



COUNTY OF SAN DIEGO

EST. NUMBER H 20208

COMPLIANCE INSPECTION REPORT

DATE 5/1/00

PAGE 2 OF 2

BUSINESS ADDRESS: 3121 Willow Glen Dr. 92019

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.

[Signature]
ESTABLISHMENT REPRESENTATIVE

5-1-00
DATE SIGNED

Superintendent
TITLE

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

DISTRIBUTION: WHITE-RETURN TO HMMD
YELLOW-BUSINESS RETAINS

Permit H#: H20208
State ID 37-000-H20208
CA Cert. No: 05056
CA Cert. Issue Date 12/21/1998



Operating Permit Issued on 12/19/2001
Operating Permit Expires on: 05/23/2005

San Diego County
Department of Environmental Health (DEH)

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: COTTONWOOD GOLF COURSE **Site Address** 3121 WILLOW GLEN DR, EL CAJON 92019

Tank Owner's Name: RANCHO SAN DIEGO GOLF COURSE

Tank Operator's Name COTTONWOOD GOLF COURSE

Total Number of Operating Permitted Tanks: 1

**See reverse side for permit conditions and requirements.*

Tank#	Capacity (gallons)	Waste/ Product	Piping Construction	Contents	Monitoring Alternative
1. Tank-002	5000	Product	DOUBLE WALL	REGULAR UNLEADED	DW TANK DW SUCTION AND/ OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL.

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code, Chapter 165, Division 3, Title 23, California Code of Regulations

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

A. General Information

Facility Name: Cotton Wood Golf Course Bldg. No.: 1212
 Site Address: 3121 Willow Glen Drive City: FELTON Zip: 92019-4805
 Facility Contact Person: GERRY RUIZ Contact Phone No.: (619) 447-0012
 Make/Model of Monitoring System: ROMAN X765-A4 ser 8-47722 Date of Testing/Servicing: 06/27/02

B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>UNLEADED GAS</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>FLOAT-LS-3</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>FLOAT-LS-3</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>FLOAT-LS-3</u></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: <u>Banner III = 5000</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: <u>NONE</u></p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</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 manufacturer's guidelines. Attached to this Certification is information (e.g. manufacturer's checklists) necessary to verify that this information is correct and a P&ID 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 N/A

Technician Name (print): WELL PRASSIDE Signature: Well Prasside
 Certification No.: 76210088 License No.: 685467
 Testing Company Name: Retkuljevic P.E.T.S. Phone No.: (858) 679-7462
 Site Address: 3121 Willow Glen Drive, Felton Date of Testing/Servicing: 06/27/02

D. Results of Testing/Service

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 type="checkbox"/> Yes	<input checked="" 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 overflow warning device (i.e. no mechanical overflow prevention valve is installed), is the overflow warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input checked="" type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable <u>N/A</u>
<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: SENSOR WIRING WAS LENGTHED AND THE
SENSORS IN THE TWO SUMP RELOCATED TO THE LOWEST
POINT.
PRIOR TO RELOCATING SENSORS WATER AND OVERSPILL
WAS REMOVED FROM THE FILL SUMP. THE FILL(OVERSPILL)
CONTAINMENT WAS TORN. A REPLACEMENT WAS
ORDERED.

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?

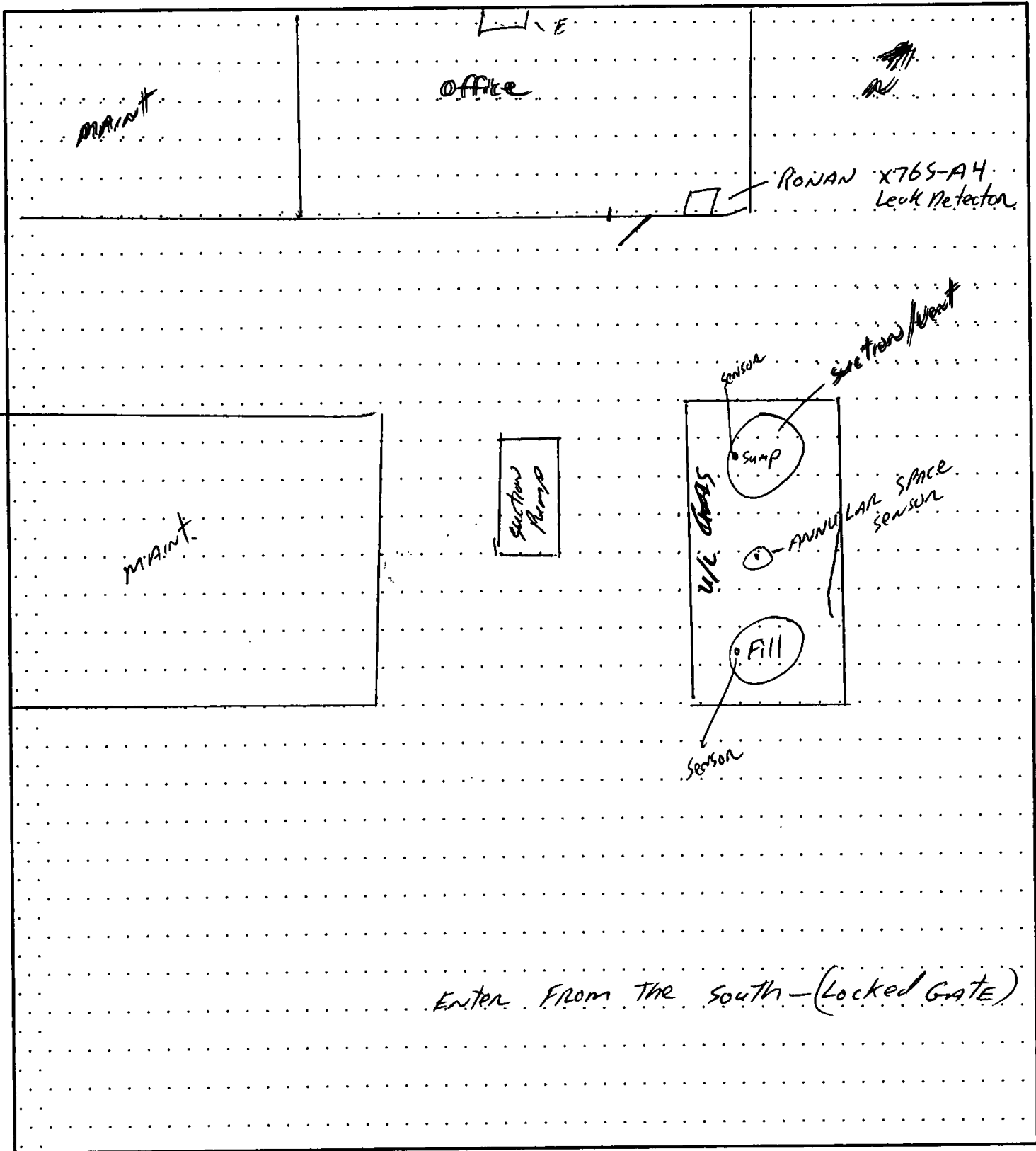
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

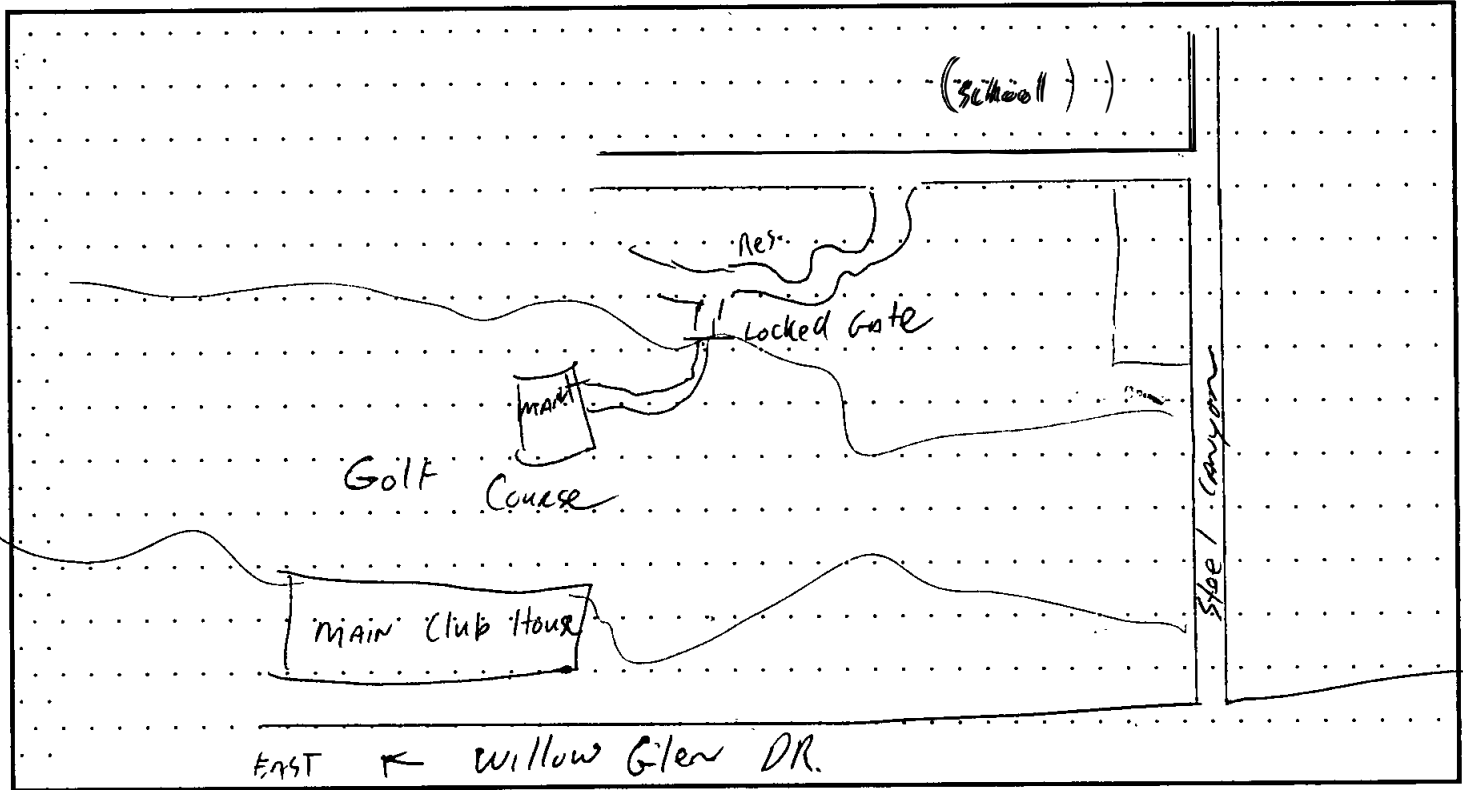
H. Comments:

UST Monitoring Site Plan

Site Address:

3121 Willow Glen Drive





Date map was drawn: 06/27/02

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.

Petroleum P.E.T.S.
P.O. Box 50024
San Diego, CA 92150

Mail P. Masse Engineering
License #088467
TOLL: 33-0884770

(858) 679-7462 / Fax (858) 679-0144

07-10-2002

Cottonwood Golf Course

3121 Willow Glen Drive
El Cajon, CA 92019-4605

Gerry Ruiz
Superintendent
(619) 447-0012 (fax 0017)

<p>Replace torn CNI over spill bucket bellows On the vapor side of the unleaded gas sump.</p> <p>Note : The replacement manhole cover is not the correct cover for the tank bung configuration and the fill and vapor risers are set at least 2" low; this will cause premature failure of the bellows in the future.</p> <p>Labor and travel Truck charge</p> <p>ENI Bellows & hardware</p> <p>Freight</p>	<p><i>sump - 6/1/02</i></p>	<p><i>confidential</i></p> <p><i>2/1/02</i></p>	<p><i>2/1/02 - cost</i></p>
		<p><i>Release Prior to Faxing</i></p>	



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 5 DATE 6/27/02
 PERMIT # 120208
 TIME START 8:45 END 12:30
 BUS. CODE K40
 SPECIALIST CROSSE
 INSPECTION CONTACT/TITLE
GERRY RUIZ
 PHONE: (619) 444-0012
and 10/14/02 file

BUSINESS NAME COTTONWOOD GOLF CLUB
 ADDRESS 3121 WILLOW GREEN
 CITY/ZIP EL CAJON 92019

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 checked="" type="checkbox"/> | <input type="checkbox"/> | Unified Facility Permit current and available | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Permit Expires on: <u>6/30/02</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous Materials Business Plan available | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contingency Plan available |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Employee Training is adequate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Employee Training records available |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste disposal records available for review | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers kept closed * |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers kept labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical inventory current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers in good condition |

PERMISSION GRANTED BY GERRY RUIZ TO CONDUCT INSPECTION.

ROUTINE HAZ WASTE / INVENTORY INSPECTION

1 VIOLATION: NO RECORDS OF BATTERY DISPOSAL

CORRECTION: FAX RECORDS OF BATTERY DISPOSAL BY "EZ GO" FOR 2000, 2001, 2002 TO 858-694-3705 OR MAIL TO *(BOTTOMORBE) WITHIN 14 DAYS.

2 VIOLATION: USED OIL + USED OIL FILTER DRAVING NOT CLOSED

CORRECTION: KEEP CLOSED AT ALL TIMES.

REMARKS: *ADDED O₂ + ALEK GAS TO INVENTORY

*DELETED SAFETY KLEEN PARTS WASHEN

*ADDED SIMPLE GREEN " " - WILL REGENERATE H.W.

*FILTER EVERY OTHER YEAR. MUST BE DISPOSED OF AS HAZ. WASTE.

This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative _____

[Signature]
Signature of Business Representative

6/27/02
Date Signed

Superintendent
Title



COUNTY OF SAN DIEGO

EST. NUMBER # 1120208

DATE 6/27/02

PAGE 2 OF 5

SUPPLEMENTAL INSPECTION REPORT

Office Use Only

BUSINESS ADDRESS: 3121 WILLOW GREEN EL CAJON ZIP CODE: 92020

UNDERGROUND STORAGE TANK INSPECTION

VIOLATION: MONITORING PLAN PLAN NOT SUBMITTED

CORRECTION: SUBMIT AS DISCUSSED WITHIN 14 DAYS

VIOLATION: SPILL CONTAINER IS TORN

CORRECTION: REPLACE AT ONCE. CONTRACTOR MADE APPOINTMENT FOR JULY 2.

VIOLATION: FILL SUMP NOT FREE OF LIQUID

CORRECTION: WATER/FUEL Mixture REMOVED BY CONTRACTOR + PUT IN HAZ WASTE CONTAINER.

VIOLATION: SENSORS NOT AT LOW POINT IN SUMPS AND " " " " AS REQ'D FOR ANNULAR SENSOR.

CORRECTION: FILL SUMP SENSOR, PILING SUMP SENSOR + ANNULAR SENSOR ALL PROPERLY POSITIONED TODAY.

SECONDARY CONTAINMENT TESTING OF 25T SUMPS DUE 12-31-02

UNDER-DISPENSED CONTAINMENT INSTALLATION DUE BY 12-31-03.

Signature of Business Representative Date Signed 6/27/02 Title Superintendent

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

(619) 338-2222

DISTRIBUTION: WHITE-RETURN TO HHWD YELLOW-BUSINESS RETAINING



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 120208

DATE 6/27/02

PAGE 3 OF 5

BUSINESS ADDRESS: 3121 Willow Glen El Cajon

ZIP: 92015 92019

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

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

RECORDKEEPING

Table with columns: Viol #, VIOL, VIOLATION DESCRIPTION. Contains violations V0131 through V0145.

Table with columns: VIOL, VIOLATION DESCRIPTION. Contains violations V0401 through V0406.

HAZARDOUS WASTE TANK SYSTEMS

Table with columns: VIOL, VIOLATION DESCRIPTION. Contains violations V1601 through V1611.

STORAGE AND HANDLING

Table with columns: Viol #, VIOL, VIOLATION DESCRIPTION. Contains violations V0201 through V0216.

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

Table with columns: VIOL, VIOLATION DESCRIPTION. Contains violations V1001 through V2553.

DISPOSAL AND TRANSPORTATION

Table with columns: VIOL, VIOLATION DESCRIPTION. Contains violations V0301 through V0304.

SIGNATURE OF BUSINESS REPRESENTATIVE

6/27/02 DATE SIGNED

Superintendent TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

PERMIT #: 170708
 DATE: 6/27/02
 PAGE: 4 OF 5

COMPLIANCE INSPECTION REPORT

BUSINESS ADDRESS: 3121 Willow Glen EL CAJON ZIP: 92019

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
FILE RECORDS					FILE RECORDS				
	UFP 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		X
	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		X
	UST Repair/modify/closure permit obtained? 68.1005	3103		X	UST SYSTEM RECORDS				
	Forms A and B submitted? 25286(a)	3104				Releases reported/recorded? 25294, 25295; 2650, 2651, 2652	3151		X
	Financial Responsibility current? 25292.2(a)	3105				Maintenance & Monitoring records available? 2712 (b)	3152		
	Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b)	3106		X		Monitoring certification submitted to CUPA within 30 days? 2637(b)(4)	3153		
	Monitoring Plan approved? 2632(b), 2634(d), 2711(a)(9)	3107				Enhanced Leak detection performed if required? 25292.4	3154		X
	UST Emergency Response Plan current? 25289(b); 2632(b), 2634(e)	3108				Contractor trained? 25284.1(a)(5)(D); 2637(b)(1)(B)	3155		
	Monitoring plot plan submitted? 2711(a)(8)	3109	X			Contractor has Class A, C-10, C34, C36, or Y C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A)	3156		
	Annual certification of ATG and sensors? 2641(j)	3110				No evidence of falsification of records or tampering with monitoring system? 25299(d)	3157		
	Continuous monitoring system certified annually? 25284.1(a)(4)(C), 2630(d), 2641(j)	3111		X		No operating permit conditions violated? 2712	3158		

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

#	VIOLATION DESCRIPTION	TANK #																
		VIOL	V	NA	V	NA	V	NA	V	NA	V	NA						
	Is monitor not in state of alarm at beginning of inspection? 2632(d)	3251																
	Audible and visual alarms functioning properly? 2632(c)(2)(B), 2636(f)(1)	3252																
	Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5)	3253																
	UST system has approved overfill protection? 2635(b)(2)	3254																
	Is spill container in good condition and liquid free? 2635 (b)(1)	3255	X															
	Fill box drain functional or alternative available? 2635(b)(1)(C)	3256																
	Is containment sump liquid free? 2631(d)(4)	3257	X															
	Are sensors placed adequately and/or at low point in sumps? 2641(a)	3258	X															
	Dispenser containment present if currently required? 25284.1(a)(5)(C)	3259			X													
	Dispenser containment adequately monitored? 2636(f)(1) & (g)	3260			X													
	Dispenser containment free of liquid? 2631(d)(4)	3261			X													
CATHODIC PROTECTION																		
	System checked as required by tester? (6 mo./3yrs.) 2635(a)(2)(A)	3301			X													
	Impressed current system check every 60 days? 2635(a)(2)(A)	3302			X													
LINING REQUIREMENTS																		
	Lined UST test performed after 10 years then every 5? 2663(h)	3311																
CLOSURE REQUIREMENTS:																		
	Applied for temporary closure? 25298	3321			X													
	Temporary closure requirements completed? 2671	3322			X													
	Permanent closure requirements completed? 2672	3323			X													
	Unused tank properly closed? 25298	3324			X													

[Signature]
 SIGNATURE OF BUSINESS REPRESENTATIVE

6/27/02
 DATE SIGNED

Superintendent
 TITLE OF BUSINESS REPRESENTATIVE