



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #: 170708

DATE: 6/27/02

PAGE: 5 OF 5

BUSINESS ADDRESS: 3121 WILLOW GLEN EL CAYTON

ZIP: 92019

UST SYSTEM INSPECTION

| | | TANK # | | | | | | | | |
|--|---|---------|---|----|---|----|---|----|---|----|
| REQUIREMENTS FOR DOUBLE WALLED SYSTEMS | | PRODUCT | | | | | | | | |
| # | VIOLATION DESCRIPTION | VIOL | V | NA | V | NA | V | NA | V | NA |
| PIPING MONITORING: PRESSURIZED SYSTEMS: OPTIONS 1, 2, 3 & 4 | | | | | | | | | | |
| OPTION 1 | Continuous audible and visual alarm with positive shut off? 2636(g)(1) & (2) | 3401 | | | | | | | | |
| | Pump shuts off when monitor is disconnected or fails? 2636(g)(4) | 3402 | | | | | | | | |
| OPTION 2 | Continuous audible and visual alarm with positive shut off? 2636(f)(1) & (3) | 3403 | | | | | | | | |
| | Piping integrity test detects .1 gph at 150% pressure? 2636(f)(4) | 3404 | | | | | | | | |
| OPTION 3 | Line leak detector detects 3.0 gph or equivalent? 2636(f)(2) | 3405 | | | | | | | | |
| | Automatic line leak detector certified annually? 25284.1(a)(4)(C); 2630(d), 2641(j) | 3406 | | | | | | | | |
| | Piping integrity test detects .1 gph at 150% pressure? 2636(f)(4) | 3407 | | | | | | | | |
| OPTION 4 | Emergency Generators only: Monitoring system checked daily? 2636(g)(5) | 3408 | | | | | | | | |
| | Em. Generators only: Continuous audible and visual alarm? 2636(g)(1) & (2) | 3409 | | | | | | | | |
| 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 | | | | | | | | |
| | Hourly line leak detector monitoring performed? 25284.1(a)(4) (c); 2643(c)(1) | 3555 | | | | | | | | |
| OPTION 2 | Hourly line leak detector monitoring performed? 25284.1(a)(4)(C); 2643(c)(1) | 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 line leak detector monitoring performed? 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]
SIGNATURE OF BUSINESS REPRESENTATIVE

6/27/02
DATE SIGNED

Superintendent
TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE # OF 4 DATE 9/30/03
 PERMIT # 202521
 TIME START 4:30 END 3:00
 BUS. CODE K-60
 SPECIALIST C. J. MOSSIE
 INSPECTION CONTACT/TITLE
 DARYL EDLER 146. GEN PARTNER
 PHONE: (619) 442-9891
 File # 12-2303.com File

BUSINESS NAME COTTONWOOD GOLF CLUB
 ADDRESS 3124 WILLOW GREEN
 CITY/ZIP EL CAJON 92029

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 Program Facility Permit current and available | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Permit Expires on: <u>NEW</u> / / |
| <input checked="" 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 <u>NO</u> | <input type="checkbox"/> | <input type="checkbox"/> | Employee Training records available <u>NO</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste disposal records available for review | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers kept closed <u>NO</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current <input checked="" type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers kept labeled <u>NO</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical inventory current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers in good condition |

CHANGE OF OWNERSHIP / HAZARDOUS MATERIALS INSPECTION

OCT 24 2003

NEW PERMIT # ISSUED TODAY.
UPF PERMIT APPLICATION COMPLETED TODAY.

RA SECONDARY CONTAINMENT TESTING CONDUCTED ON 9-26-03.
SCT FAILURES WILL BE REPAIRED. MAINTENANCE AREA
INCLUDING UST WILL BE RELOCATED. UST WILL BE
REMOVED AND AN AST INSTALLED.

BE SURE TO OBTAIN PERMITS FOR UST REMOVAL.

RB MONITORING CERTIFICATION COMPLETED 9-20-03. ALL SENSORS
FUNCTIONAL. OVERFILL - DRAIN FLOAT.

VIOLATION: WASTE OIL 5 GALLON CONTAINERS NOT CLOSED
CORRECTION: KEEP CONTAINERS CLOSED AT ALL TIMES

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.

Signature of Business Representative: Daryl C. Edler Jr. Date Signed: 9-30-03 Initials of Business Representative: GEN PARTNER
 Title: General Partner



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 202521
 DATE 9/30/03
 PAGE 2 OF 4

BUSINESS ADDRESS: 3121 WILLARD GLEN EL CAJON ZIP: 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

RECORDKEEPING

| Viol # | VIOL | VIOLATION DESCRIPTION |
|--------|--------------------------|---|
| | <input type="checkbox"/> | V0131 UPF Permit not obtained SDCC. 68.905 |
| | <input type="checkbox"/> | V0132 No EPA Identification Number. 66262.12 |
| | <input type="checkbox"/> | V0133 Manifest copy not sent to DTSC. 66262.23 |
| | <input type="checkbox"/> | V0134 Exception Rpt not filed with DTSC 66262 42 |
| | <input type="checkbox"/> | V0135 Waste Manifests/Receipts not on-site for 3 years 66262 40 |
| | <input type="checkbox"/> | V0136 No records of battery disposal 66262.81 |
| | <input type="checkbox"/> | V0137 Manifest not properly completed 66262.23 |
| | <input type="checkbox"/> | V0138 TSDF signed-manifest not on-site. 66262.40 |
| | <input type="checkbox"/> | V0139 Biennial report not sent to DTSC 66262 41 |
| | <input type="checkbox"/> | V0140 LDR Documentation not available 66268 7 |
| | <input type="checkbox"/> | V0141 Operating TSDF without authorization. 25201 |
| | <input type="checkbox"/> | V0142 Failed to notify local CUPA of onsite treatment of hazardous waste. 25201 |
| | <input type="checkbox"/> | V0143 Tiered Permitting notification has incomplete or incorrect information. 25201 |
| | <input type="checkbox"/> | V0144 SB14 compliance doc. not available. 25244.19 |
| | <input type="checkbox"/> | V0145 Excluded recyclable materials report not submitted to HMD 25143.10 |

STORAGE AND HANDLING

| | | |
|---|-------------------------------------|---|
| 1 | <input checked="" type="checkbox"/> | V0201 Waste container not kept closed. 66265.173 |
| 2 | <input checked="" type="checkbox"/> | V0202 Waste container missing/improperly labeled. 66262.34, 25143.9 |
| | <input type="checkbox"/> | V0203 Damaged container not repackaged. 66265.171 |
| 3 | <input checked="" type="checkbox"/> | V0204 Waste container not properly managed. 66265.173 |
| | <input type="checkbox"/> | V0205 Waste container in poor condition. 66265.171 |
| | <input type="checkbox"/> | V0206 Ignitable Waste < 50 feet of property line. 66265.176 |
| | <input type="checkbox"/> | V0207 Facility no maintained/operated to minimize possibility of fire, explosion or release. 66265.31 |
| | <input type="checkbox"/> | V0208 Storage area not inspected weekly. 66265.174 |
| | <input type="checkbox"/> | V0209 Waste stored > 90, 180, or 270 days. 66262.34 |
| | <input type="checkbox"/> | V0210 Hazwaste not cleaned up off floor surface. 66262.10b |
| | <input type="checkbox"/> | V0211 Incompatibles in the same container. 66265.177 |
| | <input type="checkbox"/> | V0212 Incompatibles not stored separately. 66265.177 |
| | <input type="checkbox"/> | V0213 Container incompatible with waste. 66265.172 |
| | <input type="checkbox"/> | V0214 Waste oil contaminated. 25250.7 |
| 4 | <input checked="" type="checkbox"/> | V0215 Used oil filters improperly managed 66266.130 |
| | <input type="checkbox"/> | V0216 Hazardous materials not properly labeled. 25124 |

DISPOSAL AND TRANSPORTATION

| | | |
|---|-------------------------------------|---|
| 5 | <input checked="" type="checkbox"/> | V0301 Unauth disposal of waste to <u>GROUND</u> . 25189.5 |
| | <input type="checkbox"/> | V0302 Unlawful transportation of hazardous waste. 25163 |
| | <input type="checkbox"/> | V0303 Waste transported without a manifest. 66262.20 |
| | <input type="checkbox"/> | V0304 Waste determination not made. 66262.11 |

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

| Viol # | VIOL | VIOLATION DESCRIPTION |
|--------|-------------------------------------|--|
| 9 | <input checked="" type="checkbox"/> | V0401 Training records unavailable. 66265.16 |
| 0 | <input checked="" type="checkbox"/> | V0402 Training program not adequate. 66265.16 |
| | <input type="checkbox"/> | V0403 Facility not designed to minimize release. 66265.31 |
| | <input type="checkbox"/> | V0404 Spill control equip not available 66265.32 |
| | <input type="checkbox"/> | V0405 Aisle space is obstructed. 66265 35 |
| | <input type="checkbox"/> | V0406 Contingency plan not prepared and/or on file. 66265.51, 66265.53 |

HAZARDOUS WASTE TANK SYSTEMS

| | | |
|--|--------------------------|---|
| | <input type="checkbox"/> | V1601 Hazwaste tanks w/o P E assessment 66265.191a, 66265 192a |
| | <input type="checkbox"/> | V1602 P E Assessment report not complete 66265.191g, 66265 192k |
| | <input type="checkbox"/> | V1603 Hazwaste tank system: no secondary containment. 66265.193a |
| | <input type="checkbox"/> | V1604 Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c) |
| | <input type="checkbox"/> | V1605 No daily tank inspection/inspect log 66265.195 (b&c) |
| | <input type="checkbox"/> | V1606 Improper or absent spill/overflow protection. 66265.194b |
| | <input type="checkbox"/> | V1607 Improper corrosion protection 66265 191, 66265.192 |
| | <input type="checkbox"/> | V1608 Integrity assessment not done for tanks without secondary containment system. 66265.191 |
| | <input type="checkbox"/> | V1609 Improper use of hazwaste tank system. 66265 196 |
| | <input type="checkbox"/> | V1610 No PE assessment report-repairs/changes. 66265.196g |
| | <input type="checkbox"/> | V1611 Improper closure of haz waste tank unit. 67383.3, 66265.197 |

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

| | | |
|---|-------------------------------------|---|
| | <input type="checkbox"/> | V1001 UPF permit not obtained for Haz. Materials. 68.905 |
| | <input type="checkbox"/> | V1002 Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5 |
| 7 | <input checked="" type="checkbox"/> | V1003 HMBP not amended to reflect changes 25505 |
| | <input type="checkbox"/> | V1004 HMBP not submitted to HMD. 25505 |
| 8 | <input checked="" type="checkbox"/> | V1005 Emergency Contacts not provided/current. 25509 |
| | <input type="checkbox"/> | V1006 Inventory is incomplete. 25504 |
| | <input type="checkbox"/> | V1007 Highly toxic gas (TLV ≤ 10 ppm) not disclosed in chemical inventory. 68.1113 |
| | <input type="checkbox"/> | V1008 Annual carcinogen & reproductive toxin list not submitted to HMD 68.1113 |
| | <input type="checkbox"/> | V1009 Site map is not sufficient. 25509 |
| | <input type="checkbox"/> | V1010 Failure to report a release/threatened release. 25507 |
| | <input type="checkbox"/> | V1011 Personnel Training records not available 19 CCR 2732 |
| | <input type="checkbox"/> | V1012 SPCC Plan required but not prepared. 25270.5 (c) |
| | <input type="checkbox"/> | V2504 Owner or operator (O/O) Stationary Source (SS) with >TPQ of a regulated substance (RS) did not comply with Chapter 4.5 (CalARP process). 2745.1 |
| | <input type="checkbox"/> | V2553 O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d) |

SIGNATURE OF BUSINESS REPRESENTATIVE

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

DATE SIGNED

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

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

EST. NUMBER H 202521

SUPPLEMENTAL INSPECTION REPORT

DATE: 9-30-03

PAGE: 3 OF 4

Office Use Only

BUSINESS ADDRESS: 3121 WILLOW GLEN, EL CAJON ZIP CODE: 92019

VIOLATION 2: WASTE OIL CONTAINERS NOT LABELED.

CORRECTION: KEEP CONTAINERS LABELED AT ALL TIMES

VIOLATION 3: WASTE OIL DRUMS + DRAINED USED OIL DRUMS WITH FLUID OIL ON TOP + DRAINED USED OIL DRUMS HAVE APPROXIMATELY 1" OF OIL IN BOTTOM.

CORRECTION: KEEP TOPS OF DRUMS + DRAINED USED OIL DRUMS FREE FLOWING OIL.

VIOLATION 4: DRAINED USED OIL FILTERS NOT PROPERLY DRAINED BEFORE PUTTING IN DRUMS.

CORRECTION: PROPERLY DRAIN FILTERS BEFORE PUTTING IN DRUMS.

VIOLATION 5: UNAUTHORIZED DISPOSAL TO THE GROUND OF USED OILS.

CORRECTION: SOURCE HAS BEEN REMOVED.

OIL SATURATED SOIL MUST BE REMOVED BY CONTAINING IN A SEALABLE METAL DRUM AND DISPOSED OF AS HAZARDOUS WASTE.

NOTIFY HEM FOR INSPECTION OF PROPER REMOVAL.

VIOLATION 6: TRAINING PROGRAM INADEQUATE.

CORRECTION: CONDUCT HAZ. MAT. TRAINING WITH EMPLOYEES WHO HANDLE HAZ. MAT AND HAZ. WASTE.

VIOLATION 7: HAZ. MAT. BUSINESS CAN NOT AFFIRMED TO SHOW CHANGES IN OWNERSHIP.

Nancy C. Odler Jr.
Signature of Business Representative

9-30-03
Date Signed

MANAGING GEN. PARTNER
Title

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



COUNTY OF SAN DIEGO

EST. NUMBER H 202521

SUPPLEMENTAL INSPECTION REPORT

DATE: 9-30-03

PAGE: 4 OF 4

Office Use Only

BUSINESS ADDRESS: 3121 WILLOW GLEN, EL CAJON ZIP CODE: 92014

ISSUED:

HAZ. WASTE GENERAL REQUIREMENTS

AUTOMATIC CHECKLIST FOR COMPLIANCE

VST FINANCIAL RESPONSIBILITY FORM (FOR CHANGE OF OWNERSHIP)

EMPTY CONTAINERS REQUIREMENTS

RB VST INSPECTION REPORT WILL BE ISSUED WHEN MONITORING CONT. RESULTS ARE RECEIVED.

VIOLATION #9: EMPLOYEE TRAINING RECORDS NOT AVAILABLE:

CORRECTION: IF FOUND, FAX TO 858-694-3705. IF NOT AVAILABLE, FINISH AN EMPLOYEE HAZ. MAT TRAINING PROGRAM AND SUBMIT A SIGN-IN SHEET.

VERY IMPORTANT: FAX VST FINANCIAL RESPONSIBILITY TO 858-694-3705 SHOWING PROOF OF LIABILITY + CHANGE OF OWNERSHIP.

PHOTOGRAPHS OF HAZ. WASTE VIOLATIONS TAKEN TODAY.

Nancy C. Sellen, Jr.
Signature of Business Representative

9-30-03
Date Signed

GENERAL PARTNER
Title

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

Dave Fritz (Ag) responded to SWQCB complaint re: oil spill at Cottonwood Golf Club. Actual spill was from leaking equipment over a possible two year period. 858-694-2239 or cell 858-967-8008.

Telecon with Dave 9-29. Ag will enforce and HMD will clean-up. Gave Managing General Partner Daryl Idler to phone numbers to Dave. Office-619-442-9891 or cell 619-972-6081.

Meet 9:30 at CW On 9/30/03. HMD will start clean-up process and do a routine inspection

SWQCB and Ag will do other water quality issues. Grading etc.

*Rounded T's
" amend*

Mosse, Charlie

From: Mosse, Charlie
Sent: Thursday, October 02, 2003 9:26 AM
To: 'idlelaw@earthlink.net'
Subject: EPA ID # Website

Daryl,

The change of ownership requires that you apply for a new EPA ID #. E-mail new number to me.

http://www.dtsc.ca.gov/PublicationsForms/GISS_FORM_1358.pdf

Thank you

Charlie Mosse

Mosse, Charlie

From: Misleh, John
Sent: Wednesday, September 24, 2003 11:01 AM
To: Yorkey, Darryl
Cc: Mosse, Charlie
Subject: RE: Cottonwood Golf Course

Importance: High

thanks,.... I passed it on to the area inspector Charlie mosse to check out. John.



P1011074.JPG

John E. Misleh
Supervising Environmental Health Specialist
Hazardous Materials Division, DEH
Work Phone (858) 495-5213
Fax# (858) 694-3705

-----Original Message-----

From: Yorkey, Darryl
Sent: Wednesday, September 24, 2003 10:58 AM
To: Misleh, John
Subject: Cottonwood Golf Course

Hi John,

A complaint was recently received on the stormwater hotline concerning the dumping of waste oil to the ground in the maintenance area of the Cottonwood Golf Course. The original complainant was Stacey Baczkowski (baczs@rb9.swrcb.ca.gov) from the Regional Water Quality Control Board.

I visited the maintenance area of the site and observed that a spot outside of the perimeter of the maintenance area may have received spilled or dumped waste oil, but I was not able to determine what may have been on the ground. However, due to the distance from the river, it isn't a stormwater issue.

I have attached a picture of what I observed.

If you have any questions concerning this referral, please contact me via email or by phone at 858-495-5294.

Thanks,
Darryl Yorkey, REHS
Environmental Health Specialist
Stormwater Compliance and Enforcement
County of San Diego - DPW

<< File: P1011074.JPG >>

David Fritz
Senior Inspector
San Diego County Department of Agriculture
Agricultural Water Quality
(858)-694-2239
(858)-967-8008 Cell
mailto:David.Fritz@sdcountry.ca.gov

-----Original Message-----

From: Davy, Paul
Sent: Wednesday, September 24, 2003 3:49 PM
To: David@Home (E-mail)
Cc: Fritz, David; Tesoro, Cid ; Hardy, Simone
Subject: FW: RWQCB Complaint Referral
Importance: High

David, please get out there tomorrow, Thursday.

Paul A. Davy
Supervising Inspector
San Diego County Department of Agriculture
(858)-694-3122
mailto:Paul.Davy@sdcountry.ca.gov

-----Original Message-----

From: Tesoro, Cid
Sent: Tuesday, September 23, 2003 4:35 PM
To: Davy, Paul
Cc: VanRhyn, Jon; Wallar, Chandra
Subject: FW: RWQCB Complaint Referral
Importance: High

Paul,
I got this form Stacey over at the Regional Board. Please look into this and get back to her ASAP. Spilled oil is always a red flag.

Thanks...

-----Original Message-----

From: Stacey Baczkowski [mailto:baczs@rb9.swrcb.ca.gov]
Sent: Tuesday, September 23, 2003 10:01 AM
To: LUEG, Watersheds
Cc: Tesoro, Cid
Subject: RWQCB Complaint Referral

We received a complaint regarding oil dumping at the Cottonwood Golf Course (on Willow Glen Drive) in the Rancho San Diego area. They have reportedly been dumping oil on the ground in the maintenance area. The caller did not know if this was from golf course vehicles or personal vehicles (e.g., jet skis) that are stored there. Please see the attached photos provided by the caller.

The caller also stated that the golf course has been grading (constructing new tee boxes and flower boxes) without permits, and that some of this work has occurred in the Sweetwater River.

Please get back to me with the results of your investigation into the oil dumping and any information you have on grading activities.

Thank you,
Stacey

Mosse, Charlie

From: Misleh, John
Sent: Monday, September 29, 2003 11:05 AM
To: Mosse, Charlie
Cc: Leondis, Lisa
Subject: RE: RWQCB Complaint Referral

Importance: High



Oilspill2.JPG



Oilspill.JPG



Paul Davy
(E-mail).vcf

fyi charlie....

John E. Misleh
Supervising Environmental Health Specialist
Hazardous Materials Division, DEH
Work Phone (858) 495-5213
Fax# (858) 694-3705

-----Original Message-----

From: Leondis, Lisa
Sent: Monday, September 29, 2003 9:30 AM
To: Misleh, John
Subject: FW: RWQCB Complaint Referral
Importance: High

Should they dig it up and manage it as haz waste?

Lisa Leondis
Hazardous Materials Division
Phone (858) 495-5423
Fax (858) 694-3705

-----Original Message-----

From: Fritz, David
Sent: Thursday, September 25, 2003 1:15 PM
To: Leondis, Lisa
Cc: Davy, Paul; Silva, Nestor; Hardy, Simone
Subject: FW: RWQCB Complaint Referral
Importance: High

Hi Lisa,

Last time we spoke, we discussed illegal hazmat dumping. I think this location may fit your criteria. I spoke to Superintendent Gerry Ruiz at the Cottonwood Golf Course on 3121 Willow Glen Dr. in El Cajon. A motor grader was parked at this spot for two years before it was removed. After our discussion it sounds like no effort was made to prevent the leakage of hydraulic fluid onto the ground. Motor graders are typically high profile vehicles which makes it easy to view under the vehicle. I don't believe their story that they didn't know it was leaking until it was moved. This referral came from the RWQCB, we are going to do a full inspection of the golf course on Monday. I thought you might like to know. View the pictures, and let me know if it's something DEH would be concerned about.









**SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION**
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

BUSINESS ACTIVITIES

Page of

I. FACILITY IDENTIFICATION

| | | | | | | | | |
|---------------|---|---|---|---|---|--------|---------------------------------|-----|
| FACILITY ID # | 3 | 7 | 0 | 0 | 0 | 202521 | EPA ID # (Hazardous Waste Only) | TBD |
|---------------|---|---|---|---|---|--------|---------------------------------|-----|

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

PREMIER GOLF PROPERTIES, LP / COTTONWOOD GOLF CLUB

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).**

| Does your facility... | If Yes, please complete these pages of the UPCF. | |
|---|---|--|
| A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 4 HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731) |
| B. UNDERGROUND STORAGE TANKS (USTs) <ul style="list-style-type: none"> Own or operate underground storage tanks? Intend to upgrade existing or install new USTs? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 5 UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) |
| <ul style="list-style-type: none"> Need to report closing a UST? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 6 UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 7 UST TANK (closure portion - one page per tank) |
| C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: —any tank capacity is greater than 660 gallons, or —the total capacity for the facility is greater than 1,320 gallons? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 8 NO FORM REQUIRED TO CUPAS |
| D. HAZARDOUS WASTE <ul style="list-style-type: none"> Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? Treat hazardous waste on site? Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? Consolidate hazardous waste generated at a remote site? Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 9 EPA ID NUMBER - provide at the top of this page |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 10 RECYCLABLE MATERIALS REPORT (one per recycler) |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 11 ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A, B, C, D and L) |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 12 CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 13 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 14 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249) |

E. LOCAL REQUIREMENTS

| | |
|--|--|
| <ul style="list-style-type: none"> MEDICAL WASTE Generate <200 lbs/month of Medical/Biohazardous Waste? Generate ≥200 lbs/month of Medical/Biohazardous Waste? Generate ≥200 lbs/month of Medical/Biohazardous Waste and treat any amount of medical waste Handle Toxic gases with threshold limit concentration (TLV) # 10 ppm in any quantity? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|--|

Business Activities

Submit the Business Activities page and the Business Owner/Operator Identification page (OES Form 2730), for all submissions. **NOTE:** The numbering of the instructions follows the data element numbers that are on this form. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary. Please number all pages of your submittal. This helps the San Diego County, Department of Environmental Health (DEH), Hazardous Materials Division (HMD) identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Enter the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
2. **EPA ID NUMBER** - Enter your facility's 12-character U.S. EPA ID #. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (800) 61-TOXIC or (800) 618-6942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
4. **HAZARDOUS MATERIALS ONSITE** - Check the appropriate box to indicate whether you have a hazardous material onsite in the quantities listed in section A of this form. If "Yes", then you must then complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as a complete Hazardous Materials Business Plan (see HMD form DEH/HM952).
5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) Section 25316. If "YES," then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a monitoring program plan (See HMD handout DEH/HM9222).
6. **UPGRADE/INSTALL UST** - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC Section 25316. If "YES," then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan and the DEH installation, upgrade permit applications. Contact the HMD at (800) 253-9933.
7. **UST CLOSURE** - Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. Submit a DEH closure application.
8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST)** - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC Section 25270.2 (g)).
9. **HAZARDOUS WASTE GENERATOR** - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC Section 25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. Please contact the HMD to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. **FINANCIAL ASSURANCE** - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR Section 67450.13 (b) and HSC Section 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. **REMOTE WASTE CONSOLIDATION SITE** - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC Section 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. **HAZARDOUS WASTE TANK CLOSURE** - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Your knowledge of the tank and its contents
 - The mixture rule
 - Testing of the tank
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.
 - Inability to remove hazardous materials stored in the tank.
 If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
15. **LOCAL REQUIREMENTS** - If you generate Medical Waste you are required to obtain a Health Permit and submit a Biomedical Waste Management Plan. In addition to this, if you generate ≥ 200 lbs of medical waste per month and treat any amount of medical waste on site you may be required to apply for a medical waste treatment permit with the HMD. **TOXIC GASES:** If you handle toxic gases with threshold limit concentration (TLV) ≤ 10 ppm in any quantity, you are required to obtain a Health Permit and submit an HMD Hazardous Materials Business Plan.



UPF Permit#: 20254

DATE INSPECTED: 9/30/03

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

This business or service is required to obtain a Unified Program Facility Permit from the San Diego County Department of Environmental Health. I answered "yes" to one or more of the questions on the "Business Activities" form.

Date assumed business ownership at this location: 7/1/02

I have determined that this business or service does not require a Unified Program Facility Permit from the San Diego County Department of Environmental Health.

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I consent to all necessary inspections allowed by law and incidental to the issuance of required permit(s) and the operation of this business.

Signature: Daryl C. Isler Jr. Title: MANAGING-GENERAL PARTNER

Printed Name: DARYL C. ISLER JR. Date: 9-30-03

Type of Business: GOLF COURSE/LANDSCAPE MAINT. Phone #: (619) 442-9891
Area Code

Please complete the business information on the following page and return this application to the San Diego County Department of Environmental Health at:

SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261
SAN DIEGO CA 92112-9261

If a San Diego County Unified Program Facility Permit is required for your business or service a representative of this Department will contact your business. Permit fees will be determined from the contact and a billing statement will be mailed.

NOTE: If you do not use hazardous materials, generate hazardous waste, or have underground storage tanks you are still required to return this form.

A representative of the San Diego County Department of Environmental Health may contact you to verify the information provided on this application.



**SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933**

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ___ of ___

I. IDENTIFICATION

| | | | | | |
|--|-----------------------|-------------------------|----------|----------------|-----|
| FACILITY ID# | 3 7 0 0 0 2 0 2 5 2 1 | BEGINNING DATE | 100 | ENDING DATE | 101 |
| BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) | COTTONWOOD GOLF CLUB | | | BUSINESS PHONE | 102 |
| | | | | (619) 442-9891 | |
| BUSINESS SITE ADDRESS | 103 | | | | |
| 3121 WILLOW GLEN DR. | | | | | |
| CITY | 104 | CA | ZIP CODE | 105 | |
| EL CATON | | 92019 | | | |
| DUN & BRADSTREET | 106 | SIC CODE (4 digit#) | 107 | | |
| COUNTY | 108 | | | | |
| S.D. | | | | | |
| BUSINESS OPERATOR NAME | 109 | BUSINESS OPERATOR PHONE | 110 | | |
| | | () | | | |

II. BUSINESS OWNER

| | | | | | |
|-----------------------------|-----|----------------|-----|----------|-----|
| OWNER NAME | 111 | OWNER PHONE | 112 | | |
| PREMIER GOLF PROPERTIES, LP | | (619) 442-9891 | | | |
| OWNER MAILING ADDRESS | 113 | | | | |
| AS ABOVE | | | | | |
| CITY | 114 | STATE | 115 | ZIP CODE | 116 |
| | | | | | |

III. ENVIRONMENTAL CONTACT

| | | | | | |
|-------------------------|-----|----------------|-----|----------|-----|
| CONTACT NAME | 117 | CONTACT PHONE | 118 | | |
| DARYL IOLER | | (619) 442-9891 | | | |
| CONTACT MAILING ADDRESS | 119 | | | | |
| AS ABOVE | | | | | |
| CITY | 120 | STATE | 121 | ZIP CODE | 122 |
| | | | | | |

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

| | | | |
|--------------------------|-----|----------------|-----|
| NAME | 123 | NAME | 128 |
| DARYL IOLER | | GERRY RUIZ | |
| TITLE | 124 | TITLE | 129 |
| MANAGING GENERAL PARTNER | | SUPERINTENDENT | |
| BUSINESS PHONE | 125 | BUSINESS PHONE | 130 |
| (619) 442-9891 | | (619) 447-0012 | |
| 24-HOUR PHONE | 126 | 24-HOUR PHONE | 131 |
| () | | () | |
| PAGER # | 127 | PAGER # | 132 |
| () | | () | |

ADDITIONAL LOCALLY COLLECTED INFORMATION:

| | |
|-----------|-----------|
| E-MAIL: * | E-MAIL: * |
| | |

***This information is optional and will remain confidential. Complete if you want to receive periodic program updates from HMD.
ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.**

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

| | | | | |
|--|---------|--------------------------|---------------------------|-----|
| SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE | DATE | 134 | NAME OF DOCUMENT PREPARER | 135 |
| <i>Daryl C. Ioler Jr.</i> | 9-30-03 | | C. MOSE | |
| NAME OF SIGNER (print) | 136 | TITLE OF SIGNER | 137 | |
| DARYL C. IOLE JR | | MANAGING GENERAL PARTNER | | |

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2700), and Hazardous Materials - Chemical Descriptor pages (OES Form 2731) for all hazardous materials in your submissions. For the inventory, to be considered complete this page must be signed by the appropriate individual.

(Note: The numbering of the Business Activities follows the data element numbers established in the UPRCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 2700CFR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CLUPA or ARA identify what the submittal is complete and if any pages are separated.

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OFF ANNY OTHER UNIFIED PROGRAM OR ARA DATED FORM.

1. **FACILITY ID NUMBER** - Enter your 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. **BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
 100. **BEGINNING DATE** - Enter the beginning year and date (YYYYMMDD) of the inventory report, recyclable materials report, or Cr-site remediation report for FBR sites.
101. **ENDING DATE** - Enter the ending year and date (YYYYMMDD) of the reports identified in #100.
102. **BUSINESS PHONE** - Enter the phone number, area code first, and any extension.
103. **BUSINESS SITE ADDRESS** - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #113-#116.
104. **CITY** - Enter the city or unincorporated area in which business site is located.
105. **ZIP CODE** - Enter the zip code of business site. The extra 4-digit zip may also be added.
106. **DUN & BRADSTREET** - Enter the Dun & Bradstreet number for the facility. If you do not have one, leave this field blank.
107. **SIC CODE** - Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more than 4 digits, report only the first four.
108. **COUNTY** - Enter the county in which the business site is located.
109. **BUSINESS OPERATOR NAME** - Enter the name of the business operator which is the name used for mailing correspondence.
110. **BUSINESS OPERATOR PHONE** - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. **OWNER NAME** - Enter name of business owner, if different from business operator.
112. **OWNER PHONE** - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. **OWNER MAILING ADDRESS** - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
114. **OWNER CITY** - Enter the name of the city for the owner's mailing address.
115. **OWNER STATE** - Enter the 2 character state abbreviation for the owner's mailing address.
116. **OWNER ZIP CODE** - Enter the zip code for the owner's address. The extra 4-digit zip may also be added.
117. **ENVIRONMENTAL CONTACT NAME** - Enter the name of the person, if different from the Business Owner or Operator, who will respond to enforcement activity.
118. **CONTACT PHONE** - Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted.
119. **CONTACT MAILING ADDRESS** - Enter the mailing address where all environmental contact correspondence should be sent.
120. **CITY** - Enter the name of the city for the environmental contact's mailing address.
121. **STATE** - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. **ZIP CODE** - Enter the zip code for the environmental contact's mailing address. The extra 4-digit zip may also be added.
123. **PRIMARY EMERGENCY CONTACT NAME** - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. **TITLE** - Enter the title of the primary emergency contact.
125. **BUSINESS PHONE** - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. **24-HOUR PHONE** - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. **PAGER NUMBER** - Enter the pager number for the primary emergency contact, if available.
128. **SECONDARY EMERGENCY CONTACT NAME** - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. **TITLE** - Enter the title of the secondary emergency contact.
130. **BUSINESS PHONE** - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. **24-HOUR PHONE** - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. **PAGER NUMBER** - Enter the pager number for the secondary emergency contact, if available.
133. **ADDITIONAL LOCALLY COLLECTED INFORMATION** - This space may be used for CUPAs or ARAs to collect additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
134. **DATE** - Enter the date that the document was signed. (YYYYMMDD)
135. **NAME OF DOCUMENT PREPARER** - Enter the full name of the person who prepared the inventory submittal information.
136. **NAME OF SIGNER** - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
137. **TITLE OF SIGNER** - Enter the title of the person signing the page.



COUNTY OF SAN DIEGO

NOTICE OF VIOLATION

PAGE 1 of 3
 EST. NO. 202521
 DATE 0123-04
 BUS. CODE K40
 SPECIALIST C. Mosse
 CONTACT Daryl Idler
 TITLE Managing General Partner
 PHONE 619-442-9891 ext 19

BUSINESS NAME Cotton Golf Club

ADDRESS 3121 Willow Glen Dr.

CITY/ZIP El Cajon 92019-4604

OWNER'S NAME: Premier Golf Properties LP

OWNERS ADDRESS: 3121 Willow Glen Dr. CITY: El Cajon ZIP: 92019-4604

Passed 2/27/04 by [Signature]
FEB 11 2003

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (HSC); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

VIOLATION - California Code of Regulations, Title 23, Section 2637(a), requires that all underground storage tank (UST) systems complete periodic secondary containment testing. For secondary containment systems installed prior to January 1, 2001, testing was required to be completed by January 1, 2003.

OBSERVATION - No evidence is available that indicates that the USTs at this facility have completed secondary containment testing (SCT) of the UST systems. All secondary containment components of the UST system must successfully pass the SCT in order for the tank system to be in compliance with the SCT regulation. Underground storage tank owners and operators shall submit a copy of the test report to the local agency within 30 days of the completion of the test.

CORRECTIVE ACTION - Complete secondary containment testing of the UST systems at this facility and submit a report that documents the completion of this testing to the Hazardous Materials Division as soon as possible in order to terminate the accrual of penalties. Owners and operators of underground storage tanks must notify the local agency at least 48 hours prior to conducting the testing.

PENALTY - The owner/operator of this facility is liable under state law for a civil penalty of not less than \$500, or more than \$5000 per day, per tank for failure to complete this testing. This penalty is effective from January 1, 2003. Completing secondary containment testing of the UST systems will terminate the accrual of this penalty. Failure to complete the SCT and/or needed UST repairs may result in a cease operation notice for non-compliant USTs.

Questions and/or correspondence regarding this report should be directed to:

Charlie Mosse, Environmental Health Specialist
 Department of Environmental Health, Hazardous Materials Division
 PO Box 129261 858-694-3734
 San Diego, CA 92112-9261 Fax 858-694-3705

PRINT FULL NAME: SENT CERTIFIED MAIL DATE: 1-23-04

IDENTIFICATION (ESTABLISHMENT REPRESENTATIVE'S SIGNATURE) _____ JOB TITLE: _____

IDENTIFICATION (CA DRIVERS LICENSE #, OR DATE OF BIRTH) _____

Charlie Mosse
 Signature Environmental health Specialist

1-23-04
 Date

If this box is checked, provide written documentation of compliance with this notice to this office within 10 days. Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.



COUNTY OF SAN DIEGO

NOTICE OF VIOLATION

PAGE 2 of 3
 EST. NO. 202521
 DATE 01-23-04
 BUS. CODE K40
 SPECIALIST C. Mosse
 CONTACT Daryl Idler
 TITLE Managing General Partner
 PHONE 619-442-9891 ext. 19

BUSINESS NAME Cottonwood Golf Club

ADDRESS 3121 Willow Glen Dr.

CITY/ZIP El Cajon 92019-4604

OWNER'S NAME: Premier Golf Properties LP

OWNERS ADDRESS: 3121 Willow Glen Dr. CITY: El Cajon ZIP: 92019-4604

An inspection of your business was conducted, under the authority of Section 25185 of the California Health and Safety Code. This inspection was conducted with purpose of determining compliance with Chapters 6.5, 6.7, 6.95 in Division 20, of the California Health and Safety Code (HSC); Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following statements describe conditions which are violations of the law or that require further investigation. These observations require a formal response and/or immediate corrective action be taken. Failure to correct these violations or to provide information requested in a timely manner may be a factor in determining the course of further legal action.

VIOLATION - California Code of Regulations, Title 23, Section 2636(h), requires that underground storage tank (UST) systems complete the installation of under dispenser containment (UDC) at their fuel dispenser(s) by December 31, 2003 and that the UDC is monitored for leak detection.

OBSERVATION - The fuel dispenser(s) were inspected and UDC was not observed.

CORRECTIVE ACTION - Complete UDC installation for the UST system(s) at this facility as soon as possible in order to terminate the accrual of penalties. Owners and operators of underground storage tanks must notify the local agency of the UDC installation by first obtaining a permit from the Hazardous Materials Division (HMD) UST Plancheck Unit prior to installing the UDC and associated leak sensors. UST Plancheck Unit phone number is 619-237-8451 for general information and application forms to install UDC.

PENALTY - The owner/operator of this facility is liable under state law for a civil penalty of not less than \$500, or more than \$5000 per day, per tank for failure to install UDC. This penalty is effective from January 1, 2004. Installing under dispenser containment will terminate the accrual of this penalty. Failure to install UDC under permit with HMD may result in a cease operation notice for non-compliant USTs.

Questions and/or correspondence regarding this report should be directed to:

Charlie Mosse, Environmental Health Specialist
 Department of Environmental Health, Hazardous Materials Division
 PO Box 129261 858-694-3734
 San Diego, CA 92112-9261 Fax 858-694-3705

PRINT FULL NAME: _____ DATE: _____

 JOB TITLE: _____

(ESTABLISHMENT REPRESENTATIVE'S SIGNATURE)
 IDENTIFICATION (CA DRIVERS LICENSE #, OR DATE OF BIRTH) _____

Charlie Mosse

Signature - Environmental health Specialist

1-23-04
 Date

If this box is checked, provide written documentation of compliance with this notice to this office within 10 days. Section 66272.1 (d) of the CA Code of Regulations requires, that at a minimum, this documentation must state:

1. The corrective action to be taken, and
2. The expected date of completion.



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#:202521

DATE: January 23, 2004

PAGE: 3 OF 3

BUSINESS ADDRESS:3121 Willow Glen DR., El Cajon, CA 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 |
|-----------------------|---|--|--|------|---|----|-----------------------|---|--|--|------|---|----|
| # | UST SYSTEM RECORDS | | | | | | # | FILE RECORDS | | | | | |
| | UPF Permit current and at facility? 25284; 68.905, 68.1003, 68.1005 | | | 3101 | | | 1 | Secondary containment repairs conducted? 25284.1; 25291(a)(2); 2637(a)(2) | | | 3115 | X | |
| | Operating Permit current and at facility? 25284(a); 25286(a), 2712 (i), 68.1003 | | | 3102 | | | | Releases reported/recorded? 25294, 25295; 2650, 2651, 2652 | | | 3151 | | |
| | UST Repair/modify/closure permit obtained? 68.1004, 68.1005, 68.1009.5 | | | 3103 | | | | Maintenance/monitoring/calibration/ repair records available? 25293; 2712 (b) | | | 3152 | | |
| | Current forms A and B submitted? 25286(a) | | | 3104 | | | | Monitoring certification submitted to CUPA within 30 days? 2637(b)(4) | | | 3153 | | |
| | Financial Responsibility current? 25292.2(a) | | | 3105 | | | | Enhanced Leak detection performed if required? 25292.4 | | | 3154 | | |
| | Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b) | | | 3106 | | | | Contractor or technician trained? 25284.1(a)(5)(D); 2637(b)(1)(B) & (C) | | | 3155 | | |
| | Monitoring Procedures complete? 2632(b)& (d), 2634(d), 2711(a)(9) | | | 3107 | | | | Contractor has Class A, C-10, C34, C36, or C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A) | | | 3156 | | |
| | UST Emergency Response Plan complete? 25289(b); 2632(b), 2634(e), 2641(h) | | | 3108 | | | | No evidence of falsification of records or tampering with monitoring system? 25299(f) | | | 3157 | | |
| | Monitoring plot plan submitted? 2711(a)(8) | | | 3109 | | | | All operating permit conditions met? 2712 | | | 3158 | | |
| | Annual certification of ATG and sensors? 2641(j) | | | 3110 | | | | Monitoring equipment installed, calibrated, operated, and maintained per manufacturer's instructions? 2637(b) | | | 3159 | | |
| | Continuous monitoring system certified annually? 25284.1(a)(4)(C), 2630(d), 2641(j) | | | 3111 | | | | UST system repairs done properly? 25292.1(c); 2660 (a)(k)(l)(m), | | | 3160 | | |
| | 2ndary containm. test done at 6/36 months; sent to CUPA w/ 30 days 25284 1, 2637(a), 2637(a)(4) | | | 3114 | | | | | | | | | |

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

| # | VIOLATION DESCRIPTION | TANK # | | | | | | | | | |
|------------------------------|---|---------|---|----|---|----|---|----|---|----|--|
| | | PRODUCT | | | | | | | | | |
| | | VIOL | V | NA | V | NA | V | NA | V | NA | |
| | Is monitor not in state of alarm at beginning of inspection? 2632(d) | 3251 | | | | | | | | | |
| | Audible and visual alarms functioning properly? 2632(c)(2)(B), 2636(f)(1) | 3252 | | | | | | | | | |
| | Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5) | 3253 | | | | | | | | | |
| | UST system has approved overfill protection? 2635(b)(2) | 3254 | | | | | | | | | |
| | Is spill container in good condition and liquid free? 2635 (b)(1), 2636(a)(1) | 3255 | | | | | | | | | |
| | Fill box drain functional or alternative available? 2635(b)(1)(C) | 3256 | | | | | | | | | |
| | Is secondary containment liquid free? 2631(d)(4) | 3257 | | | | | | | | | |
| | Are sensors placed adequately and/or at low point in sumps? 2641(a), 2691(a)(7)(C) | 3258 | | | | | | | | | |
| | Dispenser containment present if currently required? 25284.1(a)(5)(C) | 3259 | | | | | | | | | |
| | Dispenser containment adequately monitored? 2636(f)(1) & (g) | 3260 | | | | | | | | | |
| | Dispenser containment free of liquid? 2631(d)(4) | 3261 | | | | | | | | | |
| | Secondary containment piping unobstructed to allow drainage to sump? 2632 | 3262 | | | | | | | | | |
| | All monitoring system components &/or devices functional? 2630, 2641(j), 2632 | 3263 | | | | | | | | | |
| | Spill containment tested annually? 25284.2 | 3264 | | | | | | | | | |
| | UST system operated to prevent spills and/or overfills 25292.1 (a) | 3265 | | | | | | | | | |
| 2 | Under Dispenser Containment installed? 2636(h). Required by December 1 st , 2003 | 3266 | X | | | | | | | | |
| CATHODIC PROTECTION | | | | | | | | | | | |
| | System checked as required by tester? (6 mo./3yrs.) 2635(a)(2)(A) | 3301 | | | | | | | | | |
| | Impressed current system check every 60 days? 2635(a)(2)(A) | 3302 | | | | | | | | | |
| | Is corrosion protection adequate? 25292.1(b); 2635(a)(2), 2662(c) | 3303 | | | | | | | | | |
| CLOSURE REQUIREMENTS: | | | | | | | | | | | |
| | Temporary closure requirements completed? 25298, 2671 | 3322 | | | | | | | | | |
| | Unused tank properly closed? Permanent closure requirements met? 25298, 2672 | 3324 | | | | | | | | | |

Signature of Business Representative

Date Signed

Title of Business Representative

UST/PIPE REMOVALS

UPF PERMIT # 202521

AT 5050

INITIALS/DATE

PLAN CHECK DOCUMENTATION

END 3-22-04
END 3-25-04

RECEIVED APPLICATION

APPLICATION COMPLETE

APPLICATION INCOMPLETE: APCD

FD

CONTRACTOR

INCOMPLETE PAYMENT

BOE#

DISPOSAL SITE

PERMIT APPROVED

DATE 4/8/04

(P)

SOIL SAMPLE

UST CLOSURE REPORT

CLOSURE REPORT WITH REVIEW BY SAM SUPERVISOR

CHAIN OF CUSTODY

PHOTOS

SITE MAP SHOWING SAMPLE LOCATION

SOIL SAMPLE RESULTS

CLOSURE REPORT MAILED (EHT) - SAM case open?

YES

NO

KIVA ENTRY

TANK TRAILER UPDATED

CLEARANCE CHECK LIST PRINTED/VERIFIED

UST OPERATING PERMIT CHECKLIST SUBMITTED

-MAILED TO OWNER (EHT)

-PLACED IN FILE (EHT)

FILE READY TO CLOSE

SUPERVISOR'S INITIALS

SENT TO MAIN FILE (EHT)

INITIALS/DATE

COMMENTS

mm:mm 4/9/04

Informed Lee from Denal Permit is ready for pick-up.

DM 6/1/04

As scheduled tank Cor 10 Am

Tank job completed. Lab pending.

DM 6/30/04

Lab received all NIS no case opening needed

File to Mike Kernetti on 6/30/04

SC 7-29-04

mailed closure to Danl Idler, file closed out.

Last Updated: 12/3/03

SC 12-28-06

Tank T002 removed, no more active USTs' on -site, HAZ-Acts

GENERAL PERMIT - CLEARANCE CHECKLIST

Application | Address | Owner | Applicant | Profess | Checklist | Scope | Fee Cmc | Fee Pmt | Comments

Permit Type: HUAT # 5050 Project: 6HT23 Date: 25-MAR-2004
 APN: 518-030-06-00 3121 WILLOW GLEN DR SDC

| X | Activity | Description | Assgd To | Target End Date | Decision | By | Decision Date | Nodes | | |
|-------------------------------------|------------|---------------------------|----------|-----------------|------------|----------|---------------|-------|---|-------------------------------------|
| | | | | | | | | 1 | 2 | Cmt |
| <input checked="" type="checkbox"/> | 6HURECEIVE | PERMIT APPLICATION RECEIV | CDELACRU | 25-MAR-2004 | 6HCOMPLETE | CDELACRU | 25-MAR-2004 | 1 | 2 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 6HUAPPROV | PLAN CHECK PERMIT APPROV | RRAPISTA | 23-APR-2004 | 6HCOMPLETE | RRAPISTA | 08-APR-2004 | 2 | 3 | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | 6HUREMOVE | REMOVAL/CLOSURE INSPECT | DMARTIEH | 23-APR-2005 | 6HCOMPLETE | DMARTIEH | 11-JUN-2004 | 3 | 4 | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | 6HU_LAB | LAB DATA RECEIVED - UST | DMARTIEH | 23-APR-2005 | 6LCOMPLETE | MVERNEEH | 30-JUN-2004 | 3 | 5 | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | 6HUDATA | DATA ENTRY COMPLETED - U | SCAMBA | 07-JUN-2005 | 6LCOMPLETE | SCAMBA | 30-JUL-2004 | 4 | 5 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 6LSAM | SAM REVIEW | DMARTIEH | 22-JUL-2005 | 6LCOMPLETE | MVERNEEH | 30-JUN-2004 | 5 | 6 | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | 6HUCLOSED | UST PLAN CHECK PERMIT CL | SCAMBA | 06-SEP-2005 | 6HCOMPLETE | SCAMBA | 30-JUL-2004 | 6 | 7 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> |

Dept: 60EH Dur: 0 Comment: All Activities
 Stat: DONE Dur Type: C Only Available

Notes | Permit Signoff | Activity Point | Add Activity | Assign Activities

**LAND AND WATER QUALITY DIVISION
UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT**

ESTABLISHMENT NO. 202521 PLAN CHECK NO. MT 5050
 SITE NAME COTTONWOOD GOLF COURSE PHONE 619 972 6081
 SITE ADDRESS 3121 Willow Glen Drive CITY EL CAJON ZIP 92019
 CONTRACTOR Jenal Engineering PHONE 619 697 2200

Number of tanks to be removed 1 2 3 4 5 6 7 8 _____
 Decontamination by EFR FIRE AGENCY PRESENT YES NO
 Manifest No. 23414894 Dept. SAN MIGUEL
 Tank rinsate/(amount & destination) 100 gallon to Dams Hack Permit No. N/A
 Inspector Marsha Larsen

| 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 |
|--|-------------|-------------------|------------------|-----------|----------------------|----------------|--------------------|--------------------|-------------------------|------------------|-------------------|------------------|----------------|-----------------|-----------------|------------------------------|
| <u>T1</u> | <u>5000</u> | <u>DWFW</u> | <u>Gasoline</u> | <u>0%</u> | <u>100 lbs</u> | <u>good</u> | <u>Silty sand</u> | <u>good</u> | <u>Silt-clayey sand</u> | <u>good</u> | <u>NO</u> | <u>NO</u> | <u>NO</u> | <u>NO</u> | <u>yes</u> | <u>Tank to Pacific Steel</u> |
| <p>NOTE: maintain excavation in a safe & secure manner.</p> | | | | | | | | | | | | | | | | |

REINSPECTION REQUIRED YES NO If yes, explain

NOTICE: You are hereby notified that on 6/11/04, an Environmental Health Specialist conducted an inspection for the closure of ONE (1) 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 DANNY MARTINEZ at the address provided below.
FAX 338 2315

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: Danny Martinez Date Reviewed: 6/13/04 Supervisor (Initial): MDV

RECEIVED BY Keegan Slatts Danny Martinez (338 2456)
 PRINTED NAME Keegan Slatts Environmental Health Specialist
 PHONE NUMBER _____ SAM - P.O. Box 129261
 San Diego, CA 92112-9261 (619) 338-2222

DISTRIBUTION: WHITE-RETURN TO SAM
 YELLOW-BUSINESS RETAINS

Type(s) of hazardous substance(s) released (mark all that apply):

Gasoline Diesel Waste Oil Other _____

Is hazardous material ponded? Yes* No Estimated amount? _____

Estimated depth to groundwater below this site: _____ feet Beneficial use? Yes No

SOIL CONDITIONS (Odors, Staining, Volume):

Describe backfill and its condition: No staining or odors

Describe native soil and its condition: native soil in layers of alternating silty sand and clayey sandy silt. No odors or staining observed

How was hazardous substance released? unknown

Tank condition (holes, corrosion, wrapping, seams, evidence or overfill) no holes or staining apparent

Estimated length of piping removed? 5 feet Date tanks last used? last week

Nearby water wells or surface waters? Yes* None noted

*Describe + 300 yards away used for irrigation

Any known sensitive receptors, i.e., underground vaults, utilities or basements nearby? Yes* None noted

*Describe _____

COMMENTS:

MOBILE GEOCHEMISTRY



RECEIVED
2004 JUN 28 AM 11 43
D. E. H.
MAILROOM

| | | |
|--|--|------------------------|
| Jenal 7959 Lemon Grove Way, P.O. Box 459 Lemon Grove CA, 91945 | Project: JE062104-11 Project Number: Cotton Wood Golf Course Project Manager: Mr. Al Westermeyer | Reported: 24-Jun-04 |
|--|--|------------------------|

ANALYTICAL REPORT FOR SAMPLES

| Sample ID | Laboratory ID | Matrix | Date Sampled | Date Received |
|-----------|---------------|--------|--------------|---------------|
| TIS-14 | W406013-01 | Soil | 11-Jun-04 | 14-Jun-04 |
| TIN-14 | W406013-02 | Soil | 11-Jun-04 | 14-Jun-04 |



Jenal
7959 Lemon Grove Way, P.O. Box 459
Lemon Grove CA, 91945

Project: JE062104-11
Project Number: Cotton Wood Golf Course
Project Manager: Mr. Al Westermeyer

Reported:
24-Jun-04

Soil Analyses

H&P Mobile Geochemistry Lab W1

| Analyte | Result | Reporting Limit | Units | Dilution Factor | Batch | Prepared | Analyzed | Method | Notes |
|--|--------|--------------------|-------|--------------------|---------|-----------|-----------|----------|-------|
| T1S-14 (W406013-01) Soil Sampled: 11-Jun-04 Received: 14-Jun-04 | | | | | | | | | |
| Gasoline (C5-C11) | ND | 10 | mg/kg | 1 | WF42201 | 21-Jun-04 | 21-Jun-04 | DHS LUFT | |
| Diesel (C12-C24) | ND | 10 | " | " | " | " | " | " | |
| T1N-14 (W406013-02) Soil Sampled: 11-Jun-04 Received: 14-Jun-04 | | | | | | | | | |
| Gasoline (C5-C11) | ND | 10 | mg/kg | 1 | WF42201 | 21-Jun-04 | 21-Jun-04 | DHS LUFT | |
| Diesel (C12-C24) | ND | 10 | " | " | " | " | " | " | |

Blayne Hoffman
6-24-04