poor condition 66265.171
- Waste container(s) not properly managed 66265.173
- Damaged container not repackaged 66265.171
- Container incompatible with waste 66265.172
- Incompatibles in the same container 66265.177
- Incompatibles not stored separately 66265.177
- Ignitable Waste less than 50 feet 66265.176
- Ignitable Waste not grounded 66265.31
- Storage area not inspected weekly 66265.174

- V0221 W _____
- V0313 W _____
- V0222 W _____
- V0223 W _____
- V0202 W _____
- V0205 W _____
- V0210 W _____
- V0226 W _____
- V0207 W _____
- V0224 W _____
- V0213 W _____
- V0214 W _____
- V0215 W _____
- V0216 W _____

DISPOSAL AND TRANSPORTATION

- Unauth. disposal of waste to _____ 25189.5
- Waste determination not made 66262.11
- Unlawful transport of haz. waste 25163
- Waste transported without manifest 66262.20
- Extremely Haz Waste Permit not obtained 25205.7

- V0313 W _____
- V0319 W _____
- V0315 W _____
- V0316 W _____
- V0317 W _____

TRAINING, CONTINGENCY PLAN & EMERGENCY PROCEDURES

- Training records unavailable 66265.16
- Training program not adequate 66265.16
- Facility not designed to minimize release 66265.31
- Spill control equip not available 66265.32
- Aisle space is obstructed 66265.35
- Contingency plan not prepared and/or on file 66265.51, 66265.53

- V0405 W _____
- V0406 W _____
- V0501 W _____
- V0508 W _____
- V0509 W _____
- V0609 W _____

MISCELLANEOUS

- Waste oil contaminated 25250.7
- Used oil filters improperly managed 66266.130
- Damaged batteries improperly managed 66266.81
- Facility has failed to notify local CUPA and DTSC of onsite treatment of hazardous waste (tiered permitting)
- Onsite treatment of waste without authorization 25201

- V0225 W _____
- V0701 W _____
- V0702 W _____
- V0125 W _____
- V0125 W _____

II UNDERGROUND STORAGE TANK (UST) REQUIREMENTS:

GENERAL UST REQUIREMENTS

- Health Permit not obtained 68.1005, 25284
- Repair/modify/close permit not obtained 68.1005
- UST Permit Application not submitted 25286(a)
- Operating permit conditions violated 2712
- Failed to notify HMMD of changes 25284
- No owner/operator agreement 25284
- No records of financial coverage 25292.2
- No maint/monit/calib records available 2712(b), 2641(j)
- Monitoring Equip. not tested annually 2630, 2641

- V3002 T _____
- V3007 T _____
- V3010 T _____
- V3011 T _____
- V3012 T _____
- V3005 T _____
- V3013 T _____
- V3001 T _____
- V3003 T _____

MONITORING REQUIREMENTS (SINGLE WALL)

- Leak Detection Method does not meet performance standards 2643
- Integrity test not conducted 25292
- Copy of tank test not submitted to HMMD within 30 days 2643
- Manual tank gauging (<2000 gal) 2645 not done properly
- Reconciliation not done properly 2646
- Reconciliation not approved for facility 2646
- Dispenser meter(s) not calib annually 2646
- Improper liquid measurements 2646
- Stick in poor condition 2646
- Improper monthly reconciliation 2646
- Failed to report excessive variation 2646
- Pressurized Product Piping Leak Device not tested annually 25292
- No written monitoring procedure 2641
- No written emergency response plan 2641
- SIR reporting incorrectly done 2646.1

- V3014 T _____
- V3015 T _____
- V3016 T _____
- V3017 T _____
- V3018 T _____
- V3019 T _____
- V3020 T _____
- V3021 T _____
- V3022 T _____
- V3023 T _____
- V3024 T _____
- V3025 T _____
- V3027 T _____
- V3027 T _____
- V3004 T _____

MONITORING REQUIREMENTS (DOUBLE WALL)

- Monitoring system not functional 2632
- No written monitoring procedure 2632
- Written emergency response plan not available 2632
- Spill/Overfill equip. not maintained or installed 2635

- V3026 T _____
- V3027 T _____
- V3028 T _____
- V3029 T _____

RELEASE REPORTING

- Failure to report an unauthorized release 25295
- Release record log not available 2651, 2650
- No leak report/investigation/action 2652

- V3009 T _____
- V3030 T _____
- V3031 T _____

CLOSURE

- Temporary closure req. not completed 2671
- Unused tank not properly closed 25298
- Permanent closure req. not completed 2672
- Failed to apply for temporary closure 25298

- V3006 T _____
- V3032 T _____
- V3033 T _____
- V3008 T _____

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

RECORD KEEPING

- Health Permit not obtained SDCC 68.1105
- Business Plan not established/implemented 25503.5
- Business Plan not submitted to HMMD 25505
- Business Plan not amended 25505
- Personnel Training Records not available 19 CCR 2732

- V2001 W _____
- V2002 W _____
- V2007 W _____
- V2003 W _____
- V2302 W _____

RELEASE REPORTING

- Failure to report a release/threatened release 25507

- V2008 W _____

BUSINESS PLAN ELEMENTS

- Emergency Response Plan inadequate 25504
- Emergency Contacts not provided/current 25509
- Personnel Training Program inadequate 25504
- Inventory is incomplete 25504
- Site Map is not sufficient 25509
- Acutely Haz. Mat. not registered 25533

- V2201 W _____
- V2203 W _____
- V2301 W _____
- V2005 W _____
- V2202 W _____
- V2009 W _____

ALL VIOLATIONS MUST BE CORRECTED. PLEASE CALL (619) 338-2222 OR YOUR INSPECTOR IF YOU HAVE ANY QUESTIONS.

ESTABLISHMENT REPRESENTATIVE [Signature]DATE SIGNED 5-4-99TITLE Director for OPS

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



COUNTY OF SAN DIEGO

EST. NUMBER H 14230
DATE 5-4-99
PAGE 4 OF 4

MEDICAL WASTE GENERATOR REQUIREMENTS

BUSINESS ADDRESS: 555 E. Valley Pk ZIP: 92025

VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al. and 66262.10 et. al. All violations must be corrected. Please call (619) 338-2222 or your Inspector if you have any questions.

GENERAL REQUIREMENTS:

- [] An Environmental Health Permit as a medical waste generator has not been obtained. 68.1203, 68.1204, and 117705 V4101 W
[] Unlawful disposal of untreated medical waste to an unauthorized point. 118340 V4102 W
[] Improper treatment of medical waste using an unapproved method or procedure. 118215 V4103 W
[] Medical SOLID WASTE is not stored in a locked trash receptacle or enclosure so as to deny access to unauthorized persons. 68.1202 V4104 W
[] Improper clipping or cutting of sharps waste at the point of generation. 68.1205 V4105 W
[] Medical waste was not separated from other waste at the point of origin. 118275 V4106 W
[] Generator has not maintained reusable containers/bins for medical waste storage in a clean and sanitary manner. 118295 and 118305 V4107 W
[] Storage time exceeded for frozen medical waste, e.g. greater than 90 days. 118280 V4108 W
[] Generator did not clean-up a leak or spill of medical waste in an approved manner. 118300 V4109 W
[] Generator has not secured the enclosure or designated accumulation area for medical waste containers so as to deny access to unauthorized persons. 118310 V4110 W
[] Operator did not post an approved and legible biohazardous waste "warning sign" in English and Spanish at the waste storage area(s). 118310 V4111 W
[] Generator did not store medical waste in approved and properly marked red bags (non-sharps). 118275 V4112 W
[] Did not place a label with the generator's name, address, and phone number on the outside of the red bag and/or sharps container. 68.1201 and 68.1205 V4113 W
[] Generator did not store sharps waste in approved and properly marked sharps container. 118275 V4114 W
[] Transportation of medical waste without State Hauler Registration or without a limited-quantity hauling exemption from County HMMD. 118025 V4115 W
[] Generator did not have standardized written operating procedures for a steam sterilizer available onsite. 118215 V4116 W
[] Did not have recording thermometer checked for calibration annually. 118215 V4117 W
[] Generator did not maintain records of thermometer calibration checks for at least 3 years. 118215 V4118 W
[] Operator did not use heat-sensitive tape or other approved method for each load of medical waste treated onsite. 118215 V4119 W
[] Need to use a biological indicator or other approved method at least once a month to confirm proper disinfection conditions. 118215 V4120 W
[] Must tie-off red bags to prevent leakage or expulsion of contents during handling and storage. 118280 V4121 W
[] Did not containerize and place red bags in rigid, leak resistant, and covered containers or bins. 118280 V4122 W
[] Must have waste container/bin labeled on the lid and side so as to be clearly visible. 118280 V4123 W
[] Did not tape closed or tightly-lid a full sharps container ready for disposal, to preclude loss of contents. 118285 V4124 W

- [] Maximum holding time exceeded for non-putrescible medical waste, e.g. greater than 180 days. 68.1203 V4033 W

LARGE QUANTITY WASTE GENERATORS:

- (> 200 pounds of waste in a month)
[] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement). 117960 and 68.1206 V4034 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117975 V4035 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 3 years. 117975 V4036 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperature. 118285 V4037 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature. 118280 V4038 W

PATHOLOGY WASTE AND CHEMOTHERAPY WASTE HANDLING:

- [] Did not segregate chemotherapy waste from other medical waste. 118275 V4039 W
[] Generator did not label container holding chemotherapy waste with the words "chemotherapy waste" or other approved markings on the lid and sides. 118275 V4040 W
[] Did not segregate pathology waste from other medical waste. 118275 V4041 W
[] Generator did not label container holding pathology waste with the words "pathology waste" or other approved markings on the lid and side. 118275 V4042 W
[] Unlawful disposal of pathology waste or chemotherapy waste to an unauthorized point. 118340 V4043 W

PHARMACEUTICAL WASTE HANDLING:

- [] Generator did not segregate pharmaceutical waste from other medical waste. 118275g V4044 W
[] Generator did not label container holding pharmaceutical waste with the words "incineration only" or other approved markings on the lid and side. 118275g V4045 W
[] Storage time exceeded for pharmaceutical waste, e.g. more than 90 days. (> 10 pounds per calendar year generated) 118280e V4046 W
[] Very small quantity generator of pharmaceutical waste (e.g. < 10 pounds waste /calendar year) improperly storing waste for longer than one year. 118280e V4047 W
[] Unlawful disposal of pharmaceutical waste to an unauthorized point. 118340 and 118222 V4048 W

ON-SITE MEDICAL WASTE TREATMENT FACILITY REQUIREMENTS:

- [] Operator has not obtained an onsite medical waste treatment permit from the County. 117950, 118130, 118155, and CCR 65620 V4049 W
[] Must maintain an updated and complete copy of the medical waste treatment permit onsite and available for review. CCR 65621(f), 65623, 118165, and 118180 V4050 W
[] Did not comply with a condition of the medical waste treatment permit issued by the County. CCR 65623 V4051 W

PHOTOCHEMICAL and HAZARDOUS WASTE MGMT. AND DISPOSAL:

- [] Illegal disposal of photoprocessing/ hazardous waste to the sewer, trash, etc. 25189.5 V4052 W
[] Generator has not maintained waste disposal records, e.g. manifests/milk-run receipts, onsite for 3 years. 66262.40 V4053 W
[] Generator has not obtained an EPA Identification Number from the State DTSC for hazardous waste generation, e.g. photoprocessing/hazardous waste. 66262.12 V4054 W
[] Generator did not properly label the container holding hazardous waste. 66262.34 V4055 W
[] Generator did not maintain the container holding hazardous waste tightly closed except when adding or removing waste. 66265.173 V4056 W
[] Generator did not submit a notification to the County prior to treating photochemical waste onsite (e.g. > 10 gallons/month: tiered permitting). 25201.5 V4057 W

SMALL QUANTITY GENERATOR REQUIREMENTS:

- (< 200 pounds per month of waste)
[] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement) 68.1206 and 117935 V4025 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117943 V4026 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 2 years. 117945 V4027 W
[] Need to apply for and receive a limited-quantity hauling exemption for "self-hauled" medical waste (< 20 pounds of waste per week). 118030 and 118025 V4028 W
[] Did not renew a limited-quantity hauling exemption annually. 118030 V4029 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperatures (for > 20 pounds/month generator). 118285 V4030 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature (> 20 pounds/month generator). 118280 V4031 W
[] Very small quantity generator (e.g. < 20 pounds per month) improperly storing waste for greater than 30 days onsite at room temperature. 118280 V4032 W

ESTABLISHMENT REPRESENTATIVE DATE SIGNED TITLE

PLEASE PRINT

attn. Margie
copy original

OFFICE USE ONLY

FILE H# 14230

PAYMENT RECEIVED

6/18/99

MSW

\$50.00 CH 25619

Date

Initials

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Establishment Name: PALOMAR MEDICAL CENTER
Address: 555 EAST VALLEY PARKWAY ESCONDIDO 92025
(Street) (City) (Zip)
Phone: 760 539-3000 Owner/Agent: TINA REITSMA - PMC -
JIM NEAL - PML ENV.
SUS.

MEDICAL WASTE INFORMATION:

- Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)
SHARPS CONTAINERS 1.4 QT SIZE (B.D. CONTAINERS)
(LIMITED HAULING ACTIVITIES OF AFFILIATED SITE)
- Quantity of Medical Waste generated weekly (pounds/week): VARIES (1-2 / MONTH)
- Quantity of Medical Waste transported at any one time: 1-2
- Location where Medical Waste is generated: BY AFFILIATED HOME CARE
Street: OFFICE TO PATIENT HOMES. City: HOMES. Zip: _____
- Location where Medical Waste is transported to:
Street: 555 E VALLEY PKWY City: ESCONDIDO Zip: 92025
- Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES NO
- Documentation of employee training kept on file in the medical waste generator's office: YES NO
- Medical Waste Management Plan submitted to the HMMD and kept on file in the generator's office: YES NO
- Identify each employee (by name) who will be transporting the medical waste:
SEE ATTACHED.

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauling exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code.

PRINTED NAME PAT LYNCH DATE 6-7-99
SIGNATURE Pat Lynch TITLE SAFETY OFFICER

NOTE: Include your fee payment with this application. Make checks payable to the "COUNTY OF SAN DIEGO".
\$145.92
\$50.00
\$150.00

Office Use Only

GRANTED

DENIED

The exemption may be revoked based upon changes to the original conditions of approval, or for non-compliance with the Medical Waste Management Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2222.

Ted Walsh
Hazardous Materials Specialist

Date: 6/29/99

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261 San Diego, CA 92186-5261

employees of The Elizabeth Hospice who will be transporting Medical Waste
(B.D. Sharps Containers)

- on Palmer
- Alice Adler, RN
- Eileen Beckman, RN
- Kay Evanson, RN
- Dina Flores, RN
- Carol Gamble, RN
- Ellie Goolkasian, RN
- Diane Heiar, RN
- Deborah Johnson, RN
- Karen Johnson, RN
- Maureen Mercier, RN
- Juanita Miller, RN
- Melinda Mofidi, RN
- Marga Moons, RN
- Felice Reynolds, RN
- Patricia Shader, RN
- Barbara Sherman, RN
- Jackie Siminou, RN
- Mark Whithill, RN



98 upgrade is complete
Walsh

H 14230

(WASTE OIL?)

RECEIVED

12/7/98 DEC 7 9 29 AM '98

EDP ADDED
12-8-98 M. COOK

ENVIRONMENTAL
HEALTH SERVICES

File H14230

Site Assessment and Mitigation Division (SAM)
Department of Environmental Health
P.O. Box 129261
San Diego, Ca. 92112-9261
Attention: Mike Vemetti,
Supervising Hazardous Materials Specialist

December 1, 1998

Re. UST Upgrade Requirements

Dear Mr. Vemetti,

Pursuant to the 1998 Underground Storage Tank Standards Upgrade Checklist received by Palomar Medical Center from the Department of Environmental Health, please accept the enclosed documents as evidence of compliance. The only issue per the attached form was verification of positive shutoff devices being installed in our 10000 and 3000-gallon diesel fuel storage tanks. Please find enclosed an inspection from Tri-State Environmental Ca. Lic. # A738065. Per this inspection report please update the permit conditions that the County has on file for these two tanks(T004, T005) under Health Permit number H14320. This overfill protection was installed during the original installation of the tanks and was never indicated as being in place on any permit information.

If you have any further questions please feel free to contact me.

Sincerely,

John Schreiber,
Assistant Plant Superintendent
Palomar Medical Center
Phone: 760-739-3170
Fax: 760-739-3633

12/7/98 called contractor, (Ed McKee)
need to know what type
of overfill protection is installed
Walsh

□ 555 East Valley Parkway, Escondido, CA 92025, (760) 739-3000, FAX: (760) 739-3108

A Facility of Palomar Pomerado Health System, A California Hospital District

call back - drop tank positive shut off



Tri-STATE
— ENVIRONMENTAL

CA. LIC. #A738065

Palomar Medical Center
555 E. Valley Parkway
Escondido, Ca. 92025
Attn: John Schrieber
REF: site reinspection (overfill protection)

Nov. 19, 1998

Dear Mr. Schrieber,

Per my visit to your facility of 11/18/98, please find below my findings in reference to the reinspection of your Underground Fuel Storage Tanks. To determine if overfill protection was installed.

Tank #1-10,000 Gal. Diesel Tank

Overfill protection device is present

Tank #2- 3,000 Gal. Diesel Tank

Overfill protection device is present

If you should have any questions concerning the above findings, please feel free to contact me at 1-800-460-8349. It has been a pleasure doing business with you this year, and we look forward to hearing from you in the future.

Thank You,


Ed McKee
Tri-State Environmental

*Positive shut off
~~drops~~ at 95% in fill pipe.
per Greg from (TSE) JW
12/7/98*



COUNTY OF SAN DIEGO

Page 1 of 1

9/28 - Inc
To Field W

EST. NO. H H14230
DATE 9-14-98
TIME START/END 4:30
BUS. CODE K
SPECIALIST Todd Walsh
CONTACT TINA REITSMAN
TITLE _____
PHONE _____

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomas Medical Center
ADDRESS 555 E. Valley Parkway
CITY/ZIP Escondido, 92025

On the above date an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only

Follow up to Ethylene Oxide release.

Please provide this department a follow up report on the 9/6/98 release of ethylene oxide on the first floor.

Please address the following:

- Describe in detail the incident of what happened, how & why.
- Address control measures to prevent a future release.
- Address maintenance schedules, training & preventive measures.
- Was OSHA notified of the incident, & when. (NAME of contacted person).

Submit report to my attention within 15 days.

OK

Signature of Business Representative

9/14/98

Date Signed

ASST PLNT SUPT

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 129261, San Diego, CA, 92112-9261

(619) 338-2222

9-14-98

Description of incident from plant engineers & representative from Cohr Inc.

- 1) Release number one occurred on a hand tight fitting on the "B" supply tank. Fitting was not tight enough.
- 2) Second leak occurred on a supply tank on a hand tight fitting where there was corrosion on a brass fitting.

- Cohr maintenance people were on site on this date servicing equipment.
- Estimate amount of released F.O. gas was less than 2 pound.

Thalsh



H14230

RECEIVED

SEP 28 11 01 AM '98

ENVIRONMENTAL
HEALTH SERVICES

September 24, 1998

County of San Diego
Department of Environmental Health, Hazardous Materials Management Division
P.O. Box 129261
San Diego, Ca. 92112-9261

Dear Mr. Walsh

In follow up to the Compliance Inspection Report of 9-14-98 the following information is submitted for your review:

1. On 9/6/98 the ETO alarm sounded. Staff followed correct procedure and evacuated the first floor and notified the fire department of possible ETO leak. Fire Department responded per protocol and notified Hazmat to respond as well.
2. ETO alarms had cleared, tanks were shut down and no leak was detected. Upon further investigation a trace leak at the hand fitting on the supply tank was found. The small amount of ETO that was released was contained in the storage room which is under negative pressure. No exposures occurred as the control systems operated as designed. The fittings were cleaned and the system checked for any other possible leaks.
3. The ETO sterilizer and control system receives quarterly preventative maintenance to include: vacuum leak testing, exposure leak testing, functional checks, calibration, checks of vacuum and sterilant levels and checks of acid scrubber levels. The roof exhaust fan is cleaned and checked for operation on a quarterly basis. Monitors and alarms are tested to verify visual and auditory functions monthly. San Diego Air Pollution Control District performs annual source testing.
4. In an effort to eliminate future alarm situations we have updated the preventative maintenance procedure to include; cleaning and testing of all valves during supply and recovery tank changes. Leak tests will be performed after each tank replacement and bi-weekly under pressure.
5. Staff are trained on the proper handling and use of the ETO sterilizers and control system. Staff receive training in safe working practices, evacuation and notifications procedures upon hire and annually thereafter. An exposure badge monitoring program is on going and results are reported to staff and the hospital Safety Committee. Any change in procedure is communicated to the staff via e-mail, written procedures, and/or formal training.



6. OSHA was not notified of the incident as there was not an actual ETO exposure. The ETO alarm sounded (per system design) and the control measures functioned as designed allowing for containment of the leak through negative pressure and exhausting to the roof.
7. It is apparent that Palomar Medical Center needs to re-evaluate current procedures to determine whether or not it is necessary to notify outside agencies each time an alarm is sounded. The sounding of an alarm does not necessarily mean that an ETO exposure is occurring. We are also evaluating the possibility of upgrading the controls and monitors to further decrease the possibility of an ETO release.

Please contact me at 739-3186 should you have any further questions.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Tina Reitsma'.

Tina Reitsma, Director
Facilities Operations



EST. NO. H 14230
DATE 4-15-98
TIME START 2:45 END 5:05
BUS. CODE K65
SPECIALIST Todd WALSH
CONTACT TINA REITSMAN
TITLE Director ops
PHONE 739-3000

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center
ADDRESS 555 E. Valley Pkwy
CITY/ZIP Escondido, 92025

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

APR 22 1998

Handwritten initials and date: JLR 5/13/98 M

Routine inspection

- 1) Observed blue copy of waste document (# 96545964) not sent to DTSC as required. Corrective action, within 3 days send copy to DTSC.
2) Observed several 55 gallon blue plastic drums of alcohol/acetone etc. not properly bonded & grounded as required. Corrective action, all containers storing ignitable waste must be bonded & grounded. Contact the fire dept. for requirements. Containers closed during inspection.
3) Observed the wrong warning sign on all floors where infectious waste is stored. Corrective action, within 10 days post all medical waste storage areas with the correct signs in English & Spanish.
4) Observed 2 orange bags used for medical waste on 3rd floor pathology dept. Corrective action, immediately cease using orange bags & only use approved red bags for medical waste.

Signature of Business Representative

4-15-98

Date Signed

Signature of Inspector

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

SUPPLEMENTAL INSPECTION REPORT

EST. NUMBER H 14230

DATE 4/15/98

PAGE 2 OF 5

Office Use Only

BUSINESS ADDRESS: 555 Valley PK ZIP CODE: 92025

- 5) Medical Waste Management Plan (MWMP) not updated yearly as required. Corrective action complete to MWMP & sent to my attention within 10 days.
- 6) No waste receipts were available for pharmaceutical waste to document proper disposal of waste. Corrective action, immediately obtain documentation for proper disposal of this waste. Haulers must be registered to remove waste from on-site.
- 7) Observed 4-5 gallon containers of fire waste stored & not properly labeled. Corrective action, do not store fire waste for long periods of time before processing. If stored on site, affix waste labels to containers.

Notes

- Waste labels & pharmaceutical waste was stored & labeled properly during inspection
- Be advised piping upgrades need to be completed for corrosion protection by 12/98.
- Lead waste from foundry must be managed & disposed of properly. Any excess must be managed as hazardous waste.

[Signature]

Signature of Business Representative

4-15-98

Date Signed

[Signature]

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



COUNTY OF SAN DIEGO

EST. NUMBER H 14230
DATE 4 15 198
PAGE 3 OF 5

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

R ⁴ B

BUSINESS ADDRESS: 555 E. Valley Py ZIP CODE: 92025

- generates information must be on all yellow bags - OK TW.
 - B.P. certifications received during inspection.
 - fill out entire label on Asbestos labels: missing physical state & Hazardous properties.
- [phone conversation w/ Jim Neal indicated 550 used oil tank is single wall piping TW 4/98]

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

EST. NUMBER H 14230

MEDICAL WASTE GENERATOR REQUIREMENTS

DATE 4-15-98

PAGE 5 OF 5

BUSINESS ADDRESS: 555 E. Valley Parkway ZIP: 92025

VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al. and 66262.10 et. al. All violations must be corrected. Please call (619) 338-2222 or your Inspector if you have any questions.

GENERAL REQUIREMENTS:

- [] An Environmental Health Permit as a medical waste generator has not been obtained. 68.1203, 68.1204, and 117705 V4001 W
[] Unlawful disposal of untreated medical waste to an unauthorized point. 118340 V4002 W
[] Improper treatment of medical waste using an unapproved method or procedure. 118215 V4003 W
[] Medical SOLID WASTE is not stored in a locked trash receptacle or enclosure so as to deny access to unauthorized persons. 68.1202 V4004 W
[] Improper clipping or cutting of sharps waste at the point of generation. 68.1205 V4005 W
[] Medical waste was not separated from other waste at the point of origin. 118275 V4006 W
[] Generator has not maintained reusable containers/bins for medical waste storage in a clean and sanitary manner. 118295 and 118305 V4007 W
[] Storage time exceeded for frozen medical waste, e.g. greater than 90 days. 118280 V4008 W
[] Generator did not clean-up a leak or spill of medical waste in an approved manner. 118300 V4009 W
[] Generator has not secured the enclosure or designated accumulation area for medical waste containers so as to deny access to unauthorized persons. 118310 V4010 W
[X] Operator did not post an approved and legible biohazardous waste "warning sign" in English and Spanish at the waste storage area(s). 118310 V4011 W
[X] Generator did not store medical waste in approved and properly marked red bags (non-sharps). 118275 V4012 W
[] Did not place a label with the generator's name, address, and phone number on the outside of the red bag and/or sharps container. 68.1201 and 68.1205 V4013 W
[] Generator did not store sharps waste in approved and properly marked sharps container. 118275 V4014 W
[] Transportation of medical waste without State Hauler Registration or without a limited-quantity hauling exemption from County HMMD. 118025 V4015 W
[] Generator did not have standardized written operating procedures for a steam sterilizer available onsite. 118215 V4016 W
[] Did not have recording thermometer checked for calibration annually. 118215 V4017 W
[] Generator did not maintain records of thermometer calibration checks for at least 3 years. 118215 V4018 W
[] Operator did not use heat-sensitive tape or other approved method for each load of medical waste treated onsite. 118215 V4019 W
[] Need to use a biological indicator or other approved method at least once a month to confirm proper disinfection conditions. 118215 V4020 W
[] Must tie-off red bags to prevent leakage or expulsion of contents during handling and storage. 118280 V4021 W
[] Did not containerize and place red bags in rigid, leak resistant, and covered containers or bins. 118280 V4022 W
[] Must have waste container/bin labeled on the lid and side so as to be clearly visible. 118280 V4023 W
[] Did not tape closed or tightly-lid a full sharps container ready for disposal, to preclude loss of contents. 118285 V4024 W

SMALL QUANTITY GENERATOR REQUIREMENTS: (<200 pounds per month of waste)

- OK [X] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement) 68.1206 and 117935 V4025 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117943 V4026 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 2 years. 117945 V4027 W
[] Need to apply for and receive a limited-quantity hauling exemption for "self-hauled" medical waste (<20 pounds of waste per week). 118030 and 118025 V4028 W
[] Did not renew a limited-quantity hauling exemption annually. 118030 V4029 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperatures (for >20 pounds/month generator). 118285 V4030 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature (>20 pounds/month generator). 118280 V4031 W
[] Very small quantity generator (e.g., <20 pounds per month) improperly storing waste for greater than 30 days onsite at room temperature. 118280 V4032 W

- [] Maximum holding time exceeded for non-putrescible medical waste, e.g. greater than 180 days. 68.1203 V4033 W

LARGE QUANTITY WASTE GENERATORS: (>= 200 pounds of waste in a month)

- [X] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement) 117960 and 68.1206 V4034 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117975 V4035 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 3 years. 117975 V4036 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperature. 118285 V4037 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature. 118280 V4038 W

PATHOLOGY WASTE AND CHEMOTHERAPY WASTE HANDLING:

- [] Did not segregate chemotherapy waste from other medical waste. 118275 V4039 W
[] Generator did not label container holding chemotherapy waste with the words "chemotherapy waste" or other approved markings on the lid and sides. 118275 V4040 W
[] Did not segregate pathology waste from other medical waste. 118275 V4041 W
[] Generator did not label container holding pathology waste with the words "pathology waste" or other approved markings on the lid and side. 118275 V4042 W
[] Unlawful disposal of pathology waste or chemotherapy waste to an unauthorized point. 118340 V4043 W

PHARMACEUTICAL WASTE HANDLING:

- [] Generator did not segregate pharmaceutical waste from other medical waste. 118275g V4044 W
[] Generator did not label container holding pharmaceutical waste with the words "incineration only" or other approved markings on the lid and side. 118275g V4045 W
[] Storage time exceeded for pharmaceutical waste, e.g. more than 90 days. (> 10 pounds per calendar year generated) 118280e V4046 W
[] Very small quantity generator of pharmaceutical waste (e.g. <10 pounds waste /calendar year) improperly storing waste for longer than one year. 118280e V4047 W
[] Unlawful disposal of pharmaceutical waste to an unauthorized point. 118340 and 118222 V4048 W

ONSITE MEDICAL WASTE TREATMENT FACILITY REQUIREMENTS:

- [] Operator has not obtained an onsite medical waste treatment permit from the County. 117950, 118130, 118155, and CCR 65620 V4049 W
[] Must maintain an updated and complete copy of the medical waste treatment permit onsite and available for review. CCR 65621(f), 65623, 118165, and 118180 V4050 W
[] Did not comply with a condition of the medical waste treatment permit issued by the County. CCR 65623 V4051 W

PHOTOCHEMICAL and HAZARDOUS WASTE MGMT. AND DISPOSAL:

- [] Illegal disposal of photoprocessing/ hazardous waste to the sewer, trash, etc. 25189.5 PHARMAC. V4052 W
[X] Generator has not maintained waste disposal records, e.g. manifests/milk-run receipts, onsite for 3 years. 66262.40 V4053 W
[] Generator has not obtained an EPA Identification Number from the State DTSC for hazardous waste generation, e.g. photoprocessing/hazardous waste. 66262.12 V4054 W
[X] Generator did not properly label the container holding hazardous waste. 66262.34 V4055 W
[] Generator did not maintain the container holding hazardous waste tightly closed except when adding or removing waste. 66265.173 V4056 W
[] Generator did not submit a notification to the County prior to treating photochemical waste onsite (e.g. >10 gallons/month; tiered permitting). 25201.5 V4057 W

Signature of Establishment Representative: Lisa Rector

DATE SIGNED: 4-15-98 TITLE: Dir Fac OPS



COUNTY OF SAN DIEGO

EST. NUMBER H 14230

COMPLIANCE INSPECTION REPORT

DATE 4 15 198

PAGE 4 OF 5

BUSINESS ADDRESS: 555 E. Valley Pkwy

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

- 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
- 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
- Ignitable Waste less than 50 feet 66265.176 V0214 W
- Ignitable 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

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

III HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS:

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 HMMMD 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

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 HMMMD 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 HMMMD 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

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.

Line Reiter

ESTABLISHMENT REPRESENTATIVE

4-15-88

DATE SIGNED

Jin Fac OR

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

From: Karl Halbritter
To: Pam Jackson
Date: Tue, May 19, 1998 12:44 PM
Subject: Re: Fwd: PAT LYNCH 760-737-2050

standing by...

>>> Pam Jackson 05/15 11:25 AM >>>

I have followed up w/ Pat are here are the key issues:

Bottom Line: The Elizabeth Hospice will not need a permit w/ us in the following info is true and information is provided to HMMD:

INFO FROM PAT:

1. The Elizabeth Hospice is an affiliate of Palomar Hosp. The employees of Eliz. Hosp. are hired by Palomar Hosp and work for the hospital.
2. Her nurses generate few needles and she can implement requirement for them to transport needles same day of generation to Palomar Hosp.
(Section of HSC to reference: 118030(a)(1)(C) allows for large quan. generators to obtain an LQHE)

REQUESTED INFO FOR PAT to PROVIDE TO ME:

- A. Letter from Palomar human resources that Hospice staff are employees of the hospital.
 - B. Copy of current MWMP for the Hospital (including their nurses MW volume)
 - C. LQHE applic from the Hospital that adds Pat's nurses to the list of staff hauling waste
 - D. Copy of written procedures for how Hospice nurses will handle MW generated by them.
- then we of course discussed the caviots of no MW generated or stored at the Hospice, nurses must carry proper paperwork for LQHE activities w/ them.....etc.
Pat will send this info to me. I will forward to you Mary for Todd and will also let Karl know so that if a bill needs to be generated for changes to the LQHE, it can be done. stay tuned!!

The



Elizabeth Hospice

RECEIVED

SERVING THE COMMUNITIES OF NORTH SAN DIEGO AND SOUTHERN RIVERSIDE COUNTIES

MAY 29 11:41 AM '98

ENVIRONMENTAL
HEALTH SERVICES

May 26, 1998

Dear Pam,

Enclosed is a copy of the letter from Human Resources, Palomar Medical Center's Biomedical Waste Management Plan, the Request for Limited Quantity Hauling Exemption For Medical Waste, and our procedure for transporting that you requested.

The plan from Palomar Medical Center is up to date as of April 1998. It is a computerized document but is exact in nature to the copy of the one you sent. We do utilize the same Tracking Document For Medical Waste that you provided as a SAMPLE.

Thank you for the time you spent in helping us get this in place so that we are in compliance. Please let me know if you need anything else at this time.

Sincerely,

Pat Lynch, RN
Coordinator of Education, Safety Officer

Also left voice mail w/ Pat that info will be forwarded to local inspector.



May 15, 1998

Pam Jackson
Department of Environmental Health
338 Via Vera Cruz, San Marcos
PO Box 129261
San Diego, Ca 92119-9261

Dear Ms. Jackson:

This letter is formal documentation that the employees of The Elizabeth Hospice are in fact employees of Palomar Pomerado Health System.

Sincerely,

Holly Wimer
Director Human Resources

HW/jlf

OFFICE USE ONLY:

1-Update 2-Add

H14230 06/09/84
PALOMAR MEMORIAL HOSPITAL
550 E GRAND AV
ESCONDIDO CA 92025

429K57

INFECTIOUS WASTE APPLICATION
PERMIT APPLICATION

If information at left is correct, skip to item #A3.
If corrections are necessary, complete #A1 and #A2.

Logged slm
RECEIVED
AUG 2 1984
17800

SECTION A

A1. ESTABLISHMENT NAME
7 _____ 36

A2. MAILING ADDRESS STREET NUMBER CITY STREET DIRECTION (N,S,E,W) STATE ZIP CODE CITY BLDG/PLANT NO
37 _____ 44 _____ 45 46 _____ 47 _____ 66
67 _____ 81 _____ 82 83 _____ 84 _____ 88 _____ 93 _____ 96

A3. ESTABLISHMENT PHONE 4894753 97 _____ 103
A4. CONTACT PERSON DOUG KUNSMAN 104 _____ 123

A5. ESTABLISHMENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) STREET NUMBER CITY STREET DIRECTION (N,S,E,W) STATE ZIP CODE CITY BLDG/PLANT NO
7 _____ 14 _____ 15 16 _____ 17 _____ 36
37 _____ 51 _____ 52 53 _____ 54 _____ 58 _____ 63 _____ 66

A6. OWNER NAME PALOMAR POMERADO 67 HOSPITAL DISTRICT 86
A7. OWNER PHONE _____ 87 _____ 96

A8. NAME OF PREVIOUS OWNER _____ 97 _____ 116
A9. DATE YOU STARTED OR ASSUMED BUSINESS MO DAY YR _____ 5 0 _____ 117 _____ 122

A10. REASON FOR APPLICATION 1 = New 2 = Re-Open 3 = Change of Owner
7 _____
A11. TOTAL NUMBER OF EMPLOYEES 100 8 _____ 11

A12. DO YOU HAVE PERMITS FOR ANY OF THE FOLLOWING:
AIR POLLUTION CONTROL DISTRICT YES NO
SEWER DISTRICT (FOR INDUSTRIAL WASTES) YES NO
HAZARDOUS WASTE FACILITY YES NO
HAZARDOUS WASTE HAULER REGISTRATION YES NO
REGIONAL WATER QUALITY CONTROL BOARD YES NO

FOR OFFICE USE ONLY

12 _____ 16
17 _____ 22
23 _____ 34
35 _____ 38
39 _____

SEE REVERSE SIDE

OFFICE USE ONLY

SIC 1 _____ 52 _____ 55 SIC 2 _____ 56 _____ 59 CENSUS TRACT _____ 68 INC CODE _____ 74 BUSINESS CODE T57 75 77 ANNUAL FEE 019500 78 83 EXPIRATION DATE 0930 84 87

DHS:HW-920 (5/84)

STATUS FIRE _____ 88 89 WATER _____ 90 91 SEWER _____ 92 93 _____ 95

County of San Diego
Department of Health Services

INFECTIOUS WASTE ESTABLISHMENT PERMIT FEE SCHEDULE	
Number of Employees	Department of Health Services Fee
19 or less	\$ 75.00
20-100	116.00
101-500	150.00
500+	<u>178.00</u>

Please circle and submit the appropriate fee with this application. Make your check or money order payable to "County of San Diego".

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 this permit and the operation of this business.

Signature x Robert J. Harenaker Title ADMINISTRATOR Date 7/24/84 Phone 489-4751

Type of Facility (check appropriate boxes)

- General Acute Care Hospitals
- Acute Psychiatric Hospitals
- Skilled Nursing Facilities
- Intermediate Care Facilities
- Intermediate Care Facilities for the Developmentally Disabled
- Primary Care Clinics
- Surgical Clinics
- Chronic Dialysis Clinics
- ? Infectious Waste Treatment, Storage, Disposal Facility
- Laboratories or other facilities that generate cultures which contain viable etiologic agents.
- Any other facility that generates greater than 100 kilograms/month of infectious waste. (Describe type of facility; e.g., medical laboratory, blood bank, etc.) _____

PLEASE USE THE ENCLOSED PRE-ADDRESSED RETURN ENVELOPE.



COUNTY OF SAN DIEGO

NOTICE OF VIOLATION

PAGE 1 OF 4	DATE 11/5/2014
PERMIT #	DEH2002-HUPFP-114230
TIME START	8:30 am END
SPECIALIST	Michelle Chairs
INSPECTION CONTACT	Steve Fox
TITLE	Facilities Manager
PHONE	760-644-7125

FACILITY NAME Palomar Health Downtown Campus
 ADDRESS 555 E Valley Parkway
 CITY/ZIP Escondido / 92025
 OWNER'S NAME Palomar Pomerado Health Systems
 OWNER'S ADDRESS 555 E Valley Parkway

PHONE 760-739-3549
 CITY/ZIP Escondido / 92025

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). The following statements describe significant violations. This notice requires a formal written response and corrective action within the times specified.

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

Consent to inspect granted by: Inspection Contact Other: _____

NOTICE OF VIOLATION

ROUTINE INSPECTION – FINAL INSPECTION REPORT

A Routine Inspection was performed with Scott Foster - Lead Engineer and Steve Fox - Facility Manager with Palomar Hospital on 11/5/2014. A Notice of Violation is being issued for uncorrected violations cited during the last HMD inspection dated 10/09/2013 and continued recalcitrant violations cited during this inspection. The following violations will require corrective action within 30 days to avoid additional enforcement action.

If a re-inspection is required to determine compliance, you will be charged a re-inspection fee of \$228. The HMD may initiate formal enforcement actions including the imposition of substantial penalties for any significant violations. Violations that are not promptly corrected will result in liability for additional days in violation and additional penalties. Any failure to provide the information requested will also be a factor in determining penalties. For these purposes, "significant violations" include violations that represent a significant threat to human health or safety or the environment, chronic violations, violations committed by a recalcitrant violator and Class I hazardous waste violations (CCR 66260.10 and H&SC 25110.8.5).

Consent was obtained by Steve Fox - facility representative, to perform inspection. HMD UPFP fees were due by 9/30/2014 and fees owed for 2014 are \$5,772, which do not include late fee penalties.

Palomar Health Downtown Campus is a full service 319 bed acute care medical center. The Palomar Health Downtown Campus specializes in women's, children's, rehabilitation, and behavioral health services. The facility also provides a 24 hour Standby Emergency

◀ Specialist should verify the identification of facility representative using a standard form of ID (e.g., CDL#, CA ID# or DOB). ▶

PRINTED NAME OF FACILITY REPRESENTATIVE <u>Steve Fox</u>	DATE SIGNED <u>11 / 18 / 14</u>
SIGNATURE OF FACILITY REPRESENTATIVE <u>[Signature]</u>	TITLE OF FACILITY REPRESENTATIVE <u>Facility Manager</u>
X SIGNATURE OF ENVIRONMENTAL HEALTH SPECIALIST <u>Michelle Chairs</u>	DATE SIGNED <u>11 / 18 / 14</u>

You must submit a written response within 30 days (or as specified) addressing all violations noted. The written response must demonstrate all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. The County may initiate formal enforcement action including the imposition of substantial penalties for any significant violations addressed in this notice. Any violations that are not promptly corrected will result in liability for additional days in violation and additional penalties. Any failure to provide the information requested will also be a factor in determining penalties. For these purposes, "significant violations" include violations that represent a significant threat to human health or safety or the environment, chronic violations, violations committed by a recalcitrant violator and Class I hazardous waste violations (CCR 66260.10 and H&SC 25110.8.5).

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
 Phone: (858) 505-6880 <http://www.sdcdelh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # DEH2002-HUPFP-114230

DATE 11/5/2014

PAGE 2 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

Department. Medical and surgical services offered at this facility include: Birth Center and Neonatal Intensive Care Unit; Pediatric Care Unit (in partnership with Rady's Children's Hospital); Oncology Treatment; Stereotactic Radiosurgery; Rehabilitation Services; and Center for Behavioral Health.

The facility manages (2) underground storage tanks (3,000 & 10,000 gal. capacities) storing diesel fuel for their electrical back-up generators, boiler treatment chemicals, various compressed gases, pharmaceutical and medical wastes, chemotherapy wastes, pathogen waste, laboratory hazardous waste, medical solid waste, and facility maintenance waste. Facility is a small quantity generator (SQG) of hazardous waste and a large quantity generator (LQG) of medical waste.

Stericycle is used for disposal of biohazardous red bag, sharps, laboratory, pharmaceutical, chemotherapy, and medical solid wastes. EXP Pharmaceutical Services Corporation is used for reverse distribution of expired pharmaceuticals.

A routine UST monitoring system certification was conducted during this inspection and was due by 10/09/2014. The last secondary containment 989 testing was performed and passed on 05/01/2013 (and was due by 10/16/2012) and the next testing is due by 10/16/2015 (or during the annual monitoring inspection). The UST monitoring certification was performed by Sunwest Engineering Constructors - Paul McLane, Tech #A27638 exp. 12/02/2014, ICC UST System Operator #8191873 exp. 01/24/2015.

UST Employee Training was last performed on 02/27/2014.

This inspection covered the following CUPA elements: hazardous waste, hazardous materials business plan (HMBP), underground storage tank (UST), and medical waste management. Palomar Health Downtown Campus is below the reporting threshold for the Aboveground Petroleum Storage Act (APSA) regulation requirements.

Applicable Violation Checklists and a Return to Compliance form was provided at the end of inspection.

The following violations were observed during 11/05/2014 inspection.

1. HMD UPFP fees were due by 9/30/2014 and fees owed for 2014 are \$5,772, which do not include late fee penalties.

VIOLATION 3101/4201/1001/0131 - UPF Permit has expired for management of USTs, Hazardous Materials, Hazardous Waste, and Medical Waste. 25284; 68.905, 68.1003, 68.1005; 117705. NOTICE TO COMPLY - Submit, within 30 days to my attention, document showing evidence of payment of UPFP fees.

Summary of Underground Storage Tank Violations:

2. VIOLATION 3102 - Current Operating Permit not available at facility. 25284(a), 25286(a), 2712(i); 68.1003

OBSERVATION: The Underground Storage Tank Operating Permit, renewed every 5 years when compliance is verified expired on 12/11/2013, and has not been renewed because this facility has failed to accurately report underground storage tank information in CERS. NOTICE TO COMPLY - Facility needs to submit evidence of return to compliance for all violations cited within 30 days, for UST Operating Permit to be re-issued.

3. VIOLATION 3107 - Rescinded.

Signature of Facility Representative: [Signature]
HM-9110-E (09/13) White: HMD Copy Yellow: Facility Copy

DATE SIGNED: 11/18/14
DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

TITLE OF FACILITY REPRESENTATIVE: Facility Manager



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # DEH2002-HUPFP-114230
DATE 11/5/2014
PAGE 3 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

Handwritten note: UST MONITORING PROCEDURES IN CERS

3) VIOLATION 3107 - Operator of underground storage tank has not maintained or submitted a Plot Plan for the UST(s) monitoring system. 2711(a)(8).

OBSERVATION: At the time of this inspection, facility had submitted some UST information in CERS, however, various fields were missing in the monitoring plan for both USTs. This is a repeat violation from previous inspections, requesting that accurate information be submitted through CERS.

NOTICE TO COMPLY - Submit thru CERS within 30 days, an uploaded UST response plan and corrected UST monitoring plans to be processed by HMD.

5. VIOLATION 3191 - Designated Operator (DO) Notification/Change form not submitted to HMD. 2715(a)(b).

OBSERVATION: Facility has changed their designated operator to Sunwest Engineering Constructors and a DO form with current information was not available on site or submitted thru CERS.

NOTICE TO COMPLY - Submit thru CERS within 30 days, for information to be processed by HMD.

Summary of Hazardous Materials Violations:

6. VIOLATION 1004 - Complete HMBP not submitted to the CUPA in CERS. 25508
OBSERVATION: On 10/15/2014, facility submitted a Hazardous Materials Business Plan that was incomplete; the chemical inventory/hazardous waste forms were submitted but a consolidated emergency training/response plan, and current site map were not uploaded into the CERS system. This is a repeat violation from previous inspections.
NOTICE TO COMPLY - Within 30 days, submit to my attention, a complete CERS submittal, for my review to return to compliance.

Summary of Hazardous Waste Violations:

7. VIOLATION 0221 - Failed to comply with satellite regulations. 66262.34(e)
8. VIOLATION 0225 - Hazardous waste is stored in excess of allowable time period without a State permit or written variance (SQG). CCR 66262.34, CFR 262.34
12. VIOLATION 0227 - Hazardous waste container and/or tank are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34(a)(2), 66262.34(a)(3), 66262.34(f)
OBSERVATION: During the walk-through inspection, 3 - 5 gallon containers storing RCRA bulk chemo waste; 1 dated 07/19/2013 & 2 dated 11/26/2012 located in caged outside storage area were observed, therefore not complying with qualifying criteria for satellite accumulation by exceeding the maximum storage time of 1 year. There was also missing hazardous categories on the hazardous waste (hw) labels. This is a repeat violation from previous inspections for hw containers stored in the outside hw storage cage.
NOTICE TO COMPLY - Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste. Dispose of hazardous waste at least annually for satellite accumulation areas. Submit to my attention, within 30 days, evidence of return to compliance.

9. VIOLATION 0407 - Employee training program not adequate. CFR 262.34(d)(5)(iii)
OBSERVATION: Facility has failed to adequately train employees in proper management of hazardous waste) which includes labeling and disposal in accordance with regulatory requirements. This is a repeat violation from previous inspections.
NOTICE TO COMPLY - Provide required training and maintain records documenting training topics, attendance, and dates to verify compliance. Submit evidence of compliance to my

Signature of Facility Representative: Steve Fe
Date Signed: 11/18/14
Title of Facility Representative: Facility Manager
White: HMD Copy Yellow: Facility Copy
DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # DEH2002-HUPFP-114230

DATE 11/5/2014

PAGE 4 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

attention within 30 days.

Summary of Medical Waste Violations:

10. VIOLATION 4219 - Medical waste (MW) interim storage area not marked with warning sign or a biohazard symbol legible from 5 feet. 118307, 188310

OBSERVATION: During walk-through inspection of hospital, it was observed that facility failed to post an approved biohazardous waste "warning" sign in the designated storage of their biohazardous waste (Rm. 542).

NOTICE TO COMPLY - Obtain and post required signage. Submit evidence of return to compliance to my attention within 30 days.

11. VIOLATION 4402 - Chemo waste container not properly labeled. 118275

OBSERVATION: During walk-through inspection of hospital, it was observed that all containers storing chemo waste, did not have legible 'Chemo' labeling.

NOTICE TO COMPLY - Label Chemo waste immediately with the words "Chemotherapy Waste", or "CHEMO" on the lid and on the sides, so as to be visible from any lateral direction, to ensure proper treatment of the waste. Submit evidence of return to compliance to my attention within 30 days.

Summary of attachments provided:

- Corrective Action Form to Document Return to Compliance

Applicable Violation Checklists were provided to facility at the end of the 11/05/2014. Assistance with CERS was also provided during inspection.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 151 E. Carmel Street PHONE (760)940-2870 San Marcos, CA 92078 FAX (760)940-2925

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

TITLE OF FACILITY REPRESENTATIVE

HM-9110-E (09/13)

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE <u>1</u> OF <u>5</u> DATE <u>11/5/2014</u>
RECORD ID # <u>DEH2002-HUPFP-114230</u>
TIME START <u>08:30am</u> END _____
SPECIALIST <u>Michelle Chairs</u>
INSPECTION CONTACT <u>Scott Foster</u>
TITLE <u>Lead Engineer</u>
PHONE <u>760-644-7125</u>

FACILITY NAME Palomar Health Downtown Campus
 ADDRESS 555 E Valley Parkway
 CITY/ZIP Escondido / 92025

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). **This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6.** This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y*	N/A*	NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.		Y*	N/A*	Permit Expires on: <u>9/30/2014</u>
<input type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training records available
<input type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal waste managed properly
<input type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers <input type="checkbox"/> closed <input type="checkbox"/> labeled
<input type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition
<input type="checkbox"/>	<input type="checkbox"/>	Chemical inventory/map current <input type="checkbox"/> Updated today		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Consent to inspect granted by: Inspection Contact Other: _____

The Summary of Violations provided today may not be the final report. If a final report is necessary, it will detail the violations observed during the facility inspection and will be issued within five (5) days. For multi-day inspections, a summary of violations will be issued at the end of the inspection.

ROUTINE INSPECTION

Routine Inspection was performed with Scott Foster - Lead Engineer and Steve Fox - Facility Manager with Palomar Hospital.

Consent was obtained by Steve Fox - facility representative, to perform inspection. HMD UPFP fees were due by 9/30/2014 and fees owed for 2014 are \$5,772, which do not include late fee penalties.

Photographs will be taken with consent from the facility representative if needed.

Palomar Health Downtown Campus is a full service 319 bed acute care medical center. The Palomar Health Downtown Campus specializes in women's, children's, rehabilitation, and behavioral health services. The facility also provides a Standby Emergency Department for all your non-life threatening medical needs 24 hours a day, 7 days a week. Medical and surgical services offered at this facility include: Birth Center and Neonatal Intensive Care Unit; Pediatric Care Unit (in partnership with Rady's Children's Hospital); Oncology Treatment; Stereotactic Radiosurgery; Rehabilitation Services; and Center for Behavioral Health.

The facility manages (2) underground storage tanks (3,000 & 10,000 gal. capacities) storing diesel fuel for their electrical back-up generators, boiler treatment chemicals, various

The Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is required by law to be certified online through the California Environmental Reporting System (CERS). For additional information about hazardous materials business plans and CERS, go to: <http://www.sdcounty.ca.gov/deh/hazmat/hmd-cers-info.html>

PRINTED NAME OF FACILITY REPRESENTATIVE

DATE SIGNED

Steve Fox

11, 5, 14

SIGNATURE OF FACILITY REPRESENTATIVE

TITLE OF FACILITY REPRESENTATIVE

X [Signature]

Facility Manager

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (858) 505-6880 <http://www.sdcedeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # DEH2002-HUPFP-114230

DATE 11/5/2014

PAGE 2 OF 5

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

compressed gases, pharmaceutical and medical wastes, chemotherapy wastes, pathogen waste, laboratory hazardous waste, medical solid waste, and facility maintenance waste. Facility is a small quantity generator (SQG) of hazardous waste and a large quantity generator (LQG) of medical waste.

Stericycle is used for disposal of biohazardous red bag, sharps, laboratory, pharmaceutical, chemotherapy, and medical solid wastes. EXP Pharmaceutical Services Corporation is used for reverse distribution of expired pharmaceuticals.

A routine UST monitoring system certification was conducted during this inspection and was due by 10/09/2014. The last secondary containment 989 testing was performed and passed on 05/01/2013 (and was due by 10/16/2012) and the next testing is due by 10/16/2015 (or during the annual monitoring inspection). The UST monitoring certification was performed by Sunwest Engineering Constructors - Paul Melane Tech #A27638 exp. 12/2/2014, ICC UST System Operator 8191873 exp 1/24/2015.

This inspection covers the following CUPA elements: hazardous waste, hazardous materials business plan (HMBP), underground storage tank (UST), and medical waste management. Palomar Health Downtown Campus is below the reporting threshold for the Aboveground Petroleum Storage Act (APSA) regulation requirements.

Applicable Violation Checklists and a Return to Compliance form was provided at the end of inspection.

The following is a Notice to Comply for the violations observed.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 151 E. Carmel Street PHONE (760)940-2870 San Marcos, CA 92078 FAX (760)940-2925

Signature of Facility Representative

11/5/14

Facility Manager

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

TITLE OF FACILITY REPRESENTATIVE

HM-9110-E (03/11)

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 114230DATE: 11/05/2014PAGE: 3 OF 5BUSINESS ADDRESS: 555 E Valley Parkway, EscondidoZIP: 92025

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
1	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	
2	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102	✓		Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			Monitoring Cert. not submitted to CUPA w/ 30 days. 2638(d)	3161	
	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105			Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Owner/operator agreement not available/ completed/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
3	Monitoring procedures not available/completed/ submitted to HMD. 2632(b)&(d), 2634(d), 2641(h), 2711(a)(9)	3107	✓		Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
	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	
4	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	
5	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

#	VIOLATION DESCRIPTION	TANK #					
		PRODUCT					
		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				
	Inused tank not properly closed. Permanent closure requirements not met. 25298, 2672		3324				

[Signature]
Signature of Business Representative

11/5/14
Date Signed

[Signature]
Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Small and Large Quantity Generators of Hazardous Waste

RECORD ID # DEH2002-HUPFP-114230

DATE 11/05/2014

PAGE 4 of 5

FACILITY ADDRESS: 555 E Valley Parkway, Escondido

ZIP: 92025

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
1	<input checked="" type="checkbox"/>	1001 UPF permit not obtained for hazardous materials. SDCC 68.905
	<input type="checkbox"/>	1002 Hazardous Materials Business Plan (HMBP) not established/implemented in CERS. 25507
10	<input checked="" type="checkbox"/>	1004 HMBP not submitted to the CUPA in CERS. 25508
	<input type="checkbox"/>	1005 Emergency contact not provided or current. 25506(a)(7) &/or 25508.1(f)
	<input type="checkbox"/>	1007 Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
	<input type="checkbox"/>	1008 Did not submit annual carcinogen/reproductive toxin list. 68.1113(c)
	<input type="checkbox"/>	1009 Site map is not sufficient or complete. 25505(a)(2)
	<input type="checkbox"/>	1010 Did not report release or threatened release. 25510, 19 CCR 2703
	<input type="checkbox"/>	1012 SPCC Plan not prepared. 25270.3 & 25270.4.5(a)
	<input type="checkbox"/>	1014 HMBP is incomplete/inadequate/not amended to reflect changes. 25505, 25506, 25508, 25508.1 &/or 19 CCR 2729 & 2729.1
	<input type="checkbox"/>	1015 Did not have adequate employee training program 2732 &/or 25505(a)(4)
	<input type="checkbox"/>	1016 Failed to have an adequate emergency response plan 25505(a)(3); 2732
	<input type="checkbox"/>	1017 Business Plan not certified in CERS at least once every 12 months. 25508.2
	<input type="checkbox"/>	1018 Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25508.1
	<input type="checkbox"/>	1019 SPCC Plan amendment not prepared within 6 months of change. 25270.4.5(a) [ref. CFR 112.1(b) & CFR 112.5]
	<input type="checkbox"/>	Failed to submit Unified Program Facility information in CERS to the CUPA for regulated activity or change of information. HSC 25508(a)(1), 25508.1 &/or SDCC 68.906; 68.909; &/or 68.908.2

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V	VIOLATION DESCRIPTION
	<input type="checkbox"/>	0214 Used oil intentionally contaminated with HW. 25250.7(a)
	<input type="checkbox"/>	0215 Used oil filters improperly managed. 66266.130
	<input type="checkbox"/>	0216 Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
	<input type="checkbox"/>	0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	<input type="checkbox"/>	0218 Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> used fuel filters. 25250.22 & 66266.130(c)(3)
	<input type="checkbox"/>	0219 Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	<input type="checkbox"/>	0220 Spent lead acid batteries not properly managed. 66266.81
	<input checked="" type="checkbox"/>	0221 Failed to comply with satellite regulations. 66262.34(e)
	<input type="checkbox"/>	0222 Failed to properly label ERM. 25143.9(a)
	<input type="checkbox"/>	0223 Failed to properly manage non-empty container or inner liner removed from a container. 66261.7(b), (d) &/or (f)
	<input type="checkbox"/>	0224 Failed to mark date on empty container larger than 5 gallons &/or manage it within one year. 66261.7(e) & (f)
	<input type="checkbox"/>	0237 Failed to properly dispose of UW within one year. 66273.35(a) &/or (b)
	<input type="checkbox"/>	0238 Failed to manage UW in a manner to prevent release(s) to the environment. 66273.33 & 66273.33.5
	<input type="checkbox"/>	0239 Failed to properly label or mark UW (non-CESQUWG). 66273.34

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORDKEEPING

Viol #	V	VIOLATION DESCRIPTION
7	<input checked="" type="checkbox"/>	0131 Unified Program Facility (UPF) permit not obtained. SDCC 68.905
	<input type="checkbox"/>	0132 Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
	<input type="checkbox"/>	0133 Failed to send manifest copy to DTSC. 66262.23(a)(4)
	<input type="checkbox"/>	0134 Failed to file Exception Report with DTSC. 66262.42
	<input type="checkbox"/>	0135 Failed to keep hazardous waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3), 25185(a)(4)
	<input type="checkbox"/>	0136 Did not have records of battery disposal. 66266.81(a)(4)(B)
	<input type="checkbox"/>	0137 Failed to complete manifest properly. 66262.23(a)
	<input type="checkbox"/>	0138 Manifest signed by the TSDF not available for inspection. 66262.40(a)
	<input type="checkbox"/>	0140 Failed to have LDR documentation onsite. 66268.7(a)(8)
	<input type="checkbox"/>	0141 Failed to obtain approval for TSDF. 25201(a)
	<input type="checkbox"/>	0142 Failed to notify CUPA for eligible onsite treatment. 25201(a)
	<input type="checkbox"/>	0145 ERM reporting not submitted biennially &/or available. 25143.10
	<input type="checkbox"/>	0146 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
	<input type="checkbox"/>	0147 Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. 66273.39(c) & (d)(2); 25185(a)(4)
	<input type="checkbox"/>	0148 Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
	<input type="checkbox"/>	0149 Failed to keep disposal receipts (3 years) for drained used oil filters &/or drained fuel filters. 25250.22 & 66266.130(c)(5)

DISPOSAL AND TRANSPORTATION

	<input type="checkbox"/>	0301 Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(c) or (d) or 25189.2(c)
	<input type="checkbox"/>	0302 Unlawful transportation of hazardous waste (HW). 25163(a)
	<input type="checkbox"/>	0303 Did not use HW manifest for disposal. 66262.20(a); 25160(b)(1) or (2) 25160.2(b)(9)
	<input type="checkbox"/>	0304 Failed to make a proper waste determination. 66262.11 & 66260.200(c)
	<input type="checkbox"/>	0305 Disposed of used oil illegally. 25250.5(a) & 25189.5(a) or 25189(c) or (d) or 25189.2(c)
	<input type="checkbox"/>	0306 Disposed of latex paint illegally. 25217.1
	<input type="checkbox"/>	0307 Disposed of UW to an unauthorized point. 25189.5(a) or 25189(c) or (d) or 25189.2(c); 66273.31(a)
	<input type="checkbox"/>	0308 Impermissible dilution of hazardous waste. 66268.3(a)

HAZWASTE REQUIREMENTS FOR SQGs ONLY

STORAGE AND HANDLING Pursuant to 66262.34(d)

8	<input checked="" type="checkbox"/>	0225 Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(c) & (f), &/or 25201(a) [>90 days for an AHW waste]
	<input type="checkbox"/>	0226 Did not accumulate waste in container or tank. 66262.34(d)(2)
12	<input checked="" type="checkbox"/>	0227 Failed to properly label/date hazardous waste container &/or tank, 66262.34(f)
	<input type="checkbox"/>	0228 Failed to keep container closed. CFR 265.173
	<input type="checkbox"/>	0229 Failed to conduct weekly inspections. CFR 265.174
	<input type="checkbox"/>	0230 Failed to maintain aisle space. CFR 265.35
	<input type="checkbox"/>	0231 Failed to properly separate incompatible wastes. CFR 265.177
	<input type="checkbox"/>	0232 Waste accumulated in a container in poor condition. CFR 265.171
	<input type="checkbox"/>	0233 Failed to use a lined/compatible container. CFR 265.172
	<input type="checkbox"/>	0234 Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

9	<input checked="" type="checkbox"/>	0407 Employee training program not adequate. CFR 262.34(d)(5)(iii)
	<input type="checkbox"/>	0408 Failed to post ER plan by phone. CFR 262.34(d)(5)(iii)
	<input type="checkbox"/>	0409 Spill/fire control equip not available. CFR 265.32(c)
	<input type="checkbox"/>	0410 Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
	<input type="checkbox"/>	0411 Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
	<input type="checkbox"/>	0412 Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

	<input type="checkbox"/>	1612 Hazardous waste improperly stored in a tank system causing <input type="checkbox"/> leaks, <input type="checkbox"/> corrosion, or <input type="checkbox"/> failure. CFR 265.201(b)(2)
	<input type="checkbox"/>	1613 Failed to comply with tank standards which include: two (2) feet of freeboard (where applicable), shut off for waste feed line, and daily and weekly inspections. CFR 265.201(b) & (c)
	<input type="checkbox"/>	1614 Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
	<input type="checkbox"/>	1615 Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
	<input type="checkbox"/>	1616 Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF FACILITY REPRESENTATIVE

HM-923 (04/14) NCR

DATE SIGNED

11/5/14

TITLE OF FACILITY REPRESENTATIVE

Facility Manager

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



**COUNTY OF SAN DIEGO
COMPLIANCE INSPECTION REPORT
MEDICAL WASTE GENERATORS**

PERMIT # 114230

DATE 11 / 05 / 2014

PAGE 5 OF 5

FACILITY ADDRESS: 555 E Valley Parkway, Escondido

ZIP: 92592

VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al.. 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 these forms. Please call (858) 505-6880 or your Specialist if you have any questions.

STORAGE AND LABELING

Viol #	V VIOLATION DESCRIPTION
	<input type="checkbox"/> 4201 UPF Permit not obtained. 117705, 68.905
	<input type="checkbox"/> 4202 Medical waste (MW) not separated from other waste at the point of origin. 118275
	<input type="checkbox"/> 4203 Enclosure or designated accumulation area for MW containers not secured. 118307, 118310
	<input type="checkbox"/> 4204 MW designated accumulation area not posted with an approved, legible biohazardous waste "warning sign" in English & Spanish which can be read from 25 ft. 118310
	<input type="checkbox"/> 4205 Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
	<input type="checkbox"/> 4206 Spill of MW not properly cleaned up. 118300
	<input type="checkbox"/> 4207 Sharps not stored in approved and properly marked sharps container. 118285(a) & (d)
	<input type="checkbox"/> 4208 Full sharps container not taped closed or tightly-lidded to preclude loss of contents. 118285(b)
	<input type="checkbox"/> 4209 Primary containers accumulating MW not labeled with generator's name, address, and phone number. 68.1205
	<input type="checkbox"/> 4210 Medical waste not stored in approved and properly marked red bags. 118275
	<input type="checkbox"/> 4211 Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280(a)
	<input type="checkbox"/> 4212 Red bags not containerized in rigid, leak resistant, and covered containers or bins. 118280(b)
	<input type="checkbox"/> 4213 Waste container/bin not labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and sides. 118280(b)
	<input type="checkbox"/> 4214 Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305
	<input type="checkbox"/> 4215 Frozen (0°C/32°F) MW stored >90 days. 118280(d)(2)
	<input type="checkbox"/> 4306 Full sharps container stored >30 days at >0°C. 118285(c)
	<input type="checkbox"/> 4307 Red bag waste stored >7 days at >0°C (for generators of >20lbs/month). 118280(d)(1)(A)
	<input type="checkbox"/> 4308 Red bag waste stored >30 days at >0°C (for generators of <20lbs/month). 118280(d)(1)(B)
10	<input checked="" type="checkbox"/> 4219 MW interim storage area not marked with warning sign or a biohazard symbol legible from 5 feet. 118307, 118310
	<input type="checkbox"/> 4220 MW interim storage area not properly secured. 118307

TREATMENT AND DISPOSAL

	<input type="checkbox"/> 4251 MW treated by unapproved method/procedure. 118215
	<input type="checkbox"/> 4252 Standardized written operating procedures for steam sterilization not available. 118215(2)(A)
	<input type="checkbox"/> 4253 Recording thermometer not calibrated annually. 118215(2)(B)
	<input type="checkbox"/> 4254 No records of annual thermometer calibration checks onsite for at least the past 3 years. 118215(2)(B)
	<input type="checkbox"/> 4255 Heat-sensitive tape/other approved method not used for each load treated onsite. 118215(2)(C)
	<input type="checkbox"/> 4256 Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215(2)(D)
	<input type="checkbox"/> 4257 Onsite steam sterilization did not reach 121°C/250°F for 30 minutes. 118215(2)(B)
	<input type="checkbox"/> 4258 Treatment records/logs of dates, time, and temperature not available for 3 years. 118215(2)(E)
	<input type="checkbox"/> 4259 Disposal of untreated MW to an unauthorized point. 118340

TRANSPORTATION REQUIREMENTS

Viol #	V VIOLATION DESCRIPTION
	<input type="checkbox"/> 4260 Transportation of MW without State Hauler Registration or a Limited Quantity Hauler Exemption (LQHE) from HMD. 118025
	<input type="checkbox"/> 4304 No LQHE for "self-hauled" medical waste (<20 pounds of medical waste generated per week). 118025, 118030(a)(1)
	<input type="checkbox"/> 4305 LQHE not renewed annually as required. 118030(b)
	<input type="checkbox"/> 4311 Medical waste tracking documents not in vehicle transporting medical waste. 118040(c)
	<input type="checkbox"/> 4312 Medical waste tracking documents/logs not maintained for 3 years for LQHE. 118040(a)

SMALL QUANTITY GENERATORS ONLY

(<200 pounds of medical waste generated per month)

	<input type="checkbox"/> 4301 Medical Waste Management Plan (MWMP) not submitted to HMD (initial/updates), if onsite treatment. 117935
	<input type="checkbox"/> 4302 Did not maintain and show proof of "onsite" medical waste treatment records for 3 years. 117943, 118215(2)(E)
	<input type="checkbox"/> 4303 Did not retain on file disposal receipts/tracking documents for medical waste shipped offsite for 2 years. 117945(b)
	<input type="checkbox"/> 4309 MWMP or equivalent information not onsite (only for SQG doing onsite treatment or SQG with LQHE). 117945

LARGE QUANTITY GENERATORS ONLY

(≥ 200 of medical waste generated per month)

	<input type="checkbox"/> 4351 MWMP not submitted to HMD (initial/updates). 117960, 117970
	<input type="checkbox"/> 4352 Records of medical waste treatment not available for 3 years. 117975, 118215(2)(E)
	<input type="checkbox"/> 4353 Did not retain on file disposal receipts/tracking documents for at least 3 years for medical waste shipped offsite. 117975

CHEMOTHERAPY, PATHOLOGY, PHARMACEUTICAL HAZARDOUS & UNIVERSAL WASTES

	<input type="checkbox"/> 4401 Chemo waste not segregated from other MW. 118275(e)
11	<input checked="" type="checkbox"/> 4402 Chemo waste container not labeled "Chemotherapy Waste" or "CHEMO" on the lid and the sides. 118275(e)
	<input type="checkbox"/> 4403 Illegal disposal of chemo waste. 118340
	<input type="checkbox"/> 4411 Pathology waste not segregated from other MW. 118275(f)
	<input type="checkbox"/> 4412 Pathology waste container not labeled "Pathology Waste" or "PATH" on the lid and the sides. 118275(f)
	<input type="checkbox"/> 4413 Illegal disposal of pathology waste. 118340
	<input type="checkbox"/> 4421 Pharmwaste not segregated from other MW. 118275(g)
	<input type="checkbox"/> 4422 Pharmwaste not labeled "Incineration Only" on the lid and the sides. 118275(g)
	<input type="checkbox"/> 4423 Pharmwaste stored >90 days when container full, or stored longer than one year (maximum allowable time). 118280(e)
	<input type="checkbox"/> 4432 Illegal disposal of pharmwaste. 118340, 118222(b)
	<input type="checkbox"/> 4441 Disposal of photo/hazwaste to an unauthorized point. 25189.5
	<input type="checkbox"/> 0307 Disposal of universal waste (UW) to an unauthorized point. 25189.5(a); 66273.31(a)
	<input type="checkbox"/> 0147 Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection. 66273.39(c) & (d).

LOG MW ONSITE TREATMENT FACILITY

(≥ 200 pounds of medical waste generated per month)

	<input type="checkbox"/> 4501 Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118135, 65620, 65623
	<input type="checkbox"/> 4502 Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180
	<input type="checkbox"/> 4503 Condition(s) of the MW treatment permit violated. 65623

Stan Fe

SIGNATURE OF FACILITY REPRESENTATIVE

11/5/14
DATE SIGNED

Facility Manager
TITLE OF FACILITY REPRESENTATIVE



County of San Diego

ELIZABETH A. POZZEBON
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
Phone: (858) 505-6700 or (800) 253-9933 Fax: (858) 505-6786
www.sdcdeh.org

AMY HARBERT
ASSISTANT DIRECTOR

OFFICIAL NOTICE

October 14th, 2014

Palomar Medical Center
555E. Valley Parkway
Escondido/ 92025

Attn: Dan Farrow – Director of Facility Operations

According to our records, documentation or other evidence of corrective action has not been received or is incomplete for violations cited during the Unified Program facility inspection performed on October 9th, 2013, located at:

Palomar Medical Center
555E. Valley Parkway
Escondido/ 92025
HMD Facility Permit #114230

The Hazardous Materials Division (HMD) of the Department of Environmental Health is the Certified Unified Program Agency (CUPA) for the County of San Diego. As the local CUPA, the HMD implements the Unified Program in the County and regulates businesses that manage hazardous materials, hazardous wastes, medical wastes, aboveground petroleum storage tanks and underground storage tanks.

Also, effective January 1, 2013, all CUPA regulated businesses were required by law to submit all hazardous materials/waste and emergency response information electronically through the California Environmental Reporting (CERS).

On October 9th, 2013, Michelle Chairs of the HMD inspected the facility located at 555 E. Valley Parkway, Escondido, 92025. Our records indicate that the HMD has not received evidence of correction and/or certification of return to compliance as required by the California Health and Safety Code (H&SC) for the violations observed during the inspection. A copy of this inspection is enclosed.

Uncorrected violations from the October 9th, 2013, inspection of your facility are listed below and on the enclosed Corrective Action Form (HM-926). Submit a written response indicating how these violations were corrected, along with any applicable supporting documentation within ten (10) business days by October 28th, 2014. You may use the Corrective Action Form to show return to compliance along with adequate supporting documentation.

If a re-inspection is required to determine compliance, you will be charged a re-inspection fee of \$228. The HMD may initiate formal enforcement actions including the imposition of substantial penalties for any significant violations. Violations that are not promptly corrected will result in liability for additional days in violation and additional penalties. Any failure to provide the information requested will also be a

factor in determining penalties. For these purposes, "significant violations" include violations that represent a significant threat to human health or safety or the environment, chronic violations, violations committed by a recalcitrant violator and Class I hazardous waste violations (CCR 66260.10 and H&SC 25110.8.5).

Uncorrected violations:

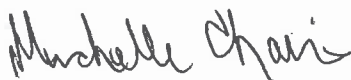
- 1) **Unified Program Permit has expired for management of USTs, Hazardous Materials, Hazardous Waste, and Medical Waste. The invoice for annual permit fees was mailed in August 2014 and due to non-payment, delinquent fees now apply. The Underground Storage Tank Operating Permit renewed every 5 years when compliance is verified expired on 12/11/2013 and has not been renewed because this facility has failed to accurately report underground storage tank information in CERS.**
- 2) **Hazardous Materials Business Plan not certified annually through CERS. Submittals to CERS contain errors and cannot be accepted until they are corrected.**
- 3) **Certification of tank level monitor and other underground storage tank monitoring sensors not performed within 12 months, this is a repeat violation. The certification became past due after July 19th each year and no certification has been scheduled for 2014. Designated Operator (DO) Notification/Change form with valid DO certification not submitted to HMD.**
- 4) **Designated operator monthly inspections incomplete. This is a repeat violation.**
- 5) **Employee training program not adequate for management of hazardous waste.**

Mail your response to: County of San Diego Department of Environmental Health
Hazardous Materials Division
P. O. Box 129261, San Diego, CA 92112-9261
Attn: Michelle Chairs

Or submit by e-mail to the address below.

For additional information, contact specialist Michelle Chairs at (760) 712-5975 or supervisor Sande Pence at (760) 940-2858.

Sincerely,



Michelle Chairs, Environmental Health Specialist III
Hazardous Materials Division
michelle.chairs@sdcounty.ca.gov

Enclosures: Inspection Report
Corrective Action Form (HM-926)

cc: File # 114230



County of San Diego
Department of Environmental Health

Underground Storage Tank Operating Permit

Record ID: DEH2002-HUFPF-114230

State ID: 37-000-114230
CERS ID: 10368055

Operating Permit Issued On: 12/12/2013
Operating Permit Expires On: 12/11/2018

UST Facility Name: PALOMAR HEALTH DOWNTOWN CAMPUS

Tank Owner's Name: PALOMAR HEALTH

Site Address: 555 E Valley Pkwy, Escondido, CA 92025
Tank Operator's Name: Palomar Health System

Tank #	Capacity (gallons)	Tank Use	Piping Construction	Contents	Monitor Alternative
23489	10000	Emergency Generator Fuel	Double-walled	Diesel	DW Tank DW Suction and/ or Gravity Piping With Interstitial Monitors: Interstitial.
23490	3000	Emergency Generator Fuel	Double-walled	Diesel	DW Tank DW Suction and/ or Gravity Piping With Interstitial Monitors: Interstitial.

 COPY

Total Number of Operating Permitted Tanks: 2

Printed on: 7/2/2015; DEH_HMD_Underground_Storage_Tank_Operating_Permit v1.1 (5/2015)

*See reverse for permit conditions and requirements
Page 1 of 1

OPERATING CONDITIONS AND REQUIREMENTS FOR THE PERMIT TO OPERATE UNDERGROUND STORAGE TANKS

This permit is valid for 5 years pursuant to the California Health & Safety Code, Chapter 67, Section 25285 with an annual renewal fee per San Diego County Code, Title 6, Division 8, Chapter 9, Certified Unified Program Agency. Failure to comply with the following operating conditions and requirements for this permit to operate may cause the HMD to revoke, or modify this permit pursuant to Section 25285.1 of the California Health & Safety Code. NOTE: The owner and operator are subject to all applicable requirements of Chapters 6.7, and 6.75 of the California Health & Safety Code, and CCR Title 23 Division 3, Chapters 16 and 18.

The Underground Storage Tank Facility Owner/Operator shall provide and maintain the following:

1. Obtain appropriate permits from the Department of Environmental Health (DEH). Permits are required to install, operate, close, upgrade, or repair an underground storage tank system including associated piping.
2. A copy of this permit and all conditions and attachments must be kept at the underground storage tank location at all times. This permit must be renewed prior to the expiration date.
3. The permittee shall ensure that both the owner and the operator of the tank are provided with a copy of this permit. If the permittee is not the operator of the tank, then the permittee must:
 - a. Enter into a written agreement with the operator of the tank to monitor the tank system as set forth in this permit;
 - b. Provide the operator with a copy or summary of Section 25299 (attached); and
 - c. Notify the DEH of any change of operator.
4. Allow the DEH to inspect the facility, equipment, device or records pursuant to Section 68.903 of the San Diego County Code and HSC Chapter 6.7, Section 25289.
5. Monitor the underground storage tank using a monitoring method specified on the permit application. Monitoring, maintenance, and testing records shall be kept on site for at least 3 years, 6 1/2 years for cathodic protection maintenance records, and 5 years for written performance claims pertaining to release detection systems, and calibration and maintenance records for such systems. Records of repairs, lining, and upgrades shall be maintained on site or at another approved location for the remaining life of the underground storage tank. These records shall be kept on site and made available upon request to the DEH or the State Water Board. Monitoring records shall include:
 - a. The date, and time of all monitoring or sampling;
 - b. Monitoring equipment calibration and maintenance records;
 - c. The results of any visual observations;
 - d. The results of all sample analysis performed in the laboratory or in the field, including laboratory data sheets and analysis used;
 - e. The logs of all readings of gauges or other monitoring equipment, ground water elevations, or other test results; and
 - f. The results of any inventory readings and daily inventory reconciliation.
6. A copy of the Designated Operator monthly inspection record with all attachments for the previous 12 months and a list of facility employees who have been trained by the designated operator (including dates of training and dates of hire) shall be kept on site.
7. Maintain on site and/or in CERS, an approved "Operating Permit Application - Facility Information" and the "Operating Permit Application - Tank Information"; "Underground Storage Tank Monitoring Plan" (referenced in Title 23, Section 2632 (d)(1)), emergency response plan, and plot plan.
8. Maintain all equipment, devices and instruments in good repair. All monitoring and leak detection equipment shall be installed, calibrated, operated, and maintained in accordance with manufacturer's instructions, including routine maintenance and service checks (at least once per calendar year) for operating or running condition. All primary containment shall be product-tight.
9. Owners and operators shall use care to prevent releases due to spilling or overfilling. Before product is delivered, owners, operators, or their agents shall ensure that the space available in the tank is greater than the volume of product to be transferred to the tank and shall ensure that the transfer operation is monitored constantly to prevent overfilling and spilling. In addition, you must report and record all unauthorized releases (leaks) to the DEH within 24 hours [Phone Number (858) 505-6880].
10. Report and record all failed integrity tests or inconclusive SIR results to the DEH within 24 hours [Phone Number (858) 505-6880].
11. Submit a copy of all monitoring certification, spill bucket, integrity, and secondary containment test results to the DEH within 30 days after completion of the test. Submit a copy of enhanced leak detection results to the DEH within 60 days after completion of the test.
12. Notify the DEH in writing within 30 days of a change in ownership, operator, monitoring procedure, equipment, or tank usage.
13. Maintain adequate Pollution Liability Insurance (Financial Responsibility) pursuant to Article 3, Chapter 6.75 of the California Health & Safety Code.
14. Additional requirements may be imposed on the tank owner/operator for the permit to operate, should the State Water Resources Control Board (SWRCB) adopt new sections or amend the California Health & Safety Code or the California Code of Regulations, Title 23.

HM-9142 (04/15)

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P STREET, 4TH FLOOR
P O BOX 806
SACRAMENTO, CA 95812-0806

(916) 327-6108



Please see attached
PETE WILSON, Governor



JUL 20 1994

TO: BUSINESS OWNER/INTERESTED PARTIES

SUBJECT: POTENTIAL ON-SITE HAZARDOUS WASTE TREATMENT FACILITY

Your company has been identified by its Standard Industry Classification (SIC) Code as a business that may treat hazardous waste on-site and thus may require an authorization issued by the Department of Toxic Substances Control (Department). At this time, the Department has no record of having received a notification from your company. This letter is to alert you that the Department is now conducting inspections of businesses who may be treating hazardous waste onsite and who have not notified the Department. The Department has the authority and responsibility to enforce the provisions of Chapter 6.5 of the Health and Safety Code.

If your business generates or treats hazardous waste, you must comply with the state's hazardous waste laws. If you do not conduct hazardous waste treatment or storage activities, or if you are not sure, please complete and return the enclosed Tiered Permitting Information Form to the Regional office nearest you, attention: Tiered Permitting Non-Notifier (see attached map). Even if you have already sent in your notification (DTSC Form 1772), please complete and return the information form as requested above and also include a copy of your acknowledgement or authorization letter.

BACKGROUND

In 1992, Governor Wilson signed into law Assembly Bill (AB) 1772, the Wright-Polanco-Lempert Hazardous Waste Treatment Permit Reform Act of 1992. AB 1772 greatly changed the methods and operating standards for authorizing non-federally regulated hazardous waste treatment and storage activities. Effective January 1, 1993, AB 1772 established a five-tiered structure that more closely fits the regulatory requirements for the management of hazardous waste to the potential risks posed by the hazardous waste management activity.

AB 1772 established an April 1, 1993 deadline for notifying the Department that a facility is treating hazardous waste on-site under the permit by rule, conditional authorization, or conditional exemption tiers, or treating and storing off-site hazardous waste under the standardized permit tier.



Business Owner/Interested Parties

JUL 20 1994
Page 2

OPERATING WITHOUT AUTHORIZATION

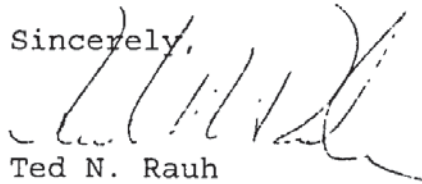
The Department has identified a number of companies, including yours, that may be eligible for authorization to conduct treatment of hazardous waste on-site. If you are currently treating hazardous waste on-site and you have not notified the Department, you are conducting an illegal activity and may be subject to enforcement action by the Department.

If you believe you may be subject to one of the permitting tiers mentioned above, fill out the enclosed information form and return it to the Department's regional office nearest your business (see enclosed map). The regional office will send you a package containing the appropriate notification forms and instructions.

If you voluntarily notify the Department prior to an inspection of your business, the Department will require payment of the 1994 notification fee and a penalty equivalent to the 1993 notification fee for your tier or tiers, (this applies only if you treated hazardous waste at any time in 1993) plus 10% of the applicable 1994 fee to cover the Department's administrative costs. These are reduced penalties in lieu of the higher amounts that can be assessed for operating without authorization. If you do not send a notification and the Department discovers that you have been operating without authorization through either an inspection or any other means, the Department has the authority to assess penalties as high as \$25,000 per day. Actual penalties would be assessed on a case by case basis and would be based upon the length of time a facility has been operating without authorization, the applicable permit tier, and the risk posed by the operation.

If you have any questions about the information in this letter, or if you need assistance in determining whether or not your hazardous waste management operation falls within Tiered Permitting, you may call the nearest Regional Office as shown in the enclosed map and ask for the Tiered Permitting Unit.

Sincerely,



Ted N. Rauh
Deputy Director
Haz. Waste Mgnt. Program

Enclosures

TIERED PERMITTING POTENTIAL NON-NOTIFIER INFORMATION FORM

NOTIFICATION CATEGORIES

Under state law (Assembly Bill 1772 of 1992), businesses that treat hazardous waste on-site may be authorized to operate under the following:

- 1) Conditionally Exempt for small quantity treaters (less than 55 gal or 500 lbs per month) or larger volumes of specified low risk wastestreams,
2) Conditionally Authorized for larger treaters (up to 5,000 gal or 45,000 lbs per month) using specified treatment methods, or
3) Permit By Rule for treaters using specified treatment methods who are not eligible for the other two authorizations.

The permit fees vary from \$100 to \$1173 per year.

For further information please mail this information request to your closest regional office. See the back of this request for the mailing address of the regional office nearest to your business.

GENERATOR IDENTIFICATION

EPA ID NUMBER CA C A D 0 2 3 3 7 9 0 2 6

NAME (Company or Facility) PALOMAR Medical Center
(DBA-Doing Business As)

LOCATION 555 E. VALLEY PKWY

CITY ESC state CA zip 92025

COUNTY SAN Diego

CONTACT PERSON TINA REITSMAN
First Name Last Name

PHONE NUMBER (619) 739-3186

MAILING ADDRESS, IF DIFFERENT:

COMPANY NAME (DBA)

STREET

CITY

STATE ZIP

- My Company does not generate, store or treat hazardous waste.
My Company generates hazardous waste but does not store or treat.
Please send me the notification package.
I am unsure if my business is required to notify.
[X] My Company has notified. See attached acknowledgment or authorization letter.

**PALOMAR
MEDICAL
CENTER**

March 28, 1993

Department of Toxic Substances Control
Form 1772, Onsite Hazardous Waste Treatment Unit
400 P Street, 4th Floor
P O Box 806, Sacramento, CA 95812-0806

Dear Sir:

As a generator treating hazardous waste onsite and in compliance with operating requirements, Pursuant to Health and Safety Code Section 25201.5(c) please find enclosed two copies of completed DTSC 1772b (1/93) and our check no. 048058 in the amount of \$100. An additional copy has been sent to Mr. Ben Franklin, County of San Diego Hazardous Material Division, 1700 Pacific Highway, P O Box 85261, San Diego, CA 92176-5261.

Should you have any questions, please contact me at (619)739-3186.

Sincerely,


Tina Reitsma, Director
Facilities Operations

Check Number

Staple Check Here

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION FORM

FACILITY SPECIFIC NOTIFICATION

For Use by Hazardous Waste Generators Performing Treatment
Under Conditional Exemption and Conditional Authorization,
and by Permit By Rule Facilities

Initial
 Revised

Please refer to the attached Instructions before completing this form. You may notify for more than one permitting tier by using this notification form, DTSC 1772. You must attach a separate unit specific notification form for each unit at this location. There are different unit specific notification forms for each of the four categories and an additional notification form for transportable treatment units (TTU's). You only have to submit forms for the tier(s) that cover your unit(s). Discard or recycle the other unused forms. Number each page of your completed notification package and indicate the total number of pages at the top of each page as the 'Page ___ of ___'. Put your EPA ID Number on each page. Please provide all of the information requested; all fields must be completed except those that state 'if different' or 'if available'. Please type the information provided on this form and any attachments.

The notification will not be considered complete without payment of the appropriate fee for each tier under which you are operating. (Please note that the fee is per TIER not per UNIT. For example, if you operate 5 units but they are all Conditionally Authorized, you only owe \$1,140, NOT 5 times \$1,140. If you operate any Permit by Rule units and any units under Conditional Authorization you owe \$2,280.) Checks should be made payable to the Department of Toxic Substances Control and be stapled to the top of this form. Please fill in the check number in the box above.

I. NOTIFICATION CATEGORIES

Indicate the number of units you operate in each tier. This will also be the number of unit specific notification forms you must attach. Conditionally Exempt Small Quantity Treatment operations may not operate units under any other tier.

Number of units and attached unit specific notifications	Fee per Tier <small>(not per unit)</small>
A. ___ Conditionally Exempt-Small Quantity Treatment (Form DTSC 1772A)	\$ 100
B. <u>5</u> Conditionally Exempt-Specified Wastestream (Form DTSC 1772B)	\$ 100
C. ___ Conditionally Authorized (Form DTSC 1772C)	\$1,140
D. ___ Permit by Rule (Form DTSC 1772D)	\$1,140
=====	=====
<u>5</u> Total Number of Units	Total Fee Attached \$ <u>100.00</u>

II. GENERATOR IDENTIFICATION

EPA ID NUMBER CAD 0 7 3 3 7 9 0 2 6

BOE NUMBER (if available) HFHQ38001489

NAME (Company or Facility) Palomar Medical Center
(DBA-Doing Business As)
PHYSICAL LOCATION 555 East Valley Parkway

CITY Escondido CA ZIP 92025 -
COUNTY San Diego

For DTSC Use Only
Region _____

CONTACT PERSON Tina Reitsma PHONE NUMBER (619) 739 - 3186
(First Name) (Last Name)

MAILING ADDRESS, IF DIFFERENT:

COMPANY NAME (DBA) _____

STREET _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____
(only complete if not USA)

CONTACT PERSON _____ PHONE NUMBER(____) _____
(First Name) (Last Name)

III. TYPE OF COMPANY: STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE:

Use either one or two SIC codes (a four digit number) that best describe your company's products, services, or industrial activity.

Example: 7384 Photofinishing lab 3672 Printed circuit boards
First: 8062 General medical and surgical hospital Second: _____

IV. PRIOR PERMIT STATUS: Check yes or no to each question:

- | | | |
|-------------------------------------|-------------------------------------|--|
| YES | NO | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Did you file a PBR Notice of Intent to Operate (DTSC Form 8462) in 1992 for this location? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you now have or have you ever held a state or federal hazardous waste facility full permit or interim status for any of these treatment units? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Do you now have or have you ever held a state or federal full permit or interim status for any other hazardous waste activities at this location? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever held a variance issued by the Department of Toxic Substances Control for the treatment you are now notifying for at this location? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Has this location ever been inspected by the state or any local agency as a hazardous waste generator? |

V. PRIOR ENFORCEMENT HISTORY: Not required from generators only notifying as conditionally exempt.

YES NO Within the last three years, has this facility been the subject of any convictions, judgments, settlements, or final orders resulting from an action by any local, state, or federal environmental, hazardous waste, or public health enforcement agency?

(For the purposes of this form, a notice of violation does not constitute an order and need not be reported unless it was not corrected and became a final order.)

If you answered Yes, check this box and attach a listing of convictions, judgments, settlements, or orders and a copy of the cover sheet from each document. (See the Instructions for more information)

VI. ATTACHMENTS:

- 1. A plot plan/map detailing the location(s) of the covered unit(s) in relation to the facility boundaries.
- 2. A unit specific notification form for each unit to be covered at this location.

VII. CERTIFICATIONS: *This form must be signed by an authorized corporate officer or any other person in the company who has operational control and performs decision-making functions that govern operation of the facility (per title 22, California Code of Regulations (CCR) section 66270.11). All three copies must have original signatures.*

Waste Minimization I certify that I have a program in place to reduce the volume, quantity, and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Tiered Permitting Certification I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I understand that if any of the units operate under Permit by Rule or Conditional Authorization, I will also be required to provide required financial assurances by January 1, 1994, and conduct a Phase I environmental assessment by January 1, 1995.

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

I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

TICA REITSMAN
Name (Print or Type)

Tina Reitsman
Signature

Director Facilities Ops
Title

3-15-93
Date Signed

OPERATING REQUIREMENTS:

Please note that generators treating hazardous waste onsite are required to comply with a number of operating requirements which differ depending on the tier(s) under which one operates. These operating requirements are set forth in the statutes and regulations, some of which are referenced in the Tier-Specific Factsheets.

SUBMISSION PROCEDURES:

You must submit two copies of this completed notification by certified mail, return receipt requested, to:

Department of Toxic Substances Control
Form 1772
Onsite Hazardous Waste Treatment Unit
400 P Street, 4th Floor (walk in only)
P.O. Box 806
Sacramento, CA 95812-0806.

You must also submit one copy of the notification and attachments to the local regulatory agency in your jurisdiction as listed in the instruction materials. You must also retain a copy as part of your operating record.

All three forms must have original signatures, not photocopies.

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P Street, 4th Floor
P.O. Box 806
Sacramento, CA 95812-0806



(916) 323-5871

09/03/93

EPA ID: CAD073379026

PALOMAR MEDICAL CENTER
TINA REITSMA
555 EAST VALLEY PARKWAY
ESCONDIDO, CA 92025

For facility located at:

555 EAST VALLEY PARKWAY
ESCONDIDO, CA 92025

Authorization Date: 09/03/93

Dear Conditionally Authorized and/or Conditionally Exempt Facility:

ACKNOWLEDGEMENT OF UNITS OPERATING UNDER CONDITIONAL AUTHORIZATION AND/OR CONDITIONAL EXEMPTION

The Department of Toxic Substances Control (DTSC) has received your facility specific notification (form DTSC 1772) and forms for Conditional Authorization and/or Conditional Exemption for Specified Wastestreams (form DTSC 1772B and/or 1772C). Your notifications are administratively complete, but have not been reviewed for technical adequacy. A technical review of your notifications will be conducted when an inspection is performed. At any time, you may be inspected and will be subject to penalty if violations of laws or regulations are found.

The Department acknowledges receipt of your completed notification for the treatment unit(s) listed on the last page of this letter. These units operating under Conditional Authorization or Conditional Exemption are authorized by California law without additional Department action, pursuant to Health and Safety Code sections 25200.3 and 25201.5. Your authorization to operate continues until you notify DTSC that you have stopped treating waste and have fully closed the unit(s). You will be charged annual fees calculated on a calendar year basis for each year you operate and have not notified DTSC that the units have been closed.

You must notify the DTSC 60 days before first treating hazardous wastes in any new unit. You must also notify the DTSC whenever any of the information you provided in these notifications changes. To revise information, mail a cover letter to the above address explaining the changes, attach only the pages of your notification package that have changed, and re-sign and date at the signature space on page 3 of form 1772.

Your status to operate under Conditional Authorization and/or Conditional Exemption is contingent upon the accuracy of information submitted by you in the notifications mentioned above, and your compliance with all applicable requirements in the Health and Safety Code. Any misrepresentation or any failure to fully disclose all relevant facts shall render your authorization to operate null and void.

You are also required to properly close any treatment unit. Additional guidance on closure will be issued and distributed to all authorized onsite facilities later this year.



If you have any questions regarding this letter, or have questions on operating requirements for your facility, please contact the nearest DTSC regional office, or this office at the letterhead address or phone number.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael S. Horner" with a stylized flourish at the end.

Michael S. Horner, Chief
Onsite Hazardous Waste Treatment Unit
Permit Streamlining Branch
Hazardous Waste Management Program

Enclosure

cc: SONIA LOW
DTSC REGION 4 OFFICE
SURVEILLANCE & ENFORCEMENT BR.
245 WEST BROADWAY, SUITE 350
LONG BEACH, CA 90802

GARY STEPHANY
SAN DIEGO COUNTY
ENVIRONMENTAL HEALTH SERVICES
1255 IMPERIAL AVENUE, 4TH FLR
P.O. BOX 85261
SAN DIEGO, CA 92186-5261

ENCLOSURE 1

Units authorized to operate at this location:

UNDER CONDITIONAL AUTHORIZATION:

UNDER CONDITIONAL EXEMPTION:

01 02 03 04
05

Check Number
048058

92 00018

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION FORM

FACILITY SPECIFIC NOTIFICATION

For Use by Hazardous Waste Generators Performing Treatment
Under Conditional Exemption and Conditional Authorization,
and by Permit By Rule Facilities

Initial
 Revised

Please refer to the attached Instructions before completing this form. You may notify for more than one permitting tier by using this notification form, DTSC 1772. You must attach a separate unit specific notification form for each unit at this location. There are different unit specific notification forms for each of the four categories and an additional notification form for transportable treatment units (TTU's). You only have to submit forms for the tier(s) that cover your unit(s). Discard or recycle the other unused forms. Number each page of your completed notification package and indicate the total number of pages at the top of each page as the 'Page ___ of ___'. Put your EPA ID Number on each page. Please provide all of the information requested; all fields must be completed except those that state 'if different' or 'if available'. Please type the information provided on this form and any attachments.

The notification will not be considered complete without payment of the appropriate fee for each tier under which you are operating. (Please note that the fee is per TIER not per UNIT. For example, if you operate 5 units but they are all Conditionally Authorized, you only owe \$1,140, NOT 5 times \$1,140. If you operate any Permit by Rule units and any units under Conditional Authorization you owe \$2,280.) Checks should be made payable to the Department of Toxic Substances Control and be stapled to the top of this form. Please fill in the check number in the box above.

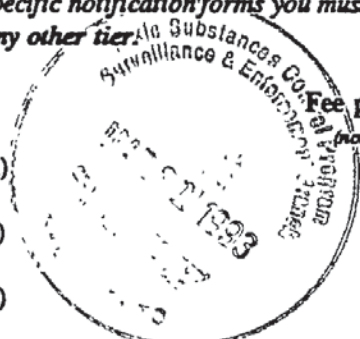
I. NOTIFICATION CATEGORIES

Indicate the number of units you operate in each tier. This will also be the number of unit specific notification forms you must attach. Conditionally Exempt Small Quantity Treatment operations may not operate units under any other tier.

Number of units and attached unit specific notifications

			Fee per Tier (per unit)
A.	<u> </u> Conditionally Exempt-Small Quantity Treatment	(Form DTSC 1772A)	\$ 100
B.	<u> 5 </u> Conditionally Exempt-Specified Wastestream	(Form DTSC 1772B)	\$ 100
C.	<u> </u> Conditionally Authorized	(Form DTSC 1772C)	\$1,140
D.	<u> </u> Permit by Rule	(Form DTSC 1772D)	\$1,140
	=====		=====

 5 Total Number of Units Total Fee Attached \$ 100.00



II. GENERATOR IDENTIFICATION

EPA ID NUMBER CAD 0 7 3 3 7 9 0 2 6

BOE NUMBER (if available) HFHQ38001489

NAME (Company or Facility) Palomar Medical Center
(DBA-Doing Business As)
PHYSICAL LOCATION 555 East Valley Parkway

CITY Escondido CA ZIP 92025
COUNTY San Diego

CONTACT PERSON Tina Reitsma PHONE NUMBER (619) 739 - 3186
(First Name) (Last Name)

For DTSC Use Only
Region 4

---Staple Check Here---

MAILING ADDRESS, IF DIFFERENT:

COMPANY NAME (DBA) _____

STREET _____

CITY _____

STATE _____ ZIP _____

COUNTRY _____

(only complete if not USA)

CONTACT PERSON _____

(First Name)

(Last Name)

PHONE NUMBER(____) _____

III TYPE OF COMPANY: STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE:

Use either one or two SIC codes (a four digit number) that best describe your company's products, services, or industrial activity.

Example: 7384 Photofinishing lab

3672 Printed circuit boards

First: 8062 General medical and surgical hospital

Second: _____

IV. PRIOR PERMIT STATUS: Check yes or no to each question:

YES

NO

- 1. Did you file a PBR Notice of Intent to Operate (DTSC Form 8462) in 1992 for this location?
- 2. Do you now have or have you ever held a state or federal hazardous waste facility full permit or interim status for any of these treatment units?
- 3. Do you now have or have you ever held a state or federal full permit or interim status for any other hazardous waste activities at this location?
- 4. Have you ever held a variance issued by the Department of Toxic Substances Control for the treatment you are now notifying for at this location?
- 5. Has this location ever been inspected by the state or any local agency as a hazardous waste generator?

V. PRIOR ENFORCEMENT HISTORY: Not required from generators only notifying as conditionally exempt.

YES

NO

- Within the last three years, has this facility been the subject of any convictions, judgments, settlements, or final orders resulting from an action by any local, state, or federal environmental, hazardous waste, or public health enforcement agency?

(For the purposes of this form, a notice of violation does not constitute an order and need not be reported unless it was not corrected and became a final order.)

- If you answered Yes, check this box and attach a listing of convictions, judgments, settlements, or orders and a copy of the cover sheet from each document. (See the Instructions for more information)

VI. ATTACHMENTS:

1. A plot plan/map detailing the location(s) of the covered unit(s) in relation to the facility boundaries.
2. A unit specific notification form for each unit to be covered at this location.

VII. **CERTIFICATIONS:** *This form must be signed by an authorized corporate officer or any other person in the company who has operational control and performs decision-making functions that govern operation of the facility (per title 22, California Code of Regulations (CCR) section 66270.11). All three copies must have original signatures.*

Waste Minimization I certify that I have a program in place to reduce the volume, quantity, and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Tiered Permitting Certification I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I understand that if any of the units operate under Permit by Rule or Conditional Authorization, I will also be required to provide required financial assurances by January 1, 1994, and conduct a Phase I environmental assessment by January 1, 1995.

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

I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

TWA REITSMAN
Name (Print or Type)

Dina Reitsman
Signature

Director Facilities Ops
Title

3-19-93
Date Signed

OPERATING REQUIREMENTS:

Please note that generators treating hazardous waste onsite are required to comply with a number of operating requirements which differ depending on the tier(s) under which one operates. These operating requirements are set forth in the statutes and regulations, some of which are referenced in the Tier-Specific Factsheets.

SUBMISSION PROCEDURES:

You must submit two copies of this completed notification by certified mail, return receipt requested, to:

Department of Toxic Substances Control
Form 1772
Onsite Hazardous Waste Treatment Unit
400 P Street, 4th Floor (walk in only)
P.O. Box 806
Sacramento, CA 95812-0806.

You must also submit one copy of the notification and attachments to the local regulatory agency in your jurisdiction as listed in the instruction materials. You must also retain a copy as part of your operating record.

All three forms must have original signatures, not photocopies.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS**UNIT SPECIFIC NOTIFICATION**

(pursuant to Health and Safety Code Section 25201.5(c))

UNIT NAME Cath LabUNIT ID NUMBER 01NUMBER OF TREATMENT DEVICES: NA Tank(s) 1 Container(s)

Each unit must be clearly identified and labeled on the plot plan attached to Form 1772. Assign your own unique number to each unit. The number can be sequential (1, 2, 3) or using any system you choose.

Enter the estimated monthly total volume of hazardous waste treated by this unit. This should be the maximum or highest amount treated in any month. Indicate in the narrative (Section II) if your operations have seasonal variations.

I. WASTESTREAMS AND TREATMENT PROCESSES:Estimated Monthly Total Volume Treated: _____ pounds and/or 30 gallons

The following are the eligible wastestreams and treatment processes. Please check all applicable boxes:

1. Treats resins mixed in accordance with the manufacturer's instructions.
2. Treat containers of 110 gallons or less capacity that contained hazardous waste by rinsing or physical processes, such as crushing, shredding, grinding, or puncturing.
3. Drying special wastes, as classified by the department pursuant to title 22, CCR, section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.
4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to title 22, CCR, section 66261.124.
5. Neutralize acidic or alkaline (base) wastes from the regeneration of ion exchange media used to demineralize water. (This waste cannot contain more than 10 percent acid or base by weight to be eligible for conditional exemption.)
6. Neutralize acidic or alkaline (base) wastes from the food processing industry.
7. Recovery of silver from photofinishing. The volume limit for conditional exemption is 500 gallons per generator (at the same location) in any calendar month.
8. Gravity separation of the following, including the use of flocculants and demulsifiers if
- a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
- b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel).
9. Neutralizing acidic or alkaline (base) material by a state certified laboratory or a laboratory operated by an educational institution. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

II. NARRATIVE DESCRIPTIONS: *Provide a brief description of the specific waste treated and the treatment process used.*

1. SPECIFIC WASTE TYPES TREATED: X-ray fixer containing silver
-
2. TREATMENT PROCESS(ES) USED: Metallic replacement
-

III. RESIDUAL MANAGEMENT: *Check Yes or No to each question as it applies to all residuals from this treatment unit.*

- | | | |
|-------------------------------------|-------------------------------------|---|
| YES | NO | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Do you discharge non-hazardous aqueous waste to a publicly owned treatment works (POTW)/sewer? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you discharge non-hazardous aqueous waste under an NPDES permit? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Do you have your residual hazardous waste hauled offsite by a registered hazardous waste hauler?
If you do, where is the waste sent? <i>Check all that apply.</i> |
| | | <input checked="" type="checkbox"/> a. Offsite recycling |
| | | <input type="checkbox"/> b. Thermal treatment |
| | | <input type="checkbox"/> c. Disposal to land |
| | | <input type="checkbox"/> d. Further treatment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Do you dispose of non-hazardous solid waste residues at an offsite location? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Other method of disposal. Specify: _____ |

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT:

In order to demonstrate eligibility for one of the onsite treatment tiers, facilities are required to provide the basis for determining that a hazardous waste permit is not required under the federal Resource Conservation and Recovery Act (RCRA) and the federal regulations adopted under RCRA (Title 40, Code of Federal Regulations (CFR)).

Choose the reason(s) that describe the operation of your onsite treatment units:

1. The hazardous waste being treated is not a hazardous waste under federal law although it is regulated as a hazardous waste under California state law.
2. The waste is treated in wastewater treatment units (tanks), as defined in 40 CFR Part 260.10, and discharged to a publicly owned treatment works (POTW)/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT: (continued)

3. The waste is treated in elementary neutralization units, as defined in 40 CFR Part 260.10, and discharged to a POTW/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.
4. The waste is treated in a totally enclosed treatment facility as defined in 40 CFR Part 260.10; 40 CFR 264.1(g)(5).
5. The company generates no more than 100 kg (approximately 27 gallons) of hazardous waste in a calendar month and is eligible as a federal conditionally exempt small quantity generator. 40 CFR 260.10 and 40 CFR 261.5.
6. The waste is treated in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 40 CFR 262.34, 40 CFR 270.1(c)(2)(i), and the Preamble to the March 24, 1986 Federal Register.
7. Recyclable materials are reclaimed to recover economically significant amounts of silver or other precious metals. 40 CFR 261.6(a)(2)(iv), 40 CFR 264.1(g)(2), and 40 CFR 266.70.
8. Empty container rinsing and/or treatment. 40 CFR 261.7.
9. Other: Specify: _____

V. TRANSPORTABLE TREATMENT UNIT: Check Yes or No. Please refer to the Instructions for more information.

YES NO

- Is this unit a Transportable Treatment Unit?

If you answered yes, you must also complete and attach Form 1772E to this page.

The Tier-Specific Factsheets contain a summary of the operating requirements for this category. Please review those requirements carefully before completing or submitting this notification package.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS**UNIT SPECIFIC NOTIFICATION**

(pursuant to Health and Safety Code Section 25201.5(c))

UNIT NAME Main DarkroomUNIT ID NUMBER 02NUMBER OF TREATMENT DEVICES: NA Tank(s)3 Container(s)

Each unit must be clearly identified and labeled on the plot plan attached to Form 1772. Assign your own unique number to each unit. The number can be sequential (1, 2, 3) or using any system you choose.

Enter the estimated monthly total volume of hazardous waste treated by this unit. This should be the maximum or highest amount treated in any month. Indicate in the narrative (Section II) if your operations have seasonal variations.

I. WASTESTREAMS AND TREATMENT PROCESSES:Estimated Monthly Total Volume Treated: _____ pounds and/or 250 gallons

The following are the eligible wastestreams and treatment processes. Please check all applicable boxes:

1. Treats resins mixed in accordance with the manufacturer's instructions.
2. Treat containers of 110 gallons or less capacity that contained hazardous waste by rinsing or physical processes, such as crushing, shredding, grinding, or puncturing.
3. Drying special wastes, as classified by the department pursuant to title 22, CCR, section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.
4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to title 22, CCR, section 66261.124.
5. Neutralize acidic or alkaline (base) wastes from the regeneration of ion exchange media used to demineralize water. (This waste cannot contain more than 10 percent acid or base by weight to be eligible for conditional exemption.)
6. Neutralize acidic or alkaline (base) wastes from the food processing industry.
7. Recovery of silver from photofinishing. The volume limit for conditional exemption is 500 gallons per generator (at the same location) in any calendar month.
8. Gravity separation of the following, including the use of flocculants and demulsifiers if
- a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
- b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel).
9. Neutralizing acidic or alkaline (base) material by a state certified laboratory or a laboratory operated by an educational institution. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

II. NARRATIVE DESCRIPTIONS: *Provide a brief description of the specific waste treated and the treatment process used.*

1. SPECIFIC WASTE TYPES TREATED: X-ray fixer containing silver
2. TREATMENT PROCESS(ES) USED: Electrolytic followed by metallic replacement.

III. RESIDUAL MANAGEMENT: *Check Yes or No to each question as it applies to all residuals from this treatment unit.*

- | YES | NO | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Do you discharge non-hazardous aqueous waste to a publicly owned treatment works (POTW)/sewer? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you discharge non-hazardous aqueous waste under an NPDES permit? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Do you have your residual hazardous waste hauled offsite by a registered hazardous waste hauler?
If you do, where is the waste sent? <i>Check all that apply.</i> |
| | | <input checked="" type="checkbox"/> a. Offsite recycling |
| | | <input type="checkbox"/> b. Thermal treatment |
| | | <input type="checkbox"/> c. Disposal to land |
| | | <input type="checkbox"/> d. Further treatment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Do you dispose of non-hazardous solid waste residues at an offsite location? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Other method of disposal. Specify: _____ |

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT:

In order to demonstrate eligibility for one of the onsite treatment tiers, facilities are required to provide the basis for determining that a hazardous waste permit is not required under the federal Resource Conservation and Recovery Act (RCRA) and the federal regulations adopted under RCRA (Title 40, Code of Federal Regulations (CFR)).

Choose the reason(s) that describe the operation of your onsite treatment units:

1. The hazardous waste being treated is not a hazardous waste under federal law although it is regulated as a hazardous waste under California state law.
2. The waste is treated in wastewater treatment units (tanks), as defined in 40 CFR Part 260.10, and discharged to a publicly owned treatment works (POTW)/sewerage agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT: (continued)

3. The waste is treated in elementary neutralization units, as defined in 40 CFR Part 260.10, and discharged to a POTW/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.
4. The waste is treated in a totally enclosed treatment facility as defined in 40 CFR Part 260.10; 40 CFR 264.1(g)(5).
5. The company generates no more than 100 kg (approximately 27 gallons) of hazardous waste in a calendar month and is eligible as a federal conditionally exempt small quantity generator. 40 CFR 260.10 and 40 CFR 261.5.
6. The waste is treated in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 40 CFR 262.34, 40 CFR 270.1(c)(2)(i), and the Preamble to the March 24, 1986 Federal Register.
7. Recyclable materials are reclaimed to recover economically significant amounts of silver or other precious metals. 40 CFR 261.6(a)(2)(iv), 40 CFR 264.1(g)(2), and 40 CFR 266.70.
8. Empty container rinsing and/or treatment. 40 CFR 261.7.
9. Other: Specify: _____

V. TRANSPORTABLE TREATMENT UNIT: Check Yes or No. Please refer to the Instructions for more information.

YES NO

- Is this unit a Transportable Treatment Unit?

If you answered yes, you must also complete and attach Form 1772E to this page.

The Tier-Specific Factsheets contain a summary of the operating requirements for this category. Please review those requirements carefully before completing or submitting this notification package.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS

UNIT SPECIFIC NOTIFICATION

(pursuant to Health and Safety Code Section 25201.5(e))

UNIT NAME Chest Room

UNIT ID NUMBER 03

NUMBER OF TREATMENT DEVICES: NA Tank(s)

2 Container(s)

Each unit must be clearly identified and labeled on the plot plan attached to Form 1772. Assign your own unique number to each unit. The number can be sequential (1, 2, 3) or using any system you choose.

Enter the estimated monthly total volume of hazardous waste treated by this unit. This should be the maximum or highest amount treated in any month. Indicate in the narrative (Section II) if your operations have seasonal variations.

I. WASTESTREAMS AND TREATMENT PROCESSES:

Estimated Monthly Total Volume Treated: _____ pounds and/or 50 gallons

The following are the eligible wastestreams and treatment processes. Please check all applicable boxes:

- 1. Treats resins mixed in accordance with the manufacturer's instructions.
- 2. Treat containers of 110 gallons or less capacity that contained hazardous waste by rinsing or physical processes, such as crushing, shredding, grinding, or puncturing.
- 3. Drying special wastes, as classified by the department pursuant to title 22, CCR, section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.
- 4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to title 22, CCR, section 66261.124.
- 5. Neutralize acidic or alkaline (base) wastes from the regeneration of ion exchange media used to demineralize water. (This waste cannot contain more than 10 percent acid or base by weight to be eligible for conditional exemption.)
- 6. Neutralize acidic or alkaline (base) wastes from the food processing industry.
- 7. Recovery of silver from photofinishing. The volume limit for conditional exemption is 500 gallons per generator (at the same location) in any calendar month.
- 8. Gravity separation of the following, including the use of flocculants and demulsifiers if
 - a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
 - b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel).
- 9. Neutralizing acidic or alkaline (base) material by a state certified laboratory or a laboratory operated by an educational institution. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

II. NARRATIVE DESCRIPTIONS: *Provide a brief description of the specific waste treated and the treatment process used.*

1. SPECIFIC WASTE TYPES TREATED: X-ray fixer containing silver.
-
2. TREATMENT PROCESS(ES) USED: Metallic replacement.
-

III. RESIDUAL MANAGEMENT: *Check Yes or No to each question as it applies to all residuals from this treatment unit.*

- | YES | NO | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Do you discharge non-hazardous aqueous waste to a publicly owned treatment works (POTW)/sewer? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you discharge non-hazardous aqueous waste under an NPDES permit? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Do you have your residual hazardous waste hauled offsite by a registered hazardous waste hauler?
If you do, where is the waste sent? <i>Check all that apply.</i> |
| | | <input checked="" type="checkbox"/> a. Offsite recycling |
| | | <input type="checkbox"/> b. Thermal treatment |
| | | <input type="checkbox"/> c. Disposal to land |
| | | <input type="checkbox"/> d. Further treatment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Do you dispose of non-hazardous solid waste residues at an offsite location? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Other method of disposal. Specify: _____ |

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT:

In order to demonstrate eligibility for one of the onsite treatment tiers, facilities are required to provide the basis for determining that a hazardous waste permit is not required under the federal Resource Conservation and Recovery Act (RCRA) and the federal regulations adopted under RCRA (Title 40, Code of Federal Regulations (CFR)).

Choose the reason(s) that describe the operation of your onsite treatment units:

1. The hazardous waste being treated is not a hazardous waste under federal law although it is regulated as a hazardous waste under California state law.
2. The waste is treated in wastewater treatment units (tanks), as defined in 40 CFR Part 260.10, and discharged to a publicly owned treatment works (POTW)/sewerage agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT: (continued)

3. The waste is treated in elementary neutralization units, as defined in 40 CFR Part 260.10, and discharged to a POTW/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.
4. The waste is treated in a totally enclosed treatment facility as defined in 40 CFR Part 260.10; 40 CFR 264.1(g)(5).
5. The company generates no more than 100 kg (approximately 27 gallons) of hazardous waste in a calendar month and is eligible as a federal conditionally exempt small quantity generator. 40 CFR 260.10 and 40 CFR 261.5.
6. The waste is treated in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 40 CFR 262.34, 40 CFR 270.1(c)(2)(i), and the Preamble to the March 24, 1986 Federal Register.
7. Recyclable materials are reclaimed to recover economically significant amounts of silver or other precious metals. 40 CFR 261.6(a)(2)(iv), 40 CFR 264.1(g)(2), and 40 CFR 266.70.
8. Empty container rinsing and/or treatment. 40 CFR 261.7.
9. Other: Specify: _____

V. TRANSPORTABLE TREATMENT UNIT: Check Yes or No. Please refer to the Instructions for more information.

YES NO

- Is this unit a Transportable Treatment Unit?

If you answered yes, you must also complete and attach Form 1772E to this page.

The Tier-Specific Factsheets contain a summary of the operating requirements for this category. Please review those requirements carefully before completing or submitting this notification package.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS**UNIT SPECIFIC NOTIFICATION**

(pursuant to Health and Safety Code Section 25201.5(c))

UNIT NAME Emergency RoomUNIT ID NUMBER 04NUMBER OF TREATMENT DEVICES: NA Tank(s)3 Container(s)

Each unit must be clearly identified and labeled on the plot plan attached to Form 1772. Assign your own unique number to each unit. The number can be sequential (1, 2, 3) or using any system you choose.

Enter the estimated monthly total volume of hazardous waste treated by this unit. This should be the maximum or highest amount treated in any month. Indicate in the narrative (Section II) if your operations have seasonal variations.

I. WASTESTREAMS AND TREATMENT PROCESSES:Estimated Monthly Total Volume Treated: _____ pounds and/or 140 gallons

The following are the eligible wastestreams and treatment processes. Please check all applicable boxes:

1. Treats resins mixed in accordance with the manufacturer's instructions.
2. Treat containers of 110 gallons or less capacity that contained hazardous waste by rinsing or physical processes, such as crushing, shredding, grinding, or puncturing.
3. Drying special wastes, as classified by the department pursuant to title 22, CCR, section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.
4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to title 22, CCR, section 66261.124.
5. Neutralize acidic or alkaline (base) wastes from the regeneration of ion exchange media used to demineralize water. (This waste cannot contain more than 10 percent acid or base by weight to be eligible for conditional exemption.)
6. Neutralize acidic or alkaline (base) wastes from the food processing industry.
7. Recovery of silver from photofinishing. The volume limit for conditional exemption is 500 gallons per generator (at the same location) in any calendar month.
8. Gravity separation of the following, including the use of flocculants and demulsifiers if
- a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
- b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel).
9. Neutralizing acidic or alkaline (base) material by a state certified laboratory or a laboratory operated by an educational institution. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

II. NARRATIVE DESCRIPTIONS: *Provide a brief description of the specific waste treated and the treatment process used.*

1. SPECIFIC WASTE TYPES TREATED: X-ray fixer containing silver.
2. TREATMENT PROCESS(ES) USED: Electrolytic followed by metallic replacement.

III. RESIDUAL MANAGEMENT: *Check Yes or No to each question as it applies to all residuals from this treatment unit.*

YES NO

1. Do you discharge non-hazardous aqueous waste to a publicly owned treatment works (POTW)/sewer?
2. Do you discharge non-hazardous aqueous waste under an NPDES permit?
3. Do you have your residual hazardous waste hauled offsite by a registered hazardous waste hauler?
If you do, where is the waste sent? *Check all that apply.*
- a. Offsite recycling
- b. Thermal treatment
- c. Disposal to land
- d. Further treatment
4. Do you dispose of non-hazardous solid waste residues at an offsite location?
5. Other method of disposal. Specify: _____

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT:

In order to demonstrate eligibility for one of the onsite treatment tiers, facilities are required to provide the basis for determining that a hazardous waste permit is not required under the federal Resource Conservation and Recovery Act (RCRA) and the federal regulations adopted under RCRA (Title 40, Code of Federal Regulations (CFR)).

Choose the reason(s) that describe the operation of your onsite treatment units:

1. The hazardous waste being treated is not a hazardous waste under federal law although it is regulated as a hazardous waste under California state law.
2. The waste is treated in wastewater treatment units (tanks), as defined in 40 CFR Part 260.10, and discharged to a publicly owned treatment works (POTW)/sewerage agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT: (continued)

3. The waste is treated in elementary neutralization units, as defined in 40 CFR Part 260.10, and discharged to a POTW/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.
4. The waste is treated in a totally enclosed treatment facility as defined in 40 CFR Part 260.10; 40 CFR 264.1(g)(5).
5. The company generates no more than 100 kg (approximately 27 gallons) of hazardous waste in a calendar month and is eligible as a federal conditionally exempt small quantity generator. 40 CFR 260.10 and 40 CFR 261.5.
6. The waste is treated in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 40 CFR 262.34, 40 CFR 270.1(c)(2)(i), and the Preamble to the March 24, 1986 Federal Register.
7. Recyclable materials are reclaimed to recover economically significant amounts of silver or other precious metals. 40 CFR 261.6(a)(2)(iv), 40 CFR 264.1(g)(2), and 40 CFR 266.70.
8. Empty container rinsing and/or treatment. 40 CFR 261.7.
9. Other: Specify: _____

V. TRANSPORTABLE TREATMENT UNIT: Check Yes or No. Please refer to the Instructions for more information.

YES NO

- Is this unit a Transportable Treatment Unit?

If you answered yes, you must also complete and attach Form 1772E to this page.

The Tier-Specific Factsheets contain a summary of the operating requirements for this category. Please review those requirements carefully before completing or submitting this notification package.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS**UNIT SPECIFIC NOTIFICATION**

(pursuant to Health and Safety Code Section 25201.5(c))

UNIT NAME SurgervUNIT ID NUMBER 05NUMBER OF TREATMENT DEVICES: NA Tank(s)2 Container(s)

Each unit must be clearly identified and labeled on the plot plan attached to Form 1772. Assign your own unique number to each unit. The number can be sequential (1, 2, 3) or using any system you choose.

Enter the estimated monthly total volume of hazardous waste treated by this unit. This should be the maximum or highest amount treated in any month. Indicate in the narrative (Section II) if your operations have seasonal variations.

I. WASTESTREAMS AND TREATMENT PROCESSES:Estimated Monthly Total Volume Treated: _____ pounds and/or 30 gallons

The following are the eligible wastestreams and treatment processes. Please check all applicable boxes:

1. Treats resins mixed in accordance with the manufacturer's instructions.
2. Treat containers of 110 gallons or less capacity that contained hazardous waste by rinsing or physical processes, such as crushing, shredding, grinding, or puncturing.
3. Drying special wastes, as classified by the department pursuant to title 22, CCR, section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.
4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to title 22, CCR, section 66261.124.
5. Neutralize acidic or alkaline (base) wastes from the regeneration of ion exchange media used to demineralize water. (This waste cannot contain more than 10 percent acid or base by weight to be eligible for conditional exemption.)
6. Neutralize acidic or alkaline (base) wastes from the food processing industry.
7. Recovery of silver from photofinishing. The volume limit for conditional exemption is 500 gallons per generator (at the same location) in any calendar month.
8. Gravity separation of the following, including the use of flocculants and demulsifiers if
- a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
- b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel).
9. Neutralizing acidic or alkaline (base) material by a state certified laboratory or a laboratory operated by an educational institution. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

II. NARRATIVE DESCRIPTIONS: *Provide a brief description of the specific waste treated and the treatment process used.*

1. SPECIFIC WASTE TYPES TREATED: X-ray fixer containing silver.
-
2. TREATMENT PROCESS(ES) USED: Metallic replacement.
-

III. RESIDUAL MANAGEMENT: *Check Yes or No to each question as it applies to all residuals from this treatment unit.*

- | | | |
|-------------------------------------|-------------------------------------|---|
| YES | NO | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Do you discharge non-hazardous aqueous waste to a publicly owned treatment works (POTW)/sewer? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you discharge non-hazardous aqueous waste under an NPDES permit? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Do you have your residual hazardous waste hauled offsite by a registered hazardous waste hauler?
If you do, where is the waste sent? <i>Check all that apply.</i> |
| | | <input checked="" type="checkbox"/> a. Offsite recycling |
| | | <input type="checkbox"/> b. Thermal treatment |
| | | <input type="checkbox"/> c. Disposal to land |
| | | <input type="checkbox"/> d. Further treatment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Do you dispose of non-hazardous solid waste residues at an offsite location? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Other method of disposal. Specify: _____ |
-

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT:

In order to demonstrate eligibility for one of the onsite treatment tiers, facilities are required to provide the basis for determining that a hazardous waste permit is not required under the federal Resource Conservation and Recovery Act (RCRA) and the federal regulations adopted under RCRA (Title 40, Code of Federal Regulations (CFR)).

Choose the reason(s) that describe the operation of your onsite treatment units:

1. The hazardous waste being treated is not a hazardous waste under federal law although it is regulated as a hazardous waste under California state law.
2. The waste is treated in wastewater treatment units (tanks), as defined in 40 CFR Part 260.10, and discharged to a publicly owned treatment works (POTW)/sewerage agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

**CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION**
(pursuant to Health and Safety Code Section 25201.5(c))

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT: (continued)

3. The waste is treated in elementary neutralization units, as defined in 40 CFR Part 260.10, and discharged to a POTW/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.
4. The waste is treated in a totally enclosed treatment facility as defined in 40 CFR Part 260.10; 40 CFR 264.1(g)(5).
5. The company generates no more than 100 kg (approximately 27 gallons) of hazardous waste in a calendar month and is eligible as a federal conditionally exempt small quantity generator. 40 CFR 260.10 and 40 CFR 261.5.
6. The waste is treated in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 40 CFR 262.34, 40 CFR 270.1(c)(2)(i), and the Preamble to the March 24, 1986 Federal Register.
7. Recyclable materials are reclaimed to recover economically significant amounts of silver or other precious metals. 40 CFR 261.6(a)(2)(iv), 40 CFR 264.1(g)(2), and 40 CFR 266.70.
8. Empty container rinsing and/or treatment. 40 CFR 261.7.
9. Other: Specify: _____

V. TRANSPORTABLE TREATMENT UNIT: Check Yes or No. Please refer to the Instructions for more information.

YES NO

- Is this unit a Transportable Treatment Unit?

If you answered yes, you must also complete and attach Form 1772E to this page.

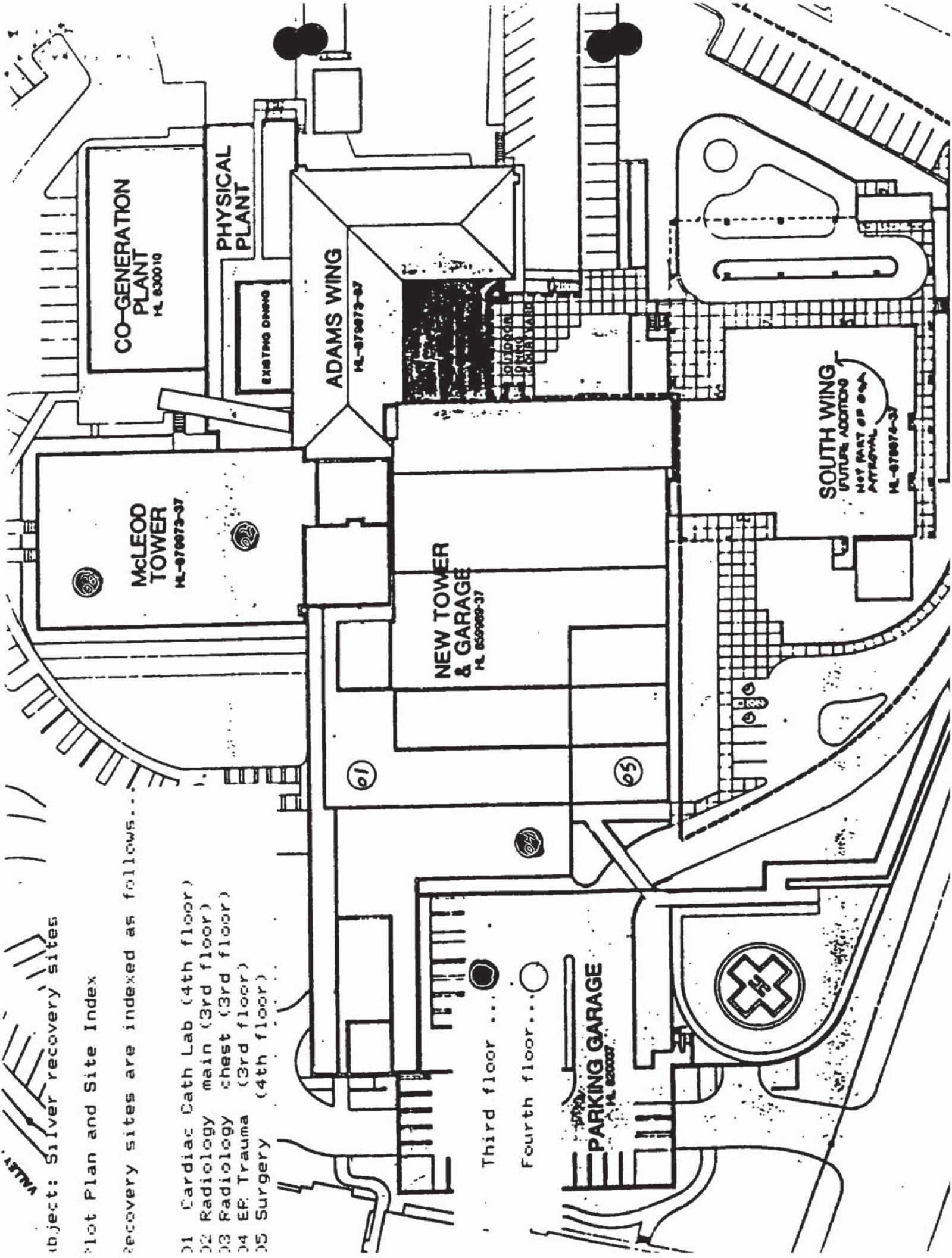
The Tier-Specific Factsheets contain a summary of the operating requirements for this category. Please review those requirements carefully before completing or submitting this notification package.

Subject: Silver recovery sites

Plot Plan and Site Index

Recovery sites are indexed as follows...

- 01 Cardiac Cath Lab (4th floor)
- 02 Radiology main (3rd floor)
- 03 Radiology chest (3rd floor)
- 04 EP Trauma (3rd floor)
- 05 Surgery (4th floor)



Third floor ...

Fourth floor ...

PARKING GARAGE
HL 850007



TO Main file: 20 results MP, Monitor Cent
 County of San Diego **Palomar Tank File**

Kiva
 up dated
 11-18-03
 JRF

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261; (619) 338-2222 FAX (619) 338-2377; 1-800-253-9833

MONITORING EQUIPMENT AND INTEGRITY TEST VERIFICATION REPORT

Plan Check Number: RT2347 UPF Permit Number: 11423.0
 Facility Name: Palomar Medical Center
 Site Address: 555 E. Valley Hwy. City: Escondido Zip: 92025
 Contractor's Name: George Bryant Const. Phone #: (909) 944-3517

REQUIRED DOCUMENTATION:		YES	NO
Integrity Test Report Received	<input type="checkbox"/> Tank (N/A) <input checked="" type="checkbox"/> Piping (20) <input checked="" type="checkbox"/> Secondary	✓	
Certification of Tank System Installation Forms for each tank:		N/A	
<input type="checkbox"/> Facility (Form A)	<input type="checkbox"/> Tanks (Form B) <input type="checkbox"/> Installation Certification (Form C)	N/A	
Tank Manufacturer's Checklist for New Tank Systems Installed		N/A	
Received:	<input type="checkbox"/> Certification of Monitoring Equipment Installation <input checked="" type="checkbox"/> UST Monitoring System Cert.	✓	
Complete Monitoring and Response Plans Received: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input checked="" type="checkbox"/> Plot Plan		✓	
MONITORING SYSTEM TYPE: <u>Pneumercator TMS 2000</u>		DATE: <u>11/13/03</u>	
Number of monitoring probes installed	<u>0</u> Number of monitoring sensors installed <u>6</u>	YES	NO
Monitoring devices/piping/tanks installed as shown on HMD approved plans.		✓	
Tank (interstitial space)	<input type="checkbox"/> Wet annular <input checked="" type="checkbox"/> Dry annular	✓	
Manway sumps	<input type="checkbox"/> Turbines (N/A) <input checked="" type="checkbox"/> Fills <input type="checkbox"/> ATG	✓	
1ry & 2ndary Containment piping	<input type="checkbox"/> Flexible <input checked="" type="checkbox"/> FRP <input type="checkbox"/> Other	✓	
Dispenser Containment sumps	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic <input type="checkbox"/> Other	N/A	
Shut down device with alarm	<input type="checkbox"/> Turbine and UDC <input type="checkbox"/> Turbine only <u>emergency generator</u>	N/A	
Monitoring devices on turbine	<input type="checkbox"/> PLLD <input type="checkbox"/> Restrictive/Mechanical <input type="checkbox"/> Other <input checked="" type="checkbox"/> None	N/A	
Fail Safe enabled	<input type="checkbox"/> Y <input type="checkbox"/> N (N/A) As builds received <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	N/A	
SPILL/OVERFILL PREVENTION CHECK:		YES	NO
Catchment Basin on fill pipe installed		✓	
Ball Float Valves on vent and vapor lines installed <u>95%</u>		✓	
Product Level Sensing Device (ATG) _____ %			✓
Positive shutoff on fill pipe (Flapper Valve) <u>95%</u>		✓	
Vapor <input checked="" type="checkbox"/> secondarily contained <u>Vapor N/A - suction diesel system.</u>		✓	✓
Tanks and piping secondary containment under constant pressure/vacuum			✓
MONITORING EQUIPMENT VERIFICATION APPROVED		✓	
REINSPECTION AND REINSPECTION FEE REQUIRED			✓
FINAL OPERATING PERMIT ISSUED		✓	

Received by: Matt I Print Name: MATT BRYANT DATE: 11/13/03
 HMD Inspector: JUAN FERNANDEZ DATE: 11/13/03
 Remarks: Repairs to 10K and 3K tanks. Secondary lines repaired for both USTs. All sensors OK, All paperwork subm. HMD. Monitoring system certified.



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P.O. BOX 129281, SAN DIEGO, CA 92112-9281
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

Kiwa updated 9/20/03

UST PRESSURE TEST/SECONDARY CONTAINMENT INSPECTION REPORT

Plan Check Number: RT 2347 UPF Permit Number: 114230
Facility Name: Palomar Medical Center Bldg. No.: _____
Site Address: 555 E. Valley Pkwy. City: Escondido Zip: 92025
Contractor: GBC, Inc. Contractor's Phone No.: (909) 944-3517

PROJECT DESCRIPTION

New Tank Installation Repipe/Repair Secondary Containment Other: extended
Secondaries into piping sump for 3K tank. 10K tank repaired
2 secondary clam shells.

I. PRESSURE TEST

Tank ID:	3K P/F	3K P/F	10K P/F	10K P/F	P/F
Product Type:	Supply	return	Supply	return	

Product Line

Primary

Start time:	N/A	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:	N/A	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

Secondary

Start time:	9:15	5.8 psi	5.8 psi	5.8 psi	5.8 psi	_____ psi
End time:	9:45	5.8 psi	5.8 psi	5.8 psi	5.8 psi	_____ psi

Vapor/Tank & Vent

Primary

Start time:	N/A	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:	N/A	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

Secondary

Start time:	N/A	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
End time:	N/A	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi

II. HYDROSTATIC TEST

Visual test on 3K fill/piping sump Pass

Start time:	9:15	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
End time:	9:45	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
Start time:	_____	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches
End time:	_____	_____ inches	_____ inches	_____ inches	_____ inches	_____ inches

Sump dispenser/
spill bucket:

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:

3K tank - Supply/return secondaries extended - PT Pass
10K tank - Supply/return clam shells repaired - PT Pass
3K tank - 1/2 hour visual hydrostatic test performed on
fill/piping sump. PASS.
Final Inspection required on Monitoring Panels (2 in total)

HMD Inspector: Juan Fernandez Date: 9/12/03
Received by: Ron Franklin Print name: Ron Franklin Date: 9/12/03
FRANKLIN

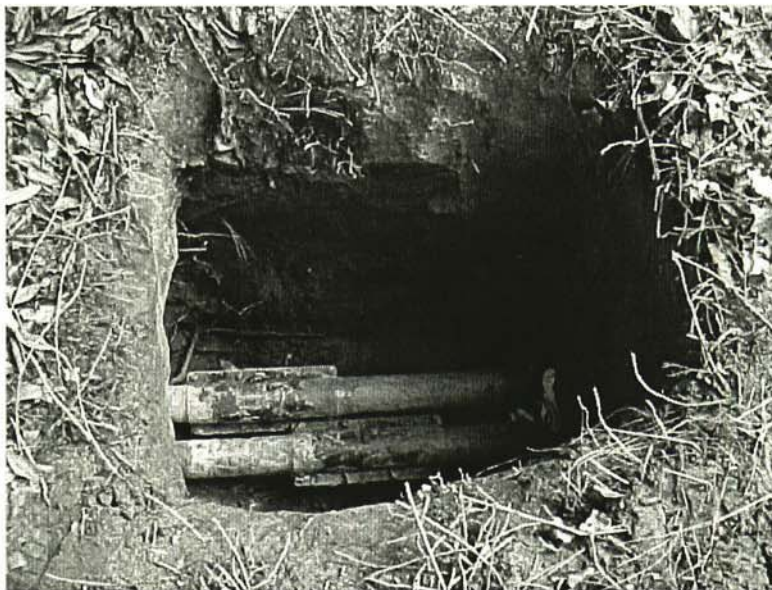
**PALOMAR MEDICAL CENTER
555 E. VALLEY PKWY, ESCONDIDO
RT2347, 114230, SECONDARY REPAIRS**

9/12/03

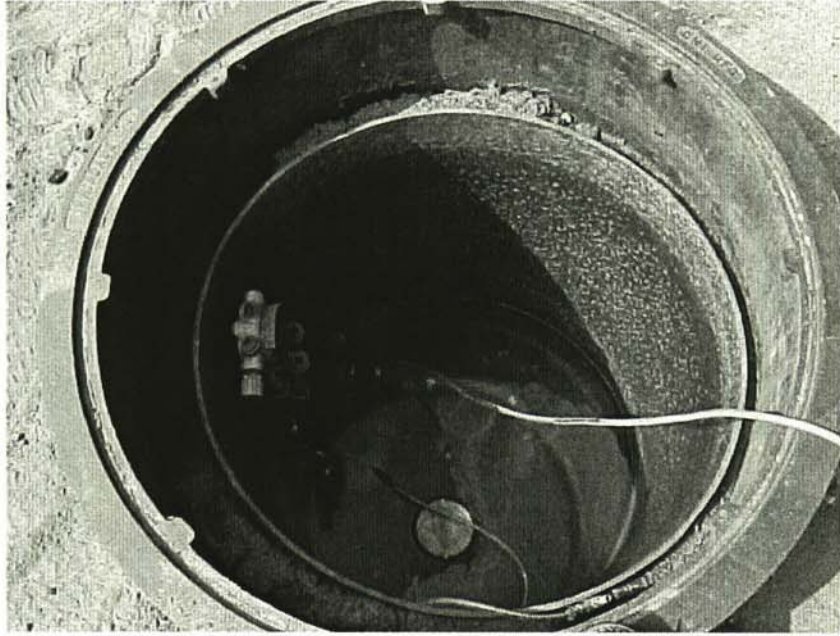
JUAN FERNANDEZ



**REPAIR TO SECONDARY PIPE AT UNDERGROUND/ABOVEGROUND
TRANSITION**



REPAIR TO SECONDARY PIPE



PIPING SUMP



NEW OVERSPILL BUCKET IN FILL SUMP



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 # RT2347
 Establishment # 114230
 Date: June 19, 2003
 Expiration Date: June 19, 2004

Permit for Underground Storage Tank Construction/Closure

SITE NAME: Palomar Medical Center
 SITE ADDRESS: 555 E. Valley Parkway, Escondido, CA 92025
 OWNER NAME: SAME
 OWNER ADDRESS: SAME

DESCRIPTION OF PROPOSED WORK: Repipe one underground storage tank and repair secondary containment

PERMIT CONDITIONS: The following is the scope of work that will be performed at the site listed above. The DEH inspector will verify that the CCR Title 23 requirements have been met.

Scope of work:

3,000 Gallon Diesel UST (Repipe) --

- 1) Soil sampling is required for all product piping removed. (all product piping must be exposed and remain until the sampling points are identified by the DEH inspector)
- 2) Install New double wall FRP supply and return product lines
- 3) Install New fill sump*
- 4) Install New transition sump with electronic monitoring
- 5) Make repairs to fiberglass sump using fiberglass matting
- 6) A Certified line integrity test is required prior to the final inspection.

*Tank sump must be installed in accordance with the tank manufacturers recommendations. Installation must not void the Tank Manufacturers Listing. You must provide documentation from the installer that they are certified to install collars on the specific underground storage tank(s) and that it was done in accordance with the manufacturers recommendations. You must submit the documentation at the Final inspection.

10,000 Gallon Diesel UST

- 1) Test boots to be installed in order to perform secondary pipe test. Pressure test on the primary line will be required if line was disconnected in order to facilitate the installation of the test boots.

Inspection Requirements:

- 1) Removal and Soil Sampling of product piping
- 2) Pressure Test and hydrosatic test (visual)
- 3) Final inspection**

(P)

*TMS-2000
 Pneumercator - 2 units*

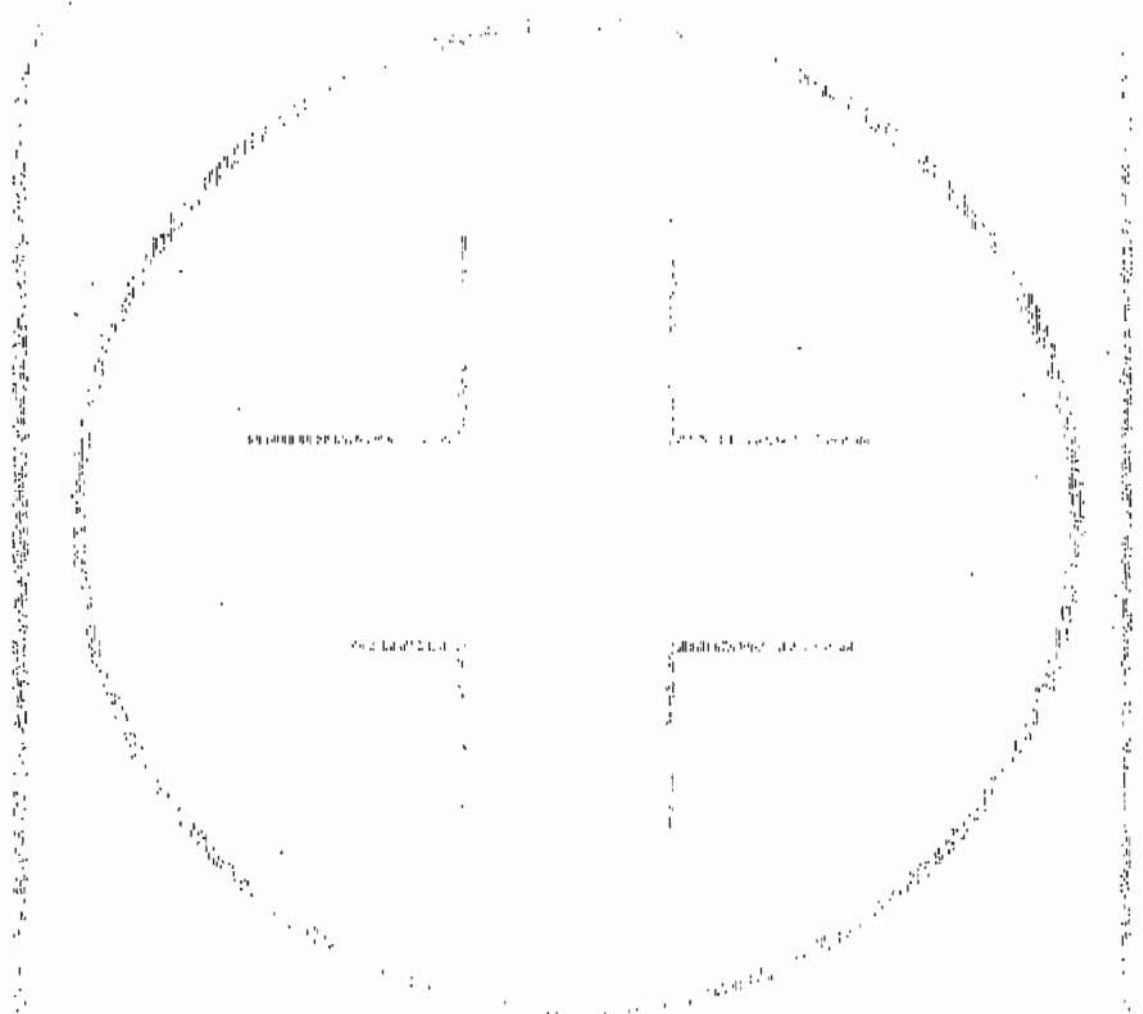
****Required Documents at Final Inspection:**

- 1) Certified Pipe Line Integrity Test Results
- 2) Certification of Secondary Containment Testing (SD County form DEH:HMD-9169)
- 3) New UST Written Monitoring Procedures and Emergency Response Plans (SD County form DEH:HMD-9222)
- 4) Certification of Monitoring Equipment Installation (SD County form DEH:HMD-9301)
- 5) CUPA Form B and C

Additional documents may be required at the discretion of the DEH Inspector

Please note: Any deviation from the above scope of work may require a \$220.00 plan re-review fee and \$330.00 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 \$330.00 REINSPECTION FEE.



Plans Reviewed and Approved By: Robert Rapista
Notified _____

Date: 6/19/03

FILE
114230

September 16, 2003

Attention: Sylvia Mosse
County of San Diego DEH
Hazardous Materials Division
P. O. Box 129261
San Diego, CA 92112-9261

Re: SB989 Re-Testing
Palomar Medical Center
555 E. Valley Parkway, Escondido, CA 92055

Dear Ms. Mosse:

Repairs were performed at the above referenced facility under permit #114230. Enclosed please find the results from the re-testing performed on September 12, 2003. All equipment re-tested passed testing. This completes this project.

Should you have any questions or require further information, please contact our office at (909) 944-3517.

Sincerely,

M. S. Bryant
George Bryant Construction, Inc.

Enclosures

H14230

GEORGE BRYANT CONSTRUCTION, INC. - 718466
9333 Golden Street
Alta Loma, CA 91737-2821
(909) 944-3517

FAX TRANSMITTAL FORM

TO Laurie Apecelher

FAX NUMBER (619) 338-2315

COMPANY: San Diego County E.H.S

FROM: George Bryant

PHONE (909) 944-3517 FAX (909) 948-2876

COMPANY: G.B.C. Inc

NUMBER OF PAGES 10 INCLUDES THIS PAGE

COMMENTS: Copies of Lab Results
For Palomar med. Center, please
send closure for THIS project

Thank you
A.E. Br



Del Mar Analytical

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 9830 South 51st St., Suite B-120, Phoenix, AZ 85044 (480) 785-0043 FAX (480) 785-0851
 2520 E. Sunser Rd. #3, Las Vegas, NV 89120 (702) 708-3620 FAX (702) 788-3821

LABORATORY REPORT

Prepared For: George Bryant Construction
 9333 Golden St.
 Alta Loma, CA 91737
 Attention: George Bryant

Project: Palomar Medical Center

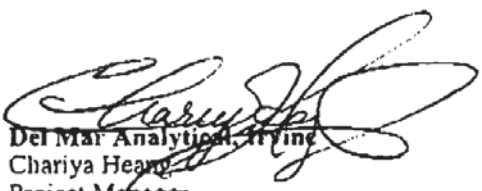
Sampled: 09/09/03
 Received: 09/09/03
 Issued: 09/22/03

NELAP #01108CA CA ELAP #1197

The results listed within this Laboratory Report pertain only to the samples tested in the laboratory. All soil samples are reported on a wet weight basis unless otherwise noted in the report. This Laboratory Report is confidential and is intended for the sole use of Del Mar Analytical and its client. This report shall not be reproduced, except in full, without written permission from Del Mar Analytical. The Chain(s) of Custody, 4 pages, are included and are an integral part of this report. This entire report was reviewed and approved for release.

SAMPLE CROSS REFERENCE

LABORATORY ID	CLIENT ID	MATRIX
IMI0525-01	T1-1-5'	Soil
IMI0525-02	T2-2-3'	Soil
JMI0525-03	T2-1-3'	Soil
IMI0525-04	T2-3-4'	Soil
IMI0525-05	T2-4-3'	Soil
IMI0525-06	T2-5-5'	Soil


 Del Mar Analytical, Irvine
 Chariya Heang
 Project Manager



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 1014 E. Cooley Dr., Suite A, Colton CA 92324 (909) 370-4887 FAX (909) 370-1046
 9484 Chocomaque Dr., Suite 805, San Diego, CA 92123 (650) 505-8596 FAX (650) 505-9009
 9830 South 51st St., Suite B-120, Phoenix, AZ 85044 (480) 795-0043 FAX (480) 795-0051
 2520 E. Sunset Rd., #3, Las Vegas, NV 89120 (702) 790-3020 FAX (702) 798-3821

George Bryant Construction
 9333 Golden St.
 Alta Loma, CA 91737
 Attention: George Bryant

Project ID: Palomar Medical Center

Report Number: IMI0525

Sampled: 09/09/03
 Received: 09/09/03

EXTRACTABLE FUEL HYDROCARBONS (CADHS/8015 Modified)

Analyte	Method	Batch	Reporting Limit	Sample Result	Dilution Factor	Date Extracted	Date Analyzed	Data Qualifiers
Sample ID: IMI0525-01 (T1-1-5' - Soil)								
Reporting Units: mg/kg								
EFH (C8 - C40)	EPA 8015 MOD.	3116044	5.0	ND	1	9/16/2003	9/17/2003	
				75 %				
<i>Surrogate: n-Octacosane (50-125%)</i>								
Sample ID: IMI0525-02 (T2-2-3' - Soil)								
Reporting Units: mg/kg								
EFH (C8 - C40)	EPA 8015 MOD.	3116044	10	ND	2	9/16/2003	9/17/2003	
				80 %				
<i>Surrogate: n-Octacosane (50-125%)</i>								
Sample ID: IMI0525-03 (T2-1-3' - Soil)								
Reporting Units: mg/kg								
EFH (C8 - C40)	EPA 8015 MOD.	3116044	5.0	ND	1	9/16/2003	9/17/2003	
				73 %				
<i>Surrogate: n-Octacosane (50-125%)</i>								
Sample ID: IMI0525-04 (T2-3-4' - Soil)								
Reporting Units: mg/kg								
EFH (C8 - C40)	EPA 8015 MOD.	3116044	5.0	ND	1	9/16/2003	9/16/2003	
				65 %				
<i>Surrogate: n-Octacosane (50-125%)</i>								
Sample ID: IMI0525-05 (T2-4-3' - Soil)								
Reporting Units: mg/kg								
EFH (C8 - C40)	EPA 8015 MOD.	3116044	5.0	ND	1	9/16/2003	9/17/2003	
				60 %				
<i>Surrogate: n-Octacosane (50-125%)</i>								
Sample ID: IMI0525-06 (T2-5-5' - Soil)								
Reporting Units: mg/kg								
EFH (C8 - C40)	EPA 8015 MOD.	3116044	5.0	5.5	1	9/16/2003	9/17/2003	CR
				76 %				
<i>Surrogate: n-Octacosane (50-125%)</i>								

Del Mar Analytical, Irvine
 Chariya Hcang
 Project Manager

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IMI0525 <Page 2 of 8>



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 7484 Chesapeake Dr., Suite 805, San Diego, CA 92123 (858) 505-8586 FAX (858) 505-9888
 9830 South 51st St., Suite B-120, Phoenix, AZ 85044 (480) 785-0013 FAX (480) 785-0851
 2520 E. Sunset Rd., #2, Las Vegas, NV 89120 (702) 798-3620 FAX (702) 798-3621

George Bryant Construction
 9333 Golden St.
 Alta Loma, CA 91737
 Attention: George Bryant

Project ID: Palomar Medical Center

Report Number: IM10525

Sampled: 09/09/03
 Received: 09/09/03

BTEX/OXYGENATES by GC/MS (EPA 8260B)

Analyte	Method	Batch	Reporting Limit	Sample Result	Dilution Factor	Date Extracted	Date Analyzed	Data Qualifiers
Sample ID: IM10525-06 (T2-5-5' - Soil)								
Reporting Units: ug/kg								
Benzene	EPA 8260B	3121008	50	ND	1	9/21/2003	9/21/2003	
Ethylbenzene	EPA 8260B	3121008	50	ND	1	9/21/2003	9/21/2003	
Toluene	EPA 8260B	3121008	50	ND	1	9/21/2003	9/21/2003	
o-Xylene	EPA 8260B	3121008	50	ND	1	9/21/2003	9/21/2003	
m,p-Xylenes	EPA 8260B	3121008	100	ND	1	9/21/2003	9/21/2003	
Xylenes, Total	EPA 8260B	3121008	150	ND	1	9/21/2003	9/21/2003	
Di-isopropyl Ether (DIPE)	EPA 8260B	3121008	5.0	ND	1	9/21/2003	9/21/2003	
Ethyl tert-Butyl Ether (ETBE)	EPA 8260B	3121008	5.0	ND	1	9/21/2003	9/21/2003	
tert-Amyl Methyl Ether (TAME)	EPA 8260B	3121008	5.0	ND	1	9/21/2003	9/21/2003	
Methyl-tert-butyl Ether (MTBE)	EPA 8260B	3121008	10	ND	1	9/21/2003	9/21/2003	
tert-Butanol (TBA)	EPA 8260B	3121008	50	ND	1	9/21/2003	9/21/2003	
Surrogate: Dibromofluoromethane (80-125%)				101 %				
Surrogate: Toluene-d8 (80-120%)				101 %				
Surrogate: 4-Bromofluorobenzene (80-120%)				99 %				

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 Chariya Heang
 Project Manager

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 9484 Chesapeake Dr., Suite 805, San Diego, CA 92123 (858) 505-8598 FAX (858) 505-8889
 9830 South 51st St., Suite B-170, Phoenix, AZ 85044 (480) 785-0043 FAX (480) 785-0951
 2520 E. Sunset Rd., #3, Las Vegas, NV 89120 (702) 798-3820 FAX (702) 798-3621

George Bryant Construction
 9333 Golden St.
 Alta Loma, CA 91737
 Attention: George Bryant

Project ID: Palomar Medical Center

Report Number: IMI0525

Sampled: 09/09/03
 Received: 09/09/03

METHOD BLANK/QC DATA

EXTRACTABLE FUEL HYDROCARBONS (CADHS/8015 Modified)

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC Limits	RPD	RPD Limit	Data Qualifiers
Batch: 3116044 Extracted: 09/16/03									
Blank Analyzed: 09/16/03 (3116044-BLK1)									
EFH (C8 - C40)	ND	5.0	mg/kg						
Surrogate: n-Octacosane	5.05		mg/kg	6.67		76 50-125			
LCS Analyzed: 09/16/03 (3116044-BS1)									
EFH (C8 - C40)	20.0	5.0	mg/kg	33.3		60 45-115			
Surrogate: n-Octacosane	4.68		mg/kg	6.67		70 50-125			
Matrix Spike Analyzed: 09/16/03 (3116044-MS1)									
EFH (C8 - C40)	23.9	5.0	mg/kg	33.3	6.2	53 35-115			
Surrogate: n-Octacosane	4.69		mg/kg	6.67		70 50-125			
Matrix Spike Dup Analyzed: 09/16/03 (3116044-MSD1)									
EFH (C8 - C40)	24.7	5.0	mg/kg	33.3	6.2	56 35-115	3	30	
Surrogate: n-Octacosane	4.97		mg/kg	6.67		75 50-125			

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 9484 Champaign Dr., Suite 804, San Diego, CA 92123 (619) 505-8598 FAX (619) 505-0699
 9830 South 51st St., Suite B-120, Phoenix, AZ 85044 (480) 786-0043 FAX (480) 786-0951
 2520 E. Sunset Rd., #3, Las Vegas, NV 89120 (702) 798-3820 FAX (702) 798-3821

George Bryant Construction
 9333 Golden St.
 Alta Loma, CA 91737
 Attention: George Bryant

Project ID: Palomar Medical Center

Report Number: IMI0525

Sampled: 09/09/03
 Received: 09/09/03

METHOD BLANK/QC DATA

BTEX/OXYGENATES by GC/MS (EPA 8260B)

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC %REC Limits	RPD RPD	RPD Limit	Data Qualifiers
Batch: 3121008 Extracted: 09/21/03									
Blank Analyzed: 09/21/03 (3121008-BLK1)									
Benzene	ND	50	ug/kg						
Ethylbenzene	ND	50	ug/kg						
Toluene	ND	50	ug/kg						
o-Xylene	ND	50	ug/kg						
m,p-Xylenes	ND	100	ug/kg						
Xylenes, Total	ND	150	ug/kg						
Di-isopropyl Ether (DIPE)	ND	5.0	ug/kg						
Ethyl tert-Butyl Ether (ETBE)	ND	5.0	ug/kg						
tert-Amyl Methyl Ether (TAME)	ND	5.0	ug/kg						
Methyl-tert-butyl Ether (MTBE)	ND	10	ug/kg						
tert-Butanol (TBA)	ND	50	ug/kg						
Surrogate: Dibromofluoromethane	50.6		ug/kg	50.0		101		80-125	
Surrogate: Toluene-d8	50.3		ug/kg	50.0		101		80-120	
Surrogate: 4-Bromofluorobenzene	49.5		ug/kg	50.0		99		80-120	
LCS Analyzed: 09/21/03 (3121008-BS1)									
Benzene	44.8	50	ug/kg	50.0		90		70-120	
Ethylbenzene	47.3	50	ug/kg	50.0		95		75-125	
Toluene	46.7	50	ug/kg	50.0		93		75-120	
o-Xylene	46.5	50	ug/kg	50.0		93		75-125	
m,p-Xylenes	93.5	100	ug/kg	100		94		75-125	
Xylenes, Total	140	150	ug/kg	150		93		75-125	
Di-isopropyl Ether (DIPE)	50.5	5.0	ug/kg	50.0		101		65-135	
Ethyl tert-Butyl Ether (ETBE)	52.2	5.0	ug/kg	50.0		104		60-140	
tert-Amyl Methyl Ether (TAME)	50.9	5.0	ug/kg	50.0		102		60-140	
Methyl-tert-butyl Ether (MTBE)	53.8	10	ug/kg	50.0		108		55-145	
tert-Butanol (TBA)	261	50	ug/kg	250		104		70-140	
Surrogate: Dibromofluoromethane	51.5		ug/kg	50.0		103		80-125	
Surrogate: Toluene-d8	51.0		ug/kg	50.0		102		80-120	
Surrogate: 4-Bromofluorobenzene	50.8		ug/kg	50.0		102		80-120	

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 Project Manager

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 9830 South 51st St., Suite B-120, Phoenix, AZ 85044 (480) 785-0043 FAX (480) 785-0851
 2520 E. Sunset Rd., #3, Las Vegas, NV 89120 (702) 790-3820 FAX (702) 798-3821

George Bryant Construction
 9333 Golden St.
 Alta Loma, CA 91737
 Attention: George Bryant

Project ID: Palomar Medical Center

Report Number: IM10525

Sampled: 09/09/03
 Received: 09/09/03

METHOD BLANK/QC DATA

BTEX/OXYGENATES by GC/MS (EPA 8260B)

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC %REC Limits	RPD	RPD Limit	Data Qualifiers
Batch: 3121008 Extracted: 09/21/03									
Matrix Spike Analyzed: 09/21/03 (3121008-MS1)					Source: IM10907-01				
Benzene	45.8	50	ug/kg	50.0	ND	92 65-130			
Ethylbenzene	49.0	50	ug/kg	50.0	ND	98 70-130			
Toluene	48.0	50	ug/kg	50.0	ND	96 70-125			
o-Xylene	48.8	50	ug/kg	50.0	ND	98 70-125			
m,p-Xylenes	98.1	100	ug/kg	100	ND	98 70-125			
Xylenes, Total	147	150	ug/kg	150	ND	98 70-125			
Di-isopropyl Ether (DIPE)	53.2	5.0	ug/kg	50.0	ND	106 65-145			
Ethyl tert-Butyl Ether (ETBE)	54.0	5.0	ug/kg	50.0	ND	108 60-145			
tert-Amyl Methyl Ether (TAME)	51.9	5.0	ug/kg	50.0	ND	104 60-145			
Methyl-tert-butyl Ether (MTBE)	54.6	10	ug/kg	50.0	ND	109 50-150			
tert-Butanol (TBA)	278	50	ug/kg	250	ND	111 65-140			
Surrogate: Dibromofluoromethane	51.9		ug/kg	50.0		104 80-125			
Surrogate: Toluene-d8	51.0		ug/kg	50.0		102 80-120			
Surrogate: 4-Bromofluorobenzene	50.7		ug/kg	50.0		101 80-120			
Matrix Spike Dup Analyzed: 09/21/03 (3121008-MSD1)					Source: IM10907-01				
Benzene	45.5	50	ug/kg	50.0	ND	91 65-130	1	20	
Ethylbenzene	48.9	50	ug/kg	50.0	ND	98 70-130	0	20	
Toluene	46.9	50	ug/kg	50.0	ND	94 70-125	2	20	
o-Xylene	48.6	50	ug/kg	50.0	ND	97 70-125	0	20	
m,p-Xylenes	96.4	100	ug/kg	100	ND	96 70-125	2	20	
Xylenes, Total	145	150	ug/kg	150	ND	97 70-125	1	20	
Di-isopropyl Ether (DIPE)	51.9	5.0	ug/kg	50.0	ND	104 65-145	2	20	
Ethyl tert-Butyl Ether (ETBE)	51.6	5.0	ug/kg	50.0	ND	103 60-145	5	25	
tert-Amyl Methyl Ether (TAME)	48.7	5.0	ug/kg	50.0	ND	97 60-145	6	25	
Methyl-tert-butyl Ether (MTBE)	50.9	10	ug/kg	50.0	ND	102 50-150	7	25	
tert-Butanol (TBA)	255	50	ug/kg	250	ND	102 65-140	9	30	
Surrogate: Dibromofluoromethane	51.4		ug/kg	50.0		103 80-125			
Surrogate: Toluene-d8	50.6		ug/kg	50.0		101 80-120			
Surrogate: 4-Bromofluorobenzene	49.6		ug/kg	50.0		99 80-120			

Del Mar Analytical, Irvine
 Chariya Heang
 Project Manager

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9194 Chestnut Dr., Suite A05, San Diego, CA 92123 (858) 405-0599 FAX (858) 505-0689
1830 South 51st St., Suite B-120, Phoenix, AZ 85044 (480) 705-0043 FAX (480) 785-0851
2520 E. Sunset Rd #3, Las Vegas NV 89120 (702) 798-3620 FAX (702) 798-3621

George Bryant Construction
9333 Golden St.
Alta Loma, CA 91737
Attention: George Bryant

Project ID: Palomar Medical Center

Report Number: IMI0525

Sampled: 09/09/03
Received: 09/09/03

DATA QUALIFIERS AND DEFINITIONS

CR The carbon range of the fuel found in the sample = C8-C38
ND Analyte NOT DETECTED at or above the reporting limit or MDL, if MDL is specified.
RPD Relative Percent Difference

ADDITIONAL COMMENTS

For 8260 analyses:

Due to the high water solubility of alcohols and ketones, the calibration criteria for these compounds is <30% RSD.
The average % RSD of all compounds in the calibration is 15%, in accordance with EPA methods.

For Extractable Fuel Hydrocarbons (EFH, DRO, ORO):

Unless otherwise noted, Extractable Fuel Hydrocarbons (EFH, DRO, ORO) are quantitated against a Diesel Fuel Standard.

Del Mar Analytical, Irvine
Chariya Heang
Project Manager

*The results pertain only to the samples tested in the laboratory. This report shall not be reproduced
except in full, without written permission from Del Mar Analytical.*

IMI0525 <Page 7 of 8>



2052 Alton Ave., Irvine, CA 92606 (949) 261-1022 FAX (949) 261-1228
 1014 E. Cooley Dr., Suite A, Colton, CA 92324 (709) 370-1887 FAX (809) 370-1049
 9484 Chegganah Dr., Suite 005, San Diego, CA 92123 (619) 505-8508 FAX (619) 505-9889
 9830 South 51st St., Suite B-120, Phoenix, AZ 85044 (480) 785-0043 FAX (480) 785-0851
 2520 E. Sunnyside Rd., #3, Las Vegas, NV 89120 (702) 798-3620 FAX (702) 798-3621

George Bryant Construction
 9333 Golden St.
 Alta Loma, CA 91737
 Attention: George Bryant

Project ID: Palomar Medical Center

Report Number: IM10525

Sampled: 09/09/03
 Received: 09/09/03

Certification Summary

Del Mar Analytical, Irvine

Method	Matrix	NECAP	CA
EPA 8015 MOD.	Soil	N/A	N/A
EPA 8260B	Soil	X	X

NV and NECAP provide analyte specific accreditations. Analyte specific information for Del Mar Analytical may be obtained by contacting the laboratory or visiting our website at www.dmalabs.com.

Del Mar Analytical, Irvine
 Chariya Heang
 Project Manager



The results pertain only to the samples tested in the laboratory. This report shall not be reproduced, except in full, without written permission from Del Mar Analytical.

IM10525 <Page 8 of 8>

IM10522

Date 9/09/03 Page 1 of 1

SAM Chain-of-Custody Record

Project Name Reference Address	Sampler's Signature Lab To Be Used	ANALYSIS REQUESTED			SAMPLE TYPE			NO. OF	COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Site Assessment and Mitigation Division P.O. Box 129261 San Diego, CA 92112-9261
		TPH DOHS METHOD	TRPH EPA 418.1	BTXE (8020/802)	HALOGENATED (8010/801)	SOLID	LIQUID		
PALOMAR MEDICAL CENTER 555 FIVE VALLEY PARKWAY ESCONDIDO, CA DEL MAR	DEL MAR	T1-1-5	9/09 9:00	XX			X	1	COMMENTS * RUN 0260B 1 SAMPLE ON 1 ONE SAMPLE 1 ONLY FOR MIBE 1 OXYGENATES
		T2-2-3	9/09 9:10	XX			X	1	
		T2-1-3	9/09 9:18	XX			X	1	
		T2-3-4	9/09 9:28	XX			X	1	
		T2-4-3	9/09 9:41	XX			X	1	
		T2-5-5	9/09 9:47	XX			X	1	
								6	TOTAL NO. OF CONTAINERS
									Sample Conditions 4°C Received On Ice Yes/No Tape Seal Intact 190 Yes/No Special Shipment/Handling Or Storage Requirements:
									Split Sample Location Site Identification #H 114230 AT# R12347 SAM LAURIE APPELBA (619) 338-2315

1 RELINQUISHED BY	Date	2 RELINQUISHED BY	Date	3 RELINQUISHED BY	Date
Signature: [Signature]	9-9-03	Signature: [Signature]	9/10/03	Signature: [Signature]	9/10/03
Printed Name: [Name]	Time: 15:00	Printed Name: [Name]	Time: 9:00	Printed Name: [Name]	Time: 10:30
Company: [Company]	Date: 9/9/03	Company: [Company]	Date: 9/10/03	Company: [Company]	Time: 10:30
RECEIVED BY	Signature: [Signature]	RECEIVED BY (LAB)	Signature: [Signature]	RECEIVED BY (LAB)	Signature: [Signature]
Signature: [Signature]	Printed Name: [Name]	Signature: [Signature]	Printed Name: [Name]	Signature: [Signature]	Printed Name: [Name]
Printed Name: [Name]	Time: 15:00	Signature: [Signature]	Printed Name: [Name]	Signature: [Signature]	Printed Name: [Name]
		Printed Name: [Name]	Signature: [Signature]	Printed Name: [Name]	Signature: [Signature]
		Time: 15:00	Printed Name: [Name]	Signature: [Signature]	Printed Name: [Name]

County of San Diego
Department of Environmental Health

White - Laboratory
Yellow - Contractor/Responsible Party
Pink - SAM

Distribution:

HP Fax Series 900
Plain Paper Fax/Copier

Fax History Report for
Dept. of Env. Health SAM
(619) 338-2315
Oct 15 2003 8:37am

Last Fax

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Oct 15	8:15am	Received	9099482876	3:03	10	OK

Result:

OK - black and white fax

LAND AND WATER QUALITY DIVISION

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT

ESTABLISHMENT NO. 114230 PLAN CHECK NO. RT2347
 SITE NAME PALOMAR MEDICAL CTR PHONE _____
 SITE ADDRESS 555 E. VALLEY PKY CITY ESCONDIDO ZIP 92025
 CONTRACTOR GEORGE BRYANT PHONE 909 944-3517

Number of tanks to be removed 1 2 3 4 5 6 7 8 _____
 Decontamination by _____
 Manifest No. _____
 Tank rinsate (amount & destination) _____
 FIRE AGENCY PRESENT YES NO
 Dept. _____
 Permit No. _____
 Inspector _____

Tank ID No.	REMARKS
Capacity	SOIL SAMPLING
Tank Construction	① REPAIR AT 3-K TANK
Materials stored	
% L.E.L.	② REPAIR AT 10-K TANK
Dry ice/other (amt.)	
Tank condition	
Backfill soil type	NO RE PIPING DONE
Backfill condition	
Native soil type	SILTY SAND
Native condition	NO ODOR
Excavation odors?	NO STAINING
Stockpile odors?	
Water present?	YES <input checked="" type="radio"/> SAMPLE 4 (SPRINKLER)
Ponded product?	NO
Piping removed?	NO

REINSPECTION REQUIRED YES NO If yes, explain

NOTICE: You are hereby notified that on 9/10/03 an Environmental Health Specialist conducted an inspection for the closure of SOIL SAMPLING hazardous substance underground storage tank(s). A summary of the conditions follows:

An unauthorized release of a hazardous substance has been observed by the Environmental Health Specialist. You are hereby required to initiate Corrective Action measures (See Page 4 for details).

A determination of this site's status is pending the Site Assessment and Mitigation (SAM) Program's receipt and review of analytical results for the samples taken from the tank and/or piping closure site. A laboratory report must be submitted to SAM within 30 days. Please request that the laboratory send a copy of the analytical report directly to LAURIE APECECHES at the address provided below.

The SAM Program has completed its review of the analytical results for samples collected at the tank closure site and has determined the following:

TANK CLOSURE COMPLETE - NO FURTHER ACTION REQUIRED

INITIATE CORRECTIVE ACTION MEASURES (See enclosed information)

Reviewed by: Laurie Apeceches Date Reviewed: 10/15/03 Supervisor (Initial): MM

RECEIVED BY Matt
 PRINTED NAME MATT E BRYANT
 PHONE NUMBER (909) 944-3517
Laurie Apeceches
 Environmental Health Specialist
 SAM - P.O. Box 129261
 San Diego, CA 92112-9261 (619) 338-2222

DISTRIBUTION: WHITE-RETURN TO SAM
 YELLOW-BUSINESS RETAINS

Palomar Medical Center - 114230
555 E. Valley Pky
Escondido RT2347
9/09/03



Sample at repair of piping at 3000 gallon tank



Sample T2-1-3' at building

Palomar Medical Center - 114230
555 E. Valley Pky
Escondido RT2347
9/09/03



Sample T2-2 at 10000 gallon tank



Sample T2-3 at Natural Gas Line

Palomar Medical Center - 114230
555 E. Valley Pky
Escondido RT2347
9/09/03



Sample T2-4 at Pine Tree (to be removed)

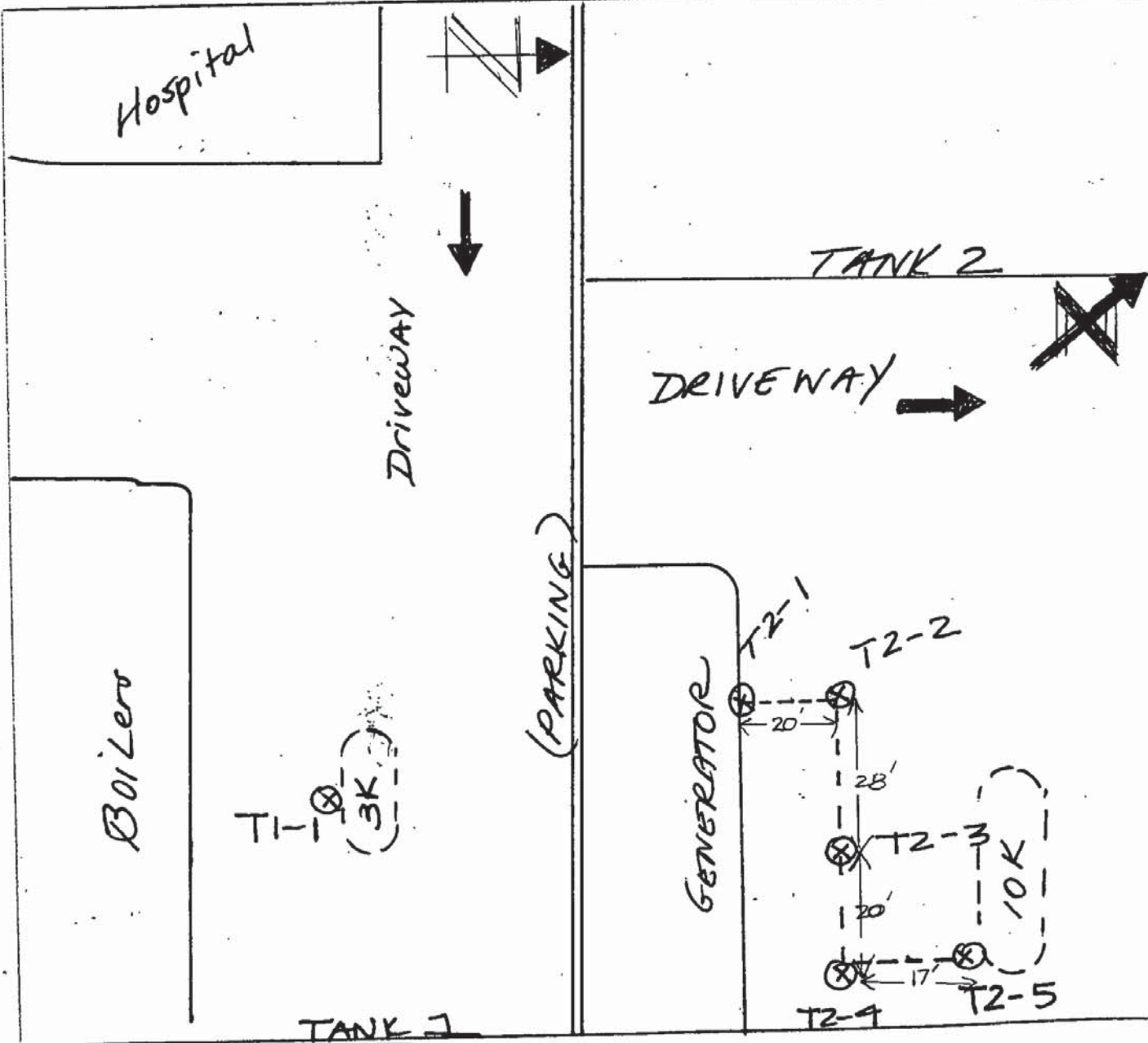


Sample T2-5 at the 10000 gallon tank

UST Removal Field Notes

Site Address: 555 E. VALLEY PARKWAY
 Date: 9/09/03 Estab# E 114230 Plan Check # AT/NT RT2347
 Disposal Location of Tanks: N/A Piping: N/A
 Manifest # _____

Site Plan View



(800) 276-3517

CA License #718468
 AZ License # AE116651
 NV License #0051343

9333 Golden St.
 Alta Loma, CA 91737
 Phone: (909) 944-3517
 Fax: (909) 948-2876



GEORGE BRYANT
 Construction and Environmental Services

Tank _____



Comments on Back?
 Yes No



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 # RT2347
Establishment # 114230
Date: June 19, 2003
Expiration Date: June 19, 2004

Permit for Underground Storage Tank Construction/Closure

SITE NAME: Palomar Medical Center
SITE ADDRESS: 555 E. Valley Parkway, Escondido, CA 92025
OWNER NAME: SAME
OWNER ADDRESS: SAME

DESCRIPTION OF PROPOSED WORK: Repipe one underground storage tank and repair secondary containment

PERMIT CONDITIONS: The following is the scope of work that will be performed at the site listed above. The DEH inspector will verify that the CCR Title 23 requirements have been met.

Scope of work:

3,000 Gallon Diesel UST (Repipe)

- 1) Soil sampling is required for all product piping removed. (all product piping must be exposed and remain until the sampling points are identified by the DEH inspector)
- 2) Install New double wall FRP supply and return product lines
- 3) Install New fill sump*
- 4) Install New transition sump with electronic monitoring
- 5) Make repairs to fiberglass sump using fiberglass matting
- 6) A Certified line integrity test is required prior to the final inspection.

*Tank sump must be installed in accordance with the tank manufacturers recommendations. Installation must not void the Tank Manufacturers Listing. You must provide documentation from the installer that they are certified to install collars on the specific underground storage tank(s) and that it was done in accordance with the manufacturers recommendations. You must submit the documentation at the Final inspection.

10,000 Gallon Diesel UST

- 1) Test boots to be installed in order to perform secondary pipe test. Pressure test on the primary line will be required if line was disconnected in order to facilitate the installation of the test boots

Inspection Requirements:

- 1) Removal and Soil Sampling of product piping
- 2) Pressure Test and hydrosatic test (visual)
- 3) Final inspection**

**Required Documents at Final Inspection:

- 1) Certified Pipe Line Integrity Test Results
- 2) Certification of Secondary Containment Testing (SD County form DEH:HMD-9169)
- 3) New UST Written Monitoring Procedures and Emergency Response Plans (SD County form DEH:HMD-9222)
- 4) Certification of Monitoring-Equipment Installation (SD County form-DEH:HMD-9301)
- 5) CUPA Form B and C

Additional documents may be required at the discretion of the DEH Inspector

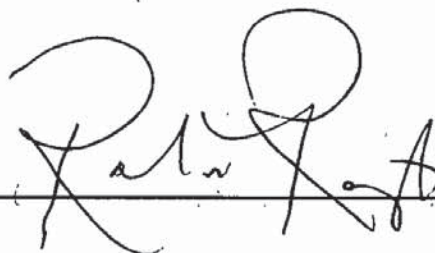
Please note: Any deviation from the above scope of work may require a \$220.00 plan re-review fee and \$330.00 re-inspection fee

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 \$330.00 REINSPECTION FEE.

Plans Reviewed and Approved By: Robert Rapista
Notified _____



Date: 6/19/03



RECEIVED

PERMIT APPLICATION

MAY 30 AM 10:43 PART I

GENERAL PROJECT INFORMATION

D. E. H.
MAILROOM

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

OFFICE USE ONLY

PERMIT #: 114230

PLAN CK#: RT2347

DATE RECEIVED: 5/30/03

FEE PAID: \$835.00

PLAN APPROVAL: 6/19/03

HYDRO UNIT: _____

BENEF. USE: _____

ORIGINAL

A. SITE NAME: PALOMAR Medical Center
SITE ADDRESS: 555 E. Valley Pky City ESCONDIDO, CA Zip 92025

B. PROPERTY OWNER:
Assessor's Parcel No. _____
Company PALOMAR Med. Center Contact GLENN HOTCHKISS
Mailing Address 555 E. Valley Pky City ESCONDIDO State CA Zip 92025
Phone (760) 739-3111
24-Hour Emergency Contact Glen Hotchkiss Phone 760 739-3111

C. TANK OPERATOR:
Company PALOMAR Med. Center Contact Glen Hotchkiss
Mailing Address 555 E. Valley Pky City ESCONDIDO, CA Zip 92025
Phone 760 739-3111
24-Hour Emergency Contact Same Phone () Same

D. CONTRACTOR PERFORMING WORK:
Primary Contractor G.B.C. INC Contract George E. BRYANT
Mailing Address 9333 Golden St City ALTA LOMA, CA Zip 91732
Phone (909) 944-3517
State Contractor License 718466
Hazardous Substances Certificate A-3664
Worker's Compensation Insurance Company AMERICAN SAFETY CASUALTY CO. INC

E. APPLICATION SUBMITTAL, PLAN APPROVAL, PERMIT ISSUANCE, AND REQUIRED INSPECTIONS

Submit one (1) original and two (2) copies of this application package, including plan drawings with the required fee to the Department of Environmental Health (DEH), Hazardous Materials Division, 1255 Imperial Avenue, San Diego, CA 92101; or mail to P.O. Box 129261, San Diego, CA 92112-9261. Checks should be made payable to the County of San Diego.

A permit will be issued by DEH upon review and approval of the application and plans. The required fees must be submitted with the application package. Information in addition to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued. The required inspections cannot be scheduled until a permit is issued. Once the permit has been issued, it is the responsibility of the permittee to notify DEH at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III, IV, & V).

F. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G
<input type="checkbox"/> Installation/Construction of new tank(s) systems only (without closing any existing tanks)	I & II	1
<input type="checkbox"/> Closure of existing tank(s) systems with installation of new tanks (tank replacement)	I, II & III	1 & 2
<input type="checkbox"/> Closure of existing tank(s) systems with no new tank installation	I & III	2
<input type="checkbox"/> Interior coating/repair of an existing underground storage tank	I & IV	1
<input checked="" type="checkbox"/> Repipe/pipe-repair piping upgrade of an existing underground storage tank facility	I & V	3
<input type="checkbox"/> Installation/Construction of vaulted tanks	VI	4

G. FEES: The fees shown below cover plan review and the required field inspections. Use the appropriate Fee Code as determined in Section F above.

FEE CODE	Installation fee for first tanks \$985.00 (fee will apply to all tank installations, tank repairs, interior lining and bladder installations)	Fee: \$
	Installation fee for each additional tank No. _____ X \$100.00	Fee: \$
1	Establishment Base Fee \$190.00 (Applies to establishments not currently under permit with DEH)	Fee: \$
	Operating Permit Fee per tank No. _____ X \$285.00 (Does not apply to replacement tanks if the existing tank to be replaced has paid current operating permit fees)	Fee: \$
2	Closure fee for first tank \$565.00	Fee: \$
	Closure fee for each additional tank No. _____ X \$95.00	Fee: \$
3	NOTE: Upgrades / Repair shall include but not limited to pipe repairs, repipes, and new monitoring system installations	
	Upgrade / Repair - 2 inspections (including soil sampling) \$835.00	Fee: \$ 835.00
	Upgrade / Repair - 1 inspection and no soil sampling \$590.00	Fee: \$
4	Consultation fee (e.g. vaulted tank: minimum 2 hours) Hours X \$100.00	Fee: \$
5	Re-inspection fee \$330.00	Fee: \$
	Plan Re-Review \$220.00	Fee: \$
TOTAL FEE: \$ 835.00		

H. PERMITS REQUIRED BY OTHER AGENCIES:

FIRE DEPARTMENT _____ APCD _____ BUILDING DEPARTMENT _____ OTHER _____

Provide copies of approved applications from these departments and others if needed.



PERMIT APPLICATION
PART V

APPLICATION FOR REPIPE, PIPING UPGRADE OR PIPE REPAIR OF AN EXISTING TANK FACILITY
BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER-Call (916) 324-2300 for information

TY (TK) HQ

4 4 - 0 1 9 4 6 4

NOTE: Application will be disapproved without this information

- A. TOTAL NUMBER OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED 2
- B. DESCRIPTION OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED

TANK NO.	TANK CAPACITY	PRODUCT TYPE	COMPOSITION
1	3000 GAL	DIESEL	
2	10,000 GAL	DIESEL	

CHECK BELOW WHAT PIPING IS TO BE REPLACED, REPAIRED OR UPGRADED.

	PRODUCT	VAPOR	VENT	FILL LINES
TANK NO. 1	DIESEL			✓
TANK NO. 2	DIESEL			✓
TANK NO. 3				
TANK NO. 4				

C. REASON FOR TANKS TO BE REPIPED/REPAIRED/UPGRADED:

- Upgrade to meet current state/federal requirements
 Piping system failure
 Other, briefly describe _____

D. PIPING MATERIALS AND CONSTRUCTION:

Primary Containment FIBER GLASS Manufacturer/model A.P.T
 Secondary Containment FIBER GLASS Manufacturer/model A.P.T
 Dispenser Containment _____ Manufacturer/model _____

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 _____
 Continuous monitoring device within the secondary containment: Manufacturer VEEDER ROOT TIS 300
 Leak detector on pressurized line (must shut down pump and activate alarm) (pressurized lines only)
 Continuous monitoring device shuts down pump and activates alarm (pressurized lines only)

G. DISPENSER CONTAINMENT MONITORING: (at a minimum must shut down dispenser)

- Mechanical monitoring
 Electronic monitoring _____ Model _____

H. TANK OVERFILL PREVENTION:

Catchment Basin surrounding the product fill pipe:

Manufacturer POMEROY AND

Product Level Sensing Device with High Level Alarm and Ball Float Valves
Manufacturer _____

-OR-

Positive shutoff device in fill pipe at 95% full
Manufacturer Auto Limiter

-OR-

Secondary containment for vent, vapor, and tank riser piping with Ball Float Valves or Product Level Sensing Device with High Level Alarm
Manufacturer _____

I. PIPING UPGRADE REQUIREMENT:

Cathodic protection for all product piping in direct contact with backfill material, including turbine, flex connectors and all other appurtenances containing product

Secondary containment of all product piping including turbines, dispenser piping, and all other appurtenances containing product

J. PROPOSED METHOD OF PIPE CLOSURE: REMOVAL CLOSURE IN PLACE

SAMPLING PROTOCOL Tank owner/authorized representative responsible for all sampling analyses and associated costs.

- For piping that is to be removed, the trenching shall be exposed prior to the scheduled inspection, sampling points will be identified by the DEH inspector and samples taken every 20 feet.
- Piping to be closed in place may be considered only if the removal might damage structures. Submit an alternate plan which must include soil sampling.

K. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING (Must be drawn to scale):

1. Location of existing and proposed structures.
2. Location of all existing underground tanks and piping. (Indicate what piping is to be closed in place or by removal)
3. Location of new piping, secondary containment, leak detection, and overfill prevention.
4. Cross section of piping, tank sumps, dispenser containment.

L. REQUIRED INSPECTIONS-PIPING REPAIR/REPLACEMENT/PIPING UPGRADE:

EACH PIPING REPAIR/REPLACEMENT AND/OR PIPING UPGRADE MUST BE INSPECTED BY DEH. THREE INSPECTIONS MAY BE REQUIRED.

1. FIRST INSPECTION:

- Piping to be closed by removal. Trenching shall be exposed prior to the scheduled inspection and sampling points identified by the DEH inspector.
- Piping to be closed in place. Piping shall be capped and drained and per alternate approved plan, samples collected by the DEH inspector.

2. SECOND INSPECTION:

- Pressure test of all piping repaired, replaced, or upgraded - verification of cathodic protection.

3. THIRD INSPECTION:

- Verification of leak detection devices/secondary containment.

M. DECLARATION

I declare that to the best of my knowledge and belief the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain a permit from the Department of Environmental Health (DEH).

I understand that any changes in design, materials, or equipment will void my permit to construct if prior approval is not obtained.

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Department of Environmental Health (DEH).

I will notify the Department of Environmental Health (DEH) at least two working days (48 hours) before work is to begin in order to schedule the required inspection. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that the responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE George E Bryant Contractor

PRINT NAME George E. Bryant

TELEPHONE 909, 944-3517 DATE 5/30/03



CONSTRUCTION AND ENVIRONMENTAL SERVICES

HAZ • Remediation • Asbestos • Lead Paint • Fuel Systems • CNG Systems • Demo

SCOPE OF WORK UST/SB989 REPAIRS

Palomar Medical Center
555 E. Valley Parkway, Escondido, CA 92055

1. Site Plan of facility showing tanks (2) locations attached.
2. Remove concrete as necessary to install product line, return line, and overflow sumps. Maintain a one to one slope from surface to top of tank.
3. Re-fiberglass existing piping and fill sumps.
4. Take soil samples and have analyzed per San Diego County DHS requirements. (If existing installation is in pea gravel sampling will not be possible).
5. Notify San Diego County DHS five days prior to re-testing.
6. Perform SB989 re-testing on all items that failed initial testing.
10. Replace backfill and surface material to match existing after all testing is completed.

9333 Golden Street • Alta Loma, CA 91737-2821
2250 E. Tropicana Avenue, Suite 19-612 • Las Vegas, NV 89119
1642 McCulloch Avenue, #264 • Lake Havasu City, AZ 86403

(909) 944-3517 Phone • (800) 276-3517 Toll Free • (909) 948-2876 Fax



CONSTRUCTION AND ENVIRONMENTAL SERVICES

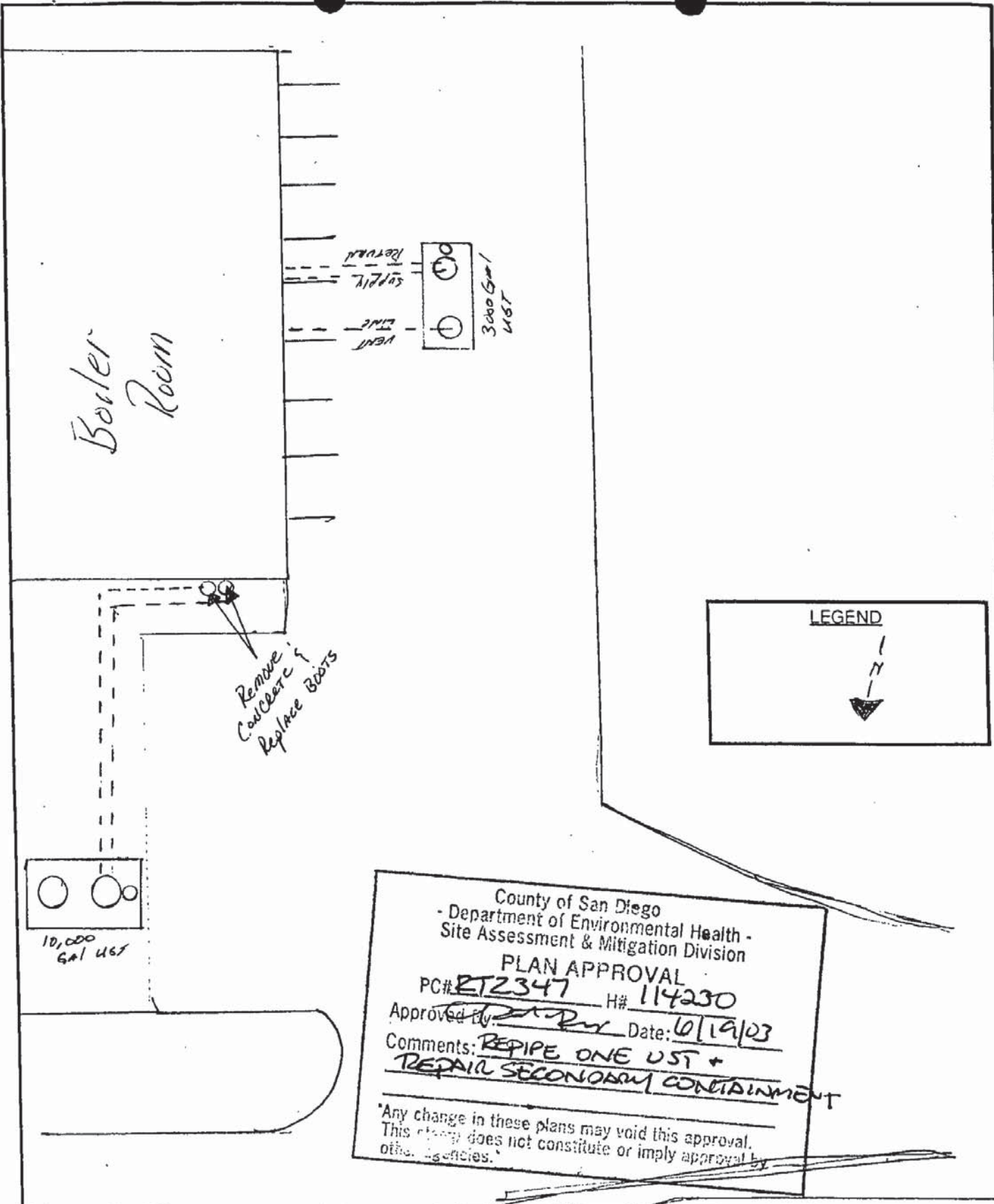
HAZ • Remediation • Asbestos • Lead Paint • Fuel Systems • CNG Systems • Demo

SCOPE OF WORK Fiberglass Patching

1. Clean and grind surfaces to be bonded with fiberglass as necessary.
2. Mix catalyst with General Purpose resin per manufacturers directions.
3. Coat surfaces with resin.
4. Lay in 1.5 oz. Mat to bond surfaces, overlapping as necessary.
5. Coat mat with resin.
6. Apply second layer of mat.
7. Coat second coat of mat with resin.
8. Continue until 5 layers of mat have been applied.
9. Allow resin to cure.

9333 Golden Street • Alta Loma, CA 91737-2821
2250 E. Tropicana Avenue, Suite 19-612 • Las Vegas, NV 89119
1642 McCulloch Avenue, #264 • Lake Havasu City, AZ 86403

(909) 944-3517 Phone • (800) 276-3517 Toll Free • (909) 948-2876 Fax



County of San Diego
 - Department of Environmental Health -
 Site Assessment & Mitigation Division

PLAN APPROVAL

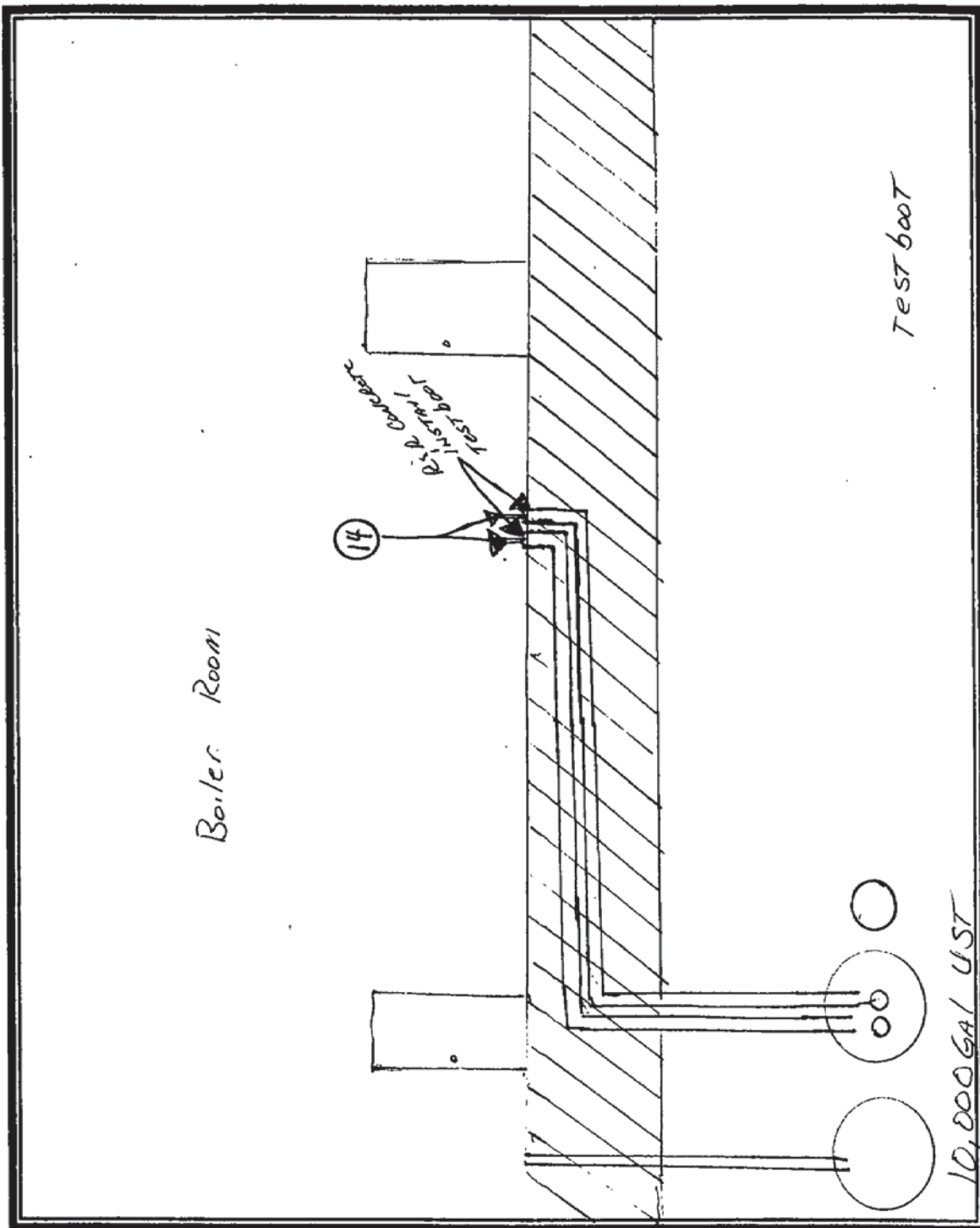
PC# RT2347 H# 114230

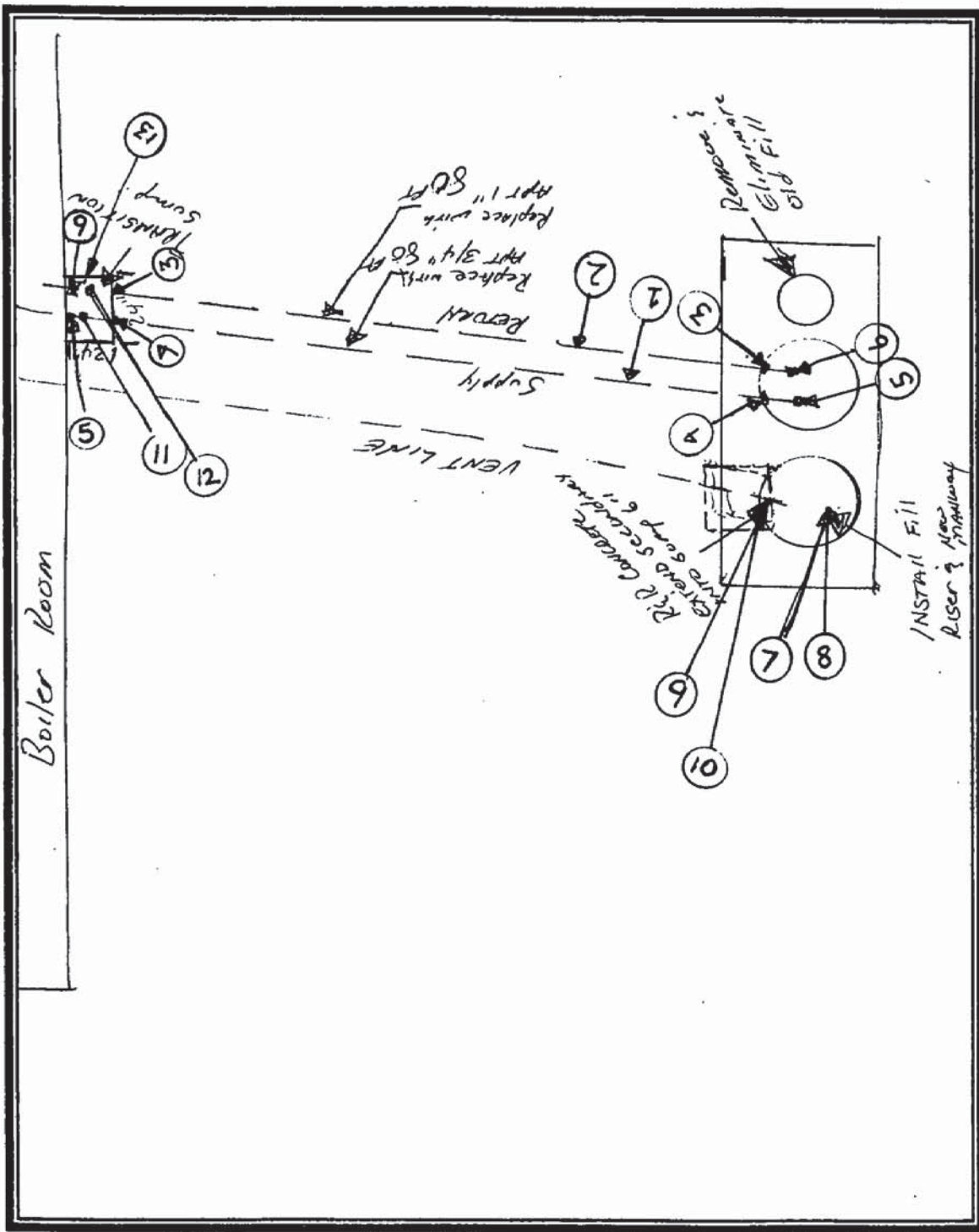
Approved by: [Signature] Date: 6/19/03

Comments: REPIPE ONE UST +
REPAIR SECONDARY CONTAINMENT

*Any change in these plans may void this approval.
 This stamp does not constitute or imply approval by
 other agencies.*

GBC	Palomar Medical Center	MAP NOT TO SCALE
	555 E Valley Parkway	
	Escondido CA	PROJ. NO.







CONSTRUCTION AND ENVIRONMENTAL SERVICES

HAZ • Remediation • Asbestos • Lead Paint • Fuel Systems • CNG Systems • Demo

SCOPE OF WORK UST/SB989 REPAIRS

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555 E. Valley Parkway, Escondido, CA 92055

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6. Perform SB989 re-testing on all items that failed initial testing.
10. Replace backfill and surface material to match existing after all testing is completed.

9333 Golden Street • Alta Loma, CA 91737-2821
2250 E. Tropicana Avenue, Suite 19-612 • Las Vegas, NV 89119
1642 McCulloch Avenue, #264 • Lake Havasu City, AZ 86403

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CONSTRUCTION AND ENVIRONMENTAL SERVICES

HAZ • Remediation • Asbestos • Lead Paint • Fuel Systems • CNG Systems • Demo

SCOPE OF WORK

Fiberglass Patching

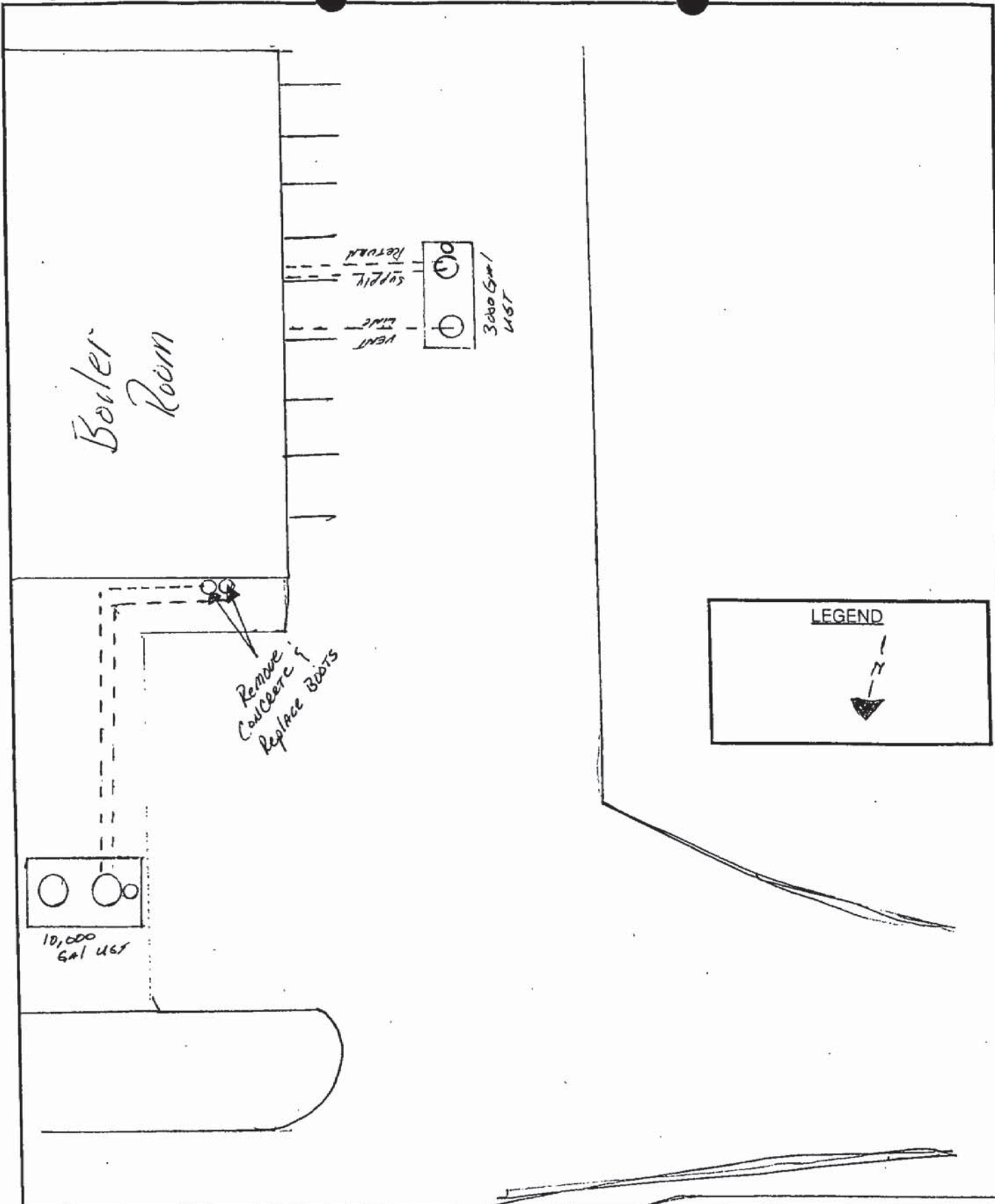
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3. Coat surfaces with resin.
4. Lay in 1.5 oz. Mat to bond surfaces, overlapping as necessary.
5. Coat mat with resin.
6. Apply second layer of mat.
7. Coat second coat of mat with resin.
8. Continue until 5 layers of mat have been applied.
9. Allow resin to cure.

9333 Golden Street • Alta Loma, CA 91737-2821

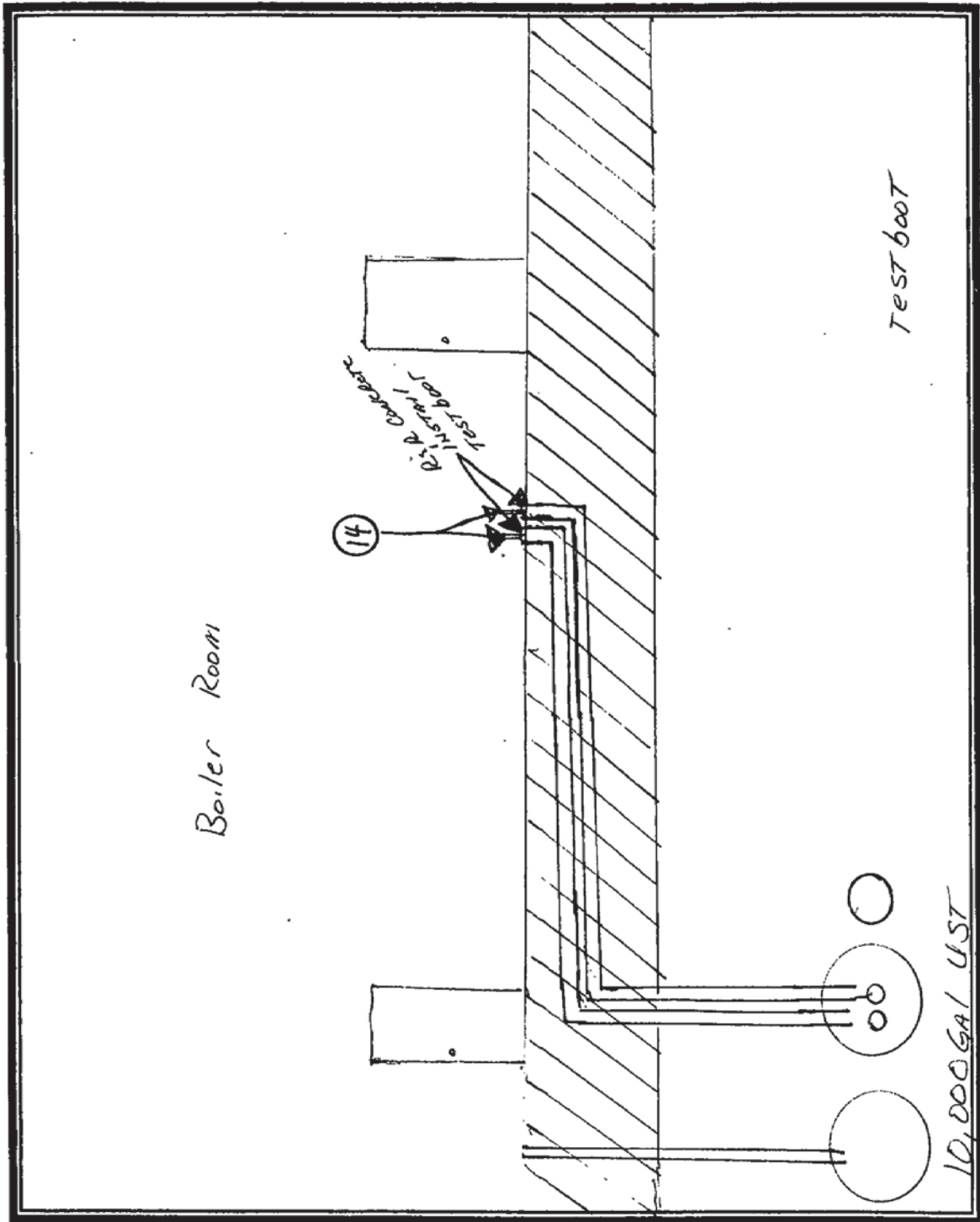
2250 E. Tropicana Avenue, Suite 19-612 • Las Vegas, NV 89119

1642 McCulloch Avenue, #264 • Lake Havasu City, AZ 86403

(909) 944-3517 Phone • (800) 276-3517 Toll Free • (909) 948-2876 Fax

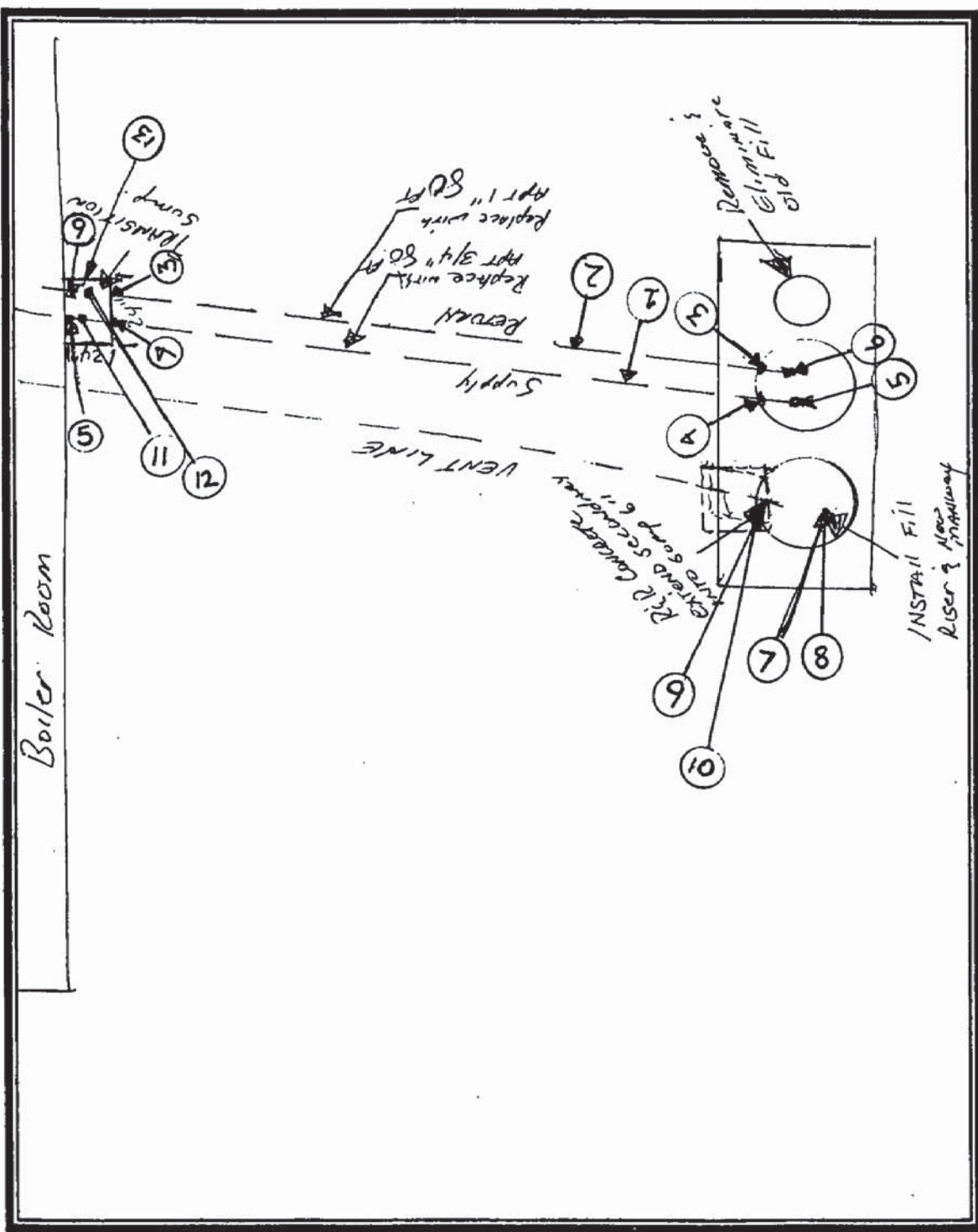


GBC	Palomar Medical Center	MAP NOT TO SCALE
	555 E. Valley Parkway	
	Escondido CA	PROJ. NO.



George Bryant Construction, Inc.

Figure 1





Permit # RT 1255
Establishment # H 14230
Date: May 10, 1999
Expiration Date: May 10, 2000

Permit for Underground Storage Tank Construction/Closure

SITE NAME: Palomar Medical Center
SITE ADDRESS: 555 East Valley Parkway, Escondido, CA, 92025
OWNER NAME: Palomar Pomerado Health Systems
OWNER ADDRESS: 15255 Innovation Dr, San Diego, CA, 92128

DESCRIPTION OF PROPOSED WORK: Repipe and upgrade one existing underground storage tank systems to meet the CCR Title 23 Upgrade requirements.

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. Tank is double walled steel with FRP coating
- 1) Install Omntec TLM and external overfill alarm
 - 2) Striker plates are existing
 - 3) Install new spill containment boxes

Product Piping

- A. Product piping is single walled
- 1) Close in place existing product piping and replace all product piping. Soil sampling is required for all product piping removed. (all product piping must be exposed until the sampling points are identified by the DEH inspector)
 - 2) Install Omntec interstitial leak detectors
 - 3) A Certified line integrity test is required prior to the final inspection

Tank Sumps


- A. Tank sumps
- 1) Install water tight sumps with Veeder Root Liquid sensor and sealed manway lids

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.

Please Note:

- 1) Soil Sampling, Pressure test and Final inspection and required for this site
- 2) 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 contact the Site Assessment and Mitigation Division, Plan Check desk at (619) 338-2214 to schedule or cancel inspections.

Plans Reviewed and Approved By: Mark McPherson  Date: 5/10/99

Notified _____



Permit # RT 1255
Establishment # H 14230
Date: December 30, 1998

Permit for Underground Storage Tank Construction/Closure

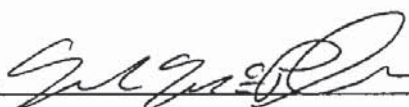
SITE NAME: Palomar Medical Center
SITE ADDRESS: 555 East Valley Parkway, Escondido, CA, 92025
OWNER NAME: Palomar Pomerado Health Systems
OWNER ADDRESS: 15255 Innovation Dr, San Diego, CA, 92128

DESCRIPTION OF PROPOSED WORK: Upgrade one existing underground storage tank systems to meet the CCR Title 23 requirements

The Permit Application has been Disapproved for the following reasons:

- CCR Title 23 requires that all non-motor vehicle fuel tanks be retrofitted with complete secondary containment. Secondary containment and monitoring of all openings into the primary space of the Waste oil tank was not indicated on the plans submitted in the Permit application. You must provide a drawing showing complete secondary containment of the all openings as required above.
- You must provide a soil sampling plan to close the existing product piping in place. Soil samples must be taken every 20 linear feet and the ends capped with concrete.
- The plans indicated that overfill drop tubes are going to be installed in the fill riser. Overfill drop tubes are not approved for use with waste oil. You must a high level alarm with ball floats or secondarily contain all vent piping.
- 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.
- Please submit the manufacturer of the monitoring system
- Please re-submit with a \$200.00 Permit re-review fee

If you have any question please call me at (619)338-2493

Plans Reviewed and Disapproved By: Mark McPherson  Date: 12/30/98
Notified DEC 31 1998



PERMIT APPLICATION
PART I
GENERAL PROJECT INFORMATION

Upgrade

RECEIVED

DEC 22 2 40 PM '98

ENVIRONMENTAL
HEALTH SERVICES

OFFICE USE ONLY

EST#: H14230
PLAN CK#: RT 1255
DATE RECEIVED: 12-22-98
FEE PAID: 600-
PLAN APPROVAL: 5-10-99
HYDRO UNIT: _____

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

A. SITE NAME: PALOMAR MEDICAL CENTER
SITE ADDRESS: 555 EAST VALLEY PARKWAY City ESCONDIDO Zip 92025

B. PROPERTY OWNER:
Assessors Parcel No. 229-450-06
Company PALOMAR POMERADO HEALTH SYSTEMS Contact Victoria Penland, CEO
Mailing Address 15255 INNOVATION DR City SAN DIEGO State CA Zip 92128
Phone () 760-739-3100
24 Hr. Emergency Contact 760-739-3000 Phone () _____

C. TANK OPERATOR:
Company PALOMAR MEDICAL CENTER Contact TINA REITSMA
Mailing Address 555 EAST VALLEY PARKWAY City ESCONDIDO Zip 92025
Phone (760) 739-3186
24 Hr. Emergency Contact ENGINEERING DEPARTMENT Phone (760) 739-3111

D. CONTRACTOR PERFORMING WORK:
Primary Contractor TBO Contact _____
Mailing Address _____ City _____ Zip _____
Phone () _____
State Contractor License _____
Hazardous Substances Certificate _____
Worker's Compensation Insurance Company _____

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, Site Assessment and Mitigation Division (SAM), 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 SAM 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 SAM at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III, IV, & V).

F. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G
<input type="checkbox"/> Installation/Construction of new tank(s) systems only (without closing any existing tanks)	I & II	1
<input type="checkbox"/> Closure of existing tank(s) systems with installation of new tanks (tank replacement)	I, II & III	1 & 2
<input type="checkbox"/> Closure of existing tank(s) systems with no new tank installation	I & III	2
<input type="checkbox"/> Interior coating/repair of an existing underground storage tank	I & IV	3
<input checked="" type="checkbox"/> Repipe/pipe-repair piping upgrade of an existing underground storage tank facility	I & V	4
<input type="checkbox"/> Installation/Construction of vaulted tanks	VI	5

G. FEES: The fee shown below covers 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	Installation fee for first tanks \$600.00	Fee: \$
1	Installation fee for each additional tank No. ____ X \$100.00	Fee: \$
	Establishment Base Fee \$160.00 (Applies to establishments not currently under permit with DEH)	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: \$
	Closure fee for first tank \$375.00	Fee: \$
2	Closure fee for each additional tank No. ____ X \$50.00	Fee: \$
	Repair/Interior coating fee for first tank \$600.00	Fee: \$
3	Repair/Interior coating fee for each additional tank No. ____ X \$100.00	Fee: \$
	Repipe/Piping upgrade, pipe repair of an existing tank facility \$600.00	Fee: \$ 600.00
5	Consultation fee (e.g. vaulted tank: minimum 2 hours) ____ Hours X 80.00	Fee: \$
6	Re-inspection fee \$300.00	Fee: \$
	Plan Re-Review \$200.00	Fee: \$
		TOTAL FEE: \$ 600.00

I. PERMITS REQUIRED BY OTHER AGENCIES

FIRE DEPARTMENT _____ APCD _____ BUILDING DEPARTMENT _____ OTHER _____

Provide copies of approved applications from these departments and others if needed.



PERMIT APPLICATION
PART V

APPLICATION FOR REPIPE, PIPING UPGRADE OR PIPE REPAIR OF AN EXISTING TANK FACILITY
BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER-Call (916) 322-4289 for information

TY (TK) HQ 4 4 - 0 2 2 8 5 6

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
3	550 GAL.	WASTE OIL	

CHECK BELOW WHAT PIPING IS TO BE REPLACED, REPAIRED OR UPGRADED.

	PRODUCT	VAPOR	VENT	FILL LINES
TANK NO. 1				
TANK NO. 2				
TANK NO. 3	X			
TANK NO. 4				

C. REASON FOR TANKS TO BE REPIPED/REPAIRED/UPGRADED:

- Upgrade to meet current state/federal requirements
- Piping system failure
- Other, briefly describe _____

D. PIPING MATERIALS AND CONSTRUCTION:

Primary containment NYLON 12 Manufacturer/model ADVANCED POLYMER TECHNOLOGIST (APT)
 Secondary containment POLYETHYLENE Manufacturer/model " " 9-175-SC
 Dispenser Containment _____ Manufacturer/model _____

E. TYPE OF PRODUCT DELIVERY/FILL SYSTEM:

- Pressurized
- Suction
- Gravity
- Direct Fill
- Manifoldd System

F. PIPING LEAK DETECTION/MONITORING SYSTEM:

- Leak detector on pressurized line: Manufacturer _____
- Continuous monitoring device within the secondary containment: Manufacturer OMNITEC
- Leak detector on pressurized line (must shut down pump and activate alarm) (pressured lines only)
- Continuous monitoring device shuts down pump and activates alarm (pressurized lines only)

G. DISPENSER CONTAINMENT MONITORING: (at a minimum must shut down dispenser)

- Mechanical monitoring
- Electronic monitoring _____ Model _____
- Other _____

H. TANK OVERFILL PREVENTION

Catchment Basin surrounding the product fill pipe:
Manufacturer _____

Approved
~~Local MFG~~ 5ga 1 Spill Containment

Secondary containment for vent, vapor, and tank riser piping with Ball Float Valves or Product Level Sensing Device with High Level Alarm
Manufacturer ~~POLYBENT SYSTEM~~ MALCOLM ELECTRICAL GROUP OF EMHART

Positive shutoff device in fill pipe at 95% full
Manufacturer _____

Product Level Sensing Device with High Level Alarm and Ball Float Valves
Manufacturer Quintec

I. PIPING UPGRADE REQUIREMENT:

- Cathodic protection for all product piping in direct contact with backfill material, including turbine, flex connectors and all other appurtenances containing product
- Secondary containment of all product piping including turbines, dispenser piping, and all other appurtenances containing product.

J. PROPOSED METHOD OF PIPE CLOSURE: REMOVAL CLOSURE IN PLACE

SAMPLING PROTOCOL Tank owner/authorized representative responsible for all sampling analyses and associated costs.

- for piping that is to be removed, the trenching shall be exposed prior to the scheduled inspection, sampling points will be identified by the SAM 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.

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.

L. REQUIRED INSPECTIONS-PIPING REPAIR/REPLACEMENT/PIPING UPGRADE:
EACH PIPING REPAIR/REPLACEMENT AND/OR PIPING UPGRADE MUST BE INSPECTED BY SAM. 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 SAM 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 SAM inspector.
2. SECOND INSPECTION:
 - pressure test of all piping repaired replaced or upgraded - verification of cathodic protection.
 - verification of leak detection devices/secondary containment.
 - verification of overfill prevention.

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 final approval by the Site Assessment and Mitigation 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 Site Assessment and Mitigation Division.

I will notify the Site Assessment and Mitigation 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 Tina Reitsma, Director Facilities Operations
 PRINT NAME TINA REITSMAN
 TELEPHONE (760) 739-3186 DATE 12/21/98

County of San Diego
Department of Environmental Health
Site Assessment and Mitigation



RECEIVED

APR 28 4 14 PM '99

Permit # RT 1255
Establishment # H 14230
Date: December 30, 1998

Permit for Underground Storage Tank Construction/Closure

SITE NAME: Palomar Medical Center
SITE ADDRESS: 555 East Valley Parkway, Escondido, CA, 92025
OWNER NAME: Palomar Pomerado Health Systems -
OWNER ADDRESS: 15255 Innovation Dr, San Diego, CA, 92128

DESCRIPTION OF PROPOSED WORK: Upgrade one existing underground storage tank systems to meet the CCR Title 23 requirements

The Permit Application has been Disapproved for the following reasons:

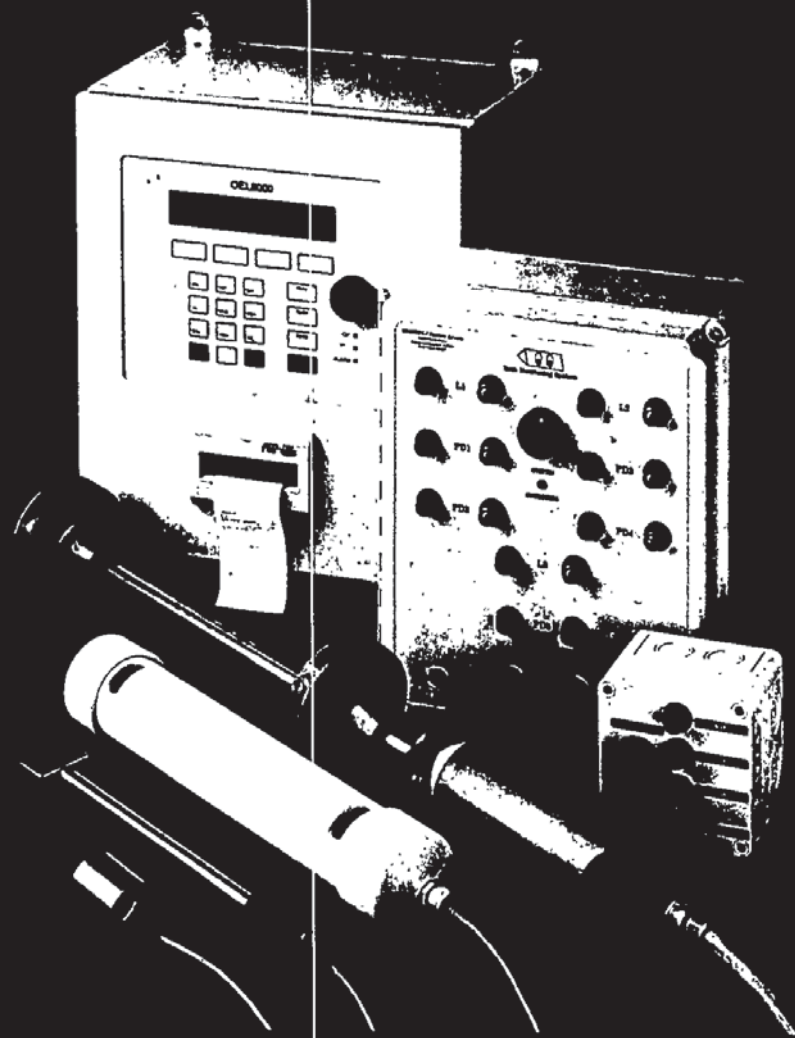
- > CCR Title 23 requires that all non-motor vehicle fuel tanks be retrofitted with complete secondary containment. Secondary containment and monitoring of all openings into the primary space of the Waste oil tank was not indicated on the plans submitted in the Permit application. You must provide a drawing showing complete secondary containment of the all openings as required above. **SEE SPECIFICATION #4 ON SHEET P.1.1 AND ATTACHED CUT SHEETS**
- > You must provide a soil sampling plan to close the existing product piping in place. Soil samples must be taken every 20 linear feet and the ends capped with concrete. **SEE SHEET NOTE #4 ON SHEET P.1.1**
- > The plans indicated that overfill drop tubes are going to be installed in the fill riser. Overfill drop tubes are not approved for use with waste oil. You must a high level alarm with ball floats or secondarily contain all vent piping. **PLANS REVISED TO PROVIDE HIGH LEVEL SENSOR & ALARM. SEE SPECIFICATION #4 ON SHEET P.1.1 AND ATTACHED CUT SHEETS.**
- > 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. **SEE SPECIFICATION #1 ON SHEET P.1.1. THIS PROJECT IS A PUBLIC BID. THE INSTALLER HAS NOT BE SELECTED AT THIS TIME. NEED APPROVED PLANS TO SEND OUT FOR BIDS.**
- > Please submit the manufacturer of the monitoring system. **SEE ATTACHED CUT SHEETS**
- > Please re-submit with a \$200.00 Permit re-review fee

If you have any question please call me at (619)338-2493

Plans Reviewed and Disapproved By: Mark McPherson  Date: 12/30/98
Notified _____

5 0

Tank-Gauging and Leak-Detection Systems



CONTROLLERS FOR LEAK DETECTION & OVERFILL ALARMS

OMNTEC controllers are reliable, durable and cost-effective products that provide continuous, accurate monitoring in a variety of applications. The controllers' NEMA 4X rating indicates a weatherproof, corrosion-resistant product. These ruggedly constructed, U.L. listed controllers are designed for easy installation and easy testing. Sensors used with these controllers are capable of being tested from a remote location. The electro-optic technology and principle of conductivity used in the sensors allow users to cycle all sensors through a simulated leak. Standard audio-visual alarms include LED indicators and a 95-decibel piezoelectric horn. OMNTEC controllers have low-voltage remote annunciator outputs and relay outputs.

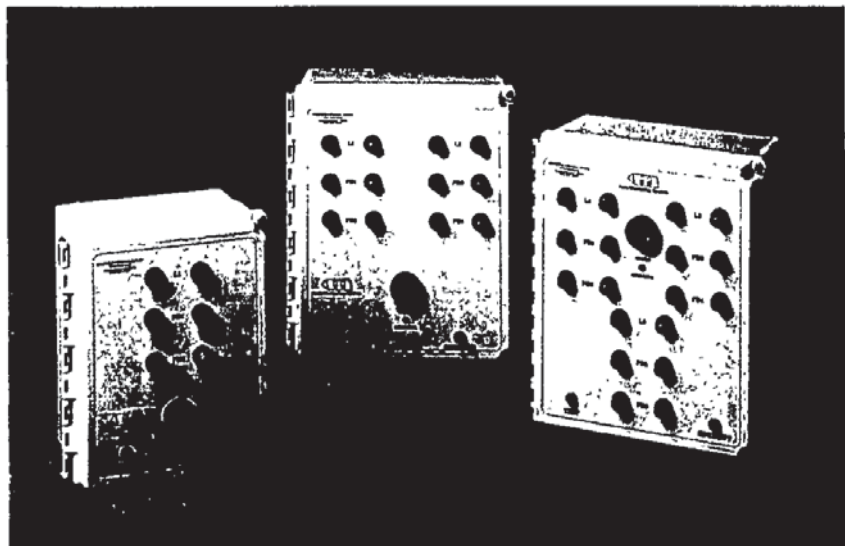
LU Controllers

Features

- Monitors and alarms for high-levels
- Monitors and alarms for leak conditions
- Accepts up to 9 sensors
- Ruggedly constructed

Typical Applications

- Containment areas
- Sumps
- Dry interstitial spaces
- Overfill alarms



LPD Controllers

Features

- Distinguishes liquid hydrocarbons from water
- Monitors and alarms for high levels
- Monitors and alarms for low levels
- Monitors and alarms for leak conditions
- Accepts up to 9 sensors
- Ruggedly constructed

Typical Applications

- Reservoirs
- Sumps
- Dry interstitial spaces
- Dispenser pans
- Overfill alarms

OMNTEC's U.L. listed controllers offer a variety of monitoring and alarm options for both underground and aboveground applications.

LU-OW Controllers

Features

- Monitors and alarms for high-oil levels
- Monitors and alarms for low-liquid levels
- Monitors and alarms for leak conditions
- Has acknowledge switch on panel
- Has automatic pump-out option
- Ruggedly constructed

Typical applications

- Oil/water separators
- Oil/water settling tanks

No matter what a customer needs in leak detection, tank gauging and overfill alarms, OMNTEC offers reliable and cost-effective products suitable for use in a variety of applications. Building on its experience manufacturing MIL SPEC electronic components, today OMNTEC combines proven electro-optic technology with innovations in design and manufacturing. The result is a line of products that are easy to install, easy to use and easy to test. Always keeping an eye on customer needs, OMNTEC provides reliable, ruggedly constructed, cost-effective products that help customers meet changing industry requirements and EPA regulations. OMNTEC is located in Ronkonkoma, New York.

Marketed by Xerxes Corporation

OMNTEC products are marketed in the United States, Canada and Mexico by Xerxes Corporation, a leading manufacturer of fiberglass underground storage systems. OMNTEC's systems complement Xerxes' product line of underground storage tanks (UST) and tank-monitoring systems. Examples of Xerxes' innovations in the UST industry are numerous. Xerxes was the first manufacturer to use integrally constructed ribs in fiberglass tanks, the first to manufacture a U.L. listed fiberglass double-wall tank, and the first to provide double-wall tanks with a factory-filled brine interstice. Xerxes underground storage tanks and oil/water separators are built for corrosion-resistance and durable performance. Xerxes' national network of professional and dedicated sales representatives and distributors offers OMNTEC customers a high level of marketing and sales expertise. With six manufacturing plants located strategically throughout the United States, Minneapolis-based Xerxes is able to provide economical delivery and excellent product support to customers of both Xerxes and OMNTEC products.

OMNTEC Products: Cost-effective, Reliable, Versatile

OMNTEC distinguishes itself from its competition with the adaptability and reliability of cost-effective products. Unlike many comparable products, OMNTEC products are easy to install and easy to use. Another distinguishing feature is their ability to be tested at any time from a remote location. Rugged in design, these U.L. listed products are built for durability. OMNTEC's products range from the OEL8000, a comprehensive tank-gauging and leak-detection system capable of simultaneously monitoring as many as 8 tanks, to single-channel controllers.

OMNTEC products include:

Automatic Tank-Gauging and Leak-Detection System

- OEL8000 with MTG Probe

Controllers

- LPD Controllers
- LU Controllers
- LU-OW Controllers

Sensors

- PDW-Series Sensors
- PDS Sensor
- L-Series Sensors
- L-R-1 Sensor
- LS-ASC Sensor
- OWS Sensors

Remote Annunciators

- RAS-Series Remote Annunciators
- RA-Series Remote Annunciators
- RA-NYS Remote Annunciator

AUTOMATIC TANK-GAUGING & LEAK-DETECTION SYSTEM

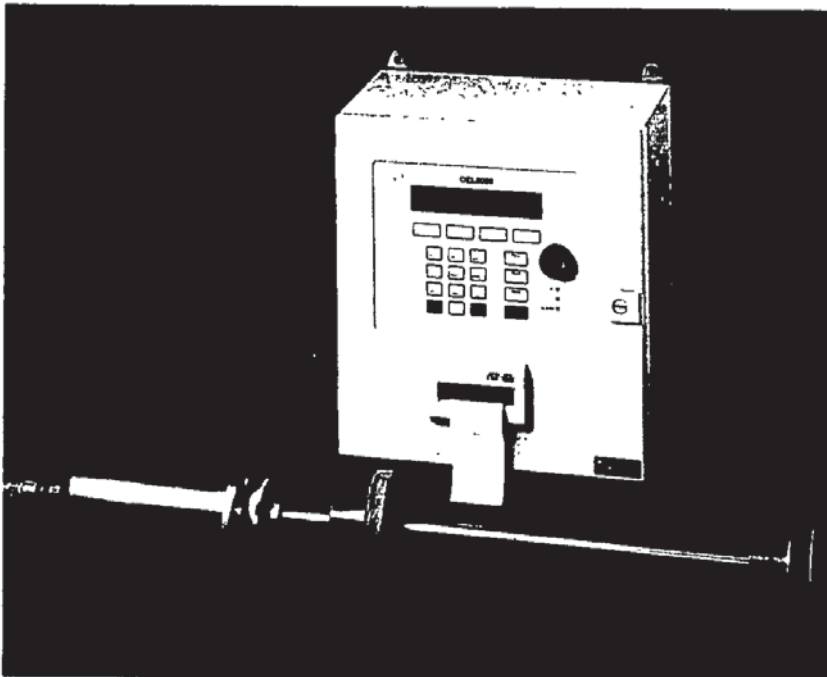
OEL8000

The OEL8000 is a comprehensive tank-gauging and leak-detection system designed to help bring tank owners into compliance with EPA regulations. The OEL8000 can simultaneously monitor product levels, water levels, temperatures and leaks in up to 8 tanks. The ruggedly constructed, U.L. listed system is suitable for a variety of applications, and is typically used in underground and aboveground tank-gauging and interstitial-

space monitoring, as well as in sumps, double-wall piping, containment dikes, observation wells and dispenser pans. The OEL8000 provides sensor and probe outputs suitable for use in Class I, Group D hazardous locations. Up to 8 magnetostrictive tank-gauging probes and 24 leak-detection sensors can be monitored with the OEL8000.

Features

- Simultaneously monitors up to 8 tanks
- Monitors product levels, water levels, temperatures and leaks



The OEL8000 is capable of simultaneously monitoring product levels, water levels, temperatures and leaks in up to 8 tanks.

- Intrinsically safe sensor and probe outputs
- 4-line by 40-character LCD display
- 95-decibel piezoelectric horn

Optional Features

- Low-voltage remote annunciators
- 24-character thermal printer
- 1200-baud modem
- Battery back-up system

MTG Probe

The magnetostrictive technology used in this system's magnetostrictive tank-gauging (MTG) probe provides users with the reliability and cost-effectiveness they expect with all OMNTEC products. The MTG probe monitors high-product levels, low-product levels, high-water levels, and temperature in both underground and aboveground tank applications. The probe can be ordered in a variety of sizes and materials.

Features

- Monitors high-product, low-product and high-water levels
- Monitors temperature
- Available in variety of sizes
- Available in variety of materials

Typical Applications

- Tank monitoring
- Inventory management
- SIRA compatible
- Liquid-process controls



Description

Like all OMNTEC sensors, the LS-ASC is known for ease of installation, reliability, cost-effectiveness and remote-test capability. Its cylindrical shape and NPT fitting allow the LS-ASC to adapt to a variety of installations. A major benefit of the LS-ASC sensor is that it can be tested from a remote location. This electro-optic sensor is designed to detect liquid in sumps or double-wall containment areas. Since it is not position-sensitive, the LS-ASC has the ability to detect liquids at any angle.

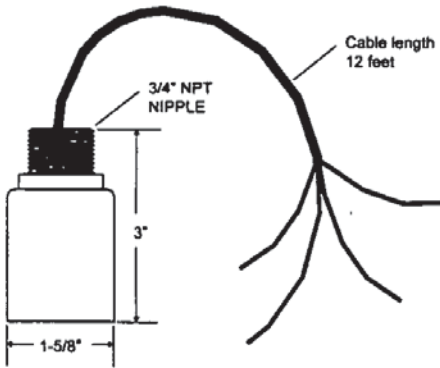
This sensor contains a prism, LED and light detector. When the prism is submerged in a liquid, the light is refracted. This opens the closed beam of light, which sends an alarm signal to the controller. The controller will then identify the specific sensor with an alarm condition.

Ruggedly constructed, with no moving parts, the solid-state LS-ASC sensor provides reliable and cost-effective performance.

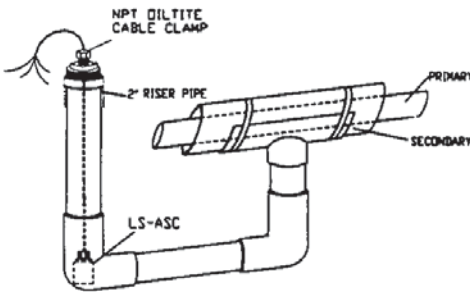
Features

- Tests remotely
- Detects liquids at any angle
- No moving parts
- Easily installed
- Self-diagnostic
- Not affected by hydrocarbon vapors or condensation
- Intrinsically safe
- U.L. listed
- Third-party certified
- Cost-effective

LS-ASC

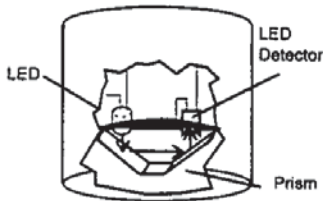


Typical LS-ASC Double-wall Pipe Installation

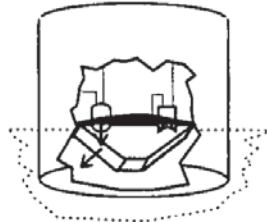


Wet/Dry Condition

Dry Condition



Wet Condition



Specifications

Solid-State:	No moving parts
Power Consumption:	2 VDC @ 13 mA
Sensor Cable:	Shielded 22 AWG with drain wire (OMNTEC EC-4 or EC-12) Maximum length 2,000 feet
Principles of Operation:	
Dry condition:	Closed beam of light
Alarm condition:	Closed beam of light opens (refracts)
Response Time:	Immediate
Operating Temperature:	20 to 140° F
Compatible Controllers:	OEL8000 LU-Series
Weight:	2 lb.
Approvals:	U.L. listed 5L04 Third-party certified

Note: Current published specifications are subject to change without notification. Verify specifications with manufacturer.

For technical information:

OMNTEC

OMNTEC/Electro Levels Mfg., Inc.

1993 Pond Road

Ronkonkoma, New York 11779

Phone: 516-981-2001

Fax: 516-981-2002

For sales information:

XERXES[®]
CORPORATION

7901 Xerxes Avenue South

Minneapolis, Minnesota 55431

Phone: 612-887-1890

Fax: 612-887-1882

**SITE ASSESSMENT AND MITIGATION DIVISION
UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT**

ESTABLISHMENT NO. H14230 PLAN CHECK NO. AT4554
 SITE NAME Palomar Medical Ctr. PHONE _____
 SITE ADDRESS 555 E. Valley Pkwy. CITY Escondido, CA ZIP 92025
 CONTRACTOR Petroleum PETS. PHONE _____

Number of tanks to be removed (1) 2 3 4 5 6 7 8 _____
 FIRE AGENCY PRESENT (YES) NO
 Decontamination by Alt. Disposal. Dept. Escondido FD.
 Manifest No. 98746038 Permit No. _____
 Tank rinsate/(amount & destination) 239 gal. oil / waste water liquid Inspector Platt

Tank ID No.	Capacity	Tank Construction	Materials stored	% L.E.L.	Dry ice/other (amt.)	Tank condition	Backfill soil type	Backfill condition	Native soil type	Native condition	Excavation odors?	Stockpile odors?	Water present?	Ponded product?	Piping removed?	REMARKS
700	550	DW plastic. Joor.	waste oil	0%	8#	good	light brown loam	good	light brown loam, granite at 12'	good	no	no	no	no	partial / no - piping closed in place per permit	(Demer no Kerloss) Compton, CA tank excavation to be secured following tank removal, no odors, staining in tank excavation. DW Plastic. Joor tank good condn. 6' x 4' tank, 4' 10" overburden, 11' deep excav.

REINSPECTION REQUIRED YES (NO) If yes, explain Note: Piping inside hosp. util area closed in place and sampled at key spots.

NOTICE: You are hereby notified that on 12/6/99, a Hazardous Materials Specialist conducted an inspection for the closure of one hazardous substance underground storage tank(s). A summary of the conditions follows:
and 50 (approx) of piping (remainder closed in place).
 An unauthorized release of a hazardous substance has been observed by the Hazardous Materials 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) Division'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 Richard Hansen at the address provided below.

SAM Division 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)

Approved by: Richard Hansen Date Reviewed: 1/7/2000 Supervisor (initial) MDV

RECEIVED BY Neil P. Masse Richard Hansen x 338-2210
 PRINTED NAME NEIL P. MASSE Hazardous Materials Specialist
 PHONE NUMBER (858) 679-7462 SAM - P.O. Box 129261
 San Diego, CA 92112-9261 (619) 338-2222

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: _____ 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 of overfill) _____

Estimated length of piping removed? _____ feet Date tanks last used?

Nearby water wells or surface waters? Yes* None noted

*Describe _____

Any known sensitive receptors, i.e., underground vaults, utilities or basements nearby? Yes* None noted

*Describe _____

COMMENTS: _____



RECEIVED

JAN 5 1 05 PM '00

ENVIRONMENTAL HEALTH SERVICES

1/3/00

Petroleum P.E.T.S.
P.O. Box 500824
San Diego, CA 92150

Project Name: Palomar Medical Center
Project No.: H# 14230, AT# 4554

Attention: Mr. Neil Masee
cc: Mr. Richard Hansen, County of San Diego SAM

Mobile One Laboratories received and analyzed the following sample(s):

Date Received	Quantity	Matrix	Date Received	Quantity	Matrix
12/16/99	11	soil			

The samples were analyzed by one or more of the EPA methodologies or equivalent methods as specified below.

- TPH -- CA DHS "Total Petroleum Hydrocarbons"
- BTEX -- EPA Method 8020
- TRPH -- EPA Method 418.1, modified for soils
- VOCs -- EPA Method 8260

The results are included with a summary of the quality control procedures. Please note that the symbol "nd" indicates a value below the reporting limit for the particular compound in the sample. Flags qualifying the data are explained in footnotes on the same report page as they occur.

Please feel free to call us to discuss any part of this report or to schedule future projects.

Sincerely,

Rebecca L. Johnson
President

James E. Picker, Ph.D
Lab Director

Mobile One Laboratories is certified by the California Department of Health Services (certificate #: 1194, 1561, 1921, 2088, 2278), and the Arizona Department of Health Services (certificate #: AZM466).

MOL Project # PP121699



Report Summary

Client: Petroleum P.E.T.S.
 Project: Palomar Medical Center

Matrix: soil
 Units - mg/kg

Method =	TPH	TPH	TRPH	<----- 8260 ----->				
Analyte =	Gasoline C ₆ -C ₁₂	Diesel C ₁₃ -C ₂₄		MTBE **	Benzene	Toluene	Ethyl- benzene	Xylenes
Detection Limit -	10	10	10	0.01	0.01	0.01	0.01	0.03
SAMPLE I.D.								
Date Analyzed: 12/17/99, 12/23/99								
T1-E/11'			170	nd ##				
T1-W/11'			nd					
PL-1/6"			150					
PL-2/6"			nd					
T2-SEP/7"			nd	nd ##				
D-L/53" bgs			nd					
D2-L/45" bgs			nd					
FD1-30" bgs			39					
D3-L/46" bgs			nd					
D4-L/46" bgs			nd					
PVC-oil/67" bgs			490					

Footnotes:

- nd = Not found above the detection limit.
- & = Gasoline range organics not identified as gasoline.
- # = Diesel range organics not identified as diesel.
- * = Sample dilution was required. Detection limits were adjusted accordingly.
- E = Analyte amount exceeds calibration curve. Amount estimated.
- ** = This compound has been screened by EPA method 8020. Any positive results should be confirmed by a second analysis.
- ## = A second analysis has been performed on this sample by Mass Spectrometry. The results are as indicated.

Analyses performed by: Katalin Lovas, Diane Walden
 PP121699



QC Summary

Client: Petroleum P.E.T.S.
 Project: Palomar Medical Center

Matrix: soil

Method	TPH gasoline	TPH diesel	TRPH	MTBE	Benzene	Toluene	Ethyl- benzene	Xylenes
APR - % QC Limits	(67-125)	(67-125)	(75-126)	(60-125)	(60-125)	(59-125)	(52-125)	(60-127)
RPD - % QC Limits	<30	<30	<30	<30	<30	<30	<30	<30

Date Analyzed: 12/17/99

Spike Level (mg/kg) 500

MS Amount Found 488

MSD Amount Found 489

APR - % 97.7

RPD - % 0.2

Calibration verification was within acceptable limits.
 No contamination was found in method blanks at detectable levels.

PP121699



QC Summary

Client: Petroleum P.E.T.S.
 Project: Palomar Medical Center

Matrix: soil

Method 8260	1,1-DCE	Benzene	TCE	Toluene	Cl-Benz
Recovery % QC Limits	(60-120)	(60-120)	(60-120)	(60-120)	(60-120)
RPD - % QC Limits	<30	<30	<30	<30	<30
Date Analyzed: 12/23/99					
Spike Level (ug/kg)	50.0	50.0	50.0	50.0	50.0
Sample Amount	0.0	0.0	0.0	0.0	0.0
LCS Amount Found	39.1	55.3	58.1	58.8	60.7
LCSD Amount Found	38.7	54.6	58.6	59.8	60.9
LCS Recovery	78.2	110.6	116.2	117.6	121.4*
LCSD Recovery	77.4	109.2	117.2	119.6	121.8*
RPD - %	1.0	1.3	0.9	1.7	0.3

* = LCS and LCSD recoveries are slightly outside QC limits; no corrective action taken.

Calibration verification was within acceptable limits.
 No contamination was found in method blanks at detectable levels.

PP121699

MOL # PP121699

PETROLEUM P.E.T.S. ATTN: NEIL MASSEE
 Fax (619) 679-0144

SAM Chain-of-Custody Record

Date 12/16/99 Page 1 of 1

Project Name Reference Address	ANALYSIS REQUESTED		SAMPLE TYPE			NO. OF	COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Site Assessment and Mitigation Division P.O. Box 129261 San Diego, CA 92112-9261			
	TRPH METHOD	TRPH EPA 418.1	BTXE (8021/8260)	HALOGENATED (8021/8260)	SOIL			LIQUID	GRAB	COMPOSITE
Palomar Medical Ctr. 555 E. Valley Parkway Escondido, CA 92025 Otto Bimbach Lab To Be Used Mobil One Escondido, CA										
bgs AM										
T-E/11'	12/16/99	130	East end of tank exc. at 11" bgs.	X	X	X	X	X	1	- all samples tape sealed by inspector
T-W/11'	"	145	west end, SIDEWALK	X	X	X	X	X	1	- tank on slab - (E) Samples taken on
PL-1/6"	"	157	pipings at L 6" below pipe	X	X	X	X	X	1	very edge of tank slab (Soil at 11' minimal, mostly granite.
PL-2/6"	"	200	pipings 25' S. of PL-1	X	X	X	X	X	1	
T2-SEP/7"	"	209	7" below bottom of oil/water Sep- grator tank.	X	X	X	X	X	1	
D-L/53" Aggs "	"	217	Fabric generator drain elbow	X	X	X	X	X	1	no odors, staining
D2-L/45" bgs "	"	225	drain/elbow west of DL	X	X	X	X	X	1	Require 1 MBEEM (on highest page) per tank TRPH
1 RELINQUISHED BY Signature Otto Bimbach Printed Name OTTO BRITSCHEG Company PETROLEUM P.E.T.S.	Date 12/16/99 Time 3:15	2 RELINQUISHED BY Signature Neil P Masse Printed Name NEIL P MASSEE Company PETROLEUM P.E.T.S.	Date 12/16/99 Time 3:15	3 RELINQUISHED BY Signature R.W. Wheatley Printed Name ROBERT WHEATLEY Company M.O.L.	Date 12/17/99 Time 8:45A	6 TOTAL NO. OF CONTAINERS page 1 Sample Conditions Received On Ice Tape Seal Intact Special Shipment/Handling Or Storage Requirements:	Yes/No Yes/No Yes/No	Spill Sample Location Site Identification # 14230 AT# 4554	SAM Richard Hansen Pick ONE SAMPLE FROM EACH IF NON-DETECT	

Distribution: White - Laboratory
 Yellow - Contractor/Responsible Party
 Pink - SAM

MOI # PP121699

Date 12/16/99 Page 2 of 2

SAM Chain-of-Custody Record

Project Name <u>Palomar Medical Ctr.</u> Reference <u>555 E. Valley Pkwy</u> Address <u>Escondido CA 92085</u> Sampler's Signature <u>Otto Britschgi</u> Lab To Be Used <u>1501 One Escondido CA</u>		ANALYSIS REQUESTED EPA 418.1 TRPH BTXE (8021/8260) HALOGENATED (8021/8260)		SAMPLE TYPE SOLID LIQUID GRAB COMPOSITE			COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Site Assessment and Mitigation Division P.O. Box 129261 San Diego, CA 92112-8261 COMMENTS <u>- All samples tape sealed by inspector</u> <u>no staining colors noted (waste oil product)</u>	
FD ₁ - 30" bgs 12/16/99 2:30 Floor drain by East end (between E61-E62)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
D ₃ -L/46" bgs 2:40 oil drain elbow between 2 western most gen.		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
D ₄ -L/46" bgs 2:45 oil drain elbow west of western most gen.		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
PVC-oil L/67" bgs 2:50 CO-gen elect. room unused wastedrain 4		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
1 RELINQUISHED BY <u>Otto Britschgi</u> Signature <u>OTTO BRITSCNGI</u> Printed Name <u>PETROLEUM P.E.T.S.</u> Company		Date <u>12/16/99</u> Time <u>3:15</u>		2 RELINQUISHED BY <u>Neil P. Masse</u> Signature <u>NEIL P MASSE</u> Printed Name <u>Petroleum P.E.T.S.</u> Company			Date <u>12/16/99</u> Time <u>3:15</u>	
RECEIVED BY <u>Neil P. Masse</u> Signature <u>NEIL P MASSE</u> Printed Name		Date <u>12/16/99</u> Time <u>3:15</u>		RECEIVED BY (LAB) <u>Robert Wheatley</u> Signature <u>ROBERT WHEATEY</u> Printed Name			Date <u>12/16/99</u> Time <u>4:00p.</u>	
3 RELINQUISHED BY <u>Richard Hansen</u> Signature <u>ROBERT WHEATEY</u> Printed Name <u>M.O.L.</u> Company <u>TEG</u>		Date <u>12/17/99</u> Time <u>8:45A.</u>		RECEIVED BY (LAB) <u>Richard Hansen</u> Signature <u>Richard Hansen</u> Printed Name			Date <u>12/17/99</u> Time <u>8:45</u>	
RECEIVED BY <u>Richard Hansen</u> Signature <u>Richard Hansen</u> Printed Name		Date <u>12/17/99</u> Time <u>8:45</u>		TOTAL NO. OF CONTAINERS <u>4</u>			Received On Ice Yes/No <u>Yes</u>	
Taped Seal Intact Yes/No <u>Yes</u>		Special Shipment/Handling Or Storage Requirements:			Split Sample Location Site Identification <u>H# 14230 AT# 4552</u> <u>SAM Richard Hansen</u>			

Distribution: White - Laboratory
 Yellow - Contractor/Responsible Party
 Pink - SAM

County of San Diego
 Department of Environmental Health

SAM Chain-of-Custody Record

Date 12/16/99 Page 1 of 2

Project Name Reference Address	Sampler's Signature Lab To Be Used	Date	Time	ANALYSIS REQUESTED				SAMPLE TYPE			NO. OF	COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Site Assessment and Mitigation Division P.O. Box 129261 San Diego, CA 92112-9261	COMMENTS	
				TFH METHOD	TRPH EPA 418.1	BTEX (8021/8260)	HALOGENATED (8021/8260)	* OTHER SOLIDS	SOLID	LIQUID				GRAB
<u>Patricia Medical Ctr.</u>	<u>Sgt. E. Uelle, Henderson</u>	<u>12/16/99</u>	<u>1:30</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>- All Sam. in tape sealed bag in 20 gal</u>
<u>555 E. Uelle, Henderson</u>	<u>Richard Hanson</u>	<u>12/16/99</u>	<u>1:45</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>- 1 tank on slab - (E) See, see taken on</u>
<u>PL-1/16"</u>	<u>Richard Hanson</u>	<u>12/16/99</u>	<u>1:57</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Very edge of tank slab</u>
<u>PL-2/16"</u>	<u>Richard Hanson</u>	<u>12/16/99</u>	<u>2:00</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>(Soil at 11" in soil)</u>
<u>TS-SEP7"</u>	<u>Richard Hanson</u>	<u>12/16/99</u>	<u>2:09</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>mostly granite</u>
<u>D-L/53" bag</u>	<u>Richard Hanson</u>	<u>12/16/99</u>	<u>2:17</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>12 oil res, skins</u>
<u>D2-L/45" bag</u>	<u>Richard Hanson</u>	<u>12/16/99</u>	<u>2:25</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Region 1 mitigation tank high +</u>
1 RELINQUISHED BY		Date	Time	2 RELINQUISHED BY				3 RELINQUISHED BY			TOTAL NO. OF CONTAINERS		Yes/No	
Signature	2000			Signature		Signature		Signature		Sample Conditions	Yes/No	6	Yes	Sample
Printed Name				Printed Name		Printed Name		Printed Name		Received On Ice	No		No	end
Company				Company		Company		Company		Tape Seal Intact	Yes/No		No	
RECEIVED BY		Date	Time	RECEIVED BY		RECEIVED BY		RECEIVED BY (LAB)		Special Shipment/Handling Or Storage Requirements:				
Signature				Signature		Signature		Signature		Split Sample Location				
Printed Name				Printed Name		Printed Name		Printed Name		Site Identification				
Company				Company		Company		Company		H# 14230 AT# 4554				
RECEIVED BY		Date	Time	RECEIVED BY		RECEIVED BY		RECEIVED BY		SAM Richard Hanson				
Signature				Signature		Signature		Signature						
Printed Name				Printed Name		Printed Name		Printed Name						

Distribution: White - Laboratory
Yellow - Contractor/Responsible Party
Pink - SAM

County of San Diego
Department of Environmental Health

SAM Chain-of-Custody Record

Project Name Reference Address	Sampler's Signature Lab To Be Used	Date	Description	ANALYSIS REQUESTED				SAMPLE TYPE			NO. OF	COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Site Assessment and Mitigation Division P.O. Box 129261 San Diego, CA 92112-9261	COMMENTS																																											
				TPH METHOD	TRPH EPA 418.1	BTEX (8021/8260)	HALOGENATED (8021/8260)	SOLID	LIQUID	GRAB				COMPOSITE																																										
<u>Palmer Industrial Bldg.</u> <u>555 E. Valley Pkwy</u> <u>Escondido, CA 92025</u>	<u>[Signature]</u> <u>M. D. Ore</u>	<u>12/16/99</u>	<u>Flux drain by East end</u> <u>(between E61-E62)</u>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			1	<u>- All samples tape sealed</u> <u>by inspector</u>																																												
		<u>242</u>	<u>oil drain elbow between</u> <u>2 westernmost gen.</u>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			1	<u>No staining odors noted</u> <u>(waste oil product)</u>																																												
		<u>245</u>	<u>oil drain elbow west</u> <u>of westernmost gen.</u>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			1																																													
		<u>250</u>	<u>Co-generated room</u> <u>mixed waste drain</u>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			1																																													
<table border="1"> <tr> <td>1 RELINQUISHED BY</td> <td>2 RELINQUISHED BY</td> <td>3 RELINQUISHED BY</td> <td>4</td> </tr> <tr> <td>Signature</td> <td>Signature</td> <td>Signature</td> <td>TOTAL NO. OF CONTAINERS</td> </tr> <tr> <td>Printed Name</td> <td>Printed Name</td> <td>Printed Name</td> <td><u>107</u></td> </tr> <tr> <td>Company</td> <td>Company</td> <td>Company</td> <td>Sample Conditions</td> </tr> <tr> <td>RECEIVED BY</td> <td>RECEIVED BY</td> <td>RECEIVED BY (LAB)</td> <td>Received On Ice Yes/No</td> </tr> <tr> <td>Signature</td> <td>Signature</td> <td>Signature</td> <td>Tape Seal Intact Yes/No</td> </tr> <tr> <td>Printed Name</td> <td>Printed Name</td> <td>Printed Name</td> <td>Special Shipment/Handling Or Storage Requirements:</td> </tr> <tr> <td>Company</td> <td>Company</td> <td>Company</td> <td>Split Sample Location</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Site Identification</td> </tr> <tr> <td></td> <td></td> <td></td> <td>H# <u>1430</u> AT# <u>4554</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td>SAM <u>Richard Harrison</u></td> </tr> </table>													1 RELINQUISHED BY	2 RELINQUISHED BY	3 RELINQUISHED BY	4	Signature	Signature	Signature	TOTAL NO. OF CONTAINERS	Printed Name	Printed Name	Printed Name	<u>107</u>	Company	Company	Company	Sample Conditions	RECEIVED BY	RECEIVED BY	RECEIVED BY (LAB)	Received On Ice Yes/No	Signature	Signature	Signature	Tape Seal Intact Yes/No	Printed Name	Printed Name	Printed Name	Special Shipment/Handling Or Storage Requirements:	Company	Company	Company	Split Sample Location				Site Identification				H# <u>1430</u> AT# <u>4554</u>				SAM <u>Richard Harrison</u>
1 RELINQUISHED BY	2 RELINQUISHED BY	3 RELINQUISHED BY	4																																																					
Signature	Signature	Signature	TOTAL NO. OF CONTAINERS																																																					
Printed Name	Printed Name	Printed Name	<u>107</u>																																																					
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			H# <u>1430</u> AT# <u>4554</u>																																																					
			SAM <u>Richard Harrison</u>																																																					

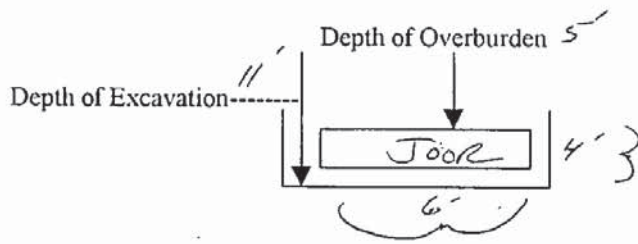
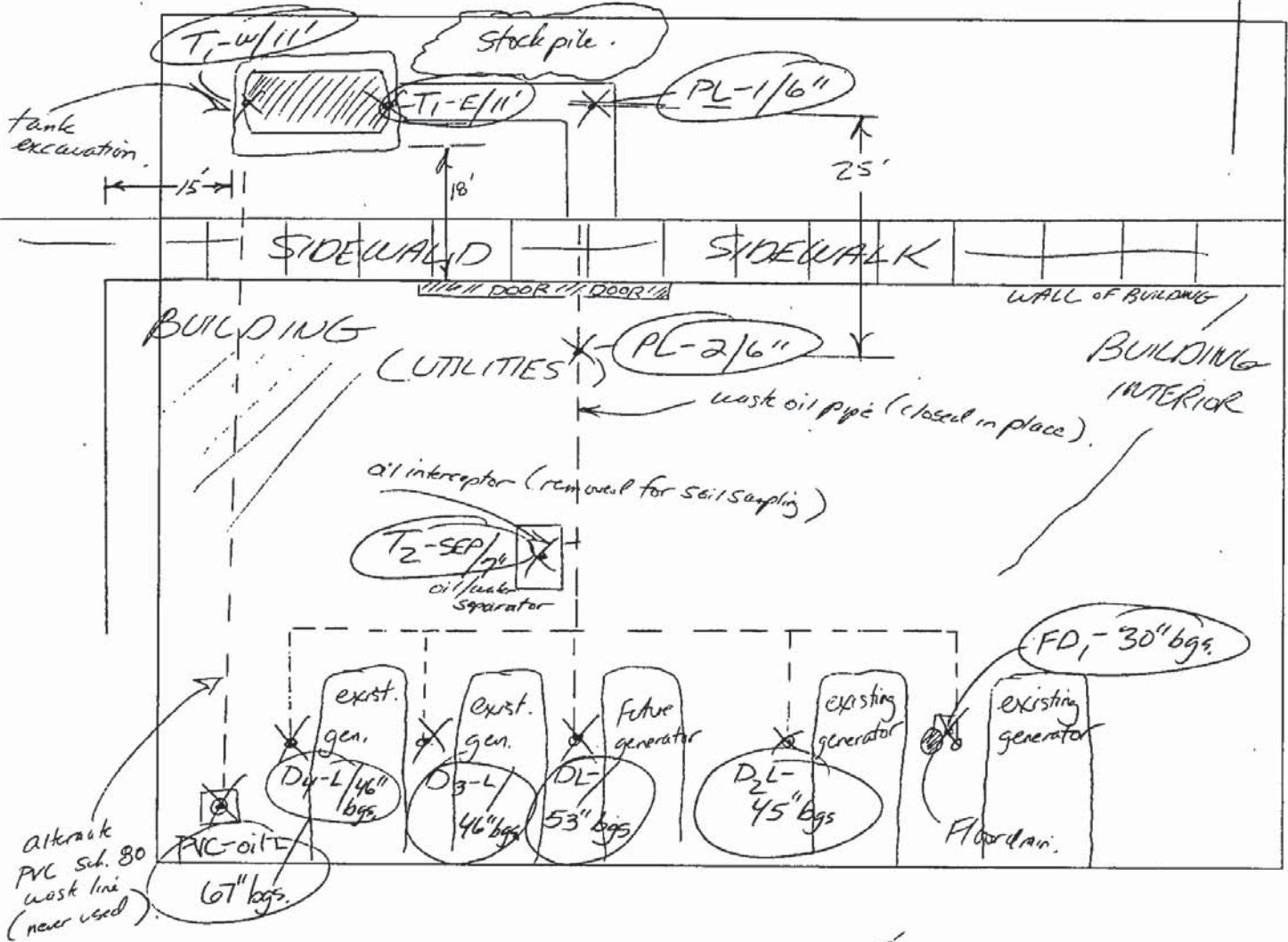
FIELD NOTES

Date: 12/16/99 EST#: H14230 Plan Check AT/NT: AT4554

Site Name: Palomar Med. Ctr. Site Address: 555 E. Valley Pkwy.

Disposal Location of Tanks: Pacific Steel Inc. Piping: CA

Depth of Excavation: 11' Depth of Overburden: 5'



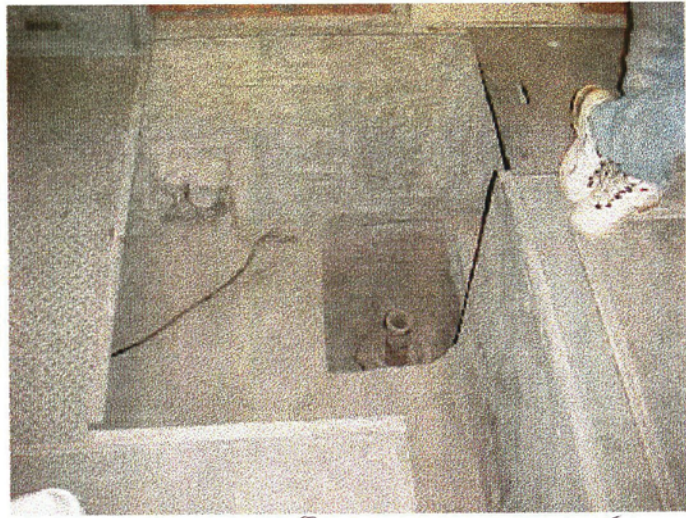
Palomar Med. Facility
555 E. Valley Blvd,
Escondido, CA 92025
H14230 AT4554
R₁ and closure of piping in place.

12/16/1999

page 1 of 2.



Blue PVC piping in tank exc. to be
concrete capped and plugged



Fill part of PVC line (to pipe
inside gen. room. left)



oil/water separator (same taken below unit)



Floor drain (to clarifier)
Waste oil fill pipe is circled (sampled at
elbow base)



Inside mechanical room taking N
(man in sampling hole) PL-2/64



Palomar Medical Center
 555 E. Valley Parkway
 Escondido, CA 92025
 H14230 AT4554
 R1 and closure of piping in place
 12/16/1999
 page 2 of 2



typical product piping (S.W. Steel, corrugated) - no evidence of waste release.



Tank excavation



Two DW plastic tank (good condn)



Stockpile, looking SE



Stockpile, looking S. toward hospital

Permit Application Summary - Tank

Permit Number: AT4554

Establishment Number: H14230

Site Address: PALOMAR MEDICAL CENTER
555 E VALLEY PY
ESCONDIDO, CA 92025-3048

Permit Status: Permit is currently ACTIVE.

Received: 12/03/1999

Approved: 12/07/1999

Approved By: ROBERT RAPISTA

Expires:

APN: 22945006
Property Owner: palomar pom.health
{No company name provided}
15255 INNOVATION DR.
SD, CA 92128

Responsible Party: {Responsible Party not provided}

Permit Fees Permit \$505.00 12/06/1999

Workers Contractor: LICENSE/REG.#: 627893
PETROLEUM P.E.T.S., INC.
No company associated with this Worker.
13444 GRANITE CREEK ROAD
SAN DIEGO, CA 92128

(619) 679-7462

(858) NEIL

Proposed Activity: 2 Tank closure by removal

Permit Activity:

Start Date	End Date	Staff	Activity
12/02/1999	12/03/1999	MONA ALLEN	PERMIT APPLICATION RECEIVED
12/06/1999	12/07/1999	ROBERT RAPISTA	.Permit Approval
12/16/1999		Richard Hansen	Tank Removal Inspection (RI)

THURS. 1pm

Permit # AT4554
Establishment # H14230
Date: December 7, 1999
Expiration Date: December 7, 2000

Permit for Underground Storage Tank Construction/Closure

SITE NAME: Palomar Medical Center
SITE ADDRESS: 555 E. Valley Parkway, Escondido, CA 92025
OWNER NAME: SAME
OWNER ADDRESS: SAME

DESCRIPTION OF PROPOSED WORK: Remove one underground storage tank and close in place associated piping

PERMIT CONDITIONS:

For tank systems that are to be removed, the excavation shall be exposed prior to the scheduled inspection and sampling points identified by the DEH inspector. Sampling is required for both tank(s) and piping. The tank(s) and piping must remain in the excavation until the DEH inspector approves the removal.

Please Note:

- 1) Piping to be closed in place must be cleaned. Failure to do so will result in a re-inspection and \$300.00 re-inspection fee.
- 2) At least one soil sample for each underground storage tank system removed must be analyzed for MTBE

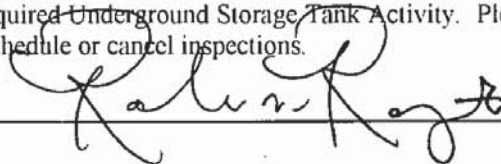
Please be advised:

All underground storage tanks that are to be removed or closed in place must be cleaned and properly inerted prior to the removal

- 1) The tanks are visually free from all product, sludge, rinsate and debris. Residual staining caused by soil and waste consisting of light shadows, slight streaks, or minor discoloration's, and soil and waste in cracks, crevices and pits may be present.
- 2) Tanks that held a Hazardous material or hazardous waste that had the potential to generate flammable vapors, must be properly inerted. A combustible gas indicator (CGI) which is properly calibrated shall be used to measure the concentration of flammable vapor at the top, center and bottom of the underground storage tank. The concentration of flammable vapor must be below twenty percent of the Lower Explosive Limit (LEL) for the material that was contained in the tank(s) and the oxygen concentration shall be the same as that of ambient air, approximately 20.8%. The underground storage tank(s) must inerted with dry ice using a minimum of 15 pounds for every 1000 gallons of tank capacity.
- 3) Failure to have the tank properly cleaned prior to the time of the removal will result in the cancellation of the removal and will require a re-inspection and \$300.00 re-inspection fee.

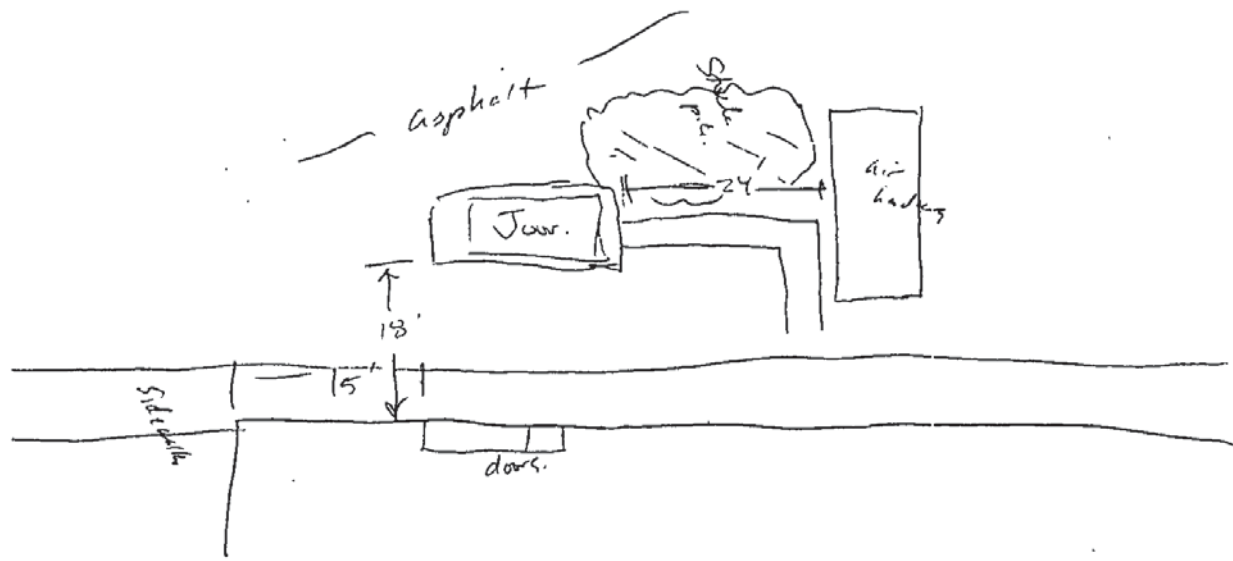
This office must be given at least 48 hours notice for all required Underground Storage Tank Activity. Please contact the Land and Water Quality Division, Plan Check desk at (619) 338-2214 to schedule or cancel inspections.

Plans Reviewed and Approved By: Robert Rapista



Date: 12/7/99

Notified _____





PERMIT APPLICATION
PART I
GENERAL PROJECT INFORMATION

RECEIVED

DEC 29 28 AM '99

ENVIRONMENTAL

OFFICE USE ONLY

EST#: H14230

PLAN CK#: AT4554

DATE RECEIVED: 12/2/99

FEE PAID: \$505.00

PLAN APPROVAL: 12/7/99 R/R

HYDRO UNIT: 53

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITIES

A. SITE NAME: PALOMAR MEDICAL CENTER
SITE ADDRESS: 555 EAST VALLEY PARKWAY City ESCONDIDO Zip 92025

B. PROPERTY OWNER:
Assessors Parcel No. APN 229 450 06
Company PALOMAR MEDICAL CENTER Contact JOHN SCHREIBER
Mailing Address 555 EAST VALLEY PKY. City ESCONDIDO State CA Zip 92025
Phone () (760) 739-3633
24 Hr. Emergency Contact TINA REITSMA Phone () (760) 739-3186

C. TANK OPERATOR:
Company PALOMAR MEDICAL CENTER Contact JOHN SCHREIBER
Mailing Address 555 EAST VALLEY PKY. City ESCONDIDO Zip 92025
Phone () (760) 739-3633
24 Hr. Emergency Contact TINA REITSMA Phone () (760) 739-3186

D. CONTRACTOR PERFORMING WORK: NEIL P. MASSEE ENGINEERING -dba
Primary Contractor dba Petroleum P.E.T.S. Contact NEIL MASSEE
Mailing Address PO Box 500824 City SAN DIEGO Zip 92150
Phone () (858) 679-7462
State Contractor License 685467
Hazardous Substances Certificate 7098
Worker's Compensation Insurance Company T.T.G. Policy # 80587 454

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, Site Assessment and Mitigation Division (SAM), 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 SAM 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 SAM at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part II, III, IV, & V).

F. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G
<input type="checkbox"/> Installation/Construction of new tank(s) systems only (without closing any existing tanks)	I & II	1
<input type="checkbox"/> Closure of existing tank(s) systems with installation of new tanks (tank replacement)	I, II & III	1 & 2
<input checked="" type="checkbox"/> Closure of existing tank(s) systems with no new tank installation	I & III	2
<input type="checkbox"/> Interior coating/repair of an existing underground storage tank	I & IV	3
<input type="checkbox"/> Repipe/pipe-repair piping upgrade of an existing underground storage tank facility	I & V	4
<input type="checkbox"/> Installation/Construction of vaulted tanks	VI	5

G. FEES: The fee shown below covers 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	Description	Fee: \$
	Installation fee for first tanks \$600.00	
	Installation fee for each additional tank No. ____ X \$100.00	
1	Establishment Base Fee \$160.00 (Applies to establishments not currently under permit with DEH)	
	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)	
2	Closure fee for first tank \$375.00	375.00
	Closure fee for each additional tank No. <u>1</u> X \$50.00	50.00
3	Repair/Interior coating fee for first tank \$600.00	
	Repair/Interior coating fee for each additional tank No. ____ X \$100.00	
4	Repipe/Piping upgrade, pipe repair of an existing tank facility \$600.00	
5	Consultation fee (e.g. vaulted tank: minimum 2 hours) <u>1</u> Hours X 80.00	80.00
6	Re-inspection fee \$300.00	
	Plan Re-Review \$200.00	
TOTAL FEE: \$		375.00 505.00

I. PERMITS REQUIRED BY OTHER AGENCIES

FIRE DEPARTMENT APCD _____ BUILDING DEPARTMENT _____ OTHER _____

Provide copies of approved applications from these departments and others if needed.



EST. H# 14230
 PLAN CHECK # AT4554

WORKPLAN
 FOR
 UNDERGROUND STORAGE TANK CLOSURE

1. Site Name PALOMAR MEDICAL CENTER
 2. Site Address 555 EAST VALLEY PARKWAY
ESCONDIDO, CA 92025

3. Describe the existing land use in the surrounding area. (residential, commercial, schools)
 Describe the locations of nearest receptors and the prevailing wind.
COMMERCIAL AND RESIDENTIAL. HOSPITAL SITE.

NO CLOSE RECEPTORS, PARKING LOT SURROUNDINGS. PREVAILING WINDS VARY.

4. Explain how the excavation will be secured. Describe fencing/site security and other methods that insure public safety.
EXCAVATION WILL BE SECURED BY BARRICADES, CAUTION TAPE, ON SITE SECURITY AND TRENCH PLATE.

5. If soil is to be stockpiled, describe the location on the Plan Check map. Describe method of soil containment (berming/covers, run-off control).
SOIL WILL BE STOCKPILED IN THE ASPHALT PARKING LOT NEXT TO THE EXCAVATION. SOIL WILL BE PLACED ON PLASTIC.

6. Do you plan to conduct site assessment or remedial work beyond what is necessary to remove the underground storage tank(s) and perform the mandatory soil sampling required by the Environmental Health Services?
 Yes No

If Yes, a Workplan for Post-Tank Removal Investigation must be completed under the direction of a registered professional.

Signature [Handwritten Signature]

Title OWNER

Telephone (858) 679-7462 Date 9-21-99



PERMIT APPLICATION
PART III
APPLICATION FOR PERMIT TO CLOSE UNDERGROUND STORAGE TANK SYSTEM

- A. TOTAL NUMBER OF TANK SYSTEMS TO BE CLOSED 1
NOTE: UST SYSTEMS INCLUDE TANK AND ALL ASSOCIATED PIPING.
B. DESCRIPTION OF TANKS TO BE CLOSED:

TANK NO.	CAPACITY	DATE INSTALLED	TANK COMPOSITION	TANK PRESENTLY IN USE?	MATERIALS STORED IN TANK
1	550	1985	DOUBLE WALL PIA STEEL	NO-DRAINED	WASTE OIL.

C. HAS THE TANK SYSTEM EVER FAILED OR LEAKED? YES NO UNKNOWN

D. REASON FOR TANKS TO BE CLOSED:

- Meet current state/federal requirements
 Replacement of existing tanks
 Tank system failure, briefly describe _____

 Other, briefly describe _____

E. PREVIOUS OWNERS AND OPERATORS OF THE TANKS:

Dates	Owner/Operator
_____	NONE
_____	_____
_____	_____
_____	_____

F. PROPOSED METHOD OF CLOSURE: REMOVAL CLOSURE IN PLACE

SAMPLING PROTOCOL Tank owner/authorized representative responsible for all sampling analyses and associated costs.

- for tank systems that are to be removed. The excavation shall be exposed prior to the scheduled inspection and sampling points identified by the SAM inspector. Sampling is required for both tank and piping. The tank and piping must remain in the excavation until the SAM inspector approves the removal.
- tank systems to be closed in place. Submit an alternate plan which must include soil sampling, reason for closing the tank system in place and type of material to be used to fill the tank. Soil sampling and/or hydrostatic testing is also required for piping closures. Tank system closure in place will only be considered after evaluating the risks and hazards if the tank system were removed.

G. DISPOSAL SITE OF TANK: PACIFIC STEEL, 1700 CLEVELAND, NATIONAL CITY

Note: You must inform SAM of the address of where the tank and piping is to be disposed. Plans will be disapproved without this information.

H. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING:

1. Property lines, site address, scale, north arrow.
2. Location of all existing structures.
3. Location of all existing underground storage tank facilities.
4. Location of underground storage tanks and piping to be closed.
5. Location of underground utility lines and vaults.

I. REQUIRED INSPECTION-PERMIT TO CLOSE

A representative from SAM must be on site at the time the tank(s) are closed.

1. TANK SYSTEM CLOSURE BY REMOVAL:

- excavation shall be exposed prior to the scheduled inspection. The tank owner/authorized representative on site must submit a uniform hazardous waste manifest demonstrating that the tank has been properly decontaminated. A combustible gas instrument and soil sampling equipment must be on site. The SAM inspector will identify sampling points. The tank and piping must remain in the excavation until SAM approves the removal.

2. TANK SYSTEM CLOSURE IN PLACE:

- after approval of the alternate plan, the tank owner/authorized representative on site shall submit a uniform hazardous waste manifest demonstrating that the tank has been properly decontaminated. The SAM inspector shall verify that the tank system has been properly emptied and will witness the filling with an approved inert substance. Piping approved to be closed in place by hydrostatic testing shall also be witnessed by SAM.

J. DECLARATION

I declare that to the best of my knowledge and belief, the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval by the Site Assessment and Mitigation 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 Site Assessment and Mitigation Division.

I will notify the Site Assessment and Mitigation Division at least two working days (48 hours) before work is to begin in order to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE Neil P. Massee, OWNER

PRINT NAME NEIL P. MASSEE

TELEPHONE (858) 679-7462 DATE 9-21-99

SITE LOCATION MAP

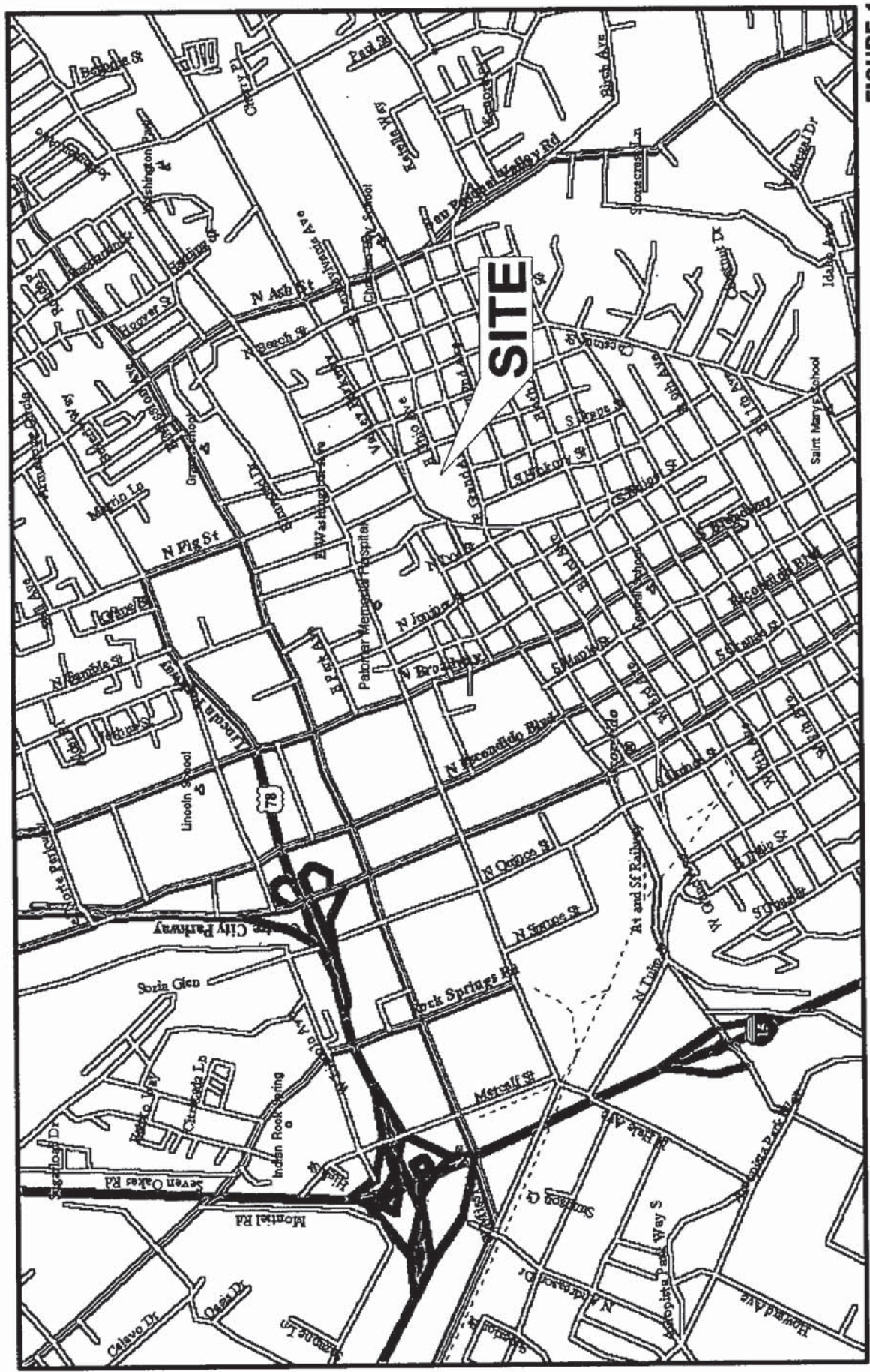
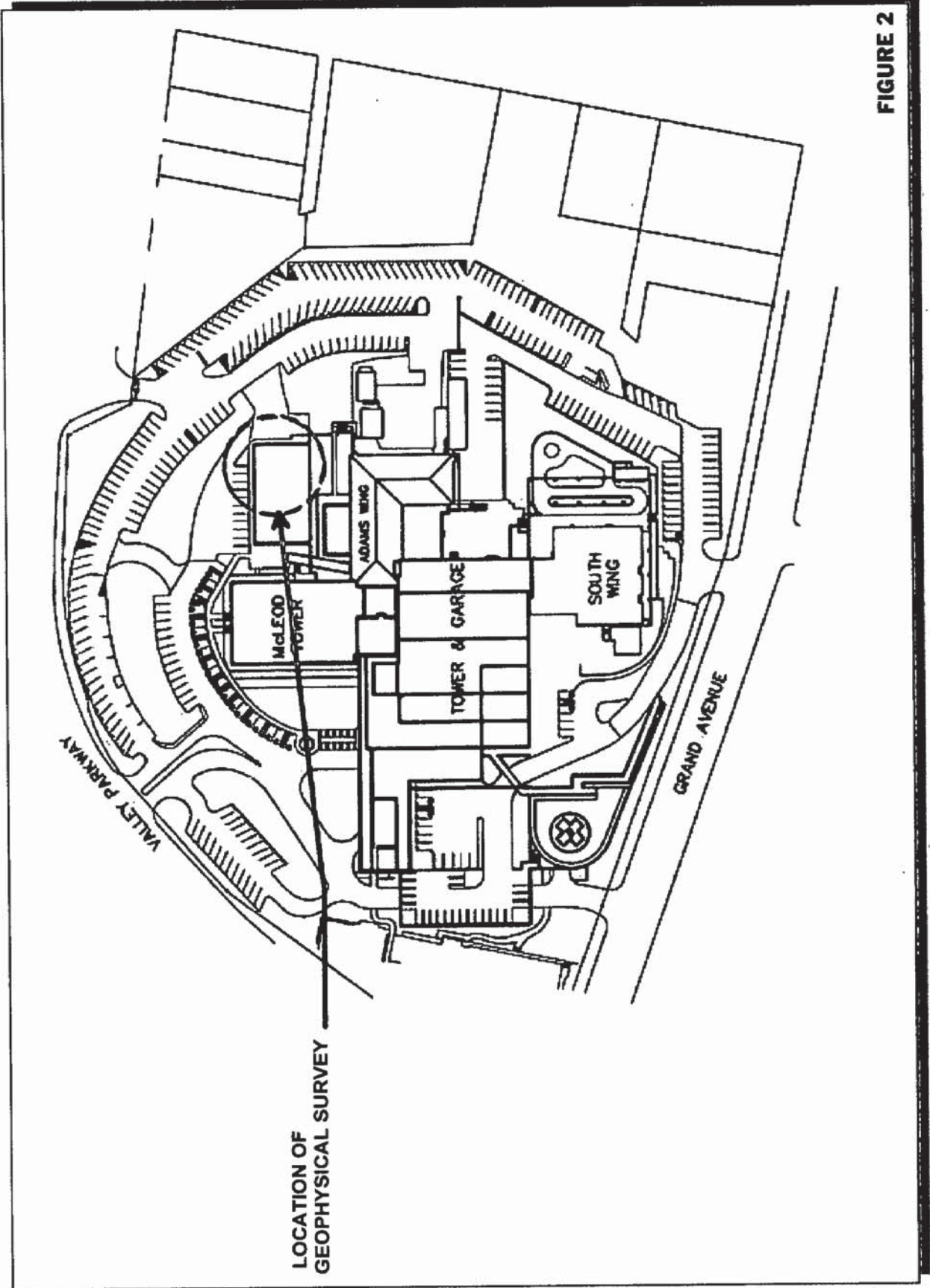


FIGURE 1



SITE LOCATION MAP



LOCATION OF
GEOPHYSICAL SURVEY

FIGURE 2

ESCONDIDO FIRE DEPARTMENT
Removal or Abandonment of Underground/Aboveground
Flammable Liquid Tanks

Tanks to be removed at Palomar Medical Center, 555 East Valley Parkway, Esc. 92025

Number and capacity of tanks ONE 550 Gallon Double wall Joor waste oil tank

U.L. Number unknown - 1985 mfg date

Disposition of tanks UNUSED waste oil tank to be removed, disposed @ Pacific Steel
Remove from site IMMEDIATELY

Removal to be made by Petroleum P.E.T.S.

Address 13468 Granite Creek Rd, SD CA 92128
858-679-7462

Is a Tank Installation Permit Needed? Yes No

Call for inspection: (760) 839-5400

1. Tanks should be safeguarded, per Uniform Fire Code requirements, prior to removal.
2. When tanks are ready to be dry iced and triple rinsed, notify the Fire Department, a minimum of 48 hours, prior for witnessing.
No other department or agency can assume responsibility without prior consent by the Fire Department on a case by case basis.
3. Notify Escondido Fire Dept. immediately, in writing, of the existence and duration of recovery containers and/or on-site treatment of hazardous waste.

REGULATIONS

1. That tank be removed unless the Fire Prevention Bureau approves abandonment in place and written approval is on file with the Fire Department from San Diego County Health Dept. Hazardous Materials/Underground Tank Division.
2. If abandoned in place, they shall be filled with mixture of one part cement to ten parts sand in slurry and puddled with a pole. This operation is to be witnessed by the Fire Department.
3. If removed from ground:
 - a. Tank shall be pumped out as far as possible with service pump.
 - b. Then use small pump to remove remaining gasoline below foot valve.
 - c. Then fill tank with approximately 25 gallons of water and pump out same.
 - d. Triple rinsing per San Diego County Health Dept. regulations, will be acceptable in lieu of lines a thru d.
 - e. Triple rinse and fill tank with dry ice prior to removing. Leave vent lines open. One pound of dry ice to 9 cubic feet, which is the equivalent of 15 lbs. to each 1,000 gallons of tank capacity. Fire Department representative to witness dry icing and certification by licensed hauler.
 - f. Fire Department will witness that tank is safe for removal (Less than 20% LEL) prior to tank being removed from ground site. Should LEL exceed 20%, rescheduling for the next work day shall be required with additional icing.
4. Applicant or his/her representative shall provide combustible detector.

Any deviation from this prescribed format will null and void this permit and will place the applicant or his/her representative in violation of Municipal Code 11-15 Uniform Fire Code 1988, Section(s) 4.101; 4.101(e); 79.115; 3.102 resulting in the issuance of a misdemeanor citation.

Neil P. Massee
Applicant

Nov. 30, 1999
Date

Samuel Landis / M. Lane
FIRE INSPECTOR
Escondido Fire Department

This permit is void 6 months after date of issuance.

PLAN CHECK # NT1173

EST # 14230

DATE 2/28/89

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT DIVISION

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME PALOMAR MEDICAL CENTER

SITE ADDRESS 555 EAST VALLEY PKWY ESCONDIDO 92025

DESCRIPTION OF PROPOSED ACTION INSTALLATION OF ONE WASTE

OIL TANK

AS DISCUSSED WITH JOHN TURLEY, DIRECTOR OF PLANT OPERATIONS, THE FOLLOWING ITEMS MUST BE ADDRESSED:

- 1- SHOW SECONDARY CONTAINMENT OF THE LUBE OIL DRAIN (LOB) AND OILY WASTE (OW), HOW IT IS CONNECTED TO THE TANK AND METHOD OF MONITORING (PROBE LOCATION)
- 2- DESCRIBE PIPING MATERIALS OF THE LOB AND OW (PRIMARY AND SECONDARY CONTAINMENT)
- 3- DISCUSS TYPE OF OVERFILL PROTECTION YOU USE ON THE UNDERGROUND WASTE OIL STORAGE TANK; YOU MUST EITHER USE A POSITIVE SHUT-OFF DEVICE IN THE FILL TANK OR BALL FLOAT VALVES ON VENT LINE

MIKE VERNETTI

236 2222

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

PERMIT APPLICATION

PART I

HMMU USE:
Plan Check # NT1173
Date Received 2/27/89
Fee Paid 761-
Plan Approval _____
Estab # 14230
Hydro Unit _____
Benef. Use _____

GENERAL PROJECT INFORMATION

A. SITE ADDRESS: 155 EAST Vally Parkway Escordido 92025
Street City Zip Code

B. PROPERTY OWNER: Palomar Medical Center Contact _____
Company Mailing Address 155 E Vally Parkway City Escordido Zip 92025
Phone (619) 739 3161
24 Hr. Emergency Contact John Turley Phone (619) 739 3161
Beep - 480 3204

C. TANK OPERATOR:
Company Same as above Contact _____
Mailing Address _____ City _____ Zip _____
Phone () _____
24 Hr. Emergency Contact _____ Phone () _____

D. CONTRACTOR:
Primary Contractor _____ Contact _____
Mailing Address _____ City _____ Zip _____
Phone () _____
State Contractor License No. _____
Worker's Compensation Insurance Company _____ Phone () _____

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).

F. Indicate the Company/Person you wish to have our plan check comments directed to by circling the appropriate section letter above or if different enter below.

G. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE (TABLE H.)	CODES FOR OFFICE USE ONLY
<input checked="" type="checkbox"/> Installation/Construction of new tank(s) only (without removing/abandoning any existing tanks.)	I & II	1	NT
<input type="checkbox"/> Removal/Destruction of existing tanks with installation of new tanks (tank replacement).	I, II & III	1 & 2	NR
<input type="checkbox"/> Removal/Destruction of existing tank(s) with no new tank installation.	I & III	2	AT
<input type="checkbox"/> Removal <u>only</u> of one tank less than 1000 gallon with no new tank installation.	I & III	4	AT
<input type="checkbox"/> Repiping of an existing tank facility.	I & II (Sections E thru N Only)	3	NM
<input type="checkbox"/> Interior coating of an existing tank facility.	I & IV	1	NM

H. FEES: The fees shown below cover plan review and approval and the required field inspections. Use the appropriate Fee Code as determined in Section G above.

Fee Code

- Base fee for one tank (\$372) Fee: \$ _____
- Fee for additional tanks (\$102 each) Fee: \$ _____
- Fee to abandon 1 tank (\$156) Fee: \$ _____
- Fee for additional abandoned tanks (\$78 each) Fee: \$ _____
- Fee per Facility (\$312) (Repipe Only) Fee: \$ _____
- Fee to remove only one tank less than 1000 gallons (\$65) Fee: \$ _____

TOTAL FEE: \$ _____

CASH _____ CHECK # _____

I. PERMITS REQUIRED BY OTHER AGENCIES:

Application #'s:

Fire Dept. _____ APCD _____ Bldg. Dept. _____ Cal OSHA _____ Other _____

Provide copies of approved applications from other agencies requiring permits for this project.

- END OF PART I -

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	Doov	plstl/steel	500gal	Double	waste oil
2					
3					
4					

Attach additional sheets as needed for primary containers.

C. Type of secondary containment:

- Double Wall Tanks Flexible Liner (liner thickness) _____
 Vault Other _____

Manufacturer NA

If other than Double Wall Tanks, will all tanks be in the same secondary containment enclosure? Explain NA

Will a system be installed to de-water the containment area? Explain NA

D. Tank leak detection/monitoring system:

- Continuous monitoring device within the secondary containment, connected to an audible/visual alarm system.

Manufacturer Malbry (Polluert)

- 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 _____

E. Piping Materials and Construction:

Primary Containment _____ Manufacturer/Model _____

Secondary Containment _____ Manufacturer/Model _____
(if applicable)

F. Type of product delivery system (i.e., pressurized, suction) _____

G. Piping leak detection/monitoring system:

Leak detector on pressurized line (for motor vehicle fuels only)
Manufacturer _____

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: _____

Ball float valve on vent and vapor lines

Other. Explain _____

I. Indicate type/manufacturer of vapor recovery system to be used:

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? 2 _____

Basis of determination _____

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

- 5. Location and detail of monitoring/leak detection systems
- 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

This was installed Early 1986 -

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.

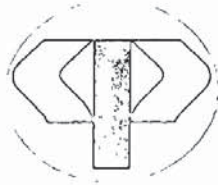
N. I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain a permit from the Department of Health Services (DHS) and that no work is to begin 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: *John Toulley*
 Print Name John Toulley
 Telephone (619) 739 3161
 Date 1/16/89



PALOMAR POMERADO HOSPITAL DISTRICT

A PUBLIC ENTITY

February 15, 1989

President and
Chief Executive
Officer ROBERT M. EDWARDS

**PALOMAR
MEDICAL
CENTER**

Administrator
Chief Operating
Officer THOMAS F. SPINDLER

Mr. Mike Verneti
DEPARTMENT OF HEALTH SERVICES
Hazardous Materials Management Unit
1700 Pacific Highway, Room 311
San Diego, CA 92101

Dear Mr. Verneti:

As per our telephone conversation 2/15/89, please find enclosed the following information:

- (3) copies of application for Underground Storage Tank Permit
- (1) copy of plans
- (1) Check in the amount of \$761.00 for Permit Fee.

If you have any questions, please call me at 739-3160.

Thank you.

Sincerely,


John Turley
Director of Plant Operations

JT/dr

Enclosures

cc Susan Hurley
Assistant Administrator

FEB 21 2 01 PM '89
 "HAWAII"

COUNTY OF SAN DIEGO
 DEPARTMENT OF HEALTH SERVICES
 ENVIRONMENTAL HEALTH SERVICES
 HAZARDOUS MATERIALS MANAGEMENT DIVISION

FOR OFFICE USE ONLY
 Estab #H 14230
 Plan check # AT7173
 Fee paid \$ 761
 Date received _____
 By _____

UNDERGROUND STORAGE TANK PERMIT FEES

The fees shown below cover plan review, operating permit fees, state surcharge fees and required field inspections associated with the underground storage tanks.

A. Tank Installation Fees

First tank base fee ~~\$372.00~~ $310 + 100\% \Rightarrow$ \$620.00 \$ 620.00
 Each additional tank _____ x \$102.00 \$ _____
 Facility repipe only \$312.00 \$ _____

B. Tank Closure Fees

First tank base fee \$156.00 \$ _____
 Each additional tank _____ x \$78.00 \$ _____
 Closure of only one tank less than 1,000 gals. \$65.00 \$ _____

C. Tank Operating Permit Fees

1) Base Fee
 Tank(s) to be installed at an establishment not currently under permit by the HMMD require the base fee of \$120.00 \$ _____

2) Per Tank Fee
 Applies to establishments not currently under permit by HMMD. Operating Permit fees are valid for one year. A 60 day grace period is allowed for installation before the permit becomes effective.
 Operating Permit effective date _____
 Number of tanks 1 x \$85.00 \$ 85.00

3) Per Tank Fee
 Applies to establishments currently under permit by HMMD. Operating Permit fees will be prorated to the expiration date of the existing HMMD permit. A 60 day grace period for additional tanks is allowed for installation before the permit becomes effective.
 Replacement tanks will not require per tank fees if the existing tank to be replaced has current fees.
 Operating Permit effective date _____
 Establishment expiration date _____
 Number of months to be prorated _____
 _____ tank(s) x \$85/yr prorated _____ months = prorated fee \$ _____

D. State Surcharge

The State Surcharge is collected per tank for the State Water Resources Control Board. The surcharge is required for each tank installation.
 Number of tanks 1 x \$56.00 \$ 56.00

Total items A, B, C & D. This amount is to be submitted with your completed application. Total \$ 761.00

Paul Friedman copy for

Post on Job site

Application No. HL-830010

Permit/Project No.:

BUILDING PERMIT

This Building Permit is issued to:

Turner Construction Company, Construction Manager, 511 E. Grand Ave., Escondido, CA 92025

For execution of the following construction project:

Palomar Memorial Hospital, Co-Generation Facility

Address 550 East Grand Avenue City Escondido, CA, 92025

County San Diego Administrator Robert J. Harenski

Valuation of work: \$ 4,271,369.00

Fee required for issuance of permit: \$ _____

(For additional fees required see section _____ Title 24, C.A.C.)

Special Conditions: None

Date of review stamp on plans and specifications December 7, 1984



Issued this _____ day of _____

By _____
Chief, Division of Facilities Development
Office of Statewide Health Planning and Development

NOTICE:

This permit becomes null and void if work or construction authorized is not commenced within one year, or if construction or work is suspended or abandoned for a period of one year at any time after work is commenced.

I hereby certify that I have read and examined this building permit and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

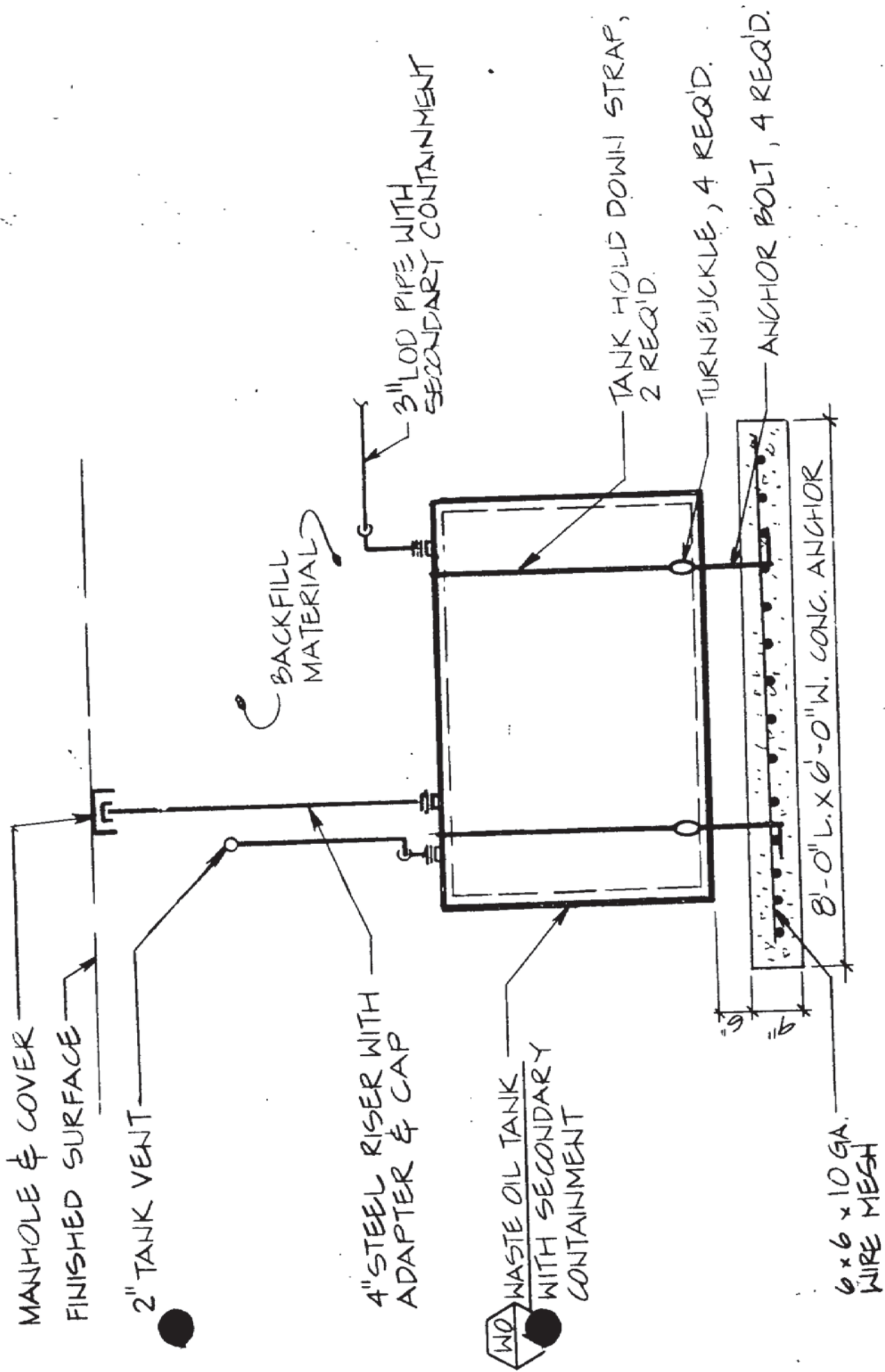
Paul Friedman - TURNER CONSTRUCTION
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

March 12, 1985
DATE

SIGNATURE OF OWNER (IF OWNER BUILDER)

DATE

* WHERE DRAIN IS USED IN CONNECTION WITH COMBINATION WASTE AND VENT SYSTEM TRAP SIZE SHALL BE 3" AND NO VENT IS REQUIRED.



WASTE OIL TANK INSTALLATION




EQUIPMENT SCHEDULE

DESCRIPTION
<p>WASTE OIL TANK - UNDERGROUND 48" ϕ x 72" O.A.L. 500 GALLON CAPACITY JOOR MFR. DOUBLE WALL TANK. OR EQUAL</p>
<p>OIL INTERCEPTOR - J.R. SMITH F16-8550 OR EQUAL. 50 GPM FLOW RATE. CAST-IRON COMPLETE WITH NON-SKID COVER. CLEANOUT, FLOW CONTROL FITTING, ADJUSTABLE GRAVITY DRAW OFF ANCHOR FLANGE AND EXTENSION AS REQUIRED.</p>
<p>SUMP PUMP - "HYDROMATIC" # SP 25AB 40 GPM AT 8FT HD, 1/4 H.P., 120 V / 1ϕ / 60 Hz</p>
<p>DOMESTIC WATER PRE HEAT STORAGE TANK - HANSON TANK CO. # S-42-500H OR EQUAL HORIZONTAL STORAGE TANK, 42" ϕ x 95" O.A.L.; 500 GAL. STORAGE. BELL & GOSSET # TCS-1066 TANK HEATER 78.5 ϕ, 66" F.T.L. 10" ϕ COLLAR SEE MECH. SHT. M. 8 FOR LOCATION & DETAIL (BASED ON 1900 # / HR. STEAM).</p>

NOTE: ALL PIPING PASSING THRU NEW CO-GEN. BUILDING INTO EXISTING BUILDING SHALL CONFORM TO DETAILS ON SHEET M.14.




SIUVEVEN ASSOCIATES
 CONSULTING MECHANICAL ENGINEERS
 1323 CARMEL MOUNTAIN ROAD
 SUITE 200
 SAN DIEGO, CA 92121
 TELEPHONE (619) 452-9500
 83034

DATE: 12-7

PROJECT:

BENITO/STICK ANDERSON L

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT DIVISION

FOR OFFICE USE ONLY
Estab #H _____
Plan check # _____
Fee paid \$ _____
Date received _____
By _____

UNDERGROUND STORAGE TANK PERMIT FEES

The fees shown below cover plan review, operating permit fees, state surcharge fees and required field inspections associated with the underground storage tanks.

A. Tank Installation Fees

First tank base fee ~~\$372.00~~ $310 + 100\% \Rightarrow \620.00 \$ 620.00
Each additional tank _____ x \$102.00 \$ _____
Facility repipe only \$312.00 \$ _____

B. Tank Closure Fees

First tank base fee \$156.00 \$ _____
Each additional tank _____ x \$78.00 \$ _____
Closure of only one tank less than 1,000 gals. \$65.00 \$ _____

C. Tank Operating Permit Fees

1) Base Fee
Tank(s) to be installed at an establishment not currently under permit by the HMMD require the base fee of \$120.00 \$ _____

2) Per Tank Fee
Applies to establishments not currently under permit by HMMD. Operating Permit fees are valid for one year. A 60 day grace period is allowed for installation before the permit becomes effective.
Operating Permit effective date _____
Number of tanks 1 x \$85.00 \$ 85.00

3) Per Tank Fee
Applies to establishments currently under permit by HMMD. Operating Permit fees will be prorated to the expiration date of the existing HMMD permit. A 60 day grace period for additional tanks is allowed for installation before the permit becomes effective.
Replacement tanks will not require per tank fees if the existing tank to be replaced has current fees.
Operating Permit effective date _____
Establishment expiration date _____
Number of months to be prorated _____
_____ tank(s) x \$85/yr prorated _____ months = prorated fee \$ _____

D. State Surcharge

The State Surcharge is collected per tank for the State Water Resources Control Board. The surcharge is required for each tank installation.
Number of tanks 1 x \$56.00 \$ 56.00

Total items A, B, C & D. This amount is to be submitted with your completed application. Total \$ 761.00

EST. / H14230
 P.C. / N 7087

TANKS TO BE INSTALLED 0 Repair
 SITE NAME Palomar Hospital PHONE _____
 ADDRESS 555 E Valley Pr. WY ZIP _____
 CONTRACTOR Astro Mechanics PHONE _____
 TANK SET (1st Inspection) By Paul A. Fried Date 9-20-88

YES FIRE AGENCY
 FIRE AGENCY PERMIT # _____
 JURISDICTION Escondido
 PHONE _____

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5	Tank 6
1. Tank Type/Mfg	-					
2. UL #	-					
3. Capacity (Gallons)	<u>1000</u>					
4. Material to be Stored	<u>Petrol</u>					
5. Type of Native Soil	-					
6. Depth of Excavation	-					
7. Anchoring (High Groundwater)	-					
8. HMMD Approved Plans on Site (Y/N)	Y					
9. Back Fill Material	<u>Sand</u>					
10. Installation Matches Drawings? (Check Setbacks) (Y/N)	Y					
11. Contractors Holiday Certification Submitted (Y/N/NA)	NA					
12. Cathode Protection? (Y/N)	N					
13. Reinspection Required? (Y/N)	N					
14. Tank Set Approved? (Y/N)	Y					

PRESSURE TEST (2nd inspection) By Repair Job! Date _____

A. Product Bearing Lines @ 75psi (From/To)	-					
B. Vent, Vapor, Suction, Remote Fills, Gravity Lines @ 5psi (From/To)	-					
C. Primary System Tank & Pipes @ 5psi (From/To)	-					
D. Secondary Containment @ 5psi (From/To)	-					
E. Ball Float Valves on Vent and Vapor Return (Y/N)	-					
F. Level Sensing Device Installed?	yes					
G. All Metal Piping Wrapped or Cathodically Protected? (Y/N)	yes					
H. Re-inspection Required? (Y/N)						
I. PRESSURE TEST APPROVED?						
J. Contractor's Hand Tamping Certification Submitted (Y/N/NA)						

*with info conform with drawing
 Per discussion with
 M. Vornithi*

REMARKS Not Pressure checked, lines were in use due to critical needs.

1-4-88 All pre meet drawings but testing was not done due to hospital used to

run generator use for running Hospital

County of San Diego
 Department of Health
 14440 P.O. Box 85261
 San Diego, CA 92138-5261
 (619) 236-2222

ELECTRICAL

PHONE

TANK NO. 5
(3,000 GAL.)

WASTE OIL TANK

EXISTING FUEL LINES

EXISTING FUEL LINES

GENERATOR
(Refer to C/3)

EXISTING FUEL LINES
(Refer to A/1)

BOILER ROOM

NEW FUEL LINES
(Refer to A/1 and B/14)

BRING LINES UP
EXTERIOR OF BLDG
AND COORDINATE
FINAL LOCATION
IN FIELD.
SEE MR. 52.

GAS REGULATOR

TANKS NO. 2&3
(5,000 GAL. EACH)

DETAIL A

TANK NO. 4
(10,000 GAL.)

NATURAL GAS LINE

LIQUIDOMETER LINES

OWNERS LAYOUT
PROVIDED TO ADP
BY TCCO

ABANDONED FUEL LINES

9-27-87

R.W. SVENSON

ABANDONED FUEL LINES

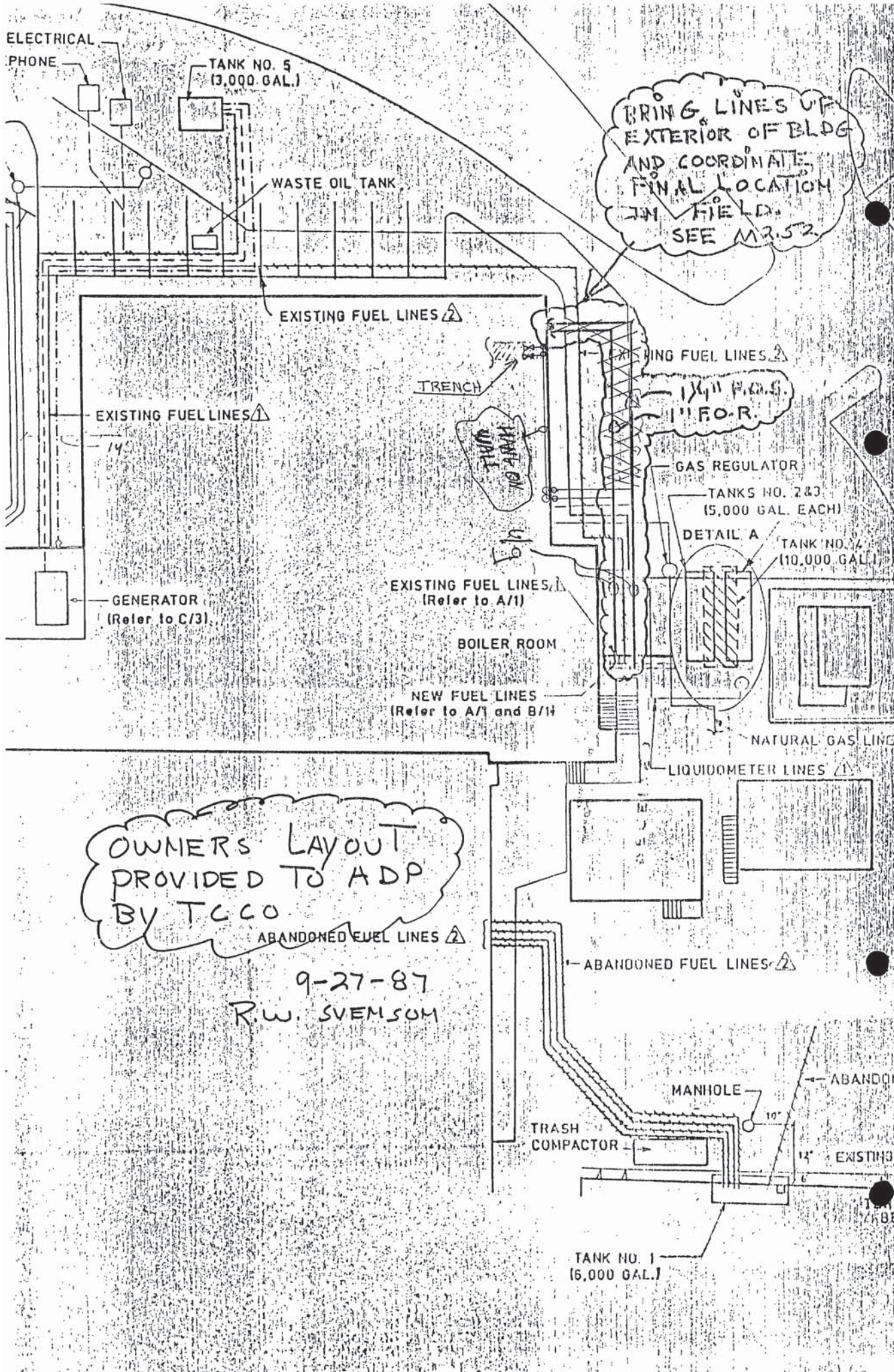
MANHOLE

TRASH
COMPACTOR

ABANDON

EXISTING

TANK NO. 1
(6,000 GAL.)



ELECTRICAL
PHONE

TANK NO. 5
(3,000 GAL.)

WASTE OIL TANK

BRING LINES UP
EXTERIOR OF BLDG
AND COORDINATE
FINAL LOCATION
IN FIELD.
SEE MR. 52.

EXISTING FUEL LINES

EXISTING FUEL LINES

TRENCH

HAND OIL
WASTE

ING FUEL LINES

1 1/2" P.C.S.
1" F.O.R.

GAS REGULATOR

TANKS NO. 2&3
(5,000 GAL. EACH)

DETAIL A

TANK NO. 4
(10,000 GAL.)

GENERATOR
(Refer to C/3)

EXISTING FUEL LINES
(Refer to A/1)

BOILER ROOM

NEW FUEL LINES
(Refer to A/1 and B/1)

NATURAL GAS LINE

LIQUIDMETER LINES

OWNERS LAYOUT
PROVIDED TO ADP
BY TCCO

ABANDONED FUEL LINES

9-27-87
R.W. SVENSON

ABANDONED FUEL LINES

MANHOLE

TRASH
COMPACTOR

ABANDON

EXISTING

TANK NO. 1
(6,000 GAL.)

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
AT 336-2222 AT LEAST TWO WORKING DAYS BEFORE
STARTING CONSTRUCTION TO SCHEDULE THE FIRST
HOURLY FIELD INSPECTION.

PLAN CHECK # NT1082

9/8/88

H14230

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT UNIT

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME PALOMAR HOSPITAL TRAUMA CENTER / ASTRO MECHANICAL

SITE ADDRESS 555 E. VALLEY PWAY, ESCONDIIDO 92025

DESCRIPTION OF PROPOSED ACTION ADD ADDITIONAL PIPING
(F.O.S. & F.O.R.) FROM EXISTING 10,000 GALLON
FUEL OIL TANK TO FEED TWO ADDITIONAL GENERATORS
AND TIE INTO EXISTING SYSTEM. A TOTAL OF THREE
GENERATORS WILL BE SUPPLIED FROM THE 10,000 GALLON
FUEL OIL TANK

PLANS REVIEWED AND APPROVED

PERMIT ISSUED

MIKE VERNETTI

236 2222

**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.**



Mechanical Contractors
"Since 1960"

LETTER OF TRANSMITTAL

TO DEPT. OF HEALTH SERVICES
HAZARDOUS MATERIALS Management Unit

DATE	9-9-88	JOB NO.	C-2139
ATTENTION	MIKE Vermetti		
RE.	SB		
PALOMAR Med CTR - NTG			
PERMIT APPLICATION			

GENTLEMEN:

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Submittals Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
1			INSIDE OF Building fuel oil piping PLAN
1			COMPOSITE DRAWING OF INSIDE & OUTSIDE NEW fuel oil piping

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

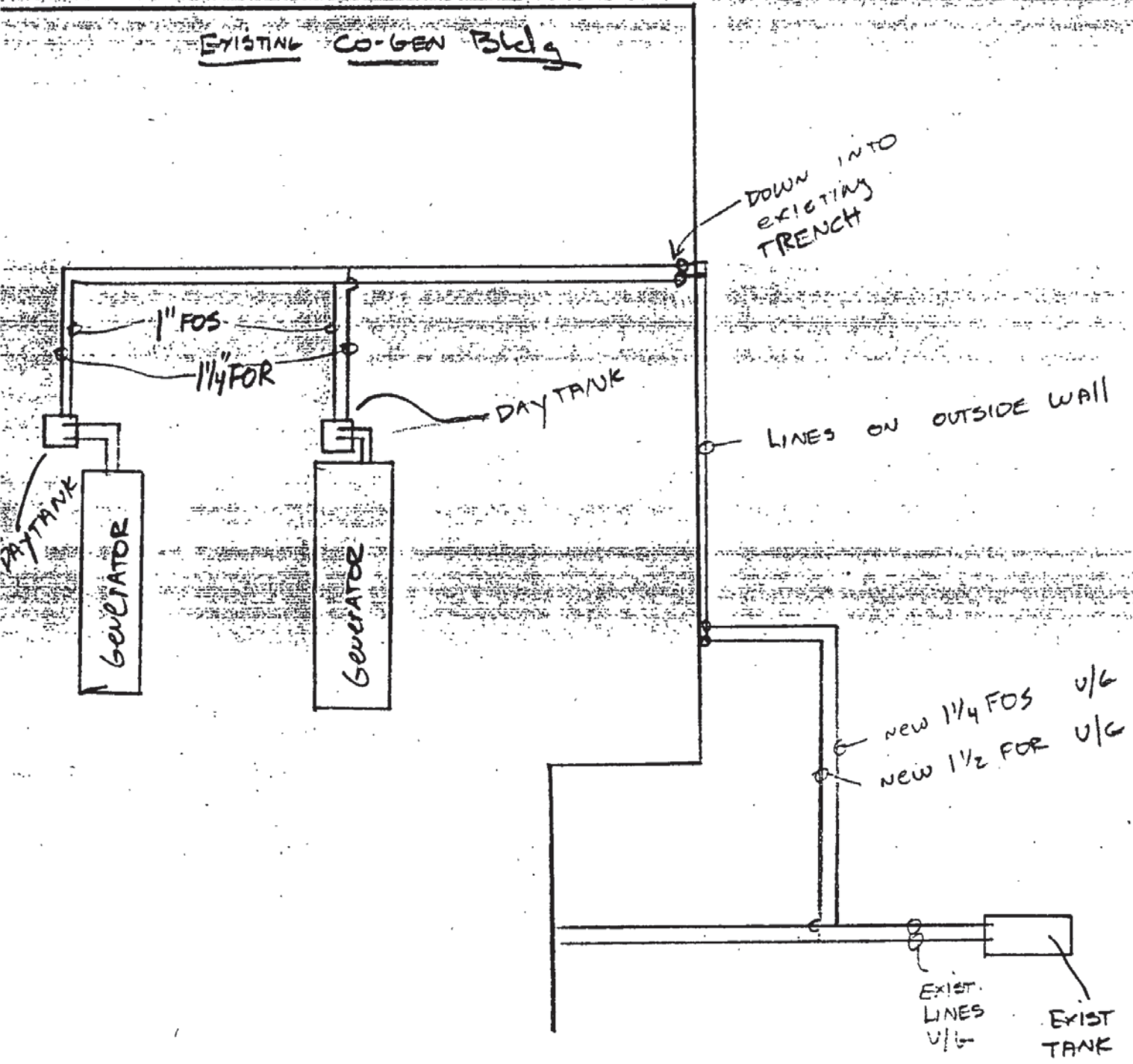
Lic. No. 267392 PHCC PPIC P.O. Box 1113
603 So. Marshall Ave., El Cajon, CA 92022
(619) 442-9686

SIGNED: Denny Reed

If enclosures are not as noted, kindly notify us at once.

PALOMAR MED CTR

NEW FUEL OIL PIPING



FAX # 442-3682
2nd copy fax'd 6/20/88

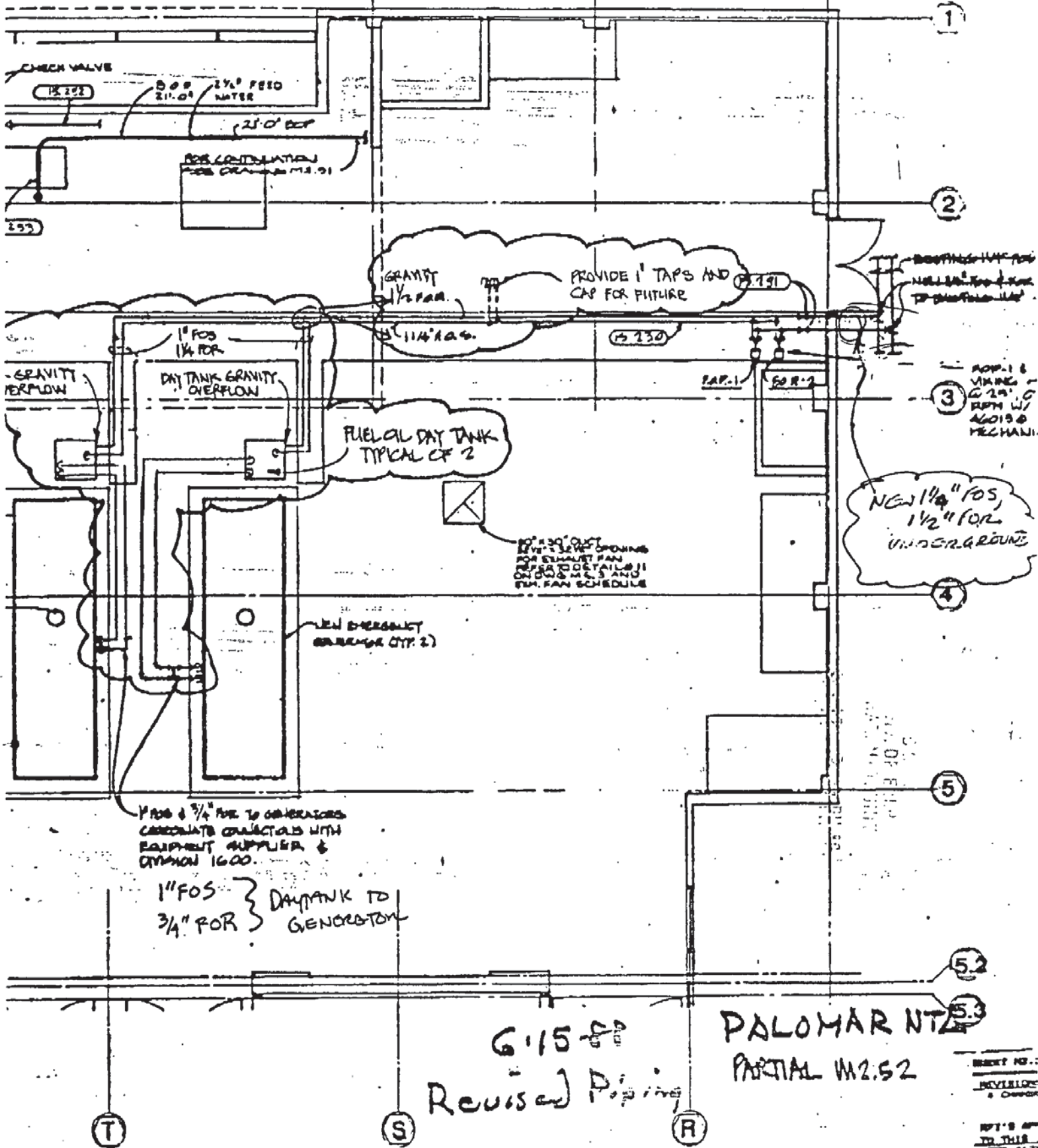
ATTN: DOUG REED
FAX'D 6/15/88 4pm

RECEIVED

JUN 15 1988

INTER CONSTRUCTION CO

CCA #112, PART 3



HEET NO.:
REVISION:
& OWNER

NOT'S AP
TO THIS
SHEET 017

ESCONDIDO FIRE DEPARTMENT

APPLICATION & PERMIT FOR INSTALLATION OF UNDERGROUND FLAMMABLE LIQUID TANKS



TANKS TO BE INSTALLED AT 550 E. Valley Pkwy
PIPING ONLY - FUEL OIL

NUMBER & CAPACITY OF NEW TANKS SAME

NUMBER & CAPACITY OF EXISTING TANKS NONE

NUMBER & CAPACITY OF TANKS TO BE REPLACED OR DISCONTINUED NONE

TANKS MANUFACTURED BY _____

U.L. APPROVED NUMBERS _____

INSTALLATION TO BE MADE FOR PALOMAR MEDICAL CENTER - NTE

INSTALLATION TO BE MADE BY ASTRO MECHANICAL INC.

ADDRESS 603 S. MARSHALL AVE EL CAJON CA 9202

PROVIDE PLOT PLAN SHOWING PROPERTY DIMENSIONS AND INSTALLATION LOCATION

APPLICATION APPROVED BY Michael Jain DATE 8/23/88
By: M. DeLong

The following inspections are required to be made by the fire Department. To allow for scheduling and avoid delays, please give as much advance notice as possible. Call 741-4701.

- 1. INSPECTION TANK EXCAVATIONS BY _____ DATE _____
- 2. PIPING & PRESSURE TEST (5 PSI) BY _____ DATE _____
- 3. FINAL INSPECTION: BY _____ DATE _____

- EMERGENCY SWITCH
- FIRE EXTINGUISHER
- U.L. APPROVED EQUIPMENT
- NO SMOKING SIGNS
- V/R TYPE _____ MGF. _____

NOTE: BOUYANCY TESTS ARE REQUIRED. SUBMIT ENGINEERS' CALCULATIONS WITH THIS APPLICATION TO THE ESCONDIDO BUILDING DEPARTMENT.

HAZARDOUS MATERIALS MANAGEMENT UNIT
 UNDERGROUND STORAGE TANK INSTALLATION REPORT

01780

EST. # _____
 P.C. # _____ NT 0546 512 RYA 4/22/87

TANKS TO BE INSTALLED 1-3,000 gal JOOR
 SITE NAME PALOMAR HOSPITAL TRAUMA CTR PHONE 489-4740
 ADDRESS 555 E. VALLEY PKWY ZIP 92027
 CONTRACTOR FRITZ NACHANT PHONE _____

YES FIRE AGENCY NO
 FIRE AGENCY PERMIT # _____
 JURISDICTION ESCONDIDO
 PHONE _____

TANK SET (1st Inspection) By _____ Date _____

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
1. Tank ID #					
2. UL #					
3. Capacity (Gallons)					
4. Material to be Stored					
5. Type of Native Soil					
6. Depth of Excavation					
7. Anchoring (High Groundwater)					
8. Pressure Test (F.Glass @ 5pSIG) (Y/N)					
9. Back Fill Material					
10. Installation Matches Drawings? (Check Setbacks) (Y/N)					
11. Holiday Tested? (Plasteel) (Y/N)					
12. Pea Gravel Hand Tamped? (Y/N)					
13. Cathode Protection? (Y/N)					
14. Reinspection Required? (Y/N)					
15. Tank Set Approved? (Y/N)					

REMARKS:
DIESEL TANK - FOR EMERGENCY USE.
JOINTS & CONNECTIONS SOAPED ON TANK.
PIPING PRIMARY PIPING - PRESSURIZED & SOAPED ON ~~MONDAY~~
WITNESSED BLEED OFF OF GAUGE - OK.

PRESSURE TEST (2nd Inspection) By M. AVASTU Date 1-20-87

A. Product Bearing Lines @ 75pSIG (From/To)					
B. <u>Vent</u> Vapor, <u>Suction</u> Remote Fills, <u>Gravity Lines</u> @ 5pSIG (From/To) <u>8:30-8:55</u>	<u>5.2</u>				
C. Primary System Tank & Pipes @ 5pSIG (From/To) <u>8:30-8:55</u>	<u>5.2</u>				
D. Secondary Containment @ 5pSIG (From/To)	<u>JOOR TANK - NOT REQ'D</u>				
E. Ball Float Valves on <u>Vent</u> and Vapor Return (Y/N)	<u>YES</u>				
F. Level Sensing Device Installed?	<u>NO - TO BE INSTALLED</u>				
G. All Metal Piping Wrapped or Cathodically Protected? (Y/N)	<u>N</u>				
H. Re-Inspection Required? (Y/N)	<u>YES</u>				
I. PRESSURE TEST APPROVED?					

SITE SKETCH

FINAL INSPECTION By _____ Date _____

I. Monitoring System Per Approved Plans? (Y/N)					
II. Lockable or Secured Monitoring Port Cover? (Y/N)					
III. Monitoring System Test (Pass/Fail)					
IV. Acceptable Recordkeeping					
V. Reinspection Required?					
VI. FINAL INSPECTION APPROVED?					

SEE REVERSE FOR IMPORTANT INFORMATION

County of San Diego
 Department of Health Services
 HMMU - 1700 Pacific Highway
 San Diego, CA 92101-2489
 (619) 236-2222

Reviewed by M. K. H. 2/13/87
 HAZARDOUS MATERIALS MANAGEMENT UNIT
 UNDERGROUND STORAGE TANK INSTALLATION REPORT 1780

ST. # _____
 P.C. # _____ NT0516

TANKS TO BE INSTALLED 1
 SITE NAME PALOMAR HOSPITAL PHONE _____
 ADDRESS 550 VALLEY PKWY ZIP 92027
 CONTRACTOR FRITZ NACHANT PHONE _____

YES NO
 FIRE AGENCY PERMIT # _____
 JURISDICTION ESCONDIDO
 PHONE _____

TANK SET (1st Inspection) By _____ Date _____

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
1. Tank ID #					
2. UL #					
3. Capacity (Gallons)					
4. Material to be Stored					
5. Type of Native Soil					
6. Depth of Excavation					
7. Anchoring (High Groundwater)					
8. Pressure Test (F. Glass @ 5pSIG) (Y/N)					
9. Back Fill Material					
10. Installation Matches Drawings? (Check Setbacks) (Y/N)					
11. Holiday Tested? (Plasteel) (Y/N)					
12. Pea Gravel Hand Tamped? (Y/N)					
13. Cathode Protection? (Y/N)					
14. Reinspection Required? (Y/N)					
15. Tank Set Approved? (Y/N)					

REMARKS:
PRODUCT LINE 55 PSI (SUCTION)
PRODUCT RETURN 54 PSI (GRAVITY)
VENT 54 PSI
8:33 → 9:02
Witnessed bleed off

PRESSURE TEST (2nd Inspection) By M. AVASTA Date 2-6-87

A. Product Bearing Lines @ 75pSIG (From/To)				
B. Vent, Vapor, Suction, Remote Fills, Gravity Lines @ 5pSIG (From/To)	<u>all tanks</u>			
C. Primary System Tank & Pipes @ 5pSIG (From/To)	<u>8:33/9:02</u>	<u>4.8 PSI</u>		
D. Secondary Containment @ 5pSIG (From/To)		<u>Not Req'd</u>		
E. Ball Float Valves on Vent and Vapor Return (Y/N)	<u>Y-2</u>	<u>VENT</u>		
F. Level Sensing Device Installed?	<u>NO</u>	<u>TO BE INSTALLED.</u>		
G. All Metal Piping Wrapped or Cathodically Protected? (Y/N)	<u>Y</u>			
H. Re-inspection Required? (Y/N)	<u>N</u>			
I. PRESSURE TEST APPROVED?	<u>YES</u>			

SITE SKETCH

FINAL INSPECTION By _____ Date _____

I. Monitoring System Per Approved Plans? (Y/N)				
II. Lockable or Secured Monitoring Port Cover? (Y/N)				
III. Monitoring System Test (Pass/Fail)				
IV. Acceptable Recordkeeping				
V. Reinspection Required?				
VI. FINAL INSPECTION APPROVED?				

[Signature]
 SEE REVERSE FOR IMPORTANT INFORMATION

County of San Diego
 Department of Health Services
 HMMU - 1700 Pacific Highway
 San Diego, CA 92101-2489
 (619) 236-2222

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNIT (HMMU)

UNDERGROUND STORAGE TANK INSTALLATIONS

- * San Diego County Code requires permits be applied for any work done to underground tank(s) which store or have stored hazardous substances. Title 6, Division 8, Chapter 10, Section 68.1005.
- * A permit to install underground storage tank(s) shall be obtained from the designated fire agency, before applying for a county hazardous materials permit. Installation guidelines are as follows:
 1. Permit, site drawings (to scale) and this job card MUST BE ON SITE AT ALL TIMES for the duration of tank work.
 2. After securing all necessary permits, CALL 236-2222, at least 48 HOURS IN ADVANCE, to schedule appropriate inspections as required. (Installer is responsible for notifying fire department, APCD, or any other agency inspecting installations.) To cancel scheduled inspections call no later than 8:30 a.m. of day of inspection.
 3. All required testing by HMMU shall be performed in the presence of hazardous materials staff.
 4. Maximum range of test pressure gauges shall not exceed 3 times the system's expected test pressure.
 5. Issuance of a permit to install new tanks at a site where unauthorized release mitigation is pending, does not imply that compliance with requirements of this department or any regulatory agency have been fulfilled.
 6. Site safety is the responsibility of site operator and installer.
 7. This job card is the property of HMMU and as such shall be surrendered to HMMU staff upon request.
 8. Failure to comply with any of the above or failure to install tanks in accordance with site drawing, application, fire code, building code, or County of San Diego HMMU policy may prevent approval of the work under inspection. In such cases, a reinspection notice shall be issued by HMMU staff and a reinspection fee shall be submitted. In addition there may be civil or criminal actions filed, as prescribed by Law.

C1780 - (E. VALLEY PKWY IN BK)

HAZARDOUS MATERIALS MANAGEMENT UNIT
ABANDONED UNDERGROUND TANK REPORT

YES FIRE AGENCY NO

EST. # NT 0516
P.C. # NT 0516

FIRE AGENCY PERMIT # _____

Palomar Hospital
OF TANKS TO BE ABANDONED 1

JURISDICTION Escondido

SITE NAME/ADDRESS 550 E. Grand Ave. Esc. ZIP 92025

PHONE _____

CONTRACTOR Nochout PHONE _____

C.G.I. O.O To L.E.L.

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
1. Tank ID #					
2. U/L #					
3. Capacity (Gallons)		6,000 gal			
4. Material Stored		diesel fuel			
5. Decontamination: Manifest Available?					
6. Tank Inerting: (GIRDS) Dry Ice/Nitrogen (Qty)	yes	yes			
7. Tank Condition (Holes)	good	good			
8. Condition of Back Fill & Type	good	good			
9. Condition of Native Soil/Type	good	good			
10. Odors From Excavation?	none	none			
11. Poned Product?	no	no			
12. Ground Water Contamination	no	no			
13. Tank Closure in Place	yes	yes			
14. Pipeline Leak Evident?	no	no			
15. Reinspection Required?	no	no			
16. Reinspection Receipt Available?					

REMARKS:
 1) tank in good condition
 two holes - some rust
 2) backfill only
 3) native soil - clay
 4) tank cleaned out
 and decontaminated
 by T road team
 & manufacturer -
 document #
 84268109

NOTICE: You are hereby notified that on 1-13-87, A.J. Wing, Hazardous Materials Specialist of County Department of Health Services, conducted an inspection for the removal and/or abandonment of underground storage tanks of hazardous substances. A summary of conditions found is noted as follows:

- No indication of soil or groundwater contamination apparent this date. Excavation may be backfilled.
- The conditions noted below must be reported and corrected in accordance with Chapters 6.5 and 6.7 of the California Health and Safety Code and Chapters 9 and 10 of the San Diego County Code.
 - Hazardous substance/waste is ponded in the excavation. Immediately take steps to remove the ponded hazardous liquid from the excavation. This liquid is a hazardous waste that shall be properly transported, under manifest, by a licensed hazardous waste hauler to a licensed recycling or disposal facility.
 - Contaminated soil and/or contaminated groundwater is suspected in the excavation. Determining the extent and impact of this contamination and completing any required clean-up is the responsibility of the tank owner/operator. Within 5 work days, the tank owner/operator or his agent must submit a written UNAUTHORIZED RELEASE REPORT to the Department of Health Services including all of the following information that is known at the time of filing the report:
 - a. Describe the type, quantity and concentration of the hazardous substance released.
 - b. Provide the results of all investigations completed at this time to determine the extent of soil, groundwater, or surface water contamination due to the release.
 - c. Describe the method of cleanup implemented to date, proposed cleanup actions, and approximate costs of actions taken to date.
 - d. Indicate the method and location of disposal of the released hazardous substance and any contaminated soils or groundwater or surface water. (If any contaminated soil/water is hauled off-site, include copies of the hazard waste manifests).
 - e. Include the tank operator's name and telephone number, the name and telephone number of any consultants retained, and a projection of proposed activity schedule.
 Subsequent mitigation actions will be discussed upon review of the submitted Report and consultation with other appropriate agencies.

REFER TO REVERSE SIDE FOR ADDITIONAL INFORMATION/REQUIREMENTS

Received by [Signature]
 Phone # F.A. Nochout 233-6415

[Signature]
 Hazardous Materials Specialist Signature

County of San Diego
 Department of Health Services
 HMMU - 1700 Pacific Highway
 San Diego, CA 92101-2489
 (619) 236-2222

Field Observations and Notes:

1. Type of hazardous substance released: none
2. Is hazardous substance ponded? no Estimated amount
3. Is amount of hazardous substance release known? Estimated amount
4. Estimated depth to groundwater
5. Is there an existing or potential beneficial use of the groundwater identified in the Basin Plan? yes
6. Soil conditions:
 - a. Is backfill discolored? Estimated amount
 - b. Is backfill saturated? Estimated amount
 - c. Is native soil discolored? Estimated amount
 - d. Is native soil saturated? Estimated amount
 - e. Type of native soil (sandy, clay, etc.) sandy
7. Description of odors from excavation
8. Condition of tank (holes; corrosion, deteriorated wrapping, etc.)
no holes - some rust
9. Pipeline leak evident? no
10. Nearby underground vaults or utilities or basements? (Specify) sewer
11. Nearby water wells or surface waters?
12. Other comments/observations:



COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES

1700 Pacific Highway, San Diego, CA 92101



revised by NPA 3/24/87

EST. # NT 6546
DATE 1.1.20.87

SURVEILLANCE REPORT

EST. NAME Palomar Hospital Trauma Center EPA ID.# _____
 EST. ADDRESS 555 E. VALLEY PKWY. PHONE # 489-4740
 CONTACT PERSON JOHN TURLEY TITLE MD

On the above date an inspection of your establishment was conducted.

WASTE TYPE / SOURCE	QTY. PRESENT THIS DATE	AVG. QTY. DISPOSED	TREATMENT	STORAGE	HAULER
---------------------	------------------------	--------------------	-----------	---------	--------

CONTRACTOR: FRITZ NACHANT

PRESSURE TEST: JOOK TANK
3,000 gal - diesel - emergency generator.

PRODUCT FEED & PRODUCT RETURN (SUCTION) & INNEK
TANK - 5.2 - 8:30 5.2 - 8:55 - OIC

BALL FLOAT INSTALLED - OK
WITNESSED BLEED-OFF - OK

VIOLATION REPORT: The items checked below refer to specific section numbers of Title 22 of the California Administrative Code, Chapter 6.5 of the Health and Safety Code, or the San Diego County Code. A copy of these laws and regulations will be made available by this department on request.

RECORD KEEPING		HAZARDOUS WASTE STORAGE		HAZARDOUS WASTE DISPOSAL				
01	66492	Manifest copy not kept for 3 years	01	66508	Storage longer than 90 days	01	66472	Waste transporter not registered
02	66328	Hauler receipts not available	02	67243	Storage container not kept closed	02	66188	Waste transported without manifest
03	66328	Small qty. receipts not available	03	66508	Container not properly labeled	03	66472	TSD facility not permitted or reg.
04	66482	Manifest missing generator info.	04	66508	Container missing accumulation date	04	25189.5	Disposal to trash or dumpster
05	66472	No EPA identification number	05	67241	Container in poor condition	05	25189.5	Disposal to ground surface
06	66328	Variance documents not available	06	66508	Container label missing waste info.	06	25189.5	Disposal to storm drain
07	66328	Sewer district approval not obtained	07	67242	Waste incompatible with container	07	25189.5	Disposal to sewer or septic system
08	68905	Health permit not obtained	08	67247	Incompatibles in same container	08	25189.5	Disposal to ambient air
09	66482	Manifest missing transporter info.	09	66308	Improper solidification on-site	09	25191	Disposal to unauthorized point
10	66482	Manifest missing facility info.	10	67243	Container not protected adequately	10	25191	Waste heaped to unauthorized point
11	66482	Manifest missing waste description	11	67247	Incompatibles not segregated	11	66471	Waste determination not made
12	66482	Manifest missing qty. & type of waste	12	67246	Ignitable wastes less than 50 feet	12	66504	Waste packaging not adequate
13	66484	Manifest unsigned by transporter	13	67106	Ignitable wastes not grounded	13	66504	Waste packaging not adequate
14	66484	Manifest copies not sent to DOHS	14	67244	Storage area not inspected weekly	14	66504	Waste packaging not adequate
15	66484	Exception report not sent to DOHS	15	67257	Waste can cause tank to ther to fail	15	66504	Waste packaging not adequate
16	66493	Biennial report not sent to DOHS	16	67257	Tank without control or freeboard	16	66504	Waste packaging not adequate
17	66493	Blennial report not sent to DOHS	17	67257	Cut-off valve not provided for tank	17	66504	Waste packaging not adequate
18	66493	Blennial report not sent to DOHS	18	67259	Tank & tank equipment not inspected	18	66504	Waste packaging not adequate
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A detailed inspection summary will be mailed shortly. All violations must be corrected by the date indicated on that summary. Please call 236-2222 concerning any question regarding this report.

[Signature]
ESTABLISHMENT REPRESENTATIVE

[Signature]
INSPECTOR

reviewed by RPA 2/2/87

C1780

HAZARDOUS MATERIALS MANAGEMENT UNIT
UNDERGROUND STORAGE TANK INSTALLATION REPORT

EST. / P.C. / NTOSTE

TANKS TO BE INSTALLED

SITE NAME 550 E. Grand Ave. Etc. PHONE _____
ADDRESS Palomar Hospital ZIP 92025
CONTRACTOR F. A. Nachman PHONE 326115

YES NO
FIRE AGENCY FIRE AGENCY PERMIT # 1
JURISDICTION Escondido
PHONE _____

TANK SET (1st Inspection) By A. J. Wing Date 1-14-87

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
1. Tank ID #					
2. UL #	<u>UL 8265</u>				
3. Capacity (Gallons)	<u>3,000</u>				
4. Material to be Stored	<u>diethyl ether</u>				
5. Type of Native Soil	<u>clay</u>				
6. Depth of Excavation	<u>11 ft.</u>				
7. Anchoring (High Groundwater)	<u>no</u>				
8. Pressure Test (F.Glass @ 5pSIG) (Y/N)	<u>Y</u>				
9. Back Fill Material	<u>sand</u>				
10. Installation Matches Drawings? (Check Setbacks) (Y/N)	<u>Y</u>				
11. Holiday Tested? (Plasteel) (Y/N)	<u>Yes</u>				
12. Pea Gravel Hand Tamped? (Y/N)	<u>Y</u>				
13. Cathode Protection? (Y/N)					
14. Reinspection Required? (Y/N)	<u>N</u>				
15. Tank Set Approved? (Y/N)					

REMARKS:

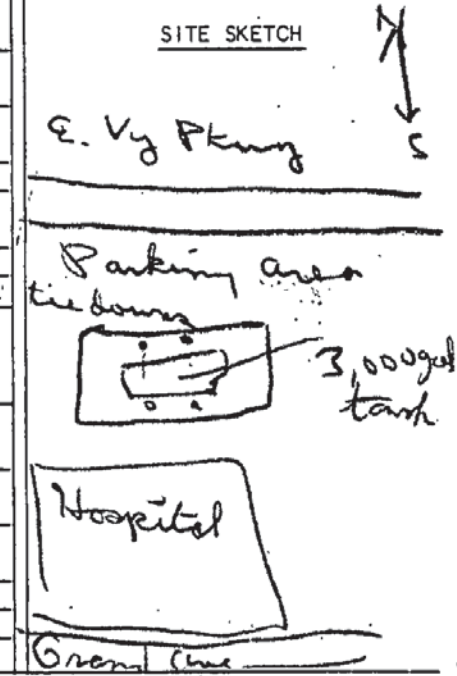
① ~~1~~ tank installed / set on 6" of sand on a concrete slab with tie down

② Tie down installed

③ backfilled with sand

PRESSURE TEST (2nd Inspection) By _____ Date _____

A. Product Bearing Lines @ 75pSIG (From/To)					
B. Vent, Vapor, Suction, Remote Fills, Gravity Lines @ 5pSIG (From/To)					
C. Primary System Tank & Pipes @ 5pSIG (From/To)					
D. Secondary Containment @ 5pSIG (From/To)					
E. Ball Float Valves on Vent and Vapor Return (Y/N)					
F. Level Sensing Device Installed?					
G. All Metal Piping Wrapped or Cathodically Protected? (Y/N)					
H. Re-Inspection Required? (Y/N)					
I. PRESSURE TEST APPROVED?					



FINAL INSPECTION By _____ Date _____

I. Monitoring System Per Approved Plans? (Y/N)					
II. Lockable or Secured Monitoring Port Cover? (Y/N)					
III. Monitoring System Test (Pass/Fail)					
IV. Acceptable Recordkeeping					
V. Reinspection Required?					
VI. FINAL INSPECTION APPROVED?					

SEE REVERSE FOR IMPORTANT INFORMATION

County of San Diego
Department of Health Services
HMMU - 1700 Pacific Highway
San Diego, CA 92101-2489
(619) 236-2222

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNIT (HMMU)

UNDERGROUND STORAGE TANK INSTALLATIONS

- * San Diego County Code requires permits be applied for any work done to underground tank(s) which store or have stored hazardous substances. Title 6, Division 8, Chapter 10, Section 68.1005.
- * A permit to install underground storage tank(s) shall be obtained from the designated fire agency, before applying for a county hazardous materials permit. Installation guidelines are as follows:
 1. Permit, site drawings (to scale) and this job card MUST BE ON SITE AT ALL TIMES for the duration of tank work.
 2. After securing all necessary permits, CALL 236-2222, at least 48 HOURS IN ADVANCE, to schedule appropriate inspections as required. (Installer is responsible for notifying fire department, APCD, or any other agency inspecting installations.) To cancel scheduled inspections call no later than 8:30 a.m. of day of inspection.
 3. All required testing by HMMU shall be performed in the presence of hazardous materials staff.
 4. Maximum range of test pressure gauges shall not exceed 3 times the system's expected test pressure.
 5. Issuance of a permit to install new tanks at a site where unauthorized release mitigation is pending, does not imply that compliance with requirements of this department or any regulatory agency have been fulfilled.
 6. Site safety is the responsibility of site operator and installer.
 7. This job card is the property of HMMU and as such shall be surrendered to HMMU staff upon request.
 8. Failure to comply with any of the above or failure to install tanks in accordance with site drawing, application, fire code, building code, or County of San Diego HMMU policy may prevent approval of the work under inspection. In such cases, a reinspection notice shall be issued by HMMU staff and a reinspection fee shall be submitted. In addition there may be civil or criminal actions filed, as prescribed by Law.

HAZARDOUS MATERIALS MANAGEMENT UNIT
ABANDONED UNDERGROUND TANK REPORT

EST. # C1780
P.C. # NT/516

YES NO
FIRE AGENCY
FIRE AGENCY PERMIT # _____
JURISDICTION ESCONDIDO
PHONE _____
C.G.I. YES - OK

OF TANKS TO BE ABANDONED 2-5 000 gal-diesel PHONE _____
SITE NAME/ADDRESS PALOMAR HOSPITAL ZIP _____
550 PALMVIEW BLVD
CONTRACTOR FRITZ NACHANT PHONE _____

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
1. Tank ID #					
2. U/L #					
3. Capacity (Gallons)	5,000	5,000			
4. Material Stored	DIESEL	DIESEL			
5. Decontamination:	YES - PEPPER OIL				
Manifest Available?	#86297618 - 750 gals - 1/26/86				
6. Tank Inerting: (CGIRDS)	YES				
Dry Ice/Nitrogen (Qty)	DRY ICE				
7. Tank Condition (Holes)	NONE	NONE			
8. Condition of Back Fill & Type	GOOD	GOOD	- SAND		
9. Condition of Native Soil/Type	GOOD	GOOD	- DG-CLAY		
10. Odors From Excavation?	NONE	NONE			
11. Poned Product?	NO	NO			
12. Ground Water Contamination	NO	NO			
13. Tank Closure in Place					
14. Pipeline Leak Evident?	NO	NO			
15. Reinspection Required?	NO	NO			
16. Reinspection Receipt Available?					

REMARKS:
Tank #2 - Some
putting + missing
for container
Good on Tank #1
OK Tank #2

NOTICE: You are hereby notified that on 1-27-87 M. AVASTU, Hazardous Materials Specialist of County Department of Health Services, conducted an inspection for the removal and/or abandonment of 2-5 000 gal Diesel underground storage tanks of hazardous substances. A summary of conditions found is noted as follows:

- No indication of soil or groundwater contamination apparent this date. Excavation may be backfilled.
- The conditions noted below must be reported and corrected in accordance with Chapters 6.5 and 6.7 of the California Health and Safety Code and Chapters 9 and 10 of the San Diego County Code.
 - Hazardous substance/waste is ponded in the excavation. Immediately take steps to remove the ponded hazardous liquid from the excavation. This liquid is a hazardous waste that shall be properly transported, under manifest, by a licensed hazardous waste hauler to a licensed recycling or disposal facility.
 - Contaminated soil and/or contaminated groundwater is suspected in the excavation. Determining the extent and impact of this contamination and completing any required clean-up is the responsibility of the tank owner/operator. Within 5 work days, the tank owner/operator or his agent must submit a written UNAUTHORIZED RELEASE REPORT to the Department of Health Services including all of the following information that is known at the time of filing the report:
 - a. Describe the type, quantity and concentration of the hazardous substance released.
 - b. Provide the results of all investigations completed at this time to determine the extent of soil, groundwater, or surface water contamination due to the release.
 - c. Describe the method of cleanup implemented to date, proposed cleanup actions, and approximate costs of actions taken to date.
 - d. Indicate the method and location of disposal of the released hazardous substance and any contaminated soils or groundwater or surface water. (If any contaminated soil/water is hauled off-site, include copies of the hazard waste manifests).
 - e. Include the tank operator's name and telephone number, the name and telephone number of any consultants retained, and a projection of proposed activity schedule.
 Subsequent mitigation actions will be discussed upon review of the submitted Report and consultation with other appropriate agencies.

- REFER TO REVERSE SIDE FOR ADDITIONAL INFORMATION/REQUIREMENTS -

Received by [Signature]
Phone # _____

[Signature]
Hazardous Materials Specialist Signature

County of San Diego
Department of Health Services
HMMU - 1700 Pacific Highway
San Diego, CA 92101-2489
(619) 236-2222

Field Observations and Notes:

1. Type of hazardous substance released: NONE
2. Is hazardous substance ponded? NO Estimated amount _____
3. Is amount of hazardous substance release known? N/A Estimated amount _____
4. Estimated depth to groundwater ~~15'~~ UNK
5. Is there an existing or potential beneficial use of the groundwater identified in the Basin Plan? UNK
6. Soil conditions:
 - a. Is backfill discolored? NO Estimated amount _____
 - b. Is backfill saturated? _____ Estimated amount _____
 - c. Is native soil discolored? _____ Estimated amount _____
 - d. Is native soil saturated? _____ Estimated amount _____
 - e. Type of native soil (sandy, clay, etc.) Clay - DG
7. Description of odors from excavation NONE
8. Condition of tank (holes, corrosion, deteriorated wrapping, etc.) GOOD CONDITION - TAR COATING INTACT - TANK #2 SOME RUSTING & PITTING
9. Pipeline leak evident? NO
10. Nearby underground vaults or utilities or basements? (Specify) UNK
11. Nearby water wells or surface waters? UNK
12. Other comments/observations: _____

HAZARDOUS MATERIALS MANAGEMENT UNIT
UNDERGROUND STORAGE TANK INSTALLATION REPORT

EST. # NT 0516
P.C. # NT 0516

REVIEWED
MOV 2/13/87

TANKS TO BE INSTALLED 1

SITE NAME Palomar Hospital Trauma Center PHONE 489-4740

ADDRESS 550 E. Grand Ave. Escondido ZIP 92025

CONTRACTOR Fruity Orchard PHONE _____

YES NO
FIRE AGENCY PERMIT # _____
JURISDICTION Escondido
PHONE _____

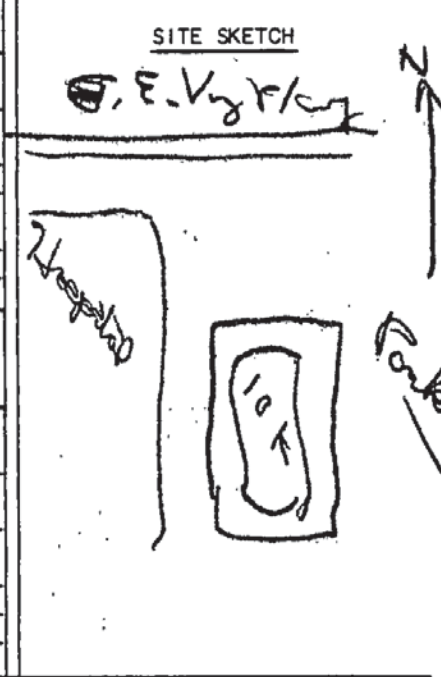
TANK SET (1st Inspection) By A.J. Wang Date 2-2-87

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
1. Tank ID #					
2. UL #	8290				
3. Capacity (Gallons)	6,000				
4. Material to be Stored	diesel				
5. Type of Native Soil <u>sandy</u>	clay				
6. Depth of Excavation	14' 0"				
7. Anchoring (High Groundwater)	yes				
8. Pressure Test (F.Glass @ 5pSIG) (Y/N)	yes				
9. Back Fill Material	sand				
10. Installation Matches Drawings? (Check Setbacks) (Y/N)	yes				
11. Holiday Tested? (Plasteel) (Y/N)	yes				
12. Pea Gravel Hand Tamped? (Y/N)	yes				
13. Cathode Protection? (Y/N)					
14. Reinspection Required? (Y/N)					
15. Tank Set Approved? (Y/N)	yes				

REMARKS:
1) tank set on 6" of sand and concrete slab -
2) 4 - tie down installed

PRESSURE TEST (2nd inspection) By _____ Date _____

A. Product Bearing Lines @ 75pSIG (From/To)					
B. Vent, Vapor, Suction, Remote Fills, Gravity Lines @ 5pSIG (From/To)					
C. Primary System Tank & Pipes @ 5pSIG (From/To)					
D. Secondary Containment @ 5pSIG (From/To)					
E. Ball Float Valves on Vent and Vapor Return (Y/N)					
F. Level Sensing Device Installed?					
G. All Metal Piping Wrapped or Cathodically Protected? (Y/N)					
H. Re-inspection Required? (Y/N)					
I. PRESSURE TEST APPROVED?					



FINAL INSPECTION By _____ Date _____

I. Monitoring System Per Approved Plans? (Y/N)					
II. Lockable or Secured Monitoring Port Cover? (Y/N)					
III. Monitoring System Test (Pass/Fail)					
IV. Acceptable Recordkeeping					
V. Reinspection Required?					
VI. FINAL INSPECTION APPROVED?					

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- * San Diego County Code requires permits be applied for any work done to underground tank(s) which store or have stored hazardous substances. Title 6, Division 8, Chapter 10, Section 68.1005.
- * A permit to install underground storage tank(s) shall be obtained from the designated fire agency, before applying for a county hazardous materials permit. Installation guidelines are as follows:
 1. Permit, site drawings (to scale) and this job card MUST BE ON SITE AT ALL TIMES for the duration of tank work.
 2. After securing all necessary permits, CALL 236-2222, at least 48 HOURS IN ADVANCE, to schedule appropriate inspections as required. (Installer is responsible for notifying fire department, APCD, or any other agency inspecting installations.) To cancel scheduled inspections call no later than 8:30 a.m. of day of inspection.
 3. All required testing by HMMU shall be performed in the presence of hazardous materials staff.
 4. Maximum range of test pressure gauges shall not exceed 3 times the system's expected test pressure.
 5. Issuance of a permit to install new tanks at a site where unauthorized release mitigation is pending, does not imply that compliance with requirements of this department or any regulatory agency have been fulfilled.
 6. Site safety is the responsibility of site operator and installer.
 7. This job card is the property of HMMU and as such shall be surrendered to HMMU staff upon request.
 8. Failure to comply with any of the above or failure to install tanks in accordance with site drawing, application, fire code, building code, or County of San Diego HMMU policy may prevent approval of the work under inspection. In such cases, a reinspection notice shall be issued by HMMU staff and a reinspection fee shall be submitted. In addition there may be civil or criminal actions filed, as prescribed by Law.

PLAN CHECK # NT0516

11/8/87

COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNIT

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME: PALOMAR HOSPITAL % WOODWARD CLYDE CONSULTANTS

SITE ADDRESS: 550 E GRAND AVE ESCONDIUO 92025

DESCRIPTION OF PROPOSED ACTION: REMOVE 3 INSTALL 2 JOOR

PLASTEEL DOUBLE WALL TANKS

PLANS REVIEWED AND APPROVED

PERMIT ISSUED

MIKE VERNETI

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.

PLAN CHECK # NT0516

10/7/86

COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNIT

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME: PALOMAR HOSPITAL c/o WOODWARD-CLYDE CONSULTANTS

SITE ADDRESS: 550 E. GRAND AVE ESCONDIDO CA 92025

MERLE ZIMAN

DESCRIPTION OF PROPOSED ACTION: REMOVE 3 TANKS, INSTALL 2 JOOR

PLASTEEL DOUBLE WALL TANKS.

PLANS ARE APPROVED PENDING THE FOLLOWING:

1- PROVIDE PRIMARY CONTRACTOR INFORMATION.

2- PROVIDE FUTURE USE/DIPOSAL SITE OF TANK

MIKE VERUETT

736-2222

AS A REMINDER, ALL PIPING TO BE CLOSED IN PLACE

MUST BE PROPERLY DECONTAMINATED, PURGED

THEN SLURRIED FILLED AND CAPPED.

3467 Kurtz Street
San Diego, California 92110
(619) 224-2911

Woodward-Clyde Consultants



NT0516

RESUBMITTAL
11-7-86

LETTER OF TRANSMITTAL

TO: COUNTY DEPARTMENT OF
HEALTH SERVICES

DATE: 10/30/86

PROJECT NO: 56872X-PS01

ATTENTION: MR. MIKE VERNETTI

SUBJECT PROJECT: PALOMAR HOSPITAL TANKS

IN ANSWER TO THE REQUEST OF: _____

WE ARE TRANSMITTING: HEREWITH UNDER SEPARATE COVER

THE FOLLOWING: 1 SET OF UPDATED PLANS (10/22/86)

FOR YOUR:

- | | |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> APPROVAL | <input type="checkbox"/> FILES |
| <input checked="" type="checkbox"/> COMMENTS | <input type="checkbox"/> INFORMATION |
| <input type="checkbox"/> DISTRIBUTION | <input type="checkbox"/> USE |

REMARKS: This is the latest and final design
for the UG tank systems. Please
call w/ comments or question

PLEASE NOTIFY US IF ENCLOSURES LISTED ARE NOT RECEIVED.

COPIES TO:

Very truly yours,

By Mike Zeman

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

PERMIT APPLICATION

PART I

GENERAL PROJECT INFORMATION

FOR HMMU USE:
Plan Check # NT0516
Date Received 9/30/86
Fee Paid 635.00
Plan Approval 1/8/87
Estab # _____
Hydro Unit 4.62
Benef. Use YES

A. SITE ADDRESS: 550 E. Grand Avenue Escondido 92025
Street City Zip Code

B. PROPERTY OWNER:
Company Palomar Hospital Trauma Center Contact Mr. John Turley
Mailing Address 550 E. Grand Avenue City Escondido Zip 92025
Phone (619) 489-4740
24 Hr. Emergency Contact John Turley Phone (619) 489-4740

STANK OPERATOR:
Company Same Contact _____
Mailing Address _____ City _____ Zip _____
Phone () _____
24 Hr. Emergency Contact John Turley Phone (619) 489-4740

CONTRACTOR:
Primary Contractor* NACHANT Contact ART ROCCO
Mailing Address _____ City _____ Zip _____
Phone () _____
State Contractor License No. _____
Worker's Compensation Insurance Company _____ Phone () _____

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).

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. MDV 1/8/87

F. Indicate the Company/Person you wish to have our plan check comments directed to by circling the appropriate section letter above or if different enter below.

WOODWARD-CLYDE CONSULTANTS

G. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE (TABLE H.)	CODES FOR OFFICE USE ONLY
<input type="checkbox"/> Installation/Construction of new tank(s) only (without removing/abandoning any existing tanks.)	I & II	1	NT
<input checked="" type="checkbox"/> Removal/Destruction of existing tanks with installation of new tanks (tank replacement).	I, II & III	1 & 2	NR
<input type="checkbox"/> Removal/Destruction of existing tank(s) with no new tank installation.	I & III	2	AT
<input type="checkbox"/> Removal <u>only</u> of one tank less than 1000 gallon with no new tank installation.	I & III	4	AT
<input type="checkbox"/> Repiping of an existing tank facility.	I & II (Sections E thru N Only)	3	NM
<input type="checkbox"/> Interior coating of an existing tank facility.	I & IV	1	NM

H. FEES: The fees shown below cover plan review and approval and the required field inspections. Use the appropriate Fee Code as determined in Section G above.

Fee Code

- 1 Base fee for one tank (\$310) Fee: \$ 310.00
- Fee for additional tanks (\$85 each) Fee: \$ 85.00
- 2 Fee to abandon 1 tank (\$120) Fee: \$ 120.00
- Fee for additional abandoned tanks (\$60 each) Fee: \$ 120.00
- 3 Fee per Facility (\$260) (Repipe Only) Fee: \$
- 4 Fee to remove only one tank less than 1000 gallons (\$50) Fee: \$

TOTAL FEE: \$ 635.00

CASH CHECK #

I. PERMITS REQUIRED BY OTHER AGENCIES:

Application #'s:
 Fire Dept. * APCD N/A Bldg. Dept.* Cal OSHA * Other *

Provide copies of approved applications from other agencies requiring permits for this project.

- END OF PART I -

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 2

B. Type of primary containers:

Tank #	Manufacturer	Composition	Capacity	Double or Single Wall	Material to be Stored
4	Joor	Plasteel	10,000	Double	Diesel
5	Joor	Plasteel	3,000	Double	Diesel
3					
4					

Attach additional sheets as needed for primary containers.

C. Type of secondary containment:

- Double Wall Tanks Flexible Liner (liner thickness) _____
 Vault Other _____

Manufacturer Joor

If other than Double Wall Tanks, will all tanks be in the same secondary containment enclosure? Explain N/A

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 EMCO Wheaton, Leak Sensor II

- 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 _____

E. Piping Materials and Construction:

Primary Containment Red Thread II Manufacturer/Model A.O. Smith
Secondary Containment Red Thread II Manufacturer/Model A.O. Smith
(if applicable)

F. Type of product delivery system (i.e., pressurized, suction) suction

G. Piping leak detection/monitoring system:

- Leak detector on pressurized line (for motor vehicle fuels only)
Manufacturer _____
- Continuous monitoring device within the secondary containment, connected to an audible/visual alarm system.
Manufacturer EMCO Wheaton, Leak Sensor II
- Daily manual monitoring of the space between the primary and secondary contain-
ers 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: Princo level sensor and EMCO Wheaton Overfill
Protection.
- Ball float valve on vent and vapor lines
- Other. Explain _____

I. Indicate type/manufacturer of vapor recovery system to be used:

N/A - Closed pumping system and diesel fuel No. 2 being stored

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? 645 Feet

Basis of determination Construction of parking structure on site 1984

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

5. Location and detail of monitoring/leak detection systems
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: _____

Print Name _____

John Turley

Telephone (619) 489-4740

Date _____

9/30/86

County of San Diego
Department of Health Services

UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY

PART III

APPLICATION FOR PERMIT TO ABANDON

Complete all sections of Part III. If information is not known or applicable please indicate on application.

- A. Total number of tanks to be abandoned 3
- B. Tank Information - Complete the following information for each tank to be abandoned. Attach additional sheets as necessary.

Tank Number (Label tanks on plot plan to correspond to application)		1 No. 1	2 No. 2	3 No. 3	4
Tank Capacity (gallons)		6,000	5,000	5,000	
Date Tank Installed		1958	1967	1967	
Tank Composition (Steel, Fiberglass, Fiberglass Coated Steel, Concrete, etc.)		carbon steel	carbon steel	carbon steel	
Tank Manufacturer		Joor ?	Joor ?	Joor ?	
Tank Presently in Use? (Yes-No)		No	Yes	Yes	
Materials Stored in Tank	Material: diesel dates: 1958 to 1984		diesel to present	diesel to present	to
	Material: _____ dates: _____ to _____		to	to	to
Has Tank System Leaked? (Yes, No, Not Known)	Tank Piping	Yes Unknown	No No	No No	
	Basis of determination (Inventory records, tank system testing/monitoring, environmental monitoring)	Tested 2 yrs ago; did not pass	inventory records	inventory records	
Is any part of the system cathodically protected? (Yes-No-Not Known)					
	Tank	unknown	unknown	unknown	
	Piping Lines	unknown	unknown	unknown	
Piping materials		carbon steel	carbon steel	carbon steel	

C. PREVIOUS OWNERS AND OPERATORS OF THE TANK(S):

Dates

Owner/Operator

None

D. Approximate depth to groundwater: 645 feet

Basis of Determination: Construction of parking structure on site 1984

E. Proposed method of abandonment: Removal Destruction in place

NOTE: Removal of the tank(s) is the preferred method of abandonment. Destruction of the tank in place, for example, by filling with an inert substance, will only be considered in special cases upon submittal of additional information to determine the risks and hazards of contamination. Additional information required includes recent tank testing results, soils data, special site characteristics and approval from the local Fire Department.

F. Future use/disposal site of tank: * SCRAP

G. ATTACH A PLOT PLAN ON 8-1/2" x 11" paper showing the following:

1. Property Lines, Site Address, Scale, North Arrow
2. Location of 100 year flood plain, if applicable
3. Location of all existing and proposed structures
4. Location of all existing and proposed underground storage tank facilities.
5. Location of underground tank(s) to be abandoned (number tanks to correspond to application)
6. Location of underground utility lines and vaults

H. REQUIRED INSPECTION - PERMIT TO ABANDON

A representative of the Department of Health Services (DHS) must be on site at the time the tank(s) is removed from the ground to evaluate the condition of the tank and the surrounding soil and/or groundwater. Any evidence of an unauthorized release of a hazardous material from the tank will require the submittal of additional information by the permittee to the DHS.

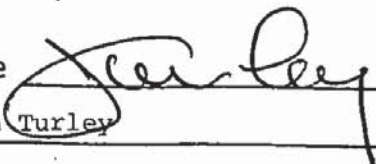
When a permit has been issued by the DHS to destroy a tank in place, the DHS will inspect to verify that the tank has been properly emptied and purged of all hazardous materials immediately prior to filling with an approved inert substance.

I. I declare that to the best of my knowledge and belief the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval by the Department of Health Services.

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for future development (e.g., soil compaction testing) are in addition to the requirements of the Department of Health Services.

I will notify the Department of Health Services at least two working days (48 hours) before work is to begin in order to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of San Diego.

Signature & Title



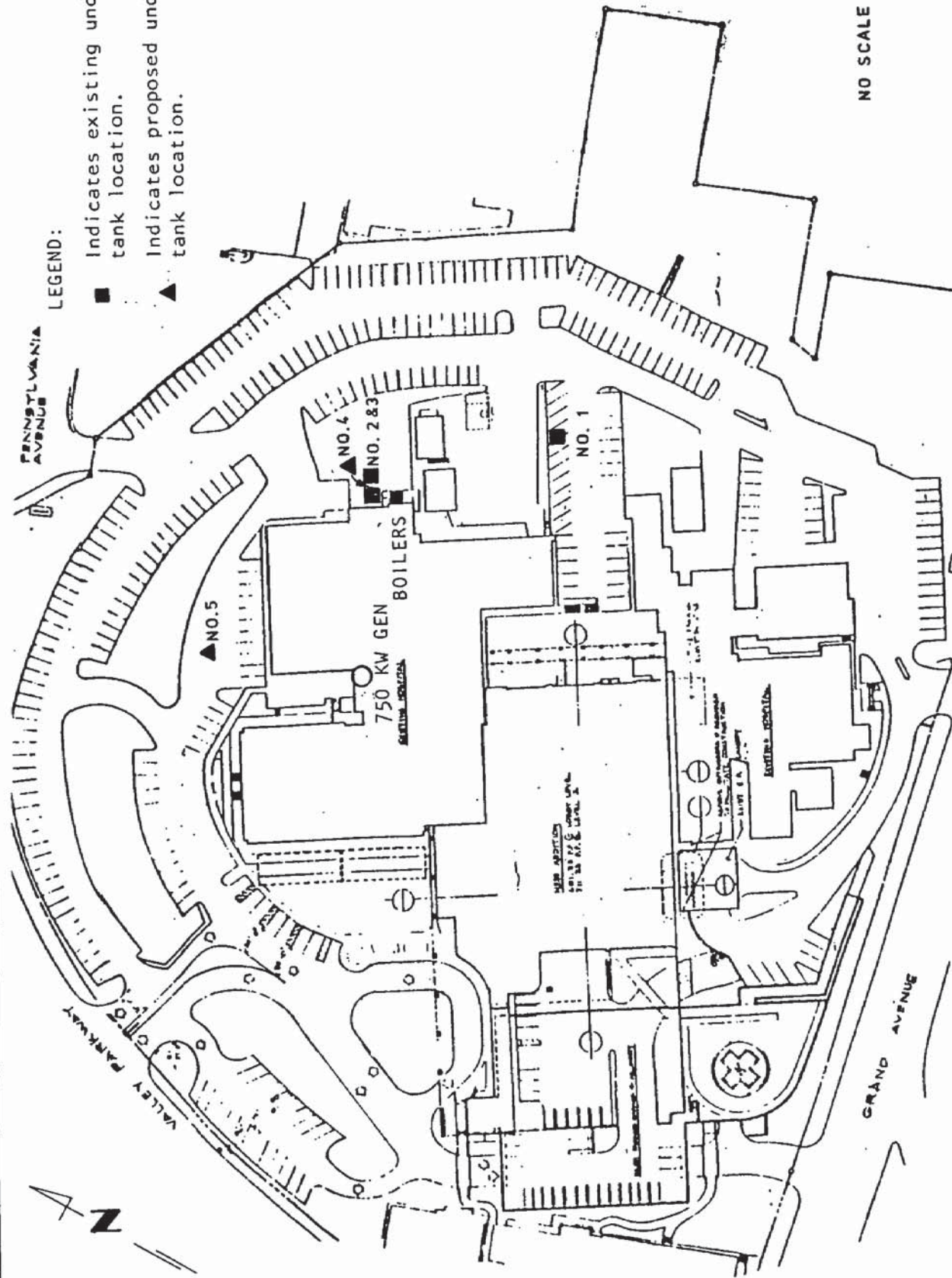
Print Name John Turley

Telephone (619) 489-4740

Date 9/30/86

LEGEND:

- Indicates existing underground tank location.
- ▲ Indicates proposed underground tank location.



SITE PLAN
PALOMAR TRAUMA TANKS

DRAWN BY: ch CHECKED BY: *[Signature]* PROJECT NO: 86P5873 DATE: 7-15-86 FIGURE NO: 1

WOODWARD-CLYDE CONSULTANTS



1189 INDUSTRIAL AVENUE • ESCONDIDO, CALIFORNIA 92025

TANKS • PRESSURE VESSELS • CONTAINERS • CUSTOM STEEL FABRICATION

PHONE (619) 745-0971

SPECIFICATION

PLASTEEL COMPOSITE® DOUBLE-WALL

FLAMMABLE LIQUIDS UNDERGROUND STORAGE TANK

TANKS SHALL BE U.L. LISTED AND BEAR THE LABEL FOR CORROSION RESISTANT TYPE II SECONDARY CONTAINMENT COMPOSITE UNDERGROUND TANK FOR THE STORAGE OF FLAMMABLE LIQUIDS. TANKS SHALL BE BUILT OF MILD STEEL PLATE, ALL WELDED CONSTRUCTION AND TRUE 100% DOUBLE-WALL CONSTRUCTION INCLUDING PIPE FITTING PENETRATIONS. INTERSTICE MAY BE SEALED (NON-VENTED). THE LISTING SHALL COVER THE ENTIRE STEEL ASSEMBLY AND EXTERIOR FIBERGLASS REINFORCED POLYESTER RESIN (FRR). THE EXTERIOR FRR STRUCTURE SHALL SHOW NO HOLIDAYS (PINHOLES) WHEN USING A TINKER & RASOR MODEL AP-W HOLIDAY DETECTOR SET AT 35,000 VOLTS.

THE TANKS SHALL BE U.L. LISTED FOR ALL MOTOR FUELS INCLUDING, BUT NOT LIMITED TO, UNLEADED GASOLINE, LEADED GASOLINE, GASOHOL IN ANY ALCOHOL BLEND PERCENTAGE, 100% METHANOL, 100% ETHANOL, JET FUEL, AND DIESEL FUEL.

TANK SUPPLIER SHALL SUPPLY INSTALLATION INSTRUCTIONS AND A KIT OF MATERIALS AND RESIN FOR SEALING ALL EXPOSED METAL DURING TANK INSTALLATION. TANK TO BE INSTALLED PER NFPA-30, APPLICABLE LOCAL CODES AND MANUFACTURERS INSTRUCTIONS.

PRODUCT TRADE NAME: PLASTEEL COMPOSITE® DOUBLE-WALL TANK

MANUFACTURER: JOOR MANUFACTURING, INC.
1189 INDUSTRIAL AVENUE
ESCONDIDO, CALIFORNIA 92025

TELEPHONE: (619) 745-0971

PRINCO™

Continuous NULL-KOTE™ Level Transmitter Model L2610

Solid state, RF impedance sensing,
continuous level transmitter

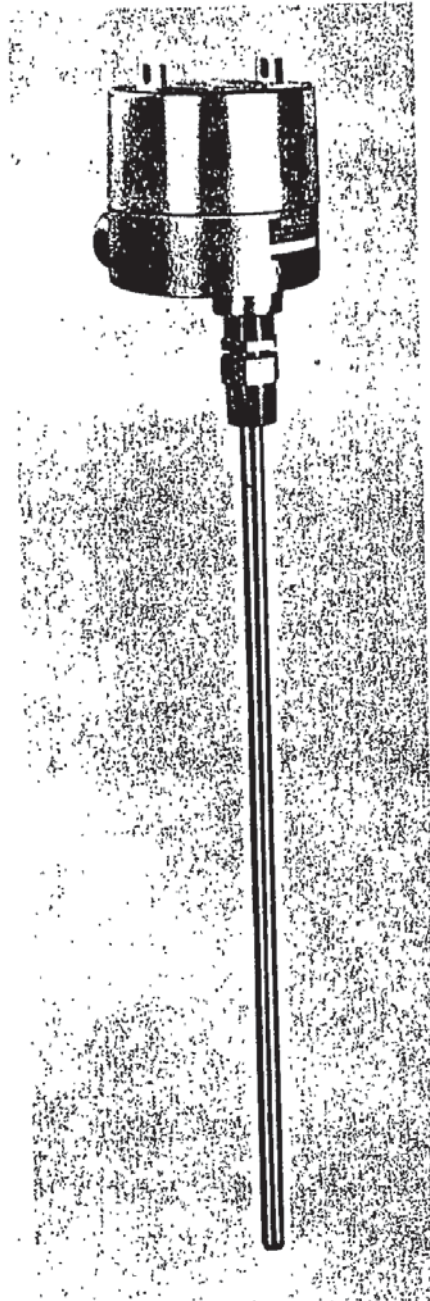
...New NULL-KOTE circuitry
cancels the effect of product
buildup on sensor probe.

Features

- NULL-KOTE circuitry ignores probe coatings having up to 5000 micromhos/cm conductivity.
- Self-diagnostic circuitry defines major probe and application problems.
- Constant voltage of only 150 millivolts on sensing probe insures safe operation.
- Sensing probe is automatically connected when probe is screwed into housing.
- Local or remote mounting of sensor probe.
- Explosion-proof and weather-proof housing for electronic circuitry.
- Standard 4 to 20 mA dc output signal (other outputs available).

Description

The PRINCO L2610 NULL-KOTE RF impedance sensing continuous level transmitter has features never before available to the process control engineer. It offers the widest possible range of applications, while having an extremely high degree of reliability and accuracy.



The L2610's NULL-KOTE system eliminates problems with probe buildup. You can indicate or control the level of virtually any material regardless of its dielectric, conductivity, viscosity or buildup. Self-diagnostic circuits give you immediate indication of many application or installation related problems such as breaches or pinholes in the probe sheath or moisture in the electronics housing.

The L2610 probe connections are automatically and reliably made when the probe is screwed into the electronics housing. No need to be concerned about connecting the right probe wires to the correct terminal. A maximum of 150 millivolts is applied to the probe, thereby eliminating any shock hazard. The transmitter and probe are usually installed as an integral unit, but the probe may be remotely mounted as much as 15 meters (50 ft.) from the transmitter.

The transmitter housing is both weatherproof and explosion-proof. It has been designed to allow plenty of room for electrical hookup.

PRINCO level instruments have a reputation for accuracy, reliability and ease of calibration. The L2610 continues this tradition, providing accurate, stable operation over an ambient temperature range of -34 to 66°C (-30 to 150°F). It also provides fast, easy calibration with no interaction between zero and full scale adjustments.

L2610 Specifications

Type

Continuous high frequency (RF), impedance sensing, all solid state transmitter.

Span

From 150 to 30,000 mm (0.5 to 100 ft.) typical. Shorter spans available with special probes. Consult factory.

Output

4 to 20 mA dc into 500 ohm load. Other outputs optional.

Process Coating Allowed

Tolerates process conductivity values up to 5000 micromhos/cm.

Ambient Temperature Range

-34 to 66°C (-30 to 150°F)

Temperature Stability

Maximum error of 0.25% per 17°C (30°F) change, or within 1.5% over entire 100°C (180°F) ambient temperature span.

Repeatability/Linearity

0.5% maximum over entire range.

Remote Mounting Distance

Up to 15 meters (50 ft.) for all but the shortest span values.

Power Requirements

115 V ac (or 230 V ac $\pm 10\%$, 50 to 60 Hz., 5 watts.

Electronic Housing

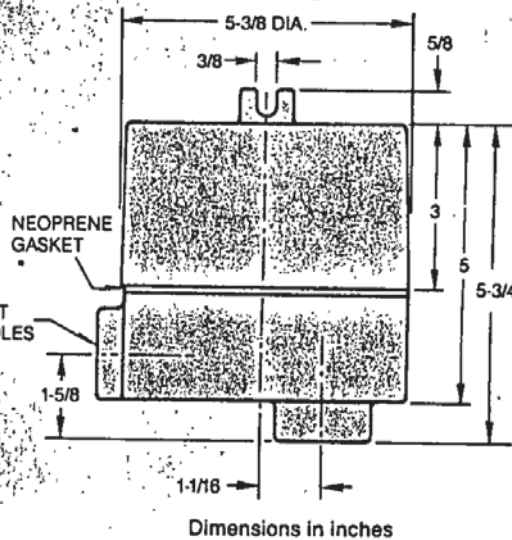
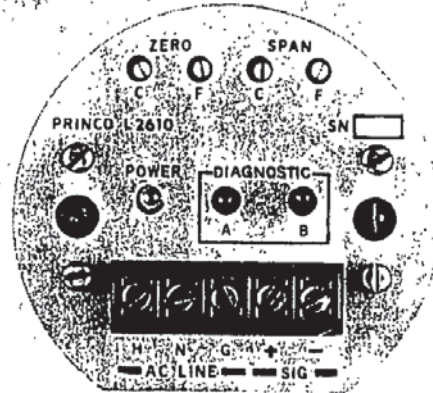
Heavy duty cast aluminum.
Explosion-proof Class I, Groups C & D, Class II, Groups E, F & G. Weatherproof.

Probes

Probes used with the L2610 are the L100 series. A variety of types and construction materials are available: NPT hub or flange mounted, single or dual probe elements, rigid or flexible cable, bare or covered with Kynar¹ or Teflon² sheathing, and heavy or light duty. All probes are manufactured to the exact length required. Consult factory for the probe design that best suits your individual application.

¹ Pennwalt Corp. trademark

² E.I. Du Pont de Nemours & Co., Inc. trademark



PRINCO™

PRINCO INSTRUMENTS, INC.
1020 Industrial Hwy.
Southampton, PA 18966-4095
U.S.A.
215 355-1500

Continuous NULL-KOTE Level Transmitter

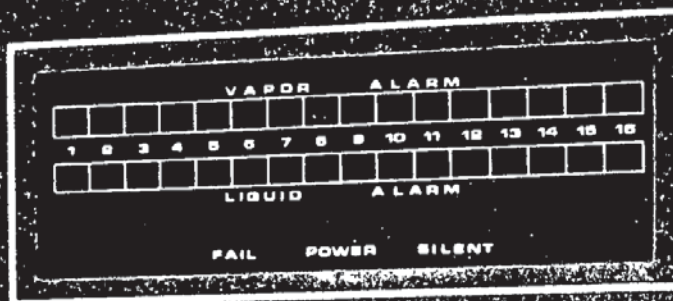
Bulletin L-86-2

Supersedes L-84-2

Leak Sensor II

Underground Leak Warning System

EMCO[®]
WHEATON



Leak Sensor II

WESTERN PUMP

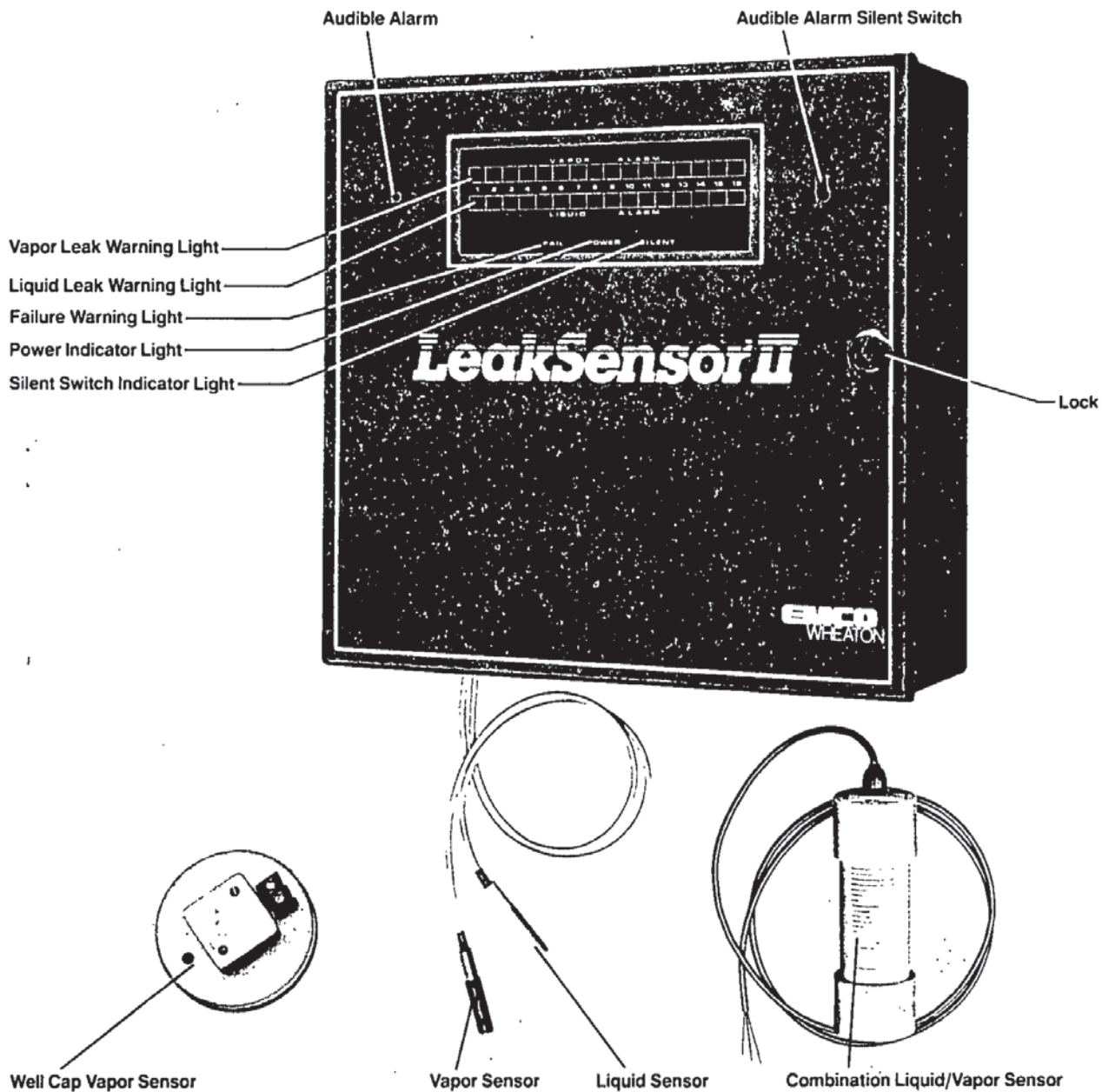
EMCO
WHEATON

Leak Sensor II for continuous monitoring of storage tank systems

Among the greatest hazards posed by underground leaks is that they occur without warning or notice. And unless inventory status is constantly assessed, a leak can go undetected while hundreds and even thousands of gallons of product seep into the ground. But now tank leaks can be detected as soon as they occur with the new Leak Sensor II

system from Emco Wheaton. Leak Sensor II is a versatile, multi-channel alarm system designed to detect leakage from virtually any type of storage tank. Utilizing a central electronic control station and a variety of remote sensors, Leak Sensor II provides immediate audible and visual warning of leaking vapors and liquids as soon as they

occur. Each alarm instance can be silenced independently, providing uninterrupted monitoring from up to 32 separate sensors. You get early warning that a leak is present, saving the cost and hazard of unchecked product leakages.

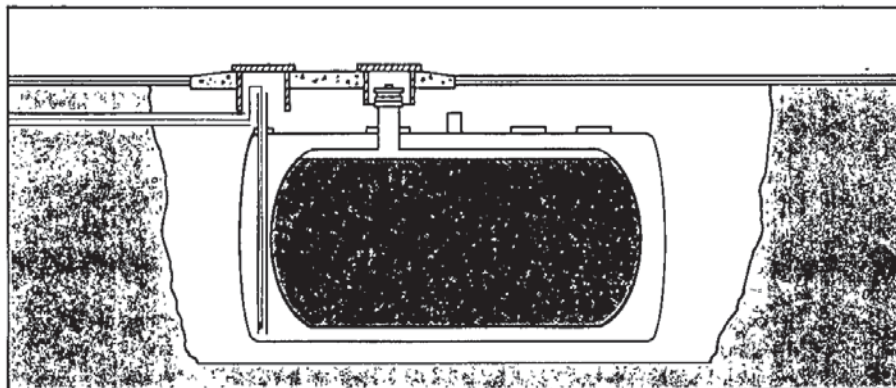


Leak Sensor II

Application recommendations

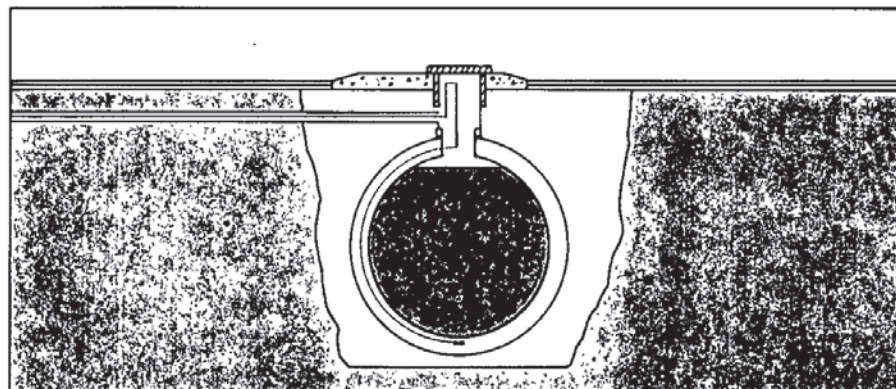
Direct Access Double Wall Tanks

Storage tanks that provide direct access between the inner and outer walls offer the greatest degree of flexibility for the Leak Sensor II system. Direct access designs permit use of both the liquid and vapor sensors, as well as the combination liquid/vapor sensor. The combination and liquid sensors are positioned in the bottom outside corner of the direct access void. Vapor sensors are mounted near the manhole at the top of the void.



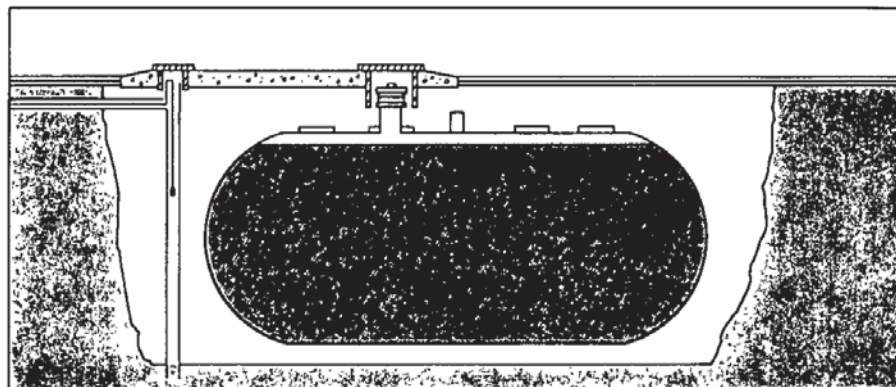
Annular Access Double Wall Tanks

Flexible cables bend around the annular gap between tank walls allowing the liquid sensor to be positioned at the lowest point of the FRP tank. If desired, a vapor sensor can be mounted near the manhole at the top of the void. A junction box placed in the manhole connects the cable to the monitoring panel via underground conduit.



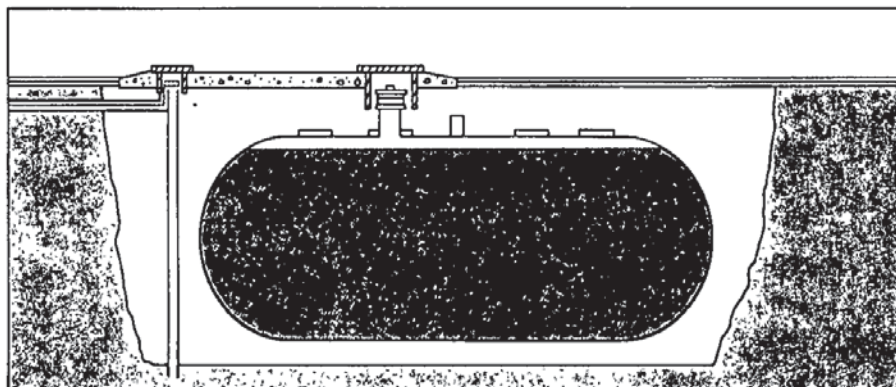
Single Wall Tank Monitoring Wells

Vapor sensors can be placed in wet or dry monitoring wells located at the end or center of single wall tanks. Combination liquid/vapor sensors are recommended for dry well installations. In both situations, either a vertical or slant access can be utilized with the appropriate casing to contain the cable. Connections are made at a junction box located in the manhole.



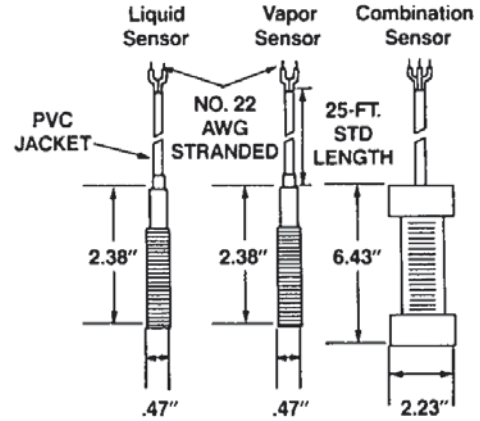
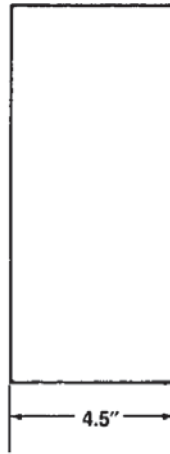
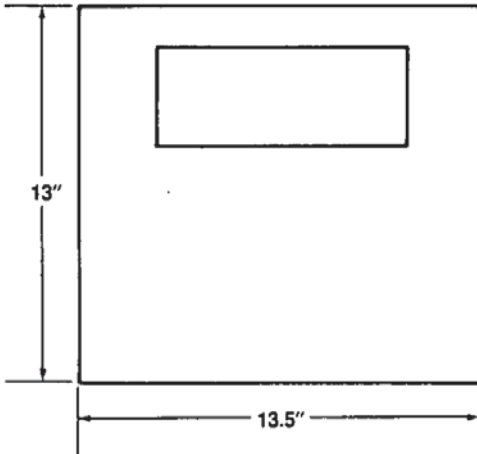
Well Cap Vapor Sensor Applications

The Well Cap Vapor Sensor is ideally suited for single wall tank monitoring well applications. This sensor simply replaces the 4" threaded cap at the top of the monitoring well. As with other applications, the sensor is connected to the remote monitoring panel via underground conduit.



Leak Sensor II Models and Specifications

Dimensions



Models

Model	No. Channels	Monitoring Capability
Q104-001	4	4 Liquid Sensors 4 Vapor Sensors
Q108-001	8	8 Liquid Sensors 8 Vapor Sensors
Q112-001	12	12 Liquid Sensors 12 Vapor Sensors
Q116-001	16	16 Liquid Sensors 16 Vapor Sensors

Note: Each channel has capability to monitor one liquid sensor and one vapor sensor, or both. Liquid and vapor sensors may be used in conjunction with alarm panels in any combination per customer request. Consult the factory for information on additional variations.

Replacement Parts

Model	Description	Monitoring Capability
Q0001-001	Liquid Sensor	All Liquids
Q0002-001	Vapor Sensor	Most combustible and organic vapors
Q0002-002	Well Cap Vapor Sensor	Most combustible and organic vapors
Q0003-001	Combination Liquid/Vapor Sensor	All liquids and most combustible and organic vapors

Note: Each probe is equipped with 25 feet of flexible cable. Either direct burial or conduit type cable is available for connection between the alarm panel and the field sensor junction box.

Specifications

Sixteen (16) vapor sensor inputs.

- Sensor alarm visual indication.
- Sensor line failure visual indication.

Sixteen (16) liquid sensor inputs.

- Sensor alarm visual indication.
- Sensor line failure visual indication.

Self diagnostic.

- MPU Failure visual indication.
- Piezo silent visual indication.
- AC on visual indication.

RS232C Communications on board.

- Current status.
- System reset.
- For use directly with any "dumb" terminal.
- For use with any 300 baud RS232C Modem.

Three (3) board base level system.

- Analog to digital interface board. A four circuit interface, may use up to four total.
- Computer/annunciation board.
- Power supply.

8749 microprocessor based controller.

Shunt diode safety barrier for intrinsic safety.

Dry closure output, 1 amp, 125 VAC.

Power

- Primary 115 VAC, $\pm 10\%$
- Secondary 12 VAC, 25 VA

The Emco Wheaton Leak Sensor II System

Total Tank Leak Protection

Leak Sensor II offers a variety of sensing options that provide early warning of liquid and vapor seepages from storage tank systems. Double Wall tank, monitoring well, well cap and combination sensors allow Leak Sensor II to monitor virtually any type of storage tank situations. Liquid sensing elements immediately detect the pres-

ence of fluids in undesired areas and absorption sensitive resistors recognize the presence of most combustible and organic gases.

Since vapors can travel faster than liquids in unlimited directions, the vapor sensing capability of Leak Sensor II can warn of a potential problem much quicker than conventional liquid-only

systems. When either liquid or vapor escapes from the tank storage system, a master visual and audible alarm is triggered to warn of the leak. Leak Sensor II's vapor sensing system can be tuned to be so sensitive that vapors can be detected before they're discerned by smell.

Multiple channel capability pinpoints leak location

To accommodate multiple tank installations and various system configurations, Leak Sensor II models are available to monitor up to 32 sensors per alarm panel. As a result, the specific sensor sending the signal is identified, and the exact location of the leak can be readily determined. Compact sensing probes have flexible cables for simple installation in double-walled steel or FRP tanks, as well as wet or vadose (dry) zone monitoring wells. Alarms feature a field adjustable setpoint for background vapor screening.

Fast, simple installation

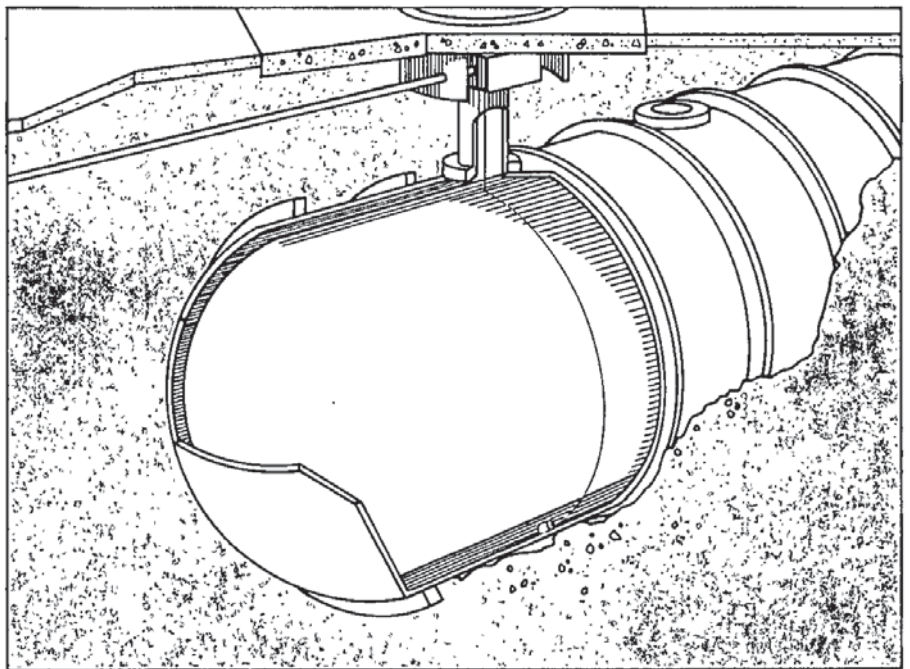
Leak Sensor II can be installed quickly and easily without the need for excavation. Flexible cables permit the sensing probes to be fed to precise points in the annular space between the primary and secondary tanks or to be easily positioned in the monitoring well. The optional well cap sensor acts as a simple replacement for existing caps.

Non-corrosive probes work up to 1,000 feet from the control panel with 18 gauge wire, and up to 4,000 feet with 12 gauge wire. The compact electronic control panel can be mounted virtually anywhere within the operator's area for easy visual and physical access.

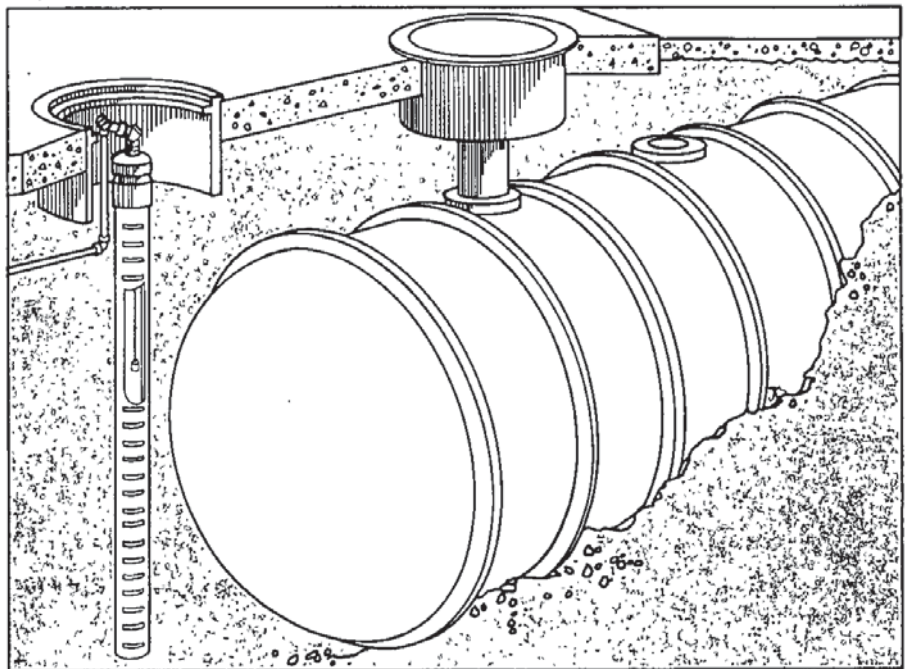
Dependable, maintenance free operation

Once installed, Leak Sensor II requires no maintenance service. All electronic functions are designed to be continually self-checking. The entire system is automatically checked to determine the integrity of sensors, outputs, inputs, power supply, alarms and displays, ensuring that every aspect of the system is operational at all times. Both visual and audible alarms alert to possible problems or malfunctions.

Liquid Probe Application



Vapor Probe Application



In power plants, water and waste water treatment facilities, petroleum production, chemical plants, a variety of industries ...

BIG THREAD systems are the answers to large piping problems.

A.O. Smith-Inland has available a full line of large diameter fiber glass piping systems. Using the technology and experience obtained in the production of millions of feet of 1" through 16" pipe, A.O. Smith-Inland manufactures pipe in sizes from 18" through 48" diameter.

The filament-wound, fiber glass reinforced resin systems offer light weight, excellent corrosion resistance, economical installation and extremely good flow characteristics.

Because of the many types of applications and service conditions in which this product can be used, A.O. Smith-Inland is offering BIG THREAD pipe in several types of designs. As a result, a pipe system can be specifically tailored to the application.

Product Description. Systems are available in 18, 20, 24 and 30 inch diameters with static pressure ratings of 25 to 150 psi. The 36, 42 and 48 inch diameters are available with pressure ratings of 25 to 100 psi.

BIG THREAD VU. Intended for light corrosion services, over a broad pH range at temperatures to 200°F. Has a thin C glass reinforced resin rich liner, and utilizes vinyl ester resin in both liner and E glass reinforced overwrap.

BIG THREAD IU. Also for light corrosion services to 150°F. Has a thin C glass reinforced resin rich liner with an E glass overwrap using isophthalic polyester resin.

BIG THREAD LVV. For more corrosion resistant services to 200°F. Employs a resin rich liner manufactured using 40 mils of C glass veil and vinyl ester resin, and has an overwrap of E glass reinforced vinyl ester resin.

BIG THREAD LII. Similar to LVV. Uses isophthalic polyester resin in both the liner and the overwrap. Service to 150°F in mild corrosive media.

BIG THREAD LVI. For temperatures up to 150°F in corrosive areas where isophthalic polyesters are not suitable. The liner is manufactured using 40 mils of C glass veil and vinyl ester resin. The E glass overwrap uses isophthalic polyester resin.

BIG THREAD SVV. The best temperature (to 200°F) and corrosive resistance in the line. The resin rich liner meets the requirements of NBS Voluntary Product Standard PS 15-69 (SPI liner) with 10 mils of C glass veil, and 100 mils of chopped strand E fiber glass mat. The system utilizes vinyl ester resin in both the liner and the filament wound E glass reinforced overwrap.

BIG THREAD SII. Similar to SVV but using all isophthalic polyester resin with a filament wound overwrap and a corrosion resistant liner conforming to NBS Standard PS 15-69. Resistant to 150°F.

BIG THREAD SVI. Excellent corrosion resistance to 150°F. Has a vinyl ester resin liner conforming to NBS PS 15-69 with a filament wound overwrap using isophthalic resin.

premier choice of systems

**A. O. SMITH
INLAND**

to meet your
most demanding
application
requirements

1" through 48" Diameters — up to 225° F Service

A. O. Smith-Inland manufactures both lined and unlined piping systems. Unlined filament wound epoxy pipe has proven an excellent choice for applications involving salts, solvents, and dilute acid and caustic solutions (pH 2-13).

In applications where a liner is needed, a rather thin reinforced, resin rich liner can adequately protect the filament wound pipe wall. To be effective, however, it must be a high quality liner — free of voids. RTRP systems (epoxy or vinyl ester) with this type liner have often proved to be the economical solution to many severe corrosion problems caused by fluids such as strong mineral acids and caustics.

Refer to A. O. Smith-Inland's bulletin No. 9002 for a detailed listing of the chemical resistance of its products.

Choose from this outstanding family of filament wound RTRP. Standard Classification designations per ASTM D-2310 are shown:

RED THREAD II Pipe (RTRP-11AD)

An unlined fiber glass reinforced epoxy resin pipe with the ability to solve corrosion problems in light chemical service at temperatures up to 210°F. RED THREAD II pipe is available in 2" through 16" diameters.

GREEN THREAD Pipe (RTRP-11FE)

Fiber glass reinforced epoxy resin pipe with a glass mat reinforced epoxy resin liner. Final liner thickness in sizes 1" and 1½" will be at least 12 mils; in pipe sizes of 2" through 12", final liner thickness will not be less than 20 mils. Provides superior corrosion resistance at temperatures up to 225° F. Available in 1" through 12" diameters.

POLY THREAD Pipe (RTRP - 12EC)

Our fiber glass reinforced vinyl ester resin pipe with a glass mat reinforced vinyl ester resin liner is intended for use in corrosive services at temperatures to 200° F. Final liner thickness not less than 20 mils. Vinyl esters have better chemical resistance than epoxies in high acid concentrations and to oxidizing agents. POLY THREAD pipe is available in diameters 2" through 16".

BIG THREAD Piping Systems

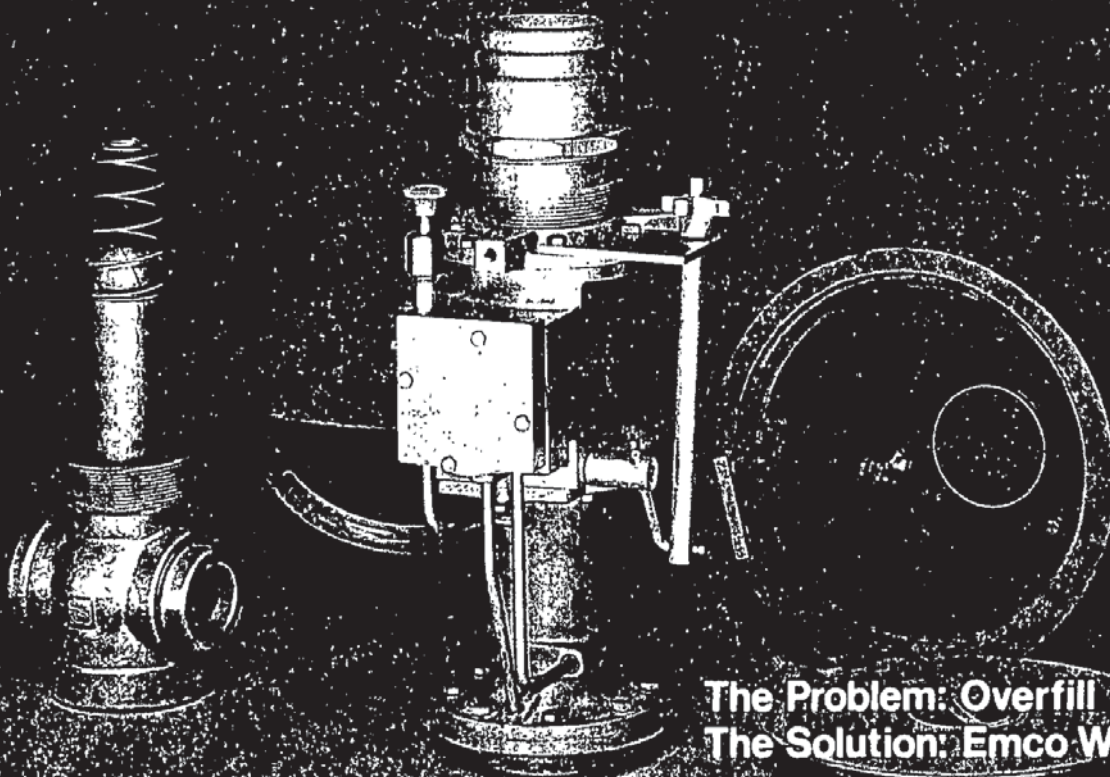
A family of large diameter filament wound fiber glass reinforced isophthalic polyester or vinyl ester resin piping systems with a variety of liner constructions. Available in 18" through 48" diameters, with pressure ratings of 25 to 150 psi. Because of the many types of applications and service conditions in which this product can be used, A. O. Smith-Inland offers BIG THREAD systems in various standard combinations of resins and liners. Special resins available on request. See A. O. Smith-Inland Bulletin 5000 for additional information about BIG THREAD piping systems.

CERAM CORE Piping Systems

A filament wound epoxy resin pipe with a liner consisting of high alumina ceramic beads in a matrix of epoxy resin. It's designed especially for severe abrasion service at temperatures up to 150° F. In such service, CERAM CORE pipe can outlast and outperform steel, special alloys and other lined pipe. Available in diameters 6" through 16" in 30 foot lengths. Elbows in 3 diameter sweep configurations are available; other fittings are available on special order basis. Bulletin 8010 contains more information on CERAM CORE systems.

Overfill Protection Products

EMCO
WHEATON



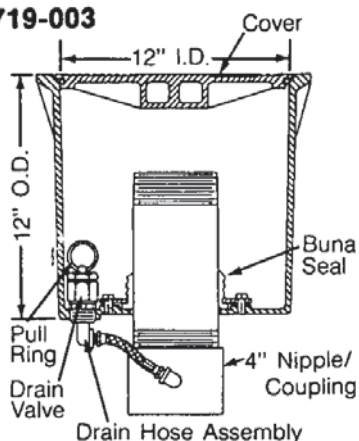
The Problem: Overfill
The Solution: Emco Wheaton

Solution One: Sealed Manholes

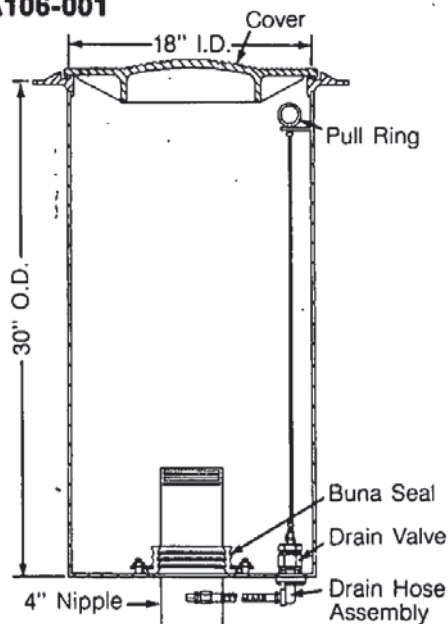
**EMCO
WHEATON**



A719-003



A106-001



Emco Wheaton's A719 Sealed Manhole offers many benefits to underground tank owners. It is designed to catch and contain product spilled when a tank is overfilled, and to hold product drained from the hose following a service station drop.

Tank owners are protected from product seeping into the subsoil and contaminating ground water or tank monitoring wells.

Several design features make the A719 the best sealed manhole on the market. It has a special buna seal on the bottom of the manhole that clamps firmly around the 4½" OD riser, forming a tight seal that positively prevents leakage.

The A719 has several options for you to choose from. The A719-002 is a closed vessel that can be used to hold spilled product. The A719-001 has an optional 1" NPT outlet cast into the bottom which permits product to be piped away in the event of an overflow.

The third option is A719-003, which includes a drain valve in the bottom of the manhole. The corrosion-resistant valve is connected to a ¾" hose which taps into the riser pipe, allowing product to be drained into the underground storage tank.

The easy-to-open manhole lid is designed to shed water and made of heavy-duty cast iron with a diamond treaded top. The body is also heavy-duty cast iron, sealed with a zinc-base primer for corrosion resistance. Inside diameters are 12" x 12" and the unit holds approximately five gallons of liquid.

Emco Wheaton also offers a larger containment manhole designed with the same special features as the smaller A719. The A106 containment manhole measures 18" in diameter x 30" in depth and holds approximately 25 gallons of liquid. It was originally designed for use with our A107 automatic overflow prevention valve (see page 4, A106-001).

The large capacity of this manhole is an attractive benefit to station owners. It provides sufficient volume to contain product trapped within the drop hose.

NOTE: during installation, provision must be made to support either manhole until concrete sets up.

Model No.

A719-003

Size (I.D.)	Depth	Weight
12"	12"	85 lbs.

Model No.

A106-001

Size (I.D.)	Depth	Weight
18"	30"	125 lbs.

Materials

Body: Cast Iron & Fabricated Steel

Lid: Cast Iron

Clamp: Steel

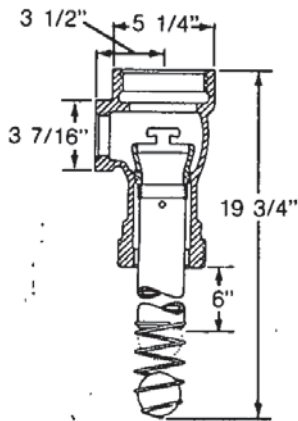
Seals: Buna N & Viton

Solution Two: Float Valve Extractors

EMCO
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A79-001



Simple ball float valves have long been used to significantly reduce the risk of storage tank overfills. As the liquid level in the tank rises, the ball float is forced to seat itself in the vent line. This shuts off vapor return to the tanker, which slows the gravity flow of product out of the tanker, retarding the rate of product drop.

Emco Wheaton float valves are designed to close at approximately 95% of tank capacity. When the float valve is fully closed, flow rate from the delivery vehicle is reduced by 99%.

This gives the driver adequate time to realize that flow has been shut down, and to close his tank valves before an overfill occurs.

Should an overfill occur however, a bleed hole provides pressure relief for compressed air in the tank.

Emco Wheaton carries two styles of float valve extractors. The A79-001 consists of a heavy-duty cast iron body galvanized for rust protection, an extractor cage, and the A75-002 float vent valve. The extractor fitting mounts on the underground tank flange, and secures and positions the float vent valve in the tank. A 2" port on the fitting accommodates the tank vent line.

The A79-002, -003 and -004 float vent valve extractor assemblies each consist of a heavy-duty cast iron extractor fitting body, an extractor cage, and the A75 float vent valve. Like the A79-001 assembly, the A79-002, -003, and -004 mount directly on the underground tank flange and can be used where underground vent piping of similar products may be manifolded.

The A560-002 extractor wrench is required to remove the float valve from each of these extractor assemblies.

Ball float valves are available separately. Refer to Emco Wheaton part number A75.

Model No.	Weight	Bleed Hole	Manifold Port
A79-001	18¾ lbs	1/8"	None
A79-006	18¾ lbs	1/16"	None
A79-002	17 lbs	*1/8"	3" Female NPT
A79-003	17 lbs	*1/16"	3" Female NPT
A79-004	18 lbs	1/8"	2" Female NPT
A79-005	18 lbs	1/16"	2" Female NPT

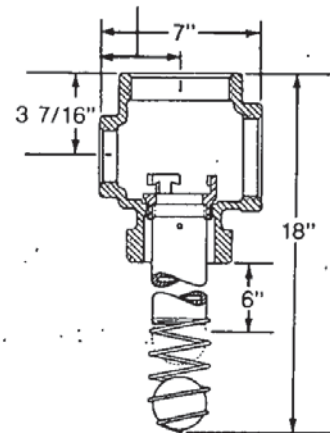
All of the above A79 models feature: 2" Female NPT Vent Port, 4" Male NPT Tank Connection, 4" Male NPT Riser Connection.

*Also available without bleed hole to further reduce fuel seepage into the vapor return line from the nozzle. Consult factory for details.



A79-002

A79-002 & A79-003 3 3/8"
A79-004 & A79-005 5 3/8"



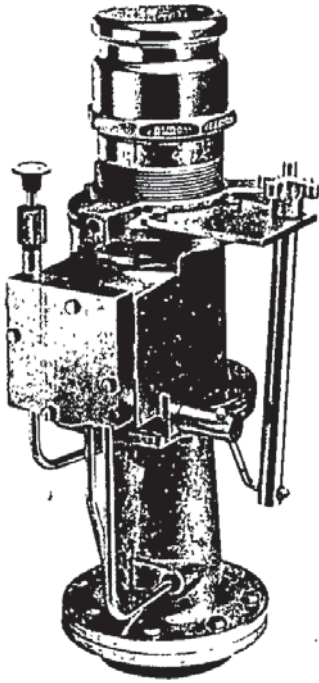
Materials

Body: Cast Iron, Galvanized
Extractor Cage: Brass
Tube: Aluminum
Ball Float: Stainless Steel

Solution Through: Automatic Overfill Prevention System

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A107-001



Emco Wheaton's automatic overfill prevention system is by far the most worry-free overfill protection product. It is an active system, which if properly maintained, positively eliminates overfills automatically.

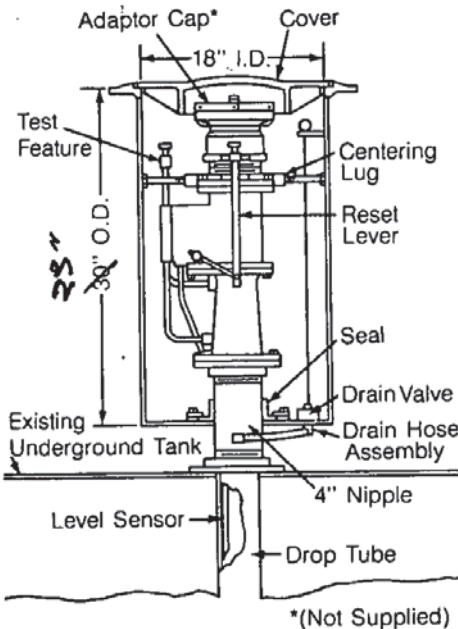
This new system is totally unique and has had patents issued and others pending. Even so, it is simple and easy to use. Standard connections are made with product drop hoses. Product flow is completely unimpeded by the overfill mechanism. However, should the tank be full, it functions on the same principle as an automatic gasoline nozzle. It shuts down product flow at a safe, predetermined level, leaving enough room for the delivery truck operator to drain the product remaining in the hose into the tank. He then resets the system for normal operation.

Emco Wheaton's automatic overfill protection system is the ultimate solution to the overfill problem.

Benefits:

- System adapts to all tight-fill connections, no special equipment is required.
- Venturi-type design permits unobstructed flow of product and stick gauging of tank.
- Unique proven concept allows for supervision-free operation.
- Pre-checking feature allows for periodic testing.
- Containment manhole prevents soil contamination.
- Automatic, positive shut off of product flow at a predetermined level.

A105-001



Model No.

A105-001
A106-001
A107-001

A1000-002

Part No.

A30-014
A97-002

Description

Automatic Overfill Prevention Valve & manhole assembly
Containment Manhole only
Automatic Overfill Prevention Valve only

Description

Adapter
Cap

Materials

Body: Aluminum
Seals: Buna
Drop tube: Aluminum
Internal Mechanism: Stainless Steel & Aluminum

*(Not Supplied)

The Problem: Overfill

EMCO
WHEATON

Whether you call it overfill, overspill or something else, the problem is creating headaches for all of us.

It can happen because of inaccurate sticking of the tank, dropping the wrong compartment or filling the wrong tank. Regardless of the cause, what it means is the tank is filled beyond its capacity.

After a truck compartment has been unloaded, as much as 10 to 15 gallons of gasoline may remain trapped in the delivery hose. If the hose is not drained properly, the contents of the hose could spill onto the driveway or into the fill manhole when the hose is uncoupled.

Hydrocarbons can and do pollute. They saturate the ground and can even leach into groundwater supplies. Legislators are aware of the problem and are studying ways to correct it. They probably won't go after the transport driver, negligence is hard to prove, but they could come after you.

Legal precedent holds the property owner responsible for what happens on his land. Station owners could be held responsible for overfills at their locations, and be forced to pay the cost of cleaning them up.

Emco Wheaton has several ways to protect against overfill. Your best bet for worry-free overfill protection is our new **AUTOMATIC OVERFILL PREVENTION SYSTEM**. It works like an automatic nozzle on your fill pipe and shuts-off product flow at a safe, predetermined level.

If you choose to use more traditional methods of overfill protection, Emco Wheaton has **CONTAINMENT MANHOLES** and **FLOAT VALVES** that can reduce the risk of costly product spills.

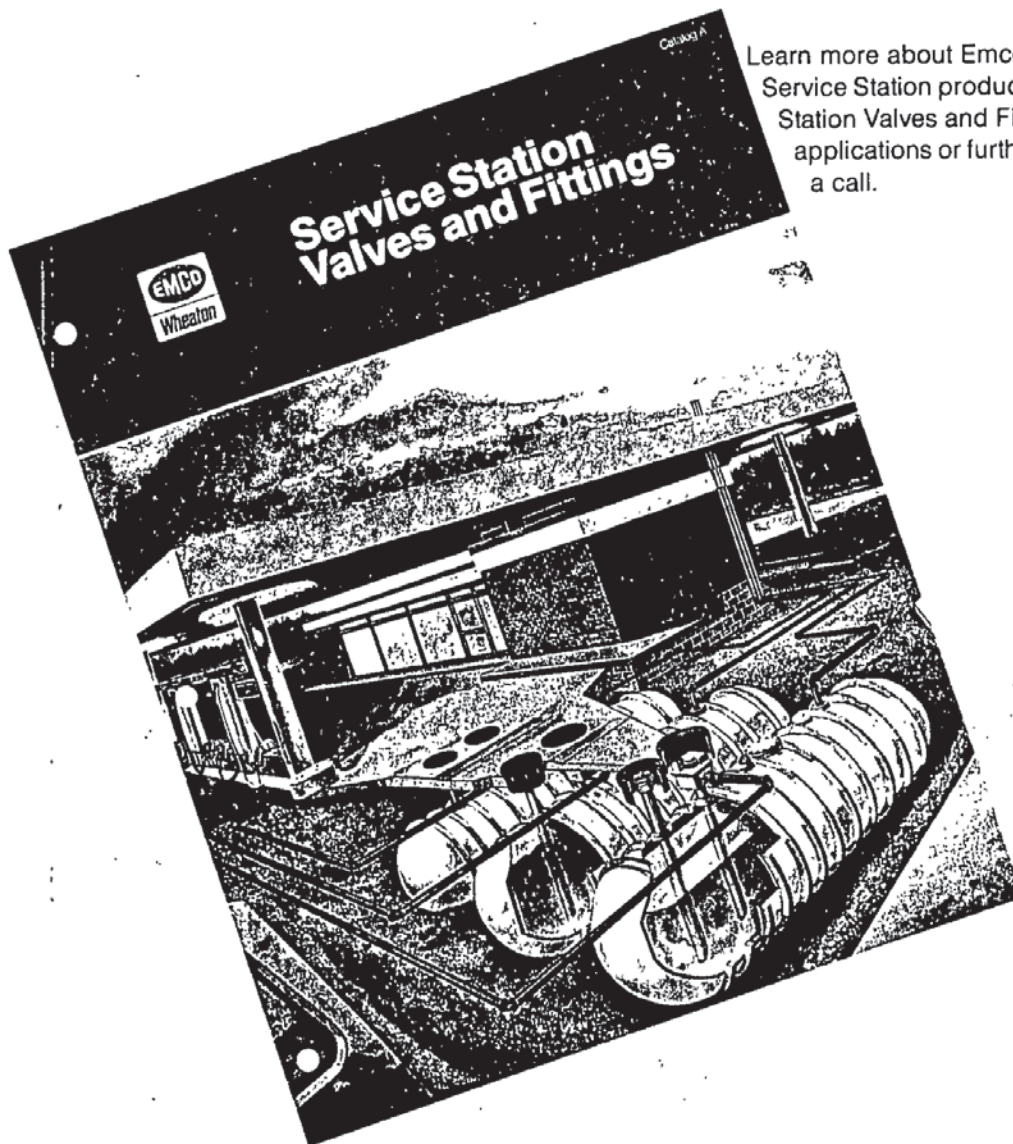
These Emco Wheaton products are described on the following pages. Should you have additional questions, contact your nearest distributor, or call the factory direct at (800) 321-5233.

We feel that your business interests and the environment are worth protecting.



Family of Products

EMCO
WHEATON



Learn more about Emco Wheaton's complete line of Service Station products by requesting our "Service Station Valves and Fittings" Catalog A. For special applications or further information, simply give us a call.

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Conneaut, OH 44030
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Telex: 980436
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9175 KEARNY VILLA COURT, SUITE B
SAN DIEGO, CA 92123

REQUEST FOR PROPOSAL
UNDERGROUND TANK SYSTEM REMOVAL
AND NEW TANK SYSTEM INSTALLATION

Prepared for:

Palomar Hospital Trauma Center
550 East Grand Avenue
Escondido, California 92025

By

Woodward-Clyde Consultants
3467 Kurtz Street
San Diego, California 92110

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1.0 INVITATION TO BIDDERS

1.1 General

This document describes the responsibilities of the Contractor with respect to the removal and installation of underground fuel storage tanks systems for Palomar Hospital Trauma Center located in Escondido, California.

1.2 Instructions to Bidders

1.2.1 General

Contractor shall submit four copies of the completed bid form and information required with bid either by mail or hand delivered to:

Palomar Hospital Trauma Center
550 East Grand Avenue
Escondido, California 92025

Attention: Mr. John Turley
Telephone: (619) 489-4740

All bids submitted shall be valid up to and including November 30, 1986. Prices shall be firm and not subject to escalation clauses. Bidder shall conform to all instructions, specifications, and documents herein. Each bidder shall note and identify discrepancies that may appear to him to materially affect his bid. Palomar Hospital Trauma Center, hereinafter called the Owner, reserves the right to reject any and all bids. Acceptance of any bid shall be made, if at all, in the best interest of the Owner.

1.2.2 Owner's Representative

Mr. Steve Irvin, of Woodward-Clyde Consultants, has been designated Owner's Representative (Engineer) regarding plans and specifications during the construction phase and will be available throughout the construction period. He can be contacted at (619) 224-2911. In the absence of Mr. Irvin, Ms. Merle Ziman, at the Woodward-Clyde office, shall be designated Owner's Representative (Engineer) and may be contacted at (619) 224-2911. In the absence of Ms. Ziman, Mr. Jim Hartley, Hazardous Waste Manager, can be contacted at (619) 224-2911.

1.2.3 Preconstruction Meeting

The Contractor's personnel shall attend a meeting with the Owner and his representatives in order to insure coordination of the construction activities prior to commencing any work. This meeting is intended to resolve potential problems.

1.2.4 Bid Forms

Costs are to be bid on a fixed cost lump sum basis. Breakout quantities are to be presented as indicated on the bid forms provided by the Owner (attached).

1.2.5 Proposal Submittals

The Contractor shall submit the following with his proposal:

- a) Completed bid forms;
- b) List of references showing experience on similar projects;
- c) List of subcontractors including name, address, and license number of each;

- d) Statement of Performance guaranteeing all aspects of workmanship;
- e) Proposed work schedule;
- f) A written project plan explaining equipment to be used, dewatering, placement of fill material, placement of excavated material, disposal of excavated and demolished material, description of backfilling procedure and proposed compaction testing;
- g) List of supplied materials and components;
- h) The Contractor shall submit a detailed description of the combustible gas indicator (C.G.I.), intended for use during this project; and
- i) Terms and Conditions for payment.

1.2.6 Rates for Additional Work

The unit prices for labor and equipment required to do the work shall be listed on the bid form and shall govern all additional work deemed necessary by the Owner, should a change in scope that varies from the original scope be required for completion of the project.

1.2.7 Submittals After Contract Award

The Contractor shall submit the following within three weeks after receipt of award. The Owner or designated representative shall approve them prior to beginning the work.

- a) Copies of all required permits;

- b) Site Excavation Plan prepared in accordance with Section 5.1.2.(b) of these specifications;
- c) Catalog sheets for all proposed equipment and supplies;
- d) Signed work schedule, approved by Owner; and
- e) Written disclosure for disposition of all tanks to be removed, with copies of authorized permits.

1.2.8 Exceptions to Specifications

The undersigned bidder has/has not taken exception to the specification and drawings accompanying the bid package.

Signature _____
Title _____
License Number _____
Date _____

Any exceptions or alternates to the specifications and drawings, requests, terms, or conditions contained herein shall be specified below.

Exceptions:

BID FORM

Lump Sum

<u>Bid Item Number</u>	<u>Description</u>	<u>Estimated Quantity (if applicable)</u>	<u>Total Cost</u>
3.2.1	Indirect Cost		\$ _____
3.2.2	Remove Tank No. 1		_____
3.2.3	Remove Tanks No. 2 & 3		_____
3.2.4	Install Tank No. 4*		_____
3.2.4	Install Tank No. 5*		_____
GRAND TOTAL			\$ _____

Contractor:

Name _____

Address _____

Phone _____

License _____

* Excluding the cost of the tank (supplied by owner).

Contractor: _____

BID FORM

Change of Scope
Unit Prices

<u>Activity</u>	<u>Unit</u>	<u>Unit Price</u>
Excavation	_____ cy	\$ _____
Concrete	_____ cy	\$ _____
Installed Piping	_____ lf	\$ _____

	<u>Standard</u>	<u>Overtime</u>
Supervisor	_____ \$/hr	_____ \$/hr
Laborer	_____ \$/hr	_____ \$/hr
Plumber	_____ \$/hr	_____ \$/hr
Electrician	_____ \$/hr	_____ \$/hr

References:

<u>Name</u>	<u>Telephone #</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

Subcontractors:

<u>Name</u>	<u>Telephone #</u>	<u>License #</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

COMBUSTIBLE GAS INDICATOR: MODEL _____

2.0 GENERAL CONDITIONS

2.1 Intent of Drawings and Specifications

The Contract Documents are intended to be complementary. Work called for on any Drawing and not mentioned in the Specifications, or work described in the Specifications and not shown on any Drawing, is to be regarded as included under this Contract, the same as if set forth in the Specifications and exhibited on the Drawings. If the Contractor observes that the Drawings and Specifications differ from the actual, the Contractor shall notify the Owner in writing immediately.

The prices shown in the Contract Documents shall include the cost of all labor, materials, equipment, services, and all other expense necessary for the complete execution of the contracted work.

Applicable codes and regulations include but not limited to the following:

- California Administrative Code, Underground Storage Tank Regulations, Title 23, Chapter 3, Subchapter 16, as adopted August 1985;
- Uniform Fire Code (UFC), 1985;
- Uniform Building Code (UBC), 1985;
- Uniform Plumbing Code (UPC), 1985;
- American Society for Testing and Materials (ASTM);
- Standard Specifications for Public Works Construction, current edition; and
- National Electric Code (NEC), 1984.

In interpreting the Contract Documents, words describing materials, or work having a well known technical or trade meaning, unless otherwise specifically defined, shall be construed in accordance with such well known meaning recognized by practicing engineers and contractors.

2.2 Availability of Drawings and Specifications

Unless otherwise provided in the Contract Documents, the Owner will furnish to the Contractor, free of charge, all copies of drawings and specifications reasonably necessary for the execution of the work.

The Contractor shall keep one copy of all Drawings and Specifications on the work, in good order, available to the Owner.

All drawings, specifications and copies thereof furnished by the Owner are not to become the Contractor's or Subcontractor's property. They are not to be used on other work and, with the exception of the signed Contract set, are to be returned to the Owner on request, at the completion of the work.

2.3 Workmanship and Employees

Unless otherwise stipulated, the Contractor at his expense shall provide for all supervision, labor, tools, equipment, water, light, power, transportation, and other facilities necessary for the execution and completion of the work, and where applicable, he shall maintain same at his expense.

Work performed by the Contractor and his Subcontractor(s) shall be performed diligently and in a workmanlike manner.

Articles installed or used without the Owner's prior written approval shall be at the risk of subsequent rejection.

Only foremen and workmen skilled in the work assigned to them shall be employed on work requiring special qualifications. The Contractor shall discharge from his service, when requested by the Owner, any disorderly, dangerous, insubordinate, or incompetent person employed on the work.

2.4 Contractor's Employees

The Contractor shall accept exclusive liability for the payment of any and all payroll taxes, deductions, or contributions for unemployment insurance, old age pensions, annuities, or other benefits, which are measured by the wages or other remuneration paid to his employees and shall reimburse the Owner for any of the above taxes, deductions, and contributions payable to the Contractor which by law the Owner may be required to pay.

2.5 Substitutions in the Contract

In the event that the agreed upon materials and/or processes indicated in the Drawings or in the Specifications are subsequently determined to be unavailable, the Contractor shall offer equivalent materials and/or processes in lieu thereof. No substitution shall be made without the written consent of the Owner.

2.6 Other Contracts

The Owner reserves the right to let other contracts in connection with the work. The Contractor shall afford other contractors reasonable opportunity for the introduction and storage of their materials and the execution of their work, and shall coordinate his work with theirs.

2.7 Changes in the Work

The Owner may, at any time during the progress of the work, make alterations to the work provided for in the Contract Documents. The work, as changed, shall be performed as if originally specified, and shall

in no way invalidate the Contract. Any difference in cost shall be added to or deducted from the amount of the Contract, as the case may be. Adjustments in the amounts to be paid to the Contractor on account of changed work shall be determined by one of the following methods in the order listed, the earlier listed being used unless impractical:

- Unit prices submitted in the Contractor's bid.
- Unit prices agreed upon in writing.
- Acceptable guaranteed maximum.

No adjustment for additional payment shall be paid unless made as specified above.

2.8 Sales and Use Taxes

The Contractor and any Subcontractor shall pay all state and local sales and use taxes on or arising out of the purchase by the Contractor and any Subcontractor of any tangible personal property to be built into the work. All bids shall include all such taxes with no adjustment for any refund the Owner may receive. The Contractor is entitled to no benefit what-so-ever on account of such refunds. The Contractor shall maintain and furnish to the Owner records as required by governmental regulations of sales taxes paid to enable recovery of the same by the Owner.

2.9 Permits, Laws, Regulations, Ordinances

Permits and licenses of a temporary nature necessary for the execution of the work shall be secured and paid for by the Contractor. Permits and licenses required for the removal and installation of underground storage tanks will be secured and paid for by the Owner, unless otherwise specified.

The Contractor shall give all notices and comply with all laws, ordinances, rules, and regulations of all governmental units whether federal, state, or local, including but not limited to agencies and authorities, having jurisdiction in the premises. If the Contractor observes that the Drawings and Specifications are at variance therewith, he shall promptly notify the Owner in writing, and any necessary changes shall be adjusted as provided in the Contract for changes in the work. If the Contractor performs any work knowing it to be contrary to such laws, ordinances, rules and regulations, and without such notice to the Owner, he shall bear the costs arising therefrom.

2.10 Progress and Control of the Work

2.10.1 Execution of the Work

Before work is started and materials ordered, the Contractor shall meet and consult with the Owner to establish procedures for accomplishing the work.

The work shall be executed at such time and in or on such part or parts of the project, and with such forces of workmen, materials, and equipment as may be required to complete the work provided for in the Contract in a diligent and workman-like manner within the time limits specified or agreed upon.

The Contractor shall furnish a schedule of expected progress of the work under the Contract, showing the approximate dates each part or division of the work is expected to begin and to be completed.

The Contractor shall also, if so directed, forward to the Owner as soon as practicable report of the progress of the various parts of the work under contract giving the existing status, rate of progress, estimated time of completion, and cause of delay, if any.

2.10.2 Subcontracts

The Contractor shall not sublet or subcontract any portion of the work to be done under this contract without the written approval of such action from the Owner, except as specified in the original proposal. The Contractor agrees that he shall remain fully responsible to the Owner for the acts and omissions of his Subcontractors and of persons either directly or indirectly employed by him. Nothing contained in the Contract Documents shall create any contractual relationship between any Subcontractor and the Owner.

2.11 Completeness of Work

The work described in Section 3.0, Scope of Work, to be constructed hereunder, is to compose an integral part of the system controlled by the Owner, and unless the contrary clearly appears from the Contract Documents, it is understood and agreed that the Contractor shall be obliged to complete the work and to place it in good working order as an integral part of said system and his work shall not be complete until he shall have done so.

Before final acceptance, all parts of the work shall be inspected by the Owner, tested and surveyed by the Contractor, necessary to confirm completeness of the work.

The Owner will prepare and submit a punch list of remaining work items to be completed by the Contractor at his expense.

2.12 Rights of the Owner

2.12.1 Right to Terminate Contract

The Owner shall have the right to terminate the contract at any time with or without cause, upon giving written notice to the Contractor.

The Contractor shall then be entitled to remuneration for the work completed by him under the Contract as of the effective date of said termination, including the retained percentage. The Owner shall reimburse the Contractor for reasonable costs associated with moving to the work site.

In the event that performance of the work set forth under the Contract is unnecessarily or unreasonably delayed by the Contractor, or if any of the provisions of this Contract are being violated by the Contractor or his Subcontractor(s), the Owner shall have the additional right to terminate this Contract by giving written notice to the Contractor of said termination and the reasons therefor. Said notice of termination shall be effective five days following receipt of same by the Contractor, unless the Contractor causes the violations complained of therein to be corrected before the effective date of termination.

2.12.2 Right to Do Work

Should the Contractor neglect to execute the work properly or fail to perform any provision of this Contract, the Owner, three days after written notice to the Contractor, may, without prejudice to any other remedy he may have, make good such deficiencies and may deduct the cost thereof from the payment then or thereafter due the Contractor.

2.12.3 Right to Possess and Use Portions of the Work

The Owner shall have the right to take possession of and use any completed or partially completed portions of the work, notwithstanding that the time for completing the entire work or such portions may not have expired.

However, such taking possession and use shall not be deemed an acceptance of any work not completed in accordance with the Contract Documents. If such prior use increases the cost or delays the work,

the Contractor shall be entitled to extra compensation, or extension of time, or both.

2.13 Rights and Responsibilities of the Contractor

2.13.1 General

It is hereby agreed by the Contractor that he has satisfied himself as to the nature and location of the work, the character, quality and quantity of the materials to be encountered, including subsurface conditions, the equipment and facilities needed to execute the work, the local conditions, and all other matters which can affect the work under this Contract.

If the Contractor, in the course of the work, finds a discrepancy between the drawings and the physical conditions or any errors or omissions on the drawings, it shall be his duty to inform the Owner in writing immediately, and the Owner shall promptly investigate and make an appropriate determination. Any work done after such discovery, until authorized, will be done at the Contractor's risk.

2.13.2 Supervision

The Contractor shall provide a competent superintendent and necessary assistants, satisfactory to the Owner, during the progress of his work. The superintendent shall not be changed except with the consent of the Owner, unless the superintendent proves to be unsatisfactory to the Contractor and ceases to be in his employ. The superintendent shall represent the Contractor in his absence and all directions given to him shall be as binding as if given to the Contractor. Important directions shall be confirmed in writing to the Contractor. Other directions shall be so confirmed on written request in each case. The Contractor shall give efficient supervision to the work, using his best skill and attention.

2.13.3 Address

The address given in the Contractor's Proposal is hereby designated as the place to which all communications to the Contractor shall be delivered or mailed. The delivery at the above-named place by registered or certified mail or any notice, letter, or other communication to the Contractor, shall be considered adequate service upon the Contractor, and the date of said service shall be the date of receipt. The Contractor's address may be changed at any time if written notice, signed by the Contractor, is delivered to the Owner three days prior to such change.

2.13.4 Payment for Labor and Materials

The Contractor agrees to pay promptly for work, services, and labor of every kind, including payments due Subcontractors, for rental equipment used on the work, for materials that are used in the work, and for labor and material incidental to the completion of the work. If the Contractor has at any time failed to pay for work or services of any kind, before final settlement, including amounts due for labor for Subcontractors, or for rental equipment employed on this work, or has failed to pay for the materials chargeable to the work, or if the Owner suspects that such payments have not been made, the Owner may withhold a sufficient amount to cover any unpaid item until lien waiver or other satisfactory evidence of payment shall have been exhibited to the Owner.

2.13.5 Independent Contractor

The Contractor agrees to perform the work specified as and when directed by the Owner; however, the Owner shall not select the methods used by the Contractor in performing its work, nor shall the Owner have any right to control the physical conduct of the Contractor in performing its work, and the Contractor shall be, and act

solely as, an independent Contractor and not as an agent or servant of the Owner. The Contractor's employees engaged in work hereunder are not and shall not be treated or considered as servants or employees of the Owner.

2.13.6 Compliance with Authority

The Contractor agrees to comply with all laws, orders, rules, or regulations of any governmental body, including without limitation, those pertaining to Fair Labor Standards Act, Cal-OSHA, Social Security, Workman's Compensation, safety, health, old age pension, and unemployment compensation. Before final settlement, the Contractor shall satisfy all the payment and release of all debts, taxes, claims, charges, and obligations arising by operation of law, or otherwise, out of its performance of the work. The Owner may withhold funds due the Contractor hereunder or otherwise, without interest, to assure itself of the discharge of all such obligations, or to satisfy any provisions of law relating to claims against the Contractor.

2.14 Safety

In accordance with generally accepted construction practices, the Contractor will be solely and completely responsible for conditions of the job site, including safety of all persons and property during performance of the work. This requirement will apply continuously and not be limited to normal working hours. The Contractor shall report immediately to the Owner any accident involving either an employee or the public.

The duty of the owner to conduct construction review of the Contractor's performance is not intended to include review of the adequacy of the Contractor's safety measures, in, on, or near the construction site.

2.15 Indemnity

The Contractor will hold harmless, indemnify, and defend the Owner and his consultants, and each of their officers and employees and agents, from any and all liability claims, losses, or damage arising, or alleged to arise, from the performance of the work described herein, but not including those due to the sole negligence of the Owner, its independent contractors, its consultants, and each of their officers, employees and agents.

2.16 Interpretation

Specifications, instructions attached or identified separately, together with plans, constitute the entire agreement between the parties, and no other conversations, bids, memoranda, or other matter shall vary, alter, or interpret the terms thereof. The sidehead captions in this instrument are for convenience of the parties in identification of the several provisions and shall not constitute a part of the agreement or be considered interpretive of the terms thereof.

Failure of the Owner or designated representative to exercise any option, right or privilege hereunder or to demand compliance as to any obligation or covenant of Contract shall not constitute a waiver of any such right, privilege or option, or of the strict performances hereof unless waiver is expressly required in such event, or is evidenced by properly executed instrument.

2.17 Risk of Loss

Until written acceptance of the work by the Owner or designated representative, the risk or loss, injury, or destruction by any cause other than acts or omissions of the Owner shall be borne by Contractor. Responsibility of Contractor shall extend to materials and equipment the Owner supplies for the job.

2.18 Landscape Preservation

The Contractor shall exercise care to preserve the existing landscape and shall conduct his construction operations so as to prevent any unnecessary destruction, scarring, or defacing of the existing surroundings in the vicinity of the work. Movement of crews and equipment over routes provided for access to the work shall be performed in a manner to prevent damage to property. On completion of the work and in addition to all other requirements of the specification, all work areas shall be smoothed and graded in a manner to conform to the natural appearance of the landscape. Control of litter shall be the Contractor's responsibility.

3.0 SCOPE OF WORK

3.1 General

The Contractor shall furnish all labor, material (except as specifically excluded in Section 3.3), and equipment necessary to perform the work specified in this document and the attached drawings listed in Section 6.0.

3.2 Work Included

The work will include the items specified in the following subsections:

3.2.1 Indirect Cost

- a) Mobilization and demobilization; and
- b) Surveying and staking sloped areas.

3.2.2 Remove Tank No. 1 (6,000 gallon). Refer to Figures 1 and 3.

- a) Prepare tank and associated piping for removal;
- b) Excavate and remove tank;
- c) Dispose of Tank;
- d) Backfill excavation and restore slope using "criblock" retaining wall; and
- e) Repair concrete and asphalt.

3.2.3 Install Tank No. 5 (3,000 gallon). Refer to Figures 1, 2, and 3.

- a) Excavate for new tank;
- b) Construct anchor pad;
- c) Install tank, piping, and monitoring system;
- d) Test tank system; and
- e) Backfill excavation.

3.2.4 Remove Tanks No. 2 and 3 (5,000 gallon/each). Refer to Figures 1 and 3.

- a) Clean tanks and associated piping;
- b) Disconnect and cap associated piping;
- c) Excavate existing tanks; and
- d) Shore and brace excavation as required.

3.2.5 Install Tank No. 4 (10,000 gallon). Refer to Figures 1, 2, and 3.

- a) Excavate for new tank;
- b) Construct anchor pad;
- c) Install tank, piping, and monitoring equipment;
- d) Test tank system; and
- e) Backfill excavation.

3.3 Work Excluded

The Owner shall provide the Contractor with the following:

- a) One new double contained 10,000-gallon underground fuel tank, with mounting hardware.
- b) One new double contained 3,000-gallon underground fuel tank, with mounting hardware.
- c) San Diego County Department of Health Services (CDOHS) Permits to Abandon/Remove, and to Construct;
- d) Escondido Fire Department Permits to Abandon and to construct;
- e) State of California Division of Facilities Development Building Permit;
- f) Telephone service, at direct cost, on a limited basis; and
- g) Sanitary facilities.

4.0 SCHEDULE

The Contractor shall meet the following schedule:

- | | | |
|----|--------------------------------------|-------------------|
| a) | Prebid meeting and site walk through | October 22, 1986 |
| a) | Bids due to the Owner | October 31, 1986 |
| b) | Preaward meeting | November 5, 1986 |
| c) | Contract award | November 7, 1986 |
| d) | Construction Schedule | |
| | Begin work | November 17, 1986 |
| | Complete work | November 30, 1986 |

5.0 TECHNICAL SPECIFICATIONS

The Contractor will perform the work in accordance with the following specifications:

5.1 Tank No. 1 Removal

5.1.1 Prepare Tanks for Removal

Clean tanks and associated piping for removal in accordance with the California Underground Storage Tank Regulations as enforced by the CDOHS.

5.1.2 Excavation

The following specifications generally address excavation work. The principles are to be applied to the specific location and conditions where such work is to be performed.

- a) Physically locate existing underground utilities in areas of work. If utilities are to remain in place, provide adequate means of support and protection during earthwork operations.

Should uncharted, or incorrectly charted, piping or other utilities be encountered during excavation, consult utility owner immediately for directions. Cooperate with Owner and utility companies in keeping respective services and facilities in operation. Repair damaged utilities to satisfaction of utility owner. Indicate utility locations on the signed drawings, to be returned to the Owner at the completion of the project.

Do not interrupt existing utilities serving facilities occupied and used by Owner or others, except when permitted in writing and then only after acceptable temporary utility services have been provided.

- b) Submit for the Owner's review a "Site Excavation Plan" to indicate Contractor's proposed methods of excavation and protection of existing structures, including drawings, calculations, and construction sequences. Said plan to detail and illustrate site excavation stabilization methods which may include, but need not be limited to, sheeting, shoring, bracing, underpinning or tie-backs.

"Site Excavation Plan" to be prepared, signed, and sealed by an engineer, registered as a civil or structural engineer in the State of California, experienced in the design of site stabilization and protection measures.

During construction the Contractor shall properly grade all excavated surfaces to provide positive drainage and prevent ponding of water. He shall control surface water to avoid damage to adjoining properties or to finished work on the site. The Contractor shall take remedial measures to prevent erosion of freshly graded areas and until such time as permanent drainage and erosion control features have been installed.

- c) Barricade open excavations occurring as part of this work and post with warning lights.
- d) Provide and maintain shoring or bracing as required to protect excavations from caving or other earth movement.

- e) Excavations shall be kept free of standing water by pumping or draining as required.
- f) If excavations for foundation work are made deeper than indicated, fill with lean-mix concrete or with engineered fill as herein specified, or as directed by Engineer, without additional expense.

5.1.3 Tank Disposal

- a) Inspect and evaluate tanks and piping for cleanliness prior to closure.
- b) Cap piping connections to buildings.
- c) Coordinate the closure with the CDOHS and the Escondido Fire Department; they must witness the removal of the tank system.
- d) Plug all openings before tank removal.
- e) Render tanks unusable and dispose of in accordance with all applicable regulations.

5.1.4 Backfill Excavation

- a) All on-site soils with an organic content of less than 3 percent by volume are, in general, suitable for reuse as fill. Any required imported fill material shall be non-expansive (less than 3 percent swell) granular soil with a plasticity index of 12 or less. Fill material shall not, however, contain rocks or lumps over 6 inches in greatest dimension and not more than 20 percent larger than 2.5 inches.

- b) A cribwall shall be installed (as indicated on the drawings) in accordance with the manufacturer's standard specifications with approved materials.

- c) All structural fill should be compacted to a minimum degree of compaction of 90% based upon ASTM Test Designation D-1557-78. The upper six (6) inches of the subgrade soils beneath pavements shall be compacted to a relative compaction of 95%. Fill material shall be spread and compacted in uniform horizontal lifts not exceeding eight (8) inches in uncompacted thickness. Before compaction begins, the fill shall be brought to the required water content by either (1) aerating the fill if it is too wet, or (2) moistening the fill with water if it is too dry. Each lift shall be thoroughly mixed before compaction to ensure a uniform distribution of moisture.

The Owner will provide a qualified Soils Engineer to observe, direct, and test the applicable earthwork, so that he can report that the controlled fill and backfill was placed in accordance with specifications.

All excavations, fills, backfills, and fill materials shall be approved by the Soils Engineer.

No fill or backfill shall be placed, spread, or compacted if rain conditions have increased the optimum moisture content of the fill material. The fill operation shall only be resumed when field tests by the Soils Engineer indicate that the fill material is at the moisture content required to obtain the specified density.

Samples of the material(s) to be used for fill or backfill shall be tested by the Soils Engineer in order to determine

the maximum density, optimum moisture content, and classification of the soil.

Field density tests shall be made by the Soils Engineer in accordance with ASTM Test No. D1556 or equivalent. Density tests shall be made in the compacted materials below the surface where the surface is disturbed.

When the tests indicate that the density of any layer of fill or portion thereof is below the specified density, the particular layer or portion shall be removed, replaced, and/or reworked until the specified density has been obtained, at no additional cost. The Contractor shall pay for retesting.

5.1.5 Repair Concrete and Asphalt

- a) Replace curb and gutter to match existing. Concrete shall have a minimum 28-day compressive strength of 2500 psi. Provide expansion joints where new curb joins the existing curb.
- b) Replace pavement with full depth asphaltic concrete. Thickness of asphaltic concrete shall match the combined thickness of the original asphaltic concrete and aggregate base.

Subgrade shall be in accordance with Section 5.1.4(c). Asphaltic concrete shall be provided and placed in accordance with Section 39 of the State of California Department of Transportation Standard Specifications.

Asphalt binder shall be Grade AR 4000 Paving Asphalt. Aggregate shall conform to the gradation requirements for $\frac{1}{2}$ -inch maximum, coarse. Restore pavement to match original grades.

- c) Restripe parking area, wherever disturbed, to match existing.

5.2 Tank No. 5 Installation

5.2.1 Prepare Excavation

- a) The tank shall have a minimum of 3 feet of cover.
- b) Perform work in accordance with principles presented in Section 5.1.2.

5.2.2 Trenching

- a) Excavate trenches for utilities to the required lines, grades, and elevations indicated on the drawings and as specified. Hand trim changes in direction and bottoms of trenches. Provide shoring in trenches over five feet in depth and also in trenches where unstable soil conditions are encountered.
- b) In advance of excavation of any trench or trenches five (5) feet or more in depth, submit a detailed plan showing the design of shoring, bracing, sloping, or other provisions to be made for worker protection from the hazard of caving ground during the excavation of, or performance of work within, such trench or trenches.
 1. If such plan varies from the shoring system standards established by the Construction Safety Orders of the State Division of Industrial Safety, the plan shall be prepared, signed, and sealed by an engineer, registered as a civil or structural engineer in the State of California, experienced in the design of trench

stabilization and protection measures.

2. Shoring shall be in compliance with Section 6707 of Chapter 9, Part 1, Division 5 of the Labor Code of the State of California.
- c) Submit copies of permit required by Section 6424 of the Labor Code for trenches five (5) feet or more in depth.
1. Prior to beginning construction, the contractor shall obtain said permit from the State Division of Industrial Safety authorizing said construction.
 2. The Owner shall not be construed to issue a permit for trenching operations under this Contract.

5.2.3 Construct Concrete Anchor Pad

- a) Construct concrete anchor pad to the dimensions and specifications shown on the plans.

Concrete shall have a minimum 28 day compressive strength of 3000 psi.

- b) Contractor shall employ a testing agency under the active direction of a Civil Engineer, to determine mix designs to fulfill the specified requirements for strength, aggregate size, and workability of concrete, and such designs shall be used in proportioning all structural concrete. Mix designs shall be submitted along with lists showing proposed locations for use of each design.

If ready-mixed concrete is used, ready-mixed company's mix designs will be acceptable providing:

1. They meet specification.
2. Copies of laboratory performance data is submitted on each mix. Submit copies of two such performance data for each mix.

Review of mix designs by the Engineer shall not be considered unqualified approval, and shall not relieve the Contractor of his responsibility to furnish concrete of proper consistency and specified strength.

- c) The concrete shall be mixed on site or in transit in accordance with standard specifications.
- d) Reinforcing steel shall comply with ASTM A615-79 Grade 40, and shall be securely fixed in place along with all other embedded items prior to placing concrete.
- e) The concrete shall be placed, cured, and finished in accordance with standard approved methods and applicable codes and regulations.

5.2.4 Tank, Piping and Monitoring System Installation

- a) Install in accordance with drawings, manufacturer's standard specifications, and applicable codes and regulations.
- b) Install manways, access downspouts, sensor conduit, required suction and return piping, required vent pipes, required pipe supports, fill downspout, appropriate plugs, overflow valves, foot valve and overflow prevention valve; and any other items necessary for a complete and professional job which may have been omitted from the Specifications and Drawings.

5.2.5 Tank System Testing (in accordance with NFPA 329)

- a) Before being covered, enclosed, or placed in use, all underground storage tanks and non-pressure piping shall be tested for tightness hydrostatically or with air pressure at not less than 3 psi and not more than 5 psi. For double wall tanks, test the inner tank at a maximum of 5 psi. Do not pressurize the monitor area (annular space) between the tanks by itself. If the outer tank must be tested, use a tee fitting to pressurize inner tank and monitor space between the tanks simultaneously to a maximum of 5 psi. After test, release the pressure simultaneously.
- b) Pressure piping shall be hydrostatically tested to 150 percent of the maximum anticipated pressure of the system, or pneumatically tested to 110 percent of the maximum anticipated pressure of the system, but not less than 5 psi gauge at the highest point in the system.
- c) The duration of all tests will be sufficient for inspection of all joints and connections, but for at least 10 minutes.
- d) Coordinate all testing with the San Diego CDOHS and the Escondido Fire Department inspection requirements.

5.2.6 Backfill Excavation

- a) Backfill around tanks using clean uniform sand, to a minimum thickness of 6 inches (per NFPA 30, Section 2-3.2). Compact soil to a minimum relative compaction of 90%, as determined by ASTM Test Method No. D1557-78. Care should be taken to maintain the existing moisture in the exposed subgrade.

- b) Remainder of excavation shall be backfilled in accordance with Section 5.1.4(a)(c).
- c) Do not backfill trenches until tests and inspections have been made and backfilling authorized by Owner's representative. Use care in backfilling to avoid damage or displacement of pipe systems.

5.2.7 Repair Concrete and Asphalt

- a) Perform work in accordance with Section 5.1.5.

5.3 Tank No. 2 and 3 Removal

5.3.1 Prepare Tanks for Removal

- a) The tank shall have a minimum of 3 feet of cover.
- b) Perform work in accordance with Section 5.1.1.

5.3.2 Excavation

- a) Perform work in accordance with principles presented in Section 5.1.2.

5.3.3 Tank Disposal

- a) Perform work in accordance with Section 5.1.3.

5.4 Tank No. 4 Installation

5.4.1 Excavate for New Tank

- a) Modify existing excavation for new installation in accordance with principles presented in Section 5.1.2, as necessary.

5.4.2 Trenching

- a) Perform the work in accordance with Section 5.2.2.

5.4.3 Construct Concrete Anchor Pad

- a) Perform the work in accordance with Section 5.2.3.

5.4.4 Install Tank, Piping and Monitoring Equipment

- a) Perform the work in accordance with Section 5.2.4.

5.4.5 Tank System Testing

- a) Perform the work in accordance with Section 5.2.5.

5.4.6 Backfill Excavation

- a) Perform the work in accordance with Section 5.2.6.

5.4.7 Finish

- a) Area to drain toward parking, away from existing structures and shall not have any low spots where water can collect.

6.0 LIST OF DRAWINGS

The following drawings are attached and to be included as part of the Contract Documents:

<u>Figure Number</u>	<u>Title</u>
1	Site Layout
2	New Tank Piping and Instrumentation
3	Existing Tank Layouts

3467 Kurtz Street
San Diego, California 92110
(619) 224-2911

Woodward-Clyde Consultants

Project No. 56872X-PS01
September 25, 1986

County Department of Health Services
Hazardous Materials Management Unit
1700 Pacific Highway
San Diego, California 92101

Attention: Mr. Mike Verrietti

COMPLIANCE PERMITS
UNDERGROUND TANKS
PALOMAR HOSPITAL
ESCONDIDO, CALIFORNIA

Gentlemen:

We are pleased to submit the attached Permit applications for the removal and construction of underground storage tanks on behalf of Palomar Hospital. Included are the permit applications, design drawings and specifications.

Completion of the applications is pending contractor selection. The items omitted are as follows:

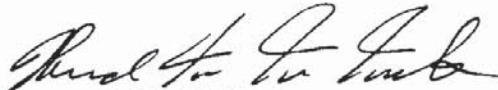
Part I Section D
 Section I
Part III Section F

The information will be submitted as soon as the selected contractor provides the necessary information. This should be approximately October 10, 1986.

If you have any questions, please call us.

Very truly yours,

WOODWARD-CLYDE CONSULTANTS



Howard M. McMaster
Consulting Principal

HMM/JLG/MAZ/kgm



PERMIT

REMOVAL OR ABANDONMENT OF UNDERGROUND
FLAMMABLE LIQUID TANKS



Palomar Hospital Trauma Center
550 East Grand Avenue, Escondido

Tanks to be removed at _____

Number and capacity of tanks 2 at 5,000 gallons, 1 at 6,000 gallons

U.L. Number Unknown

Disposition of tanks *

Removal to be made by *

Address _____

Call for inspections (741-4696)-

1. When tanks have been purged and ready to be capped.
2. When tank has been removed from ground prior to removal from property.

REGULATIONS

1. That tank be removed unless the Fire Prevention Bureau approves abandonment in place.
2. If abandoned in place, they shall be filled with mixture of one part cement to ten parts sand in slurry and puddled with a pole. Contact Co. Haz/Mat
3. If removed from ground:
 - a. Tank shall be pumped out as far as possible with service pump.
 - b. Then use small pump to remove remaining gasoline below foot valve.
 - c. Then fill tank with approximately 25 gallons of water and pump out same.
 - d. Then fill tank with dry ice sixteen hours prior to removing it, leaving vent open, and fill stem capped during this sixteen hour period. One pound of dry ice to 9 cubic feet, which is the equivalent of 15 lbs. to each 1,000 gallons of tank capacity, is required.

July 9/30/86
APPLICANT

Edward P. Tolano
FIRE INSPECTOR
Escondido Fire Department

DATE 8-27-86

*Information provided by selected Contractor.



ESCONDIDO FIRE DEPARTMENT

APPLICATION & PERMIT FOR INSTALLATION
OF UNDERGROUND FLAMMABLE LIQUID TANKS

TANKS TO BE INSTALLED AT Palomar Hospital Trauma Center
550 East Grand Avenue, Escondido

NUMBER & CAPACITY OF NEW TANKS 1 at 10,000 gallons, 1 at 3,000 gallons

NUMBER & CAPACITY OF EXISTING TANKS 1 at 6,000 gallons, 2 at 5,000 gallons, 1 waste oil

NUMBER & CAPACITY OF TANKS TO BE REPLACED OR DISCONTINUED 1 at 6,000 gallons, 2 at
5,000 gallons

TANKS MANUFACTURED BY: Joor

U.L. APPROVED NUMBERS 142

INSTALLATION TO BE MADE FOR *

INSTALLATION TO BE MADE BY *

ADDRESS _____

PROVIDE PLOT PLAN IN DUPLICATE SHOWING PROPERTY DIMENSIONS AND INSTALLATION LOCATION

APPLICATION APPROVED BY _____ DATE _____

The following inspections are required to be made by the Fire Department. To allow for scheduling and avoid delays, please give as much advance notice as possible. Call 741-4696.

1. INSPECTION TANK EXCAVATIONS BY _____ DATE _____

2. PIPING AND PRESSURE TEST (5 PSI) BY _____ DATE _____

3. FINAL INSPECTION: BY _____ DATE _____

EMERGENCY SWITCH

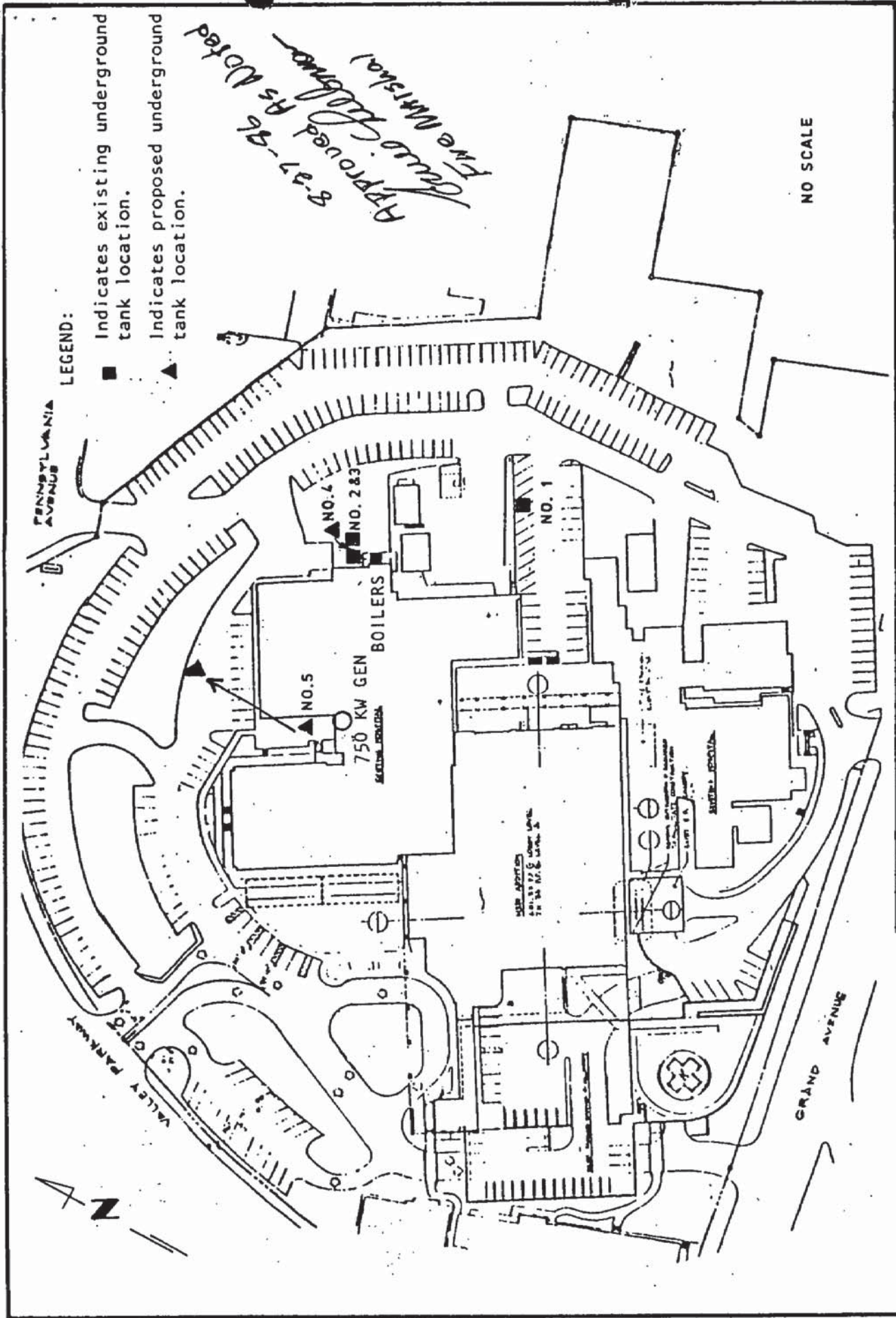
FIRE EXTINGUISHER

U.L. APPROVED EQUIPMENT

NO SMOKING SIGNS

V/R TYPE _____ MGF. _____

NOTE: BOUYANCY TESTS ARE REQUIRED. SUBMIT ENGINEERS' CALCULATIONS WITH THIS APPLICATION TO THE ESCONDIDO BUILDING DEPARTMENT.



LEGEND:

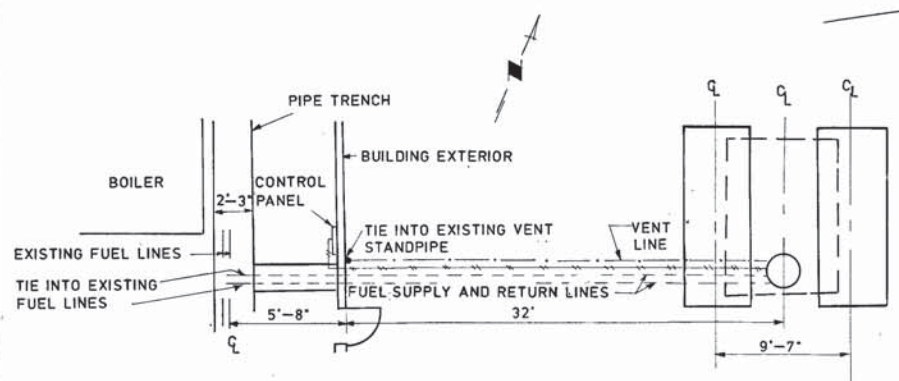
- Indicates existing underground tank location.
- ▲ Indicates proposed underground tank location.

*Approved As Noted
8-27-86
Eve Mrtshak*

**SITE PLAN
PALOMAR TRAUMA TANKS**

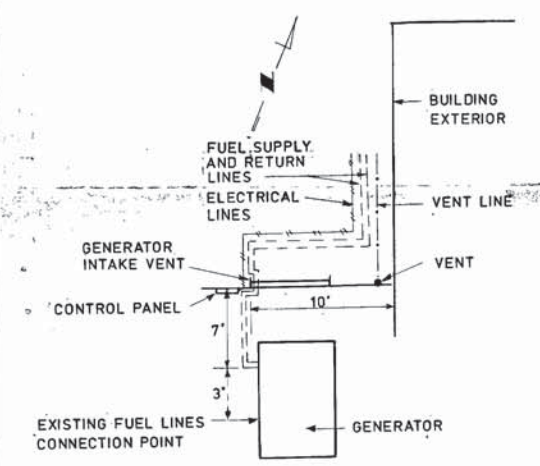
NOTES:

- EXISTING PIPING -
- △ REMOVE PIPING.
- △ DISCONNECT, PURGE AND CAP PIPING.

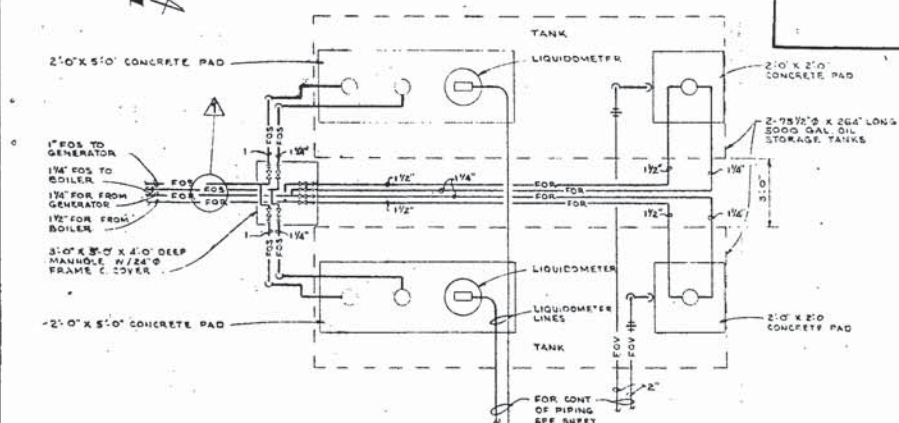


(A) NEW PIPING
Not to Scale

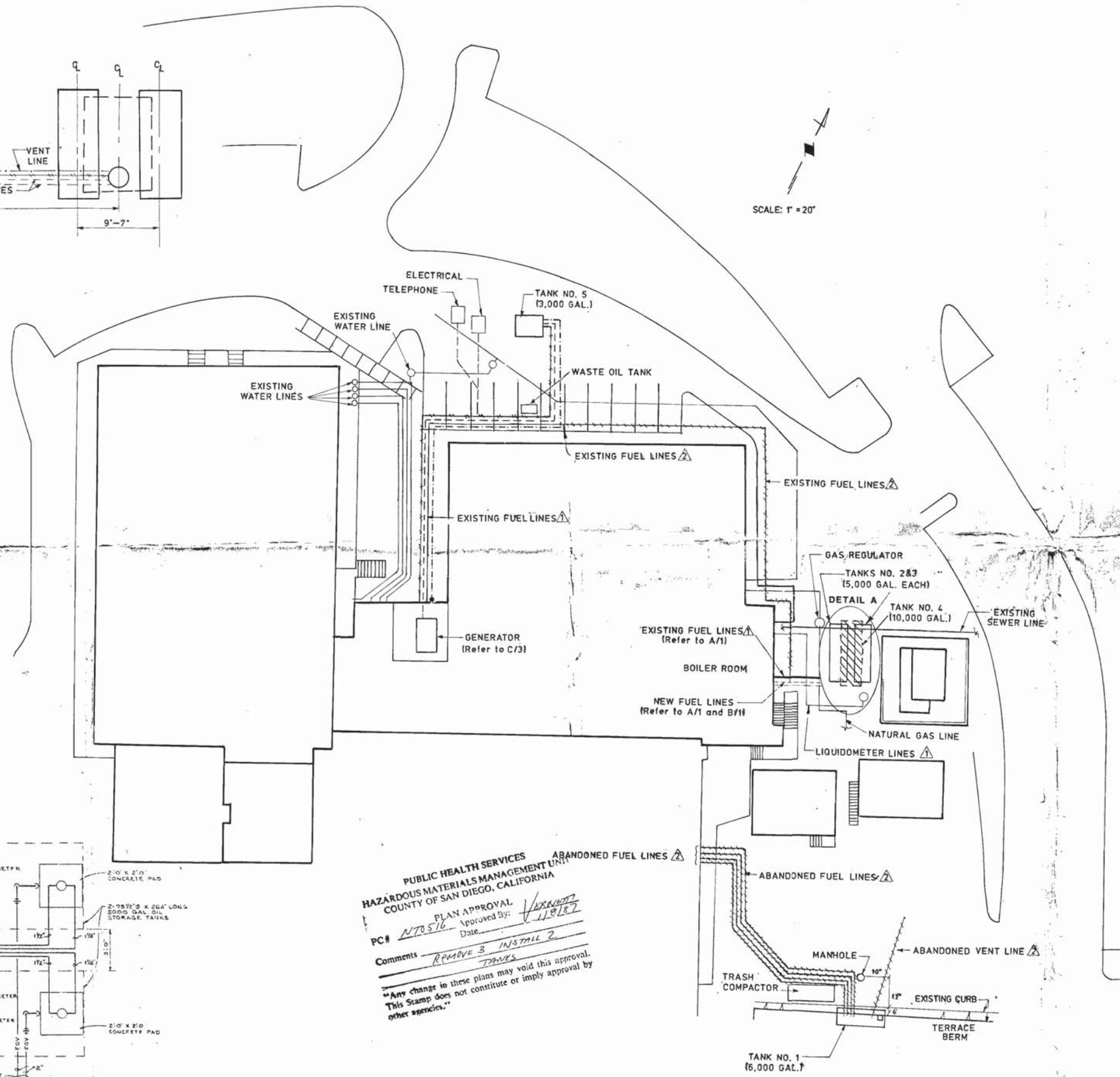
SCALE: 1" = 20'



(B) NEW PIPING
Not to Scale



(C) EXISTING PIPING
Not to Scale
TANKS NO. 2&3 DETAIL A



**PUBLIC HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT UNIT
COUNTY OF SAN DIEGO, CALIFORNIA**

PLAN APPROVAL
PC# NT0516 Approved By: [Signature]
Date: 11/19/87

Comments: REMOVE 3 INSTALL 2 TANKS

"Any change in these plans may void this approval.
This Stamp does not constitute or imply approval by
other agencies."



- LEGEND:**
- VENT LINE
 - ELECTRICAL LINE
 - EXISTING FUEL LINE
 - NEW FUEL LINE
 - ABANDONED IN PLACE

Revised date: 11-20-86

**UNDERGROUND TANK INSTALLATION
SITE LAYOUT
PALOMAR HOSPITAL TRAUMA CENTER**

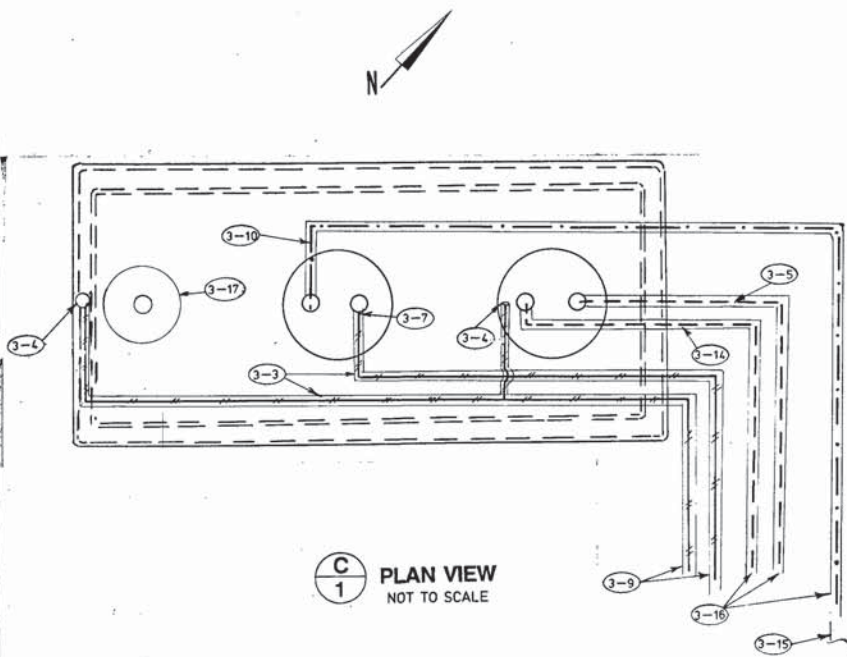
PROJ. MANAGER: J. Greenstale	SHEET 1 OF 3
DESIGNED BY: M. Ziman	DATE: 10-22-86
DRAFTED BY: C. Brouwer	PROJ. NO.: 56827X
CHECKED BY: S. Irvin	

Woodward-Clyde Consultants
CONSULTING ENGINEERS, GEOLOGISTS AND ENVIRONMENTAL SCIENTISTS
3487 KURTZ ST., SAN DIEGO CA. 92110 (619)224-2911

H14230 NT0516

EQUIPMENT LIST*
(3,000-Gallon Tank)

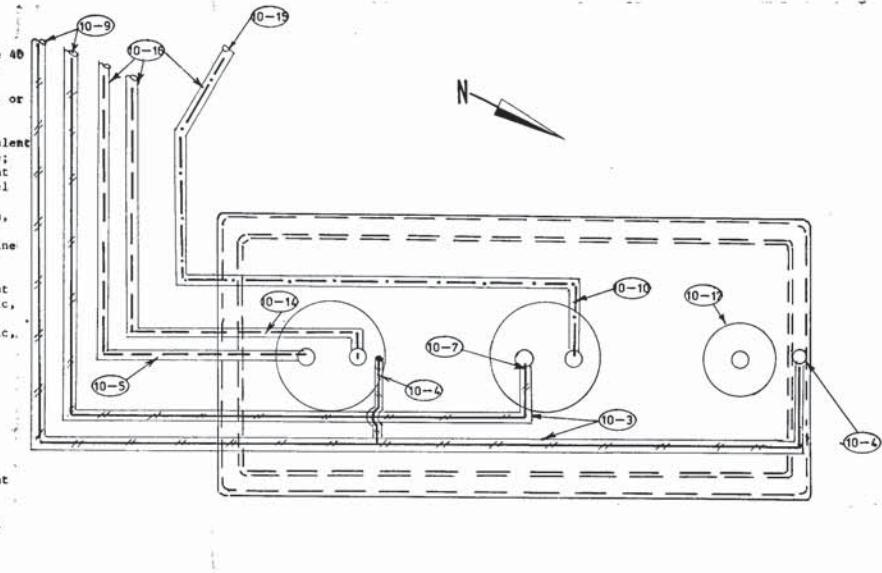
Equipment Number	Item	Size	Description
3-1	Storage Tank (with tie downs)	3,000 gal.	Double Wall, plasteel; Joor (furnished by owner).
3-2	Monitor Access Box	4"	Access to annular space, install to grade
3-3	Sensor Lead Conduit	1" dia.	Electrical conduit, Schedule 40 PVC, suitable for Class I, Group D, Division 1
3-4	Liquid/Vapor Sensor		EMCO Wheaton Leak Sensor II, or equivalent.
3-5	Fuel Supply	2" dia.	Red Thread II, A.O. Smith, Inc. or equivalent
3-6	Foot Valve		Double Poppet Extractor Type; EMCO Wheaton, or equivalent
3-7	Level Sensor		Continuous type; Princo Model L2610, or equivalent.
3-8	Overfill Prevention Ball Float Valve		Extractor Type; EMCO Wheaton, or equivalent.
3-9	Bushings		Reducing Bushing for fuel line connection, as needed.
3-10	Vent Standpipe and Piping	2" dia.	Red Thread II, A.O. Smith Inland, Inc.; or equivalent
3-11	Access Containment	30" dia.	Fiberglass Reinforced Plastic.
3-12	Access Containment Cover	32" dia.	Fiberglass Reinforced Plastic, sloped for water runoff, fabricated by contractor
3-13	Manway with Frame and Cover	36" dia.	Traffic Rated
3-14	Fuel Return	2" dia.	Red Thread II, A.O. Smith, or equivalent
3-15	Vent cap	2" dia.	Signal "M" EMCO Wheaton, or equivalent
3-16	Secondary Containment Piping	3" dia.	Red Thread II, A.O. Smith Inland, Inc.; or equivalent
3-17	Overfill Prevention System Junction Box		Standard EMCO Wheaton, Model #A1000-002
3-18	Seal		Class I, Group D, Division 1 Waterproof resin
3-19	Seal		Waterproof resin
3-20	Anchor Pad	9'x10'x10"	Reinforced concrete pad, See Sheet 3.



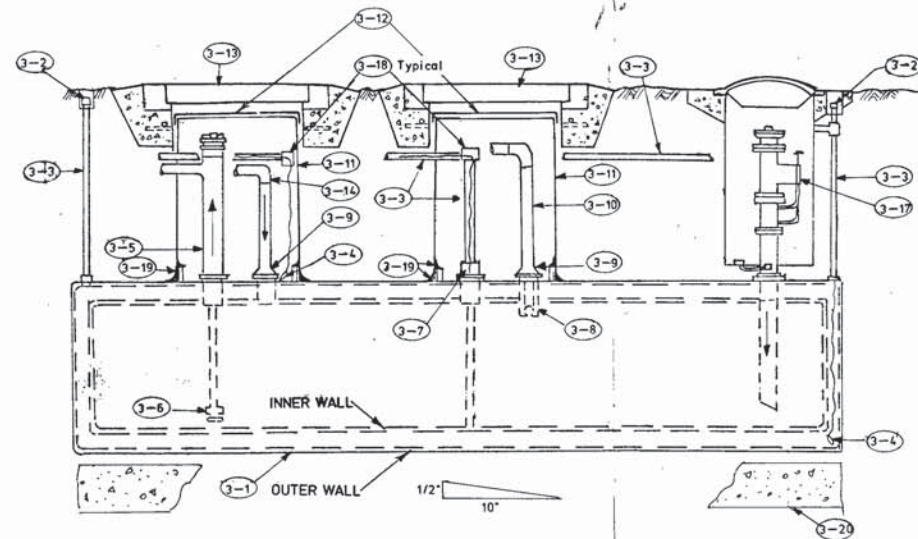
*This includes major components, but is not to be considered complete.

EQUIPMENT LIST*
(10,000-Gallon Tank)

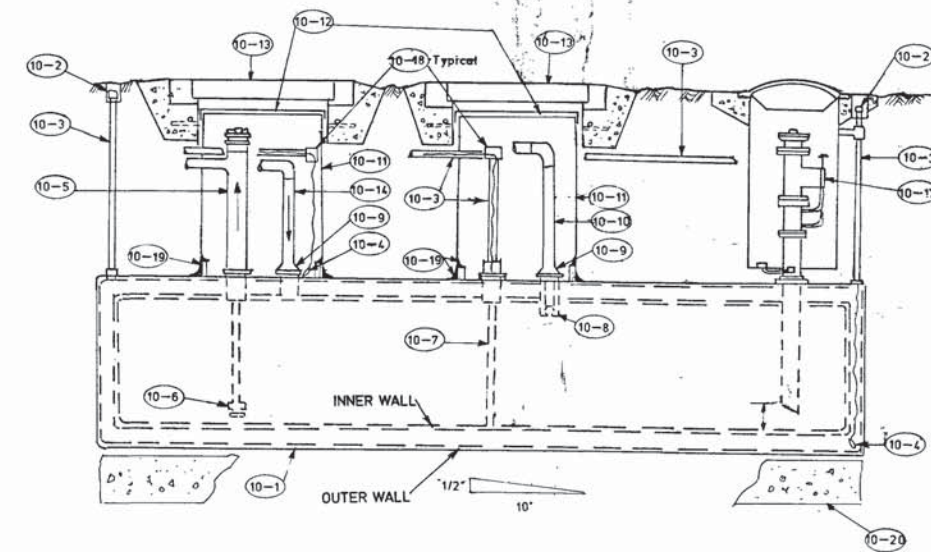
Equipment Number	Item	Size	Description
10-1	Storage Tank (with tie downs)	10,000 gal.	Double Wall, plasteel; Joor (furnished by owner).
10-2	Monitor Access Box	4"	Access to annular space, install to grade
10-3	Sensor Lead Conduit	1" dia.	Electrical conduit, Schedule 40 PVC, suitable for Class I, Group D, Division 1
10-4	Liquid/Vapor Sensor		EMCO Wheaton Leak Sensor II, or equivalent.
10-5	Fuel Supply	2" dia.	Red Thread II, A.O. Smith, Inc. or equivalent
10-6	Foot Valve		Double Poppet Extractor Type; EMCO Wheaton, or equivalent
10-7	Level Sensor		Continuous type; Princo Model L2610, or equivalent.
10-8	Overfill Prevention Ball Float Valve		Extractor Type; EMCO Wheaton, or equivalent.
10-9	Bushings		Reducing Bushing for fuel line connection, as needed.
10-10	Vent Standpipe and Piping	2" dia.	Red Thread II, A.O. Smith Inland, Inc.; or equivalent
10-11	Access Containment	30" dia.	Fiberglass Reinforced Plastic.
10-12	Access Containment Cover	32" dia.	Fiberglass Reinforced Plastic, sloped for water runoff, fabricated by contractor
10-13	Manway with Frame and Cover	36" dia.	Traffic Rated
10-14	Fuel Return	2" dia.	Red Thread II, A.O. Smith, or equivalent
10-15	Vent cap	2" dia.	Signal "M" EMCO Wheaton, or equivalent
10-16	Secondary Containment Piping	3" dia.	Red Thread II, A.O. Smith Inland, Inc.; or equivalent
10-17	Overfill Prevention System Junction Box		Standard EMCO Wheaton, Model #A1000-002
10-18	Seal		Class I, Group D, Division 1 Waterproof resin
10-19	Seal		Waterproof resin
10-20	Anchor Pad	22.5'x11.5'x10"	Reinforced concrete pad, See Sheet 3.



*This includes major components, but is not to be considered complete.



C 2 ELEVATION
NOT TO SCALE
(180° OPPOSITE CONFIGURATION FROM PLAN VIEW)



B 2 ELEVATION
NOT TO SCALE



Revised date: 11-20-86

TANK SPECIFICATIONS -

- TANKS FURNISHED BY PALOMAR HOSPITAL
- MATERIAL WILL BE 5/8 INCH MILD STEEL, ALL WELDED CONSTRUCTION.
- OUTSIDE TO BE COVERED WITH GLASS REINFORCED POLYESTER RESIN AS PER U.L. 58 AND NFPA 30 STANDARDS.
- TO BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S SPECIFICATIONS AND ATTACHED SPECIFICATIONS.

LEAK MONITORING SYSTEM -

- A LEAK DETECTION SYSTEM IS REQUIRED FOR EACH NEW TANK INSTALLATION (SEE ATTACHED SPECIFICATIONS).
- THE LEAK MONITORING CONTROL PANEL WILL BE LOCATED ON THE WALL OF THE BOILER ROOM FOR THE 10,000 GALLON TANK, AND ON THE WALL OF THE GENERATOR ROOM FOR THE 3,000 GALLON TANK.
- REQUIRES 115 VAC ±10 VAC, 60 Hz POWER SUPPLY. CONFIRM TIE IN LOCATION IN EXISTING BUILDINGS.

TANK LEVEL MONITORING SYSTEM -

- A LEVEL MONITORING SYSTEM IS REQUIRED FOR EACH NEW TANK INSTALLATION (SEE ATTACHED SPECIFICATIONS).
- INSTALL WITH CONTINUOUS UNINTERRUPTABLE SHIELDED CABLE, IN ACCORDANCE WITH MANUFACTURER'S SPECIFICATIONS, IN WATERTIGHT CONDUIT.
- THE TANK LEVEL MONITORING CONTROL PANEL WILL BE LOCATED ON THE WALL OF THE BOILER ROOM FOR THE 10,000-GALLON TANK AND ON THE WALL OF THE GENERATOR ROOM FOR THE 3,000-GALLON TANK.

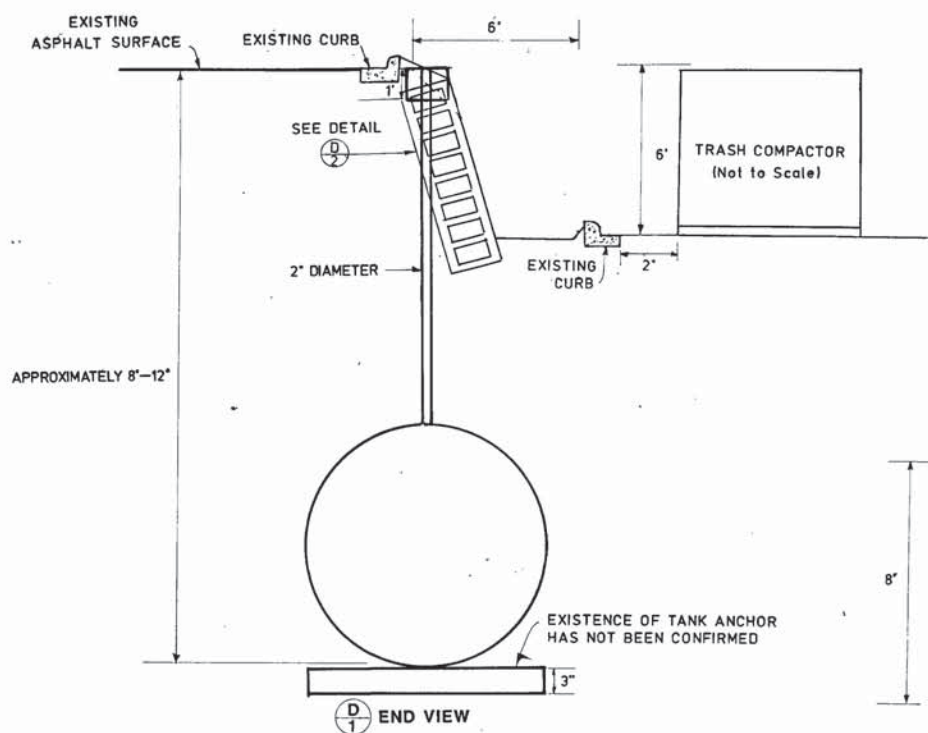
PENETRATIONS THROUGH MANWAY -

- THE FIBERGLASS MANWAY IS TO BE BONDED TO THE TANK COLLAR (FURNISHED BY TANK MANUFACTURER), TO PROVIDE A PERMANENT LEAK PROOF SEAL.
- ALL PENETRATIONS INTO THE MANWAY WILL BE SEALED TO PREVENT LEAKING.
- ALL SECONDARY CONTAINMENT PENETRATIONS WILL BE INSERTED AND SEALED TO ALLOW DRAINAGE OF THE CONTAINMENT INTO THE MANWAY.

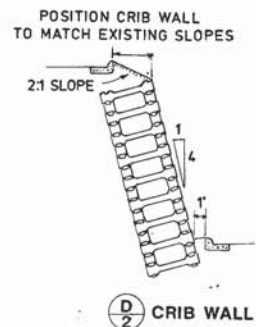
UNDERGROUND TANK INSTALLATION
PIPING AND INSTRUMENTATION
PALOMAR HOSPITAL TRAUMA CENTER

PROJ. MANAGER: J. GREENSLATE	SHEET 2 OF 3
DESIGNED BY: M. ZIMAN	DATE: 10-28-86
DRAFTED BY: C. BROUWER	PROJ. NO.: 56827X-PS01
CHECKED BY: S. IRVIN	

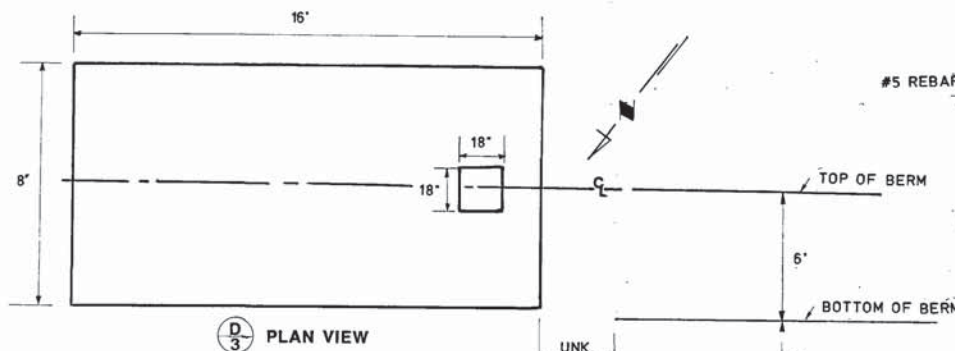
Woodward-Clyde Consultants
CONSULTING ENGINEERS, GEOLOGISTS AND ENVIRONMENTAL SCIENTISTS
3487 KURTZ ST. SAN DIEGO CA. 92119 (619)224-2911



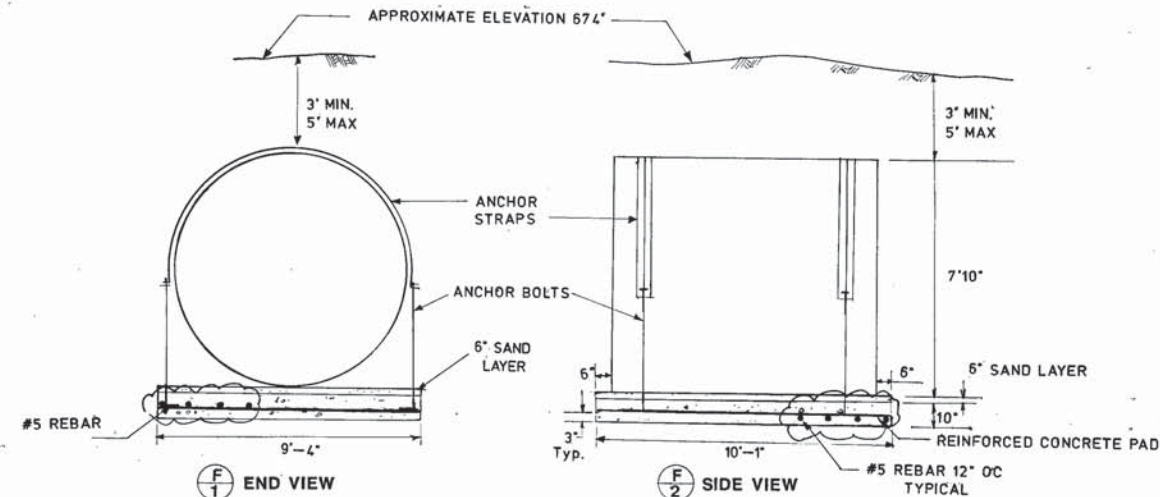
TANK NO. 1 - REMOVAL
 DETAIL D
 SCALE: 1" = 3'-0"



D/2 CRIB WALL

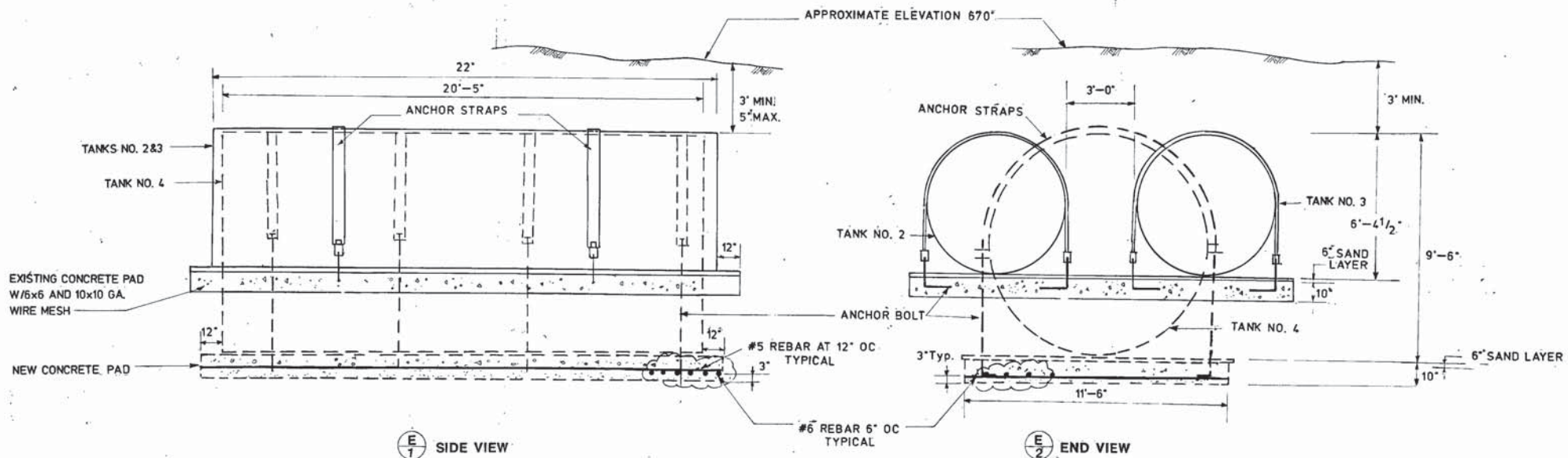


D/3 PLAN VIEW



TANK NO. 5 - NEW INSTALLATION
 DETAIL F
 SCALE: 1" = 3'-0"

- NOTES:**
- TANK AND PIPING INSTALLATION -
 - NEW TANKS MUST SLOPE AWAY FROM SUCTION END AT 1/2 INCH PER 10 FEET.
 - PIPELINE TO BE INSTALLED IN 2 FOOT DEEP TRENCH AND BACKFILLED IN ACCORDANCE WITH ATTACHED SPECIFICATIONS AND APPLICABLE CODES AND REGULATIONS.
 - ALL PIPING, PRIMARY AND SECONDARY, TO BE SLOPED CONTINUOUSLY AT 1/4 INCH PER FOOT TOWARD TANK (MINIMUM).
 - ALL PIPING TO BE SOCKET WELDED.
 - ENTIRE SECONDARY CONTAINMENT TO BE PRODUCT AND WATERTIGHT (SEE TESTING REQUIREMENTS IN SPECIFICATIONS).
 - MANHOLE SURFACES TO EXTEND 1 INCH ABOVE AND PARALLEL TO PAVEMENT, OR FINISH GRADE, SURFACE.
 - TANK VENT RISER TO EXTEND 12 FEET ABOVE GRADE (MINIMUM), AND 2 FEET (MINIMUM) BEYOND ROOF TOP.
 - TIE DOWN STRAPS TO BE POSITIONED TO AVOID MANWAYS, FITTINGS, ETC.



TANKS NO. 2,3 AND 4
 DETAIL E
 SCALE: 1" = 3'-0"

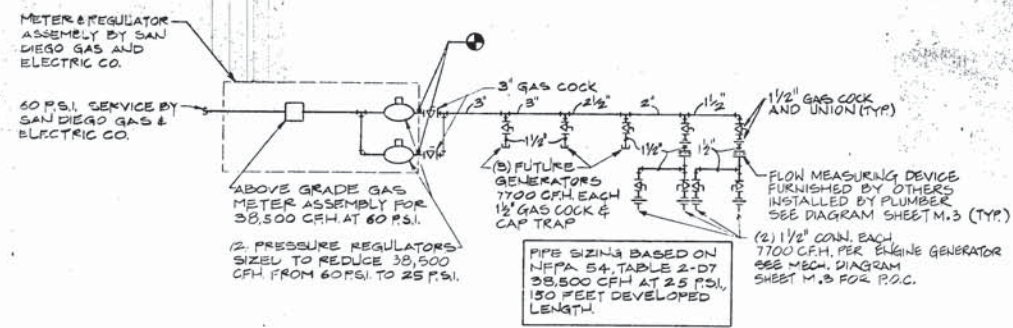


Revised date: 11-20-86

**UNDERGROUND TANK INSTALLATION
 TANK LAYOUTS
 PALOMAR HOSPITAL TRAUMA CENTER**

PROJ. MANAGER: J. Greenslate	SHEET 3 OF 3
DESIGNED BY: M. Ziman	DATE: 9-8-86
DRAFTED BY: C. Brouwer	PROJ. NO.: 56872X
CHECKED BY: S. Irvin	

Woodward-Clyde Consultants
 CONSULTING ENGINEERS, GEOLOGISTS AND ENVIRONMENTAL SCIENTISTS
 3487 KURTZ ST., SAN DIEGO CA. 92110 (619)224-2911

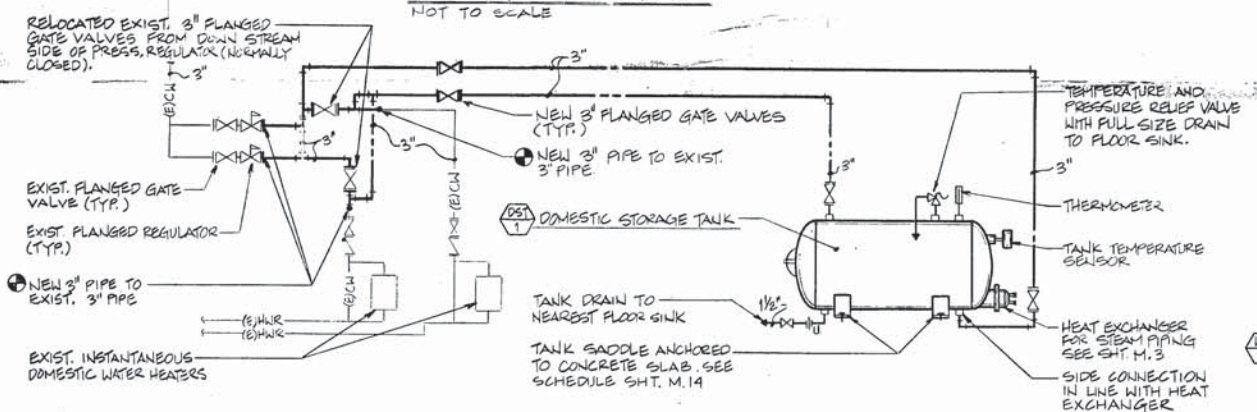


GAS PIPING DIAGRAM
NOT TO SCALE

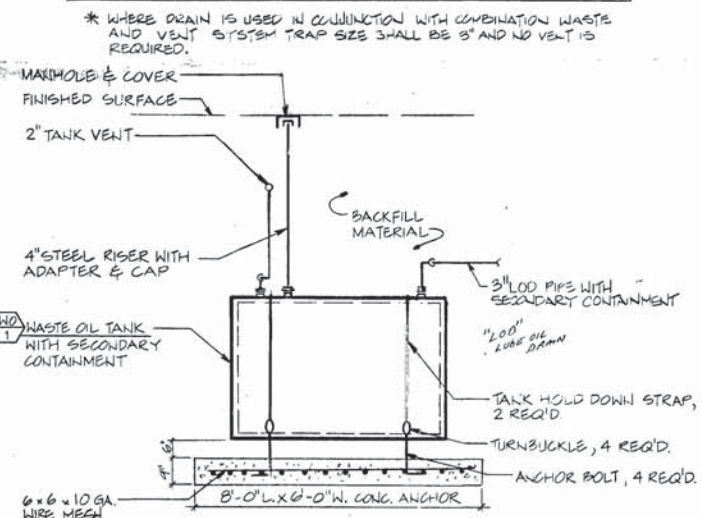
FIXTURE SCHEDULE						
ITEM	WASTE	TRAP	VENT	C.W.	H.W.	DESCRIPTION
FD 1A	2'	2"	2"	•	•	FLOOR DRAIN
FD 1B	2'	2"	2"	•	•	FLOOR SINK
TZ 1C	2'	2"	2"	•	•	TRENCH DRAIN
RD 1D	6'	•	•	•	•	ROOF DRAIN
OD 1E	6'	•	•	•	•	OVERFLOW ROOF DRAIN

* WHERE DRAIN IS USED IN COMBINATION WITH COMBINATION WASTE AND VENT SYSTEM TRAP SIZE SHALL BE 3" AND NO VENT IS REQUIRED.

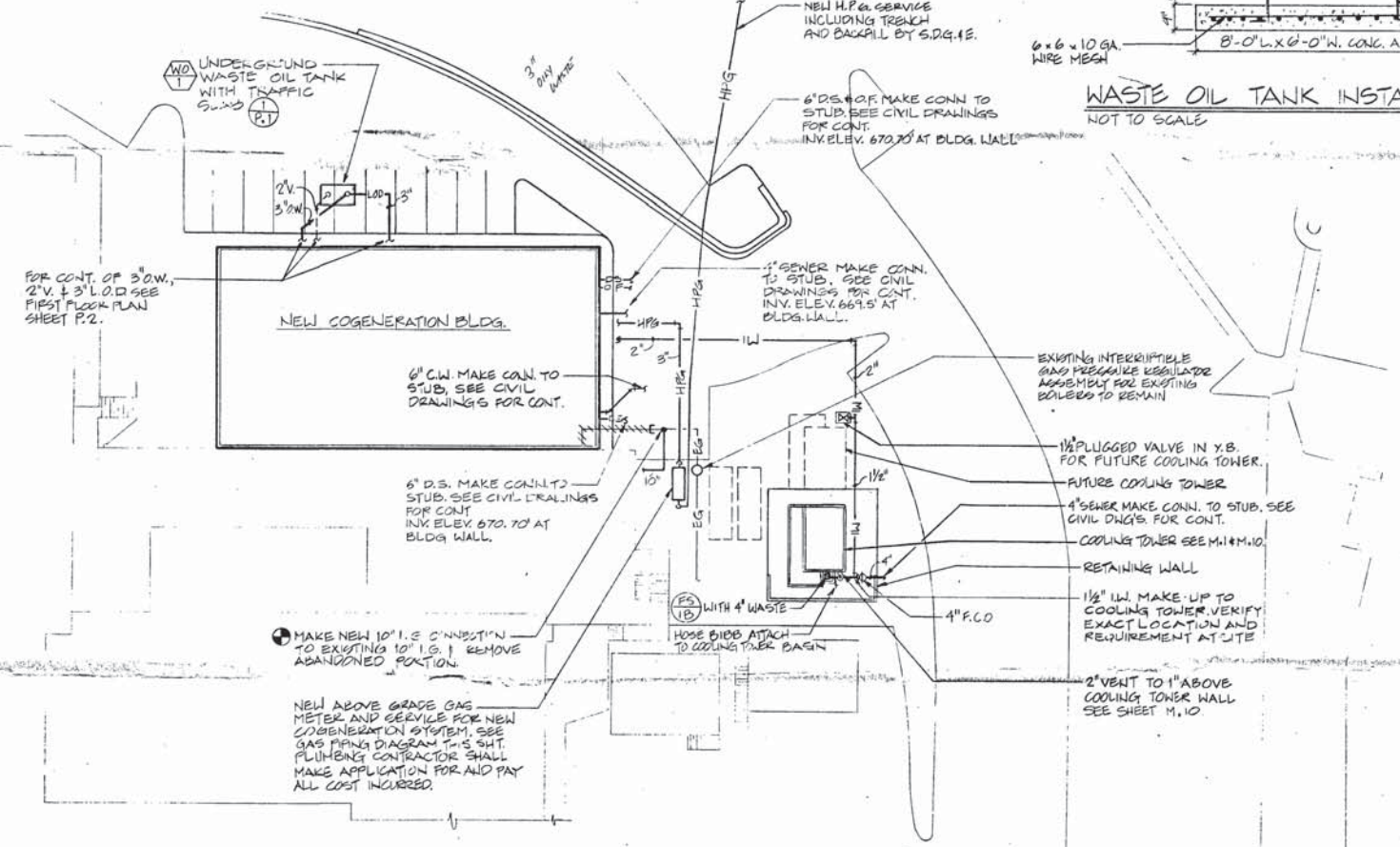
PLUMBING LEGEND		
SYMBOL	ABBREV.	DESCRIPTION
●		POINT OF CONNECTION
		EXISTING PIPING OR EQUIPMENT TO BE REMOVED
—C.W.V.		COMBINATION WASTE AND VENT
—S.O.R.		SOIL OR WASTE
—D.W.		CITY WASTE
—D.R.		DOWNSPOUT
—O.F.		OVERFLOW
—L.C.D.		LUBE OIL DRAIN
—V.		SANITARY VENT
—C.W.		COLD WATER
—I.S.C.W.		INDUSTRIAL SOFT COLD WATER
—F.O.S.		FUEL OIL SUPPLY
—F.O.R.		FUEL OIL RETURN
—B.P.		BACKFLOW PREVENTER
—B.V.		BALANCING VALVE
—B.V.		BALL VALVE
—G.C.		GAS COCK
—C.V.		CHECK VALVE
—C.L.		CAPPED LINE
—C.O.T.O.		CLEAN-OUT TO GRADE
—F.C.O.		FLOOR CLEAN-OUT
—W.C.O.		WALL CLEAN-OUT
—D.N.		DOWN OR DROPT
—U.P.		RISE OR RISER
—F.C.		FLEXIBLE CONNECTION (PIPE)
—G.V.		GATE VALVE
—H.B.		HOSE BIB
—P.T.		PLUGGED TEE (W/NIPTLE & CAP)
—S.O.V.		SHUT OFF VALVE ON RISE OR DROPT
—F.L.		FIRE LINE
—I.W.		INDUSTRIAL WATER (DOWN STREAM OF BACKFLOW PREVENTER)
—I.G.		INTELLIGENT GAS (8" WATER COLUMN)
—H.P.G.		HIGH PRESSURE GAS
—C.A.		COMPRESSED AIR
—ABV.		ABOVE
—A.F.F.		ABOVE FINISH FLOOR
—BEL.		BELOW
—C.I.		CEILING
—C.P.		CHROME PLATED
—CONN.		CONNECT OR CONNECTION
—ELEV.		ELEVATION
—FIN.		FINISH
—F.F.E.		FINISH FLOOR ELEVATION
—FLR.		FLOOR
—GR.		GRADE
—HDR.		HEADER
—I.E.		INVERT ELEVATION
—N.I.C.		NOT IN CONTACT
—TYP.		TYPICAL
—V.T.R.		VENT THROUGH ROOF
—Y.B.		YARD BOX
—N.T.S.		NOT TO SCALE
—M.H.		MANHOLE
—		● DENOTES EXISTING



DOMESTIC HOT WATER PIPING DIAGRAM (SEE FLOOR PLAN SHEET M.8)
NOT TO SCALE



WASTE OIL TANK INSTALLATION
NOT TO SCALE



SITE PLAN - PLUMBING
SCALE: 1" = 20'-0"

EQUIPMENT SCHEDULE	
ITEM	DESCRIPTION
WOT 1	WASTE OIL TANK - UNDERGROUND 48" x 72" O.A.L., 500 GALLON CAPACITY JOOR MFG. DOUBLE WALL TANK OR EQUAL
IC 1	IC INTERRUPTIBLE - UR SMITH #16-B550 OR EQUAL, 50 GPM FLOW RATE CAST-IRON COMPLETE WITH NON-SKID COVER, CLEANOUT, FLOW CONTROL FITTING, ADJUSTABLE GRAVITY DRAIN OFF ANCHOR FLANGE AND EXTENSION AS REQUIRED.
SP 1	SUMP PUMP - HYDRAMATIC # SP 25AB 40GPM AT 5FT HD, 1/4 HP, 120 V/10/60Hz
DST 1	DOMESTIC WATER PRE HEAT STORAGE TANK - HANSON TANK CO # 5-42 500H OR EQUAL HORIZONTAL STORAGE TANK, 42" x 96" O.A.L., 500 GAL. STORAGE, BELL & GOSSET # TCS-1066 TANK HEATER, 78.5 W, 66" F.T.L., 10" COILAR SEE MECH. SHT. M.8 FOR LOCATION DETAIL (BASED ON 1000 W/HR STEAM).

NOTE:
ALL PIPING PASSING THRU NEW CO-GEN. BUILDING INTO EXISTING BUILDING SHALL CONFORM TO DETAILS ON SHEET M.14.

REVISIONS

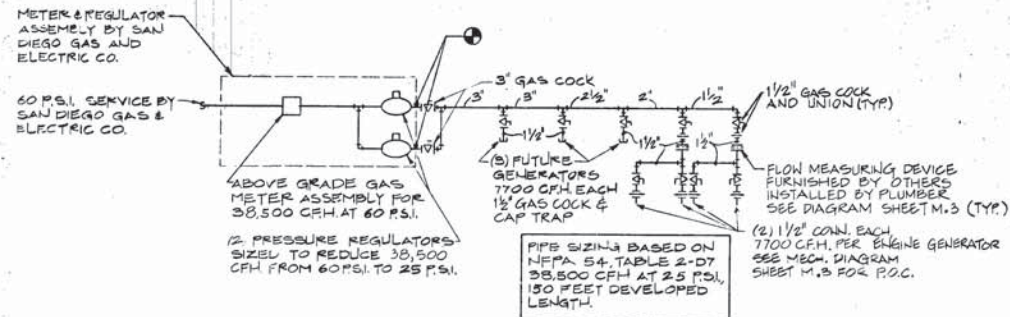
PALOMAR MEMORIAL HOSPITAL
CO-GENERATION PLANT

ESCONDIDO, CALIFORNIA

BENITO/STICHLER ARCHITECTS, INC.
ANDERSON DeBARTOLO PAN, INC.
ASSOCIATED ARCHITECTS AND ENGINEERS



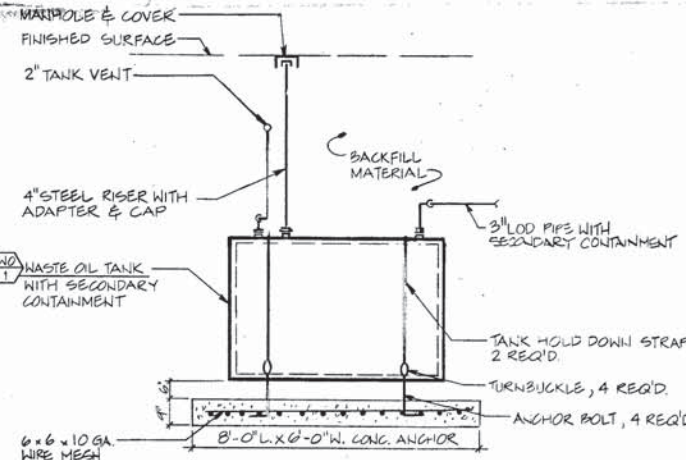
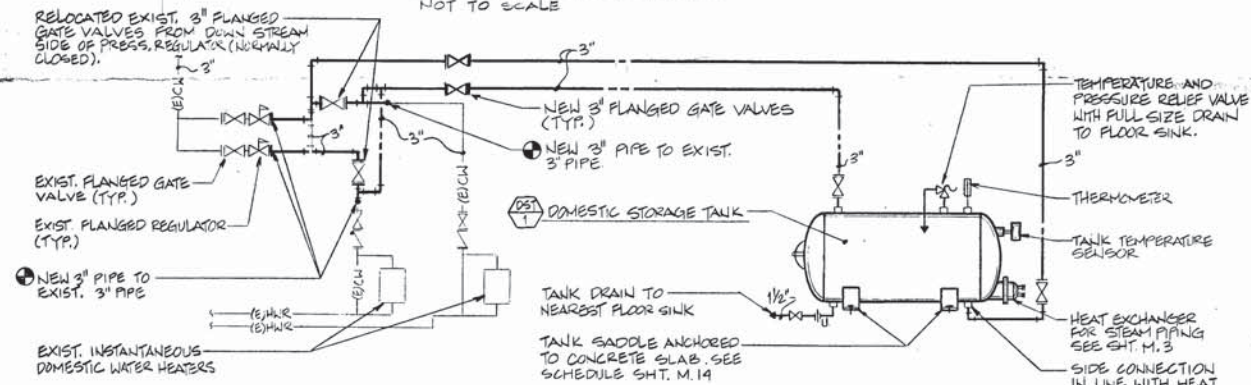
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PROJECT: 8291



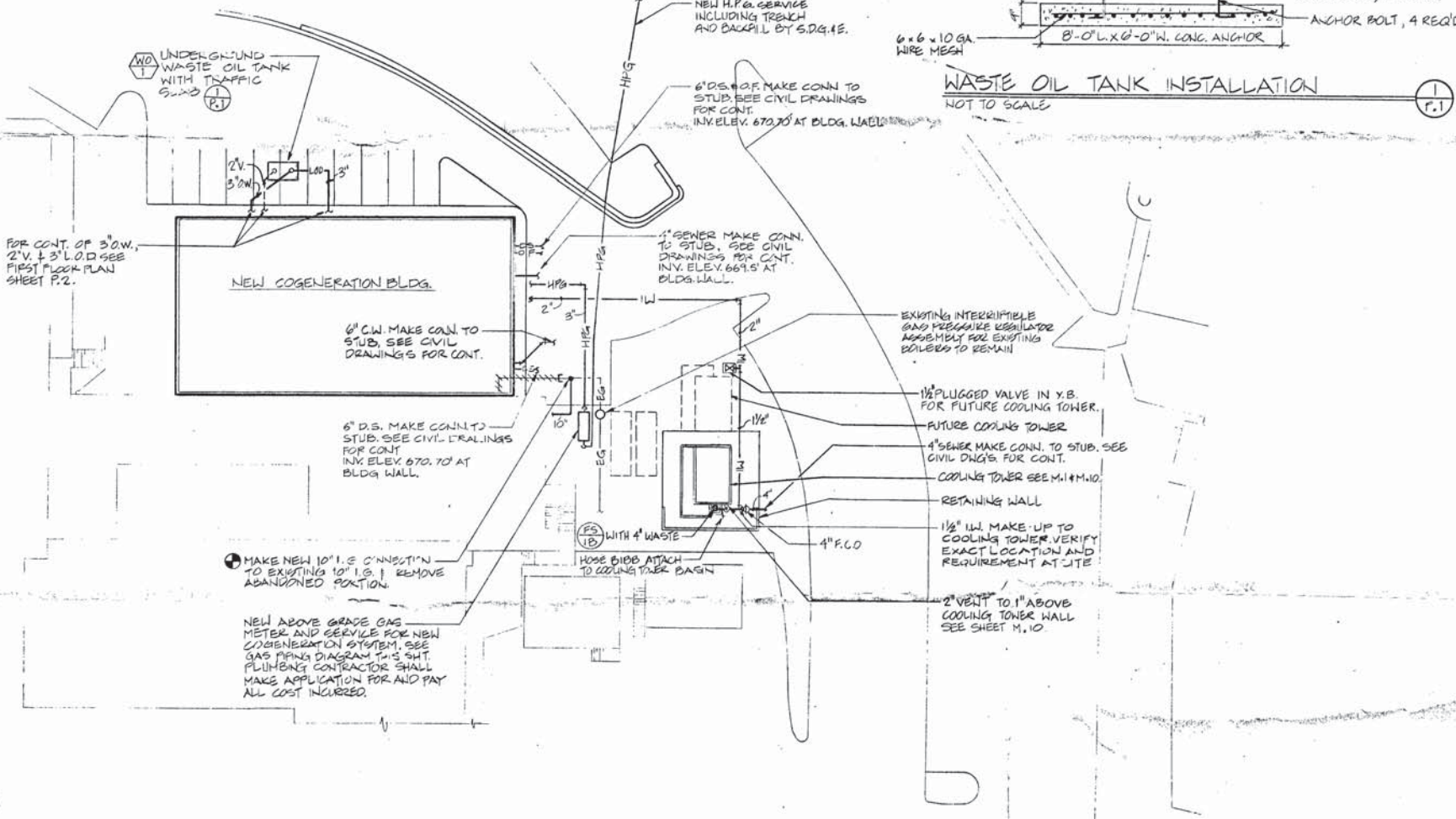
FIXTURE SCHEDULE						
ITEM	WASTE	TRAP	VENT	C.W.	H.W.	DESCRIPTION
FP 1A	2"	2"	2"	•	•	FLOOR DRAIN
FA 1B	2"	2"	2"	•	•	FLOOR SINK
TP 1C	2"	2"	2"	•	•	TRENCH DRAIN
RP 1D	6"	•	•	•	•	ROOF DRAIN
OP 1E	6"	•	•	•	•	OVERFLOW ROOF DRAIN

* WHERE DRAIN IS USED IN CONNECTION WITH COMBINATION WASTE AND VENT SYSTEM TRAP SIZE SHALL BE 3" AND NO VENT IS REQUIRED.

PLUMBING LEGEND		
SYMBOL	ABBREV.	DESCRIPTION
⊕		POINT OF CONNECTION
		EXISTING PIPING OR EQUIPMENT TO BE REMOVED
—	C.W.	COMBINATION WASTE AND VENT
—	S.O.W.	SOIL OR WASTE
—	D.W.	CITY WASTE
—	D.S.	DOWNSPOUT
—	O.F.	OVERFLOW
—	L.G.D.	LUBE OIL DRAIN
—	V.	SANITARY VENT
—	C.W.	COLD WATER
—	I.C.W.	INDUSTRIAL SOFT COLD WATER
—	F.O.S.	FUEL OIL SUPPLY
—	F.O.R.	FUEL OIL RETURN
—	B.P.	BACKFLOW PREVENTER
—	B.V.	BALANCING VALVE
—	B.V.	BALL VALVE
—	G.C.	GAS COCK
—	C.V.	CHECK VALVE
—	C.L.	CAPPED LINE
—	C.O.P.O.	CLEAN-OUT TO GROUND
—	F.C.O.	FLOOR CLEAN-OUT
—	W.C.O.	WALL CLEAN-OUT
—	D.N.	RAIN OR DROPP
—	U.P.	RISE OR RISER
—	F.C.	FLEXIBLE CONNECTION (PIPE)
—	B.V.	GATE VALVE
—	H.B.	HOSE BIBB
—	P.T.	PLUGGED 'TEE' (W/NIPTLE & CAP)
—	S.O.V.	SHUT OFF VALVE ON RISE OR DROPP
—	F.L.	FIRE LINE
—	I.W.	INDUSTRIAL WATER (DOWN STREAM OF BACKFLOW PREVENTER)
—	I.S.	INDUSTRIAL STEAM NATIONAL GAS (8" WATER COLUMN)
—	H.P.H.	HIGH PRESSURE GAS
—	C.A.	COMPRESSED AIR
—	ABV.	ABOVE
—	ABF.	ABOVE FINISH FLOOR
—	BEF.	BELOW
—	C.I.	CURT IRON
—	C.L.B.	CEILING
—	C.P.	CHROME PLATED
—	C.O.N.	CONNECT OR CONNECTION
—	ELEV.	ELEVATION
—	FIN.	FINISH
—	F.F.E.	FINISH FLOOR ELEVATION
—	F.L.R.	FLOOR
—	GR.	GRADE
—	HDR.	HEADER
—	I.E.	INERT ELEVATION
—	N.I.C.	NOT IN CONTRACT
—	TYP.	TYPICAL
—	V.T.R.	VENT THRU ROOF
—	Y.B.	YARD BOX
—	N.T.S.	NOT TO SCALE
—	M.H.	MANHOLE
—	CA	CHANGES DENOTES EXISTING



DOMESTIC HOT WATER PIPING DIAGRAM (SEE FLOOR PLAN SHEET M.8) NOT TO SCALE



SITE PLAN - PLUMBING SCALE: 1" = 20'-0"

EQUIPMENT SCHEDULE	
ITEM	DESCRIPTION
1A	WASTE OIL TANK, UNDERGROUND 48" x 72" O.A.L., 500 GALLON CONTACT JOOR MFR. DOUBLE WALL TANK OR EQUAL
1B	OL INTERCEPTOR - J.R. SMITH #16-B550 OR EQUAL, 50 GPM FLOW RATE CAST-IRON COMPLETE WITH NON-SKID COVER, CLEANOUT, FLOW CONTROL FITTING, ADJUSTABLE GRAVITY DRAIN OFF ANCHOR FLANGE AND EXTENSION AS REQUIRED
1C	PUMP PUMP - HYDRAMATIC #3 SP 2SAB 40 GPM AT 8 FT HD, 1/4 HP, 120 V / 10 / 60 Hz
1D	DOMESTIC WATER PRE HEAT STORAGE TANK - HANSON TANK CO. # 5-42-500H OR EQUAL HORIZONTAL STORAGE TANK, 42" x 95" O.A.L., 500 GAL. STORAGE. BELL & GOSSET # TG-1066 TANK HEATER, 78.5 #, 66" F.T.L., 10" COLLAR. SEE MECH. SHT. M.8 FOR LOCATION DETAIL (BASED ON 100 # / HR. STEAM)

NOTE: ALL PIPING PASSING THRU NEW CO-GEN. BUILDING INTO EXISTING BUILDING SHALL CONFORM TO DETAILS ON SHEET M.14.

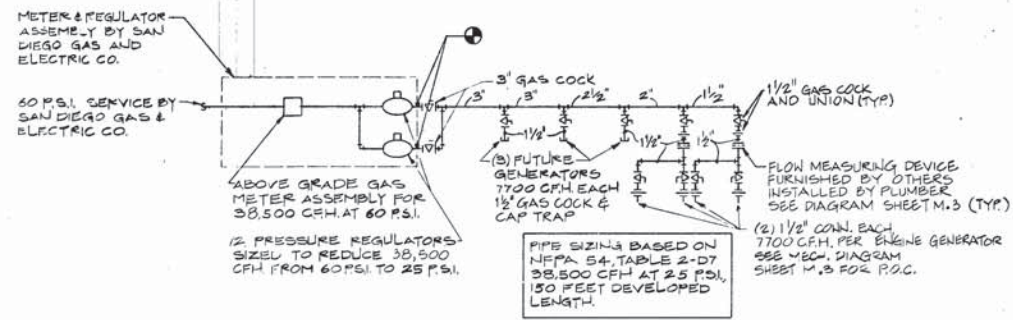
REVISIONS

PALOMAR MEMORIAL HOSPITAL
CO-GENERATION PLANT

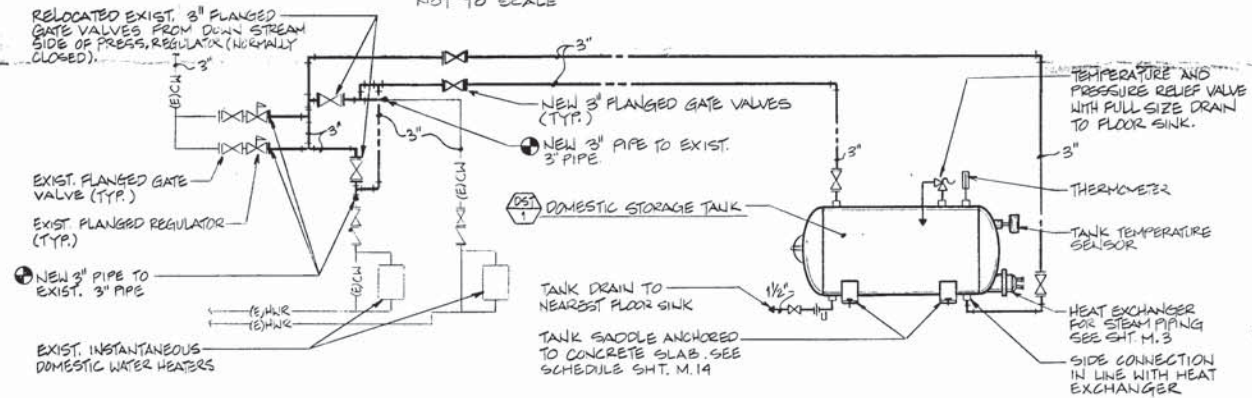
ESCONDIDO, CALIFORNIA

BENITO STICHLER ARCHITECTS, INC.
ANDERSON DEBARTOLO PAN, INC.
ASSOCIATED ARCHITECTS AND ENGINEERS

DATE: 12-7-1984
PROJECT: 8291
P.1



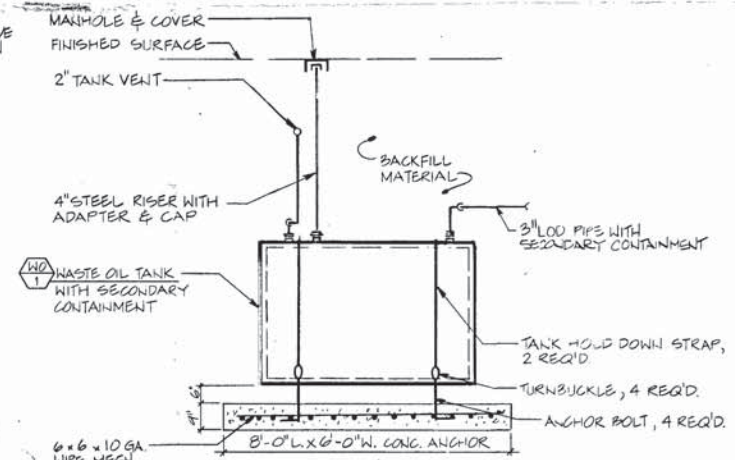
GAS PIPING DIAGRAM
NOT TO SCALE



DOMESTIC HOT WATER PIPING DIAGRAM (SEE FLOOR PLAN SHEET M.8)
NOT TO SCALE

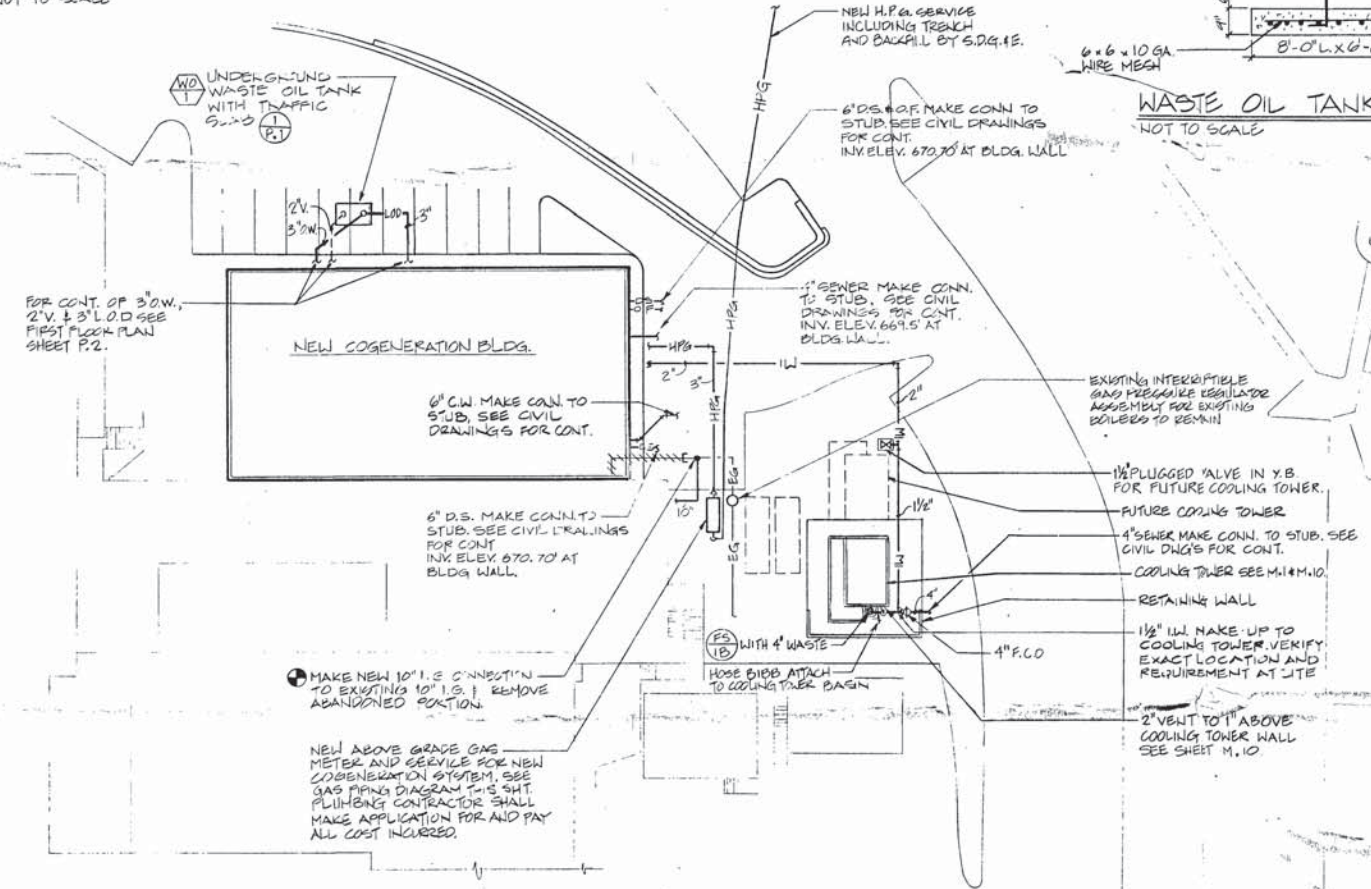
FIXTURE SCHEDULE						
ITEM	WASTE	TRAP	VENT	C.W.	H.W.	DESCRIPTION
EP 1A	2'	2"	2"	•	•	FLOOR DRAIN
EP 1B	2'	2"	2"	•	•	FLOOR SINK
EP 1C	2'	2"	2"	•	•	TRENCH DRAIN
EP 1D	6'	•	•	•	•	ROOF DRAIN
EP 1E	6'	•	•	•	•	OVERFLOW ROOF DRAIN

* WHERE DRAIN IS USED IN CONNECTION WITH COMBINATION WASTE AND VENT SYSTEM TRAP SIZE SHALL BE 3" AND NO VENT IS REQUIRED.



WASTE OIL TANK INSTALLATION
NOT TO SCALE

PLUMBING LEGEND		
SYMBOL	ABBREV.	DESCRIPTION
●		POINT OF CONNECTION
----		EXISTING PIPE OR EQUIPMENT TO BE REMOVED
----	C.W.V.	COMBINATION WASTE AND VENT
----	S.O.W.	SOIL OR WASTE
----	C.W.	CITY WASTE
----	D.S.	DRAIN SPOUT
----	O.F.	OVERFLOW
----	L.C.D.	LUBRICANT OIL DRAIN
----	V.	SANITARY VENT
----	C.W.	COLD WATER
----	I.C.W.	INDUSTRIAL SOFT COLD WATER
----	F.O.S.	FUEL OIL SUPPLY
----	F.O.R.	FUEL OIL RETURN
----	B.P.	BACKFLOW PREVENTER
----	B.V.	BALANCING VALVE
----	B.V.	BALL VALVE
----	G.C.	GAS COCK
----	C.V.	CHECK VALVE
----	C.L.	CAPPED LINE
----	C.O.T.O.	CLEAN-OUT TO GRADE
----	F.C.O.	FLOOR CLEAN-OUT
----	W.C.O.	WALL CLEAN-OUT
----	D.N.	DOWN OR DROPP
----	UP	RISE OR RISER
----	F.C.	FLEXIBLE CONNECTION (PIPE)
----	B.V.	GATE VALVE
----	H.B.	HOSE BIBB
----	T.T.	PLUMBED 'TEE' (W/NIPTLE & CAP)
----	S.O.V.	SHUT OFF VALVE ON RISE OR DROPP
----	F.L.	FIRE LINE
----	I.W.	INDUSTRIAL WATER (DRAIN STREAM OR BACKFLOW PREVENTER)
----	I.S.	INTERMEDIATE NATURAL GAS (8" WATER COLUMN)
----	H.P.O.	HIGH PRESSURE GAS
----	C.A.	COMPRESSED AIR
----	A.B.	ABOVE
----	A.F.F.	ABOVE FINISH FLOOR
----	B.E.L.	BELOW
----	C.L.	CENTRAL
----	C.P.	CHROME PLATED
----	C.O.N.	CONNECT OR CONNECTION
----	ELEV.	ELEVATION
----	FN.	FINISH
----	F.F.E.	FINISH FLOOR ELEVATION
----	F.L.R.	FLOOR
----	GR.	GRADE
----	H.D.R.	HEADER
----	I.E.	INVERT ELEVATION
----	N.I.C.	NOT IN CONTACT
----	TYP.	TYPICAL
----	V.T.R.	VENT THROUGH ROOF
----	Y.B.	YARD BOX
----	N.T.S.	NOT TO SCALE
----	M.H.	MANHOLE
----		DENOTES EXISTING



SITE PLAN - PLUMBING
SCALE: 1" = 20'-0"

EQUIPMENT SCHEDULE	
ITEM	DESCRIPTION
WD 1	WASTE OIL TANK UNDERGROUND 48" Ø x 72" O.A.L. 500 GALLON CAPACITY JOCK MFG. DOUBLE WALL TANK OR EQUAL
ET 1	COOLING TOWER - "JACK SMITH" #16-8550 OR EQUAL, 50 GPM FLOW RATE CAST IRON COMPLETE WITH NON-SKID COVER, CLEANOUT, FLOW CONTROL FITTING, ADJUSTABLE GRAVITY DRAIN OFF ANCHOR FLANGE AND EXTENSION AS REQUIRED.
SP 1	SUMP PUMP "HYDRAMATIC" # SP 25AB 40 GPM AT 5 FT HD, 1/4 HP, 120 V/1Ø/60Hz
DS 1	DOMESTIC WATER PRE HEAT STORAGE TANK "HANSON" TANK 24" x 5'-42" SOOH OR EQUAL HORIZONTAL STORAGE TANK, 42" Ø x 95" O.A.L., 500 GAL. STORAGE. BELL & GOSSET # TCS-1066 TANK HEATER 78.5 Ø, 66" F.T.L., 10" Ø COLLAR SEE MECH. SHT. M.8 FOR LOCATION DETAIL (BASED ON 1200 #/HR STEAM).

NOTE: ALL PIPING PASSING THRU NEW CO-GEN. BUILDING INTO EXISTING BUILDING SHALL CONFORM TO DETAILS ON SHEET M.14.

REVISIONS

PALOMAR MEMORIAL HOSPITAL
CO-GENERATION PLANT

ESCONDIDO, CALIFORNIA

BENITO/STICHLER ARCHITECTS, INC.
ANDERSON DeBARTOLO PAN, INC.
ASSOCIATED ARCHITECTS AND ENGINEERS

DATE: 12-7-1984
PROJECT: 8291

P.1



11000 N. MoPac Expressway, Suite 500
Austin, Texas 78759
Phone: (512) 451-6334
Fax: (512) 459-1459

RECEIVED

FEB 23 2017

ENVIRONMENTAL
HEALTH

Date Printed and Mailed: 2/13/2017

COUNTY OF SAN DIEGO
DEPT. OF ENV. HEALTH SERVICES
HAZARDOUS MATERIALS MGMT DIV.
P.O. BOX 129261
SAN DIEGO, CA 92112

Test Date: 2/8/2017
Order Number: 3434335

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

Palomar Medical Center
555 East Valley Parkway
Escondido, CA 92025

In an effort to keep all our record keeping and reporting requirements as current as possible, Tanknology kindly requests you notify Dawn Kohlmeyer in writing at dkohlmeyer@tanknology.com when your CUPA requires all records to be submitted electronically via the CERS database. Your assistance in this endeavor is greatly appreciated.

Testing performed:
LINE TEST

Sincerely,

Dawn Kohlmeyer
Manager, Field Reporting

ES



Product Line Tightness Test

Work Order: 3434335
 Site Name/ID: Palomar Medical Center / PALOMAR MEDICAL
 Address: 555 East Valley Parkway
 City: Escondido

Date: 2/8/2017
 State: CA Zip: 92025

Tank Information	Tank # 1 Line # 1	Tank # 1 Line # 3	Tank # 1 Line # 4	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1	TLD-1			
Customer Tank ID	T1 DIESEL	T1 DIESEL	T1 DIESEL			
Product Name	Diesel	Diesel	Diesel			
Delivery Type	Supply Line	Supply Line	return line			
Test Pressure	15	15	15			
Test Start Time	09:03	09:03	10:19			
Test End Time	10:03	10:03	11:19			
Final Leak Rate	0.00	0.00	0.00			
Test Result(P/F/I)	Pass	Pass	Pass			
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes	Yes	Yes			

Technician Comments: Line 1 and line 3 are feed lines for generator and boiler. Line 4 is return line for boiler. Unable to test return line for generator do to time. Will need to return for line test on generator return line.

Technician Name: Patrick Pfrang Certification #: 44642 exp: 4/9/2019
 Technician Signature:

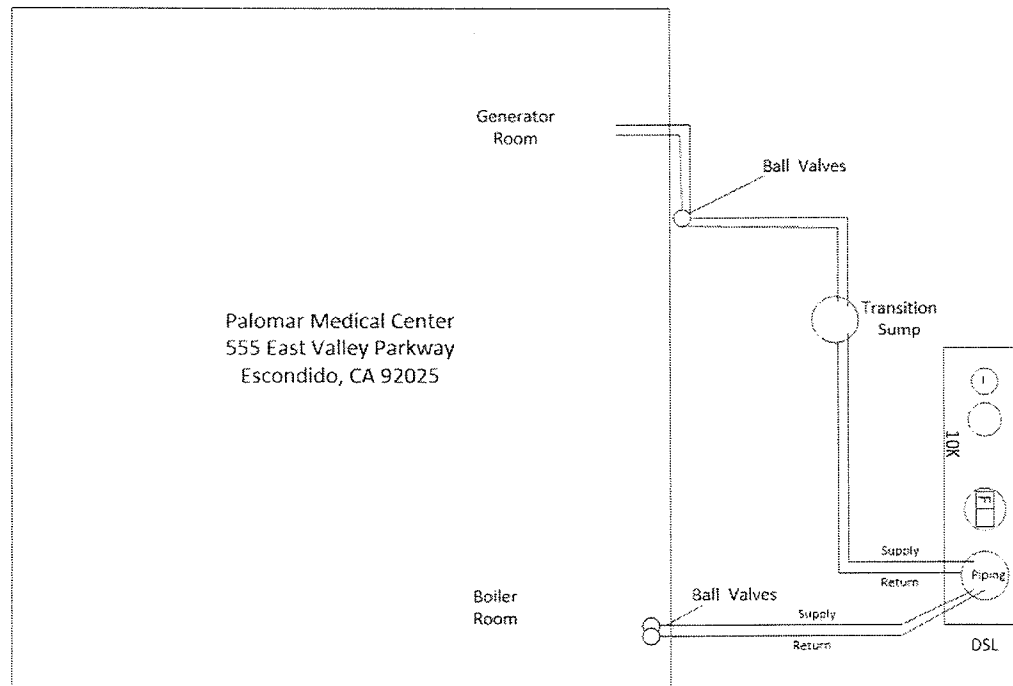


Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 3434335
Site ID / Name: PALOMAR MEDICAL / Palomar Medical Center
Address: 555 East Valley Parkway
City: Escondido State: CA Zip: 92025

Valley Parkway





January 26, 2016

COUNTY OF SAN DIEGO/DEH
 P.O. BOX 129261
 SAN DIEGO, CA 92112-9261

RE: Invoice Submittal Notification – EFFECTIVE FEBRUARY 1, 2016

To Whom It May Concern:

Please note that, effective February 1, 2016, our remittance address for submitting invoices is changing. Additionally, we are pleased to announce that we are in the process of converting our Accounts Payable to a paperless imaging system. As such, we are requesting that all invoices be submitted via email, rather than via U.S. Mail. The remittance email address is listed below:

Accounts.Payable@palomarhealth.org

While email is preferable, if your internal processes require that you send invoices via U.S. Mail, the address for remitting invoices will be:

**Palomar Health
 Attention: Accounts Payable
 800 W. Valley Parkway
 Suite 201
 Escondido, CA 92025**

REMINDER: Please be sure to obtain a PO prior to providing goods and services to Palomar Health, and reference the PO number on each invoice submitted.

In conjunction with the move, the phone numbers for your Accounts Payable contacts will also be changing, as noted below:

Kristine Roberts	AP Supervisor	442-281-3747
Cherrie Boes	AP Accounting Clerk: Vendor Names A – D	442-281-3749
Emily Almanzor	AP Accounting Clerk: Vendor Names E – O	442-281-3752
Elaine Patrao	AP Accounting Clerk: Vendor Names P – Z	442-281-3751
Marivic Adamos	AP Accounting Clerk: Employee Reimbursement; Utilities; Patient Refunds; Physician Payments	442-281-3748

Thank you for being a valuable Palomar Health partner!


 Stephanie Love
 Director of Finance

*reply
 send
 thru
 email*



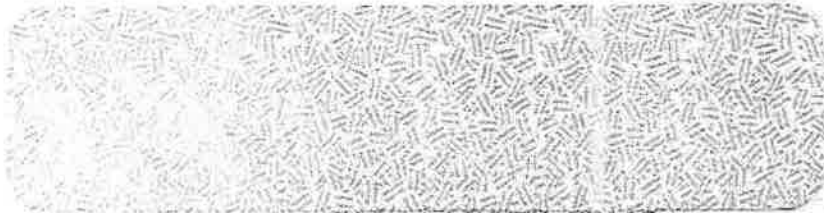
Finance
800 West Valley Parkway
Suite 201
Escondido, CA 92025
Address Service Requested

RETURN SERVICE REQUESTED

RESORTED
FIRST CLASS



U.S. POSTAGE
ZIP 92025 \$ 000.47



012 41704MP 92112

RECEIVED

FEB 01 2016

ENVIRONMENTAL
HEALTH



Schiess, Romina

From: Schiess, Romina
Sent: Thursday, February 11, 2016 7:19 PM
To: 'accounts.payable@palomarhealth.org'
Subject: Invoice submittal notification

Dear Ms. Stephanie Love,

I received your correspondence regarding updating the invoice address for Palomar Health sites in San Diego County. In the County of San Diego we do these updates on an online database called the California Environmental Reporting System. The website is www.cers.calepa.ca.gov

Please contact me and I can let you know who has access in CERS to your sites.

As for sending our invoice thru email. We apologize, but our current process does not allow for that, our invoices are sent in the regular mail.

If you have any questions, please contact me at your convenience.

Sincerely,

Romina Schiess

Romina Schiess
Environmental Health Specialist
County of San Diego
(619) 249-8704
Romina.Schiess@sdcounty.ca.gov



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: Palomar Medical Center (Downtown Campus) Bldg. No.: PMC DC

Site Address: 555 East Valley Parkway City: Escondido Zip: 92025

Facility Contact Person: Scott Foster Contact Phone No.: (760) 739-3549

Make/Model of Monitoring System: Pnumericator TMS-2000 Date of Testing/Serviceing: 2016-11-01

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

<p>Tank ID: <u>Diesel - 3,000 Gallon - UST</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES-825-100F</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Mechanical</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

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

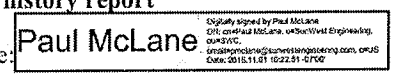
C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot 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): Paul McLane Signature: Paul McLane

Certification No.: 8191873-UT License No.: 703190

Testing Company Name: SunWest Engineering Const., Inc. Phone No.: (888) 588-8737

Testing Company Address: 4780 Cheyenne Way, Chino, CA 91710 Date of Testing/Serviceing: 2016-11-01



UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Serviceing

Permit Number:

Software Version Installed: N/A

Complete the following checklist:

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

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

E. Comments: _____

There is an overfill prevention valve installed in drop tube. No tank probe is installed.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: _____

- Check this box if tank gauging is used only for inventory control
- Check this box if no tank gauging or SIR equipment is installed

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

Complete the following checklist:

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

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

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

H. Comments: _____

Suction system.



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.sdcountry.ca.gov/deh/hmd/forms_hmd.html



Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION				
Facility Name: Palomar Medical Center (Downtown Campus)			UPF Permit #	
Facility Address: 555 East Valley Parkway, Escondido, CA 92025			Testing Date: 2016-11-01	
Facility Contact: Scott Foster		Phone: (760) 739-3549		
Date Local Agency Was Notified of Testing : <u>TODO:AgencyNotified</u>				
Name of Local Agency Inspector (if present during testing): Gary Griffith				
2. TESTING CONTRACTOR INFORMATION				
Company Name: SunWest Engineering Const., Inc.				
Technician Conducting Test: Paul McLane				
Credentials ¹ : <input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)				
License Number(s): 8191873-UT				
3. SPILL BUCKET TESTING INFORMATION				
Test Method Used:		<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other
Test Equipment Used: Tape Measure			Equipment Resolution: 0"	
SPILL BUCKET ID	1	2	3	4
Tank #:	3,000 Gallon - Diesel - Fill	10,000 Gallon - Diesel - Fill		
Product contained:	Diesel	Diesel		
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12"	12"		
Bucket Depth:	14"	14"		
Wait time between applying vacuum/water and start of test:	15 Min.	15 Min.		
Test Start Time (T _i):	8:30 am	8:30 am		
Initial Reading (R _i):	13"	13"		
Test End Time (T _F):	9:30 am	9:30 am		
Final Reading (R _F):	13"	13"		
Test Duration (T _F - T _i):	1 Hour	1 Hour		
Change in Reading (R _F - R _i):	NaN	NaN		
Pass/Fail Threshold or Criteria:	0"	0"		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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: Paul McLane

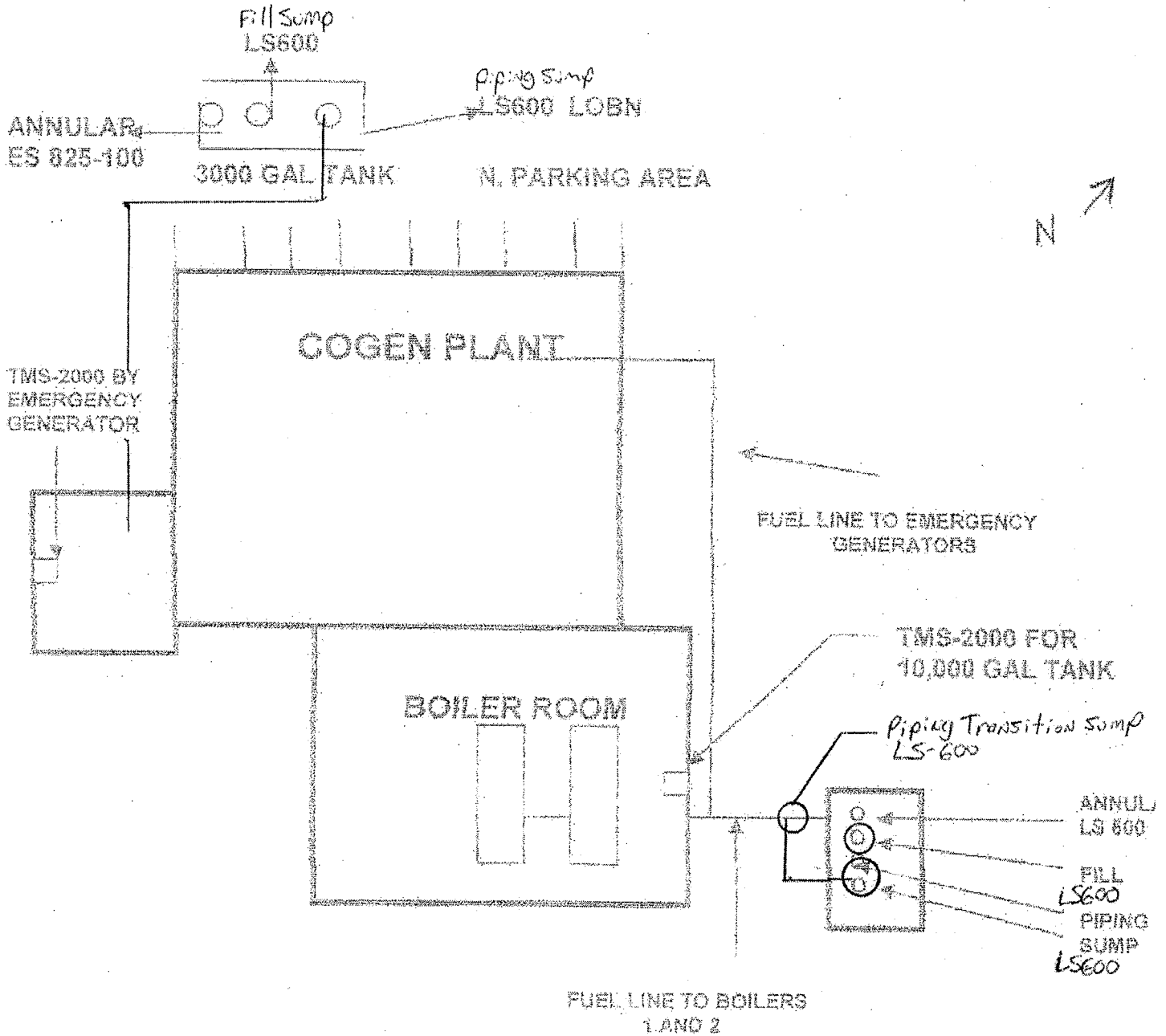
Digitally signed by Paul McLane
DN: cn=Paul McLane, o=SunWest Engineering, ou=SunWest
Engineering, email=paul.mclane@sunwesteng.com, c=US
Date: 2016.11.01 10:23:01 -0700

Date: 2016-11-01

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

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 9/30/16


```

PILLOW MEDICAL, CTR.
555 E. WILLEY PKWY.
11/01/16 5:04
10101 Galva
Site id 00000
Unit id 00
-----
Config Header
Acc Code 00000
Security Serial
Unit id 00
Site id 00000
Dep. Mode Gr vol
Bad rateEPR .95X
SerialIntr N-8-1
Bad rateEPR .95X
SerialIntr N-8-1
Tank 0
SP Units % Vol
Sale En No
HornDelay None
Autoprint Yes
LeakPrintPass-fail
Monthly Print No
Ull Limit 90 %acc
Dst Enabl No
-----
Config Tank 1
-----
Not Enabled
-----
Config Probe 1
-----
Not Enabled
-----
Config Rely Tank 1
Not Enabled
-----
Config Rely cc 1
cc Tris no
-----
Config Rely cc 2
cc Tris no
-----
Config Rely cc 3
cc Tris no
-----
Config Rely cc 4
cc Tris no
-----
Config Rely cc 5
cc Tris no
-----
Config Rely cc 6
cc Tris no
-----
Config Rely cc 7
cc Tris no
-----
Config Rely cc 8
cc Tris no
-----
Config Rely Sens 1
SENS Tris no
-----
Config Rely Sens 2
SENS Tris no
-----
Config Rely Sens 3
SENS Tris no
-----
Config Rely Site 1
Theft no
Powerfail No
Sys Error no
-----
Config Rely Mode 1
Hornally Off
FP Ack No
Delay None
Latch En No
-----
Config Rely Mode 2
Hornally Off
FP Ack No
Delay None
Latch En No
-----
Config Rely Mode 3
Hornally Off
FP Ack No
Delay None
Latch En No
-----
Config Rely Mode 4
Hornally Off
FP Ack No
Delay None
Latch En No
-----
Config Rely Mode 5
Hornally Off
FP Ack No
Delay None
Latch En No
-----
Config Rely Mode 6
Hornally Off
FP Ack No
Delay None
Latch En No
-----
Config Rely Mode 7
Hornally Off
FP Ack No
Delay None
Latch En No
-----
Config Rely Mode 8
Hornally Off
FP Ack No
Delay None
Latch En No
-----
Config cc Ineut 1
Cc Enable Off
In Name Genrv
User name Ineut
Hornally Close
Logic En Off
TimeDelay 0 Sec
-----
Config cc Ineut 2
Cc Enable Off
In Name User
User name Ineut
Hornally Close
Logic En Off
TimeDelay 0 Sec
-----
Config cc Ineut 3
Cc Enable Off
In Name User
User name Ineut
Hornally Close
Logic En Off
TimeDelay 0 Sec
-----
Config cc Ineut 4
Cc Enable Off
In Name User
User name Ineut
Hornally Close
Logic En Off
TimeDelay 0 Sec
-----
Config cc Ineut 5
Cc Enable Off
In Name User
User name Ineut
Hornally Close
Logic En Off
TimeDelay 0 Sec
-----
Config cc Ineut 6
Cc Enable Off
In Name User
User name Ineut
Hornally Close
Logic En Off
TimeDelay 0 Sec
-----
Config cc Ineut 7
Cc Enable Off
In Name User
User name Ineut
Hornally Close
Logic En Off
TimeDelay 0 Sec
-----
Config cc Ineut 8
Cc Enable Off
In Name User
User name Ineut
Hornally Close
Logic En Off
TimeDelay 0 Sec
-----
Config SENS In 1
Sensor En Alara
Type LSPB
Mode Leak
In Name Piping
User name Ineut
Fault En No
Hornally Open
Associate Tok No
Associate Dsr No

```

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PARK.
11/01/16
10:45
Site id 00000
Unit id 00
Date 11/01
Time 10:45
Overfl. Alarm
Input # 03
Alarm Id Sensor
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PARK.
11/01/16
10:46
Site id 00000
Unit id 00
Date 11/01
Time 10:46
High Alarm
Input # 02
Alarm Id Sensor
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PARK.
11/01/16
10:47
Site id 00000
Unit id 00
Date 11/01
Time 10:47
High Alarm
Input # 01
Alarm Id Sensor
Detail Closed





COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

INSPECTION DATE: 11/01/2016
RECORD ID #: DEH2002-HUPFP-114230
SPECIALIST: Gary Griffith
INSPECTION CONTACT: Scott Foster
TITLE: Maintenance Lead Operator
PHONE: (760) 644-7120
E-MAIL: scott.foster@palomarhealth.org

FACILITY NAME: **PALOMAR HEALTH DOWNTOWN CAMPUS**
 ADDRESS: **555 E VALLEY PKWY**
 CITY/ZIP: **ESCONDIDO /92025**

VIOL#	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)	DUE DATE
#1 2010007	11/2/2016	A Certification of Financial Responsibility was uploaded to CERS and a copy was sent to the inspector	12/01/2016

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

PRINTED NAME OF FACILITY REPRESENTATIVE Scott F. Foster	SIGNATURE 	DATE SIGNED 11/3/2016
TITLE OF FACILITY REPRESENTATIVE Lead Plant Operator		

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW

COUNTY OF SAN DIEGO USE ONLY

REVIEWED BY: DATE: 11/4/16

SPECIALIST'S COMMENTS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> All violations noted on date listed above were corrected | <input checked="" type="checkbox"/> RTC entered by Specialist on: <u>11/4/16</u> |
| <input type="checkbox"/> Based On Information Provided By The Facility | <input type="checkbox"/> RTC entered by Office Assistant on: _____ |
| <input type="checkbox"/> Based On Field Verification By Specialist | |

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
<http://www.sdcdeh.org> 858-505-6880



engineering constructors, inc.
4780 Cheyenne Way
Chino, CA 91710
(909) 594-9850
Fax: (909) 594-6169

RECEIVED
OCT 17 2016

October 6, 2016

Agency:
San Diego County Department of Environmental Health
Attn: UST Program / CUPA
PO Box 129261
San Diego, CA 92112-9261

Subject: Monitoring System Certification and Secondary Containment Testing –Pass

Enclosed please find the original copy of the Monitoring System Certification and the Secondary Containment Testing for the Palomar Health facility located at:

Palomar Medical Center (Downtown Campus) – 555 East Valley Parkway, Escondido, CA 92025

The tanks/systems have been tested/calibrated in accordance with the manufacturer's instructions and meet the manufacturer's specification.

Should you have any questions or need additional information, please call me at (909) 594-9850 Ext. 8011, or you may reach Mike Dorsey at (619) 338-2139

Suzanne Kissick
SunWest E.C., Inc.

GG



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

RECEIVED
OCT 17 2016

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: 05142002-HUPFP-114230

A. General Information

Facility Name: Palomar Medical Center (Downtown Campus) Bldg. No.: _____

Site Address: 555 East Valley Parkway City: Escondido Zip: 92025

Facility Contact Person: Scott Foster Contact Phone No.: (760) 644-7120

Make/Model of Monitoring System: Pnuemercator TMS-2000 Date of Testing/Serviceing: 2016-09-30

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

<p>Tank ID: <u>Diesel - 10,000 Gallon - UST</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>LS600</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Mechanical</u></p> <p><input checked="" type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

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

C. Certification - I certify that the equipment identified in this document was 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): Paul McLane

Signature: Paul McLane

Digitally signed by Paul McLane
DN: cn=Paul McLane, o=SunWest Engineering,
ou=SunWest Engineering, email=pmc@sunwestengineering.com, c=US
Date: 2016.09.30 16:48:09 -0700

Certification No.: 8191873-UT

License No.: 703190

Testing Company Name: SunWest Engineering Const., Inc.

Phone No.: (888) 588-8737

Testing Company Address: 4780 Cheyenne Way, Chino, CA 91710

Date of Testing/Serviceing: 2016-09-30

HM-9301 (03/08)

Page 1 of

County of San Diego-DEH-Hazardous Materials Division

QA/QC APPROVED

10/3/2016 10:50 AM Brandon B

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Serviceing

Permit Number:

Software Version Installed: N/A

Complete the following checklist:

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

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

E. Comments: _____

Other sensor from page #1: Piping transition sump sensor LS600 was certified. There is an overfill prevention valve installed in drop tube.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: _____

- Check this box if tank gauging is used only for inventory control
- Check this box if no tank gauging or SIR equipment is installed

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

Complete the following checklist:

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

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

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

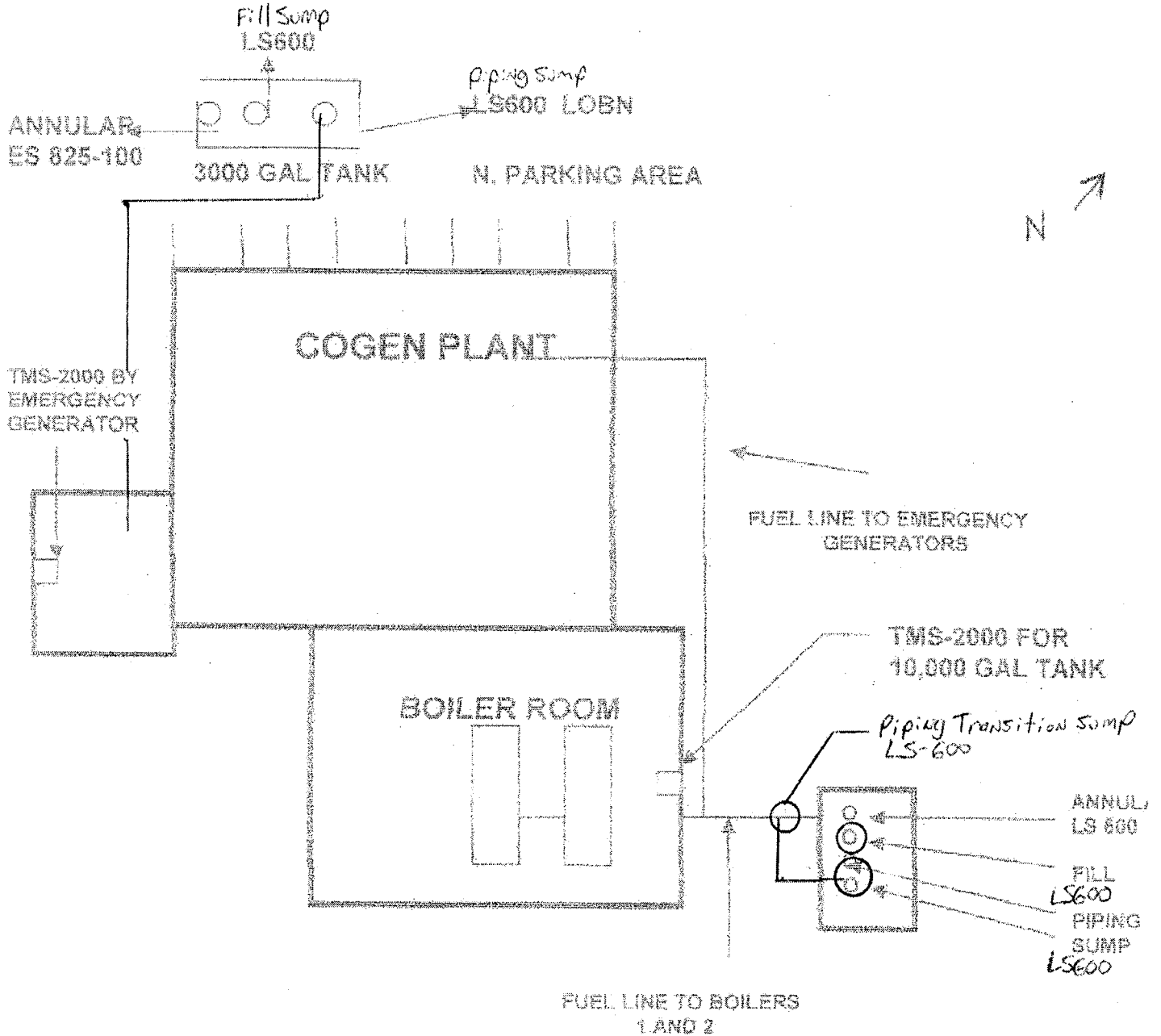
H. Comments: _____

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Site Name PALOMAR MEDICAL CENTER

Permit No. _____

Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 9/30/16

```

*****
Configuration

09/20/16
08121

Site id 02096
Unit id 01

Config Header
Acc Code 000000
Security Serial
Unit id 01
Site id 02096
Dsp Mode 0r vol
Baud rateSERB .96K
Serialrate N=8-1
Baud rateSERB .12K
Serialrate N=8-1
Task Dty 0
SP Units X Upl
Sale En No
HornDelay None
Autoprnt Yes
Leakprnt=ss=fall
Nontlv Print No
Dtl Limit 90 Scom
Dot Enbl Yes

Config Tank 1
Not Enabled

Config Probe 1
Not Enabled

Config Rely Tank 1
Not Enabled

Config Rely cc 1
cc Tris no

Config Rely cc 2
cc Tris no

Config Rely cc 3
cc Tris no

Config Rely cc 4
cc Tris no

Config Rely cc 5
cc Tris no

Config Rely cc 6
cc Tris no

Config Rely cc 7
cc Tris no

Config Rely cc 8
cc Tris no

Config Rely Sens 1
SENS Tris no

Config Rely Sens 2
SENS Tris no

Config Rely Sens 3
SENS Tris no

Config Rely Sens 4
SENS Tris no

Config Rely Sens 5
SENS Tris no

Config Rely Sens 6
SENS Tris no

Config Rely Sens 7
SENS Tris no

Config Rely Sens 8
SENS Tris no

Config Rely Site 1
Thert no
Powerfail No
Sys Error no

Config Rely Mode 1
Hornally Off
FP Act No
Delay None
Latch En No

Config Rely Mode 2
Hornally Off
FP Act No
Delay None
Latch En No

Config Rely Mode 3
Hornally Off
FP Act No
Delay None
Latch En No

Config Rely Mode 4
Hornally Off
FP Act No
Delay None
Latch En No

Config Rely Mode 5
Hornally Off
FP Act No
Delay None
Latch En No

Config Rely Mode 6
Hornally Off
FP Act No
Delay None
Latch En No

Config Rely Mode 7
Hornally Off
FP Act No
Delay None
Latch En No

Config Rely Mode 8
Hornally Off
FP Act No
Delay None
Latch En No

Config cc Ineut 1
Cc Enable Off
Inp Name User
User name User
Hornally Close
Logic En Off
TimeDelay 0 Sec

Config cc Ineut 2
Cc Enable Off
Inp Name User
User name User
Hornally Close
Logic En Off
TimeDelay 0 Sec

Config cc Ineut 3
Cc Enable Off
Inp Name User
User name User
Hornally Close
Logic En Off
TimeDelay 0 Sec

Config cc Ineut 4
Cc Enable Off
Inp Name User
User name User
Hornally Close
Logic En Off
TimeDelay 0 Sec

Config cc Ineut 5
Cc Enable Off
Inp Name User
User name User
Hornally Close
Logic En Off
TimeDelay 0 Sec

Config cc Ineut 6
Cc Enable Off
Inp Name User
User name User
Hornally Close
Logic En Off
TimeDelay 0 Sec

Config cc Ineut 7
Cc Enable Off
Inp Name User
User name User
Hornally Close
Logic En Off
TimeDelay 0 Sec

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Confis cc Invt 8
Cc Enable Off
In Name User
User name User
Normally Close
Logic En Off
Invtelaw 8 Sec

-----
Confis SENSr Inr 1
Sensor En Alarm
Type Ls600
Mode Leak
In Name Pstins
User name User
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

-----
Confis SENSr Inr 2
Sensor En Alarm
Type Ls600
Mode Leak
In Name Sump
User name User
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

-----
Confis SENSr Inr 3
Sensor En Alarm
Type Ls600
Mode Leak
In Name Vagib
User name User
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

-----
Confis SENSr Inr 4
Sensor En Alarm
Type Ls600
Mode Leak
In Name User
User name User
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

-----
Confis SENSr Inr 5
Sensor En Alarm
Type Ls600
Mode Leak
In Name User
User name User
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

-----
Confis SENSr Inr 6
Sensor En Alarm
Type Ls600
Mode Leak
In Name User
User name User
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

-----
Confis SENSr Inr 7
Sensor En Alarm
Type Ls600
Mode Leak
In Name User
User name User
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

-----
Confis SENSr Inr 8
Sensor En Alarm
Type Ls600
Mode Leak
In Name User
User name User
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

-----
Confis Inventorv
Hour 1 00:00
Hour1 Prt No
Hour 2 00:00
Hour2 Prt No
Hour 3 00:00
Hour3 Prt No
Sun Enabl No
Mon Enabl No
Tue Enabl No
Wed Enabl No
Thu Enabl No
Fri Enabl No
Sat Enabl No

-----
Confis Theft
M-F Open 00:00
M-F Close 00:00
Sat Open 00:00
Sat Close 00:00
Sun Open 00:00
Sun Close 00:00

-----
Confis Modes
Modes None
Fcs Local
Fcs Area
Eward Batensro .24K
Dial Type Tone
Pause 1 sec
Tel Line Dedicated

-----
Confis Dial Out 1
Tel Local
Tel Area
Tel Area2
Line Type Data
Leak Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No
h2o Dial No
Thft Dial No
cc Dial No
SENS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

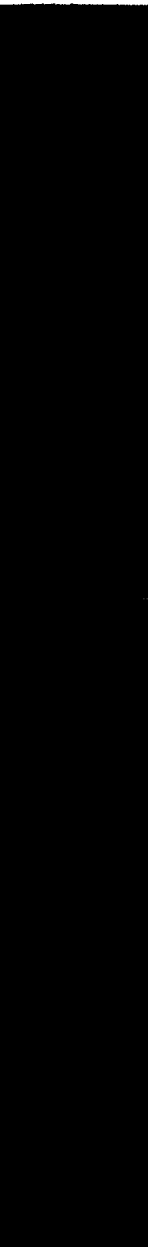
-----
Confis Dial Out 2
Tel Local
Tel Area
Tel Area2
Line Type Data
Leak Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No
h2o Dial No
Thft Dial No
cc Dial No
SENS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

-----
Confis Dial Out 3
Tel Local
Tel Area
Tel Area2
Line Type Data
Leak Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No
h2o Dial No
Thft Dial No
cc Dial No
SENS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

-----
Confis Dial Out 4
Tel Local
Tel Area
Tel Area2
Line Type Data
Leak Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No
h2o Dial No
Thft Dial No
cc Dial No
SENS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

```


Low Alarm 18
Date 10-09
Time 08:41
Level Alarm
Input # 02
Alarm Id Sensor
Detail Closed
Low Alarms 19
Date 10-09
Time 08:35
High Alarm
Input # 01
Alarm Id Sensor
Detail Closed
Low Alarms 20
Date 10-09
Time 08:35
Level Alarm
Input # 02
Alarm Id Sensor
Detail Closed
Low Alarms 21
Date 10-09
Time 08:34
High High Alarm
Input # 03
Alarm Id Sensor
Detail Closed
Low Alarms 22
Date 07-19
Time 08:41
High Alarm
Input # 01
Alarm Id Sensor
Detail Closed
Low Alarms 23
Date 07-19
Time 08:41
Level Alarm
Input # 02
Alarm Id Sensor
Detail Closed
Low Alarms 24
Date 07-19
Time 08:41
High High Alarm
Input # 03
Alarm Id Sensor
Detail Closed



Secondary Containment Testing Report Form

This form is intended for use by contractors performing 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), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: <u>Palomar Medical Center</u>	Date of Testing: <u>9-08-16</u>
Facility Address: <u>555 East Valley Parkway Escondido CA 92025.</u>	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name: <u>Sun West Engineering</u>		
Technician Conducting Test: <u>Dimas Ramirez</u>		
Credentials: <input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester	
License Type: <u>General Engineering "A"</u>	License Number: <u>703190</u>	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
<u>Incon TS-STS Sump Testing</u>		


3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
<u>Piping Sump</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Transition Sump</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: 

Date: 9-08-16

6. PIPING SUMP TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> Sump Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Uses:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used:	Equipment Resolution:		
	Sump #	FILL	Sump #
			FILL
	Sump #		Sump #
Sump Diameter:	32"	4x4 Transition	
Sump Depth:	36"	48"	
Sump Material:	Fiberglass	Fiberglass	
Height from Tank Top to Highest Piping Penetration:	18"	35"	
Height from Tank Top to Lowest Electrical Penetration:	21"	28"	
Condition of sump prior to testing:	Good	Good	
Portion of Sump Tested ¹	26"	37"	
Does turbine shut down when sump sensor detects either product or water?	N/A	N/A	
Turbine shutdown response time ^{2*}	N/A	N/A	
Is system programmed for fail-safe shutdown?*	N/A	N/A	
Was fail-safe verified to be operational?*	N/A	N/A	
Wait time between applying pressure/vacuum/water and starting test:	1 hour	1 hour	
Test Start Time:	11:26 AM	11:26 AM	
Initial Reading (R _I):	6.3273 in	5.0280	
Test End Time:	11:41 AM	11:41 AM	
Final Reading (R _F):	6.3281 in	5.0272	
Test Duration:	2x @ 15 min	2x @ 15 min.	
Change in Reading (R _F -R _I):	+ 0.0008	- 0.0008	
Pass/Fail Threshold or Criteria:	0.002	0.002	
Test Result:	PASS	PASS	
Was sensor removed for testing?	yes	yes	
Was sensor properly replaced after testing?	yes	yes	

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

¹ If the testing method does not test the entire sump, specify how much of the sump was tested. Methods not testing the entire sump should only be used if the monitoring system provides fail-safe shutdown. (See SWRCB LG-160)

² With the submersible pump running, place the sensor in product (discriminating sensors should be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment method used does not test the entire volume of the sump.

* This information is not needed if the entire sump is tested.

2160345
PALOMAR MEDICAL CENTER
555 EAST VALLEY PARKWAY
ESCONDIDO CA 92025

09/08/2016 11:41 AM

SUMP LEAK TEST REPORT

PIPING

TEST STARTED 11:26 AM
TEST STARTED 09/08/2016
BEGIN LEVEL 6.3273 IN
END TIME 11:41 AM
END DATE 09/08/2016
END LEVEL 6.3281 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

TRANSIT

TEST STARTED 11:26 AM
TEST STARTED 09/08/2016
BEGIN LEVEL 5.0280 IN
END TIME 11:41 AM
END DATE 09/08/2016
END LEVEL 5.0272 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

2160345
PALOMAR MEDICAL CENTER
555 EAST VALLEY PARKWAY
ESCONDIDO CA 92025

09/08/2016 11:57 AM

SUMP LEAK TEST REPORT

PIPING

TEST STARTED 11:42 AM
TEST STARTED 09/08/2016
BEGIN LEVEL 6.3283 IN
END TIME 11:57 AM
END DATE 09/08/2016
END LEVEL 6.3284 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

TRANSIT

TEST STARTED 11:42 AM
TEST STARTED 09/08/2016
BEGIN LEVEL 5.0271 IN
END TIME 11:57 AM
END DATE 09/08/2016
END LEVEL 5.0267 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

DESIGNATED UNDERGROUND STORAGE TANK OPERATOR NOTIFICATION FORM

*For use by Unidocs Member Agencies or where approved by your Local Jurisdiction
Authority Cited: Title 23 California Code of Regulations §2715(a)*

A PDF copy of this completed form must be electronically submitted via either the California Environmental Reporting System (CERS) website or an equivalent local agency electronic reporting portal within 30 days of a change in ownership of the underground storage tank(s) or the addition of a new person performing Designated UST Operator monthly inspections and/or facility employee training at any facility covered by this notification.

A. UST OWNER IDENTIFICATION

UST OWNER NAME Palomar Health	UST OWNER PHONE NUMBER 760-644-7120 ext.
UST OWNER CONTACT NAME (If other than sole proprietor) Scott Foster	UST OWNER CONTACT TITLE (If other than sole proprietor) Lead Plant Operator
REASON FOR SUBMITTING THIS FORM (Check One) <input checked="" type="checkbox"/> Change of Designated UST Operator <input type="checkbox"/> Change of UST Owner	NOTIFICATION DATE (Date this form was prepared or last updated) August 04, 2016

By electronically submitting a PDF copy of this form, the UST Owner certifies that, for the facility/facilities identified on this form and any additional pages in the PDF file upload, the individual(s) listed on this form and any additional pages will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) - (f).

B. FACILITY IDENTIFICATION

FACILITY NAME Palomar Medical Center (Downtown Campus)	CERS ID or Facility ID 10368055
SITE ADDRESS 555 East Valley Parkway	
CITY Escondido	ZIP CODE 92025

Check here if this notification covers multiple facilities and attach a list including Facility Names, Site Addresses, and CERS IDs.

C. DESIGNATED UNDERGROUND STORAGE TANK OPERATOR(S)

Designated UST Operators must have current "California UST System Operator" certification from the International Code Council (ICC). Each facility must have at least one Designated UST Operator. Listing alternate Designated UST Operators is optional.

PRIMARY DESIGNATED UST OPERATOR NAME	ICC CERTIFICATION NUMBER	PHONE NUMBER
Leonardo Aguilar	5302718	(909) 594-9850 ext.
Ruben Becerra	5302139	(909) 594-9850 ext.
David Branson	8026749	(909) 594-9850 ext.
Todd Hansen	8045710	(909) 594-9850 ext.
Spencer Kissick	8169987	(909) 594-9850 ext.
Paul McLane	8191873	(909) 594-9850 ext.
David Smith	8260473	(909) 594-9850 ext.
Ken Withee	8252648	(909) 594-9850 ext.

Attach additional page(s) containing the above information if more alternates may be used.

DESIGNATED UNDERGROUND STORAGE TANK OPERATOR NOTIFICATION FORM

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A. UST OWNER IDENTIFICATION

UST OWNER NAME Palomar Health	UST OWNER PHONE NUMBER ext.
UST OWNER CONTACT NAME (If other than sole proprietor)	UST OWNER CONTACT TITLE (If other than sole proprietor)
REASON FOR SUBMITTING THIS FORM (Check One) <input checked="" type="checkbox"/> Change of Designated UST Operator <input type="checkbox"/> Change of UST Owner	NOTIFICATION DATE (Date this form was prepared or last updated) April 04, 2016

By electronically submitting a PDF copy of this form, the UST Owner certifies that, for the facility/facilities identified on this form and any additional pages in the PDF file upload, the individual(s) listed on this form and any additional pages will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) - (f).

B. FACILITY IDENTIFICATION

FACILITY NAME Palomar Medical Center (Downtown Campus)	CERS ID or Facility ID		
SITE ADDRESS 555 East Valley Parkway			
CITY Escondido	<table style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">CA</td> <td style="width: 80%;">ZIP CODE 92025</td> </tr> </table>	CA	ZIP CODE 92025
CA	ZIP CODE 92025		

Check here if this notification covers multiple facilities and attach a list including Facility Names, Site Addresses, and CERS IDs.

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Leonardo Aguilar	5302718	(909) 594-9850 ext.
ALTERNATE 1 DESIGNATED UST OPERATOR NAME Ruben Becerra	5302139	(909) 594-9850 ext.
ALTERNATE 2 DESIGNATED UST OPERATOR NAME Todd Hansen	8045710	(909) 594-9850 ext.
ALTERNATE 3 DESIGNATED UST OPERATOR NAME Spencer Kissick	8169987	(909) 594-9850 ext.
ALTERNATE 4 DESIGNATED UST OPERATOR NAME Paul McLane	8191873	(909) 594-9850 ext.
ALTERNATE 5 DESIGNATED UST OPERATOR NAME Kenneth Withee	8252648	(909) 594-9850 ext.
ALTERNATE 6 DESIGNATED UST OPERATOR NAME	ICC CERTIFICATION NUMBER	PHONE NUMBER ext.

Attach additional page(s) containing the above information if more alternates may be used.

Watson, George

From: Howell, Tanya
Sent: Friday, April 22, 2016 2:12 PM
To: Watson, George
Cc: Howell, Tanya
Subject: Here's 2015-16 document RE: Certification of Financial Responsibility
Attachments: Cert of Fin'l Resp - Underground Storage Tanks - PMC POM PHDC 2015-08-13.pdf

Hi, Bill

- Certificate with insurance coverage for FY2016 is attached
 - There is NOTHING on this certificate that indicates what is contained within the UST, so no real reason to change what's written there
- We don't need the CFO letter as we have our own coverage, and I've confirmed with legal counsel that we only need the CFO letter if we're asking to use their funds for any spills instead of our own insurance

Assuming that by using the term "resubmit" you just meant that you needed a copy of the attached, do you need anything further from us?

Tanya

Tanya Howell
Executive Assistant to
Diane Hansen, EVP Finance
Palomar Health
456 E. Grand Avenue
Escondido, CA 92025
760-740-6383
tanya.howell@palomarhealth.org



From: Watson, George
Sent: Friday, April 22, 2016 1:56 PM
To: Howell, Tanya
Subject: Certification of Financial Responsibility

Tanya,

There has been a change of Underground Storage Tanks information on our CERS website. I am having to resubmit a FY16 Certification of Financial Responsibility for UST containing Petroleum and the UST Letter from the Chief Financial Officer. I do not have a copy of the FY16's on file. I have attached the Financial Responsibility exhibit A&B.

If this is handled others please advise as to whom I need to speak.

Thank you.

DESIGNATED UNDERGROUND STORAGE TANK OPERATOR NOTIFICATION FORM

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UST OWNER NAME Palomar Health	UST OWNER PHONE NUMBER ext.
UST OWNER CONTACT NAME (If other than sole proprietor)	UST OWNER CONTACT TITLE (If other than sole proprietor)
REASON FOR SUBMITTING THIS FORM (Check One) <input checked="" type="checkbox"/> Change of Designated UST Operator <input type="checkbox"/> Change of UST Owner	NOTIFICATION DATE (Date this form was prepared or last updated) April 04, 2016

By electronically submitting a PDF copy of this form, the UST Owner certifies that, for the facility/facilities identified on this form and any additional pages in the PDF file upload, the individual(s) listed on this form and any additional pages will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) - (f).

B. FACILITY IDENTIFICATION

FACILITY NAME Palomar Medical Center (Downtown Campus)	CERS ID or Facility ID		
SITE ADDRESS 555 East Valley Parkway			
CITY Escondido	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">CA</td> <td style="width: 80%;">ZIP CODE 92025</td> </tr> </table>	CA	ZIP CODE 92025
CA	ZIP CODE 92025		

Check here if this notification covers multiple facilities and attach a list including Facility Names, Site Addresses, and CERS IDs.

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ALTERNATE 4 DESIGNATED UST OPERATOR NAME Paul McLane	8191873	(909) 594-9850 ext.
ALTERNATE 5 DESIGNATED UST OPERATOR NAME Kenneth Withee	8252648	(909) 594-9850 ext.
ALTERNATE 6 DESIGNATED UST OPERATOR NAME	ICC CERTIFICATION NUMBER	PHONE NUMBER ext.

Attach additional page(s) containing the above information if more alternates may be used.

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) R02.

BUSINESS NAME (Same as FACILITY NAME) R02.

Palomar Health Downtown Campus

BUSINESS SITE ADDRESS R03. CITY R04.

555 East Valley Parkway **Escondido**

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 a time consistent with the ability of the secondary containment system to contain the hazardous material, 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.
- 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 Steve Miller	R40.	TITLE Director Plant Operations	R50.
NAME George Watson	R41.	TITLE Manager Plant Operations	R51.
NAME Scott Foster	R42.	TITLE Lead Plant Operator	R52.
NAME	R43.	TITLE	R53.

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

Additional system testing or data collection Inspection by qualified persons Recalibration of equipment

Other:

R60.

UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 2

VI. REPORTING AND RECORD KEEPING

We will report/record any overflow, 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 overflow, 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 California Emergency Management Agency at (800) 852-7550.

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.

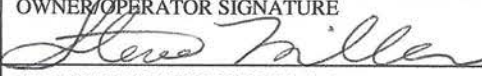
We will follow the reporting procedures described above if any of the following conditions occur:

- 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 (or off-site at a readily available location, if approved by the local agency) 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 4/20/2016
OWNER/OPERATOR NAME (print) Steve Miller	OWNER/OPERATOR TITLE Director Plant Operations

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

Local Agency Signature: _____ Date: _____



State of California
 State Water Resources Control Board
 Division of Financial Assistance
 P.O. Box 944212
 Sacramento, CA 94244-2121

(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807,

500,000 dollars per occurrence

1 million dollars annual aggregate

or

AND

or

1 million dollars per occurrence

2 million dollars annual aggregate

B. Palomar Health 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
Pollution Liability Coverage	BETA Risk Mgmt Authority 1443 Danville Boulevard Alamo, CA 94507	Certificate No. HCL-16-691	\$3,000,000 per claim & \$6,000,000 per annual aggregate	July 1, 2016 to July 1, 2017	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 Palomar Medical Center	Facility Address 2185 Citracado Parkway, Escondido, CA 92029
Facility Name Palomar Health Downtown Campus	Facility Address 555 E. Valley Parkway, Escondido, CA 92025
Facility Name Pomerado Hospital	Facility Address 15615 Pomerado Road, Poway, CA 92064
E. Signature of Tank Owner or Operator 	Date 7/27/16
Name and Title of Tank Owner or Operator Diane Hansen, Executive Vice President Finance	
Signature of Witness or Notary 	Date 7/27/16
Name of Witness or Notary Tanya Howell, Executive Assistant	



CERTIFICATE OF COVERAGE

Named Member: Palomar Health 456 E. Grand Avenue Escondido, CA 92025		This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due.	
Insuring Company: BETA Risk Management Authority 1443 Danville Boulevard Alamo, CA 94507 925-838-6070			
Certificate Number	Effective Date	Expiration Date	Retroactive Date *
HCL-16-691	7/1/2016 at 12:01 a.m.	7/1/2017 at 12:01 a.m.	7/1/2004 at 12:01 a.m.
Type of Coverage: <input checked="" type="checkbox"/> Professional Liability - Claims Made and Reported <input checked="" type="checkbox"/> General Liability - Occurrence			
Limits of Liability: \$3,000,000 Per Claim \$6,000,000 Aggregate Per Contract Period		Deductible: \$100,000 Per Claim NONE Aggregate Per Contract Period	
Description of Coverage: Evidence of Pollution Liability coverage for the underground storage tanks.			
Issue Date: July 18, 2016			
Certificate Holder: FOR INFORMATION ONLY		Authorized Representative:  R. Corey Grove Vice President, Underwriting and Client Services	

* the retroactive date applies to claims made coverage only

BETA Risk Management Authority ("BETARMA")

A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number:
HCL-16-691

Amendment No.:
H210-01

Issued to: Palomar Health

Effective Date: 07/01/16 at 12:01 a.m.

Expiration Date: 07/01/17 at 12:01 a.m.

Additional Contribution: Per Contract

NOTICE: THIS AMENDMENT PROVIDES CLAIMS-MADE-AND-REPORTED COVERAGE. THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE MEMBER DURING THE CONTRACT PERIOD AND REPORTED TO BETARMA AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN 30 CALENDAR DAYS AFTER THE TERMINATION OF THE CONTRACT PERIOD. COVERAGE IS LIMITED TO OCCURRENCES THAT TAKE PLACE ON OR AFTER THE RETROACTIVE DATE STATED BELOW. THE LIMIT OF LIABILITY AVAILABLE TO PAY POLLUTION LIABILITY JUDGMENT OR SETTLEMENT AMOUNTS IS REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES. PLEASE READ THIS AMENDMENT CAREFULLY.

(Please note that terms in boldface are defined in Section C or in Section 1 of the Contract.)

A. BETARMA'S Basic Obligation. What BETARMA will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 6 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$3,000,000 per **Claim** and \$6,000,000 in the aggregate for all **Claims** first made and reported to BETARMA during the **Contract Period**, BETARMA will pay those sums which the **Member** is legally required to pay as **Damages** for a **Claim** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** at or from the **Named Member's** or **Subsidiary's** premises, a **Waste** site or the **Named Member's** or **Subsidiary's** work site, provided that:

a. the **Bodily Injury** or **Property Damage** is caused by an **Occurrence** that takes place on or after the following Retroactive Date: 07/01/93;

b. on or before the Effective Date stated above the **Member** had no knowledge of facts or circumstances that would cause a reasonable person to believe that a **Claim** might be made; and

c. the **Claim** is first made against the **Member** during the **Contract Period** and is reported in writing to BETARMA as soon as possible, and in no event later than thirty (30) calendar days after the termination of the **Contract Period**.

2. BETARMA has the right and duty to defend any covered **Claim** brought against a **Member**. This means that BETARMA will pay all reasonable **Defense Expenses** incurred in defending the **Claim**, subject to the Limit of Liability stated in A.1 above.

3. **Defense Expenses** are part of and not in addition to this Limit of Liability, and payment of **Defense Expenses** by BETARMA will reduce the Limit of Liability provided by this Amendment. The most BETARMA will pay for all **Damages** and **Defense Expenses** for any **Claim** arising out of or resulting from **Pollution** or

BETA Risk Management Authority ("BETARMA")

A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

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Issued to: Palomar Health

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Expiration Date: 07/01/17 at 12:01 a.m.

Additional Contribution: Per Contract

alleging liability for **Pollution** is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item 6 of the Certificate of Participation. BETARMA's right and duty to defend ends when BETARMA has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate of Participation.

4. Storage Tank Limitation: However, coverage for **Bodily Injury** or **Property Damage** arising out of, resulting from or attributable to, in whole or in part, any underground storage tank owned or operated by any **Member** is limited to those underground storage tanks for which valid operating permits are in effect at all times.

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 14 and 15, the exclusions in Section 6 of the Contract shall apply to this Amendment.

2. No coverage is provided for any **Occurrence** commencing prior to the Retroactive Date stated in A.1.a above.

3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "**Contract Period**" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.

2. "**Damages**" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of **Pollution**, and such costs shall reduce this Amendment's Limit of Liability.

3. "**Pollution**" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. **Pollution** includes indoor **Pollution**.

4. No **Claim** shall be deemed first made against any **Member** during the **Contract Period** if the **Claim** or **Occurrence** was reported prior to the Effective Date to BETARMA or any insurer or group self-insurer, or was known by any **Member** prior to the Effective Date.

5. When two or more **Claims** are treated as a single **Claim** under the definition of "**Claim**," the single **Claim** shall be considered first made when the earliest of the **Claims** is first made, and one Deductible and

BETA Risk Management Authority ("BETARMA")

A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number:
HCL-16-691

Amendment No.:
H210-01

Issued to: Palomar Health

Effective Date: 07/01/16 at 12:01 a.m.

Expiration Date: 07/01/17 at 12:01 a.m.

Additional Contribution: Per Contract

one Limit of Liability shall apply to all such **Claims**.

6. The **Member** must notify BETARMA, as soon as practicable, of an **Occurrence**, act, error or omission which may reasonably be expected to result in a **Claim** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution**. The notice must include:

- a. how, when and where the **Occurrence**, act, error or omission took place;
- b. the names and addresses of any injured persons and witnesses; and
- c. the nature of any injury or damage arising out of the **Occurrence**, act, error or omission.

7. If during the **Contract Period** the **Member** becomes aware of an **Occurrence**, act, error or omission that may reasonably be expected to give rise to a **Claim** against a **Member** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** and reports to BETARMA in writing all the information set forth in clause 6 above, and the manner in which the **Member** first became aware of the **Occurrence**, act, error or omission, then any **Claim** subsequently arising from such reported **Occurrence**, act, error or omission shall be deemed to be a **Claim** made during the **Contract Period** in which the **Occurrence**, act, error or omission was first duly reported to BETARMA.

8. Incident reports, trending reports or other data collection reports to BETARMA do not constitute a notice or report for purposes of this Amendment.

9. Limited Right to Extended Reporting Period

a. If this Contract is terminated by the **Named Member** or BETARMA, the **Named Member** shall have the right to purchase an extended reporting period upon payment of an additional Contribution. This right will terminate, however, unless written notice of the **Named Member's** election is received by BETARMA within thirty (30) calendar days of the effective date of the termination of this Contract. The extended reporting period will provide coverage for **Claims** which are otherwise covered under this Amendment and are first made and reported in writing to BETARMA as soon as possible during the extended reporting period by reason of an **Occurrence** which takes place prior to the termination of the Contract and on or after the Retroactive Date stated in A.1.a above. The cost and terms of the extended reporting period shall be within the sole, absolute and nonreviewable discretion of BETARMA at the time the extended reporting period is requested. Issuance of an amendment extending the reporting period pursuant to this paragraph shall not reinstate the Limit of Liability, nor increase the total that BETARMA will pay.

b. The **Named Member** does not have the right to purchase an extended reporting period if, on the date of termination, the **Named Member** has failed to pay any Contribution due under this Contract or has failed

BETA Risk Management Authority ("BETARMA")

A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: HCL-16-691	Amendment No.: H210-01
--	----------------------------------

Issued to: Palomar Health		
Effective Date: 07/01/16 at 12:01 a.m.	Expiration Date: 07/01/17 at 12:01 a.m.	Additional Contribution: Per Contract

to reimburse BETARMA for any amount BETARMA has paid on account of any settlement or as damages or **Defense Expenses** in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BETARMA.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BETARMA



Matthew Rodriguez
Secretary for
Environmental Protection



Department of Toxic Substances Control

Barbara A. Lee, Director
5796 Corporate Avenue
Cypress, California 90630



Edmund G. Brown Jr.
Governor

July 6, 2017

Ms. Kristine Savona
Hillmann Consulting, LLC
1745 W. Orangewood Avenue, Suite 110
Orange, CA 92868

VARIOUS SITES
PR4-063017-16

Dear. Ms. Savona:

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 we have records pertaining to some of the sites/facilities referenced in your request. Please see below:

- Yes: Palomar Medical Center, 555 E. Valley Parkway, Escondido: I have attached hard copies of the entire site document that we have filed on our shelves: (4 pages). *This completes your request on this site.*



No: 456, 644-660 E Grand Ave., and 121 – 141 N Fig Street, Escondido

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 and questions, would like further information regarding your request or to arrange to review these records, please contact me at (714) 484-5336.

Sincerely,

Jone Barrio

Jone Barrio, Regional Records Coordinator
DTSC-Cypress

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P Street, 4th Floor
P.O. Box 806
Sacramento, CA 95812-0806



(916) 323-5871

Date: 02/06/92

PALOMAR MEDICAL CENTER
VICTORIA PENLAND PALOMAR MEDICAL CTR
555 EAST VALLEY PARKWAY
ESCONDIDO, CA 92025

EPA ID: CAD073379026

Dear Permit by Rule Facility:

The Department of Toxic Substances Control (DTSC) has received your Fixed Treatment Unit Permit by Rule Initial Notification of Intent to Operate (DTSC Form 8462). This letter only acknowledges receipt of that notification, and does not authorize operation of any treatment activity at your facility.

Enclosed are DTSC Forms 8462A (Fixed Treatment Unit (FTU) Permit by Rule Facility-Specific Notification) and 8462B (FTU Permit by Rule Unit-Specific Notification). If you are currently operating your fixed treatment unit, you must submit the completed Forms 8462A and 8462B for your facility by April 1, 1992, including all required attachments. You must include a completed Form 8462B for each unit at your facility.

We have also enclosed a copy of the Disclosure Statement, form DTSC 8430, the Certification of Financial Responsibility for PBR Operation, DTSC 8113, and a package of other Financial Responsibility forms from which you can select the proper forms for one or more of the acceptable financial mechanisms. An order form for PBR documents (1002) is attached with a map of our regional offices printed on the back. If you need additional forms, they may be obtained from the nearest regional office of the DTSC, or by contacting this office.

California law requires that the enclosed forms be certified (signed) by an authorized corporate officer or any other person in a company who performs decision making functions that govern operation of the facility. (See Title 22, California Code of Regulations, Section 67450.2 subds. (a)(2) and (b)(3) and Section 66270.11.)

Our staff must rely upon job titles to judge if the signer has decision making authority for your facility. For instance, a vice president or general manager would clearly be authorized to certify (sign) while an environmental manager or safety officer would not. If the forms are improperly signed the notification will be rejected and returned to you and you will have to resubmit the entire notification package.

Since this is your initial notification for operation under a Permit by Rule for your facility, you will be billed by the Board of Equalization for the fee specified in Section 25205.7(h) of Chapter 6.5, Division 20, of the California Health and Safety Code. The fee is \$1,109 this year and will be adjusted annually for inflation on July 1st. That fee will also cover your first Facility-Specific and Unit-Specific notifications, mentioned above. Additional fees will be due for the annual notifications you must submit in future years. You are also required to amend these notifications whenever any information changes. You will be charged one-half of the annual fee (\$555 this year) for each amended notification which you submit.

Hazardous waste laws and regulations are detailed and complex. At any time, you may be inspected by the DTSC or your local county health department. Violations of laws or regulations which are found may make you liable for criminal, civil or administrative penalties, as provided by law.

If you have questions on completing the required forms, or have questions on operating requirements for your operation, please contact the nearest DTSC regional office, or this office at the letterhead address or phone number.

Sincerely,



Michael S. Horner, Chief
Permit By Rule Unit
Surveillance and Enforcement
Branch
Enforcement and Program
Support Division

Enclosures

cc: ✓ PAULA RASMUSSEN
BRANCH CHIEF
DTSC REGION 4 OFFICE
SURVEILLANCE & ENFORCEMENT BR.
245 W. BROADWAY, SUITE 360
LONG BEACH, CA 90802

VICTORIA L. GALLAGHER
CHIEF
ENVIRONMENTAL HEALTH SERVICES
HAZ. MATERIALS MGMT. DIV.
P.O. BOX 85261
SAN DIEGO, CA 92186-5261

FIXED TREATMENT UNIT PERMIT BY RULE
INITIAL NOTIFICATION OF INTENT TO OPERATE

FOR OFFICIAL USE ONLY
DTSC REGIONAL OFFICE *[Signature]*

(See instructions on reverse)

I. FACILITY ID NO.

C I A D 0 7 3 3 7 9 0 2 6

II. FACILITY BOARD OF EQUALIZATION ACCOUNT NUMBER

H A H Q 3 6 0 1 9 4 6 4

III. FACILITY NAME

P A L O M A R P M E D I C A L C E N T E R

IV. FACILITY ADDRESS OR LEGAL DESCRIPTION OF FACILITY LOCATION

5 5 5 E V A L L E Y P A R K W A Y

E S C O N D I D O
(Address)

E S C O N D I D O CA 9 2 0 2 5
(City) (ZIP Code)

S A N D I E G O
(County)

V. FACILITY MAILING ADDRESS

5 5 5 E V A L L E Y P A R K W A Y

E S C O N D I D O
(Address)

E S C O N D I D O CA 9 2 0 2 5
(City) (State) (ZIP Code)

VI. FACILITY OWNER NAME

P A L O M A R P O M E R A D O

H E A L T H S Y S T E M

VII. FACILITY OWNER ADDRESS

2 1 5 S H I C K O R Y S T R E E T

E S C O N D I D O
(Address)

E S C O N D I D O CA 9 2 0 2 5
(City) (State) (ZIP Code)

VIII. FACILITY OWNER TELEPHONE NUMBER

6 1 9 - 7 3 9 - 3 1 8 6
(Area Code and Number)

Distribution: DTSC — White and Yellow; Notifier — Pink and Instructions

FACILITY NAME: PALOMAR MEDICAL CENTER

ID No.: CAD073379026

(See instructions on reverse)

IX. FACILITY OPERATOR NAME

VICTORIA PENLAND

X. FACILITY OPERATOR ADDRESS

355 E. VALLEY PARKWAY

(Address)

ESCONDIDO

(City)

CA

(State)

92025

(ZIP Code)

XI. FACILITY OPERATOR TELEPHONE NUMBER

619-739-3186

(Area Code and Number)

XII. DESCRIPTION OF SPECIFIC WASTE TYPE(S) TREATED (Use only the space provided)

Used Photographic fix solutions are treated to recover silver.

XIII. DESCRIPTION OF TREATMENT PROCESS(ES) USED (Use only the space provided)

Used Photographic fix processing solutions are collected and sent to our silver recovery units.

XIV. OPERATOR CERTIFICATION

It is my intention to operate the above facility under Permit-By-Rule for Fixed Treatment Units pursuant to Title 22, California Code of Regulations, Section 67450.2(b).

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

Name (Print or Type)

Wendy M. Buckley

Title

Plant Admin

Signature

[Handwritten Signature]

Date Signed

1/18/95

Distribution: DTSC — White and Yellow; Notifier — Pink and Instructions



Department of Toxic Substances Control

Matthew Rodriguez
Secretary for
Environmental Protection

Barbara A. Lee, Director
8800 Cal Center Drive
Sacramento, California 95826-3200

Edmund G. Brown Jr.
Governor

June 30, 2017

Ms. Kristine Savona
Hillmann Consulting
1745 West Orangewood Avenue, Suite 110
Orange, California 92868

555 E Valley Parkway, 456 E Grand Avenue, 644-660 E Grand Ave, 121-141 N Fig
Street, Escondido, California 92025
PR 1-062717-05

Dear Ms. Savona:

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 above.

However, your request has been forwarded to our office in Cypress as they may have records. The contact number for the Cypress office is (714) 484-5336 or (714) 484-5337. The fax number is (714) 484-5318.

Records responsive to your request for this facility may exist within DTSC's E-Waste Unit. I have forwarded your Public Records Act request to that unit for further processing. Please contact them by e-mail at electronicwaste@dtsc.ca.gov to follow-up on your request.

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.

Ms. Kristine Savona
Page 2
June 30, 2017

If you have any questions, would like further information regarding your request or would like an appointment to visit Sacramento's Central Files, please contact me at (916) 255-3758.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jan Papararo". The signature is stylized with a large initial "J" and a long, sweeping underline.

Jan Papararo
Regional Records Coordinator

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P Street, 4th Floor
P.O. Box 806
Sacramento, CA 95812-0806



(916) 323-5871

Date: 02/06/92

PALOMAR MEDICAL CENTER
VICTORIA PENLAND PALOMAR MEDICAL CTR
555 EAST VALLEY PARKWAY
ESCONDIDO, CA 92025

EPA ID: CAD073379026

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California law requires that the enclosed forms be certified (signed) by an authorized corporate officer or any other person in a company who performs decision making functions that govern operation of the facility. (See Title 22, California Code of Regulations, Section 67450.2 subds. (a)(2) and (b)(3) and Section 66270.11.)

Our staff must rely upon job titles to judge if the signer has decision making authority for your facility. For instance, a vice president or general manager would clearly be authorized to certify (sign) while an environmental manager or safety officer would not. If the forms are improperly signed the notification will be rejected and returned to you and you will have to resubmit the entire notification package.

Since this is your initial notification for operation under a Permit by Rule for your facility, you will be billed by the Board of Equalization for the fee specified in Section 25205.7(h) of Chapter 6.5, Division 20, of the California Health and Safety Code. The fee is \$1,109 this year and will be adjusted annually for inflation on July 1st. That fee will also cover your first Facility-Specific and Unit-Specific notifications, mentioned above. Additional fees will be due for the annual notifications you must submit in future years. You are also required to amend these notifications whenever any information changes. You will be charged one-half of the annual fee (\$555 this year) for each amended notification which you submit.

Hazardous waste laws and regulations are detailed and complex. At any time, you may be inspected by the DTSC or your local county health department. Violations of laws or regulations which are found may make you liable for criminal, civil or administrative penalties, as provided by law.

If you have questions on completing the required forms, or have questions on operating requirements for your operation, please contact the nearest DTSC regional office, or this office at the letterhead address or phone number.

Sincerely,



Michael S. Horner, Chief
Permit By Rule Unit
Surveillance and Enforcement
Branch
Enforcement and Program
Support Division

Enclosures

cc: ✓ PAULA RASMUSSEN
BRANCH CHIEF
DTSC REGION 4 OFFICE
SURVEILLANCE & ENFORCEMENT BR.
245 W. BROADWAY, SUITE 360
LONG BEACH, CA 90802

VICTORIA L. GALLAGHER
CHIEF
ENVIRONMENTAL HEALTH SERVICES
HAZ. MATERIALS MGMT. DIV.
P.O. BOX 85261
SAN DIEGO, CA 92186-5261

FIXED TREATMENT UNIT PERMIT BY RULE
INITIAL NOTIFICATION OF INTENT TO OPERATE

FOR OFFICIAL USE ONLY
DTSC REGIONAL OFFICE *[Handwritten mark]*

(See instructions on reverse)

[Handwritten mark]

I. FACILITY ID NO.

C I A D 0 7 3 3 7 9 0 2 6

II. FACILITY BOARD OF EQUALIZATION ACCOUNT NUMBER

H A H Q 3 6 0 1 9 4 6 4

III. FACILITY NAME

P A L O M A R P M E D I C A L C E N T E R

IV. FACILITY ADDRESS OR LEGAL DESCRIPTION OF FACILITY LOCATION

5 5 5 E V A L L E Y P A R K W A Y

E S C O N D I D O (Address)

E S C O N D I D O (City) CA 9 2 0 2 5 (ZIP Code)

S A N D I E G O (County)

V. FACILITY MAILING ADDRESS

5 5 5 E V A L L E Y P A R K W A Y

(Address)

E S C O N D I D O (City) CA 9 2 0 2 5 (State) (ZIP Code)

VI. FACILITY OWNER NAME

P A L O M A R P O M E R A D O

H E A L T H S Y S T E M

VII. FACILITY OWNER ADDRESS

2 1 5 S H I C K O R Y S T R E E T

(Address)

E S C O N D I D O (City) CA 9 2 0 2 5 (State) (ZIP Code)

VIII. FACILITY OWNER TELEPHONE NUMBER

6 1 9 - 7 3 9 - 3 1 8 6 (Area Code and Number)

FACILITY NAME: PALOMAR MEDICAL CENTER

ID No.: CAD073379026

(See instructions on reverse)

IX. FACILITY OPERATOR NAME

VICTORIA PENLAND

X. FACILITY OPERATOR ADDRESS

355 E. VALLEY PARKWAY

(Address)

ESCONDIDO

(City)

CA

(State)

92025

(ZIP Code)

XI. FACILITY OPERATOR TELEPHONE NUMBER

619-739-3186

(Area Code and Number)

XII. DESCRIPTION OF SPECIFIC WASTE TYPE(S) TREATED (Use only the space provided)

Used Photographic fix solutions are treated to recover silver.

XIII. DESCRIPTION OF TREATMENT PROCESS(ES) USED (Use only the space provided)

Used Photographic fix processing solutions are collected and sent to our silver recovery units.

XIV. OPERATOR CERTIFICATION

It is my intention to operate the above facility under Permit-By-Rule for Fixed Treatment Units pursuant to Title 22, California Code of Regulations, Section 67450.2(b).

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

Name (Print or Type)

Wendy M. Buckley

Title

Plant Admin

Signature

[Handwritten Signature]

Date Signed

1/18/95

Distribution: DTSC — White and Yellow; Notifier — Pink and Instructions



Matthew Rodriguez
Secretary for
Environmental Protection



Department of Toxic Substances Control

Barbara A. Lee, Director
1001 "I" Street
P.O. Box 806
Sacramento, California 95812-0806



Edmund G. Brown Jr.
Governor

July 12, 2017

Ms. Kristine Savona
Office Manager
Hillmann Consulting
1745 W. Orangewood Ave., Suite 110
Orange, California 92868

PUBLIC RECORDS ACT REQUEST – PRA # 1-062717-05

Dear Ms. Savona:

On July 3, 2017, the Department of Toxic Substances Control (DTSC) received your Public Records Act request for records pertaining to the following property:

**555 E. Valley Parkway
Escondido, California 92025-3048**

The search on the above address, conducted in DTSC's "Electronic Devices Online System - For Notification and Reporting Requirements," resulted in the enclosed information on **MT Recycling** that are associated with the property. Some additional information associated with the property is pending review and will be provided once the review is completed.

Should you have any questions regarding this matter, please feel free to contact Ms. Judy Kong at (916) 322-2889 or via Judy.Kong@dtsc.ca.gov.

Sincerely,

Rick Brausch, Chief
Policy and Program Support Division
Hazardous Waste Management Program

Enclosures

cc: Ms. Jan Papararo
Cal Center File Room
Department of Toxic Substances Control
8800 Cal Center Drive, 1st Floor
Sacramento, California 95826-3200

Facility Profile

California Department of
Toxic Substances Control

Business Name: MT Recycling

Facility Type: Handler/Collection **Status:** Closed

Date Notified: 03/17/2010
Last Date Revised: 04/27/2010

Facility Physical Address:

555 E Valley Pkwy
Escondido, CA 92025-3048 **County:** San Diego

Temporary Collection Event Location: No

Business Contact: mark thomas
Business Website: www.recycling4you.com
Business Phone: (760)842-5130

Business Mailing Address:
1204 Huntington Rd
San Marcos, CA 92078-5436

EPA ID Number: 104963

Facility Description:

- Accepts materials from Businesses, Household, Government
- Expected to handle Bare CRT, CRT Glass, CRT Device, LCD Monitor, LCD Laptop, LCD TV, DVD, Plasma TV, Microwave, VCR, Computer, Printer, Cellular Phone, Telephone, Radio, Small Electronics, Large Electronics

No Annual Reports submitted as of 07/10/2017.

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APPENDIX G
PROJECT PERSONNEL QUALIFICATIONS



David H. Rutherford

Director of Due Diligence Services

EDUCATION:

B.S. Environmental Sciences, Cook College,
New Brunswick, NJ

CERTIFICATIONS:

40-hr HAZWOPER 29 CFR 1910.120

Certified Hazardous Materials Manager 1992-
2003

10-hr OSHA Construction Safety & Health

Construction Procedures, Materials and Costs
– a ten-week course at Rutgers Center for
Continuing Professional Development

YEARS OF EXPERIENCE:

With Hillmann: 29 years

Total: 29 years

PROFESSIONAL EXPERIENCE:

Mr. Rutherford currently functions as Hillman's Corporate Director for Environmental Due Diligence services, as well as the Corporate Director of Quality Assurance. He has almost 30 years of experience in the environmental consulting industry, and over 26 years in managing and performing environmental property assessments including USEPA and NJDEP Preliminary Assessments.

As the Director of Due Diligence services, Mr. Rutherford is responsible for overseeing environmental due diligence services across the company, including development of standard protocols, report content/templates, and account management strategies. He has managed large national accounts for real estate due diligence services including a desktop review service that handled nearly 500 properties per year. Mr. Rutherford is also the program manager for Hillmann's NJDOH approved "Indoor Environmental Health Assessment of Child Care and Educational Facilities."

Additionally, Mr. Rutherford performs and/or manages Phase II Environmental Site Assessments (ESAs), Underground Storage Tank (UST) investigations/closures, Property Condition Assessments (PCA), Construction Monitoring inspections, Asbestos surveys, Asbestos Abatement Project Monitoring services, Indoor Air Quality (IAQ) surveys, NPDES Discharge Monitoring, Community Right-to-Know surveys, and Environmental Risk Analysis for compliance with the Sarbanes-Oxley act.

Representative experience includes:

Tishman Speyer Properties, various locations nationwide:

Hillmann has provided the complete environmental program for Tishman Speyer's properties since 1987. Our services include phase I ESAs, asbestos surveys, air monitoring, bid administration, O&M programs, industrial hygiene, and indoor air quality programs. Mr. Rutherford is a Project Manager on this contract. Estimated annual contract value: \$6,500,000. This contract is ongoing.

Citigroup, various locations nationwide: Since 1995, Hillmann has provided the complete environmental program including phase I ESAs, asbestos and lead surveys, air monitoring, bid administration, O&M programs, industrial hygiene, indoor air quality programs, geology services, radon testing, and hazardous materials assessments. Mr. Rutherford is an Account Manager on this contract. Estimated cost to date: \$10,000,000. This project is ongoing.

TD Bank, N.A., various locations: Hillmann has performed phase I ESAs at several properties on behalf of TD Bank, N.A. Mr. Rutherford manages the group that conducts the assessments for this contract, which is ongoing. Cost to date: \$700,000.

HSBC Bank, various locations nationwide/NYC Metro: Hillmann is providing the complete environmental program including phase I ESAs, asbestos surveys, air monitoring, bid administration, O&M programs, industrial hygiene, and indoor air quality programs. Mr. Rutherford is a Project Manager on this contract, which is ongoing. Cost: \$2,100,000.



Peapack Gladstone Bank, various locations in NY, NJ, and PA:

Hillmann has performed phase I ESAs at numerous properties on behalf of Peapack Gladstone Bank since 2013. Mr. Rutherford manages the staff that conducts the assessments for this contract, which is ongoing. Estimated cost to date: \$250,000.

The Davis Companies, Norwalk, CT: On behalf of The Davis Companies, Hillmann provided an Advisory Report of analysis and opinion regarding the potential electromagnetic fields (EMF) health risks that may be associated with a newly constructed sub-station on an adjacent property.

Multi-Family Portfolio, New York, NY: Hillmann conducted environmental due diligence services and construction plan and cost review for a rehabilitation project of 45 low income multi-family apartment buildings in upper Manhattan. Mr. Rutherford coordinated and oversaw the completion of 45 phase I ESA reports and 5 phase II site investigations. Cost: \$110,720.

MBD Community Housing Corporation, Bronx, NY: Mr. Rutherford's staff has conducted environmental due diligence services for various multi-family apartment buildings located throughout New York City; including a portfolio of 11 buildings in Bronx, NY. Various projects have been completed between 2009 and 2016. Cost: \$50,000.

International Portfolio of Industrial Properties: Completed in 2012, Mr. Rutherford was the Project Manager for a multi-level environmental due diligence assessment for a portfolio of 113 light industrial properties located throughout the United States and Mexico. Cost: \$198,000.

Confidential client, various locations nationwide: Between 2008 and 2013, as a Project Manager, Mr. Rutherford was responsible for conducting multiple Risk Assessments. The purpose for conducting the assessments was to project a cost estimate for potential environmental liabilities associated with over 3,700 former drug store facilities in compliance with the Sarbanes-Oxley act. Cost: \$25,000.